

YEAR: 2018

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**RESIDENT/HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
CAMEROON  
RAPID RESPONSE  
DISPLACEMENT  
2018**

**18-RR-CMR-31414**

<b>RESIDENT/HUMANITARIAN COORDINATOR</b>	<b>Allegra Baiocchi</b>
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## REPORTING PROCESS AND CONSULTATION SUMMARY

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

The After-Action Review was conducted on 19 August, facilitated by OCHA. IOM, FAO, UNHCR, UNICEF, UNFPA, UN Women, WFP and WHO participated in the review.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.

YES  NO

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

YES  NO

The CERF report was shared with all the CERF focal points of the CERF recipient agencies, as well as with Sector leads in Yaoundé and Cluster leads in the NWSW regions. CERF recipient agencies were encouraged to share the report with their implementing partners.

## PART I

### **Strategic Statement by the Resident/Humanitarian Coordinator**

The crisis in the South-West and North-West regions of Cameroon has led to large-scale internal displacement and severe humanitarian needs. Despite the development of an emergency response plan no funding had been mobilized as of June 2018 and the humanitarian response was limited. This CERF allocation allowed partners to scale up their presence and provide time-critical and live-saving assistance to those most in need. The funding was instrumental to provide food aid, improve access to safe water, appropriate sanitation and health care and to provide support to survivors of sexual and gender-based violence and children affected by the conflict. People living in the bush benefited from shelter kits and critically needed NFIs. New partnerships were developed and coordination among humanitarian actors was improved thanks to this CERF allocation. The project implementation enhanced visibility of the crisis and created trust with other donors, proving that there is capacity and will to respond, improving resource mobilization from other funds. However, funding for the humanitarian response continues to fall short of meeting the increasing needs of the population in these two regions.

### **1. OVERVIEW**

**18-RR-CMR-31414 TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)**

<b>a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE</b>	<b>16,218,824</b>
<b>FUNDING RECEIVED BY SOURCE</b>	
CERF	5,096,994
COUNTRY-BASED POOLED FUND (if applicable)	0
OTHER (bilateral/multilateral)	0
<b>b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE</b>	<b>5,096,994</b>

**18-RR-CMR-31414 TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)**

<b>Allocation 1 – date of official submission: 14/08/2018</b>			
<b>Agency</b>	<b>Project code</b>	<b>Cluster/Sector</b>	<b>Amount</b>
FAO	18-RR-FAO-020	Food Security - Livestock	387,475
IOM	18-RR-IOM-024	Protection - Protection	197,847
UN Women	18-RR-WOM-006	Protection - Sexual and/or Gender-Based Violence	148,652
UNDP	18-RR-UDP-007	Coordination and Support Services - Common Safety and Security	100,473
UNFPA	18-RR-FPA-028	Protection - Sexual and/or Gender-Based Violence	312,801
UNHCR	18-RR-HCR-023	Emergency Shelter and NFI - Non-Food Items	949,970
UNICEF	18-RR-CEF-079	Protection - Child Protection	399,996
UNICEF	18-RR-CEF-080	Water Sanitation Hygiene - Water, Sanitation and Hygiene	899,876

WFP	18-RR-WFP-047	Food Security - Food Aid	1,099,998
WHO	18-RR-WHO-030	Health – Health	599,906
<b>TOTAL</b>			<b>5,096,994</b>

<b>18-RR-CMR-31414 TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)</b>	
<b>Total funds implemented directly by UN agencies including procurement of relief goods</b>	<b>3,695,409</b>
Funds transferred to Government partners*	76,486
Funds transferred to International NGOs partners*	335,974
Funds transferred to National NGOs partners*	861,125
Funds transferred to Red Cross/Red Crescent partners*	0
<b>Total funds transferred to implementing partners (IP)*</b>	<b>1,401,585</b>
<b>TOTAL</b>	<b>5,096,994</b>

\* These figures should match with totals in Annex 1.

## 2. HUMANITARIAN CONTEXT AND NEEDS

The crisis in the South-West and North-West regions of Cameroon has compounded pre-existing vulnerabilities. Since 2016, political and social instability, exacerbated by sporadic violence, has had a negative impact on civilians in Cameroon's South-West and North-West regions, home to 4 million people (16 per cent of the total population). In November 2017, the sociopolitical crisis degenerated into insecurity and armed violence. Since then, the escalation of tension and upsurge in hostilities between non-State armed groups and defence and security forces have triggered humanitarian needs across the two regions owing to significant internal displacement. All divisions in the South-West region, host to more than 1.4 million inhabitants, are affected by the crisis. The number of households forced to flee their villages - or the country - in search of safer areas has rapidly increased since November 2017.

While the late March 2018 needs assessments showed that at least 160,000 people have been internally displaced in the two affected regions, IOM DTM figures released in December 2018 and MIRA assessments in the Littoral and West in September 2018 found that insecurity has forced more than 530,000 people to flee their homes. At least 444,000 people are displaced within the two regions. Furthermore, over 35,000 people fled to Nigeria, with populations engaged in pendular cross-border movements to address their security and basic material needs.

Continuous armed clashes, civilian casualties and the burning of houses, hospitals and other infrastructures continue to cause further displacements. The humanitarian situation continues to deteriorate as incidents of violent conflict, abductions and widespread violations of international humanitarian law are becoming increasingly prevalent.

80 per cent of the displaced population have found refuge in the forest. Living conditions in the two regions have deteriorated. Since the beginning of the crisis, many schools have closed because of vandalism and threats to teachers and students. As of May 2019, more than 80 per cent of schools have been closed leaving over 600,000 children out of school. Partners have reported an increase in early pregnancies amongst girls and juvenile criminality amongst boys. Risks of being enrolled in armed groups remains of high concern for parents as well as humanitarian actors. Livelihoods have collapsed, and abuses heightened. The crisis and subsequent displacement have prevented people from accessing their fields and markets. Most of the affected population who relied on agriculture or livestock as their main sources of livelihoods before the crisis are now depending on external assistance. As per the January 2019 EFSA, 1.5 million people are food insecure of which 900,000 are in the North-West region and 600,000 are in the South-West region. The assessment further revealed that proxy Global Acute Malnutrition (GAM) rates for the NW and SW regions are estimated respectively 4.4% and 5.6%.

The ongoing crisis in these two regions has been destructive on more than one level. In addition to the many casualties, hundreds of houses or villages have been destroyed or burned, in whole or in part. The 2019 HNO estimated that nearly half of the displaced population has actually settled by their own means in rural areas and suffer from high needs in shelter, non-food items and access to water, hygiene and sanitation. Displaced populations living in the bush are far from basic drinking water supply and sanitation infrastructure. They drink from unimproved surface waters or sources, which are at high risk of contamination in the absence of basic sanitation services and are thus more exposed to disease vectors.

There is an increased risk of epidemics, the care of the wounded and war-traumatized people is limited and there are major difficulties in accessing essential health care. Health personnel is exposed to high security risks and many health facilities are no longer functional, wherefore there is low transmission of surveillance data reports from one level of the health pyramid to another in these regions. The 2019 HNO estimated the proportion of births attended by skilled personnel at 12% in the two regions, resulting in a glaring lack of appropriate management of births, obstetric and neonatal emergencies. The majority of IDPs with chronic conditions (HIV/AIDS, tuberculosis, etc.) no longer have access to treatment. Cases of sexual violence and particularly recorded rapes are not dealt with an appropriate and timely manner. The needs of adolescents, who are particularly vulnerable in this fragile context, are also poorly addressed. The impregnated mosquito nets that were regularly distributed to pregnant women by Government programmes have been abandoned. As a result, there is increasing malaria morbidity. In addition, between April and June 2018, an epidemic of monkey pox affected the North-West and South-West regions with a total of 33 cases recorded.

Access to people in need remains difficult for the humanitarian community due to insecurity and lack of funding. Access constraints hamper humanitarian assessments and prevent assistance reaching those most vulnerable.

As of July 2018, when the CERF funds had been allocated, no funding has yet been mobilized for this crisis, despite the development of an emergency response plan in May 2018. The plan targeted 160,000 IDPs and aimed at covering the needs in Shelter/NFI, WASH, Health, Protection, Food and Agriculture and Education for an initial period of three months. Since the HRP 2018 did not include these two regions as priority intervention areas, UN agencies and NGOs had started their interventions on internal funds, but they remained limited with regards to the important needs identified. While the CERF funding allowed the humanitarian community to increase humanitarian assistance to those most in need, funding for the humanitarian response continues to fall short of meeting the increasing needs.

### **3. PRIORITIZATION PROCESS**

The CERF application was made based on the findings of the Rapid Multisector Needs Assessment of March 2018 and the Emergency Response Plan. The Emergency Response Plan (ERP) is the result of a prioritization process that ensured the most urgent needs across sectors were considered for the response. Priority interventions were identified in a total of eight sectors: Shelter and NFI, Protection, Health, Food Security, WASH, Education and Coordination and Safety. This CERF request focused on the same priorities except Coordination. The CERF RR concept note was mainly fed by the discussions held at the Inter Sector meeting in June where priorities were discussed, and concerns were raised on the ERP not being financed yet. No specific HCT meeting was held but the CERF RR prioritization proposal was then introduced to all HCT members during a regular HCT meeting in July and approved by all members.

The main factors considered for the CERF application were the ability for each agency to implement their project quickly. Since the launch of the ERP, all agencies had looked at different options to be able to lift access constraints and administrative blockages. They had initiated consultations with local partners as well as international NGOs who have deployed in the two regions in the past months. At the time of the application, most of them already had Programme Cooperation Agreements and were ready to deploy as soon as the funding arrived.

Beneficiaries had been involved in the assessment and identification of urgent needs during the March 2018 Rapid Multisector Needs Assessment; priority needs were assessed at the same time giving the opportunity for the affected population to express their needs. Most of the projects submitted through the CERF application established complaint mechanisms to ensure beneficiaries can share their concerns to adapt the response accordingly. Feedback was key for all actors because of the very complex operating environment and to ensure none of the interventions will harm the beneficiaries or impact negatively humanitarian interventions (biased perception, non-respect of humanitarian principles, etc.).

### **4. CERF RESULTS**

CERF allocated \$5 million to Cameroon from its rapid response window to sustain the provision of life-saving assistance to IDPs in the North-West and South-West regions. This funding enabled UN agencies and partners to improve the food security of 6,000 people through livestock production and provide food aid through general food distribution to 43,962 people; access to safe water and appropriate sanitation to 99,171 people; multi-sectorial GBV response services to 150 GBV survivors; economic assistance to 191 GBV survivors; sensitization of 46,938 people on sexual and gender-based violence and reproductive health services to 20,301 IDPs. 28,378 persons benefited from shelter kits and 36,000 persons received critically needed NFIs. UN agencies and partners provided community-based psychosocial support to 5,328 children. 66,210 internally displaced persons received equitable essential health care through fixed and mobile clinic consultations, 536 patients received their ARVs. Thanks to the DTM made possible by the CERF allocation, humanitarians were able to adjust their response

to the assessed needs of the IDPs in their area of displacement. The funding further enabled UNDSS to enhance access by providing security risk management and security support to humanitarian staff.

## 5. PEOPLE REACHED

131,626 people were reached through the CERF funding. In order to avoid the double-counting of beneficiaries, only the highest number of beneficiaries reached by one project in one geographical area were counted. Subsequently, the beneficiary numbers per geographical area were added together. IOM collected data from 444,213 internally displaced persons and 237,349 returnees, which however were targeted as indirect beneficiaries. UNDSS supported dozens of missions with security planning and provided 42 security briefings, issued 81 security reports and conducted 12 security assessments. However, the figures in relation to the IOM DTM project, as well as in relation to the UNDSS Security project, were not included in the table of people directly assisted with CERF funding and in this calculation, as the humanitarian community benefitted from these activities, with the population being indirect beneficiaries of these projects.

While some agencies were able to reach more people than targeted thanks to synergies with other sectors or by reaching people with live-saving messages or through awareness raising, others did not reach the targeted beneficiaries due to insecurity, movement restrictions and community mistrust. While some locations remained inaccessible, insecurity increased further during the presidential election campaign in the fall of 2018, and repeated ghost towns and lock downs further delayed the implementation of humanitarian activities. The unpredictability of the security situation, where access to locations could vary on a daily basis, further increased implementation costs. Considering the humanitarian response was only scaling up, agencies and partners had first to invest time and resources into creating community acceptance in an environment of mistrust exacerbated by countless rumours and were delayed due to challenges in identifying reliable and accepted partners. Some agencies were not able to use the necessary equipment to implement their activities, for example because communities associated tables with spyware. Insecurity and bad road conditions pushed up transportation costs and frequent power outages negatively affected communication.

