

**CAMEROON
UNDERFUNDED EMERGENCIES
ROUND II
DISPLACEMENT
2019**

19-UF-CMR-38557

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Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

3 February 2021

The CERF focal points of all the recipient agencies participated in the 3 February AAR. Furthermore, the head of agencies met on 17 February to discuss lessons learned and recommendations made at the technical level 3 February meeting for follow up.

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).

Yes No

The report was shared with the HCT on 16 April 2021 for comments and consideration and included on the agenda of the 29 April HCT meeting.

Please confirm that the final version of this report was 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

On 16 April the final draft report was shared with relevant stakeholders for consideration and comments, including implementing partners and the members of the Yaoundé Inter-Sector and the North-West South-West Inter-Cluster groups.

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

This second underfunded emergency allocation in 2019 was crucial to respond to some of the priority needs in the crisis affected North-West and South-West regions. The humanitarian response to the crisis in the two regions remained severely underfunded especially in the Education Sector. This CERF allocation was very carefully prioritized to respond to underfunded priority needs of education, health, complemented by nutrition and protection activities and a multi-purpose cash (MPC) project. The MPC project was decisive to explore this response strategy in an area where security concerns and opposition by local authorities were widespread.

CERF's flexibility in responding to a changing operating environment allowed to integrate COVID-19 prevention and response measures in projects and to also provide education assistance in the Littoral and West regions. Many children left the North-West and South-West regions to neighboring Littoral and West regions to continue their education, but response efforts remain focused on the two violence ridden regions.

Thanks to this 5 million USD CERF allocation over 887,000 people in the North-West, South-West, Littoral and West benefitted from education, health, protection, food and nutrition services.

CERF's Added Value:

CERF funding was key for the provision of a protective learning environment to children in and out of school. Almost 150,000 children benefitted from the either formal or non-formal education activities of the two education projects implemented in complementarity by UNESCO and UNICEF. Furthermore, thanks to the WASH in schools component, which was added through COVID reprogramming, 94,000 children in Government schools were able to wash their hands and 1,800 teachers were sensitized on COVID.

The nutrition project assisted a total of 164,000 people and ensured provision of critical lifesaving interventions for treatment of acute malnutrition and prevention of under nutrition in North West and South West Regions. In general, CERF funds were critical to maintain a nutrition response and nutrition sector coordination in 2020.

The multi-purpose cash project contributed to promoting food security, improved nutrition and reduced negative coping mechanisms for its beneficiaries and enabled the targeted vulnerable populations to meet their essential needs.

92,000 individuals, including 3,000 persons living with disabilities, benefitted from protection assistance in the NWSW regions, including protection monitoring, support in obtaining civil status documentation, legal assistance.

The CERF funded health project assisted a total of 472,799 people across the NWSW and helped reduce excess morbidity and mortality in the two regions by ensuring access to timely and equitable health care in affected communities and ensuring the early detection and response to epidemic prone diseases.

Did CERF funds lead to a fast delivery of assistance to people in need?

Yes

Partially

No

The funding led only partially to a fast delivery of assistance. A no-cost extension was requested and granted for five out of six projects. Insecurity and frequent lockdowns, impact of the COVID-19 outbreak and internal administrative bottlenecks negatively affected the implementation capacities and caused delays in the delivery of assistance to beneficiaries. The impact of COVID-19 was greatly felt: schools were closed, border closing led to delays in recruitment, procurement, the disruption of supply chains, shortages of items on the local markets, and a momentary paralysis of humanitarian response activities until guidance was developed on how to deliver safely, respecting COVID-19 prevention and social distancing measures.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

Without the CERF funding, some of the most urgent health and protection needs of people would have been left unmet, considering the very limited funding available to the humanitarian response in the North-West and South-West regions. However, some of the needs responded to were not of such time-critical nature that the delayed implementation of activities greatly affected their usefulness.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

Allocations for different agencies in the same sector (Education), greatly contributed to developing a joint response vision and to closer coordination to ensure complementarities. Furthermore, for the Nutrition Sector the CERF funding was vital to strengthen coordination with Cluster members. However, in general, coordination across different Cluster was not improved thanks to this allocation. To increase coordination for possible future allocations, it was recommended to include a standing agenda item of the meetings of the relevant Inter-Sector/Cluster groups during the project implementation period.

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

CERF funds have been critical and instrumental for the response in North-West and South-West regions and contributed to the advocacy and visibility on the crisis. However, most agencies were unable to mobilize resources from other sources, which caused that certain lifesaving services had to be discontinued after the CERF funding ended.

Considerations of the ERC's Underfunded Priority Areas¹:

The crisis in the North-West and South-West is an education crisis. In May 2019, over 80 per cent of schools were closed and more than 600,000 children were deprived of an education in both regions. The HCT of Cameroon thus specifically considered the ERC's priority area of education in the allocation of this CERF grant. 1.5 million USD out of the total 5 million USD grant was allocated to UNESCO and UNICEF to implement education projects. Considering the context, both education projects combined formal and non-formal education approaches.

UNESCO's and UNICEF's education projects ensured that education materials developed promote gender equality, include gender transformative messages, targeting prevention of child abuse, child labour, sexual exploitation, rape, unwanted pregnancies, child marriage and domestic violence as major barriers to education and help transform the root causes of GBV. UNICEF furthermore analyzed the different ways in which COVID-19 affects girls and boys in target communities, to design the discussion around Safe School reopening. UNHCR ensured that gender was mainstreamed in all project activities. In its nutrition project, UNICEF encouraged men to participate in the IYCF-E awareness sessions as they are key contributors to decision making in relation to IYCF at the community level.

With regards to disability inclusion, UNESCO, in partnership with the Foundation of Inclusive Education (FIED), a local NGO in the South-West, implemented activities that ensured children living with disabilities participated in learning in both formal and non-formal learning institutions. Schools were sensitized on how to support children with disabilities and 30 per cent of the capitation grants were allocated to these learners. UNESCO is now in the process of ensuring that the online and offline materials are responsive to children with vision impairment to promote inclusivity. The UNICEF education project also specifically targeted children living with disabilities and their care givers, not forgetting the other vulnerable groups. To ensure that the protection project meets the needs of persons with disabilities, the UNHCR protection project was also implemented together with a national NGO specialized on disability inclusion, the Coordination Unit for Associations of Persons with Disability (CUAPWD). 3,000 people with different disabilities were provided with various forms of protection and NFI assistance. UNICEF gave the necessary orientation to its partners implementing the Nutrition project to ensure the project design addressed barriers people with disabilities encountered when accessing nutrition services and to sensitize community workers to prioritize people with disabilities during service provision. People with disabilities were specifically targeted under WFP's multi-purpose cash project and the project design was adapted to ensure barriers which could prevent people with disabilities to

¹ In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and HCTs/UNCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas [here](#).

benefit from the project were addressed. For example, community mobilizers and complaint committees tracked records of the PWD heads of households for close monitoring and home visits, to ensure that the most vulnerable persons with disabilities had access cash to meet their essential needs. WHO's health project targeted PWDs with various types of services and capacity building. As part of the implementation of the project, the PWDs benefited from curative consultations, specialized consultations and various specific equipment. However, it was noted that the identification of people with disabilities proved sometimes challenging as they were hidden away by communities. For example, UNICEF did not identify children with disabilities in local schools, essentially because inclusive education is still under development.

With regards to protection, all projects mainstreamed protection into all its activities. For example, activities were not implemented on lockdown days under any of the projects. UNESCO identified the specific protection needs of the different age, gender and diversity groups through rapid risk and acceptability assessments. Furthermore, school managers and principals were trained on protection and how to identify, track and address protection needs of vulnerable children. Another measure to protect both boys and girls included parents walking their children to and from formal school. UNICEF's education included school-based risk mitigation and psychosocial support in the classroom to ensure that education is provided in a protective environment for children and teachers. The Nutrition project was also designed to mitigate protection risks. For example, material was translated into English, and activities were undertaken close to the communities through mobile teams to avoid the affected population walking long distances. WFP ensured that beneficiaries were informed on transfer dates and advised to transact during daytime.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	80,865,274
CERF	5,002,518
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	41,359,952
Total funding received for the humanitarian response (by source above)	46,362,470

Table 2: CERF Emergency Funding by Project and Sector/Cluster (US\$)

Agency	Project Code	Sector/Cluster	Amount
UNESCO	19-UF-ESC-001	Education - Education	500,000
UNHCR	19-UF-HCR-034	Protection - Protection	500,000
UNICEF	19-UF-CEF-102	Education - Education	999,993
UNICEF	19-UF-CEF-103	Nutrition - Nutrition	500,039
WFP	19-UF-WFP-061	Multi-Purpose Cash - Multi-Purpose Cash	1,002,597
WHO	19-UF-WHO-050	Health - Health	1,499,889
Total			5,002,518

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)

Total funds implemented directly by UN agencies including procurement of relief goods	3,240,697
Funds sub-granted to government partners*	59,788
Funds sub-granted to international NGO partners*	734,324
Funds sub-granted to national NGO partners*	967,709
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	1,761,821
Total	5,002,518

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

The humanitarian situation in the South-West (SW) and North-West (NW) regions, which initially started as a political crisis, has turned into a significant, complex humanitarian emergency with 1.3 million people in need in the two regions as per the 2019 HNO. The food security situation of IDPs and affected host and local communities in the SW and NW regions remains critical and continues to deteriorate with many of them unable to access farms for crop production. According to the 2019 Emergency Food Security Assessment, 1.5 million people are food insecure, of which 900,000 are in the NW and 600,000 are in the SW region, with GAM rates for the two regions 4.4 per cent and 5.6 per cent respectively. Moreover, a lack of funding has compromised basic health services in the NW. Thus, the risk of an outbreak of infectious diseases in both NW and SW is considered high. The 2019 Humanitarian Response Plan aimed to assist 2.3 million people at the national level, 0.64 million within the North-West and South-West regions. The 2019 HRP required 299 million USD and was funded at 44 per cent. The 2020 HRP required 391 million USD and was funded at 50 per cent. The crisis in the NWSW which required 166 million USD under the 2020 HRP was funded at 28 per cent.

Operational Use of the CERF Allocation and Results:

This CERF allocation of \$5 million, approved in October 2019, aimed to save lives, relieve suffering and improve the protection of civilians. This funding planned to address the needs of 711,237 people in the NW and SW regions, with greater priority given to the NW, due to the fact previous response activities were focused in the SW. This allowed humanitarian partners to capitalize on the ongoing scale-up in the NW, while leaving some flexibility for interventions in the SW. This CERF allocation enabled UN agencies and partners to provide: access to education and learning materials to 147,933 children, and training on the provision of psychological support services and child-centered disaster risk reduction to 500 teachers as well as 150 community members; emergency medical assistance and mental health interventions to assist a total of 472,799; lifesaving nutrition assistance and addressing critical needs of children and women, especially Vitamin A supplementation which was provided to 164,061 people; a multi-purpose cash-based response reaching 7,422 persons, including 187 persons with disabilities and pregnant and lactating women and girls; and in conjunction with three national NGOs, protection activities will be carried out, including legal assistance to detainees and prevention of sexual and gender-based violence which benefitted about 92,000 people.

People Directly Reached:

887,120 people benefitted from education, health, protection, food and nutrition services. The beneficiaries were calculated by adding them all up. There is no overlap in the beneficiaries of the education projects, as they were complementary. The children which benefitted from the Nutrition project are not the same age group as the children which benefitted from the education projects. There multi-purpose cash project was implemented in urban/semi-urban areas while most of the other projects were targeting beneficiaries in rural and hard to reach areas. Overlap is possible between the beneficiaries of the health and protection projects, but as the beneficiary information at divisional level is not requested in the CERF report, it proves difficult to clearly establish such a possible overlap.

Considerably more people were reached by UNICEF's education and nutrition projects. The education project reached 113,100 people more than foreseen, mostly children, due to the COVID-19 reprogramming. The project was restructured to integrate handwashing in school, which reached a total of 94,000 children. The UNICEF nutrition project reached over 100,000 more people than foreseen, since partners used several platforms, for example food distribution sites, to sensitize large numbers of caregivers on key messages on Infant and Young Child Feeding (IYCF -E). The UNHCR protection project reached 10,000 people more than targeted due to the geographical extension of the divisions covered by protection monitoring.

Almost 160,000 more host community members were reached than targeted, which is largely due to UNICEF's education and nutrition projects COVID-19 reprogramming. The two projects reached together 166,500 more host community members than targeted, as the COVID-19 activities naturally targeted host and displaced communities.

