CAMEROON
RAPID RESPONSE
DISPLACEMENT & CHOLERA
2020

20-RR-CMR-40714

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PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:	
Please indicate when the After-Action Review (AAR) was conducted and who participated.	02 February 2021

The CERF focal points of all the recipient agencies participated in the 2 February AAR. Furthermore, the head of agencies met on 17 February to discuss lessons learned and recommendations made at the technical level 2 February meeting for follow up.

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).	Yes ☒	No ☐

The report was shared with the HCT on 1 March for comments and consideration and included on the agenda of the 25 March HCT meeting.

Please confirm that the final version of this report was shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?	Yes ☒	No ☐

On 8 March, the final report was shared with relevant stakeholders for consideration and comments, including implementing partners and the members of the Yaoundé Inter-Sector and the North-West South-West Inter-Cluster groups.

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

This rapid response CERF allocation arrived at a critical point in time for the humanitarian response in the North-West and South-West of Cameroon. A severe increase in violence led to large-scale displacement, especially in the North-West, while a cholera outbreak in the South-West threatened to spread to hard-to-reach conflict-affected areas if not controlled rapidly.

Despite two underfunded emergencies allocations by CERF in 2019, the humanitarian response in the North-West and South-West remains severely underfunded. Partners did not have the necessary resources in place to respond to the additional needs created by violence, displacement, and cholera. Thanks to this CERF allocation 379,000 people benefitted from food, nutrition, health, WASH, shelter/NFI and child protection support and from GBV and sexual and reproductive health services.

In a highly politicized environment such as the North-West and South-West it is of crucial importance to be able to respond to the most urgent needs, to gain access and acceptance by the population and by other key stakeholders. This CERF allocation thus went a long way to support the humanitarian partners' response ability and to further deepen trust with the affected population and the donors.

CERF's Added Value:

Thanks to the 2020 Rapid Response CERF allocation, IOM was able to track displacement movements which were crucial to inform the humanitarian response planning and to respond to the needs of newly displaced persons.

The provision of emergency shelter and NFI kits thanks to the UNHCR and IOM shelter/NFI allocation was crucial to protect the most vulnerable from harsh weather, shield them from certain protection and health risks.

Complementary activities under the UNFPA and WHO allocations lead to the provision of critical health, sexual and reproductive health, and GBV essential services.

Over 2,700 people received access to safe drinking water and 10,500 people improved their access to basic sanitation services.

18,168 children were reached with mental health and psychosocial support in NWSW. 1,491 unaccompanied and separated children (UASC) were identified and received case management services.

Thanks to reprogramming to respond to the COVID-19 outbreak, partners were able to quickly contribute to the prevention and response efforts led by the Government. For example, over 1.8 million people were sensitized on the symptoms and prevention of COVID-19.

The WASH and health allocation to respond to the cholera outbreak in the South-West led to better epidemiological surveillance and better capacities to manage cholera cases in the region and thus contributed critically to the control of the outbreak and to keep the case fatality rate at 2 per cent, in comparison to 5 per cent in 2019 cholera outbreak.

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

Yes ☐ Partially ☒ No ☐

Even though CERF funds were dispersed rapidly after the approval of the allocation, the funding led only partially to a fast delivery of assistance. Five out six agencies requested a no-cost extension. Insecurity and frequents lockdowns, impact

of the COVID-19 outbreak and internal administrative bottlenecks negatively affected the implementation capacities and caused delays in the delivery of assistance to beneficiaries. The impact of COVID-19 was greatly felt: border closing led to delays in recruitment, procurement, the disruption of supply chains, shortages of items on the local markets, and a momentary paralysis of humanitarian response activities until guidance was developed on how to deliver safely, respecting COVID-19 prevention and social distancing measures. Those agencies which were able to start implementation without delay, were those that had already concluded agreements with pre-identified implementing partners.

Did CERF funds help respond to time-critical needs?

Yes ☒ Partially ☐ No ☐

The CERF projects were designed to provide lifesaving assistance to people in critical need. Without the CERF funding, some of the most urgent needs of people, especially of those newly displaced, would have been left unmet, considering the very limited funding available to the humanitarian response in the North-West and South-West regions. The CERF funding used for the South-West cholera response contributed crucially to control the outbreak.

Did CERF improve coordination amongst the humanitarian community?

Yes ☐ Partially ☒ No ☐

Health and WASH actors worked very closely together in the cholera response, financed to large parts by CERF WASH and Health allocations. Allocations for different agencies in the same sector (Health), also contributed to the closer coordination to ensure complementarities. However, in general, coordination across different agencies was not improved thanks to this allocation. To increase coordination for possible future allocations, it was recommended to include a standing agenda item of the meetings of the relevant Inter-Sector/Cluster groups during the project implementation period.

Did CERF funds help improve resource mobilization from other sources?

Yes ☐ Partially ☒ No ☐

Some agencies were able to improve resource mobilization by demonstrating achievements made thanks to the CERF projects, creating confidence among donors in the implementing capacities of the agencies. However, most agencies were unable to mobilize resources from other sources, which caused that certain lifesaving services had to be discontinued after the CERF funding ended.

Considerations of the ERC's Underfunded Priority Areas[1]:

The CERF-funded projects paid particular attention to the needs of women and girls, people with disabilities and other aspects of protection. Through the UNFPA project care was provided to victims of GBV including victims of rape through clinical management of rape and psychosocial support. All projects specifically targeted people with disabilities to make sure no one was left behind. Gender, age, and disability criteria were considered in the targeting of beneficiaries, as well as during the project implementation. Awareness messages were visualized, allowing people with hearing loss to receive the message, and distribution sites were chosen to be accessible, with a minimal travel distance and a possible access for people with disabilities. During distributions (food, shelter/NFI, etc.) pregnant women, older people and people with disabilities were prioritized to prevent any long waiting. However, it was noted that the identification of people with disabilities proved sometimes challenging as they were hidden away by communities.

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

The Do No Harm principle informed all interventions. For example, UNICEF renamed its Child Friendly Spaces (CFSs) to support conflict-affected children with mental, health and psychosocial support services, to avoid confusion and targeting by NSAGs and dismantling by administrative authorities. Emergency latrines were gender sensitive, were constructed in areas that had enough light and all bushes around latrines were cleared, to avoid GBV and other protection incidents. Toilet management committees were tasked to monitor and report on protection issues. IOM ensured SOPs were designed for both Shelter/NFI distribution and DTM data collection activities, to ensure protection of all persons affected.

Table 1: Allocation Overview (US$)

Total amount required for the humanitarian response	**33,432,458**
CERF	8,716,990
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	11,938,433
Total funding received for the humanitarian response (by source above)	**20,655,423**

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

Agency	Project Code	Sector/Cluster	Amount
IOM	20-RR-IOM-002	Emergency Shelter and NFI - Shelter and Non-Food Items	337,812
IOM	20-RR-IOM-002	Protection - Protection	181,899
UNFPA	20-RR-FPA-004	Protection - Sexual and/or Gender-Based Violence	428,704
UNFPA	20-RR-FPA-004	Health - Health	142,901
UNHCR	20-RR-HCR-003	Emergency Shelter and NFI - Shelter and Non-Food Items	500,000
UNICEF	20-RR-CEF-004	Water Sanitation Hygiene - Water, Sanitation and Hygiene	926,292
UNICEF	20-RR-CEF-004	Health - Health	313,514
UNICEF	20-RR-CEF-004	Protection - Child Protection	185,258
UNICEF	20-RR-CEF-005	Water Sanitation Hygiene - Water, Sanitation and Hygiene	400,651
WFP	20-RR-WFP-004	Food Security - Food Assistance	3,375,019
WFP	20-RR-WFP-004	Nutrition - Nutrition	1,125,006
WHO	20-RR-WHO-004	Health - Health	300,082
WHO	20-RR-WHO-005	Health - Health	499,852
Total			**8,716,990**

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

Total funds implemented directly by UN agencies including procurement of relief goods	**6,701,572**
Funds sub-granted to government partners*	102,105
Funds sub-granted to international NGO partners*	318,684
Funds sub-granted to national NGO partners*	1,545,528
Funds sub-granted to Red Cross/Red Crescent partners*	49,101
Total funds transferred to implementing partners (IP)*	**2,015,418**
Total	**8,716,990**

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

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

In December 2019 a spike in military operations led to large-scale displacement, primarily in the North-West (NW) but also in the South-West (SW) regions – regions which are already host to some 450,000 internally displaced people. Between 15 October 2019 and 9 January 2020 IOM's Emergency Tracking Tool documented the displacement of 19,500 people due to hostilities. Given that IOM's tool is unable to cover all affected locations, the total number of displaced was likely to be much higher. Continuous displacement, even if temporary, is forcing the chronically displaced to sell their assets to survive, further increasing their vulnerability. Meanwhile, humanitarian partners are already struggling to respond to the needs of the already displaced, mostly due to a lack of financial and adequate human resources, and do not have the capacity to respond quickly to new displacement. UN agencies had limited resources for either crisis. In parallel, cases of cholera were reported in the Bakassi and Ekondo Titi health districts of the SW region. Some 380 cases were recorded as of 9 January 2020, with a case fatality rate of 4.2 per cent. Although the cholera outbreak was not linked to the displacement crisis, there was a risk that the disease could spread in hard-to-reach areas unless the UN and partners develop an effective response.

Operational Use of the CERF Allocation and Results:

In response to the crisis, CERF allocated 8.7 million USD in January 2020 from its Rapid Response Window for the immediate commencement of life-saving activities. This funding enabled UN agencies and partners to provide life-saving assistance to 379,000 people, including 113,000 people for the cholera response. In response to the displacement crisis, UN agencies provided in-kind food and nutrition transfers to 200,000 people; access to health care services focusing on the cholera response but also including reproductive health emergency interventions and psychological support for survivors of sexual and gender-based violence (GBV), to 267,676 people; distribution of shelter and basic household items to 28,005 internally displaced people and host community members. The referral pathways for GBV survivors were strengthened, as were the capacities of service providers to mainstream GBV and child protection interventions.

People Directly Reached:

378,859 people were reached with this CERF allocation.

In order to avoid double counting, the highest reached numbers for the different population sub-groups were considered, and only added if it was certain that the assistance provided did not target the same people. For the displacement response, the highest number of returnees were reached with food assistance, for the IDPs the highest number of women, men and girls were reached with the health response. With regards to the health response the beneficiaries from the UNICEF, UNFPA and WHO projects were added as they targeted different people. Most IDP boys were reached with food assistance. For the host communities, most men, girls and boys were reached by food assistance and most women by nutrition assistance. To these beneficiaries were added the beneficiaries from the WHO cholera response, as these response efforts took place different locations than the displacement response. The host community beneficiaries from the WASH displacement response (1.8 million host community members) were not considered for the calculation of the people directly reached, but were counted as people indirectly reached, as they were sensitized on COVID-19 prevention.

176,895 IDPs were reached, 43,142 more than targeted. Considering that mostly the food assistance beneficiaries were counted for the number of IDPs reached, this overachievement is explained as a total of 200,703 beneficiaries were reached with food assistance over 50,000 targeted. More beneficiaries were reached because only 50 per cent of the planned food rations were distributed: procurement delays due to COVID restrictions led to the late arrival of additional food, leading to

an implementation over a longer period of time than foreseen, but with reduced rations. Furthermore, the food assistance was first only planned for newly displaced IDPs. However, as the number of newly displaced IDPs was lower than expected and many of the newly displaced were not accessible, wherefore the food assistance was reprogrammed for other food assistance beneficiaries, which included host community members.

People Indirectly Reached:

1,804,659 people (double counting not excluded), including 1,042 people with disabilities, were sensitized through UNICEF's WASH project on the symptoms and prevention of COVID-19 in Bamenda, Buea and Limbe towns.

WHO's cholera project in the South-West indirectly reached 1,770,014 people through improved epidemiological surveillance and the distribution of 15,000 sensitization material distributed throughout the region. Through WHO's displacement health project 20,500 people were reached with messages on prevention of epidemic prone diseases and 40,000 more will benefit from the kits supplied to the different health facilities to support service delivery.