**18-RR-CMR-31414 TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR<sup>1</sup>**

Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Common Support Services - Safety and Security of Staff and Operations	0	0	0	0	0	0	0	0	0
Shelter - Shelter	8,094	9,302	17,396	8,249	10,355	18,604	16,343	19,657	36,000
Food Security - Agriculture	2,560	1,706	4,266	1,214	520	1,734	3,774	2,226	6,000
Food Security - Food Aid	15,387	8,352	23,739	15,387	4,836	20,223	30,774	13,188	43,962
Health - Health	28,744	17,084	45,828	15,331	12,544	27,875	44,075	29,628	73,703
Protection - Child Protection	3,016	5,002	8,018	2,312	3,577	5,889	5,328	8,579	13,907
Protection - Protection	0	0	0	0	0	0	0	0	0
Protection - Sexual and/or Gender-Based Violence	6,882	9,984	16,866	2,431	4,066	6,497	9,313	14,050	23,363
WASH - Water, Sanitation and Hygiene	23,325	26,816	50,141	24,277	24,753	49,030	47,602	51,569	99,171

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

**18-RR-CMR-31414 TABLE 5: TOTAL NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING<sup>2</sup>**

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	N/A	N/A	<b>N/A</b>	N/A	N/A	<b>N/A</b>	N/A	N/A	<b>130,000</b>
<b>Reached</b>	31,590	40,804	<b>72,394</b>	27,642	31,590	<b>59,232</b>	59,232	72,394	<b>131,626</b>

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

**18-RR-CMR-31414 TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY**

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	127,940	124,260
Host population	2,060	7,366
Affected people (none of the above)	0	0
<b>Total (same as in table 5)</b>	<b>130,000</b>	<b>131,626</b>

## 6. CERF's ADDED VALUE

<p><b>a) Did CERF funds lead to a <u>fast delivery of assistance</u> to people in need?</b></p> <p>YES <input checked="" type="checkbox"/> PARTIALLY <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Yes, CERF was faster compared to any other funding sources.</p>
<p><b>b) Did CERF funds help respond to <u>time-critical needs</u>?</b></p> <p>YES <input checked="" type="checkbox"/> PARTIALLY <input type="checkbox"/> NO <input type="checkbox"/></p> <p>CERF funds were used to implement time-critical interventions which minimized additional loss of lives. However, the CERF funds arrived one year after the crisis had escalated. For one year there had been extremely limited provision of humanitarian assistance due to a lack of funding.</p>
<p><b>c) Did CERF <u>improve coordination</u> amongst the humanitarian community?</b></p> <p>YES <input checked="" type="checkbox"/> PARTIALLY <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Agencies were able to establish and scale up operations in the South West and to a certain part also in the North West region. Due to this reinforcement of the presence in the same localities, already the new physical proximity reinforced the interaction and coordination among humanitarian actors. Furthermore, the scale up of activities brought also organizations working in the same sector in contact with each other, creating new partnerships and improving the coordination among actors in the same sector.</p>
<p><b>d) Did CERF funds help <u>improve resource mobilization</u> from other sources?</b></p> <p>YES <input checked="" type="checkbox"/> PARTIALLY <input type="checkbox"/> NO <input type="checkbox"/></p>

CERF funds helped to mobilize funding internally within agencies, as well as externally with other donors. For some agencies, the CERF allocation made advocacy with Headquarters more compelling. Only after the agency received CERF funding, headquarters agreed to mobilize internal funding to be allocated to the same region. For other agencies, it facilitated mobilizing funding from other donors. The project implementation created visibility and trust with other donors that there is capacity and will to respond to the humanitarian crisis in the NWSW. For example, funds were able to be mobilized to ensure the continuation of projects, as their implementation demonstrated the capacity to respond in the challenging operating environment. However, despite the increase in visibility, the humanitarian response remains severely underfunded and the CERF allocation did not suffice to jump-start operations in all priority sectors or locations.

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

Considering the humanitarian response was only scaling up, agencies and partners had first to invest time and resources into creating community acceptance in an environment of mistrust exacerbated by countless rumours and were delayed due to challenges in identifying reliable and accepted partners. This investment into community acceptance, necessary to implement the projects, opened access for other projects and partners and facilitated the implementation of subsequent projects.

## 7. LESSONS LEARNED

**TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT**

Lessons learned	Suggestion for follow-up/improvement
The detail with regards to unit costs before implementation of the project, forces agencies to take assumptions which are not well grounded.	Demand less details about costing before the implementation phase.
The implementation of projects was severely delayed due to insecurity and frequent ghost towns and lock downs. However, the implementation of projects was rushed to comply with the CERF timelines, negatively affecting the quality of the project.	Be more flexible on timelines to not negatively affect project quality.

**TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS**

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
The prioritization process needs to be more transparent.	Explain better the prioritization process to agencies, and communicate on based on which criteria the final decision on funding allocation was reached.	OCHA, HCT, HC
The reporting template was not self-explanatory to all focal points.	Invite CERF focal points to explain the reporting template and process and only send the relevant template to each single agency.	OCHA
Not all interventions were capitalizing on each other.	Coordinate the interventions to be implemented in the same geographical areas.	OCHA
Targeting criteria are different for each sector.	Share best practices and in general information about targeting criteria for each sector among each other	OCHA, agencies



## PART II

### 8. PROJECT REPORTS

#### 8.1. Project Report 18-RR-FAO-020 - FAO

1. Project Information			
1. Agency:	FAO	2. Country:	Cameroon
3. Cluster/Sector:	Food Security - Livestock	4. Project Code (CERF):	18-RR-FAO-020
5. Project Title:	Improving the food security of IDPs and their host communities in some divisions of the North West and South West regions of Cameroon following the Anglophone crisis		
6.a Original Start Date:	31/08/2018	6.b Original End Date:	27/02/2019
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	30/04/2019
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 387,475
	b. Total funding received for agency's sector response to current emergency:		US\$ 387,475
	c. Amount received from CERF:		US\$ 387,475
	d. Total CERF funds forwarded to implementing partners		<b>US\$ 24,800</b>
	of which to:		
	▪ Government Partners	US\$ 0	
	▪ International NGOs	US\$ 0	
	▪ National NGOs	US\$ 24 800	
	▪ Red Cross/Crescent	US\$ 0	

2. Project Results Summary/Overall Performance
<p>The CERF grant fund was obtained by FAO for the implementation of the project to improve the food security of 1,000 targeted IDPs and their host communities through livestock production (meat/broiler production and egg production). This project assisted 711 female headed households (71.1%) and 289 male headed households. The project reached 6,000 people instead of the 5,000 planned. The project was carried out in the North West and South West in four divisions (Mezam division, Fako division, Meme division and Manyu division) affected by the Anglophone crisis.</p> <p>During the assistance process, 1,000 mini poultry units were constructed in the North West and South West region, 20,000 broilers and 10,000 pullets/layers distributed, 4,000 zinc of 2 meter, 2,000 rectangular zinc, 1,000 bags of cements, 1,000 wire mesh, 1,600 feeders and 1,600 drinkers. It was implemented from 1 November 2018 to 30 April 2019. During follow up visit, households have started selling broiler at 4,000 FCFA and eggs at 60 FCFA each. 500 beneficiary households rearing layers are harvesting 1,355 eggs per day while 500 meat production households have sold broilers for 78 million FCFA. The 500 households for meat production have reinvested approximately 62,5 million to ensure the continuity of the activities.</p>

### 3. Changes and Amendments

With regards to project activities planned, no changes have been made. However, during implementation, a delay was incurred during the startup phase. To this effect, two additional months were approved to complete the project activities. All CERF funds were spent.

### 4. People Reached

#### 4.a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	1,530	1,020	<b>2,550</b>	1,470	980	<b>2,450</b>	3,000	2,000	<b>5,000</b>
<b>Reached</b>	2,560	1,706	<b>4,266</b>	1,214	520	<b>1,734</b>	3,774	2,226	<b>6,000</b>

#### 4.b Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	4,000	3,504
Host population	1,000	2,496
Affected people (none of the above)	0	0
<b>Total (same as in 4a)</b>	<b>5,000</b>	<b>6,000</b>

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:

The initial number of beneficiaries targeted was based on an average 5 members per household. Which made it 5,000 beneficiaries for 1,000 households. Yet the actual field targeting has arrived at 6,000 beneficiaries for the same number of households (1,000) beneficiaries.

### 5. CERF Result Framework

<b>Project Objective</b>	The food security of beneficiaries is improved through livestock production
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<b>Output 1</b>	Livestock production is increased by 25T within the project zone over a period of one year through the setting up of small poultry units			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	LOA with NGO	One LOA	One LoA signed	LoA contract, Report
Indicator 1.2	Quantity of construction material purchased and distributed	500 sets (each made up of zinc, nails, cement and gauze)	1,000 sets (4,000 zinc of 2 meter, 1,000 bags of cements, 2,000 rectangular zinc, 1,000 wire mesh)	Report, delivery order, purchase order,
Indicator 1.3	No of small poultry units set up	500	1,000 mini poultry units	Report, images
<b>Explanation of output and indicators variance:</b>		Choice of building materials was chosen by the beneficiaries and the consultant before being purchased in the planed quantity regarding the project document. For example, each beneficiary household received: 01 bag		

		of cement, 4 zinc of 2 meter, 2 rectangular zinc, and 01 wire mesh for the construction of a mini poultry unit.
Activities	Description	Implemented by
Activity 1.1	Identify local NGO and sign LA with it	FAO
Activity 1.2	Purchase and distribute small construction material for poultry units	Purchased by FAO, distribution was done by FAO's implementing partner ASWARUDEP (Association of South West Agriculturists Rural Development and Environmental Programme) under FAO supervision
Activity 1.3	Follow up construction of small poultry units by beneficiaries (No training is envisaged here because the security situation in the field does not warrant the agglomeration of people as is the case with a training)	Follow up was done by FAO's implementing partner ASWARUDEP (Association of South West Agriculturists Rural Development and Environmental Programme) under FAO supervision. A Training of trainers (ToT) was done with implementing partner field agents for proper construction of the mini poultry units

Output 2	The food security of beneficiaries is improved through broiler production and consumption			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of chickens distributed to beneficiary farmer households	25,000 chickens	20,000	Report, delivery order and purchase order
Indicator 2.2	Number of bags of chicken feed distributed to beneficiary farmer households	1,500 bags	1,000	Report, delivery order and purchase order
Indicator 2.3	Weight of chickens produced after setting up activity	A minimum of 20T of chicken	30 T of chicken meat	Report
<b>Explanation of output and indicators variance:</b>		Inputs (chickens and feed) were purchased in quantity different from the project document. This quantity variation was because of price increment. 20,000 chickens and 1,000 bags were purchased and distributed to 500 beneficiary households. 40 chickens per household instead of 50 and 2 bags of 50kg per household instead of 3 bags like in the project document. Each broiler sold from 65 days is weighing approximately 1.5 kg		
Activities	Description	Implemented by		
Activity 2.1	Purchase inputs (chickens, feed) and construction material	FAO		
Activity 2.2	Distribute inputs and construction material to farmers	ASWARUDEP under the supervision of FAO		
Activity 2.3	Follow up beneficiaries in construction of poultry houses and throughout production	ASWARUDEP under the supervision of FAO, MINEPIA		

Output 3	The food security of beneficiaries is improved through egg production and consumption			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Number of 2-month-old layers distributed to beneficiary farmer households	12,500 layers	10,000	Report, delivery order, purchase order
Indicator 3.2	Number of bags of chicken feed distributed to beneficiary farmer households	1,000 bags	1,000	Report, delivery order and purchase order
Indicator 3.3	No of eggs produced monthly	A minimum of 7,500 eggs	40,650	Report

<b>Explanation of output and indicators variance:</b>		Inputs (pullets and feed) were purchased in quantity different from the project document. 10,000 pullets were purchased instead of 12,500 because of price increment. So, each beneficiary household received 20 pullets instead of 25, like in the project document.
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>
Activity 3.1	Purchase inputs (chickens, feed) and construction material	FAO
Activity 3.2	Distribute inputs and construction material to farmers	ASWARUDEP under the supervision of FAO
Activity 3.3	Follow up beneficiaries in construction of poultry houses and throughout production	ASWARUDEP under the supervision of FAO, MINEPIA (Ministry of Livestock, Fisheries and Animal Industries)

## 6. Accountability to Affected People

### A) Project design and planning phase:

This project is the first humanitarian project implemented by FAO in the North West and South West regions. Indeed, the project was prepared based on needs expressed by vulnerable people during the first needs assessment 2018. For example, Agricultural activities have been greatly affected. Farmers have not been able to cultivate their crops due to the instability. In some area's crops were actually destroyed in the farms. Hence the food security of the population is affected. Project beneficiaries were targeted after setting up a participatory management and compliant committees in their various localities in the North West and South West. During planning, implementing partners like ASWAREUDEP, MINEPIA and representative of beneficiaries were involved in the presentation of projects and their planning over time.

### B) Project implementation phase:

During implementation, a team of 07 field agents was involved to closely follow up beneficiaries at various local level under the supervision of ASWARUDEP (Implementing partner). The beneficiary and population complaints (view points) was collected through the management and compliant complaints committees, from which guidelines are made.

### C) Project monitoring and evaluation:

Monitoring and evaluation is done first by the complaint's management committee at the local level. Monitoring and evaluation visits are planned jointly by the stakeholders and the different observations are shared in order to make new resolutions/recommendations. In addition to this, there was a phone number available at beneficiary level for any suggestions and recommendations.

## 7. Cash-Based Interventions

### 7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

**7.b Please specify below the parameters of the CBI modality/ies used.** If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
None	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

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

No evaluation nor post distribution monitoring have been carried out.

A post-distribution monitoring was not conducted because it was not budgeted for in this project. However, the monitoring activities by our implementing partner ASWARUDEP and FAO during the project support the quality of the output delivered.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

## 8.2. Project Report 18-RR-IOM-024 - IOM

1. Project Information			
1. Agency:	IOM	2. Country:	Cameroon
3. Cluster/Sector:	Protection - Protection	4. Project Code (CERF):	18-RR-IOM-024
5. Project Title:	Emergency Assistance to Conflict Affected Populations of the South-West and North West Regions of Cameroon: Displacement Tracking Matrix		
6.a Original Start Date:	30/08/2018	6.b Original End Date:	27/02/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 400,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 197,847
	c. Amount received from CERF:		US\$ 197,847
	d. Total CERF funds forwarded to implementing partners		<b>US\$ 77,273</b>
	of which to:		
	▪ Government Partners		US\$ 0
	▪ International NGOs		US\$ 0
	▪ National NGOs		US\$ 77,273
	▪ Red Cross/Crescent		US\$ 0

### 2. Project Results Summary/Overall Performance

In early December 2018, IOM trained 89 enumerators, team leaders, supervisors and coordinators from two local NGOs (LUKMEF, MWDA), on humanitarian principles as well as DTM methodology.