People Indirectly Reached:

UNESCO's online portal has drawn great response from communities not directly targeted in the beneficiary locations. The targeted beneficiaries were children out of school. Meanwhile, 44,800 registered users out of the total 74,400 are learners and teachers from formal schools. Furthermore, the IT equipment and learning materials, including pupils' desks as a result of the capitation grants have benefitted other learners besides the targeted 6,152 learners. The general school learning environments have improved, and the schools have reported improved school attendance of the other learners too. Furthermore, many tens of thousands of children benefitted from teachers trained by UNESCO and UNICEF in psychosocial support.

Approximately 100,000 persons indirectly benefitted from the nutrition interventions mainly through the awareness campaigns undertaken during the project implementation in the health districts including COVID related messaging on nutrition.

Around 17,500 people were reached through sensitization activities carried out under WFP multi-purpose cash project on protection mainstreaming, safer cash, accountability to affected populations, PSEA and COVID-19 prevention measures.

Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster*

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Education - Education	365	365	17,495	17,495	35,720	1,694	1,211	76,524	71,409	150,838
Health - Health	145,222	137,582	111,448	115,665	509,917	134,748	127,183	103,543	107,325	472,799
Multi-Purpose Cash - Multi-Purpose Cash	1,875	1,500	2,250	1,875	7,500	2,612	1,926	1,668	1,216	7,422
Nutrition - Nutrition	15,050	11,050	29,000	21,000	76,100	53,978	33,082	39,270	37,731	164,061
Protection - Protection	34,000	21,000	16,000	11,000	82,000	37,000	23,700	18,000	13,300	92,000
Total	196,512	171,497	176,193	167,035	711,237	230,032	187,102	239,005	230,981	887,120

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Table 5: Total Number of People Directly Assisted with CERF Funding by Category*

Category	Planned	Reached
Refugees	0	0
Returnees	0	0
Internally displaced people	503,827	519,893
Host communities	207,310	367,167
Other affected people	100	60
Total	711,237	887,120

Table 6: Total Number of People Directly Assisted with CERF Funding*

Sex & Age	Table 6: Total Number of People Directly Assisted with CERF Funding*		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached
Women	196,512	230,032	3,348	2,092
Men	171,497	187,102	2,611	1,798
Girls	176,193	239,005	2,887	1,775
Boys	167,035	230,981	2,624	1,830
Total	711,237	887,120	11,470	7,495

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 19-UF-ESC-001

1. Project Information			
Agency:	UNESCO	Country:	Cameroon
Sector/cluster:	Education	CERF project code:	19-UF-ESC-001
Project title:	Providing Access to Relevant Quality Education and Psychosocial Support to Conflict-Affected Children in the Northwest and Southwest Regions of Cameroon		
Start date:	02/10/2019	End date:	30/06/2020
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 3,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 1,350,000
	Amount received from CERF:		US\$ 500,000
	Total CERF funds sub-granted to implementing partners:		US\$ 64,535
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 64,535
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through the CERF funding, UNESCO and its partners provided access to non-formal education activities for 11,848 learners (6,921 boys and 6,927 girls) in 260 community learning spaces; facilitated return to school for 6,152 children with reduced enrolment rate through provision of capitation grants; broadcasted learning materials, specifically English language and Life skills via eight radio stations, four in South-West and four in North-West regions, trained 80 school managers, principals and head-teachers in school leadership and management, management and monitoring of capitation grants, knowledge of safe schools and psychosocial support to teachers and learners in schools.

6,152 learners benefited from decreased enrolment fee and enrolled in 20 schools, which benefited from distribution of capitation grants, which enabled them to procure assorted teaching and learning materials and equipment for the learners and teachers. This included core subject and supplementary textbooks, writing materials for the beneficiary pupils and IT Equipment (Desktops, Laptops,) that enabled learners access online learning materials, including the UNESCO online platform.

These community-learning spaces benefited from technical equipment consisting of tablets for monitors and learners, Nano servers, Nano projectors, power banks, speakers, solar systems, Micro SD cards

11,848 (6,921 boys and 6,927 girls) learners benefited from blended distance learning in 260 community learning spaces (CLS). These learners are using both online and offline internet-based learning materials and are supported by trained community facilitators and teachers. The learning spaces have been equipped with Technical Equipment that includes tablets for instructors and learners, Nano servers, Nano projectors, power banks, speakers, solar systems, and Micro SD cards, enabling access to learning for primary grades I,

II, III and secondary Form I. . This enabled learners and their coaches to use alternative learning materials, pre-recorded lessons and internet-based online / offline learning modules produced under another Education Cannot Wait (ECW)-funded project. At least 1,449 (768 boys and 681 girls) learners from the CLS's have successfully transitioned to formal education/schools in various grades in the new academic year 2020/2021.

The UNESCO open online portal has registered 74,440 learners. In particular, 44,800 are learners and teachers from formal schools who have found it very resourceful and informative for the learners. While the UNESCO distance learning portal is primarily designed for pupils attending the non-formal centres, during the COVID-19 pandemic, pupils, teachers in formal schools, used this platform for continued learning of their children and commended the quality of the learning materials, whose content incorporates the national curriculum and competency-based standards.

3. Changes and Amendments

UNESCO requested to reprogram components of the Temporary Learning spaces (TLS) and a no-cost extension to expand activities to intervene and contain the spread of the COVID-19 pandemic, as well as to decrease the deterioration of human assets and rights. UNESCO was not able to complete the planned activities in time due to the following challenges encountered:

- Access remained a major global constraint with a volatility of the security situation, with recurrent days of ghost town and lockdowns in NW and SW. This required more coordination and continuous risk analysis (acceptability of community assessment in particular) and contingency planning/adaptation of intervention, especially at community level. UNESCO and its partners therefore were not able to access schools in time to plan for the various key planned activities including school assessment, head-teacher training and distribution of Learning IT equipment for the community learning spaces.
- The onset of COVID-19 that led to the total closure of schools made it difficult to complete all the activities, including the procurement of additional IT equipment due to closure of the countries borders to external travel.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Education									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	10	10	3,598	3,598	7,216	0	0	5,800	5,800	11,600
Host communities	30	30	5,397	5,397	10,854	17	63	4,200	4,200	8,480
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	40	40	8,995	8,995	18,070	17	63	10,000	10,000	20,080
People with disabilities (PwD) out of the total										
	0	0	450	450	900	0	0	390	510	900

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

This project has drawn great response from communities not directly targeted in the beneficiary locations. The first beneficiaries are children out of school and in school using the UNESCO open online Portal. This portal has attracted registered 74,440 learners. In particular, 44,800 are learners and teachers from formal schools who have found it very resourceful and informative for the learners.

Secondly, the IT equipment and learning materials, including pupils' desks as a result of the capitation grants have benefitted other learners besides the targeted 6,152 learners. The general school learning environments have improved, and the schools have reported improved school attendance of the other learners too. The project also targets school managers and principals of 80 schools in the departments of Fako (South-West) and Mezam (North-West) trained on leadership, management and monitoring of capitation grants, well as in organizing psychosocial support activities for children and teachers.

6. CERF Results Framework

Project objective	To increase school enrolment of crisis affected children and improve quality of learning through strengthening of existing and operational schools in NWSW regions of Cameroon through provision of capitation grants/tuition fees and PTA for primary and secondary schools, training of school managers and principals and provision of live-saving messages to teachers and students, support to temporary learning spaces and distribution of alternative learning materials.			
Output 1	Primary and secondary aged girls and boys have access to formal education			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Education			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of children girls and boys in school benefiting from capitation grants (50% girls)	6,000	6,152	School reports, School attendance sheets, registers, UNESCO reports.
Indicator 1.2	# school managers and principals trained in leadership, managing capitation grants and crisis coping mechanisms including PSS activities	80	80	Training reports
Indicator 1.3	# of students accommodate in the TLSs (50% girls)	600	0	N/A
Indicator 1.4	# of children receiving individual learning materials designed and produced through ECW-supported programme (50% girls)	11,390	13,848	Partners monthly reports, community learning spaces attendance sheets
Explanation of output and indicators variance:	<p>Implementation rate for 1.1 is over 100 percent. The increment of 153 learners is because of good negotiation with the schools who enrolled more learners.</p> <p>Money allocated to the accommodation of students in TLSs was reprogrammed to broadcasting of learning materials; distribution of exercise books and pens to 22,500 children (7,500 in formal schools and 15,000 in non-formal); distribution of additional learning equipment and materials (flash sticks, speakers, and exercise books and pens for learners in formal schools and those in non-formal learning spaces), targeting secondary level learners,</p>			

to access UNESCO alternative learning materials, pre-recorded lessons and internet based online/offline learning modules, produced under ECW funded project, allowing children to continue their learning.

The target of indicator 1.4 was met at 90 percent. The activity booklets have been developed. Covid-19 and the security context did not allow them to be distributed. With a "timid" return to calm and encouraging health indicators, the distribution process is expected before the end of the current year. UNESCO will support the distribution costs.

Activities	Description	Implemented by
Activity 1.1	Capitation grants - A total of 6,000 out of school primary-and-secondary-aged girls and boys from Fako (Buea, Tiko, Limbe), Manyu, Meme, regions in SW and Boya, Mezam (Bamenda), and Ngo-Ketunja, regions in NW. 4,200 will be selected to benefit from the reduced school fees and PTA and 1,800 will be newly enrolled children. Of which 50% are girls.	UNESCO and Implementing partners AMEF, CARITAS, FIED and Islamic PES
Activity 1.2	Assessment of formal confessional/private/ led/public schools based on the selection criteria agreed on the level of Education Cluster and defined in the Cluster Standards - Guidelines for capitation grants, from July 2019.	UNESCO and Implementing partners (Pan African Institute for Development – West Africa, (PAID-WA)
Activity 1.3	Training of school managers and principals – Approximately 80 schools will be selected, and school principals trained on leadership, management and monitoring of capitation grants, as well as in organizing PSS activities for children and teachers. The training will last one-week and will be designed based on the specific needs as identified through the capacity assessment. The training program will include components based on the INEE norms.	UNESCO and UNESCO Chair for Special Needs Education of University of Buea
Activity 1.4	Support to formal/confessional/private led/public schools with attendance rate beyond 100% to establish temporary learning spaces as per the INEE standards (based on the findings of the Risk and Acceptability Assessment which is ongoing, September 2019) to receive more students and those primary schools which are already overcrowded. According to the preliminary data there are at least 600 students enrolled above the capacity of schools (ref. CEC list of confessional schools compiled in July 2019)	UNESCO and Implementing partners UNESCO Chair for Special Needs Education of University of Buea, Pan African Institute for Development – West Africa, (PAID-WA), Ministry of Basic Education, Ministry of Secondary Education.
Activity 1.5	The alternative learning materials, pre-recorded lessons and internet based online/offline learning modules, produced under ECW funded project will be further disseminated to non-formal education spaces allowing children to continue their learning. This action will target approximately 1.7% of total number of children and youth affected by crisis, which correspondents to 11,390 children.	UNESCO Experts and Implementing partners UNESCO Chair for Special Needs Education of University of Buea, Ministry of Basic Education, Ministry of Secondary Education.

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas² often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)³:

UNESCO ensured that beneficiaries in the crisis-affected region participated at various levels of the project design and implementation. At the design level, communities were consulted during the Rapid Risk and Acceptance Assessment (RRAA), with the report findings being critical in guiding UNESCO and partners on community priorities and support areas in the proposed education project. Additionally, all the 260 community-learning spaces were identified and are managed by the respective beneficiary communities. Capitation grants beneficiaries were identified through an assessment and various consultative forums with school head-teachers, parents and the NSW Ministry of Education offices. Collaboration with local implementing partners further improved the participation of beneficiary communities as they were able to engage with them at the grassroots level. For example, partnership with Foundation for Inclusive Education ensured that children with disabilities were reached and inclusivity promoted in learning institutions. Further parents and community leaders held monthly forums aimed at monitoring and improving learning in the community learning spaces. With recommendations documented in the monthly reports to UNESCO.

b. AAP Feedback and Complaint Mechanisms:

UNESCO feedback mechanism was continuous, and was both structured and un-structured at three levels,

- i) Community leaders. Through monthly meetings, UNESCO was able to get feedback from communities on how to improve the community learning spaces
- ii) Local implementing partners. Through nine local implementing partners monthly meetings and reporting UNESCO was able to receive feedback on all activities in the schools and communities.
- iii) Through head-teachers, student committees and parents.

UNESCO also accepted with confidentiality individual reports and meetings as feedback on its activities.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

During the implementation period, UNESCO PSEA focal points participated in training on community-based complaints mechanisms (CBCM). During the various workshops bringing together the project's implementing partners, they were reinforced on these mechanisms on these community complaints mechanisms (CBCM).