9,321 adults, including 5,291 women (2,457 IDPs and 2,834 host community members) and 4,030 men (1,996 IDPs and 2,934 host community members) were sensitized through community-based awareness raising campaigns on child protection risks in emergencies, protection from sexual exploitation and abuse as well as other forms of gender-based violence in emergency, and COVID-19 preventive measures. GBV risk mitigation and prevention activities reached 2,950 women (1,179 IDPs and 1,771 Host Community) and 1,598 men (639 IDPs and 959 Host Community) and strengthening of Community Based Child Protection Mechanism members reached 471 child protection mechanism community members including 238 women and 234 men, enabling them to identify, refer and follow up children affected by the armed conflict and victims of violence, abuse and exploitation.

Furthermore, more than 30,000 caregivers and community members were sensitized on good nutrition and Infant and young child feeding (IYCF) practices under the WFP RRM nutrition component.

Host community families indirectly benefitted from the Shelter/NFI projects, as providing shelter and NFI to IDPs, relieved the communities hosting them so far from sharing their humble shelter and NFI which created overcrowding and was sometimes reason for disputes.

The CERF allocation used for the Emergency Tracking Tool (ETT) had no direct beneficiaries, but considerable indirect beneficiaries: The displaced populations identified through the ETT indirectly benefitted from IOM's activities as the information collected was used by the humanitarian actors to inform their response and target locations with high displacements and pressing humanitarian needs. The humanitarian partners who received ETT dashboard also indirectly benefitted from this action to provide informed assistance to vulnerable populations. The enumerators and local partners IOM worked with and trained during the project in order to carry out the ETT assessments and the Shelter/NFI distributions in both regions also benefitted from the project in terms of capacity building: The enumerators (approximately 100 in the South-West and North-West) benefited from data collection trainings including specific sessions on data protection principles, conducting principled humanitarian action and sectoral topics (shelter/NFI, protection).

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

	Planned					Reached				
Sector/Cluster	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Emergency Shelter and NFI - Shelter and Non-Food Items	7,280	6,165	6,145	5,210	24,800	6,517	7,983	6,650	6,855	28,005
Food Security - Food Assistance	13,500	9,000	12,500	15,000	50,000	40,141	26,091	60,211	74,260	200,703
Health - Health	67,026	52,846	60,204	46,349	226,425	89,016	45,490	91,548	41,622	267,676
Nutrition - Nutrition	2,500	0	1,470	1,530	5,500	30,281	0	18,431	17,115	65,827
Protection - Child Protection	0	0	6,500	6,500	13,000	0	0	10,764	7,404	18,168
Protection - Sexual and/or Gender-Based Violence	18,502	378	27,754	566	47,200	18,529	393	27,611	684	47,217
Water Sanitation Hygiene - Water, Sanitation and Hygiene	22,500	21,900	23,100	22,500	90,000	25,890	25,376	18,443	20,727	90,436

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

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

Category	Planned	Reached
Refugees	0	0
Returnees	0	78,274
Internally displaced people	133,753	176,895
Host communities	98,731	123,690
Other affected people	0	0
Total	**232,484**	**378,859**

Table 6: Total Number of People Directly Assisted with CERF Funding*			**Number of people with disabilities (PwD) out of the total**	
Sex & Age	**Planned**	**Reached**	**Planned**	**Reached**
Women	68,804	111,028	8,702	6,537
Men	54,377	56,574	6,602	5,348
Girls	61,733	122,406	5,821	5,756
Boys	47,570	88,851	5,892	5,834
Total	**232,484**	**378,859**	**27,017**	**23,475**

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 20-RR-IOM-002

1. Project Information

Agency:	IOM	**Country:**	Cameroon
Sector/cluster:	Emergency Shelter and NFI - Shelter and Non-Food Items Protection - Protection	**CERF project code:**	20-RR-IOM-002
Project title:	Emergency shelter and NFI assistance for the most vulnerable displaced populations identified through the Emergency Tracking Tool		
Start date:	12/02/2020	**End date:**	11/08/2020
Project revisions:	No-cost extension ☒	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 3,000,000**
Total funding received for agency's sector response to current emergency:	**US$ 1,738,866**
Amount received from CERF:	**US$ 519,710**
Total CERF funds sub-granted to implementing partners:	**US$ 167,700**
Government Partners	US$ 0
International NGOs	US$ 0
National NGOs	US$ 167,700
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

IOM and its local partners regularly produced and disseminated Emergency Tracking Tool (ETT) dashboards to support informed response planning of humanitarian partners in the North-West (NW) and South-West (SW) regions and delivered shelter/Non-Food Items (NFI) direct assistance to newly displaced people identified through ETTs. IOM teams conducted trainings for local partners in April 2020 prior to the assessments and carried out field verifications visits during to ensure data reliability.

Shelter/NFI intervention enabled assisting a total of 1,354 households (620 households in the SW, 734 households in the NW), 9,411 individuals (IDPs, returnees, host communities), including 4,519 men and 4,892 women.

ETT activities benefited at least 15 humanitarian actors (UN agencies, INGOs, NNGOs) who received ETT dashboards weekly or biweekly throughout the project. IOM shared 40 ETT between February and August 2020, assessing 28,281 sudden individual displacements and 6,103 individual return movements stemming from the on-going violence.

Since mid-March (beginning of the impact of the COVID-19 pandemic in Cameroon), IOM registered significant numbers of returns of former IDPs who had fled North-West, South-West regions, coming back to their villages of origin out of fear of contracting the virus and

following a State decision to close schools to contain the spread of the virus. These movements have been recorded in 11 specific dashboards shared with the humanitarian community.

3. Changes and Amendments

A No-cost extension to extend the project implementation period until 12 October 2020 was approved on 2 July 2020. This allowed IOM to finish shelter/NFI distributions and conduct post-distribution monitoring missions in intervention areas, in order to assess the quality and impact of the assistance provided. The following two reasons justified the reprogramming request, regarding output 2:

1. Although the procurement of shelter and NFI kit items was initiated at the start of the project, the service provider faced considerable challenges delivering the items to IOM's warehouses in Kumba and Bamenda on time due to unforeseen constraints linked to the COVID-19 pandemic, notably disruptions in the supply chain, shortage of items on the local markets, increased difficulty to access loans and delayed clearance processes. The items were delivered with more than two months delay and arrived in both warehouses by mid-May 2020. Distributions thus started more than three months after the project start.

2. The COVID-19 pandemic also prompted IOM, in coordination with the shelter/NFI Cluster, to adapt its NFI/shelter approach during distributions: reducing the number of beneficiaries per distribution to minimize the risk of infection and spread of the virus which impacted on the team's capacity to complete activities on time as more distributions needed to be organized. Specific guidelines and SOPs related to conducting distributions within the COVID-19 context were developed in coordination with other sectoral partners and the shelter/NFI Cluster in Buea. However, targets were not modified and eventually all reached. Output 1 was completed during the initial timeframe.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Protection									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	0	0	0	0	**0**	0	0	0	0	**0**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
People with disabilities (PwD) out of the total										
	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**

Sector/cluster	Emergency Shelter and NFI - Shelter and Non-Food Items									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	0
Returnees	0	0	0	0	**0**	115	95	142	107	**459**
Internally displaced people	2,502	2,084	2,066	1,989	**8,641**	1,957	1,982	2,488	2,158	**8,585**
Host communities	278	231	229	221	**959**	78	67	112	110	**367**
Other affected people	0	0	0	0	**0**	0	0	0	0	0
Total	**2,780**	**2,315**	**2,295**	**2,210**	**9,600**	**2,150**	**2,144**	**2,742**	**2,375**	**9,411**
People with disabilities (PwD) out of the total										
	140	115	115	110	**480**	**53**	**48**	**41**	**39**	**181**

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

5. People Indirectly Targeted by the Project

Under output 1, the displaced populations identified through ETT dashboards indirectly benefitted from IOM's activities as the information collected was used by the humanitarian actors to inform their response and target locations with high displacements and pressing humanitarian needs. The restricted list of humanitarian partners who received ETT dashboard (15 organizations) also indirectly benefitted from this action to provide informed assistance to vulnerable populations. The enumerators and local partners IOM worked with and trained during the project in order to carry out the ETT assessments and the Shelter/NFI distributions in both regions (Output 1 and 2) also benefitted from the project in terms of capacity building: The enumerators (approximately 100 in the South-West and North-West) benefited from data collection trainings including specific sessions on data protection principles, conducting principled humanitarian action and sectoral topics (shelter/NFI, protection).

6. CERF Results Framework

Project objective	Contribute to the improvement of living conditions and protection of conflict-affected populations in the North-West and South-West regions and contribute to a more informed humanitarian response
Output 1	Humanitarian actors have access to accurate and timely displacement data to support informed coordination and response planning

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

Sector/cluster	Protection - Protection			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Number of Emergency Tracking Tool (ETT) dashboards produced and disseminated	18	51	Dashboards shared with restricted distribution list
Indicator 1.2	Number of humanitarian actors informed by the ETTs in the South-West and North-West	15	15	Restricted distribution list
Explanation of output and indicators variance:		Given the high volatility of the situation in the North-West and South-West regions, a lot of pendular movements of IDPs and returnees were recorded by IOM and reported in an Emergency Tracking Tool dashboard almost every week. These reports were shared with the humanitarian community to enable an informed and immediate intervention. In addition to the 40 ETT dashboards, 11 specific dashboards on COVID-19 related movements were shared with the humanitarian community.		

Activities	**Description**	**Implemented by**
Activity 1.1	Identification of enumerators in targeted sub-divisions	IOM and its local partners: North-West: SHUMAS South-West: CARITAS
Activity 1.2	Training of enumerators on data collection methodology	IOM
Activity 1.3	Data collection	IOM and its local partners: North-West: SHUMAS South-West: CARITAS
Activity 1.4	Production and dissemination of regular ETT dashboards	IOM

Activity 1.5	Presentation of ETT tool and results to humanitarian partners throughout project duration to ensure utility of data collected	IOM

Output 2	Emergency shelter and NFI solutions are provided to the most vulnerable conflict-affected populations in the North-West and South-West regions

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

Sector/cluster	Emergency Shelter and NFI - Shelter and Non-Food Items			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Number of individuals provided with emergency shelter kits	4800	7,285	Beneficiary list
Indicator 2.2	Number of individuals provided with NFI kits	4800	5,638	Beneficiary list
Indicator 2.3	Number of extremely vulnerable individuals assisted with the construction of their emergency shelter	900	634	Beneficiary list
Indicator 2.4	% of IDP household beneficiaries who are satisfied with the quality of the sectoral response (at least one month after the intervention)	80%	-	-

Explanation of output and indicators variance:

Overall, the number of individuals provided with emergency shelter kits (indicator 2.1) and the number of individuals provided with NFI kits (indicator 2.2) is higher that the initial target, because a part of targeted households received both types of kits and were thus counted twice. That is also the reason why the overall number of people directly assisted with CERF funding (section 4) is a bit lower than expected. Among the number of individuals provided with emergency shelter kits or NFI kits, 3,512 individuals were provided with both types of kits and counted twice.

Indicator 2.3 is below the initial target because the very tense security situation did not allow implementing partners (IPs) to reach all beneficiary locations to provide them with help in the construction of their shelter, either right after distributions or during post-distribution monitoring.

Indicator 2.4 was not captured during post-distribution monitoring, which only captured the number of shelters efficiently constructed and the materials used, to enable IPs to provide more help for shelter construction when it was necessary. However, the complaint and suggestion mechanism put in place by IPs did not reveal any discontent from beneficiaries and was mainly filled in by populations who had not been selected for distributions.

As the emergency response was based on ETTs, the targeted types of beneficiaries correspond to the needs recorded by ETTs and through rapid needs assessments that responded to the vulnerability criteria fathomed according to Shelter/NFI Cluster SOPs. This is explaining why returnee households were more numerously targeted than host populations. Moreover, a minor part of people with disability was represented among newly displaced populations recorded through ETTs.

