

**RESIDENT/HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS**

**19-UF-NER-35355**

**NIGER**

**UNDERFUNDED EMERGENCIES ROUND I**

**DISPLACEMENT**

**2019**

<b>RESIDENT/HUMANITARIAN COORDINATOR</b>	<b>Khardiata Lo N'Diaye</b>
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## REPORTING PROCESS AND CONSULTATION SUMMARY

a. Please indicate when the After-Action Review (AAR) was conducted and who participated.	N/A
The AAR meeting did not take place because the Humanitarian Country Team has consolidated over the years a different methodology for this process. As for past CERF underfunded windows, the reporting template was circulated via email across recipient agencies to collect their inputs.	
b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
The report was shared with the recipient agencies and the rest of the members of the Humanitarian Country Team to collect and integrate their feedbacks on the document.	
c. Was the final version of the RC/HC Report shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
N/A	

## PART I

### Strategic Statement by the Resident/Humanitarian Coordinator

The regions of Tillaberi and Tahoua are increasingly facing population movements caused by the activism of non-state armed groups (NSAG). According to the 2019 HNO, around 150,000 people were forced to move internally in these two regions. In addition, NSAG activism has led to increased vulnerability of refugees and host populations in both regions. The CERF funds allowed assistance to around 463,000 people including IDPs, refugees and host populations in the following sectors; Health, WASH, Nutrition, Food Security (food assistance and agricultural assistance including livestock), Shelters and Non-Food Items, Education, multi-sector Refugees, general Protection including Child Protection and Sexual and/or Gender-Based Violence. CERF funds have saved lives of thousands of people in need in a context where humanitarian funding keeps decreasing. These CERF funds allowed the implementation of critical and essential activities that could not be implemented earlier due to a lack of funding.

### 1. OVERVIEW

**TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)**

<b>TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)</b>	
<b>a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE</b>	<b>93,828,661</b>
<b>FUNDING RECEIVED BY SOURCE</b>	
CERF	7,989,787
Country-Based Pooled Fund (if applicable)	N/A
Other (bilateral/multilateral)	N/A
<b>b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE</b>	<b>7,989,787</b>

**TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)**

<b>TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)</b>			
Agency	Project code	Cluster/Sector	Amount
FAO	19-UF-FAO-017	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	900,001
IOM	19-UF-IOM-012	Emergency Shelter and NFI - Shelter and Non-Food Items	750,007
UNFPA	19-UF-FPA-018	Health - Health	503,988
UNFPA	19-UF-FPA-018	Protection - Sexual and/or Gender-Based Violence	395,989
UNHCR	19-UF-HCR-013	Multi-Cluster - Multi-sector refugee assistance	960,000
UNHCR	19-UF-HCR-013	Protection - Protection	240,000
UNICEF	19-UF-CEF-048	Education - Education	751,494
UNICEF	19-UF-CEF-048	Protection - Child Protection	387,134
UNICEF	19-UF-CEF-049	Nutrition - Nutrition	599,817
UNICEF	19-UF-CEF-050	Water Sanitation Hygiene - Water, Sanitation and Hygiene	500,008
WFP	19-UF-WFP-030	Food Security - Food Assistance	850,915

WFP	19-UF-WFP-030	Nutrition - Nutrition	400,431
WHO	19-UF-WHO-029	Health - Health	750,003
<b>TOTAL</b>			<b>7,989,787</b>

<b>TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)</b>	
<b>Total funds implemented directly by UN agencies including procurement of relief goods</b>	<b>4,529,067</b>
Funds transferred to Government partners*	475,106
Funds transferred to International NGOs partners*	1,738,989
Funds transferred to National NGOs partners*	1,246,625
Funds transferred to Red Cross/Red Crescent partners*	0
<b>Total funds transferred to implementing partners (IP)*</b>	<b>3,460,720</b>
<b>TOTAL</b>	<b>7,989,787</b>

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

## 2. HUMANITARIAN CONTEXT AND NEEDS

Niger is extremely vulnerable to a multitude of shocks such as climate change, demographic growth and radicalization, which are contributing factors to entrenched poverty and recurring complex humanitarian crises. Other threats include seasonal epidemics and floods as well as the consequences of cross-border violence caused by non-state armed groups. Some of these issues have emerged in the country over the last years; others have become chronic and are now rooted in its development process.

The crisis has a dramatic impact on the affected population, threatening civilians' lives and livelihoods, heightening protection needs, and jeopardizing social cohesion. Insecurity and attacks severely disrupt basic social services and ultimately national development efforts. The humanitarian situation in Diffa and Tillaberi has taken a significant turn for the worst in 2019 following a series of armed attacks, kidnappings, looting and threats of eviction by NSAG, criminality and interethnic violence, and subsequent military operations by Government forces that have led to significant displacements of population.

In the **Diffa region**, heavily affected by the worsening of the Lake Chad Basin crisis, the population has been living under a state of emergency for over five years. Attacks by Boko Haram elements and clashes with the Nigerian national army have forced millions to flee their homes across four countries and caused massive civilian suffering.

The deterioration of the situation in the **Liptako-Gourma region** (which includes Niger, Burkina Faso and Mali) is marked by the proliferation of non-state armed groups, inter-community conflicts and the increase of violent extremism. Also, 13 departments (2 in Tahoua and 11 in Tillaberi) are under the state of emergency due to the growing insecurity in these areas. All of these factors raise serious concerns for the security of the populations.

In Tahoua and Tillaberi regions, around 150,000 IDPs and 55,000 refugees need humanitarian assistance. However, forcibly displaced people in Niger also include 104,000 IDPs and 119,000 refugees fleeing from bordering areas with Nigeria, and an estimated 27,000 people returned from Libya who are in the Diffa Region.

Their life conditions are further worsened by seasonal floods, with major consequences regarding hygienic and water conditions that often lead to epidemics such as cholera and meningitis. The last cholera outbreak occurred in

July 2018, and impacted more than 2,600 people, including 51 deaths. In order to prevent new outbreaks more than 990,000 people required basic health assistance in 2019, including about 400,000 solely in Tillaberi and Tahoua regions.

Recurring pockets of drought and insecurity in agricultural and pastoral areas are considered as permanent stress factors aggravating the effects of development efforts in Niger.

According to the results of the National SMART Nutrition Survey conducted in October 2018, the national prevalence of Global Acute Malnutrition (GAM) was estimated at 15.0% while chronic malnutrition reached 47.8%, far above the critical threshold of 40%. This means that almost one out of two children suffers from growth retardation in Niger.

Apart from the Nutrition and Health sectors, all other clusters are likely to register a significant increase in needs over the coming years.

The 2019 Humanitarian Needs Overview states that more than 2.3 million people will need humanitarian assistance.

More than 50% of these people are female, with 1,26 million children under the age of 18. The three regions where the state of emergency is applied count for half of the total population in need of humanitarian assistance, with 469,000 people in need in Diffa, and 717,000 people in needs in Tahoua and Tillaberi.

### **3. CONSIDERATION OF FOUR PRIORITY AREAS<sup>1</sup>**

Since the validation of the protection strategy by the Humanitarian Country Team (HCT), particular attention has been paid to women and girls and to people with specific needs, namely people with disabilities and people in psychosocial distress by providing them adequate humanitarian assistance, according to the identified need. In addition, general and cross-cutting protection including the protection of children and the care of survivors of gender-based violence is taken into account in all humanitarian activities. In fact, guidelines were given to the technical group responsible for prioritizing the sectors for taking into account these four essential areas.

Cluster leads were asked to plan education and related gender-based violence (GBV) activities. Regarding the care of people with disabilities, other aspects of protection as well as the care of women and girls, it has been decided that all sectors had to integrate these themes into their activities. Thanks to the CERF allocations, the majority of the clusters have considered these four areas which have also become their priorities when implementing their activities.

#### **a. Women and girls, including gender-based violence, reproductive health and empowerment**

Essentially, the UNFPA project was an integrated project focusing on GBV prevention and response and reproductive health activities. This integrated approach allowed us to record satisfactory results, as described in the results section of the UNFPA project below.

#### **b. Programmes targeting persons with disabilities**

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<sup>1</sup> 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 UNCTs/HCTs 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. Please see the Questions and Answers on the ERC four priority areas here [https://cerf.un.org/sites/default/files/resources/Priority\\_Areas\\_Q\\_A.pdf](https://cerf.un.org/sites/default/files/resources/Priority_Areas_Q_A.pdf)

Most sectors have implemented activities targeting people with disabilities in the implementation areas as recommended by the HCT.

Regarding these CERF funds, the Protection sector assisted a total of 1,972 disabled people, which is more than the initial t estimated target. This category of vulnerable people was not previously considered in the same way as other people in need. Thanks to the priority given to these people, the sectors are increasingly developing and planning activities adapted to their needs.

#### **c. Education in protracted crises**

Tahoua and Tillaberi regions, bordering Mali and Burkina Faso, were underfunded for questions related to Education in emergency. However, the need for schooling was significant (114,000 children aged 4-17) and the cluster targeted 91,000 children. CERF funds were a catalyser for other funding sources, including the “Education Cannot Wait”. This CERF fund made possible the enrolment of 17,119 children (7,985 girls), including 959 disabled children (including 327 girls). This project covered 19% of the cluster target for both regions. This project also enabled the education sector to work with the Child Protection and communication for development (C4D) sectors to address the issues of protection against abuse at school, including sexual abuse, as well as issues related to girls' schooling and disabled children.

#### **d. Other aspects of protection**

The “Do No Harm” approach and specific aspects related to child protection were taken into consideration while implementing activities; moreover activities were selected and organized with the full participation of community leaders and protection services in order to avoid risks for beneficiaries and community volunteers. People with specific vulnerabilities, especially children - girls and boys - with disabilities or children of parents with disabilities were integrated in the project.

### **4. PRIORITIZATION PROCESS**

The Humanitarian Coordinator (HC) of Niger called for an HCT meeting, held on 24 January 2019. After this consultation, the HC decided to gather a dedicated working group to identify sector priorities and projects that could benefit from the CERF allocation. The members of the group were identified by the HCT during the same session. OCHA drafted a first working document to guide strategic discussions. Priority sectors and estimations of affected people were based on needs assessments conducted by relevant clusters and humanitarian organizations working in the affected areas, as well as in consultations with national and local authorities. The under-funded sectors at the end of 2018 and government’s priorities have also been considered. These needs assessment have been presented in the 2019 Humanitarian Needs Overview (HNO). In accordance with the decision of the HCT, the document also took into account the most urgent issues as well as the objectives and the recommendations of the 2019 Humanitarian Response Plan (HRP). It has been proposed to maximize all resources to respond to the most recent and urgent crisis. The working group discussed amendments to the document and identified the axes of intervention to be prioritized as well as the amount of resources to be requested by each cluster/project. Based on the documents used, there was an urgent need for humanitarian assistance in the following priority sectors:

- **Food Security:** to reduce food insecurity and ensure critical food assistance;
- **Nutrition:** to maintain and increase the coverage and treatment of both severe and moderate acute malnutrition;

- **Agriculture and livelihood:** to rehabilitate and establish livestock water points and inputs and to provide restocking for people who have lost most of their livestock due to flash-floods etc;
- **Protection:** to activate timely response and advocacy to protection needs of vulnerable groups including IDPs women and children through assessment detection and response as well as monitoring and evaluation processes on violence exploitation and abuse;
- **Shelter and non-food items:** to provide basic non-food items as well as to support construction reconstruction and repair of temporary/transitional structures that provide immediate shelter and repair of permanent structures where appropriate;
- **Multisector refugee assistance:** to address basic and urgent needs of refugees and refugee returnees including in areas of health WASH Food Assistance and Education;
- **WASH:** to provide timely and equitable access to basic WASH services to reduce gaps and risks of outbreak for WASH related diseases;
- **Health:** to save lives by ensuring provision distribution and replenishment of quick turnover emergency stockpiles used in emergency context and to guarantee equitable access to primary health care including reproductive health emergency interventions and medical and psychosocial support to victims of violence;
- **Education:** to give adequate knowledge and opportunities in a secured environment to young children exposed to conflicts and extremism.

The disaggregation by sex and age was already considered when the identification of urgent needs to be addressed in 2019 have been assessed in the development of the HNO / HRP 2019 process. In addition, the beneficiaries who were identified during the project design were disaggregated by sex and age, in order to tailor the response and project implementation.

In view of the deterioration of the humanitarian situation due to the activism of non-state armed groups in the regions of Tahoua and Tillaberi, the HCT decided to include both regions for humanitarian assistance.

Also, the population movements generated by the deteriorating security crisis were not taken into account in the 2019 HRP, so this allocation was used to address those urgent needs.

The strategy was finally reviewed and approved by the HC before it was submitted to the CERF Secretariat.

## 5. CERF RESULTS

The CERF has allocated US\$ 7 million through the window of underfunded sectors to assist vulnerable people in the regions of Tahoua and Tillaberi. Through these CERF funds, the United Nations agencies and their implementing partners assisted about 463,000 people in the priority sectors identified for this allocation:

- 3,300 households composed with 21,226 people were assisted in Shelter and Non-Food Items (NFI);
- 57,999 Malian refugees were assisted through the multi sector Refugee;
- 80,844 IDPs received protection assistance;
- 23,407 people informed and sensitized in sexual and reproductive health services;
- 4,800 hygienic delivery kits distributed:
- 2,874 people received psychosocial and mental health support;
- 23,234 people received information on GBV prevention mechanisms;
- 6,000 vulnerable agro-pastoralist households were assisted in animal feed, unconditional cash and goat kits;

- 40,000 head of small ruminants benefited from medical prophylaxis (vaccination, deworming and supply of vitamins / trace elements);
- 14,823 children were assisted, 4,566 children, including 2,564 girls, benefited from recreational activities and psychosocial support through 15 Child Friendly Spaces (CFS);
- 15,658 people (14,823 children and 835 adults) were sensitized;
- 23,342 people had access to water, hygiene and sanitation services, more than 82,000 children aged 6 to 59 months were screened;
- 4,634 children suffering from severe acute malnutrition (MAS) have been referred to and admitted to a health facility for treatment or have received treatment via a mobile clinic;
- 2,978 health care providers have been made aware of proper infant and young child feeding practices;
- 463,000 people received access to basic health care;
- 180 health workers and 300 community health workers were trained;
- 20,014 internally displaced people received food assistance for three months;
- 11,970 children aged 6 to 23 months were screened and referred to a health center for treatment.

**IOM (Shelters and non-items):** In 2019, the CERF allocated US\$ 750,007 of its under-funded window for the crisis response in the Shelter and NFI sector in Tillaberi and Tahoua regions. This envelope enabled the Shelter and NFI Working Group through the Rapid Response Mechanism (RRM) to assist 1,800 households with e-shelters and 1,500 households with NFIs, representing a total of 3,300 households (21,226 individuals). Of these beneficiaries, 11,499 were women and 13,618 were children (under the age of 18 years), 100% were IDPs, and some of these IDPs were assisted as a result of recurring displacement (secondary or tertiary). This assistance allowed displaced populations to protect themselves against bad weather and contributed to the protection of their dignity.

**UNICEF (Child protection, Education, Nutrition and WASH):**

**Child protection:** UNICEF and its partners ensured basic social services to 14,823 displaced and vulnerable children in the region of Tillaberi and Tahoua. UNICEF supported the setup/revitalisation of 15 child protection community mechanisms (CPCBM) (100% of the target), and 15 Child friendly spaces (100% of the target) to enable 4,566 children affected by displacement and the crisis to access psychosocial support. 15,658 people were sensitized on the risks associated to the situation of insecurity and conflict.

**Education:** CERF funding enabled enrolment of 17,119 out-of-school in emergency and host schools in Tahoua and Tillaberi regions (05/2019 – 03/2020), exceeding the target.

**Nutrition:** UNICEF's partners (ACF, ALIMA/BEFEN, COOPI) conducted mass screening and supported active screening of acute malnutrition, which enabled to screen more than 82,000 children aged 6 to 59 months. The project assisted a total of 15,397 people and contributed to maintaining a strong quality in Severe Acute Malnutrition treatment.

**WASH:** UNICEF and its partners assisted a total of 23,342 people with water, sanitation and hygiene services. A total of 9,771 persons were covered by sensitization messages/hygiene promotion activities.

**HCR (Protection and Multi sector refugees):** Through this CERF grant, UNHCR and its partners provided a multisector assistance to 57,999 Malian refugees in the refugee hosting sites in Tillaberi region (Abala, Mangaize/Ouallam and Tabareybarey/Ayerou) and in the refugee hosting area in Tahoua region. Moreover, UNHCR and its partners have ensured an emergency response to 80,844 IDPs present in Tillaberi and Tahoua region. The host communities in the refugee and IDP hosting areas have also largely benefitted from activities implemented by UNHCR and its partners. A total number of 149 sexual and gender-based violence (SGBV) cases

have been identified out of which 54 have received medical assistance and 100 material assistance. 66 community-based committees and working groups on SGBV prevention and response are functioning. 75% of the people of concern live in areas where UNHCR and partners have access to information while 60% can physically be reached. UNHCR and its partners have conducted three rapid protection assessments on IDP hosting areas during the reporting period and held regular monthly meetings.

**WHO (health):** Through this CERF grant, WHO and Ministry of health (MOH) provided access to basic and emergency health care, to 463,000 people (55,00 refugees, 150,000 IDPs, and 258,000 host population), supplied with essential medicines trained 180 health workers and 300 community health workers and a total of 253 group chat sessions were organized.

**WFP (food assistance and Nutrition):** WFP purchased 1055 MT (Metric tons) of food and nutrition commodities, reaching respectively:

Under food assistance component: 20 014 vulnerable internally displaced people in Tillaberi region through the RRM with three months of food assistance and 1,668 Malian refugees in Tahoua region with three months of food assistance.

Under nutrition component: 11,970 malnourished boys and girls aged 6-23 months in Tahoua and Tillaberi through screening and referral to the nearest health centre, as well as through malnutrition treatment.

**UNFPA (Protection-Sexual and/or Gender-Based Violence):** In the field of Sexual and reproductive health: 9,904 assisted deliveries carried out; 4,800 hygienic delivery kits distributed ;689 obstetric complications managed by the implementation of the referencing mechanism; 389 cesarean sections performed; 164 cases of rape treated medically; 23,407 people informed and sensitized in sexual and reproductive health services.

In GVB area: 52 health centers have been strengthened to offer a minimum package of services to GBV survivors (capacity building, staff support, monitoring and evaluation, etc.); 1,259 GBV survivors received medical care tailored to their needs; 2,874 received psychosocial and mental health support; 23,234 received information on GBV prevention mechanisms.

**FAO (Food Security - Agriculture incl. livestock, fisheries and other agriculture-based livelihoods):** In total, 6,000 vulnerable pastoral and agro-pastoral households corresponding to 46,300 people have been assisted, either through animal feed, unconditional cash and goat kits in the regions of Tillaberi and Tahoua. The project helped protecting their livelihoods and set in motion a process of empowering some vulnerable people.

## 6. PEOPLE REACHED

**IOM (Shelters and no items):** During the project implementation, 3,300 households representing 21,226 individuals (7,362 girls; 6,255 boys; 4,137 women; 3,471 men) were reached with essential e-shelters and NFI kits distribution. In order to avoid double counting, IOM counted distinctly households who received only an e-shelter under CERF funding (1,800 households) and households who received only an NFI kit under CERF funding (1,500 households).

The response in e-shelters and NFIs surpassed the targets set out in the project by 300 households due to two main points: 1) A competitive bidding process done by IOM allowed for reduced prices and consequently IOM procured 1,800 e-shelters (300 more than the project target) and 1,500 NFI kits. This difference in unit prices is explained by the fact that IOM secured Long Term Agreements (LTA) with its vendor allowing for the vendor to preposition stocks in anticipation especially of weather conditions that could hamper delivery but also insecurity and closure of borders with Nigeria (where most items are sourced), resulting in a decrease of the unit prices; 2) Exchange rate gains which made that when the amount in XOF was translated in American dollars during

procurement phase reducing the individual price of each kit. Synergies were also made during the assistance phase with the delivery of e-shelters and NFI kits. This synergy between the CERF funding and ECHO funding to provide life-saving items allowed IOM to assist a more important number of beneficiaries. Indeed, out of the 3,300 households reached by CERF funding, 1,800 households received an e-shelter under CERF funding and an NFI kit under ECHO funding, and 1,500 households received an NFI kit under CERF funding and an e-shelter under ECHO funding. This synergy was made possible due to the harmonization of the e-shelter kit design and NFI kit composition as well as the coordination taking place within the Shelter and NFI Working Group.