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The project indicators took into account a parity (50 per cent) girls / boys and women - men. This parity was respected during the implementation. All teachers, facilitators and implementing partners have been trained in the prevention of gender violence, including in schools. UNESCO has ensured that the training materials developed promote gender equality and help transform the root causes of GBV, according to UNESCO guidelines. In addition, reporting of gender-based violence was encouraged through a feedback mechanism put in place by the Education Cluster.

² These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

³ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

e. People with disabilities (PwD):

Inclusivity is central to UNESCO's education response. In partnership with Foundation of Inclusive Education (FIED), a local NGO in SW, UNESCO implemented activities that ensured children with disability participated in learning in both formal and non-formal learning institutions. Schools were sensitized on how to support these learners with 30 per cent of the capitation grants beneficiaries being children with disabilities. UNESCO is now in the process of ensuring that the online and offline materials are responsive to children with vision impairment to promote inclusivity.

f. Protection:

UNESCO has mainstreamed protection as a cross cutting theme in all its activities. First, through the participatory RRAA (Rapid Risk and Acceptability Assessment) activity in Pre-Selected Primary and Secondary Schools of the North-West and South-West Crisis Regions of Cameroon, protection needs of the learners, teachers and communities at large were identified with girls, children with disabilities and orphans being identified as the most vulnerable groups under this category. Secondly, school managers and principals were trained on protection and how to identify, track and address protection needs for vulnerable groups, including boys. Each school was recommended to establish counselling units with serious cases being referred to legal or related support organizations. Other measures to protect both boys and girls included parents walking their children to and from formal school, while the community learning spaces were established within selected villages as a measure of protection.

g. Education:

In a context marked by four years of school closure, the project combined both a formal and non-formal education approach. This approach made it possible to use formal education programs in a non-formal environment to ensure continuity of education for students affected by the crisis.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Within the framework of the project, the CVA was not taken into account with regard to the certain security concerns.

9. Visibility of CERF-funded Activities

Title	Weblink
	A publication is underway on "provision of education and psychosocial support in times of Arm conflict and health emergency" in the South West and North West regions. In addition, all the activities organized around the project were regularly published on the social networks of the UNESCO office in Yaoundé (twitter & Facebook).

3.2 Project Report 19-UF-HCR-034

1. Project Information			
Agency:	UNHCR	Country:	Cameroon
Sector/cluster:	Protection	CERF project code:	19-UF-HCR-034
Project title:	Provision of Protection Assistance to Internally Displaced Persons in the North- West and South-West Region of Cameroon		
Start date:	24/10/2019	End date:	30/06/2020
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 17,200,000
	Total funding received for agency's sector response to current emergency:		US\$ 2,499,811
	Amount received from CERF:		US\$ 500,000
	Total CERF funds sub-granted to implementing partners:		US\$ 425,984
	Government Partners		US\$ 0
	International NGOs		US\$ 425,984
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

This project targeted a total of 82,000 individuals in 13 divisions in both North-West and South-West regions initially for a period of nine months from October 2019 to June 2020. Due to inaccessibility of some IDP hosting areas, the implementation of some activities was delayed. UNHCR was thus granted a four months No-Cost Extension until 31 October 2020 to achieve the planned activities.

In summary, the project has achieved the following results:

Protection monitoring (protection by presence) - 92,000 individuals, including 3,000 persons living with disabilities, were reached through protection monitoring in 13 divisions in both North-West and South-West regions. 256 victims of human rights violations were provided with USD 100 cash assistance per person. UNHCR and partners also strengthened community-based protection mechanisms. Day to day monitoring activities were organized through 16 trained and equipped protection workers and nine monthly protection analytical reports were produced and shared.

Access to the right to civil documentation (birth registration and ID Cards) - In coordination with local authorities, UNHCR and partners facilitated the issuance 2,362 birth certificates (initially 3,000 targeted), 1,389 identity cards and 24 national disability cards (initially 3,000 planned), to the most vulnerable IDPs. The gap in the provision of the civil documentation was mainly due to the increase in expenditures in the two regions (advocacy, trainings, transport, etc...). UNHCR supported councils, courts and police stations with communication and office equipment (computers, laptops, and stationery material) to facilitate data entry and document processing.

Access to legal assistance and legal remedies - The Centre for Human Rights and Democracy in Africa (CHRDA) and LIBRA Law Office were the main providers of legal assistance, which included legal counselling, interventions at police stations and in courts. During the project implementation period, 600 detention cases were identified and analysed. 753 people benefitted from legal assistance which included legal counselling, assistance in courts and at police stations. 5,000 people were educated on their rights with regard to arrest and detention; 50 legal service provider staff were trained on legal humanitarian issues. 50 regular visits were conducted to displaced persons in detention to profile detention conditions and to provide them with legal counselling. Special attention was given to women survivors of GBV. A total of 48 SGBV cases were provided legal representations in court during prosecution of some aggressors.

Participation of communities in SGBV prevention and response – In crisis situations such as that of the North-West and South-West regions, girls and women are the most exposed to the risk of SGBV during their movements and in their hosting locations. To prevent and respond to the risk they are exposed to, UNHCR and partners assisted 82 out of 200 planned SGBV survivors. SGBV survivors were provided with in-kind and USD 100 cash assistance. The in-kind assistance included dignity kits. The 100 USD cash assistance was to facilitate access to health centres and medical services. In addition, 26 community-based committees/groups were sensitised and trained on SGBV prevention and response.

3. Changes and Amendments

The CERF Underfunded Emergency Grant of USD 500,000 was initially planned from October 2019 to June 2020. A no-cost extension was requested and approved until 31 October 2020. Despite the COVID-19 pandemic and security challenges, UNHCR and partner ensured that the projected activities were implemented in the North-West and South-West regions with positive outcomes. UNHCR was not able to reach the targets for civil documentation and issuance of national ID cards. Only 3,751 people were reached the issuance of civil documentation (birth certificates) and national IDs, over 6,000 planned. However, state structures were supported to increase their capacity to issue civil documentation.

Initially, the project was planned to cover only seven divisions in North-West and South-West regions. The intervention area was extended to the other six divisions in view of the need for protection monitoring and response to cover all thirteen divisions of the two regions, wherefore the target for protection monitoring was exceeded by 10,000.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	20,000	15,000	10,000	7,000	52,000	22,500	16,700	11,500	8,300	59,000
Host communities	14,000	6,000	6,000	4,000	30,000	14,500	7,000	6,500	5,000	33,000
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	34,000	21,000	16,000	11,000	82,000	37,000	23,700	18,000	13,300	92,000
People with disabilities (PWD) out of the total										
	1,600	1,000	800	600	4,000	1,100	800	600	500	3,000
Sector/cluster	Protection - Gender-Based Violence									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0
People with disabilities (PWD) out of the total										
	0	0	0	0	0	0	0	0	0	0

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Also, about 300 host community women were provided various protection support during SGBV prevention and response

6. CERF Results Framework

Project objective Provide protection assistance to Internally Displaced Persons in the North West and South-West region of Cameroon

Output 1 Protection situation is monitored, and Protection by Presence is provided

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Protection - Protection

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of persons covered by protection monitoring activities	82,000	92,000	UNHCR, INTERSOS
Indicator 1.2	# of protection monitoring field assessment missions conducted	50	50	UNHCR, INTERSOS
Indicator 1.3	% of protection incidents collected, analyzed and shared	100	100	UNHCR, INTERSOS
Indicator 1.4	# of trained equipped and deployed protection workers (INTEROS and local NGOs)	16	16	UNHCR, INTERSOS
Indicator 1.5	# Monthly protection analytical reports shared	9	9	UNHCR, INTERSOS
Indicator 1.6	# of victims of human rights violations provided with USD 100 cash assistance	200	256	UNHCR, INTERSOS,
Indicator 1.7	# of persons living with disability provided with various forms of protection assistance	4,000	3,000	UNHCR, INTERSOS

Explanation of output and indicators variance: Initially, the project was planned to cover only seven divisions in North-West and South-West regions. The intervention area was extended to the other six divisions in view of the need for protection monitoring and response to cover all thirteen divisions of the two regions, wherefore the target for protection monitoring was exceeded by 10,000. There were 256 medium/high risk protection cases instead of the initially targeted 200 who were assisted with medical services and transport costs. The number of beneficiaries varied depending on type of medical services and distance for transportation cost. The number of persons with disabilities who benefited from protection assistance was smaller than planned due to access challenges related to insecurity.

Activities	Description	Implemented by
Activity 1.1	Training and deployment of Protection workers	INTEROS

Activity 1.2	Protection Monitoring and Incidents Identification	INTERSOS
Activity 1.3	Local NGOs provide specific Community based protection responses	INTERSOS

Output 2 Fair Protection Processes and Documentation: Birth registration and ID cards are provided

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Protection - Protection

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of POC registered and issued documentation through procedure for late birth registration	3,000	2,362	INTERSOS,
Indicator 2.2	# of advocacy interventions made	8	16	INTERSOS
Indicator 2.3	# of workshops undertaken	6	6	INTERSOS
Indicator 2.4	# of persons Trained during capacity Building workshops	240	280	INTERSOS
Indicator 2.5	# of Identity cards issued to POCs	3,000	1,389	INTERSOS

Explanation of output and indicators variance: Fees for the issuance of birth certificates and related declaratory judgments were the main challenges. This varied from one civil council and judiciary court to the other within the regions. In addition, most of the involved State structures were not fully functional and lacked materials to achieve established targets and process the documents within the project time frame. As a result, the project targets for civil documentation were not met. When issuing civil documentation, priority was given to school age children in need of birth certificates required for the continuation of their education.

Activities	Description	Implemented by
Activity 2.1	Identification, profiling and registration of persons in need including persons living with disability	UNHCR, INTERSOS,
Activity 2.2	Training for government officials and other stakeholders	UNHCR
Activity 2.3	Civil status registration and issuance of birth certificates	INTERSOS
Activity 2.4	Issuance of National ID cards to Persons of concern	INTERSOS

Output 3 Access to legal assistance and legal remedies improved

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Protection - Protection

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	# of detention cases identified and analyzed	2,000	600	INTERSOS
Indicator 3.2	# of legal service providers staff trained	200	50	UNHCR
Indicator 3.3	# of POC receiving legal assistance	1,000	753	INTERSOS

Indicator 3.4	# of persons of concern educated towards their rights to arrest and detention	4000	5,000	INTERSOS
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Explanation of output and indicators variance: Access to prisons and detention facilities is highly restricted by the State. Partners could not access all the targeted detainees during the project timeframe period as they were not given the permission to access the prisons and this resulted in 600 assisted detention cases instead of the initially targeted 2,000. A detention facilities mapping was conducted, the mapping of which was shared with the Protection Cluster for follow up with its members. Although the initial target for training of legal service providers was 200, the actual number of legal service provider staff involved in the implementation of the project was 50 due to challenges related to training costs which were higher than estimated initially. Lastly, the number of persons who were educated on their rights regarding arrest and detention was overachieved (5,000 reached instead of 4,000 planned) due to high interest and over attendance of persons of concern during education or sensitization sessions.

Activities	Description	Implemented by
Activity 3.1	Identification and profiling of detention facilities where persons of concern are held, of and persons in detention	INTERSOS
Activity 3.2	Detention cases analyzed	INTERSOS
Activity 3.3	Legal services provided	INTERSOS
Activity 3.4	Community Based Human Rights Education campaign conducted	INTERSOS
Activity 3.5	Education Campaigns on rights during arrest and detention	INTERSOS

Output 4 Participation of communities in SGBV prevention and response enabled and sustained

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Protection - Protection
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Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Extent community is active in SGBV prevention and survivor centered protection	100%	86	INTERSOS
Indicator 4.2	# of SGBV Survivors (male and Female) provided with in- USD 100 kind/cash assistance	200	82	INTERSOS
Indicator 4.3	# of community-based committees/groups working on SGBV prevention	20	26	INTERSOS

Explanation of output and indicators variance: SGBV cases are in practice underreported. Out of the targeted 200, 82 identified SGBV survivors were assisted. Furthermore, 48 of them were provided legal assistance. In the beginning of 2020, UNHCR came up with a strategic decision to increase the number of divisions covered with protection monitoring and SGBV response. As a result, until the end of June 2020, an additional six (6) community-based committees/groups working on SGBV prevention were put in place.