Activities	Description	Implemented by
Activity 2.1	Procurement of emergency shelter and NFI kits	IOM
Activity 2.2	Identification of intervention areas based on information stemming from the ETTs	IOM and its local partners: North-West: SHUMAS South-West: CARITAS
Activity 2.3	Beneficiary targeting using vulnerability assessment tool (cluster guidelines) and identification of the most vulnerable households	IOM and its local partners: North-West: SHUMAS South-West: CARITAS
Activity 2.4	Technical training of local partners on shelter	IOM
Activity 2.5	Transportation, sensitizations and distribution of emergency shelter kits and NFI kits to targeted IDP households	IOM and its local partners: North-West: SHUMAS South-West: CARITAS
Activity 2.6	Support the most vulnerable beneficiaries with the construction of their shelters	IOM and its local partners: North-West: SHUMAS South-West: CARITAS
Activity 2.7	Post distribution monitoring in targeted intervention areas	IOM

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[2] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given due consideration.**

a. Accountability to Affected People (AAP) [3]:

Displaced populations were directly involved and included in the ETT assessments as they were the ones providing information on their living conditions, most pressing sectoral needs etc. In order to ensure that the opinions of all population groups were considered during the assessments, enumerators were trained to collect information through interviews with these different population groups (youth groups, IDP representatives, women, elderly). As per DTM methodology, local partners and enumerators were trained to ensure all population groups (IDP leaders, women and youth groups, marginalised groups) in the targeted localities were engaged and included in the assessment. Under output 2, targeted populations were directly involved in the construction of their shelter kits after distribution and during post-distribution monitoring sessions.

b. AAP Feedback and Complaint Mechanisms:

During the project implementation period, a complaint and suggestion box was set up by both Implementing Partners to register complaints under output 2, including proper communication and installation. According to IPs, most complaints came from non-beneficiaries who exposed their needs and asked for assistance. Under both outputs, IOM was in permanent contact with its local partners and enumerators through a two-way feedback mechanism (daily phone calls with focal points during the assessments) to ensure the sharing of information

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

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

and concerns. During the field verification visits, IOM followed up directly with the key-informants and affected populations to ensure any concerns or complaints were addressed.

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

IOM did not establish a specific mechanism for reporting and handling Sexual Exploitation and Abuse related complaints. However, during the project period, enumerators were trained on how to respond to protection concerns they may encounter during data collection which included specific modules on basic protection principles, GBV guiding principles, do no harm, how to safely respond to a disclosure and IOM's policy on SEA.

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

Shelter/NFI interventions aimed at targeting vulnerable displaced populations, including women and youths. Gender and specificities linked to gender were included in the vulnerability criteria, considering persons such as pregnant or lactating women should be prioritized for distribution. On distribution days, pregnant women and older people were prioritized to receive Shelter and NFI kits to prevent any long waiting. Women and people from affected populations were included in the distribution team when it was possible. Gender was also taken into account for the selection of community workers and during the sensitization meetings before distributions.

e. People with disabilities (PwD):

People with disabilities were also included in the vulnerability criteria. Distribution sites were chosen in order to be accessible, with a minimal travel distance and a possible access to people with disabilities. A specific line was set up to prioritize distribution for people with disabilities.

f. Protection:

SOPs were designed for both Shelter/NFI distribution and DTM data collection activities, to ensure protection of all persons affected and staff, including distribution site selection criteria, logistical preparations, notification of populations, remote data collection, training of enumerators and IPs on protection principles, etc.

Additional measures were taken to ensure the safety and protection of staff and beneficiaries in the COVID-19 context, for both outputs, including through the distribution of personal protective equipment, the respect of distancing measures, dividing gatherings (distributions or trainings) to prevent crowds. Specific security and crowd control measures (UNDSS assessments, security personnel, community leaders' support) were set during all distributions. IOM data protection principles were also applied for all activities and a specific module was designed towards enumerators.

g. Education:

Not relevant.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

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

IOM Shelter/NFI intervention in the North-West and South-West regions were based upon IOM capacity to respond to the most pressing needs identified by IOM through its Emergency Tracking Tool (ETT) and Multi-Sectoral Needs Assessment (MSNA) conducted throughout 2019 and 2020. According to the MSNA conducted in 2019, mobile populations primarily lived in makeshift shelters in 15 per cent of assessed locations and in the bush areas for 11 per cent of assessed locations. Shelter and/or NFI were cited among primary needs in 100 per cent of ETTs published since 2019 and throughout the action of this project. Given IOM strong access capacity in the North-West and South-West regions, its ability to work with and build capacities of local-rooted implementing partners and its existent expertise in the Shelter/NFI sector, Shelter/NFI was considered as the best direct assistance to conflict-affected mobile populations for IOM. It was also considered an opportunity to specifically reach returnee populations which have been increasing in the last year in the context of COVID-19.

However, necessary construction material is not systematically available on the local market because of the security situation in the North-West, South-West regions. The COVID-19 pandemic and associated mobility restriction measures and border closure resulted in additional important procurement difficulties and price increase with a reduced purchasing power for targeted beneficiaries. As a result, in-kind Shelter/NFI distribution and assistance to most vulnerable households for shelter construction was considered a priority.

9. Visibility of CERF-funded Activities

Title	Weblink
L'OIM soutient les personnes déplacées dans les régions du Nord-Ouest et du Sud-Ouest du Cameroun	https://rodakar.iom.int/fr/news/l%E2%80%99oim-soutient-les-personnes-d%C3%A9plac%C3%A9es-dans-les-r%C3%A9gions-du-nord-ouest-et-du-sud-ouest-du
Twitter post	https://twitter.com/CamerounOim/status/1264499152765026305

3.2 Project Report 20-RR-FPA-004

1. Project Information

Agency:	UNFPA	**Country:**	Cameroon
Sector/cluster:	Protection - Sexual and/or Gender-Based Violence Health - Health	**CERF project code:**	20-RR-FPA-004
Project title:	Lifesaving Gender-based Violence and Sexual Reproductive Health interventions for IDPs in the North West and South West Cameroon		
Start date:	01/02/2020	**End date:**	31/07/2020
Project revisions:	No-cost extension ☐ Redeployment of funds ☐		Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 4,410,000**
Total funding received for agency's sector response to current emergency:	**US$ 409,756**
Amount received from CERF:	**US$ 571,605**
Total CERF funds sub-granted to implementing partners:	**US$ 268,174**
Government Partners	US$ 0
International NGOs	US$ 102,779
National NGOs	US$ 165,395
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Funds received by UNFPA from CERF were judiciously used to implement the three outputs on GBV/SRH prevention, mitigation and response in the North-West and South-West regions of Cameroon. As part of its strategy, UNFPA worked with a number of implementing partners to effectively and efficiently implement the project. The following implementing partners are both local and international, governmental and non-governmental: the Ministry of Women's Empowerment and the Family (MINPROFF), the Ministry of Public Health (MINSANTE), CARE, CBCHS, COMINSUD, LUKMEF, RECAGE and UNIPSY.

This CERF project supported 47,200 internally displaced persons from February to July 202 in the North-West and South-West regions, including 1,019 persons with disabilities (457 women, 5 men, 544 adolescent girls and 13 adolescent boys), with GBV SRHR prevention and response services. 1,527 GBV survivors were reached with GBV essential services, including psychological first aid, the provision of livelihood start up kits and the referral to clinical psychologists and the payment of medical/hospital bills incurred by indigent GBV survivors. 4,765 culturally adapted dignity kits were distributed to 2,038 women and 2,727 adolescent girls.

5,000 Information, Education and Communication (IED) materials (posters, stickers) with GBV/SRH lifesaving messages and available services and COVID-19 sensitization messages were produced and distributed (2,500 North-West and 2,500 South West). Communities covered in the South-West region are Fako, Manyu, Ndian, Meme, Lebialem and Kupe Muaneguba divisions; and 17 Council areas in the North-West region (Bamenda 1,2 & 3, Ndop, Batibo, Fundong, Njinikom, Mbengwi, Belo, Bafut, Santa, Kumbo, Nkambe, Bali, Wum, Widikum and Tubah);

16,000 copies of GBV/SRH referral pathways (8,000 copies NW and 8,000 copies SW) were formulated, printed and distributed in all project locations in the two regions. Capacity building (training workshops, mentoring and coaching) exercises were carried out for all members of the GBV Sub-Cluster in the North-West and South-West, with the objective to ensure that data is well protected and that sensitive GBV information is thoroughly collected, stored, used, and shared.

9 health facilities provided quality Basic Emergency Obstetrics and Newborn Care (BeMONC) in the NW (Regional Hospital Bamenda, CBC Hospital Nkwen, Banso Baptist Hospital, Mbingo Baptist Hospital, and Shisong Catholic Hospital) and SW CMA Eyumojock, Mary health Fontem, District Hospital Tombel, and Mamfe Urban Health Centre). 6 health facilities were supported to provide quality Comprehensive Emergency Obstetric and Newborn Care (CeMONC) services; 3 in the SW (District Hospital Mamfe, District Hospital Kumba, and Mount Mary Hospital) Buea); and 3 in the NW (Regional Hospital Bamenda, Banso Baptist Hospital, and CBC Hospital Nkwen).

2 maternity waiting homes (safe homes) have been established and operationalized in Mamfe Baptist Health Center (SW) and Mbingo Baptist Hospital (NW).

2,006 visibly pregnant women and adolescent girls received clean delivery kits, among them 73 women and adolescent girls with disabilities. 2,015 deliveries were realised during the reporting period.

6,480 male condoms have been distributed in different project communities in the South-West region.

199 obstetrics complications were referred and managed during the reporting period. Out of this number 100 cases were managed in 5 facilities run by CBCHS (Mbingo Baptist Hospital, Banso Baptist Hospital, Mutengene Baptist Hospital, Kumba Baptist Hospital, Jikijem Baptist Health Center and Nkwen Baptist Health Center), the other 99 were managed by MINSANTE hospitals in the NWSW.

The CERF funds were not only used to implement GBV/SRH interventions in NWSW, but they went a long way to strengthen prevention, mitigation and response for GBV/SRH through the implementation of the GBV minimum standard in humanitarian setting and the Minimum Initial Standard Package (MISP) for reproductive health and Clinical Management of Rape (CMR) services. The Fund also assisted in strengthening reproductive health systems in the North-West and South-West regions for response to pregnancy and child birth complications in those two regions.

The UNPFA project teams and partners made every effort to meet up with the indicators and each and every activity of the project was implemented. In spite of known challenges (prolonged and increased insecurity, repeated ghost towns, limited access to communities in need), the project has an implementation rate of 95 per cent.

3. Changes and Amendments

No changes or amendments were made.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health - Health									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	18,502	378	27,754	566	**47,200**	18,529	393	27,611	684	**47,217**
Host communities	0	0	0	0	**0**	0	0	0	0	**0**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**18,502**	**378**	**27,754**	**566**	**47,200**	**18,529**	**393**	**27,611**	**684**	**47,217**
People with disabilities (PwD) out of the total										
	371	8	556	10	**945**	**457**	**5**	**544**	**13**	**1,019**

Sector/cluster	Protection - Sexual and/or Gender-Based Violence									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	18,502	378	27,754	566	**47,200**	18,529	393	27,611	684	**47,217**
Host communities	0	0	0	0	**0**	0	0	0	0	**0**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**18,502**	**378**	**27,754**	**566**	**47,200**	**18,529**	**393**	**27,611**	**684**	**47,217**
People with disabilities (PwD) out of the total										
	400	20	500	80	**1,000**	**457**	**5**	**544**	**13**	**1,019**

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

5. People Indirectly Targeted by the Project

N/A

6. CERF Results Framework

Project objective	To provide GBV and SRH quality lifesaving services and care to women and girls in areas affected by crisis in North West and South West regions
Output 1	Increased availability and accessibility of lifesaving multisector GBV prevention, mitigation and response services to survivors including those living with disabilities

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

Sector/cluster	Protection - Sexual and/or Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Number of safe spaces set up delivering quality GBV service to survivors	2	2	Reports from implementing partners: COMINSUD, LUKMEF
Indicator 1.2	Number of survivors who received GBV essential service package	1 500	1,527	Reports from implementing partners: COMINSUD, LUKMEF
Indicator 1.3	Number of women and girls who received dignity kits	5000	4,765	Reports from implementing partners: COMINSUD, LUKMEF

Explanation of output and indicators variance:	The variance (increase) in number of GBV survivors reached with GBV essential services from the targeted 1,500 to 1,527 (897 women and 630 girls) is due to the fact that more GBV survivors turned up during intervention activities, and as available resources (human, financial) could accommodate the extra 27 GBV survivors, it was feasible to incorporate them in the line of GBV survivors who ultimately benefitted from essential services that were provided to the targeted 1,500 women and girls who experienced/survived GBV. 4,765 culturally adapted dignity kits were distributed to 2,038 women and 2,727 adolescent girls. Insecurity and limited access to communities made it challenging to meet the target of 5,000 dignity kits distribution in NWSW during the reporting period. However, the remaining stock of 235 dignity kits has been positioned in project communities for continuation of the distribution process.