**UNICEF (WASH, nutrition, education and child protection):**

**Child protection:** UNICEF and its child protection partners assisted 14,823 children (7,491 girls and 7,332 boys) in the most affected areas of the regions of Tillaberi and Tahoua and 15,658 people (14,823 children and 835 adults) were sensitized. 4,566 children, including 2,564 girls, benefitted from recreational activities and psychosocial support through 15 child friendly spaces (CFS). 11 children formerly associated to armed groups (CAAFAG) from the region of Tillaberi benefitted from psychosocial and recreational support for the preparation of their social reinsertion.

**WASH:** UNICEF and its partners assisted a total of 23,342 persons (15,500 IDPs; 3,552 host communities' members and 4,290 malnourished child-caregiver pairs) with water, sanitation and hygiene services.

**Nutrition:** Through this CERF grant, UNICEF's partners (ACF, ALIMA/BEFEN, COOPI) conducted mass screening and supported active screening of acute malnutrition, which enabled to screen more than 82,000 children aged 6 to 59 months during the project period. A total of 4,634 children suffering from severe acute malnutrition were referred and admitted in a health facility for treatment or received treatment via a mobile clinic.

Sensitization sessions on essential family practices, cooking demonstrations, and adequate water, sanitation and hygiene practices were provided to 19,033 persons. In addition, 2,978 caregivers benefitted from sensitization on adequate infant and young child feeding practices. The project assisted a total of 15,397 people including 2,978 women, 6,016 boys and 6,403 girls.

**Education:** CERF funding enabled enrolment of 17,119 out-of-school children (7,985 girls, 959 children with disabilities) in emergency and host schools in Tahoua and Tillaberi regions (05/2019 – 03/2020), exceeding the target. 123 temporary learning spaces and 43 blocks of separate girl / boy latrines were built, exceeding the target. 17,119 children received school materials and an additional 16,585 sets have been acquired and provided to the Regional Directorate. 61 primary schools were equipped with recreational kits. 266 teachers were trained on psychosocial support, child protection, etc. All were continuously supported by educational advisers. 254 received teacher guides (french, maths). 430 members of decentralized school management committees and Association of Mothers-Educators received capacity building on management of violence in schools and 65 schools set up data collection mechanisms on protection incidents and complaint management.

**WHO (health):** Through this CERF grant, WHO and Ministry Of Health (MOH) provided access to basic and emergency health care, to 463 000 people (55,00 refugees, 150,000 IDPs, and 258,000 host population), including 390 000 children under 18 years, in the 12 health districts of Tillabery and Tahoua Region, supplied with essential medicines trained 180 health workers and 300 community health workers, in the 12 health districts, strengthened the Early Warning Alert and Response System (EWARS) / Epidemic surveillance and strengthened Community capacity (among refugees, IDPs and host population), on HIV and other STIs prevention, and other epidemic-prone diseases, through information and awareness. A total of 253 group chat sessions were organized, which reached 3,661 adult men, 4,668 adult women, 790 young boys in school, 227 young boys out of school, 222 young girls in school, 763 young girls out of school, and 33 sex workers (at Komabangou gold site).

**HCR (protection and multi sector refugees):** UNHCR and its partners provided a multisector assistance to 57,999 Malian refugees (13,934 men, 19,159 women, 12,915 boys and 11,791 girls) in the refugee hosting sites in Tillaberi region (Abala, Mangaize/Ouallam and Tabareybarey/Ayerou) and in the refugee hosting area in Tahoua region. Moreover, UNHCR and its partners have ensured an emergency response to 80,844 IDPs (19,224 men, 24,017 women, 17,564 boys and 20,039 girls) present in Tillaberi and Tahoua region. The host communities in the refugee and IDP hosting areas have also largely benefitted from activities implemented by UNHCR and its partners.

**WFP (Food assistance and Nutrition):** 21,682 persons (20,014 vulnerable internally displaced people (IDPs) in Tillaberi region and 1,668 Malian refugees in Tahoua region received food assistance with three months. These 21,682 people include 3,462 men, 4,163 women, 7,285 boys and 6,808 girls. Also, 11,970 malnourished children including 5,865 boys and 6,105 girls aged 6-23 months in Tahoua and Tillaberi assisted through screening and referral to the nearest health centre, as well as through malnutrition treatment.

**UNFPA (Protection- Sexual and/or Gender-Based Violence):** A total of 326,882 people (62,249 men, 63,202 women, 98,515 boys and 102,916 girls) received assistance through hygienic delivery kits distributed, sensitized in sexual and reproductive health services, medical care tailored to their needs, psychosocial and mental health support and information on GBV prevention mechanisms.

**FAO (Food Security - Agriculture incl. livestock, fisheries and other agriculture-based livelihoods):** Through these CERF funds, a total of 46,300 people including 10,891 men, 11,334 women, 11,797 boys and 12,278 girls were assisted. People were assisted as follows:

- 38,328 people including 4,564 refugees benefitted from 750 tons of wheat bran;
- 7,972 people benefitted from unconditional cash to protect their livestock;
- 40,000 heads of small ruminants were immunized against the dominant pathologies of the start of the wintering season, in addition to deworming and an intake of vitamin / trace element complex;
- 686 vulnerable people received support in a kit of goats (3 females and 1 male) to initiate their economic empowerment.

**TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY<sup>1</sup>**

Category	Number of people (Planned)	Number of people (Reached)
Host communities	445,914	258,000
Refugees	63,500	55,000
Returnees	3,236	0
Internally displaced persons	150,000	150,000
Other affected persons	4,000	0
<b>Total</b>	<b>666,650</b>	<b>463,000</b>

<sup>1</sup> Best estimates of the number of people directly supported through CERF funding by category.

**TABLE 5: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SEX AND AGE<sup>2</sup>**

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
<b>Planned</b>	110,511	114,989	216,180	224,970	<b>666,650</b>
<b>Reached</b>	35,770	37,231	191,100	198,899	<b>463,000</b>

<sup>2</sup> Best estimates of the number of people directly supported through CERF funding by sex and age (totals in tables 4 and 5 should be the same).

**TABLE 6: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PERSONS WITH DISABILITIES)<sup>3</sup>**

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
<b>Planned</b> (Out of the total targeted)	168	295	395	391	<b>1,249</b>
<b>Reached</b> (Out of the total reached)	469	586	428	489	<b>1,972</b>

<sup>3</sup> Best estimates of the number of people with disabilities directly supported through CERF funding.

**TABLE 7a: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (PLANNED)<sup>4</sup>**

By Cluster/Sector (Planned)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Education - Education	2,431	3,011	6,071	6,411	<b>17,924</b>
Emergency Shelter and NFI - Shelter and Non-Food Items	4,274	5,175	5,701	5,850	<b>21,000</b>
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	9,879	10,281	10,702	11,138	<b>42,000</b>
Food Security - Food Assistance	3,775	4,042	5,381	5,220	<b>18,418</b>
Health - Health	60,961	63,450	94,900	99,241	<b>318,552</b>
Multi-Cluster - Multi-sector refugee assistance	6,941	12,212	16,274	16,124	<b>51,551</b>
Nutrition - Nutrition	0	1,200	8,809	9,256	<b>19,265</b>
Protection - Child Protection	302	318	6,604	6,096	<b>13,320</b>
Protection - Protection	10,255	13,731	18,600	20,085	<b>62,671</b>
Protection - Sexual and/or Gender-Based Violence	10,001	10,410	15,644	16,478	<b>52,533</b>
Water Sanitation Hygiene - Water, Sanitation and Hygiene	1,928	2,289	4,976	5,179	<b>14,372</b>

<b>TABLE 7b: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (REACHED)<sup>4</sup></b>					
<b>By Cluster/Sector (Reached)</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Education - Education	2,674	3,312	9,134	7,985	<b>23,105</b>
Emergency Shelter and NFI - Shelter and Non-Food Items	3,472	4,137	6,255	7,362	<b>21,226</b>
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	10,891	11,334	11,797	12,278	<b>46,300</b>
Food Security - Food Assistance	3,462	4,163	7,285	6,808	<b>21,682</b>
Health - Health	35,770	37,231	191,100	198,899	<b>463,000</b>
Multi-Cluster - Multi-sector refugee assistance	13,934	19,159	12,915	11,791	<b>57,999</b>
Nutrition - Nutrition	0	2,978	6,016	6,403	<b>15,397</b>
Protection - Child Protection	360	475	7,332	7,491	<b>15,658</b>
Protection - Protection	360	475	7,332	7,491	<b>15,685</b>
Protection - Sexual and/or Gender-Based Violence	62,24	63,202	98,515	102,916	<b>326,882</b>
Water Sanitation Hygiene - Water, Sanitation and Hygiene	3,919	4,653	7,237	7,533	<b>23,342</b>

<sup>4</sup> Best estimates of the number of people directly supported through CERF funding by sector.

## 7. CERF'S ADDED VALUE

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

YES

PARTIALLY

NO

**IOM:** CERF funds allowed IOM and its RRM partners to be prepared with necessary stocks (e-shelters and NFIs) that was delivered promptly upon restoration of access to the affected areas. Access to targeted areas had been made difficult as a result of damaged infrastructure after heavy rains in the areas of concern coupled with security restrictions to those areas. Also, the delayed installation of security corridors hampered some interventions from being realized in a timely manner. Despite these hurdles however, the prepositioning of necessary e-shelter and NFI stocks ensured immediate delivery upon restoration of access to the zones.

#### UNICEF

**Education:** CERF funds have been invaluable in helping to meet urgent education needs in the two targeted regions bordering Burkina-Faso and Mali. However, with the funding having been provided in April 2019, the timeframe did not allow for a lot of activities to be entirely implemented before the start of the following school year. However, funding was invaluable in saving lives in these areas subjected to abuses by non-state armed groups with attacks on education systems traumatizing children and parents.

**Child protection:** The CERF funding allowed to deliver fast assistance to people in need with the direct presence of partners on the ground and priority given to work with communities, state actors and child protection services. CERF funds were used to strengthen the child protection system by setting up community-based child protection mechanisms (village and municipal child protection committees), which are critical to rapidly identify and assist children in need (psychosocial support, referral to adequate services, etc).

**WHO:** CERF funds led to a fast delivery of assistance to people in need. In fact, funds have been transferred quickly and allowed activities to start on time, despite security concerns, in the targeted health districts.

**FAO:** CERF funds have allowed to promptly mobilize assistance and target beneficiaries. However, the volatile security situation in certain parts of the intervention area (GANES attacks and military operations) and the measures taken by the authorities (imposition of military armed escorts) have resulted in the suspension of field missions.

**WFP:** CERF's contribution made it possible to quickly disburse funds to help displaced people in urgent need of assistance.

**UNFPA:** CERF funds helped to rapidly respond to identified needs and also to respond to the new needs identified in the target regions during the implementation of the project.

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

YES

PARTIALLY

NO

**IOM:** CERF funding allowed IOM and its RRM partners to respond with e-shelters and critical NFIs to newly displaced populations along the Mali-Niger border but also the Burkina Faso-Niger border as soon as possible (after forced displacement occurred) by prepositioning the necessary e-shelter and NFI kits.

#### UNICEF

**Education:** The funds were used to meet urgent needs. Indeed, these two regions have experienced problems of massive dropout from attacks on education by non-state armed groups and the risks to which these children were exposed are numerous (enrolment in armed groups, violence and abuse of all kinds including child labor, early marriage, sexual exploitation, etc.). School is the alternative to put these children in a protective environment against these abuses and risks.

**Child Protection:** When children affected by conflicts are not provided with immediate and appropriate care and support, it might have a long-term negative impact on their lives and compromise their future. With the instability and presence of non-state armed groups in the Tahoua and Tillaberi regions for the last years, children have faced psychological distress and have been exposed to violence, abuse and exploitation. CERF funds assisted in mitigating the impact of this situation and threats on children through psychosocial and recreational activities.

**WHO:** Access to care for vulnerable people has been improved through the provision of medicines. The quality of health care has also improved. The project allowed capacity building of health workers, strengthening of early warning systems for rapid response to epidemics and capacity building of community members through information and awareness.

**FAO:** Despite all the ups and downs linked mainly to civil insecurity, the assistance allowed to prevent the massive use of harmful strategies for livelihoods.

**WFP:** CERF funds helped to assist refugees and internally displaced people in the targeted areas in a timely manner.

**UNFPA:** Key activities could be implemented to save the lives of those in need.

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

YES

PARTIALLY

NO

**IOM:** This project allowed IOM to better ensure its co-lead role in the national Shelter and NFI Working Group. This allowed IOM to participate and continue the functioning of the Shelter and NFI Working Group in order to coordinate the activities of shelter and NFI partners together with the Government through the Ministry of Humanitarian Action and Disaster Management, allowing for a more harmonized coordinated response in shelter and NFI.

For the implementation of this CERF funded project, there was a near total acceptance all-around of joint evaluations. There was also an improvement in information sharing. Given the impossibility for all actors to be permanently on the ground, the monitoring carried out by the Protection Cluster served as a bridge between the various partners for information which in most cases triggered the multisector assessments (MSA) carried out by RRM partners. The discipline around the respect of the humanitarian corridor is also proof of coordination improvement.

**UNICEF**

**Education:** Yes, the CERF allocation has helped to strengthen coordination. In fact, from the needs assessment, to the planning of actions until their implementation and monitoring, collaboration and coordination proved crucial in order to respond holistically to the needs of the communities and obtain lasting results. This was the case under the coordination of OCHA and the different clusters with regular monitoring by the intercluster and the humanitarian country team.

**Child Protection:** CERF funds contributed to reinforcing coordination amongst child protection and education actors in planning and implementing interventions, ensuring that children at risks in schools and communities are being identified, referred to and benefitting from the same services. Collaboration between government services (*Direction régionale de la protection de l'enfant - DRPE*) and NGOs are reinforced and more effective with the revitalization of the technical working group on child protection in emergencies in the region of Tillabéri. National NGO DIKO was coached by INGO COOPI for the psychosocial support in communities and could reach areas that were of limited access for COOPI.

**WHO:** it improved information sharing on implementation with health partners during health cluster meetings, and better interaction between organizations for filling gaps in the current response.

**FAO:** The activities planned in this project had been regularly presented at relevant meetings and exchange frameworks such as the Food Security Cluster, Food Security and Cash Working Groups and the after-actions review of the national support plan. Also in the field, we exchanged with partners to reduce the risk of multiple assistance to the same household.

**WFP:** CERF funds have enabled actors involved in the food security sector to provide a common response to the needs of these displaced people, as well as reinforce synergies with actors involved in nutrition activities, such as UNICEF.

**UNFPA:** The meetings organized for monitoring activities have helped to improve coordination between actors in the sector. Also, coordination meetings are often organized with other sectors to coordinate activities.

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

YES

PARTIALLY

NO

**IOM:** All assistance carried out under CERF response in shelter and NFI was made possible thanks to the collaboration with the RRM consortium funded by ECHO, which agreed to fund human resources and logistical support to facilitate distributions allowing CERF funding to focus on procuring more e-shelters and NFIs.

**UNICEF(Education):** This CERF funding has been used to catalyse other initiatives with donors who have perceived the relevance of the proposed interventions, but which do not cover all areas of the two regions but also all types of education and training needs. This is how funds could be mobilized thanks to Education Cannot Wait (for primary education including pre-school, secondary education, and vocational training) and Japanese Cooperation (for vocational training). Funds from Italy and more recently from CERF UFE and RR have

been mobilized within this framework. The funds allowed to associate education and child protection actors to reinforce capacities in child protection in the communities and schools.

**WHO:** A lot of advocacy has been done and projects submitted to other sources (a concept note has been submitted to the Government of Japan)

**FAO:** This project has been cited in all of our concept notes to justify our field presence, our areas of intervention and show the complementarity or synergy that the submitted concept note would have with said project.

**WFP:** CERF funds were used to finance needs that could not be met by the sector. On the basis of this allocation, advocacy has been made for the mobilization of additional resources in order to continue the current activities.

**UNFPA:** CERF funds have helped to improve the mobilization of resources thanks to the meetings of the sector during which several actors participate to coordinate the implementation of activities and reflect on other resources for the continuity of current activities.

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

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

**UNICEF**

**Education & Child Protection**

The speed with which funds were released has been a constancy for the CERF fund, its flexibility in the event that it is difficult to adapt to the context of crises in perpetual complexity and its holistic nature which makes it possible to set up service packages to cover the basic needs of communities affected by humanitarian crises. CERF funds strongly contributed to the reinforcement of the capacity of the Government to plan, implement and monitor child protection interventions during a humanitarian response, especially in the Tillaberi and Tahoua regions which are in constant volatile situations and under threats and attacks by non-state armed groups. The reinforcement of the community-based work in the two regions was key for the communities to directly engage on child protection, identify children at risk and accompany them for their protection.

**FAO:** This project has helped to improve the geographic distribution and integration of our interventions.

## 8. LESSONS LEARNED

**TABLE 8: OBSERVATIONS FOR THE CERF SECRETARIAT**

Lessons learned	Suggestion for follow-up/improvement
Education and child protection worked in synergy throughout the process (needs assessment, targeting of intervention areas, targeting of implementing partners, joint monitoring of the project, etc.). Results and impacts are encouraging at the community level.	To ensure funds are delivered for UNICEF education and child protection together (not under protection cluster-UNHCR) in order to improve the synergy of both sectors and child protection mainstreaming in all sectors considering the volatile situation in the area.

**TABLE 9: OBSERVATIONS FOR COUNTRY TEAMS**

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Better implementation of the humanitarian corridor that allowed for efficient response to affected population. The corridor opening period was too short.	Improved coordination with security forces to improve the duration and frequency of humanitarian corridors allowing for a more efficient and rapid response to affected populations. This should be extended to include local or regional authorities as they were at time not aware of humanitarian activities going on in their areas.	<ul style="list-style-type: none"> <li>– OCHA</li> <li>– Civil-Military Coordination (CiMCord)</li> <li>– RC/HC</li> </ul>
Regarding education, the period when CERF funds are released most often coincides with the middle, if not the end, of the school year	Examine the specific case of this sector for underfunding allocations.	Education
Education and child protection worked in synergy throughout the process (needs assessment, targeting of intervention areas, targeting of implementing partners, joint monitoring of the project, etc.). Results and impacts are encouraging at the community level.	Advocate each time so that funding is directed by donors towards holistic interventions in order to produce lasting impacts at the level of beneficiaries.	Education & Child Protection
Coaching strategy from an international NGO to a national NGO to ensure that psychosocial support is provided in volatile areas.	Continue to work with INGOs which shares its expertise and associate national NGOs in complex settings.	Child Protection

## PART II

### 9. PROJECT REPORTS

#### 9.1. Project Report 19-UF-FAO-017 – FAO

1. Project Information			
1. Agency:	FAO	2. Country:	Niger
3. Cluster/Sector:	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	4. Project Code (CERF):	19-UF-FAO-017
5. Project Title:	Support pastoralists affected by the cumulative effects of the protracted humanitarian-natural and human-induced crises in Tahoua and Tillabery regions, Niger		
6.a Original Start Date:	26/04/2019	6.b Original End Date:	31/12/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 12,800,000
	b. Total funding received for agency's sector response to current emergency		US\$ 1,342,528
	c. Amount received from CERF:		US\$ 900,001
	d. Total CERF funds forwarded to implementing partners		US\$ 67,678
	of which to:		
	Government Partners	US\$ 20,000	
	International NGOs	US\$ 0	
	National NGOs	US\$ 47,678	
	Red Cross/Crescent	US\$ 0	

2. Project Results Summary/Overall Performance
<p>The main achievements of the project are:</p> <ul style="list-style-type: none"> <li>– 38,328 people - including 4,564 refugees - benefited from 750 tons of wheat bran;</li> <li>– 7,972 people benefited from unconditional cash to protect their livestock;</li> <li>– 40,000 heads of small ruminants were immunized against the dominant pathologies of the start of the wintering season, in addition to deworming and an intake of vitamin / trace element complex;</li> <li>– 686 vulnerable people received support in a kit of goats (3 females and 1 male) to initiate their economic empowerment;</li> </ul> <p>In total, 6,000 vulnerable pastoral and agro-pastoral households corresponding to 46,300 people have been assisted, either through animal feed, unconditional cash and goat kits in the regions of Tillabery and Tahoua. The project helped protect their livelihoods and set in motion a process of empowering some vulnerable people.</p>

3. Changes and Amendments
<p>Participants in discussions led by partner NGOs on return on investment said that the activities carried out have contributed to protect and support the livelihoods of vulnerable pastoral and agro-pastoral households assisted. Indeed, they allowed to:</p>

- Reduce their expenses related to the purchase of animal feed and to be able to redirect their income towards the satisfaction of other essential needs mainly human food;
- Do not resort to crisis strategies (sale or pledge of productive assets);
- Do not sell off their animals at a time when the term of the trade was not favorable to them;
- Reduce the starvation deaths observed in such circumstances;

Some vulnerable to have livestock capital to carry on their empowerment and preserve their dignity.