After the training, the enumerators were deployed in the field as to cover the whole conflict affected area and collect data on displacement for Internally Displaced Persons as well as Returnees. The DTM Questionnaire also included sections on the state of infrastructures (health centers, schools, markets), accessibility, Shelter, WASH, education, vulnerabilities etc.

A first DTM questionnaire was used at the Sub-Division level as to obtain a list of villages with potential presence of IDPs or Returnees. Then, those identified villages were targeted for the use of a second questionnaire to be used at the village level and was to be filled out with the support of key informants.

Data was collected from 9 to 27 December after which the data cleaning / verification activity started. It resulted in the creation of a dataset to be shared automatically with OCHA, for sharing with relevant humanitarian partners present in the field. Mains findings of the DTM round were presented at the HCT on 31 January 2019 and a protocol was designed with OCHA as to disseminate the data to interested and requesting partners.

### 3. Changes and Amendments

The implementation started later than expected (November 2018) as the context in Cameroon was very tense with regard to this crisis (internal conflict) and the ongoing presidential elections that occurred in October 2018.

Later on, as the situation in the field was still very tense and perception of the UN/humanitarian actors not necessarily positive, it proved difficult to conduct field verification visits as widely as we would have liked.

Implementation still ended within the agreed timeframe and targets were reached.

4. People Reached									
4.a Number of people directly assisted with CERF funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	0	0	0	0	0	0	0	0	0
Reached	0	0	0	0	0	0	0	0	0
4.b Number of people directly assisted with CERF funding by category									
Category	Number of people (Planned)					Number of people (Reached)			
Refugees	0					0			
IDPs	0					0			
Host population	0					0			
Affected people (none of the above)	0					0			
<b>Total (same as in 4a)</b>	<b>0</b>					<b>0</b>			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	<p>This IOM project undertakes a data evaluation exercise and therefore only caters to indirect beneficiaries. This is why table 4 shows values of “0” for planned and reached beneficiaries. However, IOM’s DTM action is a service to the affected population as to make their situation and needs known and heard. Without the IOM informing on their situation, they maybe wouldn’t be accounted for and wouldn’t be considered for relief operations, request for funding or advocacy.</p> <p>With this action, IOM originally planned to reach 160,000 internally displaced people but ended up collecting data from 444,213 internally displaced persons and 237,349 returnees (other affected people). The IOM reached out and obtain data through its DTM exercise on a lot more IDPs and returnees than expected, this is due to the evolution of this crisis and what was known at the moment of the proposal. The nature of the DTM Round conducted (Mobility tracking, baseline assessment) didn’t allow to obtain an accurate breakdown of the targeted population by gender and age.</p>								

5. CERF Result Framework	
<b>Project Objective</b>	Provide accurate and up to date information on the ongoing displacements and immediate needs of IDPs to ensure adequate humanitarian response to the affected populations in the North-West and South-West regions of Cameroon

Output 1	Humanitarian partners are adequately and timely informed on the number of IDPs in the North-West and South-West regions, their location and their living condition.			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of humanitarian actors informed by the DTM	25	30	Data Access Forms & emails
Indicator 1.2	Number of IP(s) training performed	1	2	Implementing Partners contracts
Indicator 1.3	Round of DTM performed	1	1	DTM paper forms and related Dataset produced

Indicator 1.4	Field visits performed during and after and DTM round	25	20	Travel Authorisations
<b>Explanation of output and indicators variance:</b>		<p>Number of humanitarian actors involved increased with time, also clusters coordinators, some donors, institutions (World Bank) were included in this “on demand” dissemination, which therefore increased the achieved target. IOM tried to diversify its implementing partners as to have a fair repartition of the effort amongst existing local actors. Also, it appeared necessary to involve more partners as to have the widest geographical coverage. For instance, MWDA was the only partner well rooted enough able to reach Lebialem Division during the data collection.</p> <p>Field verifications suffered from the occurrences of security incidents, lockdowns as well as movement restrictions, which explains a lower achievement for this indicator.</p>		
Activities	Description	Implemented by		
Activity 1.1	Selection and contractualization of our Implementation Partner(s) as to ensure data collection capacity	IOM		
Activity 1.2	Training of our Implementation Partner(s) on Humanitarian Principles and DTM methodology (baseline assessment)	IOM		
Activity 1.3	Conduct a baseline assessment in both the North-West and South-West regions as to determine the number of IDPs and their location through key informant interviews	Martin Luther King Jr. Memorial Foundation (LUKMEF) / Mbomweh Women Development Association (MWDA) (IPs)		
Activity 1.4	Perform Field verification visits as to ensure quality of data collected and respect of DTM methodology by the enumerators	IOM		
Activity 1.5	Disseminate key DTM information to humanitarian actors on a case by case basis following formal requests as to enable the delivery of humanitarian aid to the affected populations. Production of a concise report resuming the activity.	IOM / OCHA		

## 6. Accountability to Affected People

### A) Project design and planning phase:

IOM took context critical information (volatile political context; insecurity, inaccessibility to some intervention areas) into account when elaborating its data disseminating strategy for this specific DTM round. It was jointly agreed to only inform humanitarian actors as for them to better plan, coordinate and implement their programs. We liaised with our potential partners on the field and really initiate a discussion with them as to have their feelings on this approach and get to know what was necessary to gain the trust of the enumerators and of the affected populations in the field so that they would provide us with such critical information.

### B) Project implementation phase:

Our engagement was that we intended to inform on the magnitude of the crisis through information sharing to humanitarian partners for better response planning. All this has been achieved as figures and information obtained following the data collection exercise were used as to inform on the crisis and the overall humanitarian context in Cameroon.

### C) Project monitoring and evaluation:

The IOM followed up closely on their partners in the ground during the data collection in December 2018. We requested daily reports from supervisors of enumerators in the ground and were regularly liaising with the IPs as to investigate any troublesome events as well as to get their feeling on the capacity to achieve the data collection as per the agreed timeframe and with respect to DTM methodology.



7. Cash-Based Interventions				
7.a Did the project include one or more Cash Based Intervention(s) (CBI)?				
Planned		Actual		
No		No		
7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated <b>value of cash</b> that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.				
CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
None	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
<p>No particular evaluation was planned for this project. IOM relied on the strength of its internal controls as well as on the DTM methodology to ensure quality of data and DTM deliverables. The organization therefore remains confident that internal process and monitoring activities during the project support the quality of the output delivered through this project. Moreover, the limited funding and short duration of the action didn't allow for the planning and execution of a proper project evaluation.</p>	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

### 8.3. Project Report 18-RR-WOM-006 - UN Women

1. Project Information			
1. Agency:	UN Women	2. Country:	Cameroon
3. Cluster/Sector:	Protection - Sexual and/or Gender-Based Violence	4. Project Code (CERF):	18-RR-WOM-006
5. Project Title:	Improving the protection of women and girls affected by the conflict in Fako Division, South-West region of Cameroon		
6.a Original Start Date:	05/09/2018	6.b Original End Date:	04/03/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,000, 000
	b. Total funding received for agency's sector response to current emergency:		US\$ 148,652
	c. Amount received from CERF:		US\$ 148,652
	d. Total CERF funds forwarded to implementing partners of which to:		<b>US\$ 111,662</b>
	<ul style="list-style-type: none"> <li>▪ Government Partners US\$ 34,960</li> <li>▪ International NGOs US\$ 0</li> <li>▪ National NGOs US\$ 76,702</li> <li>▪ Red Cross/Crescent US\$ 0</li> </ul>		

2. Project Results Summary/Overall Performance
<p>Through this CERF grant, UN Women and its partners increased access to multisectorial GBV response services (psychosocial, legal and economic) to 150 GBV survivors in a safe space and gender desk, strengthened prevention strategies against GBV.</p> <p>For 5,000 vulnerable women and girls: the GBV coordination was improved at the local level for a harmonized and adequate case management and prevention for holistic assistance of 100 women exposed to GBV.</p> <p>The project assisted 8,850 persons through awareness sessions in a safe space and a gender desk, rapid income generating activities, capacity building of 60 police officers in the Fako division, South West region of Cameroon, between October and December 2018. The project was designed for internally displace persons and the host community affected by the ongoing sociopolitical crisis.</p>

3. Changes and Amendments
<p><u>Access to remote areas:</u> Humanitarian access has been a significant challenge limiting the ability of organisations to deliver a scaled-up emergency response that is comprehensive and effective.</p> <p><u>Protection needs of women and girls</u> are massive but difficult to be documented as people are afraid to talk. People are very concerned about their own security and often traumatized by violence they have experienced. Random killings and harassment are serious threats for IDPs in the bush. Many therefore stay inside the village, rather than going out.</p>

4. People Reached									
4.a Number of people directly assisted with CERF funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	1,300	1,500	<b>2,800</b>	1,100	1,400	<b>2,500</b>	2,400	2,900	<b>5,300</b>
<b>Reached</b>	1,638	3,672	<b>5,310</b>	1,012	2,528	<b>3,540</b>	2,650	6,200	<b>8,850</b>
4.b Number of people directly assisted with CERF funding by category									
Category	Number of people (Planned)					Number of people (Reached)			
Refugees	0					0			
IDPs	4,240					5,310			
Host population	1,060					3,540			
Affected people (none of the above)	0					0			
<b>Total (same as in 4a)</b>	<b>5,300</b>					<b>8,850</b>			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:			This number of direct beneficiaries included all the population reach through the 59 awareness campaign sessions (community approach with different thematic in 3 more localities (Buea subdivision, Limbe subdivision, and Tiko subdivision) covered by the local NGO than initially planned in the proposal), economic support, GBV cases identification and management at the safe space of Limbe and at the gender desk.						

5. CERF Result Framework	
<b>Project Objective</b>	Improve the protection of women and girls affected by the conflict through GBV service provision, prevention and coordination in the Fako Division, South-West region of Cameroon

<b>Output 1</b>	Women and girls have increased access to multisectoral GBV response services (psychosocial, legal and economic)			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of GBV survivors supported with adequate psychosocial and legal assistance (disaggregated by sex and age) - HRP indicator	150	150	Local NGO Final report
Indicator 1.2	Number of GBV survivors who received economic assistance	150	191	Local NGO Final report
<b>Explanation of output and indicators variance:</b>		The project supported the creation of 150 quick impact projects for GBV survivors and 25 women cooperatives		
Activities	Description	Implemented by		
Activity 1.1	Set up a safe space at the WEC of Limbe to provide GBV survivors with psychosocial support, counselling and referral	Ministry of Women Empowerment and the family (MINPROFF) -Women economic empowerment centre of Limbé		
Activity 1.2	Recruit and organize emergency training sessions for social workers of the Safe House and for other stakeholders involved	Martin LutherKing Jr. Memorial Foundation (LUKMEF)		

	in the holistic assistance chain, GBV tools and guidelines, data collection, and reporting	
Activity 1.3	Organize 2 emergency training sessions for police officers (1 at the divisional level on protection of women and girls in the conflict context and 1 for the management of gender desks)	Délégation General a la Sureté Nationale (DGSN)
Activity 1.4	Set up a gender desk at Buea Police Station to provide security and legal support to GBV survivors	DGSN
Activity 1.5	Recruit a livelihood and an outreach officer	LUKMEF
Activity 1.6	Provide 15 kits of basic equipment (wheelbarrows, sprayer's sprays, pumps, etc.) to 15 women / girls mixed cooperatives (groups) to reduce drudgery and improve the production and productivity	LUKMEF
Activity 1.7	Organize short term training sessions on technical routes, new technologies and rapid Income Generating Activities for GBV survivors IDPs, and vulnerable host community women and girls	LUKMEF
Activity 1.8	Support 20 quick impact projects through economic kits to meet up present needs of economic activities for GBV survivors, IDP's women/girls, and vulnerable women and girls in the host communities	LUKMEF

<b>Output 2</b>	Prevention strategies against GBV are strengthened for vulnerable women and girls			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	Number of people reached by awareness raising activities on GBV (disaggregated by sex and age)	5,000	8,850	LUKMEF Report
<b>Explanation of output and indicators variance:</b>		Three more villages and localities (subdivision of limbe, Buea, Tiko) were covered by LUKMEF than initially planned		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Recruit 10 community workers and organize a training session according to the crisis context	LUKMEF (10 community workers recruited)		
Activity 2.2	Produce and translate in the local languages communication materials for community awareness raising activities	LUKMEF (4 Roll-ups, 600 flyers, 85 shirts, 700 stickers and 1 banner produced)		
Activity 2.3	Organize awareness-raising activities (campaigns, educative talks...) on GBV, HIV, STIs, women's rights and available services	LUKMEF (59 sessions organized)		

<b>Output 3</b>	GBV coordination is improved at the local level for a harmonized and adequate cases management and prevention			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 3.1	Existence of a strong functional coordination mechanism on GBV	Yes	Yes	MINPROFF activity report
Indicator 3.2	Number of GBV survivors who received multiple collaborative services	100	100	LUKMEF Data base
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		

Activity 3.1	Organize a project launch and end-line meetings with all relevant partners with emphasis on coordinated multi-sectoral GBV response	UN Women
Activity 3.2	Conduct a cartography of stakeholders and set up a referral system to improve collaboration of stakeholders of the support chain	UN Women
Activity 3.3	Document GBV cases, collect data in the field and produce a monitoring report on GBV and women's vulnerabilities	UN Women
Activity 3.4	Hold regular GBV case management coordination meetings with various actors in the area (psychosocial, legal, medical, economic.)	UN Women/ Local MINPROFF

## 6. Accountability to Affected People

### A) Project design and planning phase:

Informed by the multi-sectoral assessment (MIRA) in March 2018 and UN Women's mission in July 2018 which included consultation with the local population, a local NGO, local administrative authorities and traditional leaders, the project design has taken into account the needs of the affected population, particularly the specific challenges faced by women and girls and existing gaps. The results show that more than 85% of respondents said women and girls experience rape, sexual assault, and intimate partner violence, denial of resource/opportunities, psychological abuse, physical violence, and early marriage. More than 70% have expressed an increase in security concerns affecting women and girls and a noticeable increase of reported rape cases since the start of crisis. Women and girls are facing or have faced psychosocial abuse: in Limbe subdivision 54%, in Tiko 50% and in Kumba 73%. Fifty percent of respondents confirmed that women and girls are facing psychological and emotional abuse. 58% of respondents stated that most survivors do not tell or seek assistance when they experience violence because they think that people will not believe them. The project had been implemented accordingly to improve protection of women and girls affected by the crisis in the Fako division, one of the localities where women fled massively during the crisis.