Activities	**Description**	**Implemented by**
Activity 1.1	Create/support 2 Integrated safe spaces" in South West and South West to provide PSS case management including referral support to affected women and adolescent girls	IRC, COMINSUD
Activity 1.2	Conduct GBV mapping and safety audits in high IDP concentration areas as well as hard-to-reach sites to identify security risk and safe areas for survivors and service providers	IRC, CARE, LUKMEF, COMINSUD
Activity 1.3	Provide GBV essential services to survivors including those living with disability by social workers and case	IRC, CARE, LUKMEF, COMINSUD

	managers in safe spaces (psychosocial, case management and referral towards medical care, legal aid, economic empowerment)	
Activity 1.4	Support the organization of mobile clinics to provide integrated SRH/GBV service in hard-to reach communities and bushes (psychological first aid, counselling, medical first care and orientations for survivors and family planning delivered by nurses and social workers)	CBCHS, LUKMEF, COMINSUD
Activity 1.5	Orient GBV AoR members, local authorities to conduct community-based sensitization on GBV and SRH lifesaving messages and GBV and SRH available services	UNFPA, LUKMEF, COMINSUD, CBCHS, RECAGE
Activity 1.6	Procure and distribute dignity kits to women and girls including those living with disabilities	UNFPA, LUKMEF, COMINSUD, NADEV, RECAGE

Output 2	Increased availability and accessibility of lifesaving GBV and SRH information and referral for women and girls living with disabilities			
Was the planned output changed through a reprogramming after the application stage?		Yes ☐	No ☒	
Sector/cluster	Protection - Sexual and/or Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Number of women and girls living with disability able to access lifesaving GBV and SRH services in dignifying manner	1000	1,001	UNFPA, LUKMEF, COMINSUD, CBCHS, RECAGE, MINSANTE
Indicator 2.2	Number of GBV/SRH IEC materials with life-saving messages in all affected communities	5000	5,000	Reports from implementing partners: MINPROFF, ALVF, CBCHS, COMINSUD, LUKMEF, (and GBV SC partners)
Indicator 2.3	Number of referral pathway on GBV and SRH services elaborated, validated and disseminated including disabilities people needs	16000	16,000	Reports from implementing partners: ALVF, CBCHS, COMINSUD, LUKMEF
Indicator 2.4	Data collection and information management in South West and North West through GBVIMS (orientation of data gathering organization on GBVIMS, equipment for safe and ethical data collection) is functionnal	YES	NO	N/A
Explanation of output and indicators variance:		Two of the four stages of GBVIMS rollout were not completed by the end of the CERF project on 31 July 2020. The following two actions were completed by the end date of the project: assessment (that ensured and reconfirmed that GBVIMS is right for the NWSW setting and identification of partner organization to roll it out; and planning (that decided on how, when, and by which staff the GBVIMS was to be implemented). Implementation proper of GBVIMS which		

	entails staff training, collection and compilation of data and negotiation of information sharing protocol will be concluded in the first quarter of 2021.

Activities	Description	Implemented by
Activity 2.1	Capacitate women and girls living with disability to be able to access lifesaving GBV and SRH services in dignifying manner (life skills , identifying their specific needs, information on service available based on their needs, support people with disabilities who require assistance to make decisions independently, impairment, GBV and SRH information on service available with using their specific signs)	UNFPA, MINAS, CBCHS, REGAGE
Activity 2.2	Produce and distribute GBV/SRH IEC materials with life-saving messages in all affected communities	UNFPA, MINPROFF, LUKMEF, COMINSUD, MINSANTE, CBCHS
Activity 2.3	Update and dissemination of the GBV referral pathways for NW & SW	UNFPA, MINSANTE, MINPROFF, IRC, CARE, LUKMEF, COMINSUD, CBCHS
Activity 2.4	Strengthen GBV and SRH data collection, analysis and dissemination including data of people living with disabilities	UNFPA, MINSANTE, MICARE, MLUKMEF, COMINSUD, CBCHS

Output 3	Reduced mortality and morbidity among women, girls, and adolescents through provision of emergency obstetric and newborn care, HIV prevention and family planning services according to MISP standards
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Health - Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of facilities providing quality Basic Emergency Obstetric and Newborn Care (BeMONC) and mobile/outreach services	9	9	UNFPA, CBCHS, MINSANTE
Indicator 3.2	Number of health facilities providing Comprehensive Emergency Obstetric and Newborn Care CeMONC	6	6	UNFPA, CBCHS, MINSANTE
Indicator 3.3	Number of safe homes for referral to safe delivery in northwest, southwest established	2	2	UNFPA, CBCHS, MINSANTE
Indicator 3.4	Number of visibly pregnant women who receive clean delivery kits disaggregated by disability status	2000	2,006	UNFPA, CBCHS, MINSANTE
Indicator 3.5	Number of persons receiving condoms, disaggregated by sex and age	16000	6,480	LUKMEF, COMINSUD
Indicator 3.6	Number of deliveries realized during the reporting period	2000	2,015	UNFPA, CBCHS, MINSANTE
Indicator 3.7	Number of obstetric complications referred and managed during the reporting period.	200	199	UNFPA, CBCHS, MINSANTE

Explanation of output and indicators variance:	The target for condoms distribution was not attained during the reporting period due to a combination of factors: delays in procuring and channelling of the condoms to their destinations due to increased insecurity and limited access to hard-to-reach localities and the cultural/traditional and religious beliefs especially in remote communities lead to a repulsive level of acceptance of condom distribution intervention.

Activities	Description	Implemented by
Activity 3.1	Support the provision of quality BEmONC mobile/outreach services	CBCHS, MINSANTE
Activity 3.2	Support the provision of quality CEmONC mobile/outreach services	CBCHS, MINSANTE
Activity 3.3	Purchase and distribute clean delivery kits to visibly pregnant women disaggregated by disability status	MINSANTE, LUKMEF, COMINSUD
Activity 3.4	Purchase and distribute male and female condoms	MINSANTE, LUKMEF, COMINSUD
Activity 3.5	Conduct assisted deliveries	CBCHS, MINSANTE
Activity 3.6	Refer and manage obstetric complications to the 4 referral sites	CBCHS, MINSANTE
Activity 3.7	Establish and operationalize 02 maternity waiting homes (Safe Homes)	MINSANTE, CBCHS

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[4] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given due consideration.**

a. Accountability to Affected People (AAP) [5]:

Prior to the CERF project design, UNFPA conducted CERF-specific, participatory and meaningful needs assessments that engaged different groups in the NWSW. The assessments were not just limited to technical surveys but extended to face-to-face engagement with affected people in the project area, to ensure that CERF plans adequately reflect the views, voices and priorities of women, girls, men and boys as well as people with disabilities. Also, a rapid assessment was carried out, in partnership with women associations by MINPROFF, COMINSUD and LUKMEF to identify the content of the dignity and Mama kits based on the priority needs that permitted the purchase of customized and culturally acceptable kits.

During the implementation phase, continuous assessment within communities, facilitated the identification of most vulnerable women and girls who were eligible for dignity kits, based on set vulnerability criteria.

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

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

Regular field missions were carried out during which progress in implementation was done as well as a general qualitative evaluation of client satisfaction with services were offered. Also, UNFPA staff closely monitored the work of implementing partners and interacted directly with survivors in order to hear from them and to the extent possible respond to their views.

b. AAP Feedback and Complaint Mechanisms:

UNFPA put in place feedback and accountability mechanisms throughout its governance/leadership in order to ensure transparency and accountability to targeted communities. UNFPA through its top management and the Communication Team provided accessible and timely information to help communities to make informed decisions and choices; and for affected communities to play active roles in decision-making processes that affect them. Lastly the project was designed, implemented and monitored with support from the affected communities; and, likewise, on regular intervals post-services monitoring, involving local partners and affected communities was conducted during the tenure of the project.

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

UNFPA staff and implementing partners charged with implementation of the project were obliged to adhere to key humanitarian principles and IASC core principles relating to the prevention of sexual exploitation and abuse (PSEA). UNPFA also put in place measures for managing PSEA risks including sexual harassment within programme management as they occur.

UNFPA put in place effective complaints mechanisms, especially for PSEA. Implementing partners working on the CERF project were trained on PSEA and code of conduct on how to engage/work within humanitarian settings.

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

The project endeavoured not to overlook gender and inclusion issues in order not to exacerbate poverty, vulnerability and gender inequality, and opportunities for empowerment and transformative change.

The CERF project also noted that gender issues are central to social protection programming. The project was carefully designed and implemented to ensure gender equality and empowerment across its life cycle – and across the three outcomes of the project. The project further ensured that gender and other intersecting vulnerabilities - such as disability – were well considered or integrated into the design, implementation and monitoring and evaluation (M&E), etc. The CERF project discerned and considered that the on-going crisis in NWSW provides veritable windows of opportunity for supporting positive changes in gender relations. Lifesaving GBV interventions as envisioned by the CERF project harnessed protection, GBV and SRH opportunities rather denial of them.

e. People with disabilities (PwD):

Across the globe, it is estimated that one in five women (and adolescent girls) live with a disability. For these women and girls (and even men and boys) with disabilities, gender-based violence is often compounded by disability-based discrimination. In the conflict-affected regions of Cameroon, persons with a disability are often considered weak, worthless and in some cases subhuman by their societies/communities - and because of that they face a heightened risk of domestic and sexual violence. This is a notion or concept that the CERF project tried to correct. Accordingly, the CERF project was designed to prevent gender-based violence as a whole; and it took into account the unique dangers and challenges faced by persons with disabilities. Without such specific attention and solutions as defined in the CERF project design and implementation phases, persons with disabilities would have been left behind and at further risk.

f. Protection:

The CERF project recognised that all national and international actors responding to the humanitarian crisis in the North-West and South-West regions have a duty to protect those affected by the crisis; the duty includes but it is not limited to protecting persons affected and

are at-risk from GBV. In order to implement Lifesaving Gender-based Violence and Sexual Reproductive Health interventions for IDPs in the North-West and South-West, essential actions were undertaken in a coordinated manner from the earliest stages of the design of the CERF project. These actions (i. increased availability and accessibility of lifesaving multi-sector GBV prevention, mitigation and response services to survivors including those living with disabilities; ii. increased availability and accessibility of lifesaving GBV and SRH information and referral for women and girls living with disabilities; and iii. reduced mortality and morbidity among women, girls, and adolescents through provision of emergency obstetric and new-born care, HIV prevention and family planning services according to MISP standards), were crafted to play three key functions or objectives. They included i) to reduce risk of GBV by implementing GBV prevention and mitigation strategies within the Protection Sector from pre-emergency through to recovery stages; ii) to promote resilience by strengthening national and community-based systems that prevent and mitigate GBV; and iii) to aid recovery of communities and societies by supporting local and national capacity to create lasting solutions to the problem of GBV.

g. Education:

During its design phase, the CERF project recognised that better-designed education programmes have a strong potential to help mitigate a number of GBV risks, including but not limited to keeping girls and women safer and supporting them when they have been victimized by gender-based violence. Also, the CERF project was well designed with education considerations so that women and girls acquire knowledge and skills that improve their own lives.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

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

CVA was not planned for under the CERF project. UNFPA recognises that CVA is a modality to address economic barriers to access SRH and GBV services or purchase necessary items. However, it does not replace but rather complement UNFPA's core humanitarian programming, including in-kind support to survivors for essential items through dignity kits, as has been implemented through this project.