#### 4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	8,812	9,171	9,546	9,935	37,464
Refugees	1,067	1,110	1,156	1,203	4,536
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>9,879</b>	<b>10,281</b>	<b>10,702</b>	<b>11,138</b>	<b>42,000</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

#### 4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	9,817	10,217	10,634	11,068	41,736
Refugees	1,074	1,117	1,163	1,210	4,564
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>10,891</b>	<b>11,334</b>	<b>11,797</b>	<b>12,278</b>	<b>46,300</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

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

N/A

#### 4.c Persons Indirectly Targeted by the Project

This project indirectly affected traders of feed, live meat and live cattle, transporters, an MFI and local able-bodied workers for the handling of inputs.

#### 5. CERF Result Framework

<b>Project Objective</b>	Contribute to the preservation and rehabilitation of the livelihoods of pastoralists and agro-pastoralists in the project area (Tahoua and Tillabéri Regions)
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<b>Output 1</b>	6,000 pastoral households (refugees and host communities) each had access to 150 kg of livestock feed, 4000 of them through an in-kind distribution, 1000 through goods vouchers and 1000 through a cash transfer			
<b>Sector</b>	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of direct beneficiaries	42,000 people	46986	Wheat bran, vouchers, cash and goat kits distribution status and records
Indicator 1.2	Quantity of animal feed distributed	900 tons	900 tons	Bran delivery and reception slips; Voucher exchange reports, PDM of unconditional Cash
Indicator 1.3	Time to cover the energy needs of the typical livestock of vulnerable households (10 small ruminants)	2 months	2 months	Distribution status
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Target Geographic targeting, community mobilization and beneficiary identification, market analysis and monitoring of the security context	CADEL NGO		
Activity 1.2	Acquire Acquisition / mobilization and pre-positioning (Livestock feeds, vouchers or cash)	FAO		
Activity 1.3	Prepare and organize distributions of animal feed, vouchers or cash	FAO; CADEL NGO; MFI CAPITAL FINANCE and public livestock services of Tahoua and Tillabéry		
Activity 1.4	Organize of a Post Distribution Monitoring (PDM)	FAO et CADEL		

<b>Output 2</b>	Herd of vulnerable pastoral households are protected from pathological dominance and poly-parasitism			
<b>Sector</b>	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	Number of animals reached	40,000	40,000	General Direction of Veterinary Services
Indicator 2.2	Rate of vaccination coverage and deworming of animals of beneficiary households	At least 75%	Plus de 80%	General Direction of Veterinary Services; PDM
Indicator 2.3	Reduction of incidence of diseases	At least 10%	Plus de 10%	PDM et focus groups

<b>Explanation of output and indicators variance:</b>		[Fill in]
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>
Activity 2.1	Acquire veterinary products (vaccines, antiparasitic, vitamin complex)	FAO
Activity 2.2	Vaccinate against telluric and pseudo-telluric diseases, deworming and micronutrient complex distribution	Public Veterinary services
Activity 2.3	Sero-monitoring	Public Veterinary services

<b>Output 3</b>	The livelihoods of 800 women, people with disabilities and orphans of vulnerable pastoral households are strengthened			
<b>Sector</b>	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 3.1	Number of goats distributed	3,200	2744	Goat delivery and receipt slips
Indicator 3.2	Number of direct beneficiaries reached	800 women and orphans	686	Distribution status of goat kits
Indicator 3.3	Annual growth rate of goats distributed	30%	8%	Goat zootechnical performance monitoring reports
<b>Explanation of output and indicators variance:</b>		Due to certain organizational difficulties, the supplier belatedly abandoned the supply of goats, which explains why part of the beneficiaries have not been served. Also, at the end of the project, the goats have at most only 5 months of operation. This explains the 8% growth rate recorded.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Target Geographically and socio-economic beneficiaries	Administrative and technical authorities (livestock services); FAO and CADEL NGO		
Activity 3.2	Acquire 3,200 goats	FAO		
Activity 3.3	Quarantine and preventive treatment of animals	Public Veterinary Services		
Activity 3.4	Distribute goat kits accompanied by support for animal feed, technical supervision of beneficiaries and monitoring of zoo technical performances of goats	CADEL NGO and Public Veterinary Services		

<b>6. Accountability to Affected People</b>	
<b>6.a IASC AAP Commitment 2 – Participation and Partnership</b>	
<b>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</b>	
Vulnerable people have been involved in the implementation of the project through vigilance committees set up to raise complaints, even informal, at all levels of the project management tree, proposals for improving communities.	
<b>Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?</b>	
Through the establishment of a joint vigilance committee and above all positive discrimination in favor of vulnerable groups in the choice of beneficiaries, in the analysis of the response, and the implementation of activities	
<b>6.b IASC AAP Commitment 3 – Information, Feedback and Action</b>	
<b>How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?</b>	
Project presentation missions took place at the level of the authorities (customary, administrative and veterinary) in order to obtain their opinion on the implementation of the project. And in the villages, before the implementation of the project, village assemblies were animated to present the objectives, the target and the activities of the project	
<b>Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
In addition to the establishment of a vigilance committee, communities were asked to seize local elected officials or leaders if necessary, to make their voices heard.	
<b>Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
N/A	
<b>Any other comments (optional):</b>	
N/A	

7. Cash and Voucher Assistance (CVA)					
7.a Did the project include Cash and Voucher Assistance (CVA)?					
Planned			Achieved		
Yes, CVA is a component of the CERF project			Yes, CVA is a component of the CERF project		
7.b Please specify below the parameters of the CVA modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated <b>value of cash</b> that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).					
CVA Modality	Value of cash (US\$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
Voucher	US\$ 129,310	Sector-specific	Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	Unconditional	Restricted
Cash	US\$ 51,724	Multi-purpose cash	Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	Unconditional	Unrestricted
Supplementary information (optional): N/A					

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

## 9.2. Project Report 19-UF-IOM-012 - IOM

1. Project Information			
1. Agency:	IOM	2. Country:	Niger
3. Cluster/Sector:	Emergency Shelter and NFI - Shelter and Non-Food Items	4. Project Code (CERF):	19-UF-IOM-012
5. Project Title:	Shelter and NFIs Assistance to conflict affected populations in Tillabéry and Tahoua regions of Niger		
6.a Original Start Date:	23/04/2019	6.b Original End Date:	31/12/2019
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	31/03/2020
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 6,549,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,530,624
	c. Amount received from CERF:		US\$ 750,007
	d. Total CERF funds forwarded to implementing partners		US\$ 0
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance
<p>This CERF project enabled IOM and its partners (RRM) to provide assistance to 3,300 households (21,226 individuals) with 1,800 e-shelters and 1,500 NFI kits in the Tillabéry and Tahoua regions of Niger. This response was implemented over a period of nine months due to the difficulties of access to populations in need, which resulted from the increasing insecurity in the targeted areas and the poor infrastructure in place, including delays in the implementation of humanitarian corridors. As a result, a three-month no-cost extension was requested.</p> <p>Despite the lack of access due to poor infrastructure and security, the project managed to assist the affected populations along the Malian – Niger border and Burkina Faso - Niger border with critical e-shelters and NFI kits within the project duration. Hence, through the provision of life-saving items, the project allowed to improve the living conditions of the project beneficiaries and also improve on their human security by reducing their protection needs.</p>

3. Changes and Amendments
N/A

4.a Number of People Directly Assisted with CERF Funding (Planned)					
Cluster/Sector	Emergency Shelter and NFI - Shelter and Non-Food Items				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	908	1,100	1,212	1,244	4,464
Refugees	806	976	1,075	1,102	3,959
Returnees	198	239	264	271	972
Internally displaced persons	2,362	2,860	3,150	3,233	11,605
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>4,274</b>	<b>5,175</b>	<b>5,701</b>	<b>5,850</b>	<b>21,000</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b Number of People Directly Assisted with CERF Funding (Reached)					
Cluster/Sector	Emergency Shelter and NFI - Shelter and Non-Food Items				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	3,472	4,137	7,362	6,255	21,226
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>3,472</b>	<b>4,317</b>	<b>7,362</b>	<b>6,255</b>	<b>21,226</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	113	118	0	0	0

<p>In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:</p>	<p>The project was expected to reach 21,000 individual beneficiaries, representing 3,000 households among which 1,500 households were to receive e-shelters assistance and 1,500 households were to receive NFI kits only, according to their specific and most urgent needs. However, a total of <b>3,300 households</b> actually benefited from this project in e-shelters and NFIs assistance as opposed to the 3,000 households as initially planned (1,800 with e-shelters and 1,500 with NFI kits).</p> <p>As a result, the total number of individual beneficiaries is <b>21,226</b> exceeding the 21,000 originally planned. This difference was made possible due to two major factors: (i) A competitive bidding carried out by IOM that led to individual prices of items that make up the NFI and e-shelter kits being lower than anticipated hence allowing for the procurement and distribution of more kits than planned; and (ii) exchange rate gains that contributed to savings that finally allowed the procurement of 300 additional e-shelters.</p> <p>A synergy of life-saving funds between ECHO fund received by the RRM and CERF funding was also created, which allowed to reach more households in need thanks to a coordinated complementarity in assistance (a beneficiary would receive an e-shelter from CERF funding and a NFI kit from ECHO funding, and vice-versa). It should be noted that this synergy was</p>
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	<p>possible thanks to the harmonization of the e-shelter kit design and NFI kit and was further strengthened by the cooperation and coordination in the Shelter/NFI Working Group in Niger, which is co-chaired by IOM.</p> <p>The actual number of individuals per household was slightly lower than projected (6,4 instead of 7) which is reflected in the number of individuals reached by the project.</p> <p>Given that the project did not target specifically households with persons living with a handicap, assistance was given to 231 households with someone living with a handicap of the 3,300 assisted (7% of total assistance provided).</p> <p>Assistance was only carried out for IDPs because during the profiling and beneficiary selection stages, IDP households came out as the most vulnerable in the targeted areas. Given the proximity with the border, the project anticipated that refugees would also be among those most vulnerable, but refugees were able to go to the refugee camps in the two regions where they were assisted by UNHCR and its partners. During profiling exercises none of the families profiled identified as refugees.</p>
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#### 4.c Persons Indirectly Targeted by the Project

In addition to the individuals targeted directly through this project, several groups were indirectly reached by the project. The focus group discussions included members from the host community and other displaced populations not targeted for assistance with e-shelters and NFIs, who were informed about humanitarian principles, gratuity of assistance, and the prevention of sexual exploitation and abuse. In some of the focus group discussions, representatives from the local authorities accompanied the project team.

### 5. CERF Result Framework

<b>Project Objective</b>	Provide life-saving assistance to the vulnerable crisis affected population in Tahoua and Tillabéry regions through provision of emergency shelters and NFI kits
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<b>Output 1</b>	Conflict affected population have improved living conditions Emergency			
<b>Sector</b>	Emergency Shelter and NFI - Shelter and Non-Food Items			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	# of emergency shelter kits distributed to vulnerable households	1,500	1,800	S/NFI WG matrix for assistance provided by partners and RRM report
Indicator 1.2	# of NFI kits distributed to vulnerable households	1,500	1,500	S/NFI WG matrix for assistance provided by partners and RRM report
Indicator 1.3	% female participants in focus group discussions	50%	50%	RRM distribution reports and methodology documents
Indicator 1.4	# of individuals (from displaced and host population) benefitting from CFW modalities	80	0	RRM Distribution reports
<b>Explanation of output and indicators variance:</b>		Due to exchange rate gains, IOM was able to procure more e-shelters than planned in the project hence surpassing the targets of indicator 1.1. Also, for indicator 1.4, 215 daily workers from the displaced community and host population were recruited on daily contracts to assist in the distribution and realisation of e-shelters and NFIs, and do not technically fall under CFW modalities as per explanations given by CBI experts and the Multisector Cash Working Group in Niger. This was the activity that had been foreseen as CFW.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		

Activity 1.1	Selection of beneficiaries through rapid profiling based on vulnerability criteria and identification of basic and specific needs of the affected population	RRM
Activity 1.2	Purchase of material (in-country) for emergency shelter kits and NFI kits as well as storage in warehouses	IOM
Activity 1.3	Transportation to identified locations and distribution of emergency shelter and NFI kits to selected beneficiaries through cash-for-work activities	RRM
Activity 1.4	Focus Group Discussions at the beginning of project implementation to introduce and explain IOM assistance and following implementation to solicit comments and feedback	RRM
Activity 1.5	Post distribution monitoring to assess quality of and satisfaction with assistance provided	RRM

## 6. Accountability to Affected People

### 6.a IASC AAP Commitment 2 – Participation and Partnership

**How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?**

In the pre-distribution phase, the IOM team together with the Implementing Partner conducted focus group discussions with the targeted populations. The crisis-affected groups were consulted about the specific contents of the NFI-kits that were to be handed out in order to ensure maximum effectiveness of the project, as well as maximum utility of the distributed kits.

Moreover, youth from the targeted communities were selected to support IOM and its implementing partner with loading the e-shelters on the trucks for transport, as well as for the construction of the shelters once delivered to the targeted communities.

**Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?**

No local or national mechanism were used, but instead focus group discussions in the communities were organized to collect the needs from the targeted population. These group discussions included women and youth, local leadership mechanisms including traditional/village elders, religious leaders etc. and site committees. Specific women-only discussions were organized in order to create a safe space in which all needs of the population could be raised.

### 6.b IASC AAP Commitment 3 – Information, Feedback and Action

**How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?**

The focus group discussions that were held in the pre-distribution phase included an information component in which the affected people were informed about the aims of the project and could ask any questions they had.

**Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.** Yes  No

Through the RRM process of delivery of assistance, complaint mechanisms are put in place from the beginning of interventions in a specific site/village (during profiling) and remain active even after the delivery of assistance to the affected populations of those sites/villages. Affected population are briefed on the use of the complaints mechanisms by Protection experts within the RRM teams through focus group discussions.

**Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.** Yes  No

The same complaints mechanism also doubles as a SEA-related complaint reporting mechanism. Again, similar to the complaints mechanism, SEA is also explained to the target population during the same focus group discussion. RRM staff including daily workers are also trained on PSEA and the NGOs that make up the RRM consortium alongside IOM have a zero tolerance for SEA.

**Any other comments (optional):**

N/A

**7. Cash and Voucher Assistance (CVA)**

**7.a Did the project include Cash and Voucher Assistance (CVA)?**

Planned	Achieved
No	No

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

CVA Modality	Value of cash (US\$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
Cash for Work	N/A	Sector-specific	Emergency Shelter and NFI - Shelter and Non-Food Items	Conditional	Unrestricted

Supplementary information (optional):

70 individuals were targeted with CVA to reinsert money back into the targeted communities. 20 individuals supported the composition of the NFI-kits that were handed out to the beneficiaries, while 50 individuals received compensation for loading the e-shelters on the trucks before transportation.

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

<p>Since the project involved active participation of the beneficiaries, through the beneficiary selection committees, IOM and its implementing partner RRM had constant feedback from the beneficiaries either through the protection monitoring mechanism put in place by the Protection Cluster or post distribution monitoring activities that allowed for IOM and its implementing partner RRM to adapt the methodology and approach used to assist the beneficiaries. Through this constant interaction, IOM and its implementing partner managed to get feedback on satisfaction of assistance delivered since it was tailored to the needs and propositions from the beneficiaries themselves.</p>	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

### 9.3. Project Report 19-UF-FPA-018 - UNFPA

1. Project Information			
1. Agency:	UNFPA	2. Country:	Niger
3. Cluster/Sector:	Health - Health Protection - Sexual and/or Gender-Based Violence	4. Project Code (CERF):	19-UF-FPA-018
5. Project Title:	Implementation of the Minimum Initial Service Package (MISP) for sexual and reproductive health, including GVB interventions in emergency situations to save lives of women and girls affected by insecurity and measures of the state of emergency		
6.a Original Start Date:	01/01/1900	6.b Original End Date:	31/12/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 3,194,542
	b. Total funding received for agency's sector response to current emergency:		US\$ 630,000
	c. Amount received from CERF:		US\$ 899,977
	d. Total CERF funds forwarded to implementing partners		US\$ 601,696
	of which to:		
	Government Partners		US\$ 263,848
	International NGOs		US\$ 0
	National NGOs		US\$ 337,848
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance
<p>Through this CERF allocation, UNFPA and its partners provided life-saving assistance in both reproductive health and GBV. The main results are as follows:</p> <p>In the field of Sexual and reproductive health: 9,904 assisted deliveries carried out; 4,800 hygienic delivery kits distributed ;689 obstetric complications managed by the implementation of the referencing mechanism; 389 cesarean sections performed; 164 cases of rape treated medically; 23,407 people informed and sensitized in sexual and reproductive health services</p> <p>In GVB area: 52 health centers have been strengthened to offer a minimum package of services to GBV survivors (capac building, staff support, monitoring and evaluation, etc.); 1,259 GBV survivors received medical care tailored to their needs; 2,874 received psychosocial and mental health support; 23234 received information on GBV prevention mechanisms.</p>

3. Changes and Amendments
<p>The only change is at the level of the implementing partners where initially we wanted to work with an international NGO but following different events with this partner we changed it with the National NGO APBE.</p>

<b>4.a Number of People Directly Assisted with CERF Funding (Planned)</b>					
<b>Cluster/Sector</b>	Health - Health				
<b>Planned</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Host communities	21,021	21,879	32,879	34,221	<b>110,000</b>
Refugees	10,511	10,940	16,440	17,111	<b>55,002</b>
Returnees	0	0	0	0	<b>0</b>
Internally displaced persons	28,665	29,835	44,385	46,665	<b>149,550</b>
Other affected persons	764	796	1,196	1,244	<b>4,000</b>
<b>Total</b>	<b>60,961</b>	<b>63,450</b>	<b>94,900</b>	<b>99,241</b>	<b>318,552</b>
<b>Planned</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	<b>0</b>

<b>4.b Number of People Directly Assisted with CERF Funding (Reached)</b>					
<b>Cluster/Sector</b>	Health - Health				
<b>Reached</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Host communities	21,021	21,879	32,879	34,221	<b>110,000</b>
Refugees	12,432	11,975	17,576	18,972	<b>60,955</b>
Returnees	0	0	0	0	<b>0</b>
Internally displaced persons	27,976	28,563	46,715	48,436	<b>151,690</b>
Other affected persons	820	785	1,345	1,287	<b>4,237</b>
<b>Total</b>	<b>62,249</b>	<b>63,202</b>	<b>98,515</b>	<b>102,916</b>	<b>326,882</b>
<b>Reached</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Persons with Disabilities (Out of the total number of "people reached")	26	54	11	23	<b>114</b>

<b>4.a Number of People Directly Assisted with CERF Funding (Planned)</b>					
<b>Cluster/Sector</b>	Protection - Sexual and/or Gender-Based Violence				
<b>Planned</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Host communities	2,293	2,387	3,587	3,745	<b>12,012</b>
Refugees	4,778	4,973	7,473	7,796	<b>25,020</b>
Returnees	0	0	0	0	<b>0</b>
Internally displaced persons	2,293	2,387	3,587	3,852	<b>12,119</b>
Other affected persons	637	663	997	1,085	<b>3,382</b>
<b>Total</b>	<b>10,001</b>	<b>10,410</b>	<b>15,644</b>	<b>16,478</b>	<b>52,533</b>
<b>Planned</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>

Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0
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4.b Number of People Directly Assisted with CERF Funding (Reached)					
Cluster/Sector	Protection - Sexual and/or Gender-Based Violence				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	2,293	2,387	3,587	3,745	12,012
Refugees	5 082	4 956	8 126	8 757	26,921
Returnees	0	0	0	0	0
Internally displaced persons	2 685	2 753	3 876	3 908	13,222
Other affected persons	657	678	896	987	3,218
<b>Total</b>	<b>10,717</b>	<b>10,774</b>	<b>16,485</b>	<b>17,397</b>	<b>55,373</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	18	3	11	32

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	There is no significant difference between the planned targets and the targets achieved during implementation. The differences lie in the movement of populations that continued as a result of the insecurity situation and the inter-community conflict. Another difference is that people with disabilities were not taken into account in the planning process but had to be assisted in the implementation
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4.c Persons Indirectly Targeted by the Project
Many health workers and other humanitarian actors have been trained in the implementation of the MISP and in the management of GBV cases.