Activities	Description	Implemented by
Activity 4.1	Identification of SGBV survivors and provision of in-kind and cash support	INTERSOS
Activity 4.2	Training to strengthen protection committees on SGBV prevention and response	INTERSOS

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁴ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁵:

UNHCR and partners consulted both IDPs and host communities through focus group discussions (FGDs). As a result of those consultations, a tollfree hotline was established with the dual purpose of reporting violations and as a complaint mechanism for accountability purposes. All project outputs were reviewed by beneficiaries during focus group discussions.

b. AAP Feedback and Complaint Mechanisms:

INTERSOS, a UNHCR partner, had a protection hotline through which beneficiaries would call to give feedback as various parts of the project were implemented.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

Awareness sessions were organised to inform beneficiaries that all services provided to beneficiaries were free of charge. There was a complaint box established in the communities and a hotline, for the sake of confidentiality, made available for complaints, including on SEA. No cases of SEA were reported.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The March 2019 UNHCR's Age and Gender Diversity Mainstreaming (AGDM) results were used by UNHCR to prioritize the needs of the most vulnerable and marginalized people among the targeted populations. UNHCR ensured that gender issues, as much as they affect the protection of beneficiaries, were mainstreamed. UNHCR recognizes that each person is unique, with characteristics that play a central role in determining his or her ability to enjoy fundamental rights. Not only were the rights of children, girls, and women considered, but also vulnerable groups were prioritized, according to UNHCR's commitment for the most vulnerable among its people of concern.

e. People with disabilities (PwD):

3,000 people with different disabilities were provided with various forms of assistance such as birth certificates, national disability card and Core relief Items (kitchen sets, blankets, plastic mats, jerrycans, buckets, etc.) with the involvement of a local association and relevant

⁴ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁵ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

community workers. To ensure that the project met the essential needs of PwDs, UNHCR's partner, INTERSOS, worked with the Coordination Unit for Associations of Persons with Disability (CUAPWD).

f. Protection:

In all activities, protection mainstreaming was ensured by taking into consideration the Age and Gender Diversity approach and predefined vulnerability criteria. During the project implementation, local associations with expertise in assisting persons with special needs were engaged to ensure access to services for the most vulnerable groups (including persons living with disabilities). UNHCR used its mobile protection monitoring approach and social workers to identify beneficiaries to reach the farthest locations. A referral mechanism was put in place to ensure that beneficiaries accessed services other humanitarian actors provided.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	338 (including 82 SGBV survivors)

No cash and voucher (CVA) assistance was provided to beneficiaries. Instead, medium and high-risk protection cases identified through protection monitoring received cash contribution whereby UNHCR covered the fees for medical services and transportation with an average amount between USD 20 and USD 130 depending on the type of services and distance from medical facilities.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
4.1	338	US\$ 20,000	Protection	Restricted

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

3.3 Project Report 19-UF-CEF-102

1. Project Information			
Agency:	UNICEF	Country:	Cameroon
Sector/cluster:	Education	CERF project code:	19-UF-CEF-102
Project title:	Access to Protective Learning Routines for 17,000 Conflict-affected Children and Adolescents Through Operational Formal Schools and Community-based Learning Platforms		
Start date:	07/10/2019	End date:	06/10/2020
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 8,385,685
	Total funding received for agency's sector response to current emergency:		US\$ 500,000
	Amount received from CERF:		US\$ 999,993
	Total CERF funds sub-granted to implementing partners:		US\$ 287,970
	Government Partners		US\$ 0
	International NGOs		US\$ 178,871
	National NGOs		US\$ 109,099
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

CERF funding was key for the provision of a protective learning environment to children in and out of school.

Radio Education programs were recorded in English and Pidging by Radio Balafo (Douala), and 6,830 children regularly followed radio education programs in listening groups (March 2019-Dec 2020). Evidence was generated on the appropriateness and conflict sensitivity of the radio education programming in Bamenda through a Radio Listenership study, concluded in December 2019.

Under the leadership of the Government, and with financial/technical inputs from UNICEF and Plan International 500 teachers and 150 members of Parents and Teachers Associations (parents) were trained in Psychosocial Support and Conflict/Disaster Risk Reduction. A team of Master Trainers from the Littoral and West regions delivered this capacity building, as at the time in the North-West and South-West no team of trainers had been yet established. Under this action 103,000 children in primary and secondary schools benefitted from teachers and animators trained in active pedagogy, numeracy and literacy in community-based learning spaces established by Plan International.

Learning and recreational supplies have been procured and dispatch to the districts is ongoing for 17,000 students in the NW, SW, Littoral and West. Hygiene kits were procured for 3,500 adolescent girls who will safely manage their menstruations and adopt hygienic behaviours in school. Distribution shall be finalized and completed by the end of February 2021.

A photo essay, several tweets and one U-tube video on radio education and hand washing in South West are available. A video on umbrellas for risk mitigation in the NWSW is under production and will be available in February 2021.

Furthermore, CERF funding was crucial for the safe reopening of schools in the North-West (NW) and South-West (SW): In preparation of the school reopening on 1 June 2020, UNICEF supported the establishment of 1,880 temporary hand-washing stations for a minimum of 94,000 students. In the kit UNICEF provided also soaps and hydro gel. Reportedly no accident of transmission of the COVID-19 virus happened during the months of June to September and end of year exams were conducted safely despite the ongoing pandemic. As part of the COVID-19 response UNICEF also procured and pre-positioned disinfection materials for 54 schools of the NW, to benefit 28,000 children for implementation in the school year 2020/2021. Through this CERF UFE grant 525 parents and 1800 teachers in South West were reached with COVID-19 prevention sensitization. 45 schools were disinfected in the Fako division (SW) and 54 schools in Mezam and Mechum (NW). Disinfection materials for schools hosting 28,000 students have been prepositioned in Buea (SW) for use in Quarter 2 of the school year 2020/2021 (ongoing).

3. Changes and Amendments

When the COVID-19 pandemic started in Cameroon in March 2020 and all schools closed, UNICEF requested from CERF the approval to reprogram the project activities and use the funding balance to achieve the following: (1) procurement of radios to support non-formal and formal education activities in the North-West (NW) and South-West (SW) regions in response to the COVID-19 pandemic; (2) production of protective and positive messages on how to stay safe and protected from the getting infected with the coronavirus (COVID-19) disease; (3) Monitoring of audience & learning outcome by radios (development of paper based, mobile phone monitoring tools and data collection).

Towards the end of the project (in November 2020), UNICEF requested a restructuring of the project to address part of the funding towards the needs of IDPs and host community children in the Littoral and West regions.

The overall restructuring, approved in early December 2020, including the COVID-19 restructuring that was approved in mid-2020, impacted the targets as follows:

- Increasing the targeted COVID-19 beneficiaries from 25,000 to 94,000 children (for which handwashing was provided from June to December)
- Adding beneficiaries to the project, namely 9,933 children (50% girls) in the Littoral and West, including 2,975 adolescent girls and 37 children with physical disabilities.
- Reducing beneficiaries of the Capitation Grants to zero (0)
- Reducing beneficiaries of kits for victims of attacks from 300 to zero (0)
- Reducing the financial education target beneficiaries from 120 to zero (0)

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Education - Education									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	125	125	2,500	2,500	5,250	78	52	31,266	28,862	60,258
Host communities	200	200	6,000	6,000	12,400	1599	1096	35,258	32,547	70,500
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	325	325	8,500	8,500	17,650	1,677	1,148	66,524	61,409	130,758
People with disabilities (PwD) out of the total										
	15	15	425	425	880	0	0	29	26	55

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Approximately 103,000 children in primary schools of North West and South West benefitted from teachers trained in psychosocial support and school-based risk mitigation. These children benefitted during the periods in which schools were functioning (open): before mid-March 2020 and after October 2020.

6. CERF Results Framework

Project objective	Provide access to protective learning routines for 17,000 conflict-affected children and adolescents (50% girls) in Koupe Manenguba, Meme and Manyu in the South West region and Bui, Ngo Ketunjia, Boyo and Mezam in the North West region			
Output 1	10,000 students enrolled in confessional/private schools benefitting from improved, access opportunities, education quality, and protective learning environment.			
Was the planned output changed through a reprogramming after the application stage?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sector/cluster	Education - Education			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of children girls and boys in school benefiting from capitation grants	2,000 (50% girls)	0	N/A
Indicator 1.2	# of children girls and boys in school benefiting from learning materials	10,000 (50% girls)	26,933	DREB (Délégation Régionale de l'Education de Base) and Littoral/West mayors
Indicator 1.3	# Teachers equipped with the skills in psychosocial support (PSS) and Conflict/Disaster Risk Reduction (C/DRR)	500 (50% F)	500	DREB NWSW and Plan International reports
Indicator 1.4	# Community members equipped with the skills in PSS and CDRR	150 (50% F)	150	Plan International/ DREB
Indicator 1.5	# women and men victims of attack on education receiving WASH and dignity kits	300 (150% F)	0	N/A
Indicator 1.6	# adolescent girls in formal education receiving WASH and dignity kits	250 (100% girls)	3,475	Partner NGO report and Littoral/West mayors
Explanation of output and indicators variance:		COVID-19 reprogramming.		
Activities	Description	Implemented by		
Activity 1.1	Procurement of learning and recreational materials	UNICEF		
Activity 1.2	Distribution and monitoring of learning materials	NGOs (Plan International, Nascent Solutions, MWDA, GPA, Askovime), Mayors in Littoral and West		
Activity 1.3	Training of teachers and community members in PSS and CDRR	UNICEF, MINEDUB, Plan International, team of Master Trainers from DREB Littoral/West		
Activity 1.4	Advocacy and Access, monitoring and documenting attacks on education.	UNICEF		
Activity 1.5	Procurement and distribution of Wash and Dignity kits	UNICEF, Askovime Mayors Littoral West, GPA		

Output 2 7,000 children and adolescents in hard to reach areas – including 5,000 IDPs – receive access to Non-Formal Education including through Radio Education Programming.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Education - Education

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of Out of School children in hard to reach areas accessing community led protective learning routines (mobile reading, recreation, and basic literacy and numeracy and life-skills, vocational skills)	7,000 (50% girls)	7,000	NGOs (Plan International, MWDA, GPA)
Indicator 2.2	#of Out of School children in hard to reach areas accessing Radio Education in Emergencies lessons and protection messages	7,000 – 50,000 (50% girls)	6,830	MWDA, GPA, COHEB
Indicator 2.3	# adolescent girls in formal education receiving WASH and dignity kits	250 (100% girls)	3,475	Partner NGO report and Littoral/West Mayors

Explanation of output and indicators variance: Expansion of Radio Education Programming was not yet possible.

Activities	Description	Implemented by
Activity 2.1	Mapping of existing community based NFE initiatives	N/A
Activity 2.2	Assessment of existing community-based NFE initiatives, Piloting NFE for adolescents via radio	N/A
Activity 2.3	Support scale up existing community-based NFE initiatives	N/A
Activity 2.4	Construction of Temporary Learning Spaces	Plan International
Activity 2.5	Distribution of learning materials and radios	MWDA, Green Partner Association, COHEB
Activity 2.6	Piloting of income generating activities for adolescents	N/A
Activity 2.7	Implementing and monitor the NFE offer in community centres on the case by case basis	N/A
Activity 2.8	Advocacy and Access, monitoring and documenting attacks on education in hard to reach areas	UNICEF and all partners, and Education Cluster
Activity 2.9	Procurement and distribution of WASH and dignity kits to adolescent girls	UNICEF, FIED, GPA

Output 3 EIE in NW and SW documented and visibility ensured

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Education - Education

Indicators	Description	Target	Achieved	Source of verification
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Indicator 3.1	# of documentaries on the EIE response in the NWSW	1	1	UNICEF
Indicator 3.2	# of Videos on innovative solutions in EIE	2	1	UNICEF
Indicator 3.3	# human interest stories	4	3	UNICEF
Explanation of output and indicators variance:		Part of the visibility products production (Video) was delayed – planned in Q 2 of 2020/2021 following school reopening. Human interest stories were produced as videos.		
Activities	Description	Implemented by		
Activity 3.1	Produce a documentary on the challenges and opportunities in the EIE response in NWSW (for Education Cluster)	UNICEF		
Activity 3.2	Produce a Video on Radio Education Programming in NWSW	UNICEF		
Activity 3.3	Produce a Video on umbrellas for risk mitigation in NWSW	MINCOM-UNICEF		
Activity 3.4	Produce Human interest stories including on assistance to victims of attacks on education.	UNICEF		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁶ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁷:

The Education Cluster focal point identified for each of the thirteen divisions of NW/SW Cameroon were involved in collecting information within their division. In each division, there is also a focal group comprised of all active education partners for the division. This coordination structure facilitated integration of the beneficiary views, voices and needs. In the beginning of the project this structure was used by UNICEF and other Education Cluster partners also to have a dialogue concerning Capitation Grants. A Standard Operating Procedure was produced by the Education Cluster on Cash assistance to schools regarding Capitation Grants.