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

3.3 Project Report 20-RR-HCR-003

1. Project Information

Agency:	UNHCR	**Country:**	Cameroon
Sector/cluster:	Emergency Shelter and NFI - Shelter and Non-Food Items	**CERF project code:**	20-RR-HCR-003
Project title:	Provision of shelter and essential items to Internally Displaced Persons in the North West and South West Regions of Cameroon		
Start date:	01/01/2020	**End date:**	30/06/2020
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 7,159,913**
Total funding received for agency's sector response to current emergency:	**US$ 2,999,811**
Amount received from CERF:	**US$ 500,000**
Total CERF funds sub-granted to implementing partners:	**US$ 27,080**
Government Partners	US$ 0
International NGOs	US$ 27,080
National NGOs	US$ 0
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF grant, UNHCR and its partner Plan International provided 18,240 persons of concern (PoCs) with 3,040 emergency shelter kits, including 1,800 core relief items.
The grant has positively impacted on the lives of more than ten (10) thousands of internally displaced persons who had little or no shelter and also lacked relief items.

3. Changes and Amendments

The grant was initially allocated for a duration of six months starting on 1 January 2020. Due to security constraints and delays caused by the COVID-19 pandemic, UNHCR requested and obtained a No Cost Extension (NCE) of three months for the project implementation to 30 September 2020. UNHCR also had to submit a reprogramming request, as due to operational constraints the Cash activities could not be implemented. The budget foreseen for the Cash and Voucher assistance was used to build 59 transitional shelters to host 59 most vulnerable IDP households (about 200 individuals) in Mutengene, South-West Region. The construction was completed in December 2020.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Emergency Shelter and NFI - Shelter and Non-Food Items									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	0
Returnees	0	0	0	0	**0**	0	0	0	0	0
Internally displaced people	3,000	2,550	2,550	2,000	**10,100**	2,884	3,942	2,676	2,806	**12,308**
Host communities	1,500	1,300	1,300	1,000	**5,100**	1,483	1,897	1,232	1,674	**6,286**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**4,500**	**3,850**	**3,850**	**3,000**	**15,200**	4,367	5,839	3,908	4,480	**18,594**
People with disabilities (PwD) out of the total										
	350	150	300	225	**1,025**	152	356	207	304	**1,019**

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

5. People Indirectly Targeted by the Project

Many of the displaced people in the North-West and South-West crisis are living with host families. Thus, by providing shelter and relief items, to 18,240 individuals, the communities hosting them so far were relieved of sharing their humble shelter which created overcrowding and was sometimes reason for disputes. About 3,000 IDPs hosting families indirectly benefited from the project activities as beneficiaries shared the relief items provided to them.

6. CERF Results Framework

Project objective	Provision of emergency shelter and essential items
Output 1	Emergency shelter and NFI kits provided

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

Sector/cluster	Emergency Shelter and NFI - Shelter and Non-Food Items			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	# of PoC Receiving Emergency Shelter kit	15,200	18,240	Reports from Plan International;
Indicator 1.2	# of NFI kits provided	1,800	1,800	Reports from Plan International;
Indicator 1.3	# of Emergency Shelters kits provided	3,040	3,040	Reports from Plan International;
Explanation of output and indicators variance:		The difference (3,040) in the target and achievement is that contrary to the estimate of five (05) per households, many families are made up of six (06) individuals.		

Activities	**Description**	**Implemented by**
Activity 1.1	Provision of Emergency Shelter kits	UNHCR
Activity 1.2	Distribution of Emergency Shelter kits	Plan International, Educate a child in Africa (ECA), African International Relief and Development (AIRD)
Activity 1.3	Distribution of NFI kits	Plan International, ECA, AIRD

Output 2	Shelter Materials and Maintenance toolkit Provided

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

Sector/cluster	Emergency Shelter and NFI - Shelter and Non-Food Items			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	# of PoC receiving shelter Support	15,200	18,240	Reports from Plan International, ECA
Indicator 2.2	# Shelter Maintenance toolkits and materials	100	100	Reports from Plan International, ECA

Explanation of output and indicators variance:	The difference (3,040) in the target and achievement is that contrary to the estimate of five (05) per households, many families are made up of six (06) individuals.

Activities	**Description**	**Implemented by**
Activity 2.1	Provision of Shelter Materials and Maintenance toolkit	UNHCR
Activity 2.2	Distribution of Shelter Maintenance toolkits and materials	Plan International, ECA and AIRD

Output 3	Population has Sufficient Basic and domestic Items

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

Sector/cluster	Emergency Shelter and NFI - Shelter and Non-Food Items			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	# of PoCs receiving cash/voucher grants	5,000	0	
Indicator 3.2	# of PoCs Receiving core relief Items	4,000	4,000	Reports Plan International and ECA
Explanation of output and indicators variance:	Due to operational constraints the Cash activities could not be implemented. The budget foreseen for the Cash and Voucher assistance was used to build 59 transitional shelters to host 59 most vulnerable IDP households (about 200 individuals) in Mutengene, South-West Region.			

Activities	**Description**	**Implemented by**
Activity 3.1	Provision of Cash Grant or Voucher (Multi-Purpose)	UNHCR
Activity 3.2	Ddistribution of Core Relief Items	Plan International, ECA and AIRD

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[6] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given due consideration.**

a. Accountability to Affected People (AAP)[7]:

The beneficiaries were consulted through focus group discussions (FGDs). Community leaders were also consulted and gave support in identifying land provided by the host community. UNHCR shelter and NFI activities applied a community-based approach. Two-ways community communication were used through community workers to share information with/from persons affected.

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

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

For example, the suggestion for the construction of transitional shelter for the most vulnerable IDPs was made by the beneficiaries.

b. AAP Feedback and Complaint Mechanisms:

A hotline was established through which beneficiaries were able to give feedback. Furthermore, beneficiaries were also able to submit feedback on project implementation at help desks which were available at distribution points.

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

Awareness raising activities on PSEA and reporting of PSEA incidents were conducted during distribution of shelter and NFIs kits to internally displaced persons. UNHCR used remote protection monitoring approach for reporting on sexual exploitation and abuse. No PSEA incident involving UNHCR or partner staff was reported during the implementation period.

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

UNHCR's Age and Gender Diversity Mainstreaming (AGDM) tool was used by UNHCR to prioritize the needs of the most vulnerable and marginalized people among the targeted populations. UNHCR ensured that gender considerations, as much as they affect the protection of beneficiaries, were mainstreamed in the Shelter/NFI activities. UNHCR recognizes that each person is unique, with characteristics that play a central role in determining his or her ability to enjoy fundamental rights. Not only were the rights of children, girls, and women fully respected in the course of the implementation of these activities, but also vulnerable groups were prioritized according to UNHCR's commitment for the most vulnerable among its persons of concern.

e. People with disabilities (PwD):

People with disabilities were specifically targeted with the full involvement of a local association and the appropriate community workers; 1,000 persons with disabilities were targeted (150 men, 350 women 200 boys and 300 girls). Similarly, with the achievement of 18,240 individuals with an increase of 3,040 beneficiaries, 68 were in addition assisted.

f. Protection:

UNHCR used a two-fold approach with regards the protection monitoring to identify affected people for the provision shelter/NFIs in the targeted locations: remote monitoring with affected communities and actual reach-out to communities. Protection monitoring identified areas in need of shelter assistance. Identified GBV/Child protection incidents were referred to GBV/Child Protection service providers. UNHCR targeted a total of 15,000 displaced persons and host community members with protection assistance in NFI and Shelter by paying special attention to the most vulnerable IDPs (women, children and People with Specific Needs) and mainstreaming age, gender and diversity in its approach to meeting the needs. Female headed-households and child-headed households were given higher consideration.

g. Education:

Sensitization activities on the efficient use of the shelter and relief items, as well as on COVID-19 preventive measures and items' distribution, in compliance with Covid-19 protocols, were undertaken in various locations.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

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

Cash and Voucher assistance was integrated at the project design phase but due to operational constraints the cash activities could not be implemented.

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

3.4 Project Report 20-RR-CEF-004

1. Project Information

Agency:	UNICEF	**Country:**	Cameroon
Sector/cluster:	Water Sanitation Hygiene - Water, Sanitation and Hygiene Health - Health Protection - Child Protection	**CERF project code:**	20-RR-CEF-004
Project title:	Rapid Emergency Child Protection, WASH and Health response for IDPS in North-West and South-West Regions		
Start date:	19/02/2020	**End date:**	18/08/2020
Project revisions:	No-cost extension ☐ Redeployment of funds ☐ Reprogramming ☐		

Funding

Total requirement for agency's sector response to current emergency:	**US$ 3,593,000**
Total funding received for agency's sector response to current emergency:	**US$ 0**
Amount received from CERF:	**US$ 1,425,065**
Total CERF funds sub-granted to implementing partners:	**US$ 523,581**
Government Partners	US$ 76,677
International NGOs	US$ 83,040
National NGOs	US$ 314,763
Red Cross/Crescent Organisation	US$ 49,101

2. Project Results Summary/Overall Performance

Child Protection: Through this CERF UFE grant, UNICEF and its implementing partners (Danish Refugee Council and LUKMEF) reached a total of 18,168 children (10,1764 girls and 7,404 boys), including 67 children living with disabilities (48 girls and 19 boys), with mental health and psychosocial support in the North-West (Mezam, Ngo-Ketunjia) and South-West Regions (Fako).

In addition, 1,491 unaccompanied and separated children (UASC) (1,031 girls and 460 boys) were identified and provided with case management services, including documentation of children, family tracing, reunification or placement in alternative care with trained foster families. Of those 1,491 UASC, 172 are unaccompanied children (131 girls and 41 boys); 107 of which were reunified with their families during the project implementation period (92 girls and 15 boys), while the remaining 65 were placed in alternative care and continued to benefit from regular follow-up by social workers while family tracing is on-going.

WASH: In addressing critical public health issues such as poor sanitary condition, lack of adequate potable water and poor hygiene practices, and to sensitize the affected population on COVID-19 prevention measures in the South-West (Limbe and Buea) and North-West (Mezam division) regions, access to safe drinking water was provided to 2,755 IDPs through the rehabilitation of 5 water points. Access to basic sanitation services has been improved for at least 10,688 people through the construction of 212 gender segregated cabins/stances and 106 bathing shelters.

11,900 vulnerable households (59,500 people) benefited of 11,900 WASH kits to facilitate the adoption of good water, sanitation and hygiene practices.

60,233 individuals were sensitized and trained on household water treatment, good water, sanitation and hygiene practice.

Health*:* 27,600 of vulnerable women and girls received sanitary pads.

400 volunteers were trained on COVID-19 transmission and prevention measures and were provided with personal protective equipment. They supervised the installation and utilization of 380 handwashing stations in strategic public areas like markets and bus stations for the benefit of over 21,200 individuals.

1,804,659 people (double counting not excluded), including 1,042 people with disabilities, were sensitized on the symptoms and prevention of COVID-19 in Bamenda, Buea and Limbe towns.

3. Changes and Amendments

In the North-West and South-West regions, the environments in which UNICEF Child Protection implementing partners were operating remained volatile throughout the implementation period. Weekly Ghost Towns on Mondays, ad hoc lockdowns across the two regions called by Non-State Armed Groups as well as localized lockdowns called by individual factions of Non-State Armed Groups led to a total of 144 working days lost between January and December 2020. Also, many humanitarian NGOs and partners reduced or suspended activities during the February parliamentary elections as the NSAGs enforced a boycott of the elections, due to the insecurity and fears related to election-related violence.

In addition, the Government introduced containment measures to limit transmission of COVID-19. These measures resulted in implementation delays for planned Child Protection activities which required group activities and community gatherings. Furthermore, the planned provision of psychosocial support in child friendly spaces and alternative care have been challenged due to the virus outbreak, as parents are fearing for the sanitary safety of their children. Global and national COVID-19 prevention measures also increased the transportation costs of WASH commodities.

UNICEF requested and obtained a No-Cost-Extension until 8 November 2020 for this grant in order to accommodate the decisions and the modified modus operandi of the Child Protection actors to reduce groups of children assisted to ensure social distancing, reducing the duration of groups activities while multiplying them in order to accommodate the number of children in need.