5. CERF Result Framework	
<b>Project Objective</b>	Deliver minimum services packages in sexual and reproductive health including the response to gender-based violence to reduce maternal morbidity and mortality in Tillaberi and Tahoua regions.

<b>Output 1</b>	The Minimum Initial Service Package (MISP) in sexual and Reproductive health is implemented in the 38 health centers and 6 reference hospitals of Tillaberi and Tahoua regions			
<b>Sector</b>	Health - Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of health facilities that have benefited from SR kits and implementing the DMU	32	40	UNFPA Humanitarian annual report
Indicator 1.2	Number of deliveries assisted by qualified personnel	7,654	9,904	UNFPA Humanitarian annual report
Indicator 1.3	Number of hygiene delivered kits distributed	4,200	4,800	UNFPA Humanitarian annual report

Indicator 1.4	Number of obstetric complications referred and supported	480	689	UNFPA Humanitarian annual report
Indicator 1.5	Number of Caesareans performed in the 6 project hospitals	225	389	UNFPA Humanitarian annual report
Indicator 1.6	Number of condoms distributed	28,800	38,450	UNFPA Humanitarian annual report
Indicator 1.7	Number of people informed about STIs / HIV / AIDS and RH services available in MSDSs	15,000	23,407	UNFPA Humanitarian annual report
Indicator 1.8	Number of rape cases medically supported	200	204	UNFPA Humanitarian annual report
<b>Explanation of output and indicators variance:</b>		The strategic choice of the implementing partners and especially the MoU signed with UNHCR to potentiate and pool resources in the sites and camps for refugees and displaced persons made it possible to achieve this performance.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Purchasing and distribution of SR kits at last mile	UNFPA		
Activity 1.2	Training of agents in MISP and clinical management of rapes	Ministry of Health		
Activity 1.3	Distribution of hygienic birth kits, condoms and information on HIV and services available	NGO APBE		
Activity 1.4	Support for obstetric referral	Ministry of Health		
Activity 1.5	Clinical mobile organizations	Ministry of Health		
Activity 1.6	Human Resources Support	NGO APBE		
Activity 1.7	Monitoring activities in the field	UNFPA		

<b>Output 2</b>	Facilitating access to holistic services for dealing with gender-based violence using a community mechanism and health system			
<b>Sector</b>	Protection - Sexual and/or Gender-Based Violence			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	# of health facilities providing services tailored to GBV survivors including adolescent girls and children (health centers, multi-functional center)	34	54	UNFPA Humanitarian annual report
Indicator 2.2	# survivors of sexual and gender-based violence who receive health care appropriate to their gender and age.	561	1259	UNFPA Humanitarian annual report
Indicator 2.3	# survivors of sexual and gender-based violence who receive psychosocial support appropriate to their gender and age.	934	2874	UNFPA Humanitarian annual report
Indicator 2.4	# survivors of sexual and gender-based violence who receive legal / judicial assistance appropriate to their gender and age.	37	589	UNFPA Humanitarian annual report
Indicator 2.5	# survivors of sexual and gender-based violence receiving life support assistance.	252	3067	UNFPA Humanitarian annual report

Indicator 2.6	# of people at risk of GBV affected by sensitization through community mechanisms.	17100	23234	UNFPA Humanitarian annual report
Indicator 2.7	# of GBVIMS quarterly reports produced and shared among the actors.	2	0	UNFPA Humanitarian annual report
<b>Explanation of output and indicators variance:</b>		The explanation of the performance recorded in the health sector is also valid for GBV. The underperformance for the indicator related to GBV can be explained by the fact that the two regions did not have specialized GBV actors. However, in order to achieve this goal, UNFPA has trained many actors, a mapping of the actors has been done and UNFPA continues to strengthen the capacities of these actors in order to make GBV functional in these two regions.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Set up listening centers at the health district level to ensure the medical and psychosocial care of the survivors	NGO APBE		
Activity 2.2	Set up multifunctional centers to provide holistic care with quality services for survivors	APBE & Ministry of Woman		
Activity 2.3	Ensure quality information and proximity to people at risk of GBV and other members of the community through the establishment of community mechanisms for prevention and response to GBV (approach paralegals community)	APBE & Community		
Activity 2.4	Produce and share quality data on GBV through GVIMS: to better guide interventions and advocacy	UNFPA		
Activity 2.5	Ensure monitoring and coordination technical support (formative follow-up, production and dissemination of tools and strategic documents)	UNFPA		

<b>6. Accountability to Affected People</b>
<b>6.a IASC AAP Commitment 2 – Participation and Partnership</b>
<b>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</b>
Our approach to GBV prevention and information on RH services is based on the community with the identification of community actors as key players in the provision of information on services and in the distribution of hygiene kits, dignity kits and condoms
<b>Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?</b>
The project has taken sufficient account of community actors with a total of 153 community paralegals 17 women's groups that define activities for women's empowerment
<b>6.b IASC AAP Commitment 3 – Information, Feedback and Action</b>
<b>How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?</b>
Whether it is UNFPA or its implementing partners the entry point for interventions is always at the level of the administrative and traditional authorities with whom we discuss the project and how best to implement it by involving the community. For example, the traditional chieftaincy of Niger is a key actor in the implementation of all UNFPA projects.

**Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.** Yes  No

In the implementation of GBV activities, UNFPA has set up listening centers to receive complaints from GBV survivors in a discreet manner according to the GBV guidelines and also to identify some behavioural discrepancies of some agents in the implementation of the project.

**Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.** Yes  No

UNFPA as Focal Point at the level of UN agencies has made the subject a mandatory principle for all its partners (staff training, signature of the AMPS Charter) Each PI has an AMPS Focal Point.

**Any other comments (optional):**

It is an encouraging experience to implement an integrated project that takes into account the protection sector (GBV) and the health sector (reproductive health). Although the sectors are different, there is a lot of complementarity and efficiency in the implementation. It is an approach that should be encouraged.

<b>7. Cash and Voucher Assistance (CVA)</b>	
<b>Did the project include Cash and Voucher Assistance (CVA)?</b>	
<b>Planned</b>	<b>Achieved</b>
No	No

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

#### 9.4. Project Report 19-UF-HCR-013 - UNHCR

1. Project Information			
1. Agency:	UNHCR	2. Country:	Niger
3. Cluster/Sector:	Multi-Cluster - Multi-sector refugee assistance  Protection - Protection	4. Project Code (CERF):	19-UF-HCR-013
5. Project Title:	Multisectoral Response for the Malian Refugees and Protection for IDPs in the Tillaberi and Tahoua Regions		
6.a Original Start Date:	02/05/2019	6.b Original End Date:	31/12/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 19,488,553
	b. Total funding received for agency's sector response to current emergency		US\$ 12,575,163
	c. Amount received from CERF:		US\$ 1,200,000
	d. Total CERF funds forwarded to implementing partners		US\$ 1,104,798
	of which to:		
	Government Partners		US\$ [150,672
	International NGOs		US\$ 165420
	National NGOs		US\$ 788,706
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance
<p>Through this CERF UFE grant, UNHCR and its partners provided a multisector assistance to 57,999 Malian refugees in the refugee hosting sites in Tillabery region (Abala, Mangaize/Ouallam and Tabareybarey/Ayerou) and in the refugee hosting area in Tahoua region. A strengthened camp coordination and camp management mechanism has been set up and allows partners to share information, to look for synergies and to find solutions together for challenges they face. The totality of the refugee population has been sensitized on waste collection and all landfills are operational in refugee hosting areas. 90% of UASC has a best interests process has been initiated or completed. The nutritional situation remains fragile and troublesome in the sites where Malian refugees are hosted with a prevalence of global acute malnutrition of 13,9%. All children declared at birth have received a birth certificate of are able to receive one through mobile court hearings.</p> <p>Moreover, UNHCR and its partners have ensured an emergency response to 80,844 IDPs present in Tillabery and Tahoua region. The host communities in the refugee and IDP hosting areas have also largely benefitted from activities implemented by UNHCR and its partners. A total number of 149 SGBV cases have been identified out of which 54 have received medical assistance and 100 material assistance. 66 community-based committees and working groups on SGBV prevention and response are functioning. 75% of the people of concern live in areas where UNHCR and partners have access to information while 60% can physically be reached. UNHCR and its partners have conducted three rapid protection assessments in IDP hosting areas during the reporting period and held regular monthly meetings.</p>

### 3. Changes and Amendments

We have witnessed a continuous deterioration of the security environment in Tillabery and Tahoua regions since the start of the project.

As a result, IDPs, refugees and host populations face significant risks. The main types of incidents reported are armed incursions (24%), theft and looting (24%), physical violence (19%). We have noticed an increase in abduction cases. Other reported incidents include attacks on schools and educational staff, attacks on health centers, the closure of schools and health centers, physical violence against populations, targeted killings of officials and public figures religious, kidnapping, extortion, sexual violence, forced recruitment, disappearances ...

In addition, floods from July to September 2019 resulted in disruption of livelihoods and loss of livestock. All these elements have exacerbated ethnic, historical tensions and rivalries over access to natural resources.

Access remains a permanent concern for all actors and the zone is still plagued by non-state armed groups (NSAG) attacks. This security crisis remains worrying and complex because the elements of the NSAGs coming from the Sahel region and very active around the three borders (Niger-Mali-Burkina) as well as localities of Mali (Kidal, Circle of Menaka, Ansongo, Akabar, Tessit) conduct frequent assaults in Ayorou, Torodi, Abala, Banibangou, Bankilare, Ouallam, Say Gotheye and Tillia departments, attacking the FDS positions as well as carrying out abuses against the civilian population. Improvised Explosive Device exposure is real in the Inates communes because it is used by the NSAGs as a mode of operation targeting the FDS but it also becomes a risk for the civilian population.

The mandatory military escort for humanitarian actors to travel to certain areas close to the Burkinabe and Malian border remains in place and has considerably reduced the provision of humanitarian assistance to populations in need – host communities suffer even more than refugees and IDPs. Multisectoral analysis has confirmed that humanitarian aid remains insufficient due to continuous new and secondary movements, which create new needs, add an additional pressure on already limited natural resources and on basic social services available

Displacements of the populations continued throughout the year 2019 in the form of preventive displacement and post attack. Since the start of the project, IDP flows have grown from 62671 persons (31 december 2018) to 80844 persons (31 december 2019) – being an increase of almost 30%. This includes several secondary and multiple movements are recorded due to the persistence of insecurity and the search for humanitarian assistance. These numbers continue to increase, in particular as people are fleeing areas next to the borders where incursions and attacks by armed groups are frequent.

While the numbers of Malian refugees remained rather stable, on June 13<sup>th</sup>, the Ministry of the Interior requested an urgent meeting with UNHCR to discuss security developments in Tillabery and Tahoua regions and the impact of these developments on refugees. According to the Mol, Tillabery has been affected by a new and improved capacity of terrorist infiltration. As a result, several organized attacks and incursions have occurred on Nigerien territory, including around refugee camps. In light of this, the Government of Niger stressed the lack of capacity to ensure the security of refugees, especially those settled in Mangaize refugee camp. Their recommendation was to accelerate the urbanization process on a voluntary basis towards the city of Ouallam, which offered a favourable site just outside the town of Ouallam, next to a lake, located at 45 min driving from Mangaize refugee camp. The land has been allocated for the site and all the parcels are ready while the evaluation of basic services needs is underway. The vast majority of refugees shows a significant satisfaction regarding the relocation as access to Mangaize refugee camp has been particularly irregular since the summer of 2019.

During the second half of 2019, UNHCR worked on a daily basis with administrative authorities, the Ouallam Department Prefect and the Town Council to implement a swift relocation. The relocation exercise has started in December 2020. On 31<sup>st</sup> December 2019, 45% of Malian refugees were relocated from Mangaize refugee camp to Ouallam.

A similar action will be implemented for Malian refugees in the camp of Tabareybarey, who will be relocated to Ayerou, and those in the refugee camp of Abala, who will be relocated to the urbanized site of Abala during the course of 2020.

#### 4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Protection - Protection					
	Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities		0	0	0	0	0
Refugees		0	0	0	0	0
Returnees		0	0	0	0	0
Internally displaced persons		10,255	13,731	18,600	20,085	62,671

Other affected persons	0	0	0	0	0
<b>Total</b>	<b>10,255</b>	<b>13,731</b>	<b>18,600</b>	<b>20,085</b>	<b>62,671</b>
<b>Planned</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

<b>4.b Number of People Directly Assisted with CERF Funding (Reached)</b>					
Cluster/Sector	Protection - Protection				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	19,224	24,017	17,564	20,039	88,844
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>19,224</b>	<b>24,017</b>	<b>17,564</b>	<b>20,039</b>	<b>88,844</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	469	586	428	489	1972

<b>4.a Number of People Directly Assisted with CERF Funding (Planned)</b>					
Cluster/Sector	Multi-Cluster - Multi-sector refugee assistance				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	6,941	12,212	16,274	16,124	51,551
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>6,941</b>	<b>12,212</b>	<b>16,274</b>	<b>16,124</b>	<b>51,551</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	168	295	395	391	1,249

<b>4.b Number of People Directly Assisted with CERF Funding (Reached)</b>					
Cluster/Sector	Multi-Cluster - Multi-sector refugee assistance				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	13,934	19,159	12,915	11,791	57,999

Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>13,934</b>	<b>19,159</b>	<b>12,915</b>	<b>11,791</b>	<b>57,999</b>
<b>Reached</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Persons with Disabilities (Out of the total number of "people reached")	359	296	134	128	917

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	While the Malian caseload remains more or less stable, the number of IDPs have known a sharp rise during the course of 2019 due to the presence of armed groups and ongoing military operations, which have caused important displacement.
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**4.c Persons Indirectly Targeted by the Project**

The host community population living in the areas of intervention of the project has also benefitted from the activities implemented by UNHCR and its partners. Their inclusion has allowed to preserve the peaceful cohabitation of the communities and avoid conflicts which might have increased the vulnerability of both IDPs and host community.

5. CERF Result Framework				
<b>Project Objective</b>	Ensure a multi-sector response for Malian refugees and strengthening the protection monitoring mechanism and the response in the Tillaberi and Tahoua regions			
<b>Output 1</b>	Camp management and coordination refined and improved			
<b>Sector</b>	Multi-Cluster - Multi-sector refugee assistance			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Roles and responsibilities for camp managers and camp service providers have been defined, agreed and documented (e.g. camp has documented "Who Does What Where" Information for service provision) (yes/no)	All new arrivals	Yes	Year End Report UNHCR and reports of implementing partners
<b>Explanation of output and indicators variance:</b>		A framework is set up between operational and implementing partners of UNHCR, which has contributed to mutualizing efforts of all stakeholders operating in refugee hosting areas. A system of coordination meetings held every month and in every camp is set up. This strengthened camp coordination and camp management mechanism allows partners to share information, to look for synergies and to find solutions together for challenges. APBE, the implementing partner which serves as camp manager, continues to work with the relevant authorities to maintain public order and to control movements from and to the neighbouring countries.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Roles and responsibilities for camp managers and service providers defined and agreed	ADKOUL / APBE		

<b>Output 2</b>	Risk of SGBV is reduced and quality of response improved			
<b>Sector</b>	Protection - Protection			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	# of reported SGBV incidents for which survivors receive medical assistance	70	54	UNHCR partner report and UNHCR Year End Report
Indicator 2.2	# of reported SGBV incidents for which survivors receive material assistance	70	100	UNHCR partner report and UNHCR Year End Report
Indicator 2.3	# of community-based committees/ groups working on SGBV prevention and response	15	66	UNHCR partner report and UNHCR Year End Report
<b>Explanation of output and indicators variance:</b>		During the reporting period, a total number of 149 SGBV cases have been identified. Out of those, 149, 54 have received a medical assistance. Although not all SGBV cases require a medical assistance, the lack of SGBV actors in the field and the lack of equipment and medication in the health centers are important pointers for the indicator variance. Material assistance has been higher than programmed and balances out the low value for medical assistance. During the course of the year, the initial target of 15 community-based committees and groups working on SGBV prevention and response has been increased to 66, notably 4 committees for refugees and 62 committees in IDP hosting areas.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Access to medical services facilitated	APBE		
Activity 2.2	Material assistance provided	APBE/ADKOUL		
Activity 2.3	Participation of community in SGBV prevention and response enabled and sustained	APBE/ADKOUL/ICAH		

<b>Output 3</b>	Population lives in satisfactory conditions of sanitation and hygiene			
<b>Sector</b>	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 3.1	# PoC prises en charge par promoteur de mesures hygiéniques	40,000	57,999	UNHCR partner reports
Indicator 3.2	% of landfills in operation	100	100%	UNHCR partner reports
<b>Explanation of output and indicators variance:</b>		60 campaigns on waste collection have been organized – they took place on a regular basis in each refugee hosting area and managed to reach the totality of the refugee population in all 4 sites. Moreover, 11,863 refugees have been reached by awareness sessions on hygiene and sanitation, hygiene around water points, open defecation and hand washing, sensitizing on their turn the members of their household. The situation of waste collected in 2019 gives a total of 84.20 Tons of solid household waste within the 3 camps (Tabareybarey, Manguézé and Abala in the Tillabéry region) and the ZAR of Intikane 100% of landfills were in operation at the end of the reporting period, notably 3 landfills in the three refugee hosting areas in Tillabery, operational since 2013 as well as 1 new landfill that has been constructed in 2019 in the refugee hosting area in Intikane.		