### B) Project implementation phase:

The project takes a community-based approach with full involvement of local actors, including government, NGO, traditional and religious leaders. While the main activities target women and girls as beneficiaries, coordination meetings held in the beginning and at the end of the project to bring various actors together to inform them of the project activities and its objectives, to clarify their role, and to monitor and evaluate the project in a participatory manner and build social cohesion. Also, having community workers as part of the project lead to an increase in the participation of the affected communities in the project implementation and receive feedback from the communities on a continuous basis.

### C) Project monitoring and evaluation:

Throughout the project implementation, monitoring visits by UN Women with the implementing partners had been conducted to meet affected populations and collect feedback, particularly from women and girls, to guide the subsequent actions including possible readjustment. A final meeting with the key actors took place to collectively evaluate the achievement of the project objective.

7. Cash-Based Interventions				
7.a Did the project include one or more Cash Based Intervention(s) (CBI)?				
Planned		Actual		
No		No		
7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated <b>value of cash</b> that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.				
CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
None	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
No evaluation planned because not included in the initial proposal as an activity. But one of the implementing partner (LUKMEF) carried out a final internal evaluation of the project.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## 8.4. Project Report 18-RR-UDP-007 - UNDP

1. Project Information			
1. Agency:	UNDP	2. Country:	Cameroon
3. Cluster/Sector:	Coordination and Support Services - Common Safety and Security	4. Project Code (CERF):	18-RR-UDP-007
5. Project title:	Enable access for humanitarians in the North West and South West regions of Cameroon		
6.a Original Start Date:	12/08/2018	6.b Original End Date:	11/02/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 220,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 100,473
	c. Amount received from CERF:		US\$ 100,473
	d. Total CERF funds forwarded to implementing partners		<b>US\$ 0</b>
	of which to:		
	▪ Government Partners	US\$ 0	
	▪ International NGOs	US\$ 0	
	▪ National NGOs	US\$ 0	
	▪ Red Cross/Crescent	US\$ 0	

## 2. Project Results Summary/Overall Performance

Through this CERF grant, UNDSS provided day to day security support to 72 UN AFPs staff deployed in NW-SW regions as well as NGOs and INGO known as implementing partners.

This was done through the selection and deployment of three successive International staff and two national consultants. The area security situation was assessed, and security risk management conducted thoroughly while more than 42 security briefings were delivered to newly recruited staff, consultants, VIP missions and partners requesting UN support in the framework of "Saving Lives Together"

The project allowed the UN to launch a very important humanitarian assistance to more than 45,000 IDPs seriously affected by the crisis who were constantly hidden in the forest. UN could also scale up its assistance to vulnerable population affected by insecurity in NW-SW region.

## 3. Changes and Amendments

Throughout the implementing period the security situation has drastically changed, and more severe security threats were registered in Southwest region compare to Northwest region. The main resupply road (Buea- Kumba-Manfe-Bamenda) became inaccessible. This has motivated UNDSS to operate from Havy Duty Station Armoured Vehicle with frequent missions to Bamenda via West region which was not planned before. Most of road missions were risky and they could not be conducted with soft skin vehicles as planned before. Unfortunately, UNDSS was not able to spend the whole allocation within the CERF timeframe. 74,000 USD of the allocation had to be returned as certain equipment was not bought in time and travel allocations were not used. In general, this was due to a lack of knowledge of staff members on CERF and procurement procedures. This lack has since been addressed.

4. People Reached									
4.a Number of people directly assisted with CERF funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	0	0	0	0	0	0	0	0	0
Reached	0	0	0	0	0	0	0	0	0
4.b Number of people directly assisted with CERF funding by category									
Category	Number of people (Planned)					Number of people (Reached)			
Refugees						0			
IDPs						0			
Host population						0			
Affected people (none of the above)						0			
<b>Total (same as in 4a)</b>						<b>0</b>			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	N/A								

5. CERF Result Framework	
<b>Project Objective</b>	Enable safe and secure access for the UN agencies and other Humanitarian partners into the North west and South west regions in order to support the affected populations.

Output 1	Security support for humanitarian operations			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	# of security coordination and operational support provided	50 humanitarian field missions per month supported (security planning, escort arrangements, mission tracking)	60 to 80 humanitarian missions were supported	Trip database, Security Operation Centre log sheet and UNDSS daily SITREPs
Indicator 1.2	# of security reports done	20 security briefings conducted (1x per week)	42 security Briefing conducted	FSCO log book and UNDSS SITREP
Indicator 1.3	# of briefings done	90 daily security reports issued (5 per week / Mon-Fri)	81 Security Reports	Daily SITREPs
Indicator 1.4	# of security Risk Management done	30 security assessment missions conducted (6 per month)	12 Security Assessments conducted	FSCO reports



<b>Explanation of output and indicators variance:</b>		Due to increasing deterioration of the security situation on the ground with many days where no activities were possible due to Ghost Towns, Lock downs, movement restriction following shooting incidents, some activities were not conducted as wished.
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>
Activity 1.1	Deploy surge officer	UNDSS
Activity 1.2	Recruit Local Security Assistants	UNDSS
Activity 1.3	Set up security reporting and briefings	All security incidents were reported through SSIRS, DSR and ASMT minutes
Activity 1.4	Conduct assessment missions and compile ad-hoc SRMs	UNDSS

## 6. Accountability to Affected People

### A) Project design and planning phase:

UNDSS and OCHA worked closely together and consulted UN agencies and humanitarian partners to ensure that the project objectives are in line with clients' needs. This was done in many circumstances, during ASMT, SMT and HCT meetings as well as joint field missions.

### B) Project implementation phase:

The UNDSS Security Adviser, the FSCO and two LSA's recruited through the project established regular meetings with stakeholders to ensure that the project was meeting client needs.

### C) Project monitoring and evaluation:

UNDSS with the RC monitored permanently the project and reported to SMT.

## 7. Cash-Based Interventions

### 7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

**7.b Please specify below the parameters of the CBI modality/ies used.** If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
None	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

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

An evaluation was not foreseen in the project proposal.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## 8.5. Project Report 18-RR-FPA-028 - UNFPA

1. Project Information			
1. Agency:	UNFPA	2. Country:	Cameroon
3. Cluster/Sector:	Protection - Sexual and/or Gender-Based Violence	4. Project Code (CERF):	18-RR-FPA-028
5. Project Title:	Provision of psychological first aid to IDPs in South West and North West Regions, notably women, girls and boys		
6.a Original Start Date:	30/08/2018	6.b Original End Date:	27/02/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 929,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 340,000
	c. Amount received from CERF:		US\$ 312,801
	d. Total CERF funds forwarded to implementing partners		<b>US\$ 0</b>
	of which to:		
	▪ Government Partners	US\$ 0	
	▪ International NGOs	US\$ 0	
	▪ National NGOs	US\$ 54,690	
	▪ Red Cross/Crescent	US\$ 0	

## 2. Project Results Summary/Overall Performance

Through the CERF fund, UNFPA and its partners (COMINSUD, LUKMEF, MINPROFF, DRSP) provided quality psychological care and life saving reproductive health services to 20,301 IDPs, specifically, 16,744 women and girls, in targeted sites in North-West and South-West of Cameroon from August to November 2018. This achievement exceeded the planned targets because the conflict exacerbated during the implementation period causing great increase in the number of people in need of Psychological First Aid and care. More specifically, based to the CERF funding, 8,797 people affected by the crisis (7,741 vulnerable women and girls; 1,056 vulnerable men and boys) received psychological first aid; 574 GBV survivors including 44 survivors of rape have received appropriate care (psycho social, case management and medical care) by qualified personnel; 6,392 most vulnerable women and girls received dignity and Mama kits that is 3,500 women and girls of reproductive age for dignity kits that helped in recovery of their dignity and self-confidence and 2,892 visibly pregnant IDPs mothers for Mama kits that gave them the opportunity to have their babies in better conditions.

## 3. Changes and Amendments

During the implementing of the project, the security situation was very volatile with severe security threats in Southwest region with many localities inaccessible. There were some challenges to reach communities in the most affected areas and bushes.

4. People Reached									
4.a Number of people directly assisted with CERF funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	1,350	5,050	<b>6,400</b>	263	787	<b>1,050</b>	1,613	5,837	<b>7,450</b>
<b>Reached</b>	5,244	6,312	<b>11,556</b>	1,419	1,538	<b>2,957</b>	6,663	7,850	<b>14,513</b>
4.b Number of people directly assisted with CERF funding by category									
Category	Number of people (Planned)					Number of people (Reached)			
Refugees	0					0			
IDPs	7,450					14,513			
Host population	0					0			
Affected people (none of the above)	0					0			
<b>Total (same as in 4a)</b>	<b>7,450</b>					<b>14,513</b>			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The total number of persons reached exceeds the number planned because, this number includes not only those who received GBV response services but also prevention services such as messages on GBV. For example, 5,788 persons were reached with lifesaving prevention messages. Also, during the project implementation period, the conflict exacerbated and the number of people seeking PFA increased, causing an attainment in this area far beyond what was planned.								

5. CERF Result Framework	
<b>Project Objective</b>	Provide quality psychological care and life saving reproductive health services to IDPs, particularly women and girls, in targeted sites in NW and SW from August to November 2018

Output 1	Access to psychological first aid is assured for women/girls and men/boys in need among targeted IDP populations			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of people affected by the crisis receiving psychological first aid	7,050	8,797	Reports from implementing partners: COMINSUD and LUKMEF
Indicator 1.2	Number of most vulnerable women and girls receiving dignity kits	6,500	6,392	Reports from implementing partners: COMINSUD and LUKMEF
Indicator 1.3	Simplified community guide on psychological first aid validated and distributed to social workers	8	8	See PFA guides produced in collaboration with LUKMEF-COMINSUD and MINPROFF and another guide as well as 2 posters

				and 2 brochures 2 leaflet with COMINSUD
<b>Explanation of output and indicators variance:</b>		The dignity kits distributed are below target because of problems of access, which delayed the distribution of kits before project implementation deadline. In addition, a few kits were destroyed during transportation due to the difficult nature of the terrain.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Orient and deploy 40 community workers to communicate and refer to free psychological first aid and delivery services	LUKMEF and COMINSUD. UNFPA provided technical support		
Activity 1.2	Produce a simplified community guide on psychological first aid	LUKMEF and COMINSUD with the support of UNFPA and MINPROFF		
Activity 1.3	Organize a mission for the identification of the site where the tents will be positioned	LUKMEF and COMINSUD		
Activity 1.4	Procurement of kits and tents (dignity kits, post rape kits and 4 tents)	COMINSUD, LUKMEF, MINPROFF		
Activity 1.5	Position 6,500 dignity kits and post-rape kits and 4 tents with two partner NGOs	LUKMEF, COMINSUD, UNFPA		
Activity 1.6	Provide psychological first aid according to international standards	LUKMEF, COMINSUD, UNFPA		
Activity 1.7	Distribute dignity kits to most vulnerable women and girls identified	LUKMEF, COMINSUD, UNFPA		
Activity 1.8	Produce and disseminate awareness material kits on minimum initial service package (MISP i.e. GBV, HIV, FP etc)	UNFPA procured and prepositioned with COMINSUD and LUKMEF		
Activity 1.9	Organize supervision, coordination and monitoring activities	LUKMEF, COMINSUD, UNFPA, MINPROFF		

<b>Output 2</b>	GBV survivors among IDPs women receive clinical management of rape (CMR)			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	Number of qualified health personnel delivering CMR	4	4	DRSP SW NW
Indicator 2.2	Number of survivors of rape receiving medical care	400	44	DRSP SW NW
<b>Explanation of output and indicators variance:</b>		UNFPA- supported health facilities that benefited from training, provided treatment to 44 reported rape survivors. Due to security threats, the tents to deliver psycho logical first aid and clinical management of rape survivors were not positioned to a fixed place, but mobile. The midwifery and social workers provided the necessary- care to survivors, either in health facilities or in safe spaces. 574 GBV survivors received adequate support related to their needs based on the survivor centred approach. 44 survivors of rape received medical care before 72 hours as recommended by rape protocol. 574 GBV survivors received one of GBV essential services (psychosocial, case management, medical and protection) medical here refers to survivors of rape coming to health center after 72 hours.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Prepositioning post rape kits, medical commodities for comprehensive CMR and RH commodities	UNFPA		
Activity 2.2	Orient and deploy qualified personnel in each of the 4 tents	COMINSUD /UNFPA		

Activity 2.3	Offer CMR and RH services in the 4 tents	COMINSUD /UNFPA
Activity 2.4	Organize supervision, coordination and monitoring activities	UNFPA, MINFPROFF, COMINSUD, LUKMEF