Meetings at the community level were regularly organized by partners to provide information on the project. During these discussions, it was agreed that both IDPs and host communities be targeted, not just IDPs as previously envisioned.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health - Health									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	8,825	8,832	8,169	8,175	**34,001**	5,168	4,684	14,028	12,380	**36,260**
Host communities	0	0	0	0	**0**	3,030	3,006	1,656	1,524	**9,216**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**8,825**	**8,832**	**8,169**	**8,175**	**34,001**	**8,198**	**7,690**	**15,684**	**13,904**	**45,476**
People with disabilities (PwD) out of the total										
	1,324	1,325	1,225	1,226	**5,100**	0	0	18	39	**57**

Sector/cluster	Water Sanitation Hygiene - Water, Sanitation and Hygiene									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	15,000	14,400	15,600	15,000	**60,000**	17,083	17,251	13,506	13,892	**61,732**
Host communities	0	0	0	0	**0**	0	0	0	0	**0**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**15,000**	**14,400**	**15,600**	**15,000**	**60,000**	**17,083**	**17,251**	**13,506**	**13,892**	**61,732**
People with disabilities (PwD) out of the total										
	2,250	2,160	2,340	2,250	**9,000**	221	351	190	280	**1,042**

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

Sector/cluster	Protection - Child Protection									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	6,500	6,500	**13,000**	0	0	4,381	2,979	**7,360**
Host communities	0	0	0	0	**0**	0	0	6,383	4,425	**10,808**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**0**	**0**	**6,500**	**6,500**	**13,000**	**0**	**0**	**10,764**	**7,404**	**18,168**
People with disabilities (PwD) out of the total										
	0	0	1,500	1,500	**3,000**	0	0	48	19	**67**

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

5. People Indirectly Targeted by the Project

1,804,659 people (double counting not excluded), including 1,042 people with disabilities, were sensitized through UNICEF's WASH project on the symptoms and prevention of COVID-19 in Bamenda, Buea and Limbe towns.

9,321 adults, including 5,291 women (2,457 IDPs and 2,834 host community members) and 4,030 men (1,996 IDPs and 2,934 host community members) were sensitized through community-based awareness raising campaigns on child protection risks in emergencies, protection from sexual exploitation and abuse as well as other forms of gender-based violence in emergency, and COVID-19 preventive measures. GBV risk mitigation and prevention activities reached 2,950 women (1,179 IDPs and 1,771 Host Community) and 1,598 men (639 IDPs and 959 Host Community) and strengthening of Community Based Child Protection Mechanism members reached 471 child protection mechanism community members including 238 women and 234 men, enabling them to identify, refer and follow up children affected by the armed conflict and victims of violence, abuse and exploitation.

6. CERF Results Framework

Project objective	Ensure complementary, life-saving WASH and health interventions along with essential child protection actions are targeted to highly vulnerable, newly displaced populations.
Output 1	By the end of July 2020, 20,000 conflict-affected children are provided with psychosocial support and protection from violence, exploitation and abuse in North West and South West Regions

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

Sector/cluster	Protection - Child Protection			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Number of children accessing mental health and psychosocial support (disaggregated by sex)	13,000	18,168	Partner monthly reporting tools
Indicator 1.2	Number of Unaccompanied and Separated Children identified	1,000	1,491	Partner monthly reporting tools
Indicator 1.3	Number of children survivors of sexual and gender-based violence accessing response interventions	100	107	Partner monthly reporting tools

Explanation of output and indicators variance:	With the outbreak of the COVID-19 pandemic in Cameroon and subsequent constraints posed on Child Friendly Spaces by both NSAG and administrative authorities, UNICEF, with its Implementing Partners, developed an accelerated and more individualized strategy in order to still be able to reach a large number of children, including those most vulnerable (including the recruitment of more animators to provide psychological support and the development of a door-to-door approach with mobile teams.

Activities	**Description**	**Implemented by**
Activity 1.1	Provide psychosocial support to conflict-affected children	LUKMEF and DRC
Activity 1.2	Identification and documentation of unaccompanied and separated children	LUKMEF and DRC
Activity 1.3	Monitoring and reporting on violations against children's rights and providing support to survivors of sexual and gender-based violence	LUKMEF and DRC

Output 2	By July 2020, about 60,000 people (12,000 families) in bush/hard to reach and peri-urban areas have received basic WASH commodities and adopt good hygiene practices

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

Sector/cluster	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Number of people which have received WASH kits	60,000	59,733	Monthly reports by partners, Monitoring visits
Indicator 2.2	Number of persons sensitized on good hygiene and sanitation practices	50 000	1,864,892	Monthly reports by partners
Indicator 2.3	Number of person beneficiaries of water treatment product	60,000	59,733	Monthly reports by partners, Monitoring visits

Explanation of output and indicators variance:	Before the COVID-19 outbreak in Cameroon, 50,000 people were targeted for sensitization on good hygiene and sanitation practices. But after COVID-19 outbreak was declared in Cameroon, reprogramming was done and funds were reallocated to activities that aimed at containing the spread of COVID-19; hence, more people were reached through sensitization because reprogramming allowed recruitment of 400 volunteers who carried out sensitization on COVID-19 prevention measures in strategic locations in Buea, Limbe and Bamenda e.g. markets, bus stations etc in urban and peri-urban areas. Sensitization on COVID-19 transmission and prevention reached a total of 1,804,659 in additional to the 60,233 reached through original plans. As awareness raising campaigns are usually considered to for people indirectly reached, these beneficiaries are not included as direct beneficiaries.

Activities	**Description**	**Implemented by**
Activity 2.1	Procurement of WASH kits and items (handwashing)	UNICEF
Activity 2.2	Distribution of WASH kits and items to people in bush/hard to reach and peri-urban	AFRINET and COMINSUD
Activity 2.3	Awareness raising and sensitization campaigns on environmental health and good hygiene and sanitation practices	CAMEROON RED CROSS, AFRINET and COMINSUD
Activity 2.4	Water quality Monitoring/field level testing at various water points and households	AFRINET and COMINSUD

Output 3	5,000 people in bush/hard to reach and peri-urban areas have access to basic sanitation facilities and safe drinking water

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

Sector/cluster	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	Number of people with access to basic sanitation facilities	5,000	10,688	Monthly reports by partners
Indicator 3.2	Number of water points rehabilitated	10	5	Monthly reports by partners

Indicator 3.3	Number of people with access to rehabilitated water points	5000	2,755	Monthly reports by partners
Explanation of output and indicators variance:		Through reprogramming in response to COVID-19, the number of water points were reduced to 5 and 380 handwashing facilities were installed to halt the spread of COVID-19. Also, to address the issue of open defecation and prevent cholera outbreak in targeted localities, sanitation facilities were increased to ensure at least 10,600 were reached. The actual number of users after project completion is 10,688.		

Activities	**Description**	**Implemented by**
Activity 3.1	Construction of gender sensitive emergency latrines and showers equipped with handwashing (disability-informed depending on local context)	AFRINET and COMINSUD
Activity 3.2	Rehabilitation of water points	AFRINET and COMINSUD

Output 4	A package of health services is provided to displaced children and pregnant women/ caregivers.
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Health - Health

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 4.1	# of children provided with essential drugs for ARI and Diarrhoea (disaggregated by gender)	4,000	8,377 children	Monthly reports Cameroon Baptist Convention Health Services-CBCHS, CARITAS Bamenda, CARITAS Kumba and CARITAS Mamfe
Indicator 4.2	# people provided anti malaria treatment (disaggregated by gender and age)	10200	8,377 children	Monthly reports Cameroon Baptist Convention Health Services-CBCHS, CARITAS Bamenda, CARITAS Kumba and CARITAS Mamfe
Indicator 4.3	# people provided LLINs (2 LLINs per household)	34000	40,048	Monthly reports CBCHS, CARITAS Bamenda, CARITAS Kumba and CARITAS Mamfe
Indicator 4.4	# of maternal care kit for Pregnant and Lactating Women	850	443	Monthly reports CBCHS, CARITAS Bamenda, CARITAS Kumba and CARITAS Mamfe
Indicator 4.5	# of new-born kits to caregivers of infants/new-borns children	950	257	Monthly reports CBCHS, CARITAS Bamenda, CARITAS Kumba and CARITAS Mamfe
Explanation of output and indicators variance:		Two indicators overreached their targets: The number of children provided with essential drugs for ARI and Diarrhoea is overreached at 209 per cent (8,377 children treated against 4,000 children planned) and the number of people		

	provided LLINs (2 LLINs per household) is reached and surpassed at 132 per cent (40,048 persons against 34,000 persons planned). It indicates the high prevalence of childhood illnesses in both regions. These results have been achieved thanks to the supplies which were received and distributed on time. Where targets were surpassed the office used its supplies in stock to provide additional treatment to children under five and LLINs to families due to the high need. The number of people provided anti malaria treatment is almost reached at 91 per cent. The number of maternal care kit for Pregnant and Lactating Women (52 per cent of the target reached) and number of new-born kits given to caregivers of infants/new-borns children (27 per cent of the target reached) have not reached their targets. The context of COVID-19 pandemic hindered the delivery of supplies. The distribution of these supplies continued after the implementation of the CERF project.

Activities	**Description**	**Implemented by**
Activity 4.1	Distribution of essential drugs for treatment of ARIs and Diarrhoea	CBCHS, CARITAS Bamenda, CARITAS Kumba and CARITAS Mamfe]
Activity 4.2	Distribution of at home anti malaria treatment	CBCHS, CARITAS Bamenda, CARITAS Kumba and CARITAS Mamfe
Activity 4.3	Distribution of treated mosquito bed nets/LLINs (2 LLINs/household)	CBCHS, CARITAS Bamenda, CARITAS Kumba and CARITAS Mamfe
Activity 4.4	Distribution of maternal care kit for PLWs	CBCHS, CARITAS Bamenda, CARITAS Kumba and CARITAS Mamfe
Activity 4.5	Distribution of new-born kits to caregivers of infants/new-borns children	CBCHS, CARITAS Bamenda, CARITAS Kumba and CARITAS Mamfe

Output 5	Emergency immunization coverage of vaccine preventable diseases with emphasis on measles and rubella, polio and tetanus are reached
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Health - Health

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 5.1	# of children aged 0 - 59 months vaccinated against Penta 3 and Measles / Rubella (MR) in children aged 0-59 months [Measles/Rubella Vaccine requires one dose between 9-11 months of age. Penta 3 is the third dose and last dose of Penta vaccine. As agreed by UNICEF with MOH, vaccines are supplied on reimbursable basis by the Health district / Regional Delegation and will still be available after the CERF project. Because many children do not have access to vaccination, routine vaccines are available.]	30,000	32,569	DHS2 tool and activities reports of the RDPH NWSW, CBCHS, CARITAS Bamenda, CARITAS Mamfe and CARITAS Kumba

Indicator 5.2	# of children who received vitamin A	30,000	15,472	DHS2 tool and activities reports of the RDPH NWSW, CBCHS, CARITAS Bamenda, CARITAS Mamfe and CARITAS Kumba
Explanation of output and indicators variance:		The number of children aged 0 - 59 months vaccinated against Penta 3 and Measles / Rubella (MR) exceeded the target at 109 per cent. It indicates that many displaced and conflict-affected children missed the routine vaccines because of the NWSW crisis. The number of children who received vitamin A (51.5 per cent of the target reached) did not reach the target due to the delay in provision in the international market because of the COVID-19 pandemic. Implementing partners continued with Vitamin A supplementation to the children after the project end.		

Activities	**Description**	**Implemented by**
Activity 5.1	Vaccination of children aged 0 - 59 months vaccinated against vaccine preventable during out-reach activities, and mobile strategies.	Regional Delegations of Public Health for North West and South West, CBCHS, CARITAS Bamenda, CARITAS Kumba and CARITAS Mamfe
Activity 5.2	Supplementation of vitamin A for Children aged 6 months - 5 years out-reach activities, and mobile strategies.	Regional Delegations of Public Health for North West and South West and CBCHS

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[8] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given due consideration.**

a. Accountability to Affected People (AAP)[9]:

UNICEF via the WASH cluster platform, OCHA and local authorities, ensured participation of key stakeholders, especially staff from the local authorities, traditional leaders, community leaders and affected populations. Meetings at the community level were regularly organized by partners to provide information on the project. This involved both separate and joint meetings with the different categories of crisis-affected people – IDPs (old and newly displaced), host communities, girls, boys, women, men, and persons living with disabilities. During these discussions, it was agreed that both IDPs and host communities be targeted, not just IDPs as previously envisioned. In line with the core commitment for children in emergencies, UNICEF and partners, through community consultation meetings, ensured that the affected population was well informed about the objective of the program, expected outputs and outcome. For instance, partners had to modify drawings/floor plans of sanitation facilities after receiving feedback from Muslim communities about their religious needs. Also, the role of affected population towards successful implementation of the project and operation and maintenance of waterpoints and toilets was agreed before the project commenced. Water management Committees and Toilet management committees were established, and members selected by their community were trained to ensure water points and sanitation facilities are well maintained.