Activities	Description	Implemented by
Activity 3.1	Community solid waste management services provided	ADKOUL / APBE

<b>Output 4</b>	Protection from effects of armed conflict strengthened: Protection problems are identified in the Tillaberi and Tahoua regions, followed up and monthly analysed through the systematic collection of reports, relevant thematic analyses			
<b>Sector</b>	Protection – Protection			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 4.1	% of persons of concern living in areas accessible to humanitarian workers -	70	75	Rapport de monitoring ERP Mission conjointes
Indicator 4.2	Finalisation of protection assessments (YES/NO)	Yes (1)	Yes	Rapport de monitoring ERP Mission conjointes
Indicator 4.3	# of regular meetings (monthly) of the focal points and monitors of the areas	9	11	Compte rendu discussions avec les points focaux Notes d'analyse de protection
<b>Explanation of output and indicators variance:</b>		<p>75% of persons of concern lived in areas where UNHCR and partners had access to information, even if they did not have physical access. UNHCR and partners have a broad network of monitors and focal points who help us access information through other means such as phone calls. Regarding physical access, this is only the case for 60% of the persons of concern. Areas such as the border with Burkina Faso were accessible during the drafting of the project, but during the course of the project, physical access to these areas was no longer possible.</p> <p>UNHCR and its partners have conducted three rapid protection assessments on IDPs hosting sites and shared them with the humanitarian actors to strengthen the response. Support and informative materials have also been released such as the publication of nine (9) mapping of the various services providers in these areas.</p> <p>During the months of July and August, in view of the deterioration of the security situation, focal points and monitors have had 2 meetings per month.</p>		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 4.1	Protection by presence provided Continuous protection monitoring activities are implemented in the departments covered by the project in the regions of Tillaberi and Tahoua	CIAUD, ANTD		
Activity 4.2	Rapid protection evaluations are carried out in the departments of the Tillaberi and Tahoua regions where required	CIAUD, ANTD		
Activity 4.3	Regular meetings (monthly) of focal points and monitors of the areas are held to comparatively analyse the monthly collected data	CIAUD, ANTD		

<b>Output 5</b>	Protection of children strengthened
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<b>Sector</b>	Protection - Child Protection			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 5.1	% of UASC for whom a best interests process has been initiated or completed	100%	90%	Reports of panel sessions / partner reports
Indicator 5.2	# of reported cases of child abuse, neglect, violence and exploitation	100%	495	Reports on the identification and follow up individual cases / UNHCR database / annual report on partner's progress iduel ; proGres/ rapport annuel de performance du partenaire
Indicator 5.3	# of NFI and dignity kits delivered to persons with specific needs or with protection risks	500	693	Performance reports and post distribution follow up
<b>Explanation of output and indicators variance:</b>		<p>100% of UASC in Tahoua and 80% in Tillabery have had a best interest process initiated or completed. The lower performance in Tillabery is due to the fact that there was a reduced physical access to certain localities. 495 cases of child abuse, neglect, violence and exploitation were reported. 693 NFI and dignity kits were delivered to persons with specific needs or with protection risks.</p> <p>4 community based child protection structures have been established or strengthened in the refugee hosting areas, notably: (1) a mixed committee for youth with 30 members; (2) the committee for child protection with 48 members; (3) the committee for school management and (4) the youth club. A Best Interest Determination panel is in place and functioning in Tillabery, Ouallam, Abala and Tahoua.</p>		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 5.1	Community based child protection structures established and functioning	ADKOUL / APBE		
Activity 5.2	Best interest determination process established and operational	ADKOUL / APBE		

<b>Output 6</b>	Nutritional well-being improved			
<b>Sector</b>	Nutrition - Nutrition			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 6.1	Prevalence of global acute malnutrition (6-59 months)	8	13,9%	SMART Survey 2018
<b>Explanation of output and indicators variance:</b>		<p>The nutritional situation remains fragile and troublesome in the sites where Malian refugees are hosted with a prevalence of global acute malnutrition of 13,9% according to the SMART Survey of 2018. There has been no study conducted in 2019. This being said, the situation in the refugee hosting areas seems to be better than the overall performance in the country. UNHCR continues to promote adapted livelihood activities such as the production of local flower for children in order to improve the nutrition of vulnerable populations, as well as the integration of refugees in national resilience programs and development programs.</p>		

	<p>A total number of 2,551 severely malnourished children have been treated. UNHCR and partners have promoted infant and young child feeding practices through sensibilization sessions and have reached an estimated 75% of the total refugee population. In all refugee hosting sites, 5024 mothers (with children) have benefited from nutritional education following the NUTRICARTES methodology, developed by UNHCR.</p> <p>UNHCR in cooperation with WFP gives a targeted food and cash assistance as well as blanket feeding for children. Refugees can benefit from health assistance in health centers in refugee hosting areas free of charge.</p> <p>UNHCR undertakes a monthly situational analysis through monthly data collection.</p>		
Activities	Description	Implemented by	
Activity 6.1	(Community management of acute malnutrition programmes implemented and monitored)	APBE	
Activity 6.2	Best interest determination process established and operational	APBE	
Activity 6.3	Appropriate infant and young child feeding practices promoted	APBE	
Activity 6.4	Measures to control anaemia and other micronutrient deficiencies undertaken	APBE	
Activity 6.5	Assessment and analysis undertaken	APBE	

<b>Output 7</b>	Civil registration and civil status documentation strengthened			
<b>Sector</b>	Protection - Human Rights			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 7.1	% children under 12 months old who have been issued birth certificates by the authorities	100	100%	Base de données HCR
<b>Explanation of output and indicators variance:</b>		<p>UNHCR and partners have carried out awareness raising sessions on the need to declare their children's birth. In Tahoua, 377 births have been declared while in Tillabery, 37 births have been declared.</p> <p>When a birth is declared, a birth certificate is issued – when the issuance of a birth certificate is not possible because child birth has not been declared within the by the authorities imposed delays, children have the opportunity to have their birth certificates through mobile court hearings. UNHCR works with local authorities and several Ministries on documentation.</p>		
Activities	Description	Implemented by		
Activity 7.1	Issuance of civil status documentation by national institutions supported	CNE		
Activity 7.2	Birth registration and certificates provided	CNE		
Activity 7.3	Appropriate infant and young child feeding practices promoted	CNE		
Activity 7.4	Advocacy conducted	CNE		

## 6. Accountability to Affected People

### 6.a IASC AAP Commitment 2 – Participation and Partnership

**How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?**

A) Concept and planning phase:

The UNHCR programme planning for 2019-2020 started in the third week of March 2019 with the Country Operation Plan (COP). Before the COP, the AGDM (Age, Gender, and Diversity) participative evaluation approach was held in all the areas of the proposed intervention, including with both the beneficiaries and the partners. The beneficiaries are included through the participative approach in all the steps of the programme cycle: planning, concept, and implementation (refugees committee participate in the program delivery through committees managing WASH, SGBV, protection, etc.), follow up (particularly to the semester review), and assessment.

B) Implementation phase:

From the beginning, the beneficiaries receive clear and exhaustive information on the proposed intervention. They will be continuously consulted and brought together through focus groups that focus based on the integration of age, gender and diversity and through their respective representatives / committees.

C) Follow up and assessment:

The follow up and the assessment will be based on the monthly reports established by the implementing, along with monitoring missions conducted by UNHCR field staff. All information will then be shared with the UNHCR country office in Niamey and the Protection Cluster. The implementing partners will work on the basis of cooperation agreements and standardized procedures in order to use shared information. The transfer of resources to the partners will be checked with administrative and financial visits to the field.

Committees for complaint management will be available in the field and accessible to all beneficiaries.

**Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?**

The coordination of the refugee response in the areas of intervention of the project is based on (1) the key role played by administrative authorities, territorial "collectivities" and technical services who co-determine the response; (2) sectoral coordination in the regions; (3) the necessity to involve refugees as much as possible in these coordination forums and share information with them through joint refugee – host population committees, leaders, women leaders, youth, etc

### 6.b IASC AAP Commitment 3 – Information, Feedback and Action

**How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?**

In 2019 in the 3 camps of the Tillaberi and in the hosting area of Intikane in the Tahoua region, Malian refugees are consulted and involved in decisions that affect their life through several community structures put in place by UNHCR and its partners. UNHCR has strengthened its collaboration with the various community structures in the framework of the coordination of activities in favour of the refugee communities.

A participatory evaluation exercise was organized in February 2019 by the UNHCR with the various groups from the refugee communities. The exercise was conducted in agreement with the State services, sister agencies of the United Nations System and humanitarian NGOs in the camps of the Tillaberi region and in the Intekan hosting area in Tahoua to identify the needs, capacities and solutions of the groups. This assessment was reinforced by sectoral meetings, discussions with Focus Groups, awareness-raising and panel discussions regularly organized by UNHCR and partners with the different categories of refugee communities to identify specific needs and seek appropriate solutions.

A total of 136 multisectoral community relays (including 56 in Abala, 47 in Tabareybarey and 33 in Mangaize) are present in the three camps to raise awareness among the refugees and to relay information.

**Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.** Yes  No

A community-based complaint management mechanism is established. Refugee representatives are part of the committees who review the complaints. Sensitive complaints are received through protection teams and analyzed without the involvement of the refugee community. UNHCR has trained refugees and partner staff on the mechanism.

**Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.** Yes  No

UNHCR applies a zero-tolerance policy to SEA and SH. From the moment of arrival, and throughout their work at a duty station, senior managers and other staff act to ensure that SEA does not take place and that, if it does occur, they eliminate the risk of its recurrence. The following actions are in place in UNHCR Niger's operation: all newly recruited staff and affiliated workforce is cleared, signs a Code of Conduct, is trained in SEA and PSEA. A PSEA focal point is appointed in each office that is responsible for community engagement and awareness-raising such as the distribution of information sheets, posters and videos, discussions, ... A global complaint mechanism is in place. Issues are reported without delay and victims have access to the support they need.

**Any other comments (optional):**

N/A

7. Cash and Voucher Assistance (CVA)	
<b>Did the project include Cash and Voucher Assistance (CVA)?</b>	
<b>Planned</b>	<b>Achieved</b>
No	No

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

## 9.5. Project Report 19-UF-CEF-048 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Niger
3. Cluster/Sector:	Education - Education Protection - Child Protection	4. Project Code (CERF):	19-UF-CEF-048
5. Project Title:	Child protection promotion and access to education in a safe protecting environment for children affected by the Malian crisis		
6.a Original Start Date:	08/05/2019	6.b Original End Date:	31/12/2019
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	31/03/2020
6.d Were all activities concluded by the end date? (including NCE date)	<input type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 7,209,028
	b. Total funding received for agency's sector response to current emergency:		US\$ 3,259,594
	c. Amount received from CERF:		US\$ 1,138,628
	d. Total CERF funds forwarded to implementing partners		US\$ 751,340
	of which to:		
	Government Partners		US\$ 19,016
International NGOs		US\$ 732,324	
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p><b>Protection:</b> Through this CERF UFE funding, UNICEF and its partners ensured basic social services to 14,823 children (7,491 girls and 7,332 boys) displaced and vulnerable children in the region of Tillaberi and Tahoua. UNICEF supported the setup/revitalisation of 15 child protection community mechanisms -CPCBM (100% of the target), and 15 Child friendly spaces (100% of the target) to enable 4,566 children, including 2,564 girls affected by displacement and the crisis to access psychosocial support (114% of the target). Among them, 170 separated and unaccompanied children (113% of target), and 11 children associated to non-state armed groups or at risk of kidnapping, children surviving sexual and gender-based violence, and to children exposed to abuse, exploitation and neglect (planned target :12). Among the 4,566 children reached, 107 children were identified by psychosocial agents and benefitted from counselling sessions with a dedicated psychologist.</p> <p>The project assisted the training of 134 members of CPCBM were trained on child protection, detecting distress signs among children and gender-based violence, signalment and reporting of children in need to the adequate services. In addition 15,658 people (14,823 children and 835 adults) were sensitized on the risks associated to the situation of insecurity and conflict; 33 state members (protection, justice, police) and 45 community volunteers (3 per CFS) benefitted from two trainings on child protection in emergencies and management of psychosocial activities.</p> <p><b>Education:</b> CERF funding enabled enrolment of 17,119 out-of-school children (7,985 girls, 959 children with disabilities) in emergency and host schools in Tahoua and Tillaberi regions (05/2019 – 03/2020), exceeding the target. 123 temporary learning spaces and 43 blocks of separate girl / boy latrines were built, exceeding the target. 17,119 children received school materials and an additional 16,585 sets have been acquired and provided to the Regional Directorate. 61 primary schools were equipped with recreational kits. 266 teachers were trained on psychosocial support, child protection, etc. All were continuously supported by educational advisers. 254 received teacher guides (French, maths). 430 members of decentralized school management committees and Association of Mothers-Educators received</p>

capacity building on management of violence in schools and 65 schools set up data collection mechanisms on protection incidents and complaint management.

This ensemble enabled schools to accommodate a large flow of internally displaced children following attacks by non-state armed groups, providing them with quality education in a safe environment.

### 3. Changes and Amendments

**Education:** Targets have been exceeded, such as enrolment at school level having reached 17,119 (beyond the target of 12,700), thanks to social mobilization campaigns strongly supported by community leaders and well received by parents.

Project implementation was challenging, due to a deteriorating security situation and restricted access. Many of the targeted localities experienced population displacements following attacks by non-state armed groups. Implementing partners, with the consent of UNICEF, reacted by moving the temporary learning spaces to the IDP sites. To allow for a complete implementation of planned activities, UNICEF requested a no cost extension that was generously approved by the CERF Secretariat.

**Protection:** Targets were reached in all activities with as implementing partners, the national NGO DIKO in consortium with COOPI in order to reach areas limited for access in Tahoua region. Nevertheless, they were constrained in their movements due to security movement restrictions. Community members were difficult to reach and to accompany in some areas due to security concerns. 11 children formerly associated to non-state armed groups (target 12) were supported and accompanied in the preparation for their return and reunification with their parents in communities by the Regional Directorate for Child Protection and COOPI in Niamey but could not benefit to reinsertion follow up visits due to the volatile situation in their communities of return.

These challenges led UNICEF to request and obtain a no cost extension for 3 additional months from the CERF Secretariat.

#### 4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Education - Education				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	851	1,054	2,122	2,243	6,270
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	1,580	1,957	3,940	4,165	11,642
Other affected persons	0	0	9	3	12
<b>Total</b>	<b>2,431</b>	<b>3,011</b>	<b>6,071</b>	<b>6,411</b>	<b>17,924</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	10	10	20

#### 4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Education - Education				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	936	1,159	3,197	2,795	8,087
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	1,738	2,153	5,937	5,190	15,018

Other affected persons	0	0	0	0	0
<b>Total</b>	<b>2,674</b>	<b>3,312</b>	<b>9,134</b>	<b>7,985</b>	<b>23,105</b>
<b>Reached</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Persons with Disabilities (Out of the total number of "people reached")	112	136	384	327	959

<b>4.a Number of People Directly Assisted with CERF Funding (Planned)</b>					
Cluster/Sector	Protection - Child Protection				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	39	41	1,453	1,341	2,874
Refugees	41	43	1,519	1,402	3,005
Returnees	2	3	66	61	132
Internally displaced persons	96	101	3,566	3,292	7,055
Other affected persons	124	130	0	0	254
<b>Total</b>	<b>302</b>	<b>318</b>	<b>6,604</b>	<b>6,096</b>	<b>13,320</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	3	3	198	183	387

<b>4.b Number of People Directly Assisted with CERF Funding (Reached)</b>					
Cluster/Sector	Protection - Child Protection				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	51	69	2,029	1,825	3,974
Refugees	56	64	2,123	1,762	4,005
Returnees	3	5	101	93	202
Internally displaced persons	137	187	3,079	3,811	7,214
Other affected persons	113	150	0	0	263
<b>Total</b>	<b>360</b>	<b>475</b>	<b>7,332</b>	<b>7,491</b>	<b>15,658</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	9	9	203	285	506

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	All targets were met or exceeded.
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#### 4.c Persons Indirectly Targeted by the Project

**Education:** The cancellation of planned monitoring missions by the government due to security concerns made available additional resources. These were used to purchase school material for 16,581 pupils that were provided to the Regional Directorates of Primary Education of the regions of Tillaberi and Tahoua.

#### 5. CERF Result Framework

<b>Project Objective</b>	Contribute to the improvement of access to quality education and child protection services for internally displaced children and host community in the regions of Tillaberi and Tahoua
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<b>Output 1</b>	Internally displaced children and host community children have access to quality social services and psychosocial support			
<b>Sector</b>	Protection - Child Protection			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of child protection community-based mechanisms in place by the end of the project	15 child protection community-based mechanisms	15	Final report of the project by the INGO; Periodic activity reports and meetings with INGO partner; UNICEF monitoring activity reports
Indicator 1.2	Number of girls and boys benefitting from psychosocial activities through child friendly spaces	3,750 children including 1,913 girls	4,566 (including 2,564 girls)	Final report of the project by the INGO; Periodic activity reports and meetings with INGO partner; UNICEF monitoring activity reports
Indicator 1.3	Number of children at risk identified, documented and referred to protection services	150 children (including children with disabilities, unaccompanied and separated, survivors of GBV)	170	Final report of the project by the INGO; Periodic activity reports and meetings with INGO partner; UNICEF monitoring activity reports
Indicator 1.4	Number of children formerly associated to armed groups (CAAFAG) benefitting from support in their social reinsertion	12 children	11	Final report of the project by the INGO; Periodic activity reports and meetings with INGO partner; UNICEF monitoring activity reports
<b>Explanation of output and indicators variance:</b>		The targets were reached with a slight increase from the planned targets due to the needs in the communities and the movement of population in the timeframe of the project implementation.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Set up/revitalization of child protection community-based mechanisms	National NGO DIKO		
Activity 1.2	Psychosocial support in child friendly/ safe spaces in collaboration with the community	National NGO DIKO		
Activity 1.3	Identification, documentation and referencing of child protection cases	International NGO COOPI Internazionale in collaboration with national NGO DIKO		

Activity 1.4	Support in case management and follow up of identified child protection cases	International NGO COOPI Internazionale
Activity 1.5	Support to most vulnerable children identified in the communities	National NGO DIKO
Activity 1.6	Support and facilitate family reunification and community reinsertion of children formerly associated to armed group (CAAFAG)	International NGO COOPI Internazionale in collaboration with national NGO DIKO

<b>Output 2</b>	Communities and actors are sensitized on child protection, mine risks and social cohesion			
<b>Sector</b>	Protection - Child Protection			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	Number of children (girls and boys) and adults benefitting from sensitization sessions on child protection and education on mine risks	13,750 persons including 8,720 children	15,658 persons including 14,823 children	Final report of the project by the INGO; Periodic activity reports and meetings with INGO partner; UNICEF monitoring activity reports
Indicator 2.2	Number of actors participating in workshops on the national contextualization of child protection minimum standards	10	33	List of participants at both trainings (Tillaberi and Tahoua); final report of the project with the INGO
Indicator 2.3	Number of children (girls and boys) and adults benefitting from sensitization on social cohesion	13,750 persons including 8,720 children	15,658 persons including 14,823 children	Final report of the project with by INGO; Periodic activity reports and meetings with INGO partner; UNICEF monitoring activity reports
<b>Explanation of output and indicators variance:</b>		Following the accompaniment and reinforcement of the community-based mechanisms members, the latter were able to participate fully in the sensitization campaign and door to door activities which increased the number of beneficiaries benefitting from sensitization activities. Also due to the security situation and restriction of movements, it was decided to have two workshops on the national contextualization of child minimum standards, one in Tillaberi and Tahoua each.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Community sensitization activities on child protection, including on mine risk education	National NGO DIKO		
Activity 2.2	Workshops for actors in the region of Tillaberi and Tahoua on the child protection minimum standards contextualized to Niger	International NGO COOPI Internazionale in collaboration with national NGO DIKO		
Activity 2.3	Sensitization activities on social cohesion and « living together »	National NGO DIKO		

<b>Output 3</b>	Internally displaced children, and children from the host communities have access to inclusive education in a safe and protective environment.			
<b>Sector</b>	Education - Education			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>

Indicator 3.1	Number of temporary learning spaces (TLS) built and equipped (on average 2 classrooms / school)	122	123	Final report of the project by the NGOs COOPI and CONCERN; Periodic activity reports of partner NGOs; UNICEF staff monitoring activity reports
Indicator 3.2	Number of emergency latrines, separated girls/boys, built	42	43	Final report of the project by the NGOs COOPI and CONCERN; Periodic activity reports of partner NGOs; UNICEF staff monitoring activity reports
Indicator 3.3	Number of girls and boys enrolled in formal education	12,700	17,119	Final report of the project by the NGOs COOPI and CONCERN; Periodic activity reports of partner NGOs; UNICEF staff monitoring activity reports
Indicator 3.4	Number of girls and boys receiving learning materials for basic education	12,700	17,119	Final report of the project by NGOs COOPI and CONCERN; Periodic activity reports of partner NGOs; UNICEF staff monitoring activity reports; Textbook distribution report by the regional directorates of primary education of Tahoua and Tillaberi on the additional allocations received from UNICEF
Indicator 3.5	Number of schools receiving recreational (sports) kits	61	61	Final report of the project by the NGOs COOPI and CONCERN; Periodic activity reports of partner NGOs; UNICEF staff monitoring activity reports;
<b>Explanation of output and indicators variance:</b>		<p>17,119 children were enrolled in targeted schools against a target of 12,700 (+4,419 registered children), due to the engagement of sensitized parents who considered education as the safest way to protect children from risks (recruitment by non-state armed groups, risk of juvenile delinquency, etc.). Difficulties related to traveling on the ground for security reasons as well as restrictions imposed by the government reduced the number of planned monitoring missions and at the end of the project, this resource was used to purchase textbooks including the two regions in need. These manuals were made available to the regional offices which forwarded them to the schools while awaiting their opening following the closure due to COVID-19.</p> <p>After the calls for tenders for projects launched by UNICEF and the offers presented by the NGOs, the resource available for the construction of temporary spaces and latrines made it possible to go beyond the 122 TLS and</p>		

		the 42 latrines planned to reach 123 and 43 respectively for TLS and latrines. The increase therefore did not generate additional costs.
Activities	Description	Implemented by
Activity 3.1	Construction and equipment of educational facilities (mats, desk, teacher chair, hand washing devices of 122 TLS)	International NGOs COOPI Internazionale and CONCERN Worldwide in collaboration with Regional Directorate of primary education (DREP)
Activity 3.2	Construction of 42 emergency latrines separated for girls and boys	International NGOs COOPI Internazionale and CONCERN Worldwide in collaboration with Regional Directorate of primary education (DREP)
Activity 3.3	Community mobilization and information campaigns to promote enrolment and retention of the children of internally displaced people, and the communities in school (girls and boys)	International NGOs COOPI Internazionale and CONCERN Worldwide in collaboration with Regional Directorate of primary education (DREP)
Activity 3.4	Distribution of educational materials (schools kits and teaching and learning materials) to 12,700 boys and girls in the target schools	International NGOs COOPI Internazionale and CONCERN Worldwide in collaboration with Regional Directorate of primary education (DREP)
Activity 3.5	Distribution of recreation (sports) kits to 61 schools	International NGOs COOPI Internazionale and CONCERN Worldwide in collaboration with Regional Directorate of primary education (DREP)