For radio education, UNICEF conducted consultation on the ground to hear voices of children and parents about the program and how they want it to be shaped. The voices of teachers were heard during training, to identify risks and threats against formal education in the current times. A Radio Listening Study report was also carried out. Local partners (Green partners association, ARAD Cameroon, PAID-WA) were successfully involved in a preparatory methodology workshop and planning meetings as local experts - informing tools design and study implementation plans, and as gate-openers - facilitating community entry. A review of the listening study and pre-test

⁶ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁷ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

questionnaires for children and parents were conducted together, with a check for sensitivity and localization of the questionnaires template. Local partners were involved successfully in the fieldwork as researchers (either as facilitators, translators, or observers). Preliminary results of the study were compiled, shared and discussed between partners during the end of mission synthesis workshop. The study was successful in providing key data to support further programme decisions. Partners were updated about program timeframe and status in terms of scripts preparation, production and broadcast. Lessons on Series 1 were already available and those of Series 2 were being recorded.

UNICEF also integrated AAP elements in the standard contract for NGO.

b. AAP Feedback and Complaint Mechanisms:

Feedback was collected through different types of feedback mechanisms: Suggestion boxes, interviews with community leaders, evaluations by field manager. The complaints received include the short-term intervention, the selection of fewer schools, limited access to water, fewer field volunteers.

All contracts of partnership with NGOs integrated the following component on AAP: Development and dissemination of key messages/information on the humanitarian response, coach community volunteers to receive feedback and transmit feedback to hierarchy as well. Coach one field staff to act on feedback; sensitize affected populations with information on how to access humanitarian assistance; sensitize affected populations to know how to provide feedback and complaints to humanitarian actors; carry out community assessment / evaluation meetings (quarterly).

c. Prevention of Sexual Exploitation and Abuse (PSEA):

Partners used a standardized reporting mechanism to handle the reporting of sexual exploitation and abuse and standardized referral pathway in case of PSEA: a direct call through a hot line to the PSEA focal point. In addition, FIED had put in place a confidential complaint mechanism in all their areas of intervention, including suggestion box placed in key positions. Reminders were made during monthly evaluation meetings to all staff and volunteers on the effect of PSEA bringing out the consequences. Most NGO staff and volunteers have already obtained certificate on PSEA from the UN platform as an action of capacity building.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

In line with UNICEF gender transformative approach guided by the Gender Action Plan and the Core Commitment for Children in Humanitarian Action (UNICEF framework in emergencies) UNICEF has analysed the different ways in which COVID-19 affects girls and boys in target communities, to design the discussion around Safe School reopening.

Gender-specific impact analysis of COVID-19 on school-age girls, boys, their parents (mothers and fathers), and teachers (female and male) was conducted through blended methodology (multiple sources) and participative approach. The results of the impact analysis informed and further structured UNICEF intervention strategy, and the Theory of change.

In Cameroon, both girls and boys are very vulnerable. And each gender and age group is vulnerable in its own way. The difference is in the coping strategies (which is also determined by gender); and in social expectations which attribute higher or lesser importance to education for girls and boy's vis-a-vis their other expected social roles (future wives, mothers, heads of households). Therefore, UNICEF focuses on gender and age specific vulnerabilities of girls and boys, rather than on girls as a demographic group.

Gender-transformative leadership (of girls, boys, women and men) is encouraged and facilitated. Communications are structured around gender transformative messages, targeting prevention of child abuse, child labour, sexual exploitation, rape, unwanted pregnancies, child marriage and domestic violence as major barriers to education. Peer-to-peer support and safety nets are promoted.

e. People with disabilities (PwD):

Specific attention and targeting actions were implemented to reach out to adolescent girls and boys - most at risk to suffer long-term negative consequences of the crisis, as well as to children living with disabilities and their care givers, not forgetting the other vulnerable groups.

UNICEF implementing partners were requested to actively identify adults and children with disabilities.

While for the Radio Education Programming some 55 children with disabilities were identified in the communities and targeted with the EIE service, UNICEF did not identify children with disabilities in local schools, essentially because inclusive education is still under development.

f. Protection:

The Protective Learning Environment inspires UNICEF work in crisis and beyond crises. School based risk mitigation and psychosocial support in the classroom are designed to ensure that education is provided in a protective environment for children and teachers. The mini-situation analysis conducted by teachers and parents on the risks faced by students and teachers is the starting point for finding local solutions for risk mitigation and wellbeing, using existing/available resources. The Radio Education Programme contains protection and social cohesion messages within the lesson, and protection messages can be integrated and broadcast with the education content.

g. Education:

This is an education project.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Despite the progress made with planning and harmonizing the approach within the Education Cluster, the UNICEF Capitation Grant intervention was cancelled and is in course of restructuring.

9. Visibility of CERF-funded Activities

Title	Weblink
Programme novateur d'apprentissage par la radio	https://unicefcameroon.medium.com/programme-novateur-dapprentissage-par-la-radio-d27020d19c10
When an alternative learning program provides children with a protective learning routine.	https://bit.ly/3q2OzbM

Tweet	https://twitter.com/unicefcameroon/status/1306251881921077249
Tweet	https://twitter.com/unicefcameroon/status/1306269745575014402
Radio Education Programme in South-West	https://www.youtube.com/watch?v=qyg6whNE3-M
Photo essay COVID-19 response in SW	https://uni.cf/2YGM7M8
Radio Listening Study	Study submitted to CERF

3.4 Project Report 19-UF-CEF-103

1. Project Information					
Agency:	UNICEF	Country:	Cameroon		
Sector/cluster:	Nutrition	CERF project code:	19-UF-CEF-103		
Project title:	Emergency Nutrition Response in Northwest and Southwest regions in Cameroon				
Start date:	02/10/2019	End date:	30/06/2020		
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>		

Funding	Total requirement for agency's sector response to current emergency:	US\$ 9,522,380
	Total funding received for agency's sector response to current emergency:	US\$ 3,793,488
	Amount received from CERF:	US\$ 500,039
	Total CERF funds sub-granted to implementing partners:	US\$ 83,902
	Government Partners	US\$ 29,538
	International NGOs	US\$ 39,221
	National NGOs	US\$ 15,143
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

CERF funds contributed to addressing critical gaps in the provision of lifesaving interventions for treatment of severe acute malnutrition and prevention of under nutrition in North-West (NW) and South-West (SW) regions. The target beneficiaries for this action are children from 0 to 59 months and caregivers from both IDP and host populations. Health workers were the main target for the capacity building activities. Through this CERF grant, UNICEF and its partners provided nutritional screening to 77,000 children under five; referred 590 severely malnourished children for treatment; trained 60 health staff in the management of severe malnutrition and Infant and Young Child Feeding (IYCF-E); procured lifesaving nutritional supplies and sensitized 87,000 caregivers on appropriate infant feeding practices in emergencies. The coverage of the project included Fako (Limbe), Ndian (Ekondotiti Health District) and Meme (Kumba Health District) in the SW and Mezam (Bamenda Health District) and Bui (Kumbo East and Kumbo West) in the NW regions.

CERF funding was instrumental in establishing Community-Based Management of Malnutrition (CMAM) programming in North West and South West regions especially on Severe Acute Malnutrition (SAM) treatment. UNICEF and partners supported the provision of lifesaving interventions with screening and treatment of SAM. Treatment of children with SAM was both in outpatient treatment programme (OTP) and in inpatient in stabilization centres (SCs) in line with national protocol. 10 Inpatient facilities were established (4 in SW and 6 in NW) and these facilities were provided with ready to use therapeutic foods (RUTF), therapeutic milks, routine medications for Inpatient management of SAM and anthropometric equipment. 3,355 cartons of RUTF were procured for the treatment of SAM in the North West and South West regions.

Sensitization of appropriate IYCF-E Practices and Vitamin A Supplementation as preventative activities for under nutrition were integrated in the implementation of the integrated management of acute malnutrition (IMAM), health campaigns and blanket supplementary feeding programmes. 700 Image boxes with IYCF Messages were produced and distributed to partners to strengthen IYCF messaging. Since April 2020, the sensitization messages integrated Covid-19 messages specific on the IYCF practices.

In light of enhancing complementarity with other projects funded by CERF through this allocation, the national NGOs Reach Out and Demtou Humanitaire, implementing the primary health care (PHC) interventions under 19-UF-WHO-050 grant were provided with nutrition supplies (RUTF, MUAC Tapes, Image Boxes) to integrate nutrition as a package of the response.

The implementation of the response by partners was both through static health facilities, mobile teams and the multisectoral Rapid Response Mechanism (RRM), aiming to reach the hardest to reach areas/ remote areas. UNICEF continued to enhance coordination of nutrition activities in the regions – Nutrition Cluster coordination platforms were sustained including the recruitment of a Nutrition Cluster coordinator. Nutritional interventions were adapted/adjusted in the context of the COVID-19 pandemic, and in application of the principle of “do no harm”.

COVID-19 had an unprecedented impact on implementation of the project activities resulting to reprogramming of CERF grant funds. Reprogrammed funds were used to: Produce sensitization materials on IYCF-E in the context of COVID-19 for caregivers and community members; approximately 47,000 caregivers reached with these messages; procurement of 20,000 cloth masks for community health workers (CHWs) as part of procurement of personal preventative equipment (PPE) and procurement of 100 handwashing stations and soaps to enhance appropriate COVID-19 prevention measures in stabilization centres and at household level, respectively.

Access constraints due to insecurity incidents and lockdowns that include movement restrictions had resulted in a temporarily halting of the programme by partners. Furthermore, the limited number of partners to complement CERF nutrition funding has resulted to the slow progress in achieving project outputs.

The project assisted a total of 164,000 people and ensured provision of critical lifesaving interventions for treatment of acute malnutrition and prevention of under nutrition in North West and South West Regions, Cameroon between 1 October 2019 and 30 June 2020.

3. Changes and Amendments

The security situation continued to deteriorate in the NWSW regions during the project implementation.⁸ Attacks on civilians, humanitarian cargo and personnel were on the rise. There was also an increase in abduction of humanitarian workers by non-State armed groups (NSAGs). NSAGs imposed lockdowns and roadblocks that lasted for several weeks in some divisions affecting humanitarian operations particularly affecting transport of medical supplies. Parties to the conflict increasingly targeted humanitarian actors, and suspicions were high from all actors that humanitarians are working against their interests with two humanitarian aid workers abducted and killed during the project implementation period. Confrontations between the parties caused several waves of displacements throughout the NWSW. Humanitarian partners were still unable to meet the needs of displaced populations as a result of inadequate funding. Capacity of the UN to track displacement trends remained a challenge. Many humanitarian NGOs and partners reduced or suspended activities during the 2020 February parliamentary elections as the NSAGs enforced a boycott of the elections and out of insecurity and fears related to election-related violence. Access to the population was also hampered during the rainy season as some roads to remote/hard to reach areas became impassable.

The situation was further complicated by the outbreak of the COVID-19 pandemic as the propagation of the virus in communities forced humanitarian actors to restrict movements and activities pending the adoption of cluster implementation strategies and SOPs to mitigate risks from COVID-19. At the start of the pandemic, many frontline humanitarian actors did not have the necessary basic personal protection equipment (PPE). At the same time funding for the humanitarian response for 2020 has been slow to materialize hampering humanitarian effectiveness.

COVID-19 had an unprecedented impact on the implementation of the project activities resulting to programme adjustments and suspension of some activities in the NW and SW regions. Therefore, the need to reprogramme funds since some activities could no longer be implemented as per the original plan. For instance, restrictions to movements and gatherings of more than 50 persons has resulted to suspension of the mass screening for acute malnutrition, rapid nutrition assessment, Training of Trainers training (phase II) of the health workers on Community-Based Management of Acute Malnutrition (CMAM) and IYCF-E and of video coverage for human impact stories.

The request for reprogramming due to the impact of COVID-19 was approved by the CERF Secretariat as there was urgent need to enforce preventative measures on the ongoing activities in line with COVID-19 infection prevention and control (IPC) measures instituted by the Government, the Regional Delegation of Public Health (NW & SW), local authorities and the humanitarian community.

⁸ CAMEROON: North North-West and South South-West: Situation Reports No.12 - 20

Reprogrammed funds were redirected to other activities aimed at strengthening the infection prevention and control (IPC) measures in the ongoing nutrition response and broader intersectoral response. Funds were utilized for production of sensitization materials on IYCF-E (in the context of COVID-19) to caregivers and community members; strengthening appropriate hygiene practices by installation of handwashing stations in hospitals with stabilization centres and provision of handwashing soap and procurement of personal preventative equipment (PPE) for staff involved in nutrition response.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition - Nutrition									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	8,000	6,000	18,000	13,000	45,000	8,091	4,959	5,890	5,660	24,600
Host communities	7,000	5,000	11,000	8,000	31,000	45,849	28,101	33,380	32,071	139,401
Other affected people	50	50	0	0	100	38	22	0	0	60
Total	15,050	11,050	29,000	21,000	76,100	53,978	33,082	39,270	37,731	164,061
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Approximately 100,000 persons including 20,000 children under five years of age (population from targeted health districts) in the North-West and South-West indirectly benefitted from the nutrition interventions mainly through the awareness campaigns undertaken during the project implementation in the health districts including COVID related messaging on nutrition.