<p><b>6. Accountability to Affected People</b></p> <p><u>Project design and planning phase:</u></p> <p>Rapid assessment was carried out, in partnership with women association by MINPROFF, COMINSUD and LUKMEF to identify the content of the dignity and Mama kits based on the priority needs that permitted the purchase of customized dignity.</p> <p><u>B) Project implementation phase:</u></p> <p>During the implementation phase, continuous assessment within communities, facilitated the identification of most vulnerable women and girls who were eligible for dignity kits, based on set vulnerability criteria.</p> <p><u>C) Project monitoring and evaluation:</u></p> <p>Regular field missions were carried out during which progress in implementation was done as well as a general qualitative evaluation of client satisfaction with services were offered.</p>
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<b>7. Cash-Based Interventions</b>				
<b>7.a Did the project include one or more Cash Based Intervention(s) (CBI)?</b>				
<b>Planned</b>		<b>Actual</b>		
No		No		
<b>7.b Please specify below the parameters of the CBI modality/ies used.</b> If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated <b>value of cash</b> that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.				
<b>CBI modality</b>	<b>Value of cash (US\$)</b>	<b>a. Objective</b>	<b>b. Conditionality</b>	<b>c. Restriction</b>
None	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

<b>8. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	
The project had 02 project monitors who were monitoring and following activities in the field. Post distribution feedback for the distribution of dignity kits were organized in direction of the beneficiaries. Monthly follow up report were elaborated by the implementing partners and the projects monitors. Correctives actions were taken by the office after submission of those reports.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## 8.6. Project Report 18-RR-HCR-023 - UNHCR

1. Project Information									
1. Agency:		UNHCR			2. Country:		Cameroon		
3. Cluster/Sector:		Emergency Shelter and NFI - Non-Food Items			4. Project Code (CERF):		18-RR-HCR-023		
5. Project Title:		Provision of Emergency Shelter and Basic Domestic Items to Internally Displaced Persons in the South-West region of Cameroon							
6.a Original Start Date:		31/08/2018			6.b Original End Date:		27/02/2019		
6.c No-cost Extension:		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			if yes, specify revised end date:		30.03.2019		
6.d Were all activities concluded by the end date? (including NCE date)					<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)				
7. Funding	a. Total requirement for agency's sector response to current emergency:						US\$ 4,642,460		
	b. Total funding received for agency's sector response to current emergency:						US\$ 949,970		
	c. Amount received from CERF:						US\$ 949,970		
	d. Total CERF funds forwarded to implementing partners						US\$ 128,000		
	of which to:								
▪ Government Partners						US\$ 0			
▪ International NGOs						US\$ 128,000			
▪ National NGOs						US\$ 0			
▪ Red Cross/Crescent						US\$ 0			

2. Project Results Summary/Overall Performance									
<p>Out of nearly 500,000 internally displaced persons, the available CERF funding could only service 30,000 individuals for the provision of shelter kits and 36,000 individuals for the distribution of non-food items. This represented only 11% of the original target in NFI kit distribution and 10% in shelter kit distribution.</p> <p>A total of 28,378 persons of concern benefited from shelter kits, while within same target population, a total of 36,000 benefited from NFI distribution.</p>									

3. Changes and Amendments									
<p>400 shelter kits planned to be distributed in Manyu division were confiscated by authorities, with claims that some items in the shelter kits could be used as weapons of war accounting for the shortage in attaining the shelter distribution results by 7,622 persons representing approximately 1,500 households left out. The shelter kits were returned in May 2019.</p>									

4. People Reached									
4.a Number of people directly assisted with CERF funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total

<b>Planned</b>	6,288	8,619	<b>14,907</b>	6,344	8,749	<b>15,093</b>	12,632	17,368	<b>30,000</b>
<b>Reached</b>	8,094	9,302	<b>17,396</b>	8,249	10,355	<b>18,604</b>	16,343	19,657	<b>36,000</b>
<b>4.b Number of people directly assisted with CERF funding by category</b>									
<b>Category</b>	<b>Number of people (Planned)</b>					<b>Number of people (Reached)</b>			
Refugees	0					0			
IDPs	30,000					36,000			
Host population	0					0			
Affected people (none of the above)	0					0			
<b>Total (same as in 4a)</b>	<b>30,000</b>					<b>36,000</b>			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The project had planned to reach families of five members but was able to reach families of seven or eight.								

<b>5. CERF Result Framework</b>	
<b>Project Objective</b>	Population (4,000 HH containing approximately 20,000 individuals) has access to improved living spaces

<b>Output 1</b>	Core relief items provided			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	# of NFI Kits procured/sourced	6,000	6,000	IP report
Indicator 1.2	# of temporary warehouse established (Manyu & Meme)	2	2	IP report
Indicator 1.3	# of NFI kitted (Douala)	6,000	6,000	IP report
Indicator 1.4	# of NFI kits transported	6,000	6,000	IP report
Indicator 1.5	# of IDP households receiving core relief items	6,000	6,000	IP report
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Sourcing/Procurement of NFIs	UNHCR		
Activity 1.2	Warehousing of NFIs (Douala, Meme and Manyu)	UNHCR		
Activity 1.3	Kitting (packaging and constitution of Kits)	UNHCR		
Activity 1.4	Transportation of NFIs	UNHCR and AIRD		
Activity 1.5	Distribution of NFI kits to targeted IDP households	UNHCR and INTERSOS		

<b>Output 2</b>	Shelter materials & kits are provided			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	# of shelter kits procured	4,000	4,000	IP report
Indicator 2.2	# of shelter kits warehoused	2	2	IP report
Indicator 2.3	# of shelter materials kitted	4,000	4,000	IP report
Indicator 2.4	# of shelter kits transported	4,000	4,000	IP report
Indicator 2.5	# of IDP households receiving shelter kits	4,000	3,600	IP report
<b>Explanation of output and indicators variance:</b>		400, shelter kits planned to be distributed in Manyu would have reached 400 households with an estimated population of 2,000 people. Of these, 70 kits are stocked at UNHCR and another 330 shelter kits were seized by government authorities and security forces, in Manyu, with claims that some items in the shelter kits could be used as weapons of war. The items remain undistributed until to date and kept at the Gendarmerie brigade at Mamfe. Discussions with the local authorities for the release of these items are ongoing. UNHCR envisages the distribution of the full 400 kits at a go.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Procurement of shelter materials	UNHCR		
Activity 2.2	Warehousing of shelter materials	UNHCR		
Activity 2.3	Kitting (packaging and constitution of Kits)	UNHCR		
Activity 2.4	Transportation of shelter	UNHCR+AIRD		
Activity 2.5	Distribution of shelter kits to targeted IDP households	UNHCR+INTERSOS		

## 6. Accountability to Affected People

### A) Project design and planning phase:

The emergency response team had conducted participatory assessments that involved beneficiaries in the identification and prioritisation of their needs. The opinion of an age, gender and diversity differentiated persons of concern (PoCs) was taken into account. Persons of concern also participated in identifying the most vulnerable persons in their communities, following a vulnerability score card that was jointly developed at the level of the clusters.

### B) Project implementation phase:

Opinions and persons of concern were documented during distribution as lessons learnt in order to improve future activities.

### C) Project monitoring and evaluation:

Post distribution monitoring is currently being conducted and the remarks of persons of concern are recorded and analysed for future activities.



**7. Cash-Based Interventions**

**7.a Did the project include one or more Cash Based Intervention(s) (CBI)?**

Planned	Actual
No	No

**7.b Please specify below the parameters of the CBI modality/ies used.** If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
None	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

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

Post distribution monitoring is ongoing and evaluation was not planned in the project. The project was planned in emergency and the region faced very tough security challenges. The volatile nature of the security situation makes it difficult for effective access for evaluation.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## 8.7. Project Report 18-RR-CEF-079 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Cameroon
3. Cluster/Sector:	Protection - Child Protection	4. Project Code (CERF):	18-RR-CEF-079
5. Project Title:	Strengthening community-based mechanisms for prevention and response to Child Protection and Gender-Based Violence (GBV) in the North West and South West Region		
6.a Original Start Date:	28/08/2018	6.b Original End Date:	27/02/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 481,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 399,996
	c. Amount received from CERF:		US\$ 399,996
	d. Total CERF funds forwarded to implementing partners of which to:		<b>US\$ 276,663</b>
	<ul style="list-style-type: none"> <li>▪ Government Partners US\$ 0</li> <li>▪ International NGOs US\$ 276,663</li> <li>▪ National NGOs US\$ 0</li> <li>▪ Red Cross/Crescent US\$ 0</li> </ul>		

2. Project Results Summary/Overall Performance
<p>Through this CERF UFE grant, UNICEF and its implementing partner Plan International provided community-based psychosocial support to 5,328 children (3,016 girls, 2,312 boys) in child friendly spaces (CFSs) and other safe spaces. To improve the protection of children at the community level, a total of 15 CFSs and 15 Community-Based Child Protection Mechanisms (CBCPMs) were established and 225 members (135 women, 90 men) trained in child protection risks (including identification and referral of children in need of psychosocial support, prevention of gender-based violence (GBV), the role of CBCPMs in the prevention of and response to abuse, neglect, exploitation and violence against children as well as on community complaints and feedback mechanism). This allowed them to be better equipped to identify child protection cases and adequately manage them and carry out sensitizations to prevent and mitigate child protection risks. Through these community-based mechanisms, the project reached a total of 13,907 individuals, of whom 5,328 were children (3,016 girls and 2,312 boys) with child protection and gender-based violence interventions. This was achieved during the first few months of the humanitarian response being set up in the two regions.</p>

3. Changes and Amendments
<p>Because of the complex and fluid nature of the operating environment, a number of key targets have been adapted when others could not be met.</p> <p>In fact, considering the current context in the two targeted regions, the process to ensure acceptance and understanding of child protection activities by communities required a longer, more in-depth and resource-consuming approach than in other contexts. For instance, CBCPM members in various communities, with support from community focal points and social workers, developed key child protection messages and then moved from house to house creating awareness and sensitizing community members on child protection concerns, the role of the CBCPMs, as well as the role played by CFSs in restoring a semblance of normalcy in the lives of children and adolescents.</p>

The message were well received and it acted as silent breaker on a number of Child protection issues. Following sensitization on the prevention of sexual violence against children, people started acknowledging that rape was common in their communities. This was previously a subject no one wanted to talk about. Messages on signs of trauma in children resulted in some parents reporting that they had witnessed such signs in their children and this resulted in psychological first aid support for the affected children.

In addition, security constraints, including ghost towns, lockdowns and limited access to certain areas, significantly impacted the project's achievements.

Specifically:

- Most parents were reluctant to let their children, especially boys, attend activities at child friendly spaces (CFSs) for fear that they could be targeted and kidnapped for recruitment or use by the non-state armed groups. Additionally, other parents equated CFSs with classrooms and feared that, education being at the core of the crisis, their children could be abducted, since abduction of children from schools or on their way to or from school were and are still very common. Because of this reality, the number of children and adolescents benefitting from psychosocial support was lower than expected. However, as the interventions continued, parents started appreciating the services offered through the Child Friendly Spaces and Adolescents and Youth Clubs.
- Out of the 110 unaccompanied and separated children identified and documented, only 27% were successfully reunified with their parents or family members in the host communities where they had settled. This was much lower than the target of 85% and can be directly linked to a) lack of access to areas where their families supposedly are, and b) continuous population movements hindering the tracing of families. The remaining 80 (42 girls, 38 boys) were placed in temporary foster families and will continue to benefit from individual follow-up by social workers working with the Implementing partner.
- While it is common knowledge that sexual and gender-based violence is occurring within the communities, citizens are not willing to speak out loud about it while survivors are afraid to come forward for fear of reprisals and of being stigmatized and ostracized.

Increased insecurity also significantly impacted the project's implementation:

- The project was implemented in areas with multiple armed conflict frontlines between security forces and non-state armed groups. Insecurity was thus a major challenge in the areas of intervention. Kidnappings and killings continued to be frequent. During the project implementation period, one implementing partner's staff member was killed in one such incident. Roadblocks are mounted without any warning, usually by Non-State Armed Groups (NSAG). Government security checkpoints are also common. This curtailed the ability of the implementing partner to access beneficiaries for focused interventions leading to the postponement of planned activities. This in turn resulted in delays in implementation as well as increased cost of implementation. As an example, a CBCPM training had been scheduled and perishable food supplies purchased and pre-positioned. On their way to the training, facilitators encountered a blocked road and could not reach the training venue, resulting in the training being postponed. The food already prepared was consumed by participants. When the training eventually took place, fresh food supplies had to be purchased. Additionally, increased insecurity in the North West Region caused communities to relocate to more secure locations.
- The permanent "Ghost Town" Mondays throughout the period of implementation and a major "Lockdown" in the month of February severely curtailed the implementing partner's ability for a productive work (as consequence, a total of 25 working days were lost in January and February 2019).
- Multiple displacements of populations have also made it very difficult to undertake family tracing and reunification of unaccompanied and separated children.