<b>Output 4</b>	The teachers and education personnel in targeted schools have enhanced capacity to deliver quality education services in a protective environment			
<b>Sector</b>	Education - Education			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 4.1	Number of teachers (male and female) trained on psychosocial support, the detection of signs of distress and utilizing referral mechanisms and procedures	254	266	Final report of the project by the NGOs COOPI and CONCERN; Periodic activity reports of partner NGOs; UNICEF staff monitoring activity reports
Indicator 4.2	Number of school directors and supervisors (male and female) trained on psychosocial support, the detection of signs of distress and utilizing referral mechanisms and procedures	69	79	Final report of the project by the NGOs COOPI and CONCERN; Periodic activity reports of partner NGOs; UNICEF staff monitoring activity reports
Indicator 4.3	Number of teachers (male and female) trained and knowledgeable in transversal themes (gender-based violence, child protection, mine-risk education)	254	266	Final report of the project by the NGOs COOPI and CONCERN; Periodic activity reports of partner NGOs; UNICEF staff monitoring activity reports
Indicator 4.4	Number of teachers (male and female) benefitting from supervision and support	254	266	Final report of the project by the NGOs COOPI and CONCERN; Periodic activity reports of partner NGOs; UNICEF staff monitoring activity reports

Indicator 4.5	Number of teachers (male and female) benefitting from the distribution of teacher guides in mathematics and French	254	254	Final report of the project by the NGOs COOPI and CONCERN; Periodic activity reports of partner NGOs; UNICEF staff monitoring activity reports
<b>Explanation of output and indicators variance:</b>		Almost all targets were slightly exceeded due to the enthusiasm generated by the training. Some teachers who are the chief places of these training have subscribed without any additional costs to pay.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 4.1	Training 254 teachers (male and female) in providing psychosocial support, detecting of signs of distress and utilizing referral mechanisms and procedures	International NGOs COOPI Internazionale and CONCERN Worldwide in collaboration with Regional Directorate of primary education (DREP)		
Activity 4.2	Training 69 school directors and supervisors (male and female) in providing psychosocial support, the detection of signs of distress and utilizing referral mechanisms and procedures	International NGOs COOPI Internazionale and CONCERN Worldwide in collaboration with Regional Directorate of primary education (DREP)		
Activity 4.3	Training 254 teachers (male and female) in transversal themes (gender-based violence, child protection, mine-risk education)	International NGOs COOPI Internazionale and CONCERN Worldwide in collaboration with Regional Directorate of primary education (DREP)		
Activity 4.4	Capacity-building school directors, supervisors and inspectors in providing pedagogical supervision and support	International NGOs COOPI Internazionale and CONCERN Worldwide in collaboration with Regional Directorate of primary education (DREP)		
Activity 4.5	Providing 254 teachers (male and female) with teacher guides on mathematics and French	International NGOs COOPI Internazionale and CONCERN Worldwide in collaboration with Regional Directorate of primary education (DREP)		

<b>Output 5</b>	Communities and schools have enhanced capacity to protect children in school			
<b>Sector</b>	Education - Education			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 5.1	Number of School Management Committee (Comités de gestion décentralisée des établissements scolaires (CGDES) et Mothers Association members (Associations de Mères Educatives (AME)) trained in peace-building and prevention of school-related violence	366	430	Final report of the project by the NGOs COOPI and CONCERN; Periodic activity reports of partner NGOs; UNICEF staff monitoring activity reports
Indicator 5.2	Number of schools with mechanisms to collect and follow-up on complaints	61	65	Final report of the project by the NGOs COOPI and CONCERN; Periodic activity reports of partner NGOs; UNICEF staff monitoring activity reports
Indicator 5.3	Number of schools with mechanisms to collect and follow-up on child-protection related incidents	61	65	Final report of the project by the NGOs COOPI and CONCERN; Periodic activity reports of partner

			NGOs; UNICEF staff monitoring activity reports
<b>Explanation of output and indicators variance:</b>		The question of the risks of violence in the school environment worries all the actors of the school, in particular teachers and parents. As a result, some schools located in training centers have pleaded and obtained their participation in these training courses and have also set up mechanisms for managing protection incidents. This additional demand explains the slight overruns of the targets but without consequences for the project costs.	
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>	
Activity 5.1	Training members of School Management committees (Comités de gestion décentralisée des établissements scolaires (CGDES) et Mothers Associations (Associations de Mères Educatives (AME)) trained in peacebuilding and prevention of school-related violence	International NGOs COOPI Internazionale and CONCERN Worldwide with collaboration of Regional Directorate of primary education (DREP) and regional directorate of child protection (DRPE)	
Activity 5.2	Conduct information campaigns to sensitize the school community (teachers, SMCs, AME, and students) on the implementation of mechanisms to collect and follow-up on complaints	International NGOs COOPI Internazionale and CONCERN Worldwide with collaboration of Regional Directorate of primary education (DREP) and regional directorate of child protection (DRPE)	
Activity 5.3	Conduct information campaigns to sensitize the school community (teachers, SMCs, AME, and students) on the implementation of mechanisms to collect and follow-up on reported child-protection related incidents	International NGOs COOPI Internazionale and CONCERN Worldwide with collaboration of Regional Directorate of primary education (DREP) and regional directorate of child protection (DRPE)	

## 6. Accountability to Affected People

### 6.a IASC AAP Commitment 2 – Participation and Partnership

#### How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

**Education:** During the needs assessments which preceded the development of the CERF intervention request and the formulation of the project, community representatives were called upon during various surveys carried out, notably on IDP sites. Statistical data on the number of people in need were either provided by the elected mayors representing the communities or, where appropriate, these data have been validated by them. Throughout the implementation, the beneficiary communities were involved. For example, in choosing the sites for setting up temporary learning spaces, municipal councils indicated preferred sites, based on identified needs. During the construction the members of the decentralized management committees of educational establishments (CGDES) and associations of educational mothers followed up in order to avoid deviations by the companies and they participated in the reception of the works. During the distribution of school materials, they were the one receiving them at the school level. These committees and associations are participative structures for managing the school and have representatives from all social strata and communities present on the sites.

**Protection:** To ensure the participation and ownership of the project activities, the beneficiaries, community leaders and child protection services have been involved in the different phases of the project implementation. Consultations (general assemblies, meetings) with all actors (host and displaced communities, men and women, girls and boys) were organized prior to the organization of the planned activities. Women and children were particularly encouraged to express themselves. This allowed the definition of the composition of the members of the village child protection committees, the sites chosen for the setting up of child friendly spaces and community-based mechanisms as well as exchanges with community leaders to access the sites on a regular basis following security advices.

#### Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

**Education:** At the school level, the decentralized school management committees (CGDES) are inclusive and participatory community structures. They include women and men. There are also associations of educational mothers who are active in each school and who

strive for the full participation of women. There are also student-led school governments ensuring the voices of students are heard within the CGDES but also by the school administration. All these local structures fully participated in the implementation of activities at school level. The capacities of members have been strengthened so that they participate actively, give their feedback, take ownership of the community mechanisms put in place in order to strengthen their participation in the management of schools and in the creation of a protective and safe environment for all children, especially the most vulnerable (girls, disabled, etc.).

Decentralized services have also been involved in all stages where they can play their roles as representatives of the communities. The involvement of community relay of child protection at the village level facilitated dialogue between the school administration and the communities and served as a communication channel between the school and the community.

**6.b IASC AAP Commitment 3 – Information, Feedback and Action**

**How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?**

**Education:** On all questions relating to behavioral changes negatively impacting schooling, awareness sessions were held in collaboration with community leaders and members of community school support structures (CGDES, AME) and this with Child protection structures and C4D support. The people involved received training on topics such as abuse, violence in schools, etc. Community leaders and members of school support structures have taken over to carry out outreach actions which have produced results in terms in particular of the increase in school enrolment and the reduction of violence in the environment.

**Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.** Yes  No

**Education:** In all intervention schools, committees have been set up and members have been trained on the risk of protection incidents in schools with the support of child protection specialists. Mechanisms for collecting information on protection incidents have been set up in schools. committees comprising parents of students (women, men), students and teachers organize regularly general meetings to discuss protection issues in the school environment. The members of the committees sensitize the actors of the school on the questions of abuse and violence and the need for social cohesion.

**Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.** Yes  No

**Education:** Mechanisms have been put in place to manage complaints in schools. The information collection committees set up at each school level hold meetings to examine the overall situation of protection incidents, including sexual abuse. School actors were made aware of the incidents, including sexual abuse, and were even encouraged, on an individual basis, to approach committee members on incidents in the schools. Representatives from the Educational Mothers Association (AME) hold quarterly meetings with girls to hear their concerns and provide feedback to the meetings of the complaint management committee

**Any other comments (optional):**

**Education:** The mechanisms for collecting data on protection incidents in schools and the establishment of complaint management committees have been a great contribution to stability in the establishments concerned. Indeed, since their installation no incident has been reported. The existence of these committees had a dissuasive effect.

**7. Cash and Voucher Assistance (CVA)**

**7.a Did the project include Cash and Voucher Assistance (CVA)?**

Planned	Achieved
No	Choose an item.

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
<p><b>Education:</b> An evaluation of activities has not been planned for this project. However, monitoring missions have been carried out.</p> <p><b>Protection:</b> Monitoring of child protection activities have been carried out with partners. One monitoring mission in Tilia region was planned and conducted until security requested the team to pull back for security concerns.</p>	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## 9.6. Project Report 19-UF-CEF-049 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Niger
3. Cluster/Sector:	Nutrition - Nutrition	4. Project Code (CERF):	19-UF-CEF-049
5. Project Title:	Reducing mortality among boys and girls under 5 years in Tillabery and Tahoua regions		
6.a Original Start Date:	25/04/2019	6.b Original End Date:	31/12/2019
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	31/03/2020
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 3,415,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 2,277,872
	c. Amount received from CERF:		US\$ 599,817
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 540,265
	Government Partners		US\$ 0
International NGOs		US\$ 540,265	
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>Through this CERF UFE grant, UNICEF's partners (ACF, ALIMA/BEFEN, COOPI) conducted mass screening and supported active screening of acute malnutrition, which enabled to screen more than 82,000 children aged 6 to 59 months during the project period. A total of 4,634 children suffering from severe acute malnutrition (SAM) were referred and admitted in a health facility for treatment or received treatment via a mobile clinic. Among these children, 865 presenting medical complications were admitted in inpatient facilities. UNICEF and its partners provided medical and nutritional supplies to support SAM treatment in outpatient and inpatient facilities. In addition, this grant enabled to train 48 health workers on management of acute malnutrition.</p> <p>Sensitization sessions on essential family practices, cooking demonstrations, and adequate water, sanitation and hygiene practices were provided to 19,033 persons. In addition, 2,978 caregivers benefitted from sensitization on adequate infant and young child feeding practices.</p> <p>The project assisted a total of 15,397 people and contributed to maintaining a strong quality in SAM treatment, translating in SAM treatment indicators surpassing the SPHERE standards (cure rate &gt; 75%; death rate &lt; 10% and defaulter rate &lt; 15%) in the intervention's areas, despite the increased number of displaced people and deterioration of the security situation.</p>

3. Changes and Amendments
<p>The interventions covered by this project faced two episodes of insecurity that highly impacted the access to the population due to limited movement of the population and limited access of the implementing partners to these areas.</p> <p>In June – July 2019, areas like Ayerou, Inates (north Tillabery) and Tillia (Tahoua region) were inaccessible for more than a month due to security constrains, delaying the implementation of the intervention.</p> <p>This situation improved slightly in August and September but on 11th of October, the Government of Niger declared that armed escorts were nowadays compulsory for all humanitarian actors implementing activities in the regions of Tahoua and Tillabery. The UN</p>

organizations as well as international and national NGOs could not comply with this new rule for several reasons/principles: humanitarian interventions cannot be associated with security forces; intervention to these areas where non-state armed groups operate rely highly on acceptance by the population of a neutral humanitarian presence; up to now the main target of non-state armed group is the governmental security forces increasing the risk for humanitarian actors if associated to them. Therefore, all humanitarian missions have been cancelled since the 11th of October with medium- and long-term impacts to the population in need of assistance.

In Tahoua and Tillabery regions, a total of 176 missions were cancelled between the 11th and the 24th of October with a consequence on food distribution, availability of drugs and therapeutic food to health facilities including hospitals, harmful coping mechanisms adopted by the population, high risk for young population to be enrolled in non-state armed groups, etc.

The three implementing partners namely ACF, COOPI and ALIMA that signed a partnership with UNICEF to implement health and nutrition interventions in Ayerou, Abala, Tillabery and Tillia were highly impacted by these restriction measures. Consequently, by end of November, implementation was three months behind schedule despite mitigation measures put in place (collaboration with local NGOs, implication of local leaders for the transportation of nutritional supplies, regular contact with local health authorities, etc.).

<b>4.a Number of People Directly Assisted with CERF Funding (Planned)</b>					
<b>Cluster/Sector</b>	Nutrition - Nutrition				
<b>Planned</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Host communities	0	480	2,985	3,188	<b>6,653</b>
Refugees	0	0	272	295	<b>567</b>
Returnees	0	0	0	0	<b>0</b>
Internally displaced persons	0	720	2,014	2,119	<b>4,853</b>
Other affected persons	0	0	0	0	<b>0</b>
<b>Total</b>	<b>0</b>	<b>1,200</b>	<b>5,271</b>	<b>5,602</b>	<b>12,073</b>
<b>Planned</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	<b>0</b>

<b>4.b Number of People Directly Assisted with CERF Funding (Reached)</b>					
<b>Cluster/Sector</b>	Nutrition - Nutrition				
<b>Reached</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Host communities	0	1,191	3,609	3,853	<b>8,653</b>
Refugees	0	0	0	0	<b>0</b>
Returnees	0	0	0	0	<b>0</b>
Internally displaced persons	0	1,787	2,407	2,550	<b>6,744</b>
Other affected persons	0	0	0	0	<b>0</b>
<b>Total</b>	<b>0</b>	<b>2,978</b>	<b>6,016</b>	<b>6,403</b>	<b>15,397</b>
<b>Reached</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	<b>0</b>

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	The number of people directly assisted with CERF funding exceeds the number of people planned mainly due to a massive increase of the number of displaced people in the intervention's areas. In Tillaberi region for instance, the number of displaced people increased from 53,510 in December 2018 to 104,555 in December 2019. The region of Tahoua faced a similar situation.
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<b>4.c Persons Indirectly Targeted by the Project</b>
A total of 87,365 children aged 6-59 months were screened for acute malnutrition during the intervention benefiting from the project. In addition, 19,033 persons benefited from sensitization sessions on essential family practices, cooking demonstrations, and adequate water, sanitation and hygiene practices.

<b>5. CERF Result Framework</b>	
<b>Project Objective</b>	To reduce morbidity and mortality associated with Severe Acute Malnutrition (SAM) among under 5 children.

<b>Output 1</b>	More than 4,000 children under 5 years of age affected by Severe Acute Malnutrition (SAM) have access to treatment services			
<b>Sector</b>	Nutrition - Nutrition			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of boys and girls under 5 years of age affected by SAM admitted for treatment (with and without medical complications)	4,013 total (1,967 boys, 2,046 girls)	4,634 (2,279 boys, 2,355 girls)	DHIS-2
Indicator 1.2	Number of mothers/caretakers of SAM cases benefiting from IYCF counselling	1,200 women	2,978 women	Health district report]
<b>Explanation of output and indicators variance:</b>		The number of people directly assisted with CERF funding exceeds the number of people planned mainly due to a massive increase of the number of displaced people in the intervention's areas during the project period.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Identification and referrals of SAM cases to nearest health facilities with OTP and IPF services	Health Districts, UNICEF, ACF, ALIMABEFEN, COOPI		
Activity 1.2	Admission and treatment of SAM cases in OTP and IPF facilities	Health Districts, UNICEF, ACF, ALIMABEFEN, COOPI		
Activity 1.3	Support and scale-up of mobile health nutrition unit in locations far away from primary health care services/health facilities	Health Districts, UNICEF, ACF, ALIMABEFEN, COOPI		
Activity 1.4	Promotion of adequate IYCF practices especially in emergency situations among mothers/caretakers of SAM cases admitted for treatment	Health Districts, COOPI		

<b>Output 2</b>	2,000 children located far away from health services in areas prone to high malnutrition are vaccinated against measles			
<b>Sector</b>	Nutrition - Nutrition			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	Number of children (0 -11 months) vaccinated against measles	1,929 total (945 boys, 984 girls)	7,785 total (3,737 boys, 4,048 girls)	Health district and activity report

<b>Explanation of output and indicators variance:</b>		The number of people directly assisted with CERF funding exceeds the number of people planned mainly due to a massive increase of the number of displaced people in the intervention's areas during the project period.
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>
Activity 2.1	Support health districts to run mobile health and nutrition clinics inclusive of immunization activities against measles among young children (<11 months)	Health Districts, ALIMA /BEFEN

<b>Output 3</b>	More than 4,000 households of under 5 children identified with acute malnutrition benefit from a WASH kit to optimize treatment outcomes and prevent relapse			
<b>Sector</b>	Nutrition - Nutrition			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 3.1	Number of households of SAM and MAM cases benefiting from a WASH kit	4,008	3,573	Activity report
<b>Explanation of output and indicators variance:</b>		Due to insecurity issues, distribution of WASH kits started in October 2019 and ended in February 2020.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Provision of WASH kits to households (HHs) with malnourished children; monitoring of drinking water quality among beneficiary HH and promotion of adequate hygiene practices in emergency situations.	ACF, COOPI		

<b>6. Accountability to Affected People</b>
<b>6.a IASC AAP Commitment 2 – Participation and Partnership</b>
Needs analysis in the three interventions areas was based on community data collected from beneficiaries and local authorities, in collaboration with local leaders, health authorities and health committees.
Health committees (COGES), drawn from and constituted by the communities, health districts as well as municipality leaders were involved in the design, implementation and monitoring of the project. COGES members, who are people from the intervention communities were made available to the health structures to support community sensitization activities implemented directly by community health volunteers.
<b>Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?</b>
From the beginning of the project, consultative meetings were organized with local leaders (including project, health management committee, mayors, etc.) to explain the objectives of the project and define the role of each of them in the implementation of the project. Each implementing partners ensured that women were involved in the different committees (WASH management committee as well as in health committee).
<b>6.b IASC AAP Commitment 3 – Information, Feedback and Action</b>
<b>How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?</b>
ALIMA has a Charter that recalls its principles, values and methodology of action. It is displayed on all their interventions' areas and is annexed to all contracts signed with their implementing partners, notably the health districts and health committees.

In each intervention sites, COOPI used to organize a meeting with the community to explain the value, role and aim of COOPI as well as the objectives of the project and the criteria for the selection of beneficiaries. In each intervention sites, 2 community health workers composed of one woman and one man used to participate to the evaluation of the interventions.

In addition, ACF has put in place a green line / hotline (free and anonymous) that beneficiaries can call to report any complaints.

**Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.** Yes  No

ALIMA has a specific policy on the management of individual abusive behaviours cases, which indicates the way forward for victims and / or witnesses of suspicious behaviours, as well as the way forward in terms of investigation. The cases can be reported through the hierarchy, through HR teams, through HQ teams or to a dedicated person at ALIMA by email at [abus@alima.ngo](mailto:abus@alima.ngo). This policy is printed and displayed, and the forms are available in hardcopy in all ALIMA offices. Specific policies may also be developed at a local level in order to prevent specific form of abuse due to a specific environment and context, where and when necessary. These policies are presented and discussed on a regular basis during general staff meetings. These policies are discussed with international staff during their briefings before integrating a mission to the field. The Desks HR Advisors are in charge of delivering that briefing.

ACF has set up a toll-free number that beneficiaries can call any time to report any complaints. During the implementation period of the project, no complaint was reported.

COOPI does not have any complaint mechanisms in place.

**Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.** Yes  No

ALIMA: any employee involved in a case of sexual exploitation or abuse will be subject to immediate termination and ALIMA can refer to national authorities or authorities from the country where the prosecuted employee is from. Sexual activity with children under 18 is strictly forbidden, even in case of different local laws regarding age of consent or age of majority. Mistaken belief in the age of a child will not be taken as a defense. Any exchange of goods or services, including assistance due to beneficiaries, for sex or other sexual or exploitative behavior will not be tolerated. All ALIMA's representatives and managers are responsible for creating and maintaining a safe environment that protect from sexual exploitation and abuse both in ALIMA's offices and ALIMA's programs and are encouraged to pay attention to the promotion of women and girls' safety and any other vulnerable population. ALIMA staff are urged to report any inappropriate behavior that they may witness.

The cases can be reported through the hierarchy, through HR teams, through HQ teams or to a dedicated person at ALIMA by email at [abus@alima.ngo](mailto:abus@alima.ngo). This policy is printed and displayed, and the forms are available in print in all ALIMA offices.

ACF, in collaboration with the national NGOs they partner with have set up a mechanism for reporting cases of sexual abuse and exploitation. Thus, all ACF suppliers and the different communities were informed of the principle of zero tolerance of sexual abuse and exploitation and of the existence of the toll-free number set up by ACF which serves as a channel for escalating gender-based violence or any other complaints.

COOPI does not have any mechanism in place. However, each staff is subject to respect an ethical code. No complaints of sexual exploitation and abuse have been reported during the implementation period.

**Any other comments (optional):**

N/A

## 7. Cash and Voucher Assistance (CVA)

**Did the project include Cash and Voucher Assistance (CVA)?**

Planned	Achieved
No	No

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

There is no evaluation of humanitarian response planned yet. However, UNICEF is presently conducting an evaluation of the national program of management of acute malnutrition, which Tillaberi and Tahoua regions will be part of.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

## 9.7. Project Report 19-UF-CEF-050 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Niger
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	4. Project Code (CERF):	19-UF-CEF-050
5. Project Title:	Emergency WASH response to displaced populations, host communities and malnourished child-caregiver pairs in Tillabery and Tahoua regions.		
6.a Original Start Date:	24/04/2019	6.b Original End Date:	31/12/2019
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	31/03/2020
6.d Were all activities concluded by the end date? (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 6,040,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,861,028
	c. Amount received from CERF:		US\$ 500,008
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 346,083
	Government Partners		US\$ 21,570
International NGOs		US\$ 300,9890	
National NGOs		US\$ 23,533	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>Through this CERF UF grant, UNICEF and its partners assisted a total of 23,342 persons (15,500 IDPs; 3,552 host communities' members and 4,290 malnourished child-caregiver pairs) with water, sanitation and hygiene services.</p> <p>The four months water trucking activities in Tillaberi region provided access to safe drinking water to 2,232 IDPS in Garey Akoukou (municipality of Inates), in addition to the transformation of two hand pumps of Tangousmane 1 and Tingazaranten into solar powered water supply systems and the rehabilitation of the foot pump of Tagadounat, granting 5,786 people permanent access to safe drinking water. In total, 8,018 persons gained access to safe drinking water (Women: 1,959; Men, 1,650; Girls, 2,248, Boys: 2,161). Four water management committees were trained to ensure sustainable operations and maintenance.</p> <p>Through the project 15,500 IDPs gained access to sanitation (target: 5,966) in Tillabery and Tahoua regions through the construction of emergency latrines. A total of 56 blocks of 2 latrines were constructed at IDP sites in Tillabery region (Tagadounatt, Tingazaraten, Tadress, Sakoir, Walla Gountou, Tabareybarey), and 125 blocks in Tahoua region (Agando, Assagueueye).</p> <p>A total of 9,771 persons were covered by sensitization messages/hygiene promotion activities including 4,170 people in Tahoua region and 5,601 Tillaberi region. Moreover, 5,432 WASH and 1,179 menstrual kits were distributed to IDPs in Tillaberi region, 932 menstrual kits in Tahoua region.</p> <p>The WASH interventions through this CERF funding also included WASH in Nutrition activities implemented in Tillaberi region with the provision of a minimum WASH package in 38 CRENI/CRENAS and 40 communities including in-depth training of 98 people on hygiene and specific hygiene matters, distribution of kits (household water treatment products, soap, bucket, jerrycan) to 4,290 malnourished child-caregiver pairs, and sensitization on good hygiene practices to 64,456 person in 40 communities.</p>

Besides, 11 health centers benefited from the rehabilitation of their water supply infrastructure and/or sanitation facilities (3 with water and sanitation, 3 water only, 5 sanitation only), out of 10 planned.

### 3. Changes and Amendments

The main challenges and difficulties encountered during the implementation of this project were related to security issues limiting access to implementing sites. This delayed the construction of sanitation facilities in both regions and the distribution of menstrual hygiene kits in Tahoua region. To mitigate these circumstances, changes adopted in the implementation of WASH activities were the mobilization of community-based organizations and local masons with proven construction technical capacities were identified for the construction of the last batch of latrines due to difficult access to the implementation sites for partnering NGOs and the finalization of the distribution of menstrual hygiene kits by the regional directorate of water and sanitation in Tahoua region (in lieu of the implementing NGO which could no more reach the beneficiaries). The extension of the expiry date of the grant fortunately enabled the finalization of the construction of the remaining sanitation facilities.

#### 4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	701	832	918	955	3,406
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	1,227	1,457	1,608	1,674	5,966
Other affected persons	0	0	2,450	2,550	5,000
<b>Total</b>	<b>1,928</b>	<b>2,289</b>	<b>4,976</b>	<b>5,179</b>	<b>14,372</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

#### 4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	731	868	957	996	3,552
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	3,188	3,785	4,178	4,349	15,500
Other affected persons	0	0	2,102	2,188	4290
<b>Total</b>	<b>3,919</b>	<b>4,653</b>	<b>7,237</b>	<b>7,533</b>	<b>23,342</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	N/A	N/A	N/A	N/A	N/A

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	For access to safe drinking water, the difference is due to the arrival of new IDPs in the sites during the project implementation period. This situation required adding a new fountain with 2 taps on the water network.
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**4.c Persons Indirectly Targeted by the Project**  
64,456 persons in 40 communities were sensitized in good hygiene practices through WASH-in-Nutrition implementation at community level.

**5. CERF Result Framework**

<b>Project Objective</b>	Contribute to meet the specific safe drinking water, hygiene and sanitation needs of men, women, boys and girls affected by the movement of population and malnutrition crisis in Tahoua and Tillabery regions.
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<b>Output 1</b>	7,000 people affected by population movement gain access to safe drinking water, in accordance with international standards			
<b>Sector</b>	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of men, women, boys and girls with access to safe drinking water	7,145	8,018 (Women: 1,959; Men: 1,650; Girls: 2,248 and Boys: 2,161)	Final implementation reports of DEDI (5,786 persons through rehabilitation/transformation of 3 water supply systems and 2,232 through water trucking).
Indicator 1.2	Number of water management committees trained on the promotion of hygiene and sanitation and the maintenance of infrastructures	6	4	Final implementation reports of DEDI (4 water management committees)
<b>Explanation of output and indicators variance:</b>		Two water point management committees didn't benefit from the training as they were already trained and functional. For access to safe drinking water the difference is due to the arrival of new IDPs in the sites during project implementation period. This situation demanded to add a new fountain with 2 taps on the rehabilitated water network.		

<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>
Activity 1.1	Emergency reinforcement of 5 water points for 7,000 people (light rehabilitation of one borehole equipped with a foot pump, transformation of an existing borehole into an autonomous water station with the installation of a four-tap distribution ramp, 2 extensions of the existing piped systems networks, rehabilitation of an autonomous water station, 3 months of water trucking with 40,000 litres per day).	DEDI: done transformation of an existing borehole into an autonomous water station with the installation of a four-tap distribution ramp for 5,060 persons; light rehabilitation of one borehole equipped with a foot pump for 726 persons and 4 months of water trucking for 2,232 persons (a total of 8,018 person).
Activity 1.2	Awareness raising on hygiene and sanitation through local committees (water points management committees, hygiene committees, etc – a continuous activity around the water points through the water management committees)	DEDI: 4 water management committees trained and sensitized).

<b>Output 2</b>	9,372 men, women, girls and boys affected by population movement have access to safe sanitation facilities accessible to children and people with special needs, receive hygiene and emergency WASH kits (including soap and water treatment products) and are covered by sensitization messages / hygiene promotion activities			
<b>Sector</b>	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	Number of men, women, girls and boys with access to safe sanitation facilities accessible to children and people with special needs	8,027 people	15,500 (women: 3,720; Men: 3,255; Girls: 4,348 and Boys: 4,177)	Final implementation reports of ADOUKOUL (12,500 IDPs) in Tahoua region and DEDI (3,000 IDPs) in Tillaberi region
Indicator 2.2	Number of men, women, boys and girls receiving hygiene kits and covered by sensitization messages / hygiene promotion activities	9,372 people	9,771 (Women: 2,345; Men: 2,052; Girls: 2,741 and Boys: 2,633)	Final implementation reports of ADOUKOUL (4,170 IDPs) and DEDI (5,601 IDPs).
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Construction of 80 block of two emergency latrines for 8,027 people	ADOUKOUL (125 blocks of 2 latrines at benefit of 12,500 persons (IDPs and Hosts) in Agando and Assagueuey, Departement of Tillia, Tahoua region) and DEDI (56 blocks of 2 latrines in 6 IDPS sites at the benefit of 3,000 persons) in department of Ayerou, Tillaberi region).		
Activity 2.2	Implementation of hygiene promotion activities (hand washing, household water storage, sanitation and personal hygiene including menstrual hygiene management) in temporary or spontaneous sites, host communities and schools for 9,372 people, including 4,780 women and girls.	ADOUKOUL (4,170 IDPs and hosts) in Tahoua region and DEDI (5,601 IDPs) in Tillaberi region, for a total of 9,177 persons		
Activity 2.3	Distribution of 1,500 emergency WASH kits (chlorination, soap, jerrycan, kettle) and 1,500 menstrual hygiene kits for girls in vulnerable households, in synergy with the shelter / NFI group and the RRM	DEDI (5,432 WASH kits and 1,179 menstrual kits in IDPs sites in Tillaberi region) and by Directories of School (932 menstrual kits in schools)		

<b>Output 3</b>	5,000 severely malnourished child-caregiver pairs have access to safe drinking water and basic improved sanitation infrastructure with hand-washing facilities in health centres and are reached with specific WASH in nutrition kits (including water treatment product and soap)			
<b>Sector</b>	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 3.1	Number of malnourished child-caregiver pairs covered with minimum WASH in nutrition package (hygiene kit including water treatment product and sensitization)	5,000	4,290	Final implementation reports of CISP (4.290 malnourished child-caregiver pairs received minimum WASH in nutrition package)
Indicator 3.2	Number of health centres benefitting from rehabilitated safe water supply infrastructure and/or safe sanitation facilities	10	11	Final implementation reports of CISP (11 health centres benefitting from rehabilitated safe water supply infrastructure)

				and/or safe sanitation facilities)
Indicator 3.3	Number of persons specifically trained in depth for hygiene and specific hygiene matters	100	98	Final implementation reports of CISP (80 community relays and 18 head of health center).
<b>Explanation of output and indicators variance:</b>		The indicator 3;1 is reached at 86 % because some family moved for other areas with the security context alteration. Some areas were not also accessible for long time for humanitarian actors according to the security context from July to October 2019.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Provision of the minimum WASH in nutrition package (hygiene kit and hygiene promotion) to 5,000 malnourished child-caregiver pairs in the health centre and in their respective homes/families	By CISP: 4,290 malnourished child-caregiver pairs were covered with minimum WASH kits in nutrition		
Activity 3.2	Rehabilitation of 10 health centres water and sanitation infrastructures	By CISP: 11 health centres benefitting from rehabilitated safe water supply infrastructure and/or safe sanitation facilities (3 health center with both water and sanitation infrastructure, 3 with water infrastructure only and 5 with sanitation infrastructure only)		
Activity 3.3	Training of health centre staff, community relays, health management committee for proper cleaning, disinfection, operation and maintenance of WASH facilities and hygiene specific to WASH in nutrition	By CISP: 18 head of health centres and 80 community workers and health management committee were trained for proper cleaning, disinfection, operation and maintenance of WASH facilities and hygiene specific to WASH in nutrition		

<b>6. Accountability to Affected People</b>
<b>6.a IASC AAP Commitment 2 – Participation and Partnership</b>
<p><b>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</b></p> <p>The affected people were involved in the need assessment and in the choice of the most adapted intervention to respond to their WASH needs, mainly the composition of the hygiene kits, the design and location of the WASH facilities (latrines and water points). Due to local security situation and issues, essential workers came from the host villages and community leaders were strongly involved in the project monitoring through weekly meetings with the implementation partners and meeting with UNICEF staff during their field missions, security permitting.</p>
<p><b>Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?</b></p> <p>Beyond having been consulted regarding the choice of sites as laid out above, the communities were involved by choosing the members of the water management committees among them, responsible for maintaining the infrastructure in the long-term. Moreover, community volunteers were involved in the local promotion of good hygiene practices.</p>
<b>6.b IASC AAP Commitment 3 – Information, Feedback and Action</b>
<p><b>How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?</b></p> <p>Community leaders were presented to implementing partners at each meeting and site visit.</p>

**Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.** Yes  X No

UNICEF staffs conducted field programmatic visits that presented an opportunity to discuss with beneficiaries and collect their complaints. The post-visit debriefings with the implementation partners ensured the discussion and consideration of the beneficiaries' complaints and the identification of adapted solutions to solve them.

**Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.** Yes  X No

UNICEF Niger pays attention on the sexual exploitation and abuse in its collaboration with all partners. This constitutes one of the main clauses of the partnership between UNICEF and the implementation partners. UNICEF partners now register on United Nations multi-agencies Portal where prevention of sexual exploitation and abuse remain a key requirement for collaboration. UNICEF also share information with beneficiaries to allow them to report all sexual exploitation and abuse during the implementation of the interventions for immediate action

**Any other comments (optional):**

N/A

**7. Cash and Voucher Assistance (CVA)**

<b>Did the project include Cash and Voucher Assistance (CVA)?</b>	
<b>Planned</b>	<b>Achieved</b>
No	No

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

Monitoring missions had been foreseen but were canceled due to the deteriorating security situation in the region.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

## 9.8. Project Report 19-UF-WFP-030 – WFP

1. Project Information			
1. Agency:	WFP	2. Country:	Niger
3. Cluster/Sector:	Food Security - Food Assistance Nutrition - Nutrition	4. Project Code (CERF):	19-UF-WFP-030
5. Project Title:	Providing food assistance to IDPs affected by the insecurity in the Tillabéry and Tahoua regions		
6.a Original Start Date:	24/04/2019	6.b Original End Date:	31/12/2019
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	31/03/2020
6.d Were all activities concluded by the end date? (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 10,547,538
	b. Total funding received for agency's sector response to current emergency:		US\$ 33,125,535
	c. Amount received from CERF:		US\$ 1,251,346
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 48,860
	Government Partners		US\$ 0
International NGOs		US\$ 0	
National NGOs		US\$ 48,860	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>Through this CERF contribution under UFE window, WFP purchased 1055 MT of food and nutrition commodities, reaching respectively:</p> <ul style="list-style-type: none"> <li>– <u>Under food assistance component:</u></li> </ul> <p><b>20 014</b> vulnerable internally displaced people (IDPs) in Tillabery region through the Rapid Response Mechanism (RRM) with three months of food assistance, of which <b>1,278</b> boys and girls aged 6-23 months with blanket supplementary feeding to prevent malnutrition;  <b>1,668</b> Malian refugees in Tahoua region with three months of food assistance.</p> <ul style="list-style-type: none"> <li>– <u>Under nutrition component:</u></li> </ul> <p><b>11,970</b> malnourished boys and girls aged 6-23 months in Tahoua and Tillabery through screening and referral to the nearest health centre, as well as through malnutrition treatment.</p>

3. Changes and Amendments
<p>Under this CERF project, WFP targeted 18,418 vulnerable IDPs in the Tillabéry and Tahoua regions with food and nutritional assistance through the RRM mechanism. However, WFP faced increasing restrictions on humanitarian access in Tillabery and Tahoua. Firstly, all areas within 50km of the border areas were pronounced 'no go' areas by the government and in October 2019 the National Security Council imposed obligatory armed escorts on humanitarian partner movements in areas labelled "insecurity zones in theatres of military operations" in Diffa, Tahoua and Tillabery regions. The armed escort requirement has since been lifted in Diffa and Tahoua but remains</p>

in place in all areas of WFP's operations in Tillaberi. In response the humanitarian community, through the HCT, has taken the joint decision not to accept the use of armed escorts while continuing to advocate with the authorities to remove this condition. As a result of these access constraints, 23 WFP missions were cancelled and some 167,000 food assistance beneficiaries could not be reached towards the end of 2019.

Moreover, and as explained in the Interim Report submitted in September 2019, food commodities were procured upon receipt of funds in April 2019. However, WFP experienced delays in the arrival of most of these food items. CERF-purchased commodities (total 1,055 MT) arrived in two waves: i) oil, pulses, salt and PlumpySup between August-September 2019; ii) cereals and SuperCereal between October-November. The unexpectedly long lead-time for SuperCereal and cereals was due to:

- Global shortage of SuperCereal from WFP's global suppliers. Additionally, a food quality and safety incident in Uganda on a batch of SuperCereal prompted WFP to immediately suspend distributions of SuperCereal in May 2019 worldwide. As a contingency measure, WFP globally had to procure from other suppliers thus increasing the backlog of requests even for Niger.
- Limited stocks of cereals at the GCMF hub where WFP procures the majority of its commodities. The delays in reception of cereals were due to limited availability and last-minute cancellations from local producers, forcing WFP to procure food from other suppliers, this further delaying the deliveries.
- Due to such delays beyond WFP's control, WFP Niger was not able to ensure effective distribution by 31/12/2019 and was granted a no-cost extension until 31/03/2020. In addition, WFP was authorized by CERF to extend assistance coverage to Malian refugees living in Tillaberi and Tahoua, who were impacted by insecurity in the intervention areas.