6. CERF Results Framework

Project objective	To contribute to the reduction of mortality and morbidity caused by acute malnutrition among children under five and emergency-affected populations in North west and South regions, through improved treatment and preventative actions.			
Output 1	2,500 severely malnourished boys and girls under five will receive therapeutic care for the management of SAM			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Nutrition - Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of children boys and girls aged 6-59 months screened for malnutrition	50,000	77,000	UNICEF NWSW and Nutrition Cluster Databases.
Indicator 1.2	Number of children boys and girls aged 6-59 months with SAM admitted for treatment	2,500	590	UNICEF NWSW and Nutrition Cluster Databases.
Indicator 1.3	Percentage of SAM discharged who recovered	Sphere > 75%	92%	UNICEF NWSW Databases.
Explanation of output and indicators variance:		23 per cent of the targeted children with SAM were reached and with a recovery rate of 92 per cent which is within the sphere indicators. The low coverage of SAM treatment could be attributed to the limited number of partners with operational costs to implement nutrition response and complement the CERF funding. Furthermore, this can also be explained by the initial reliance on proxy data in setting targets. Remaining stocks of RUTF will be instrumental to ensure continuity in the provision of SAM treatment after CERF grant expiration including establishing of six additional inpatient facilities for the treatment of SAM with medical complication.		
Activities	Description	Implemented by		
Activity 1.1	Screening and referral for acute malnutrition in the community.	REACH OUT, Mentor Initiative, Action Against Hunger (AAH), and CBCHS		
Activity 1.2	Treatment of children with SAM in Outpatient Therapeutic Programme (OTP) and Stabilization Centre (SC)	REACH OUT, Mentor Initiative, AAH, RDPH NW, RDPH SW and CBCHS		
Activity 1.3	Procure 3,000 boxes of RUTF, essential medicines for treatment and anthropometric material	UNICEF		
Activity 1.4	Pre-positioned and provide RUTF and nutrition supplies as per the national guidelines on SAM management	UNICEF, REACH OUT, Mentor Initiative, AAH, RDPH NW, RDPH SW and CBCHS		

Output 2 The capacity of the health workers to implement emergency nutrition response is strengthened.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Nutrition - Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	The number of health workers trained on community management of acute malnutrition.	100	60	Attendance sheet from the Regional Delegation for Public Health (RDPH)
Indicator 2.2	The number of health workers trained on IYCF-E.	100	60	Attendance sheet from RDPH
Indicator 2.3	The number of monitoring and supervision visits conducted	6	4	TRIP Reports (UNICEF) and TPM Reports
Explanation of output and indicators variance:		60 health workers (60 per cent of the target) were trained on SAM Management and IYCF-E. Participants for the training composed of health workers from nutrition partners and from government health facilities/hospitals. Subsequent ToT trainings of the health workers on CMAM and IYCF-E and field monitoring visits could not be undertaken as planned due to movement/gathering restrictions related to the COVID-19 pandemic. 4 monitoring visits were conducted i.e. two by UNICEF and two by Third Party Monitors (TPM) as the security situation did not allow field monitoring in some locations.		
Activities	Description	Implemented by		
Activity 2.1	Training of health workers on CMAM including TOT	UNICEF, Central MOH, RDPH, and Nutrition partners		
Activity 2.2	Training of health workers IYCF-E including TOT	UNICEF, Central MOH, RDPH and Nutrition partners		
Activity 2.3	Monthly field monitoring and supervision visits	UNICEF and Third Part Monitors (TPMs)		

Output 3 Complementary package of services from nutrition to prevent malnutrition are provided to caregivers and children aged 6 -59 months.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Nutrition - Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of caregivers sensitized on key messages on Infant and Young Child Feeding (IYCF -E).	26,000	87,000	Nutrition Cluster Database
Indicator 3.2	Number of children who receives vitamin A supplementation and deworming	15,000	14,300	Nutrition Cluster Database
Explanation of output and indicators variance:		The number of caregivers reached were more than planned since partners used several platforms to implement the activity e.g food distribution sites whereby a large number of beneficiaries receiving food assistance were sensitized. For Vitamin A supplementation, the numbers could not be reached due to access constraints and movement restricts due to insecurity and COVID-19 prevention measures.		
Activities	Description	Implemented by		

Activity 3.1	Sensitize caregivers on key messages on Infant and Young Child Feeding (IYCF -E)	UNICEF, REACH OUT, Mentor Initiative, AAH, RDPH NW, RDPH SW and CBCHS
Activity 3.2	Provide vitamin A supplement to children aged 6-59 months as per the national guidelines	UNICEF, REACH OUT, Mentor Initiative, AAH, RDPH NW, RDPH SW and CBCHS

Output 4 Strengthen nutrition coordination and information management systems in NWSW

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Nutrition - Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Surveillance system established	1	1	Nutrition Cluster Database
Indicator 4.2	Number of nutrition cluster meetings held	9	6	Nutrition Cluster Minutes
Explanation of output and indicators variance:		The planned rapid nutrition assessment (RNA) to reinforce the nutrition surveillance system could not be undertaken due to the COVID-19 Pandemic. Programme data from partners was used to monitor the nutrition situation in the region. Less meetings than foreseen were held as the holding of meeting had to be adjusted to the context of COVID-19.		
Activities	Description	Implemented by		
Activity 4.1	Develop a nutrition surveillance system	UNICEF and partners		
Activity 4.2	Organized monthly Nutrition cluster meetings	UNICEF and cluster members		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁹ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹⁰:

UNICEF is committed to ensure Accountability to Affected Population (AAP) through the different phases of the project. UNICEF ensured participation of stakeholders in targeting the most affected locations. Meetings at the community level were organized regularly to provide information on the project. In line with the core commitment for children in emergencies, UNICEF and partners ensured that caregivers

⁹ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹⁰ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

were well informed about the functioning of the program, the state and progress of their child. Mentor initiatives ensured participation and partnership by:

- a. Selecting and putting in place committees (beneficiary selection committee and management committees) in the different project targeted zone who were later briefed on the different components of the projects. They were also encouraged to be actively involved and to partake in the implementation of the project.
- b. To enhance engagement of all parts of a community in the response, the partner community-based approach consisting of providing assistance through community health workers (males and females) who had previously been identified and selected by their respective community leaders greatly improved engagement and ownership of the beneficiaries.

The community and its leaders are informed on the nature of the activity, its goals, objectives and targeted beneficiaries. The CHWs also played an active role in meeting with local authorities to inform/sensitize them on the response. Furthermore, the CHWs carried out community sensitization sessions to ensure that the population is well informed and aware of the activity and the expected target groups. These platforms are equally used to inform the population on MI/SI's values, principles and on the complaint response mechanism.

b. AAP Feedback and Complaint Mechanisms:

Partners established complaints management mechanism (CRM) for feedback complaint and mechanisms reporting/handling Sexual Exploitation and Abuse (SEA). A hotline number, the complaints committee and the system of treatment of complaints was established.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

The CRM system also addresses SEA cases. At the field level, when a case of SEA is concerned, the CRM tools (hotline, suggestion box, complaint committee) is used to channel the complaint. Staff were trained on PSEA and all actors on the field are informed and aware of the procedures to follow in case there is a SEA case involve.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

During the analysis of the Mid-Upper Arm Circumference (MUAC) screening data, data was desegregated (boys and girls) to establish whether a particular gender was most affected which was important in establishing if any of the gender was exposed to a particular vulnerability e.g cultural. Caregivers' (both male and female) capacities on IYCF were strengthened with the aim of improving the IYCF amongst children aged 0 -23 months whose IYCF indicators were reported poor prior to project implementation. Furthermore, men were encouraged to participate in the IYCF-E awareness sessions as they are also key contributors to decision making in relation to IYCF at the community level. Reporting of IYCF awareness was also desegregated by gender.

e. People with disabilities (PwD):

The partners were oriented on ensuring the project design was able to address the needs and the challenges that would result to barriers to access to nutrition services. The committees (beneficiary selection committee and management committees) and the CHWs were sensitized on the need to prioritize them during service provision.

f. Protection:

The staff involved in the nutrition programme were oriented on protection risks associated with the implementation of the response. For instance, activities were not undertaken on days at which movement restrictions had been imposed by NSAGs. The materials used for the programme were translated into English to avoid putting the frontline health workers at risk bearing the fact that the NSAG didn't tolerate any documents in French; the colour of the MUAC tapes were also redesigned and activities were undertaken close to the communities through mobile teams and RRM to avoid the affected population walking long distances. Walking long distance could lead the population being caught in crossfire.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

The response did not include the cash component as the majority of the targeted population in this response is located in remote or hard to reach areas where market and service functionality was limited.

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

3.5 Project Report 19-UF-WFP-061

1. Project Information			
Agency:	WFP	Country:	Cameroon
Sector/cluster:	Multi-Purpose Cash	CERF project code:	19-UF-WFP-061
Project title:	Targeted Assistance to Households with Pregnant and Lactating Women, Girls and Persons With Special Needs Using Multi-purpose Cash		
Start date:	02/10/2019	End date:	30/06/2020
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 40,409,209
	Total funding received for agency's sector response to current emergency:		US\$ 1,000,000
	Amount received from CERF:		US\$ 1,002,597
	Total CERF funds sub-granted to implementing partners:		US\$ 173,645
	Government Partners		US\$ 0
	International NGOs		US\$ 90,248
	National NGOs		US\$ 83,397
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF UFE grant WFP and its cooperating partner International Rescue Committee (IRC) provided assistance to 7,422 vulnerable people, including pregnant and lactating women, girls and persons with disabilities, using Multi-purpose Cash (MPC). The beneficiaries included 4,280 females and 3,142 males, 187 people with disabilities, 4,635 IDPs and 2,787 vulnerable host community members; overall the beneficiaries received USD 660,657 through multi-purpose cash transfers for six months.

The assistance was used to access additional nutritious food, pay for local transport to and from marketplaces and health services, as well as cooking fuel. The project contributed to promoting food security, improved nutrition and reduced negative coping mechanisms for its beneficiaries and enabled the targeted vulnerable populations to meet their essential needs.

The project was implemented in the North-West (NW) region of Cameroon, in the Mezam division, Bamenda II sub-division (Mbatu, Azire and Ntarinkon) and in the Momo Division, Mbengwi sub-division (Mbengwi center, Tudig, Ndjindom).

From December 2019 to November 2020, community sensitization and awareness raising activities have reached a total of 17,569 IDPs and host community members.

A protection risk assessment and a protection baseline were conducted resulting into a protection mainstreaming action plan. Three training sessions of trainers on protection mainstreaming, safer cash, accountability to affected populations, PSEA and use of Information Education and Communication (IEC) were conducted for Cooperating partners staff and community mobilizers, 14 people attended (9 women, 5 men).

Six community complaints committees with 33 members (20 females and 13 males) were established in six communities reached by the project.

17 community mobilizers (10 women and 7 men) were selected to support the project implementation within the targeted communities and were trained on humanitarian principles, vulnerability criteria and targeting, accountability to affected populations (AAP), prevention of sexual exploitation and abuse (PSEA), prevention of fraud and corruption and mainstreaming of Covid-19 prevention measures.

Information and communication materials were produced and disseminated in targeted communities, including through two radio spots for six months.

3. Changes and Amendments

The worsening of security conditions in the NW between October 2019 to March 2020, affected the implementation timelines and eventually led to the suspension of activities in one location and six months delays in completion of some activities, as activities were suspended from December 2019 till March 2020.

Given that the completion date was set for 30 June 2020, OCHA granted two no-cost-extensions (NCE), upon WFP request, to allow time to achieve project objectives by 30 November 2020.

The project initially targeted 7,500 beneficiaries in the Mezam division only. However, due to deteriorating security conditions, access to the Bali sub-division hosting 2,000 beneficiaries was not possible, consequently WFP shifted the implementation for this caseload to Mbengwi sub-division in the Momo division.

The number of people reached and the cash distributed to beneficiaries is lower than what was originally planned, due to the fast-changing security context and internal movement of planned beneficiaries which resulted in being unable to find some beneficiaries in the targeted locations.