<b>4. People Reached</b>									
<b>4.a Number of people directly assisted with CERF funding by age group and sex</b>									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	20,000	14,000	<b>34,000</b>	19,000	14,000	<b>33,000</b>	39,000	28,000	<b>67,000</b>
<b>Reached</b>	3,016	5,002	<b>8,018</b>	2,312	3,577	<b>5,889</b>	5,328	8,579	<b>13,907</b>
<b>4.b Number of people directly assisted with CERF funding by category</b>									
Category	Number of people (Planned)					Number of people (Reached)			

Refugees	0	0
IDPs	67,000	13,907
Host population	0	0
Affected people (none of the above)	0	0
<b>Total (same as in 4a)</b>	<b>67,000</b>	<b>13,907</b>
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	<p>The process to ensure acceptance and understanding of child protection activities by communities required a longer, more in-depth and resource-consuming approach than in other contexts.</p> <p>As explained in section 3, the anticipated number of child beneficiaries (through CFSs) could not be reached. Most parents were reluctant to let their children, especially boys, attend activities at child friendly spaces (CFSs) for fear that they could be targeted and kidnapped for recruitment or use by the non-state armed groups. More so, other parents equated CFSs with classrooms and feared that, education being at the core of the crisis, their children could be abducted, since abduction of children from schools or on their way to or from school are very common. Because of this reality, the number of children and adolescents benefitting from psychosocial support was lower than expected.</p>	

## 5. CERF Result Framework

<b>Project Objective</b>	Provide girls, boys, women and men affected by the displacement with prevention and response services to protect them from violence, exploitation and abuse
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<b>Output 1</b>	400 girls and boys are supported through Case Management services for Unaccompanied and Separated Children and other Vulnerable children			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of unaccompanied and separated children identified and documented	200 Children (80 Girls;120 Boys)	110 (60 girls, 50 boys)	Partner reports
Indicator 1.2	Number of unaccompanied and separated children for whom family tracing is successful and reunified with family	85% of Children identified and documented (68 Girls; 102 Boys)	30 (27%) (18 girls, 12 boys)	Partner reports
Indicator 1.3	Number of unaccompanied and separated children who are placed in alternative care	15% of Children identified and documented (12Girls;18 Boys)	80 (72%) (42 girls, 38 boys)	Partner reports
Indicator 1.4	Number of vulnerable children who receive comprehensive case management services	200 Children (120 Girls; 80Boys)	22 (14 girls, 8 boys)	Partner reports
<b>Explanation of output and indicators variance:</b>	<p>Children identified and recommended by case workers as needing case management support were registered, case plan developed, implemented and followed through by case workers. Such cases included rape, abuse, family separation and medical issues.</p> <p>However, three factors converged to become impediments to the achievement of this output: (i) the scarcity of qualified social workers to identify vulnerable children in need of comprehensive case management and to provide the needed support; (ii) security and accessibility challenges in accessing affected populations; and (iii) the undermined government services, especially the Delegations of Social Affairs in the project implementation areas.</p>			
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		

Activity 1.1	Conduct Identification, Documentation, Tracing and Reunification (IDTR) to all unaccompanied and separated children	Plan International
Activity 1.2	Identify and train families to provide alternative care to UASC for whom family tracing is not successful	Plan International
Activity 1.3	Provision of individual case management services to identified vulnerable/at risk children	Plan International

<b>Output 2</b>	45,000 Children, Adolescents, Youth and Caregivers benefit from community- based psychosocial activities			
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Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of children reached through functional child friendly spaces and community based psychosocial support	20,000 Children (50% boys:50%girls)	3,753 (1,693 boys, 2,060 girls)	Partner reports
Indicator 2.2	Number of Adolescents and Youth reached through Adolescent and Youth Clubs	10,000 Adolescents (50% boys:50%girls)	1,575 (614 boys, 961 girls)	Partner reports
Indicator 2.3	Number of community members including parents sensitized on psychosocial support needs of themselves and their children	15,000 Adults (50% male:50%female)	8,579 (3,577 men, 5,002 women)	Partner reports

<b>Explanation of output and indicators variance:</b>	At the start of the project, most parents were reluctant to let their children, especially boys, attend activities at child friendly spaces for fear that they could be targeted for recruitment by the non-state armed groups. Additionally, other parents equated CFSs with classrooms and feared that, education being at the core of the crisis, their children could be abducted since abduction of children from schools or on their way to or from school are very common. As the interventions continued, parents started appreciating the services offered through the Child Friendly Spaces and Adolescents and Youth Clubs
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Activities	Description	Implemented by
Activity 2.1	Improving selfcare and coping strategies for children and caregivers	Plan International
Activity 2.2	Training of community 45 volunteers on basic psychosocial support activities that can be done with families, or on individual level	Plan International
Activity 2.3	Setting up of Child Friendly Spaces and Adolescents and Youth Clubs	Plan International

<b>Output 3</b>	13,100 girls, boys and women subjected to gender-based violence access quality life-saving interventions and services based on their individual needs, and prevention messages			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of women, men, girls and boys GBV survivors who have access to a timely, age, gender and culturally sensitive GBV package of services/protection responses	100 (Girls: 50, Women: 40, Boys: 8 & Men:2)	4 (4 girls)	Partner reports
Indicator 3.2	Number of Dignity Kits Distributed to women and girls – locally procured	3,000 (Women and Girls)	2,075 (1,283 girls, 792 boys)	Partner reports

Indicator 3.3	Number of community members reached through GBV awareness raising messages including GBV risk mitigation will be rolled out.	10,000 (50% Adults: 50% Children)	13,907 (8,579 adults, 5,328 children <sup>1</sup> )	Partner reports
<b>Explanation of output and indicators variance:</b>		The issue of GBV is very sensitive in the current crisis. While sexual violence has been reported, the victims have been very reluctant to come forth for fear of reprisal by perpetrators and stigmatization and ostracization by the community. Out of the 100 GBV survivors targeted by the programme, only 4 girls were identified and supported through referral to Medecins du Monde-Spain. Instead of targeting both women and girls with dignity kits, we decided to focus on adolescents (both girls and boys) and let UNFPA provide dignity kits to the women. We therefore had to reconstitute the kits to suit both girls and boys. In the boys' kits, we replaced the sanitary pads with boys' underwear.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Provide a survivor-centered GBV services to survivors (working with the GBV sector, in coordination with UNFPA and UNWomen)	Plan International		
Activity 3.2	Locally Procure and distribute dignity kits to women and girls	Plan International		
Activity 3.3	Distribute Dignity Kits in IDP/Host communities not covered by UNFPA	Plan International		
Activity 3.4	Conduct GBV awareness raising messages including GBV risk mitigation	Plan International		

<b>Output 4</b>	Strengthen of community-based child protection networks to provide early response, prevention and monitor child rights violations			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 4.1	Number of functional community-based child protection mechanisms	17 (reaching 6,000 Adults and 3,000 Children with protection messages)	15 community-based child protection mechanisms (reaching 8,579 adults and 5,328 children with child protection messages on social cohesion, peace building, prevention and response to violence, abuse, exploitation and neglect, GBV, child marriages and other specific child protection concerns identified by communities)	Partner reports
Indicator 4.2	Number of Adolescents and Youth Clubs established with Adolescents and Youth led initiatives	20 clubs (reaching 300 Adolescents and Youth with youth led initiatives, life skills and peacebuilding messages)	15 youth clubs established (reaching 1,575 adolescents and youths with youth-led initiatives, life skills and	Partner reports

<sup>1</sup> See below for explanation.

			peacebuilding messages)	
<b>Explanation of output and indicators variance:</b>		While security concerns allowed for only 15 CBCPMs and 15 Adolescents and Youth Clubs to be established, they were still able to reach more than the initial targets. CBCPMs, supported by Community CP Focal Points, conducted awareness raising campaigns in targeted communities to reach people with key messages on prevention of and response to child protection risks and to encourage adolescents and youths to make use of the Adolescents and Youth Clubs.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 4.1	Creation and support to community members to establish child protection committees and parent support groups	Plan International		
Activity 4.2	Establish Adolescents and youth clubs and provide youth-led initiatives at community level.	Plan International		
Activity 4.3	Using the community networks, conduct response monitoring to identify child right violations	Plan International		

## 6. Accountability to Affected People

### A) Project design and planning phase:

During the planning phase, a rapid needs assessment was conducted through Focus Group Discussions (FGDs) with girls, boys, men, and women, Key Informant Interviews (KII), and structured questionnaires. From discussions with community members, they suggested speak-out boxes as feedback and accountability mechanism. Fifteen metallic boxes were produced but the security conditions did not permit the team to use them since they had to be planted in strategic positions in the communities. However, some communities used black plastic bags to get the children's feedback at the CFS. Feedback was also given during community meetings, coordination meetings with stake holders. Some of the issues that came up were: the need to change CFS activity time, the need to permit children below 5 to participate in CFS activities, the need to include members of Child Protection committees in the training of foster parents, delay in providing nutritional support to cases of malnutrition. Initially, the CFSs were running from 10:00am to 12:00 noon on Wednesdays and Saturdays. However, during the feedback sessions, the children and adolescents who were attending school and vocational training requested that the Wednesday CFSs session be moved to 3pm to 5pm. This improved attendance of CFS on Wednesday from 37 boys and 43 girls to 51 boys and 75 girls. All these complaints and recommendations were addressed appropriately and in a timely manner with the exception of nutritional support which took longer due to the need to go through a canvass selection process.

### B) Project implementation phase:

A start-up meeting was held with stakeholders including affected populations, during which the project was presented, and their recommendations taken into consideration. The recommendations included not putting CFS on school campuses because of the security risk and to ensure that children accessing CFSs are not exposed to risk and harm. The other recommendation was to enhance community participation in project implementation. It was during the start-up workshop that community leaders informed the project implementation team that most IDPs from Batibo were found in Bamenda town, North West Region. A request for a change of location was made by the Implementing Partner and approved by UNICEF. In all 15 implementation locations, consultation meetings were held with different groups including the most marginalized and socially excluded such as children with disabilities, the "Mbororos" (an itinerant nomadic herders' ethnic group), the elderlies, displaced and host community members. Members of child Protection Committees were actively involved in the identification of children beneficiaries for psychosocial support and distribution of food, NFIs and dignity kits.

### C) Project monitoring and evaluation:

Child Protection Committees (CBCPMs) were trained in all communities where the project was implemented, and they met every month to discuss issues related to child protection. It is worth noting that community leaders (quarter heads, Village Development Presidents, leaders of Women's groups, youth leaders) are members of these committees. They regularly visited CFS and adolescents to monitor their activities and provide necessary support. Children and adolescents gave regular feedback on days, time and venue for CFS/club activities. Third party monitoring was independently carried out on a regular basis and reports submitted to UNICEF for information and any corrective action.

**7. Cash-Based Interventions**

**7.a Did the project include one or more Cash Based Intervention(s) (CBI)?**

Planned	Actual
No	No

**7.b Please specify below the parameters of the CBI modality/ies used.** If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
None	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

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

At the time of the project design no evaluation has been foreseen.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>



## 8.8. Project Report 18-RR-CEF-080 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Cameroon
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	4. Project Code (CERF):	18-RR-CEF-080
5. Project Title:	Water, sanitation and hygiene emergency assistance for IDP and affected person in South West and North-West region in Cameroon		
6.a Original Start Date:	25/07/2018	6.b Original End Date:	24/01/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,695,300
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,459,002
	c. Amount received from CERF:		US\$ 899,876
	d. Total CERF funds forwarded to implementing partners		<b>US\$ 180,908</b>
	of which to:		
	▪ Government Partners		US\$ 0
	▪ International NGOs		US\$ 59,311
	▪ National NGOs		US\$ 121,597
	▪ Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance
<p>The interventions carried out between July 2018 and February 2019 under the CERF UFE financial support by UNICEF in partnership with International (Plan International) and National NGOs (Reach Out Cameroon (REO), Fondation Caritas Cameroun) NGOs contributed to improve access to safe drinking water, hygiene and sanitation services to a total of 99,171 affected people of which 84,338 people are from the South West region (Ndian, Meme, Manyu and Kupe Manengouba divisions) and 14,833 people from the North West region (Boyo, Ngok-Etoundja and Mezam divisions). The number of affected people almost doubled the initial target (50,000 people). This is due to the acquisition of more WASH kits as results of coordination and synergies with other sectors and, an agile strategy of intervention. More specifically:</p> <ul style="list-style-type: none"> <li>– 92,657 people were sensitized on good hygiene and sanitation practices (use of safe drinking water, household water conservation and treatment, personal hygiene, hand washing with soap, feces management, etc.) in the framework of the partnerships between UNICEF and the NGOs Plan International, REO and Caritas.</li> <li>– 17,204 households received WASH kits (soap, bucket, kettle and child pot, etc.) to facilitate the adoption of good water (safe transport and conservation of drinking water), sanitation (safe management of children feces) and hygiene (hand washing with soap, bathing) practices.</li> <li>– 16,329 families received water treatment products along WASH kits for the treatment of water from unimproved sources</li> </ul> <p>18,390 Women and girls received menstrual hygiene kits (sanitary pad and soap) during sensitization sessions.</p>

### 3. Changes and Amendments

Some changes occurred in the targeted area.

- In the North West region, communities in Mezam division were selected instead of those in Momo division for 2 main reasons: i) they host an important number of affected populations, ii) they are accessible, relatively calm compared to those in Momo division that were inaccessible due to violence.
- In the South West region, communities in Kupe Manengouba and Lebalem divisions were reached instead of Fako division due to access and security constraints and, presence of IDP in targeted area.

### 4. People Reached

#### 4.a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	11,760	13,520	<b>25,280</b>	12,240	12,480	<b>24,720</b>	24,000	26,000	<b>50,000</b>
<b>Reached</b>	23,325	26,816	<b>50,141</b>	24,277	24,753	<b>49,030</b>	47,602	51,569	<b>99,171</b>

#### 4.b Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	50,000	94,349
Host population	0	4,822
Affected people (none of the above)	0	0
<b>Total (same as in 4a)</b>	<b>50,000</b>	<b>99,171</b>

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:

The discrepancy between the 50,000 people planned and the 99,171 people reached is due synergies with other sectors/program resulting in implementation cost reduction and thus acquisition of more items (WASH kits) than planned and an agile strategy of intervention. Also, for equity, some communities' members hosting IDP have benefited of project intervention.