#### 4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Nutrition – Nutrition					
	Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities		0	0	3,281	3,388	6,669
Refugees		0	0	53	54	107
Returnees		0	0	0	0	0
Internally displaced persons		0	0	205	211	416
Other affected persons		0	0	0	0	0
<b>Total</b>		<b>0</b>	<b>0</b>	<b>3,539</b>	<b>3,653</b>	<b>7,192</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total	
Persons with Disabilities (Out of the total number of "people planned")	0	0	53	55	108	

#### 4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Nutrition – Nutrition					
	Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities		0	0	5,437	5,659	11,096
Refugees		0	0	88	92	180
Returnees		0	0	0	0	0
Internally displaced persons		0	0	340	354	694
Other affected persons		0	0	0	0	0
<b>Total</b>		<b>0</b>	<b>0</b>	<b>5,865</b>	<b>6,105</b>	<b>11,970</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total	

Persons with Disabilities (Out of the total number of "people reached")	0	0	59	61	120
4.a Number of People Directly Assisted with CERF Funding (Planned)					
<b>Cluster/Sector</b>	Food Security - Food Assistance				
<b>Planned</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	3,775	4,042	5,381	5,220	18,418
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>3,775</b>	<b>4,042</b>	<b>5,381</b>	<b>5,220</b>	<b>18,418</b>
<b>Planned</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Persons with Disabilities (Out of the total number of "people planned")	57	61	80	78	276

4.b Number of People Directly Assisted with CERF Funding (Reached)					
<b>Cluster/Sector</b>	Food Security - Food Assistance				
<b>Reached</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Host communities	0	0	0	0	0
Refugees	264	320	560	524	1,668
Returnees	0	0	0	0	0
Internally displaced persons	3,162	3,843	6,725	6,284	20,014
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>3,462</b>	<b>4,163</b>	<b>7,285</b>	<b>6,808</b>	<b>21,682</b>
<b>Reached</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Persons with Disabilities (Out of the total number of "people reached")	34	42	73	68	217

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	Regarding nutrition component, reached beneficiaries are higher than planned ones because WFP initially planned to purchase Plumpy'Sup internationally, but the commodity happened to be available at local level, which allowed WFP to purchase a larger quantity at a much lower price (also considering the notable difference in transport costs).
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4.c Persons Indirectly Targeted by the Project
At the distribution sites, cooperating partners raise awareness on essential family practices (diarrhoea prevention, use of curative and preventive health services, infant and young child feeding, etc.). These sensitization sessions are carried out through community relays, as well as by the recipients of assistance to other households in the village not targeted for food assistance, i.e. households in the poor, middle and wealthy categories - according to the Households Economic Approach (HEA) methodology. These indirect beneficiaries would represent on average 50% of the population of the villages targeted for assistance.

5. CERF Result Framework	
<b>Project Objective</b>	Provide life-saving food and nutrition assistance to 18,418 persons affected by insecurity in the Tahoua and Tillabery regions

<b>Output 1</b>	Provide food assistance to save lives and protect livelihoods through general food distributions to 18,418 affected people			
<b>Sector</b>	Food Security - Food Assistance			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Food consumption score: % of households with a borderline and acceptable food consumption score	>80%	89,50%	PDM Dec 2019
Indicator 1.2	Negative coping mechanisms (RCSI)	<5	1,76	PDM Dec 2019
Indicator 1.3	Total tonnage of food commodities distributed	100%	100%	Report on tonnage handed over to cooperating partners
<b>Explanation of output and indicators variance:</b>		NTR		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Procurement and transport of food commodities	WFP		
Activity 1.2	Beneficiary identification, targeting, and general distribution of food commodities	WFP and partners (APBE, APIS, Karkara)		
Activity 1.3	Monitoring	WFP and partners (APBE, APIS, Karkara)		

<b>Output 2</b>	Stabilize and reduce malnutrition among 1,842 affected children 6-23 months			
<b>Sector</b>	Nutrition – Nutrition			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	Proportion of target population who participate in an adequate number of distributions	>66%	91% (it should be noted that this is an estimate as data is collected on other activities and not specifically on RRM)	ACR 2019
Indicator 2.2	Number of children (disaggregated by activity) receiving feed assistance/supplementary feeding to prevent malnutrition	1,842	1,278	Reports submitted by cooperating partners
Indicator 2.3	Total tonnage of food commodities distributed	100%	100%	Report on tonnage handed over to cooperating partners
<b>Explanation of output and indicators variance:</b>		The number of children assisted through blanket supplementary feeding is lower than the target as the number of children in the households assisted happened to be lower than expected.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Procurement and transport of food commodities	WFP		
Activity 2.2	General distribution of food commodities	WFP and partners (APBE, APIS, Karkara)		

Activity 2.3	Monitoring	WFP and partners (APBE, APIS, Karkara)
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<b>Output 3</b>	Malnutrition treatment: Screening and referral of malnourished children to health centres, treat children with moderate acute malnutrition (MAM)			
<b>Sector</b>	Nutrition – Nutrition			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 3.1	% of children 6-59 months of age screened during distributions	90%	97%	Report submitted by cooperating partners
Indicator 3.2	Proportion of children 6–23 months of age who receive a minimum acceptable diet	25%	9%	PDM Dec 2019
Indicator 3.3	Proportion of eligible population that participates in programme (coverage)	>90%	55%	PDM Dec 2019
<b>Explanation of output and indicators variance:</b>		<p>Regarding indicator 3.2, it should be noted that, in order to achieve this indicator, a child needs to consume at least 4 of 7 food groups though at least 4 meals per day (2-3 meals for breastfed children, depending on age). Since WFP only provides 3 out of these 7 food groups, the achievement of this indicator relies on the remaining food groups coming from other sources.</p> <p>As per indicator 3.3, only 55% of eligible households were registered as recipients of blanket feeding assistance. At CERF request, WFP can provide the data collected at distribution sites showing the percentages of non-registered households with the corresponding reasons.</p>		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Procurement and transport of food commodities	WFP		
Activity 3.2	Screening of children 6-59 months for malnutrition and referral to nearest health facilities	WFP and partners (APBE, APIS, Karkara)		
Activity 3.3	Provision of supplementary foods for the treatment of MAM	Government health services		

## 6. Accountability to Affected People

### 6.a IASC AAP Commitment 2 – Participation and Partnership

**How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?**

#### 1) Project design and planning phase:

WFP actively commits to give account to, to take account and be held to account by beneficiaries. In WFP projects, accountability is found in two main principles which are: Affected people need to be actively involved in decisions which affect their lives; and engaging communities in programme decisions make food assistance more effective. Thus, WFP focuses on information provision, consultation and complaints and feedbacks mechanisms' as main pillar of its AAP strategy. While AAP's is already effective in stable areas where WFP operates, in new and unstable operation sites, the path of implementation is done progressively bearing in mind security constraints. At inception stage, WFP works with other agencies to ensure that the rapid response process and protection surveys are sensitive to needs of various groups of the affected populations and ensure that no one is left behind because of their religion, ethnicity, gender, disability etc. Results of analysis are taken into consideration and help designing responses that improve the lives of affected population.

#### 2) Project implementation phase

Principled responses are tailored to meet different needs of affected populations. When and where needed, distributions strive to meet dietary preferences of affected population; they will be prepared to play substantive roles in managing food assistance mechanisms such food distributions committee, complaints mechanism's, participation etc.

**3) Project monitoring and evaluation:**

WFP and implementing partners ensure the set up in distribution sites of complaints committee that work as a referral system for identified cases. Distribution monitoring and food basket monitoring are carried out by WFP staff during distributions to ensure transparency. Ration amounts are weighed to ensure that rations were respected.

**Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?**

WFP takes into account all physical and social constraints faced by women and girls throughout all phases of programme planning, from targeting exercises, through the implementation of activities, to monitoring phases. To complement national efforts in targeting challenges faced by women and girls, WFP is implementing programmes that specifically target women and girls, training implementing partners on gender equality and embedding a gender-transformative approach in all its activities. To address gender issues within targeted communities, WFP establishes gender-based discussion groups to sensitize households on the benefits of women empowerment and the division of labour, and to foster equitable relationships within the communities. In relation to Gender-Based Violence (GBV), WFP's approach focuses on designing GBV-sensitive interventions and actively ensuring that GBV issues are properly addressed in Protection Cluster discussions. Through the support of its implementation partners, WFP conducts trainings to raise awareness and sensitize targeted communities on the issues of sexual abuse. In addition, WFP conducts trainings to sensitize community members on the inclusion of persons living with a disability and other vulnerable categories, such as pregnant and lactating women, and elderly people.

**6.b IASC AAP Commitment 3 – Information, Feedback and Action**

**How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?**

WFP promotes community-based participatory activities where men and women are involved in discussions regarding the needs of the community as well as the appropriate response. WFP also endorses dialogues among community members promoting behavioural change, gender transformative activities and accountability mechanisms. Trainings on accountability principles and mechanisms are provided to WFP staff as well as to cooperating partners.

**Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.** Yes  No

WFP and its partners ensure the presence of complaints committees at each site. Committee members are selected by the beneficiary communities and are generally three to five men and women of standing and seniority within the community who are judged to be impartial and able to provide fair solutions to issues that may arise around the distributions, including concerns about exclusion error, re-allocation of entitlements in households where divorce or death have taken place, etc. Complaints and resolutions are recorded and shared with NGO partners, with escalation to the partner and WFP if required.

**Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.** Yes  No

SEA-related complaints are addressed through the complaint and feedback mechanism indicated in the section above.

**Any other comments (optional):**

N/A

**7. Cash and Voucher Assistance (CVA)**

**Did the project include Cash and Voucher Assistance (CVA)?**

Planned	Achieved
No	No

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

No evaluation planned.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

## 9.9. Project Report 19-UF-WHO-029 - WHO

1. Project Information			
1. Agency:	WHO	2. Country:	Niger
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	19-UF-WHO-029
5. Project Title:	Improve access to basic and emergencies health services for vulnerable people (refugees, IDPs, and host population), and reinforcing epidemic control through diseases surveillance in Tillabery and Tahoua Health Regions.		
6.a Original Start Date:	30/04/2019	6.b Original End Date:	31/12/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 2,500,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 00
	c. Amount received from CERF:		US\$ 750,003
	d. Total CERF funds forwarded to implementing partners		US\$ 00
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance
<p>Through this CERF UFE grant, WHO and Ministry Of Health (MOH) provided access to basic and emergency health care, to 463 000 people (refugees, IDPs, host population), including 390 000 children under 18 years, in the 12 health districts of Tillabery and Tahoua Region, supplied with essential medicines trained 180 health workers and 300 community health workers, in the 12 health districts, strengthened the Early Warning Alert and Response System (EWARS) / Epidemic surveillance and strengthened Community capacity (among refugees, IDPs and host population), on HIV and other STIs prevention, and other epidemic-prone diseases, through information and awareness. A total of 253 group chat sessions were organized (out of 240 planned), which reached 3,661 adult men, 4,668 adult women, 790 young boys in school, 227 young boys out of school, 222 young girls in school, 763 young girls out of school, and 33 sex workers (at t Komabangou gold site).</p>

3. Changes and Amendments
N/A

<b>4.a Number of People Directly Assisted with CERF Funding (Planned)</b>					
Cluster/Sector	Health - Health				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	19,932	20,746	106,488	110,834	<b>258,000</b>
Refugees	4,249	4,423	22,701	23,627	<b>55,000</b>
Returnees	0	0	0	0	<b>0</b>
Internally displaced persons	11,589	12,062	61,911	64,438	<b>150,000</b>
Other affected persons	0	0	0	0	<b>0</b>
<b>Total</b>	<b>35,770</b>	<b>37,231</b>	<b>191,100</b>	<b>198,899</b>	<b>463,000</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	<b>0</b>

<b>4.b Number of People Directly Assisted with CERF Funding (Reached)</b>					
Cluster/Sector	Health - Health				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	19,932	20,746	106,488	110,834	<b>258,000</b>
Refugees	4,249	4,423	22,701	23,627	<b>55,000</b>
Returnees	0	0	0	0	<b>0</b>
Internally displaced persons	11,589	12,062	61,911	64,438	<b>150,000</b>
Other affected persons	0	0	0	0	<b>0</b>
<b>Total</b>	<b>35,770</b>	<b>37,231</b>	<b>191,100</b>	<b>198,899</b>	<b>463,000</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	<b>0</b>

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	N/A
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<b>4.c Persons Indirectly Targeted by the Project</b>
N/A

5. CERF Result Framework	
<b>Project Objective</b>	Objectives of this project are part of country humanitarian response plan. From that perspective, the main objectives of the proposal is to: Ensure free access to basic and emergency health care for IDPs and host population in 10 health districts in Tillabery region and 2 health districts in Tahoua region by providing a minimum package of primary health care services and a minimum package of complementary secondary services to approximately 463 000 persons (women and men, boys and girls) and among them 390 000 children under 18 years old . This includes refugees, IDPs, host population. Contribute to the reduction of vulnerability among targeted population in Tillabery and Tahoua regions, through strengthening the capacities of health facilities in the 12 targeted health districts in the 2 regions, on early detection, rapid investigations, confirmation of cases, and rapid response to epidemics (meningitis, cholera, measles, diarrheal diseases, Hepatitis E and the Rift valley fever) for 9 months, from March 2019 to December 2019. Strengthen disease prevention through community based surveillance and prevention of HIV and other STIs through sensitisation and awareness.

<b>Output 1</b>	463 000 people (refugees, IDPs, host population), including 390 000 children under 18 years, in the 12 health districts of Tillabery and Tahoua Region have access to basic and emergency health care for 9 months during the project			
<b>Sector</b>	Health - Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of health districts supplied on medicine and medical supplies including basic essential medicines	12 health districts	12 health districts	Purchase order and reception documents Dispatching plan, acknowledgment of receipt of health regions/districts
Indicator 1.2	Number referral health hospital in Tahoua and Tillabery supplied on essential medicines and equipment in line with minimum supplementary health package services norms	5 referral hospital (1 in Tahoua and 4 in Tillabery)	5 referral hospital (1 in Tahoua and 4 in Tillabery)	Purchase order and reception documents Dispatching plan, acknowledgment of receipt of health regions/districts
Indicator 1.3	Number of health workers and community health workers trained in the 12 health districts targeted in the 2 regions, trained on of the Minimum health service package of activities in emergency situations.	180 health workers 300 community health workers	180 health workers 300 community health workers	Training report
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Supply essential medicines and medical supplies, in compliance with minimum primary health service package norms in the 12 health districts in Tillabey and Tahoua regions.	WHO		

Activity 1.2	Supply essential medicines and equipment in line with minimum supplementary health package services norms for 5 referral hospital (1 in Tahoua and 4 in Tillabery)	WHO
Activity 1.3	Train 180 health workers in the 12 health districts of Tillabery and Tahoua region, in regard to knowledge and implementation of the minimum health service package of activities in emergency situations.	WHO and MOH

<b>Output 2</b>	The Early Warning Alert and Response System (EWARS) is set up in targeted health districts in Tillabery and Tahoua Region during the project, to monitor outbreaks, laboratories confirmation and allow early control of epidemics			
<b>Sector</b>	Health - Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	Number of health workers and community health workers trained on early warning activities	180 health workers 300 community health workers	180 health workers 300 community health workers	Training report
Indicator 2.2	Number of health districts supplied with guidelines and monitoring tools	12 health districts	12 health districts	Districts reports
Indicator 2.3	Number of Laboratories supplied with field sample collection	( 12 in District level, 2 in regional level and 1 in national level)	(12 in District level, 2 in regional level and 1 in national level)	Purchase order and reception documents Dispatching plan, acknowledgment of receipt of health regions/ districts
<b>Explanation of output and indicators variance:</b>		[Fill in]		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Train 180 health workers to implement early warning activities and epidemiological surveillance;	WHO and MOH		
Activity 2.2	Train 300 Community Health workers (Relais Communautaires) in 12 health districts targeted in regard to community-based health approaches, especially the early detection of cases and referral	MOH and WHO		
Activity 2.3	Print and disseminate guidelines and monitoring tools (case definition, notification sheet for individual cases, active surveillance sheet and data collection sheets);	WHO		
Activity 2.4	Provide reagents for laboratories (12 on district level, 2 in regional level and 1 in national level)	WHO		
Activity 2.5	Provide data collection, notification and investigation tools in the 2 targeted regions	WHO		
Activity 2.6	Investigate and respond to all suspect outbreak situation	WHO and MOH		

<b>Output 3</b>	Community capacity is strengthened for HIV and other STIs prevention and other epidemic-prone diseases, through information and awareness			
<b>Sector</b>	Health - Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 3.1	Number of health districts supplied of awareness tools on HIV and other STDs prevention, and other epidemic-prone	12 health districts	12 health districts	Activities report

Indicator 3.2	Number of sensitization sessions done by Health District	20 sensitization sessions by Health District	20 sensitization sessions by Health District	Activities report
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Print and disseminate awareness posters on HIV and STI prevention in the community	WHO		
Activity 3.2	Organize awareness sessions in the community	WHO and MOH		

<b>Output 4</b>	Supervision and monitoring are done and health workers capacity strength			
<b>Sector</b>	Health - Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 4.1	Number of supervisions done during the project	A least 2 supervisions by health districts targeted	Done	Activities report
Indicator 4.2	Number of health district with monitoring done during project implementation	12 health districts	12 health districts	Activities report
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 4.1	Ensure supervision of actors in the targeted health districts	WHO and MOH		
Activity 4.2	Monitor project activities	WHO		

<b>6. Accountability to Affected People</b>
<b>6.a IASC AAP Commitment 2 – Participation and Partnership</b>
<p><b>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</b></p> <p>During the project implementation period, the 12 health districts targeted faced security issues, with consequences on limited humanitarian access to vulnerable people, attacks and vehicles hijacking by unidentified groups. Therefore, achievements were possible, but under precarious security conditions.</p>
<p><b>Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?</b></p> <p>Yes, implementation involved all stakeholders at all levels (central, regional and district level), including community health workers, and community members.</p>
<b>6.b IASC AAP Commitment 3 – Information, Feedback and Action</b>
<p><b>How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?</b></p> <p>The project was well received at all levels, the health interventions relevant to meet the needs of vulnerable populations in these 12 health districts, under state of emergency.</p>
<p><b>Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

N/A
<p><b>Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>All health data was received through reports from health structures and health partners in the field. Information and rumours received from members of the community were investigated and validated with adequate response addressed, and subsequently included in the health data base.</p> <p><b>Any other comments (optional):</b> N/A</p>

7. Cash and Voucher Assistance (CVA)	
Did the project include Cash and Voucher Assistance (CVA)?	
Planned	Achieved
No	No

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

## ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
19-UF-FAO-017	Agriculture	FAO	NNGO	\$47,678
19-UF-FAO-017	Agriculture	FAO	GOV	\$20,000
19-UF-HCR-013	Gender-Based Violence	UNHCR	NNGO	\$34,032
19-UF-HCR-013	Camp Management	UNHCR	NNGO	\$65,317
19-UF-HCR-013	Child Protection	UNHCR	NNGO	\$20,717
19-UF-HCR-013	Water, Sanitation and Hygiene	UNHCR	NNGO	\$100,338
19-UF-HCR-013	Gender-Based Violence	UNHCR	NNGO	\$48,924
19-UF-HCR-013	Camp Management	UNHCR	NNGO	\$256,909
19-UF-HCR-013	Nutrition	UNHCR	NNGO	\$22,705
19-UF-HCR-013	Child Protection	UNHCR	NNGO	\$44,363
19-UF-HCR-013	Gender-Based Violence	UNHCR	INGO	\$56,334
19-UF-HCR-013	Protection	UNHCR	INGO	\$109,086
19-UF-HCR-013	Protection	UNHCR	NNGO	\$195,401
19-UF-HCR-013	Protection	UNHCR	GOV	\$150,672
19-UF-CEF-048	Protection	UNICEF	INGO	\$309,352
19-UF-CEF-048	Protection	UNICEF	GOV	\$19,016
19-UF-CEF-049	Nutrition	UNICEF	INGO	\$138,844
19-UF-CEF-049	Nutrition	UNICEF	INGO	\$240,637
19-UF-CEF-049	Nutrition	UNICEF	INGO	\$160,784
19-UF-CEF-048	Education	UNICEF	INGO	\$309,268
19-UF-CEF-048	Education	UNICEF	INGO	\$113,704
19-UF-CEF-050	Water, Sanitation and Hygiene	UNICEF	INGO	\$213,016.23
19-UF-CEF-050	Water, Sanitation and Hygiene	UNICEF	INGO	\$87,963.35
19-UF-CEF-050	Water, Sanitation and Hygiene	UNICEF	NNGO	\$23,532.93
19-UF-CEF-050	Water, Sanitation and Hygiene	UNICEF	GOV	\$21,570.10
19-UF-FPA-018	Gender-Based Violence	UNFPA	NNGO	\$244,698
19-UF-FPA-018	Health	UNFPA	NNGO	\$93,150
19-UF-FPA-018	Gender-Based Violence	UNFPA	GOV	\$26,000
19-UF-FPA-018	Health	UNFPA	GOV	\$237,848
19-UF-WFP-030	Food Assistance	WFP	NNGO	\$33,592
19-UF-WFP-030	Food Assistance	WFP	NNGO	\$9,023
19-UF-WFP-030	Food Assistance	WFP	NNGO	\$6,245