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

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

b. AAP Feedback and Complaint Mechanisms:

Suggestion boxes were placed in strategic places frequented by the beneficiaries. In response to the suggestions expressed, posters on the rights of beneficiaries to access support in dignity and without discrimination were displayed.

Information on the helpline was shared during sensitization sessions. The helpline was managed by the project coordinator for confidentiality purposes and addressed mainly the quality of work provided by community volunteers. The complaints raised were investigated and remedial measures were taken. Those that could be discussed publicly were addressed during the monthly meetings with the communities. Affected populations were encouraged to channel their complaints via several committees e.g. Water management Committees, Toilet management Committees etc. that were established in their respective areas. To ensure confidentiality, affected populations were asked to share their concerns with people they trust e.g. traditional chiefs, religious leaders and community leaders; who, thereafter, shared with partners' staff selected to receive and process complaints from affected population.

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

At the beginning of project implementation, all implementing partner's project staff were trained on Prevention of Sexual Exploitation and Abuse (PSEA) and the seriousness of the issue. A PSEA focal point for the project was appointed for each implementing partner. Representatives from the communities where the project was to be implemented also received sensitization and awareness raising sessions on PSEA and were informed about the helplines that victims of PSEA could call in confidence to report incidents. These representatives in turn sensitized their communities on their rights to receive assistance without any coercion, including sexual favours and shared the helplines with community members to report any such incidents. The WASH Cluster shared with its members referral pathways where affected population can report SEA and GBV related matters. Moreover, hotline numbers were shared with community members and humanitarian aid workers to ensure high levels of confidentiality.

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

Membership of the community-based child protection mechanisms was mixed to ensure that women and adolescent girls were represented. In the process, their voices were heard during the regular meetings of these mechanisms. Among the responsibilities of these mechanisms was the identification of vulnerable children and caregivers in their communities and referring them to project staff for further assistance. This approach allowed more survivors of gender-based violence to come forward for assistance. From the initial target of 100 GBV survivors to be supported with response interventions, UNICEF implementing partners reached a total of 107 GBV survivors with comprehensive support packages. To empower women, partners ensured that women are part of the toilet and water management committees established in their areas, and they were encouraged to accept key roles in the committees. The rehabilitation of water points improved access to safe water and reduce the time spent by women and girls to collect water; hence, reduce GBV cases. The distribution of 27,600 sanitary pads to vulnerable women and adolescent girls ensured that the dignity of women and girls is maintained.

e. People with disabilities (PwD):

UNICEF continued emphasis and attention to inclusivity: UNICEF implementing partners have been asked to include disability status as part of their disaggregated results. This has ensured that Persons with Disabilities (PwD), especially children and their caregivers, came forward and were fully considered during needs assessments. This in turn informed planning of interventions to ensure that these special needs are met. Albinism is a common disability in the NW/SW regions and simple protective solutions such as sunscreen creams, sunglasses, and hats can help children and caregivers with albinism to lead their lives. Unaccompanied and Separated Children (UASC) with disabilities were prioritized for family tracing and reunification with families as well as for referral services due to their increased vulnerability. Through this CERF grant, UNICEF implementing partners reached 67 children (48 girls and 19 boys) as well as 77 caregivers (51 women and 26 men) living with disabilities amongst which the majority were physically disabled.

f. Protection:

Protection of conflict-affected persons, with focus on children, was at the core of the design of this project. UNICEF implementing partners were responding to vulnerable displaced persons and the host communities burdened with the needs to support them. The Do No Harm principle informed the interventions on behalf of the affected persons. For example, to avoid Child Friendly Spaces (CFSs) being confused with Community Schools promoted by some non-State armed actors and being by consequences at risk of dismantling by administrative authorities, UNICEF conducted numerous visits and dialogues with administrative authorities at different levels while renaming the CFS as Psycho-Social Support Units (PSSUs) for a clearer understanding of their utility. UNICEF also avoided using cash assistance so as not to expose beneficiaries to kidnappings for ransom. Emergency latrines were constructed in areas that had enough light and all bushes around latrines were cleared. Also, to minimise SEA cases, all emergency latrines were gender sensitive. Toilet management committees were tasked to monitor and report on protection issues.

g. Education:

Education is a contested issue in this crisis and became one of the political bottlenecks to the resolution of this conflict. In some cases, Non-State armed groups have attempted to enforce a "no-school" policy as a means of achieving social, economic, or political ends, and have harmed or threatened individuals who have not complied. In the process, Child Friendly Spaces (CFSs), the primary means through which conflict-affected children receive Mental Health and Psychosocial Support Services have been mistaken for alternative schools and forced to close by Government authorities promoting the reopening of regular schools instead. It thus became necessary in order to protect the children and staff working in the CFS from any risk of retaliation or threats, especially in the NW Region, to rename these CFSs as Psycho-Social Support Units (PSSUs) to give communities and authorities a better and clearer understanding of the services those Units were to provide the children and caregivers to.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

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

Cash and Voucher Assistance was not considered in this project for two major reasons – a weakened market due to the ongoing crisis and increased incidents of kidnappings for ransom perpetrated by non-State armed groups to fund their activities as well as criminal elements taking advantage of the crisis to fleece citizens. To ensure that beneficiaries received the support they needed and without exposing them to opportunistic kidnappings, UNICEF and its implementing partners avoided to resort to cash and voucher assistance but provided in kind assistance instead and referral to needed free of charge services.

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

3.5 Project Report 20-RR-CEF-005

1. Project Information

Agency:	UNICEF	**Country:**	Cameroon
Sector/cluster:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	**CERF project code:**	20-RR-CEF-005
Project title:	Emergency WASH response to cholera outbreak in South West Region of Cameroon		
Start date:	03/01/2020	**End date:**	02/07/2020
Project revisions:	No-cost extension ☒ Redeployment of funds ☐	Reprogramming	☒

Funding

Total requirement for agency's sector response to current emergency:	**US$ 2,481,000**
Total funding received for agency's sector response to current emergency:	**US$ 100,000**
Amount received from CERF:	**US$ 400,651**
Total CERF funds sub-granted to implementing partners:	**US$ 150,778**
Government Partners	US$ 0
International NGOs	US$ 0
National NGOs	US$ 150,778
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF grant, UNICEF and its partners provided WASH services to 30,203 people in the Bakassi Health District. The main activities carried out include the distribution of household level water treatment products, construction of sanitation facilities at communities' level to address the issues of high open defecation and awareness raising campaigns on good water, sanitation and hygiene practices among affected populations. Intervention strategies were adapted to accommodate the onset of COVID-19 cases in the country.

Key results of activities carried include:

- 6,000 vulnerable households received a total of 1,080 cartons (10,000 packs) of household water treatment product (aqua tabs)
- 30,203 individuals were trained on household water treatment and sensitized on good water, sanitation and hygiene practice, as well as the symptoms and prevention of COVID-19;
- 23 media spots were produced and used in local sensitization with megaphones and MP3 players;
- At least 6,400 people gained access to basic sanitation through the construction and use of 64 blocks of emergency toilets with 128 gender segregated cabins/stances
- 30,000 people benefitted from 917 cartons of bar soaps for handwashing.

The project assisted a total of 30,203 people and contributed to addressing critical cholera risk factors such as poor sanitary condition, lack of potable water and poor hygiene practices, and sensitized affected population on COVID-19 prevention measures in South-West Region of Cameroon between 12 February and 02 September 2020. This was achieved during the period of increased cholera outbreaks in the South-West region. However, additional resources need to be mobilized to provide sustainable solution to the safe drinking water provision.

3. Changes and Amendments

The security situation continued to deteriorate in the North-West and South-West during the project period. Attacks on civilians, humanitarian cargo and personnel were on the rise. Attacks by maritime pirates and increased abduction of humanitarian workers by Non-State armed Groups (NSAGs) were also reported. This affected the capacity of humanitarian workers to timely implement activities. Access to the population situated along the creeks was also hindered by ocean high tides and the rainy season which rendered some roads impassable to remote/hard to reach areas. Many humanitarian NGOs and partners reduced or suspended activities during the parliamentary elections due to the insecurity and fears related to election-related violence as the NSAGs enforced the boycott of the February 2020 parliamentary and council elections.

The COVID-19 outbreak worsened the situation; because of the rapid spread of the disease, the government-imposed restrictions on movement and public gatherings of more than 50 persons. The situation affected the delivery of humanitarian services to affected populations. The WASH Cluster in collaboration with the Health Cluster developed guidelines that enabled partners to continue implementing projects while ensuring that all stakeholders adhere to COVID-19 prevention measures

Given the difficulty of implementing projects after the COVID-19 outbreak, reprogramming was done to remove activities that could not be implemented as originally planned. For example, since the schools were closed, sensitization on good hygiene practices in schools was removed. Also, construction of waste treatment units and desludging of latrines and treatment of waste were removed from the original plan. After COVID-19 pandemic was declared, the design of latrines was slightly altered; instead of building Bio-latrines that required expertise from outside the target areas, elevated emergency latrines were built, thus eliminating the need for waste treatment units. Desludging of latrines was removed because the existing latrines were not yet filled as anticipated. The reprogramming of WASH allocated funds aimed at contributing to COVID-19 Infection Prevention and Control (IPC), however still targeting the South-West region of Cameroon. Therefore, sensitization on COVID-19 transmission and prevention using megaphones and MP3 players, community health workers and volunteers; production of local media spot accompanied by installation of handwashing facilities and increase access to safe water for domestic use were prioritized. Sensitization on cholera transmission and prevention was integrated in the COVID-19 IPC package. Also, it was necessary to ensure that front line staff received personal protective equipment (PPE) to protect themselves and protect the beneficiaries from COVID-19 infections.

Due to insecurity and the COVID-19 outbreak, a no-cost-extension and reprogramming were requested to ensure that activities were adapted and implemented.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Water Sanitation Hygiene - Water, Sanitation and Hygiene									
	Planned					Reached				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	7,500	7,500	7,500	7,500	**30,000**	9,317	9,114	4,937	6,835	30,203
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**7,500**	**7,500**	**7,500**	**7,500**	**30,000**	**9,317**	**9,114**	**4,937**	**6,835**	**30,203**
People with disabilities (PwD) out of the total										
	0	0	0	0	**0**	0	0	0	0	**0**

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

5. People Indirectly Targeted by the Project

N/A

6. CERF Results Framework

Project objective	Improve safe water sanitation and hygiene practices related to cholera
Output 1	Population in Cholera affected area in Bakassi and Ekondo Titi in South Region adopt good water, sanitation and hygiene practice.

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

Sector/cluster	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Number of trained people receiving household water treatment kits	30,000	30,203	Monitoring report
Indicator 1.2	Number of schools reached by sensitization campaign on cholera	132	0	Monitoring Report
Explanation of output and indicators variance:		Sensitization in schools on cholera prevention was removed from the original plan because all schools were closed by the Government due to the COVID-19 pandemic. Funds were reallocated to activities that aimed at containing the spread of COVID-19.		

Activities	**Description**	**Implemented by**
Activity 1.1	Purchase of household water treatment kits	UNICEF
Activity 1.2	Demonstration and Distribution of household water treatment products	NGO Environmental Protection And Development Association (EPDA)
Activity 1.3	Awareness raising and sensitization campaigns on environmental health and good hygiene and sanitation practices	NGO EPDA
Activity 1.4	Sensitization campaign through mass media	NGO EPDA through MP3 players and USB flashes

Output 2	10 000 vulnerable men, women and children in affected area have access to basic sanitation facilities Bakassi Health District

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

Sector/cluster	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Number of persons with access to basic sanitation services	10,000	6,400	Monitoring report
Indicator 2.2	Number of community toilets constructed	190	128	Monitoring report
Indicator 2.3	Number of people sensitized on improved hygiene practices	10,000	30,203	Monitoring report

Indicator 2.4	Number of waste treatment units constructed	10	0	-
Explanation of output and indicators variance:		The number of toilets were reduced from 190 to 180 and construction of waste treatment units was removed from the original plan. A total of 128 toilets cabins were constructed. With those cost-savings, UNICEF increased the number of awareness-raising flyers from 1,000 packs of 7 to 2,400, and reoriented the messaging to focus on COVID-19 as well as cholera; purchased 16 megaphones to support community awareness-raising and re-usable masks for community animators to enable them adhere to one of the Government measures against COVID-19; increased the number of cholera media spots from 10 to 16, incorporated COVID messaging and allowed the partner NGO to recruit 16 community animator for sensitization on COVID-19 and cholera, ensured distribution of WASH supplies and demonstration of handwashing with soap for four months in key hotspots of the South-West region. Also, 23 schools in Idabato and Kombo Itindi were disinfected before they were re-opened.		