### 5. CERF Result Framework

<b>Project Objective</b>	Reduce the risk of mortality and morbidity due to water related diseases among internal displaced person in the South-West and North-West regions of Cameroon
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<b>Output 1</b>	Men, women and children in affected areas adopt good water, sanitation and hygiene practices			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of Households which received hygiene kits	10,000 families (average of 5 persons/family)	17,204	Activities reports of Plan, Caritas and REO
Indicator 1.2	Number of persons sensitized on good hygiene and sanitation practices	30,000 persons	92,657	Activities report of Plan, Caritas and REO

Indicator 1.3	Number of women and girls who received menstrual hygiene kits	10,000 persons (women and girls)	18,390	Activities report of Plan, Caritas and REO
<b>Explanation of output and indicators variance:</b>		WASH and Protection used the same Implementing partners (Plan International and Caritas). This resulted in reduction of implementing cost for WASH and an increased in the budget to purchase items. Also, the related cost to third party monitoring was supported by UNICEF through other grants. As results more WASH kits were purchased and more people reached. In addition, an average of 8 persons per household was recorded against 5 persons per household initially planned/anticipated. This has resulted in an increase of the total number of persons to be reached.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Purchase family WASH kits	UNICEF		
Activity 1.2	Distribution of family WASH kits	Plan International, Reach Out and Caritas		
Activity 1.3	Awareness raising and sensitization campaigns on environmental health and good hygiene and sanitation practices	Plan International, Reach Out and Caritas		
Activity 1.4	Purchase of menstrual hygiene kits	UNICEF		
Activity 1.5	Distribution of menstrual hygiene kits	Plan International, Reach Out and Caritas		
Activity 1.6	Awareness raising and sensitization campaigns on menstrual hygiene	Plan International, Reach Out and Caritas		

<b>Output 2</b>	Men, women and children in affected area have access to safe drinking water			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	Number of trained families receiving household water treatment kits	10,000 families (average of 5 persons/family)	16,329 families	Activities reports of Plan, Caritas and REO
<b>Explanation of output and indicators variance:</b>		The reduction of project implementing cost and selection of a cheap packaging (pack of 10,000 tablets rather than pack of 50 tablets) of water treatment product resulted in more water treatment products acquired and thus more families assisted.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Purchase of household water treatment kits	UNICEF		
Activity 2.2	Distribution of household water treatment kits	Plan International, Reach Out and Caritas		
Activity 2.3	Training of communities on household water treatment techniques	Plan International, Reach Out and Caritas		
Activity 2.4	Assessment of water points to be rehabilitated in North West region communities hosting IDP	Plan International,		

## 6. Accountability to Affected People

### A) Project design and planning phase:

The project was designed based on data collected during the Multi sector Initial Rapid Assessment carried out in the South West and North West regions which include feedback of affected population. The planning of the response was done in partnership with local communities through implementing partners. Period of safe access to affected population was defined by them and used for interventions planning

**B) Project implementation phase:**

During the implementation phase, there was a maximum collaboration between implementing partners and local partners (Government, Non-State Armed group, community leaders, religious leaders, traditional councils). Identification of affected communities was done after collecting data from different sources. Activities to be implemented were defined with the involvement of affected communities. Confirmation was requested from focal point of affected communities on agreed date and place, local arrangement considering security situation. Most of the time beneficiaries were involved in the response by facilitating distribution of items among their community members or relaying information.

**C) Project monitoring and evaluation:**

A partnership was established (out of CERF Funds) with an NGO (AMEF) for a third-party monitoring of the whole UNICEF intersectoral response (including CERF funds). This allowed the gathering of information related to affected people feedback on assistance, analysis and identification of means to address any issue raised.

**7. Cash-Based Interventions**

**7.a Did the project include one or more Cash Based Intervention(s) (CBI)?**

Planned	Actual
No	No

**7.b Please specify below the parameters of the CBI modality/ies used.** If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
None	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

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

A simplified mandatory evaluation will be conducted for all agreements signed during the implementation of CERF project as per UNICEF internal rules and protocols. This evaluation is an internal document.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

## 8.9. Project Report 18-RR-WFP-047 - WFP

1. Project Information			
1. Agency:	WFP	2. Country:	Cameroon
3. Cluster/Sector:	Food Security - Food Aid	4. Project Code (CERF):	18-RR-WFP-047
5. Project Title:	Unconditional food assistance to IDPs affected by the crisis in South-West region in Cameroon		
6.a Original Start Date:	30/08/2018	6.b Original End Date:	27/02/2019
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	30/05/2019
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 4,804,300
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,099,998
	c. Amount received from CERF:		US\$ 1,099,998
	d. Total CERF funds forwarded to implementing partners of which to:		<b>US\$ 0</b>
	<ul style="list-style-type: none"> <li>▪ Government Partners US\$ 0</li> <li>▪ International NGOs US\$ 0</li> <li>▪ National NGOs US\$ 281,783</li> <li>▪ Red Cross/Crescent US\$ 0</li> </ul>		

### 2. Project Results Summary/Overall Performance

WFP's priority for the CERF grant was to provide immediate live saving food assistance, through general food distributions, to IDPs in the South-West Region in Cameroon. With this CERF grant, WFP planned to procure and distribute 1,181.76 MT of food to 50,000 people, including 25,500 women and girls for a period of 90 feeding days.

WFP working through one cooperating partner delivered in-kind food assistance to 43,962 vulnerable IDPs in the South-West Region. Some 33,962 beneficiaries were assisted in Meme division and 10,000 beneficiaries in Manyu Division. Monthly rations were distributed to targeted beneficiaries in December 2018, January, February, March and April 2019. A total of 1,186.8 metric tons of food was distributed. The food basket and the daily rations were: 350g cereals, 100g pulses, 35g vegetable oil, 50g Super cereal and 5g iodized salt. WFP life-saving food assistance enabled the IDPs to meet their basic food and nutrition needs at the time where no other assistance was provided.

### 3. Changes and Amendments

The humanitarian context has changed, in addition to the standard Mondays' ghost towns in the South West Region, there were spontaneous declaration of extended lockdowns of up to 15 days, recurrent abduction; curfews, roadblocks, arm conflicts, abduction and wide militarization of the region; bans on commodities movements in the South-West region. Although no actual changes in the beneficiaries needs but these new challenges and constraints required adapting the implementation time line.

A consequence of the constraints, foreseen delays in the implementation time have resulted in a modification from the original plan and a No-cost extension was requested and approved by CERF. This adjustment was necessary to have enough time to implement the project and spend the total allocated resources. The delays in the implementation did not result in any unspent funds.

4. People Reached									
4.a Number of people directly assisted with CERF funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	17,085	8,415	<b>25,500</b>	16,170	8,330	<b>24,500</b>	33,255	16,745	<b>50,000</b>
<b>Reached</b>	15,387	8,352	<b>23,739</b>	15,387	4,836	<b>20,223</b>	30,774	13,188	<b>43,962</b>
4.b Number of people directly assisted with CERF funding by category									
Category	Number of people (Planned)					Number of people (Reached)			
Refugees	0					0			
IDPs	50,000					43,962			
Host population	0					0			
Affected people (none of the above)	0					0			
<b>Total (same as in 4a)</b>	<b>50,000</b>					<b>43,962</b>			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:			Food assistance planned for 90 days, but due to various disturbances with ghost towns, spontaneous lock-downs, government suspension of food distributions and bans on food movement were conducted from December 2018 to April 2019. Over this period a total of 43,962 beneficiaries were reached.						

5. CERF Result Framework	
<b>Project Objective</b>	Provide immediate food assistance to 50,000 IDPs in the South-West Region in Cameroon

Output 1	50,000 IDPs in the South-West region will receive immediate food assistance			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of women, men, boys and girls receiving food assistance, disaggregated by beneficiary category, sex, food, as % of planned.	50,000	43,962	WFP Cooperating Partner Report
Indicator 1.2	Quantity of food assistance distributed, disaggregated by type, as % of planned.	2,430	1,186.8	WFP Cooperating Partner Report
Indicator 1.3	Percentage of households with acceptable food consumption score.	>80%	51.2%	WFP Cooperating Partner Report
<b>Explanation of output and indicators variance:</b>		Because of food prices fluctuations, WFP has been able to purchase 1,186.8 metric tons of food, about five metric tons more than the planned quantity of food. The Emergency Food Security Assessment (EFSA) conducted in January 2019 indicated that percentage of IDP households with acceptable food consumption score is 51.2%. This indicator was collected at the beginning of WFP response to the crisis, just a month after the first round of food distributions. A follow-up post distribution monitoring exercise to evaluate the		

		impact of the distribution on household food consumption patterns is planned for May 2019.
Activities	Description	Implemented by
Activity 1.1	Identify and select the cooperating partners.	WFP
Activity 1.2	Validate and finalize the IDPs lists in the target districts of Meme and Manyu divisions.	WFP Cooperating Partner (REACH OUT)
Activity 1.3	Procure food commodities and transport to distribution sites	WFP and Cooperating Partner (REACH OUT)
Activity 1.4	Conduct food distributions in the target areas.	WFP
Activity 1.5	Implement Monitoring and Reporting Activities.	WFP Cooperating Partner (REACH OUT)

## 6. Accountability to Affected People

### A) Project design and planning phase:

The needs of the affected populations were considered during the design and planning of the project. These needs captured through the CFSVA assessment conducted in 2017, that indicated the different levels of vulnerability of the people in the south-West region and food security situation was of concern. In addition, the initial multisectoral assessment (MIRA) conducted by United Nations agencies in the South-West in March 2018 has indicated the specific needs of the internally displaced populations and the food security situation of IDPs was critical in Meme Division mainly Kumba subdivision and in Manyu Division; Mamfe sub division. Discussions with the different gender and age groups of people mainly youths, women and adults have allowed to gather the different opinions including IDPs views, that guided the decision making on the modality of assistance. Through group discussions, meetings and interviews, Communities, religious leaders, elites of the localities, NGOs have been associated with the targeting exercise for the determination of the most vulnerable households that can benefit from WFP food assistance. Based on the various opinions of the IDPs interviewed the modality of assistance has been determined. Considering the food security situation of the displaced population and the prevailing security context, immediate in-kind food assistance was deemed the most appropriate.

### B) Project implementation phase:

Since it is a high-risk operation, food being more sensitive due to its volume and high value to combatants, WFP has organized meetings with its cooperating partner REACHOUT team and attended access working group meeting in Buea for a closer review of the current security situation including OCHA and other UN and NGO actors.

Prior to the launch of WFP food distribution, all staff from WFP's partner as well as their implementing partners", underwent a comprehensive induction programme training to capacity build the CP and IP staff, and to enable the Cooperating Partners meet WFP's standards in reporting, handling large scale distribution operations and adherence to humanitarian principles and ethics and the complaint and feedback mechanisms as well as PSEA and gender protection

The Partner was then engaged in beneficiaries' registration, training and awareness raising and information sessions on the Humanitarian principles with emphasis on WFP neutrality in the conflict, origin and type of WFP food commodities distribution plans, dates and the food entitlement of each beneficiary and according the size of the households. Local community mobilizers and town criers were used for sensitization and passing on information messages on, the neutrality of WFP assistance, explaining the entire food distribution process, food entitlements distribution dates. Banners were installed at key points in each town displaying WFP food assistance and hotline numbers for feedback and complaints on the assistance

WFP and partners were under a lot of pressure from the government to gain access to beneficiary lists. Discussions were held with local authorities to explain humanitarian principles and its implications in term of respect, dignity and integrity of beneficiaries and clarification on confidentiality of beneficiaries' data were successfully provided to the authorities.

Selection of beneficiaries meeting the set targeting criteria, the distributions as well as collection of feedback, were arranged in collaboration with local village committees, teams of local volunteers and community leaders who were already known to the Cooperating Partner and to local partners.

Voluntary workers were selected from the affected communities and among the beneficiaries to assist in crowd management and therefore guarantee safe and secured distributions. Beneficiaries' feedback and direct interaction with Team Leaders has informed and changed operations. This included identifying non-eligible people pretending to qualify for food assistance.

The next steps consisted of food transport to Kumba and Mamfe where the Partner warehouse were located. Then distributions were conducted according to dates communicated to the beneficiaries.

To ensure greater accountability to affected populations, two complains and feedback mechanisms have been established and beneficiaries were sensitized to voice out their complaints, views, recommendations on the ongoing operation. On each distribution site a complaints desk is created when distributions are in progress. The desk members are in charge for managing beneficiaries' complaints/feedback on-site. Also, a free WFP hot line (p) was extended to the South-West distributions sites, the number is communicated to all the communities and beneficiaries using large banners. Through this green line the beneficiaries have the latitude to anonymously submit their complaints in Pidgin and English language. The feedback mechanism is fully functioning, and people are being sensitized on its use. Complaints are recorded processed by the partner and WFP as they are received. Feedbacks are given to complainants and their suggestions are considered in programming decisions.

C) Project monitoring and evaluation:

Due to security reason no monitoring activity conducted yet. WFP is in the process of contracting a Third-Party Monitor to ensure distributions monitoring and the utilization of the food and provide advice for effective and efficient management of WFP assistance in the South-West Region.