The delays impacted the implementation of protection mainstreaming activities. The action plan and the Cooperating Partner (IRC) budget for these activities were adjusted to complete activities within the project period. However, due to insufficient funds, IRC could not complete the mid-term protection risk assessment (PRA), Do-No-Harm and an end-line PRA.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Multi-Purpose Cash - Multi-Purpose Cash									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	1,595	1,275	1,910	1,595	6,375	1,849	1,134	954	698	4,635
Host communities	280	225	340	280	1,125	763	792	714	518	2,787
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	1,875	1,500	2,250	1,875	7,500	2,612	1,926	1,668	1,216	7,422
People with disabilities (PwD) out of the total										
	700	600	400	300	2,000	57	92	17	21	187

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

As reported by Cooperating Partners, 17,569 people were reached through sensitization activities (5,700 men and 11,869 women). More than 50 financial and micro financial institutions provided cash pay out to beneficiaries. Some 17 community mobilizers (10 females and 7 males) and 33 community complaints committees members benefited from capacity strengthening sessions on humanitarian principles, vulnerability criteria and targeting, accountability to affected populations (AAP), prevention of sexual exploitation and abuse (PSEA), prevention of fraud and corruption and mainstreaming of COVID-19 prevention measures. Retailers and financial institutions also benefited from the project.

6. CERF Results Framework

Project objective	To promote food security, improved nutrition and reduced negative coping mechanisms for the most vulnerable households and people amongst conflict-affected populations in Mezam				
Output 1	7,500 beneficiaries will receive multi-purpose cash assistance, among them 2,000 persons with special needs (persons with disability or chronic illness, elderly) and Pregnant and Lactating Women and Girls (PLWG)				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Multi-Purpose Cash - Multi-Purpose Cash				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	Number of women, men, boys and girls receiving multi-purpose cash assistance	7500 of whom 2000 are special needs persons	7,422	Monthly distribution reports-SCOPE (average considered as figures vary from month to month)	
Indicator 1.2	Total amount of cash transferred to targeted beneficiaries	629,250 USD	660,657.66	CBT distribution reports, WINGS data (funds were reprogrammed to buffer the effect of exchange rate) and maintain the transfer value in XAF.	
Indicator 1.3	Number of people exposed to WFP-supported nutrition messaging	7500	7,422	Monthly distribution reports - SCOPE.	
Explanation of output and indicators variance:		Some beneficiaries were in constant movement because of insecurity and could not be found in locations they were initially targeted; hence the total caseload could not be reached. The slight variance in indicator 1.2 was due to the depreciation of the US\$ against the XAF.			
Activities	Description	Implemented by			
Activity 1.1	Conduct Emergency Food Security and Nutrition Assessment including Essential Needs Assessment to identify priority sectors for MPC assistance and determine the transfer value	EFSA conducted by WFP identified food needs, access to markets, fuel energy and transportation costs, loss of employment and lack of earnings opportunities as key drivers of food insecurity.			
Activity 1.2	Training of Cooperating Partner (CP) & targeting	WFP trained CPs on targeting, International Rescue Committee (IRC) trained them on protection mainstreaming.			

Output 2 Extremely vulnerable households (EVHHs) receive a supplementary protection grant and for all beneficiaries protection risks are minimised by applying do no harm and conflict sensitive programming approaches

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Multi-Purpose Cash - Multi-Purpose Cash

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Proportion of supplementary protection grant beneficiaries report reduced negative coping mechanisms as a result of the cash assistance	50%	65.4%	CP CFM report
Indicator 2.2	Number of protection risk assessments carried out with recommendations and adjustments made	2	1	Protection Risk Assessment (PRA) and do-no-harm
Indicator 2.3	Number of trainings and support to sensitization of local partners and community volunteers on humanitarian principles, and protective programming	5	5	Cooperating partners monthly reports and training reports.

Explanation of output and indicators variance: While, due to insecurity, the project timelines were extended to November 2020, there were not enough funds to secure a cost-extension for IRC to carry out the mid-term and end-line protection risk assessment from July (end of agreement) to November 2020.

Activities	Description	Implemented by
Activity 2.1	Protection risks analysis carried out and mitigation measures such as location of distribution points, provision of shade, water, toilet facilities at distribution points identified.	International Rescue Committee (IRC)
Activity 2.2	Community workers including beneficiaries engaged to assist persons with special needs in claiming their assistance	Martin Luther Jr. King Memorial Foundation (LUKMEF) & Community Initiative for Sustainable Development (COMINSUD)
Activity 2.3	Training of local partners and community workers on code of conduct, on upholding the protection and dignity of persons with special needs	International Rescue Committee, Martin Luther Jr Memorial Foundation and Community Initiative for Sustainable Development.

Output 3 Assistance provided in an accountable manner through participatory approaches

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Multi-Purpose Cash - Multi-Purpose Cash

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Proportion and number of assisted persons informed about the programme (who is included, what people will receive, length of assistance)	80% (6,000)	100% (7,422)	CP end of project report

Indicator 3.2	Proportion and number of assisted persons who have awareness of access to and use the various complaints and feedback mechanisms put in place	80% (6,000)	80% (5,937)	CP Post-distribution monitoring
Indicator 3.3	Number of complaints committees established and trained in accountability to affected populations	5	6	CP reports.
Explanation of output and indicators variance:		CPs reached out to beneficiaries of the project through door-to-door campaigns, community mobilizers, radio spots for six months and through the use of information, education, and communication materials. The project intervened in six communities. A complaint committee of 4 to 5 members was established in each community.		
Activities	Description	Implemented by		
Activity 3.1	Information and sensitization campaigns	WFP, Martin Luther Jr. King Memorial Foundation (LUKMEF) & Community Initiative for Sustainable Development (COMINSUD)		
Activity 3.2	The organization of regular consultations with beneficiaries at various stages of project and engaging them in project implementation	WFP, Martin Luther Jr. King Memorial Foundation (LUKMEF) & Community Initiative for Sustainable Development (COMINSUD)		
Activity 3.3	Putting in place appropriate complaints and Feedback Mechanisms and dissemination of information about their use	Martin Luther Jr. King Memorial Foundation (LUKMEF) & Community Initiative for Sustainable Development (COMINSUD)		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹¹ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹²:

Crisis affected people, IDPs and local host communities were involved in all the stages of the project. Women, religious/traditional leaders, NGOs were consulted through interviews. Men, boys, girls, women, people with disabilities concerns were considered when planning the response and ensure no one was left behind. Quarter heads, community leaders and community volunteers were involved in the targeting process: identification, selection, verification and registration, to validate the most vulnerable beneficiaries. During implementation, IDPs and community members supported the Cooperating Partners in the monitoring of cash distributions, locating beneficiaries' households, assessing the use of the funds and managing and monitoring of Complaints Feedback Mechanism (CFM) established at grassroot level. Through CFM beneficiaries provided feedback on project delivery mechanisms, targeting criteria. Beneficiary communities' participation

¹¹ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹² AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

led to set up cash access alternative mechanisms for people with disabilities, chronically sick, those admitted in hospitals to receive support including those without valid identification documents.

b. AAP Feedback and Complaint Mechanisms:

Community members were selected as members of the complaint's committees (CCC) in the six communities; these provided proximity CFM support to beneficiaries. The committees collect beneficiary feedback on access issues and usage of cash, this information was shared with CPs/WFP. On-site helpdesks established during cash distributions and managed by CPs provided direct and adequate support to affected beneficiaries. At the end of each cash distribution cycle, CPs held Focus Group Discussions (FGDs) sessions with community mobilizers CCC members to collect feedback and plan for the next cycle. CPs protection and monitoring staff and community mobilizers carried out home visits to provide support, address complaints and collect feedback. Beneficiaries were sensitized to call WFP toll-free line and were given mobile phone handsets and SIM cards which they used to call WFP toll-free line to submit complaints and provide feedback in a very confidential way.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

CPs, community mobilizers and community complaints committees were trained, among other training sessions, on the prevention of sexual exploitation and abuse (PSEA) and were reminded their humanitarian responsibilities and to ensure beneficiaries did not need to pay to get enrolled in the project or access cash transfers. Beneficiaries were sensitized and informed about their rights, and that they did not need pay something to be targeted, registered or to receive and access their entitlements. CPs hired protection staff who closely worked with community mobilizers and community complaints committees and conducted domestic visits during monitoring to trace any malpractice related to sexual exploitation and abuse. Beneficiaries used mobile phones and SIM cards provided by WFP to call the WFP toll-free line and to submit anonymously a complaint and provide feedback to WFP, including on PSEA. Alternates who attempted to abuse beneficiaries were reported, replaced and settlements done at community level.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

EFSA (January 2019) highlighted that food insecurity in the NW led to protection risks as those in desperate food need turning to negative coping mechanisms, including survival sex, and consequent unwanted pregnancies and sexual and reproductive health problems. Along with protection mainstreaming, sensitization and awareness, the project provided a cash grant of USD 13.99 to PLWG, other minority vulnerable IDPs and host community to cover unmet food need, to pay transportation fees to and from market and health centers and to cater for fuel energy. The MPC assistance was provided based on protection principles, including non-discrimination, participation, meaningful access, risk reduction, and safety and dignity were included in project phases.

e. People with disabilities (PwD):

During sensitization, it was clarified that prioritization criteria included households with PwD to ensure their inclusion in the project. PwD were informed that they could be registered with alternates for cash collection and food purchases and to call WFP toll-free line to complain or provide feedback on cash related issues. PwD who could not move to registration sites identified household members who were registered as alternates for cash collection and food purchases. Others were registered directly and were encouraged to have an alternate to support them in case of any challenges. Community mobilizers accompanied the most vulnerable PwD to and from transaction points and marketplaces, transportation fees were included in the entitlement. CPs, community mobilizers and complaint committees tracked records of the PwD heads of households for close monitoring and home visits, to ensure that the most vulnerable PwD had access cash to meet their essential needs.

f. Protection:

Households including people with protection risks were prioritized during the selection and they received appropriate attention during verification and registration (no queuing). All the beneficiaries were sensitized on protection risks, their rights to food assistance, selection criteria, registration process, entitlements, transaction process and WFP toll-free hotline. PwD were registered with alternates and received company to and from transaction points and marketplaces. Complaints committee were trained on humanitarian principles, PSEA and AAP. The CFM system put in place was operated by community members. To ensure meaningful access and safety, cash transfers on Mondays (ghost towns) were avoided. Beneficiaries were informed on transfer dates and advised to transact during daytime.

Transaction period was extended during lockdowns and advocacy done with service providers to operate on Sundays to allow beneficiaries enough time to access their entitlements and buy foods.

g. Education:

Not relevant to the project.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is the sole intervention in the CERF project	7,422

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

The MPC project was implemented to enable most vulnerable IDPs and host communities affected by the crisis in the NWSW to meet their basic needs. WFP has been providing general food assistance (in-kind) to communities affected by the anglophone crisis.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Multi-Purpose Cash	7,422	US\$ 660,657	Multi-Purpose Cash	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
Evaluation of 2018 – 2020 CSP	https://docs.wfp.org/api/documents/WFP-0000119896/download
Field level visibility	<p>A lot of visibility was focused within the communities to raise awareness about the donors as this was useful to build trust and ensure effective programme delivery. This was especially relevant given the security context in the NWSW characterized by mistrust and government resentment. The materials produced here include roll up banners, flyers, trifolds, street banners, etc. Pictures are attached:</p> <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">  roll up-MPC.pdf </div> <div style="text-align: center;">  Sticker poster 1-Fraud and MPC.pdf </div> <div style="text-align: center;">  Sticker poster 2-PSEA.pdf </div> <div style="text-align: center;">  Brochure-MPC.pdf </div> </div>

3.6 Project Report 19-UF-WHO-050

1. Project Information			
Agency:	WHO	Country:	Cameroon
Sector/cluster:	Health	CERF project code:	19-UF-WHO-050
Project title:	Emergency Health Assistance for the Reduction of Excess Mortality and Morbidity Among IDPs in the Northwest and Southwest Regions of Cameroon		
Start date:	10/10/2019	End date:	30/06/2020
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 2,348,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 1,499,889
	Total CERF funds sub-granted to implementing partners:		US\$ 725,785
	Government Partners		US\$ 30,250
	International NGOs		US\$ 0
	National NGOs		US\$ 695,535
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF grant, WHO and its partners CARITAS, REACH OUT, and DEMTOU ensured that 264,954 men and women, and 13,754 children under the age of five had access to curative consultations and 14 health facilities received medical kits. 4 clinical psychologists and 2 trauma surgeons were deployed and consulted 1,700 patients and carried out 380 surgical procedure, 445 women delivered by skilled personnel, 65 women delivered by caesarean section, 750 women received a delivery kit, and 468 people were placed on ARV. A total of 200 community health workers were trained on the early warning, alert and response system and raised 2,680 alerts out of which 2,210 were investigated (82,5 per cent). Also, 8 cholera kits were donated, and 500 rapid test kits also deployed. A total of 12,500 sensitisation tools were deployed to the regions. In addition, 177,858 people were sensitised on outbreak prone diseases/diabetes/hypertension. 3,136 people with disabilities were consulted and 400 white canes and 350 sun shades distributed, 350 crutches, and 100-wheel chairs provided to persons living with disabilities. The project assisted a total of 472,799 people across the North-West and South-West (NWSW) and helped reduce excess morbidity and mortality in the two regions by ensuring access to timely and equitable health care in affected communities and ensuring the early detection and response to epidemic prone diseases.