7. Cash-Based Interventions				
7.a Did the project include one or more Cash Based Intervention(s) (CBI) ?				
Planned		Actual		
No		No		
7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated <b>value of cash</b> that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.				
CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
None	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
WFP does not do evaluations for individual Project. The Project is considered within the Country Strategic Plan (2018-2019), a midterm evaluation of the CSP is scheduled for August-September 2019.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>



## 8.10. Project Report 18-RR-WHO-030 - WHO

1. Project Information			
1. Agency:	WHO	2. Country:	Cameroon
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	18-RR-WHO-030
5. Project Title:	Emergency health assistance to internally displaced populations in the North West and South West Regions		
6.a Original Start Date:	05/09/2018	6.b Original End Date:	04/03/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date (including NCE date)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 2,659,289
	b. Total funding received for agency's sector response to current emergency:		US\$ 599,906
	c. Amount received from CERF:		US\$ 599,906
	d. Total CERF funds forwarded to implementing partners		<b>US\$ 265,806</b>
	of which to:		
	▪ Government Partners		US\$ 41,526
	▪ International NGOs		US\$ 0
	▪ National NGOs		US\$ 224,280
	▪ Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance
<p>Through the CERF grant, WHO and its partner provided equitable essential health care to 66,210 internally displaced persons through fixed and mobile clinic consultations, 536 patients received their ARVs. In addition, 368 surgical procedures were carried out with 15 cases of firearm injuries; 312 persons benefitted from the services of the two clinical psychologists including two cases of GBV which were followed in Bamenda. The South West Clinical Psychologist also organized the community mental health activities in Buea to raise awareness, educate and promote the mental health literacy of 100 IDPs; The members of three associations were also present. Regular discussions on women's mental health took place in three health facilities in Buea, which permit to sensitize about 80 health staff and local NGOs members about the problem. Ten (10) health structures and partners were supplied with Emergency Health Kits including also two traumatology kits. Several training sessions at the workstation were held targeting members of the investigation and rapid response teams; 85 community health workers from 16 health districts of the South West region were trained on community-based surveillance and provided with material to produce surveillance reports. These community Health workers helped to sensitize 7,273 beneficiaries in relation to the main public health risks.</p> <p>The project reached a total number of 73,703 persons and succeeded in reducing excessive morbidity and mortality within the IDP population in Mezam, Momo, Ngoketunjia, Boyo, Meme and Manyu divisions. This was achieved during a period marked by prolonged blockages, an increase in attacks on health facilities, including health personnel and ghost towns.</p>

3. Changes and Amendments
<p>As part of the establishment of an early warning mechanism to strengthen epidemiological surveillance, the project had planned that the Cameroon Red Cross set up this activity. However, we had learned from the field that the beneficiaries did not accept this institution anymore; they considered that Red Cross is too close with the Government. Thus, WHO has directly implemented this activity with the collaboration of local NGOs from the field. Indeed, these 85 community Health workers (CHWs) have been recruited and trained covering</p>

16 health districts in the South West region. These CHWs sensitized 6,430 beneficiaries. Thanks to the contribution of the CHWs, 53 measles cases were quickly detected in Bakassi Health district in the South West and a prompt response was provided.

#### 4. People Reached

##### 4.a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	28,644	39,556	<b>68,200</b>	17,556	24,244	<b>41,800</b>	46,200	63,800	<b>110,000</b>
<b>Reached</b>	28,744	17,084	<b>45,828</b>	15,331	12,544	<b>27,875</b>	44,075	29,628	<b>73,703</b>

##### 4.b Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	110,000	<b>73,703</b>
Host population	0	0
Affected people (none of the above)	0	0
<b>Total (same as in 4a)</b>	<b>110,000</b>	<b>73,703</b>

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:

The target could not be reached because of the multiple Ghost towns that are observed each week. Despite the needs, these Ghost towns limit the circulation of intervention teams.

#### 5. CERF Result Framework

<b>Project Objective</b>	Reduce the excess morbidity and mortality of displaced populations in the North West and South West regions
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Output 1	Internally Displaced Populations from North west and South west Regions benefit from Emergency Health Care			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of health facilities that have benefited from emergency kits	10	10	Send and receive form
Indicator 1.2	Number of IDPs received in curative consultations	100 000	66,210	Consultation records
Indicator 1.3	Number of specialized health personnel deployed	4	3	Established contracts
Indicator 1.4	Number of IDPs who have received ARV treatment	2 500	536	Register of visits
Indicator 1.5	Number of people trained in the management of diarrheal diseases and acute respiratory infections of children	30	35	Training Report Attendance record

Indicator 1.6	Number of children receiving pediatric care	2 200	3 310	Consultation records
Indicator 1.7	Number of pregnant women who have benefited from delivery kits (Except women survivors of rape.)	2 000	300	Consultation records
Indicator 1.8	Number of pregnant women who had a cesarean section (Except women survivors of rape.)	100	87	Intervention report
Indicator 1.9	Number of waiting rooms for pregnant women	2	0	
Indicator 1.10	Number of tools produced (Leaflets and picture boxes on pregnant women, diarrheal diseases, cholera, respiratory infections, viral hemorrhagic diseases and Monkey Pox disease)	4 000	3 000	Availability of Posters and flyers
<b>Explanation of output and indicators variance:</b>		The security situation in the areas of intervention limited the number of working days considerably. This was made worse by prolonged periods of lockdowns and ghost towns. The imposed curfew in the NW region and the Meme division also limited the number of working hours and ability to take the mobile clinics to far off distances.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Supply 02 District Hospitals and 08 Health Centers supporting IDPs in emergency medical kits for the free management of common diseases	WHO-MoH		
Activity 1.2	Organize mobile clinics for IDPs far from health facilities	CARITAS / WHO		
Activity 1.3	Deploy urgently 02 surgeons and 02 medical psychologists for the two regions (one surgeon and one medical psychology in each region) able to take care of the cases of traumatism of war	WHO-MoH		
Activity 1.4	Ensure continuity of access to ARVs for HIV-positive Internally Displaced Persons already under treatment prior to the crisis and PMTC.	CARITAS/ WHO		
Activity 1.5	Train in five days 30 care providers in the management of diarrheal diseases and acute respiratory infections in children (10 in South-West and 20 in North-West)	WHO-CARITAS		
Activity 1.6	Provide pediatric care to internally displaced children	WHO-CARITAS		
Activity 1.7	Supply 8 FOSA (CSI, CMA) health districts of Kumba and Mamfe in delivery kits (Not taking care of women survivors of rape.)	WHO-CARITAS		
Activity 1.8	Supply District Hospital of Kumba and Mamfe in Caesarean Kits (100 caesarean kits) Not taking care of women survivors of rape.	WHO-CARITAS		
Activity 1.9	Produce and disseminate awareness-raising leaflets, picture boxes for stakeholders (caregivers and communities) in the appropriate care of pregnant women, diarrheal diseases, cholera, respiratory infections, viral hemorrhagic diseases and Monkey Pox disease.	WHO - MoH		

<b>Output 2</b>	Support the response to the Monkey Pox outbreak and the control of the cholera epidemic in the South West region			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	Number of community Health Workers trained on event-based monitoring	100	85	Attendance list of trainees, and booked training venue
Indicator 2.2	Number of samples sent to the laboratory	80	50	Filled reports from various areas from where samples were transported
Indicator 2.3	Number of rapid cholera case detection tests available to health facilities	200	250	Donation receipt form
Indicator 2.4	Number of health facilities with case management kits for cholera and infectious diseases such as respiratory infections	10	10	Donation receipt form
Indicator 2.5	Number people from rapid investigation and response team trained in Five days in regional and district level	20	35	Training report and time sheet
Indicator 2.6	Number of beneficiaries sensitized on the risk related to cholera and Monkey Pox	6 000	7 273	Activity Report
<b>Explanation of output and indicators variance:</b>		One hundred Community relais from all over the SW region were invited to the training but only 85 are presented so because of the insecurity situation in the region and the insecurity along the Kumba road that prevented the arrival of many community Health workers. In addition, the training needs for themes of humanitarian emergency are so important in these two regions, especially for topics such as mental health in humanitarian setting, that we have increased the number of people trained.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Train in Five days (Three pools) community Health workers on event-based monitoring	WHO		
Activity 2.2	Transport samples from the community to the referral laboratory	WHO		
Activity 2.3	Provide health facilities with rapid cholera tests	WHO		
Activity 2.4	Provide health facilities with case management kits for cholera and major infectious diseases	WHO		
Activity 2.5	Train in Five days rapid investigation and response team in regional and district level	WHO		
Activity 2.6	Sensitize the beneficiaries on the risks related to cholera and Monkey Pox	Community Health Workers recruited directly in the Field through local NGOs		
<b>Output 3</b>	Continuously monitor emergency response implemented in the field			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 3.1	Number of WHO staff deployed to support regional level	2	2	Presence of WHO staff (One Health Cluster Coordinator and One Field Coordinator) at UN OCHA office in Buea

Indicator 3.2	Number of monitoring missions conducted by WHO staff	4	2	Joint mission with OCHA and other agencies
<b>Explanation of output and indicators variance:</b>		The community activity was to be implemented by the Cameroonian Red Cross. However, the NW & SW crisis unfolds in a particular context where the security situation is very changeable with many perceptions from beneficiary. So, after acquisition of CERF funds we had the information from our field team that the beneficiaries no longer accept any support coming from of the Cameroon Red Cross because they considered that this institution was very close to the Government. Taking seriously this reputational risk and the risk of rejection of the interventions of the UN agencies by the beneficiaries, we directly implemented community activities. In addition, the number of visits were limited due to security conditions and movement restrictions for UN personnel.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Deploy WHO Emergency staff for supporting MoH at regional level.	WHO-MoH		
Activity 3.2	Deploy a WHO emergency staff in support of the central level of the Ministry for data analysis and monitoring of field interventions.	WHO		
Activity 3.3	Conduct regular monitoring field missions	WHO-MOH		

## 6. Accountability to Affected People

### A) Project design and planning phase:

The project was conceived following a multi-sectoral evaluation carried out within the affected communities. The conflict has resulted in the destruction of health facilities, the displacement of hundreds of thousands of people to new settlements and shubs without sanitation, and the disruption of supplies to most health facilities. The project design and implementation have taken all of these into account, focusing as much as possible on the population affected by the crisis.

### B) Project implementation phase:

The project has been largely implemented according to initial indications. Thus, after the deployment of a field coordinator and a health cluster coordinator, a memorandum of understanding was signed with the NGO CARITAS, which is the implementing partner responsible for the delivery of curative care through mobile clinics. Then two clinical psychologists and one trauma surgeon were recruited and deployed. Emergency medical kits were procured and delivered to settlement partners and health facilities for displaced persons. All this deployment of health personnel and the signing of the MoU facilitated the surgical and medical management of IDPs. Thus about 15 people injured by firearms could be saved thanks to a prompt surgery. Traumatized people benefited from psychological counseling which helped to restore hope to many people who had lost everything. In addition, 536 people living with HIV have benefited from regular monitoring and ongoing dispensing of ARVs. The termination of the project will certainly result in a lack of access to ARVs for those patients who have not yet returned to their original place of residence. This may lead to abrupt interruptions of treatment by these PLHIV who were followed increasing the risk of death in these patients.

### C) Project monitoring and evaluation:

As part of the project implementation, there were several levels of supervision. For example, the WHO field coordinator, who was in permanent contact with the implementing partner, ensured the implementation of the project in accordance with the Memorandum of Understanding. Thus, two joint supervision visits were carried out. Another level of supervision was led by implementing partner CARITAS, who recruited team leaders to oversee the implementation of the project. The feelings of the patients operated for gunshot wounds were collected, especially those whose lives were threatened by the severity of the wounds. They expressed a great sense of satisfaction and appreciation for the speed of the interventions that saved these lives. The information was exchanged weekly with the Humanitarian Coordination (OCHA) in the field.

7. Cash-Based Interventions				
7.a Did the project include one or more Cash Based Intervention(s) (CBI)?				
Planned		Actual		
No		No		
7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated <b>value of cash</b> that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.				
CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
None	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

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

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total Funds Transferred to Partner US\$
18-RR-CEF-079	Child Protection	UNICEF	GOV	\$15,200
18-RR-CEF-079	Child Protection	UNICEF	INGO	\$276,663
18-RR-CEF-080	Water, Sanitation and Hygiene	UNICEF	INGO	\$59,311
18-RR-CEF-080	Water, Sanitation and Hygiene	UNICEF	NNGO	\$45,788
18-RR-CEF-080	Water, Sanitation and Hygiene	UNICEF	NNGO	\$75,809
18-RR-FAO-020	Food Assistance	FAO	NNGO	\$24,800
18-RR-FPA-028	Gender-Based Violence	UNFPA	NNGO	\$24,845
18-RR-FPA-028	Gender-Based Violence	UNFPA	NNGO	\$24,800
18-RR-FPA-028	Gender-Based Violence	UNFPA	NNGO	\$29,845
18-RR-HCR-023	Shelter & NFI	UNHCR	NNGO	\$77,273
18-RR-HCR-023	Shelter & NFI	UNHCR	INGO	\$128,000
18-RR-IOM-024	Protection	IOM	NNGO	\$77,273
18-RR-WHO-030	Health	WHO	NNGO	\$224,280
18-RR-WHO-030	Health	WHO	GOV	\$41,526
18-RR-WFP-047	Food Assistance	WFP	NNGO	\$281,783
18-RR-WOM-006	Gender-Based Violence	UN Women	GOV	\$15,200
18-RR-WOM-007	Gender-Based Violence	UN Women	GOV	\$19,760
18-RR-WOM-008	Gender-Based Violence	UN Women	NNGO	\$76,702

## Annex 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

<b>MINPROFF</b>	Ministry of women empowerment and the family
<b>CPFF</b>	Centre de promotion de la femme et de la famille
<b>WEE</b>	Women economic empowerment center
<b>LUKMEF</b>	Martin LutherKing Jr. Memorial Foundation
<b>DGSN</b>	Delegation Generale a la sureté National (National Police)
<b>ASWARUDEP</b>	The Association of the South West Agriculturalists Rural Development and Environmental Programme
<b>MINEPIA</b>	Ministry of Livestock, fisheries and Animal Industries
<b>IP</b>	Implementing Partner
<b>MWDA</b>	Mbomweh Women Development Association
<b>COMINSUD</b>	Community Initiative for Sustainable Development
<b>AIRD</b>	African Initiative Relief Development