3. Changes and Amendments

The administrative constraints linked to the end of the biennial planning at WHO in 2019 with the end of transactions or administrative commitments from December on resulted in a late start with a delay in the implementation of the project. Security constraints, election lockdowns and ghost towns have limited the provision of some health services. In addition, the closure of borders due to the COVID-19 pandemic also delayed the arrival of emergency medical kits. This resulted in the request for a No-Cost Extension of the project. The mobile clinics operated on specific days within a given time interval in different targeted locations with a huge logistical need to move these teams. In most areas, mobile clinic teams worked for around 8 hours and if a woman could not give birth during that time she was referred.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health - Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	109,652	105,711	83,985	88,638	387,986	101,652	97,869	78,012	82,267	359,800
Host communities	35,570	31,871	27,463	27,027	121,931	33,096	29,314	25,531	25,058	112,999
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	145,222	137,582	111,448	115,665	509,917	134,748	127,183	103,543	107,325	472,799
People with disabilities (PwD) out of the total										
	1,033	996	812	849	3,690	935	906	739	773	3,353

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

N/A

6. CERF Results Framework

Project objective Reduce excessive morbidity and mortality among the affected populations in the North West and South West regions

Output 1 Affected populations to benefit from emergency health care

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Health - Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of affected men and women who receive curative consultations	339 684	264,954	Reports
Indicator 1.2	Number of children U5 receiving pediatric care	14 950	13,754	Reports
Indicator 1.3	Number of health facilities and organizations which benefit from emergency health kits	13	14	Reports and reception note from health facilities
Indicator 1.4	Number of specialised health personnel deployed (Trauma Surgeons, clinical psychologists)	6	6	Contracts
Indicator 1.5	Number of pregnant women having given birth in the presence of qualified personnel	500	445	Reports
Indicator 1.6	Number of pregnant women to be delivered through a caesarean section	50	65	Reports
Indicator 1.7	Number of pregnant women who benefit from delivery kits	750	750	Reports
Indicator 1.8	Number of affected persons who can continue their ARVs treatment and benefit from follow up	300	468	Reports

Explanation of output and indicators variance: The initial objective of seeing 339,684 people benefit from curative consultations was reached at 78 per cent. 13,754 out of 14,950 children targeted (92 per cent) received pediatric care. And 90 per cent of the targeted pregnant women gave birth in the presence of qualified personnel. This inability to reach the targets is explained by security constraints and the many ghost towns.

Activities	Description	Implemented by
Activity 1.1	Use mobile and fixed clinics to provide curative services to the affected population	WHO, CARITAS, REACH OUT
Activity 1.2	Provide paediatric care to internally displaced children	WHO, CARITAS, REACH OUT

Activity 1.3	Provide 10 health facilities (districts hospital, health centers) and 3 NGOs with emergency medical kits for the free treatment of affected person	WHO, CARITAS, REACH OUT
Activity 1.4	Deploy 2 surgeons and 4 clinical psychologists in the two regions to take care of physical and mental trauma	WHO
Activity 1.5	Ensure deliveries are conducted by qualified personnel under hygienic conditions	WHO, CARITAS, REACH OUT
Activity 1.6	Provide reference health facilities with caesarean kits	WHO, CARITAS, REACH OUT
Activity 1.7	Supply 10 health centers and partners with delivery kits	WHO, CARITAS, REACH OUT
Activity 1.8	Ensure continuity of access to ARVs for HIV positive affected persons who were already on treatment prior to the crisis and new cases as well including PMTCT.	WHO, CARITAS, REACH OUT

Output 2	Improve community surveillance to respond to an outbreak of measles and other epidemics			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Health - Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of community Health workers recruited and trained on event based monitoring	200	200	Attendance List
Indicator 2.2	Number of alerts transmitted by Communities Health workers	3 000	2,680	EWARS Bulletin
Indicator 2.3	Number of alerts investigated	2 400	2,210	EWARS Bulletin
Indicator 2.4	Number of RDTs of cholera purchased	500	500	Delivery form
Indicator 2.5	Number of Health Facilities and partners which benefit from RDTs cholera	13	13	Delivery form
Indicator 2.6	Number of cholera kits and other diarrhoea diseases deployed in the two regions (1 kit permit to treat 100 moderate or 80 severe cases of cholera)	8	8	Delivery form
Indicator 2.7	Number of sensitization tools concerning main outbreak prone diseases produced	12 000	12,500	Delivery form
Indicator 2.8	Number of IDPs sensitized on HIV/STD, Hypertension, Diabetes, risk related to cholera, measles, monkey pox and Yellow Fever	250 000	177,858	Reports
Explanation of output and indicators variance:		The number of sensitized people is lower than the target because of numerous lockdowns, ghost towns and limitation of movements due to COVID-19 prevention measures.		
Activities	Description	Implemented by		

Activity 2.1	Recruit and train in five days (Three pools) community Health workers on event based monitoring	WHO, Ministry of Health (MoH)
Activity 2.2	Deploy Early Warning System in epidemic prone diseases in the North West and South West Regions	WHO, MoH
Activity 2.3	Purchase Rapid Cholera Diagnostic Tests (RDTs) for cholera	WHO
Activity 2.4	Supply 10 health centers and partners with RDTs for cholera	WHO, MoH
Activity 2.5	Buy kits for management of cholera and other diarrhea diseases.	WHO
Activity 2.6	Provide 10 health centers and partners with kits for management of cholera cases and other diarrhea diseases	WHO, MoH
Activity 2.7	Produce sensitization tools concerning main outbreak prone diseases	WHO
Activity 2.8	Awareness campaign on HIV / STD, diabetes and hypertension among IDPs and awareness of diarrheal diseases, cholera, respiratory infections, measles and monkey pox.	WHO, DEMTOU Humanitaire, CARITAS, RECH OUT

Output 3 Provide specific activities for people living with disabilities (PWDs) in the NW & SW which are impacted by the crisis

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Health - Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of people living with disabilities (PWDs) in NW & SW regions who receive curative consultations	3,690	3,136	Reports
Indicator 3.2	Number of PWDs in NW & SW regions who receive specialized services	500	362	Report
Indicator 3.3	Number of white canes provide	400	400	Delivery form
Indicator 3.4	Number of protective glasses for the blind provide	350	350	Delivery form
Indicator 3.5	Number of crutches provide	350	350	Delivery form
Indicator 3.6	Number of wheel chairs provide	100	100	Delivery Form
Indicator 3.7	Number of prosthesis provide	25	10	Delivery Form
Indicator 3.8	Number of PWDs sensitized on HIV/ STIs	1 500	2,418	Reports
Indicator 3.9	Number of PWDs screened on HIV/ STIs	500	495	Reports
Indicator 3.10	Number of PWDs placed on ARV treatment	90	68	Reports

Indicator 3.11	Number of PWDs sensitized on Hypertension & Diabetes	1 000	2,858	Reports
Indicator 3.12	Number of PWDs screened on Hypertension & Diabetes	300	483	Reports
Indicator 3.13	Number of PWDs placed on Hypertension or Diabetes treatment	20	98	Reports
Explanation of output and indicators variance:		More persons with disabilities were sensitized and screened than planned because a lot of sensitization targeted them. But fewer than expected were consulted again due to the same reasons as cited above; insecurity and ghost towns.		

Activities	Description	Implemented by
Activity 3.1	Improve Health care accessibility by providing curative services to people living with disabilities (PWDs) in NW & SW regions	WHO, CARITAS, REACH OUT
Activity 3.2	Improve accessibility of specialized services of PWDs (Functional re-education; occupational therapy etc.) in NW & SW regions	WHO
Activity 3.3	Provide Functional mobility tools to PWDs (white canes; protective glasses for the blind ; crutches ; wheel chairs ; Tricycles ; prosthesis)	WHO
Activity 3.4	Awareness campaign on HIV/STIS among PWDs including screening campaign for HIV/STIs with Treatment and follow-up options.	WHO, CARITAS, REACH OUT
Activity 3.5	Sensitization campaign on non-communicable diseases (Hypertension, Diabetes) among PWDS including Screening for hypertension/diabetes; Providing treatment and follow-up options.	WHO, CARITAS, REACHOUT

Output 4	Continuous Monitoring of the Emergency Response			
Was the planned output changed through a reprogramming after the application stage?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Sector/cluster	Health - Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Number of WHO staff deployed to support regional level	4	3	Contracts
Indicator 4.2	Number of Monitoring missions	8	6	Mission reports
Explanation of output and indicators variance:		We had fewer missions than planned because of lockdowns, ghost towns, security challenges and heavy logistic requirement to undertake missions.		
Activities	Description	Implemented by		
Activity 4.1	Deploy WHO emergency staff at regional level	WHO		
Activity 4.2	Conduct regular monitoring field missions	WHO		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹³ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹⁴:

The various interventions were developed based on data gathered from the MSNA conducted in these communities. Some local organisations of PWDS were consulted before the proposal was developed. The implementation was done through local organisations that used locals for various activities. Community health workers were used in various communities to carryout sensitization with mobile clinics and communities were been consulted before teams went into the communities.

b. AAP Feedback and Complaint Mechanisms:

Community members were consulted by staff members of the local organisation who were not involved in the implementation of the project to carryout beneficiary satisfaction surveys. Feedback also came through community health workers and mobilisers. The health district service teams and regional delegations also monitored the activities of the organisations and community health workers in the field and called the attention of WHO when required.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

The zero-tolerance principle was implemented by strong and repetitious prevention measures: including simple and clear messaging about how sexual exploitation will not be tolerated, combined with appropriate sensibilization and trainings on the topic. Clear and secure reporting channels were detailed during the training.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The project was designed to consider the needs of women, young girls and children. Measures were taken to provide care to victims of GBV including victims of rape through clinical management of rape and psychosocial support to rape victims.

e. People with disabilities (PwD):

The project was designed to take into consideration the specifics need of PWDs. One of the outputs had its indicators focused on PWDS. The project activities targeted PWDs with various types of services and capacity building. As part of the implementation of the project, the PWDs benefited from curative consultations, specialized consultations and various specific equipment.

f. Protection:

Collaboration with the Protection Cluster has enabled holistic management of registered GBV cases. PWDs benefited from protection through targeted interventions that reduced the risk of death and psychological distress in this population.

¹³ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹⁴ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Many of the services were provided through mobile clinics, free of charge, thus locations where there are no functional health services for which CVA assistance could be provided for access.

The referral hospitals also received emergency and trauma kits to treat the referred patients free of charge.

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Implementing Partner Type	Total Funds Transferred in USD
19-UF-HCR-034	Protection	UNHCR	INGO	\$425,984
19-UF-CEF-102	Education	UNICEF	INGO	\$178,871
19-UF-CEF-102	Education	UNICEF	NNGO	\$38,003
19-UF-CEF-102	Education	UNICEF	NNGO	\$24,343
19-UF-CEF-102	Education	UNICEF	NNGO	\$18,822
19-UF-CEF-102	Education	UNICEF	NNGO	\$13,315
19-UF-CEF-102	Education	UNICEF	NNGO	\$14,616
19-UF-CEF-103	Nutrition	UNICEF	GOV	\$15,490
19-UF-CEF-103	Nutrition	UNICEF	INGO	\$39,221
19-UF-CEF-103	Nutrition	UNICEF	NNGO	\$15,143
19-UF-CEF-103	Nutrition	UNICEF	GOV	\$7,492
19-UF-CEF-103	Nutrition	UNICEF	GOV	\$752
19-UF-CEF-103	Nutrition	UNICEF	GOV	\$5,804
19-UF-WHO-050	Health	WHO	GOV	\$30,250
19-UF-WHO-050	Health	WHO	NNGO	\$305,487
19-UF-WHO-050	Health	WHO	NNGO	\$294,778
19-UF-WHO-050	Health	WHO	NNGO	\$95,270
19-UF-WFP-061	Food Assistance	WFP	INGO	\$90,248
19-UF-WFP-061	Food Assistance	WFP	NNGO	\$74,575
19-UF-WFP-061	Food Assistance	WFP	NNGO	\$8,822
19-UF-ESC-001	Education	UNESCO	NNGO	\$34,818
19-UF-ESC-001	Education	UNESCO	NNGO	\$29,717