Activities	Description	Implemented by
Activity 2.1	Construction of community gender sensitive basic sanitation facilities (toilets) – context specific disability applications to be included	NGOs EPDA and REACH OUT
Activity 2.2	Installation of community basic sanitation facilities management committee	NGOs EPDA and REACH OUT
Activity 2.3	Community awareness of population on utilization of toilets	NGOs EPDA and REACH OUT
Activity 2.4	Desludging of latrines and treatment of waste	NGOs EPDA and REACH OUT

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[10] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given due consideration.**

a. Accountability to Affected People (AAP)[11]:

UNICEF is committed to ensure Accountability to Affected Population (AAP) through the different phases of the project. UNICEF ensured participation of stakeholders especially consulting the local Authority, traditional leaders, community leaders and WASH Cluster partners in targeting the most affected locations. Existing local and regional mechanisms were used to engage all parts of the community in the response. Local Government Authorities, Traditional, Community and Religious leaders played a key role in ensuring that every member of the community was involved, and priority given to vulnerable children, women and men.
Meetings at the community level were regularly organized to provide information on the project. In line with the core commitment for children in emergencies, UNICEF and partners ensured that affected populations were well informed about the objective of the program, expected outputs and outcome. Also, the role of affected population towards successful implementation of the project and operation and

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

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

maintenance of toilets was agreed before the project commenced. Toilet management committees were established, and members selected by their community were trained to ensure toilets are well maintained.

b. AAP Feedback and Complaint Mechanisms:

Complaints were channelled through complaints committees, religious and community leaders and toilet management committees.

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

NGO staff received PSEA training and all actors in the field were informed and aware of the procedures to follow in case there is a SEA incident. Hotline numbers were shared with community members and humanitarian aid workers to ensure high levels of confidentiality.

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

Gender was considered during all phases of the project. For example, the built latrines are gender sensitive and lockable to ensure women and girls are protected against GBV incidents. Similarly, discussions were held between the implementing partner and the community to select areas without shrubs and easily accessible to all to ensure users safety. Although Bakassi has a larger population of men than women, as many of the inhabitants are migrant fishermen, efforts were made to ensure the participation of women in the management of emergency latrines. Toilet management committees were formed, and equal gender representation was prioritised.

e. People with disabilities (PwD):

Construction of elevated emergency latrines ensured that PWD will be having access to the latrines. Since the latrines are elevated, a wooden plank whose gradient was very gentle, was set up to allow people with disabilities to enter and use the latrines. The latrines floor are made of timbers with Plastic squatting plates that can be easily cleaned, fixed on it to ensure that latrines are hygienic and accessible to people with disabilities.

f. Protection:

During the project design stage, the needs of all people, including women and children, were taken into account. Partners held meetings with affected communities to discuss how all vulnerable people affected by cholera will benefit from the project that included construction of emergency latrines and distribution of aqua tabs, buckets, jerrycan etc. Also, during the launch of project in the target community, toilet management committees were established to ensure that women and children have access to risk-free WASH services by ensuring that toilets are not built in bushy areas.

g. Education:

Prior to the emergence of COVID-19, the project was designed to ensure that schools benefit from hygiene promotion activities. Also, there were items such as waste bins that were to be distributed to selected schools. After COVID-19 was declared in Cameroon, all schools were closed and gathering were banned. Thus, reprogramming was done and the activities that were to be implemented in schools were removed and instead replaced with activities that prevent the spread of COVID-19.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

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

Cash is not a response option for this type of cholera response, which heavily relies on trainings and the building of hygiene and sanitation infrastructure.

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

3.6 Project Report 20-RR-WFP-004

1. Project Information

Agency:	WFP	**Country:**	Cameroon
Sector/cluster:	Food Security - Food Assistance Nutrition - Nutrition	**CERF project code:**	20-RR-WFP-004
Project title:	Emergency food and nutrition assistance to IDPs in North-West and South-West regions of Cameroon		
Start date:	18/01/2020	**End date:**	17/07/2020
Project revisions:	No-cost extension ☒ Redeployment of funds ☐		Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 33,000,000**
Total funding received for agency's sector response to current emergency:	**US$ 6,690,000**
Amount received from CERF:	**US$ 4,500,025**
Total CERF funds sub-granted to implementing partners:	**US$ 555,725**
Government Partners	US$ 0
International NGOs	US$ 105,785
National NGOs	US$ 449,940
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF grant, WFP with its cooperating partners have responded to urgent food security and nutrition needs of newly displaced, returnee populations and affected host families experiencing acute vulnerability to food insecurity. Through the Rapid Response Mechanism (RRM), immediate lifesaving food assistance was provided to 200,703 beneficiaries.

In terms of nutrition support, a total of 65,827 beneficiaries (26,626 in the SW and 39,201 in the NW region) have received complementary rations of specialised nutritious food. The assistance covered 35,158 Children 6-23 months and 30,669 Pregnant and Lactating women and girls to prevent malnutrition and a further deterioration of the nutrition status of targeted communities.

A total of 520.051 MT of super-cereal plus, was distributed to the beneficiaries in more than 200 communities covering the period of October to December 2020. Over 85 per cent of food assistance interventions were carried out during this CERF extension period. 100 per cent of the nutrition intervention was carried out during this period.

All the interventions were informed by the multi-sectoral assessment conducted by OCHA in August 2020 and population displacements alerts from key community informants and WFP Cooperating Partners in coordination with the Area rapid response model (ARRM) task force members led by OCHA in NWSW.

3. Changes and Amendments

The outbreak of COVID-19 pandemic that led to the suspension of international travels and shut down of borders has highly impacted WFP food commodities shipments, dispatches as well as the in-country presence of an RRM coordinator as planned. However, significant milestones were achieved following the recruitment and deployment of the RRM expert in July 2020 and arrival of commodities in September 2020. In addition to above challenges, the frequent ghost towns, lockdowns, violence and reported crossfires in SW and NW regions have significantly hindered humanitarian access, thus the ability to conduct Rapid Needs Assessment and provide timely assistance to the affected population.

Considering the late arrival of commodities, a reprogramming of the resources and a no-cost extension in time of the project was approved by the CERF Secretariat until 31 December 2020. This allowed WFP to provide emergency humanitarian food assistance to 200,703 IDPs and vulnerable people from the host communities in the two affected regions. Priority of assistance was however given to recently accessible displaced and returned population and the remaining balance was re-allocated to provide emergency humanitarian food assistance as per CERF approved resources reprogramming.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition - Nutrition									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	3,331	0	2,027	1,883	**7,241**
Internally displaced people	2,500	0	1,470	1,530	**5,500**	17,563	0	10,690	9,927	**38,180**
Host communities	0	0	0	0	**0**	9,387	0	5,714	5,305	**20,406**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**2,500**	**0**	**1,470**	**1,530**	**5,500**	**30,281**	**0**	18,431	17,115	**65,827**
People with disabilities (PwD) out of the total										
	375	0	221	230	**826**	**513**	**0**	**577**	**576**	**1,666**

Sector/cluster	Food Security - Food Assistance									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	15,655	10,176	23,482	28,961	**78,274**
Internally displaced people	13,500	9,000	12,500	15,000	**50,000**	18,465	12,001	27,697	34,160	**92,323**
Host communities	0	0	0	0	**0**	6,021	3,914	9,032	11,139	**30,106**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**13,500**	**9,000**	**12,500**	**15,000**	**50,000**	**40,141**	**26,091**	**60,211**	**74,260**	**200,703**
People with disabilities (PwD) out of the total										
	2,025	1,350	1,875	2,250	**7,500**	2,894	2,816	3,237	3,942	**12,889**

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

5. People Indirectly Targeted by the Project

In the Nutrition component of the RRM (blanket supplementary feeding programmes (BSFP)), more than 30,000 caregivers and community members were sensitized on good nutrition and Infant and young child feeding (IYCF) practices.

6. CERF Results Framework

Project objective	To provide emergency food and nutrition support to IDPs are provided with basic food and nutrition requirements through a General Food Distribution mechanism
Output 1	Partnership for food distribution concluded with Cooperating Partners

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

Sector/cluster	Food Security - Food Assistance			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Number of targeted women, men, boys and girls receiving food assistance	50,000	200,703	WFP cooperating Partner Distribution Reports (CPDRs)
Indicator 1.2	Quantity of food distributed to beneficiaries (MT)	4,320	3,435.274MT	WFP cooperating Partner Distribution reports
Explanation of output and indicators variance:		WFP and its cooperating partners reached a total of 200,703 beneficiaries in the NW and SW region, far exceeding the planned 50,000 beneficiaries. To respond to immediate needs of the displaced people while coping with the lack of food commodities, availability of stocks, assistance was provided to beneficiaries with reduced rations. 50 per cent of food rations were distributed to the targeted beneficiaries. The strategy of reduced ration was applied to address delays in commodities supply that was partly to COVID-19 restrictions and access challenges due insecurity in some areas.		

Activities	**Description**	**Implemented by**
Activity 1.1	Identify Cooperating Partners and sign FLA for food distributions	WFP
Activity 1.2	Proceed with beneficiaries' vulnerability targeting	Cooperating Partner/IOM
Activity 1.3	Conduct beneficiaries' sensitization and information	Cooperating Partner
Activity 1.4	Purchase required quantity of food commodities	WFP
Activity 1.5	Transport food commodities to WFP/Partners' warehouses	WFP/CP
Activity 1.6	Conduct monthly food distributions to beneficiaries	WFP/Cooperating Partner
Activity 1.7	Conduct food distributions monitoring missions	Third Party Monitors/WFP

Output 2	children aged 6-59 months, PLWG receive complementary rations of specialised nutritious food with other complementary services to prevent malnutrition

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

Sector/cluster	Nutrition - Nutrition

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of children aged 6-23 months and PLW receiving specialised nutritious food	5,500	65,827	WFP cooperating Partner distribution report
Indicator 2.2	Quantity of food distributed to beneficiaries (MT)	45	520.051	WFP cooperation Partner distribution report
Indicator 2.3	Number of Children aged 6-59 months screened for acute malnutrition	9000	17,671	WFP cooperation Partner distribution report
Explanation of output and indicators variance:		Assistance reached 65,827 people; more beneficiaries than planned because WFP has been able to purchase more quantities of food commodities than the 45 MT planned. A total of 520.051 MT of super cereal plus was purchased. As the malnutrition prevention intervention was the very first of its kind covering various communities in the NWSW regions, beneficiaries' targeting for this activity was done through direct mobilization at distribution sites where all children between 6 to 23 months and pregnant and lactating women and girls who gave their consent, were screened on-site before enrolment for the assistance.		

Activities	Description	Implemented by
Activity 2.1	Purchase and distribution of specialised nutritious food	WFP and Cooperating Partner
Activity 2.2	Nutrition Screening through MUAC for children aged 6-59 months and referral of SAM cases for treatment	Cooperating Partner
Activity 2.3	Conduct sensitization sessions on appropriate IYCF practices in emergency	Cooperating Partner

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[12] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given due consideration.**

a. Accountability to Affected People (AAP)[13]:

WFP implemented a field-based approach, engaging cooperating partners to support its operations on the field and ensured an effective participation and coordination with the most vulnerable population throughout the project cycle, despite the constraints and the need for rapid intervention. Food distribution committees were established, and community volunteers selected which worked closely with WFP. An alert system was put in place with key informants including, community local leaders to facilitate data collection to inform on need for rapid response interventions. Through this process, direct engagement with beneficiaries (men, women and people with special needs) were leveraged to make necessary arrangements and decision at every stage of the project cycle including but not limited to community mobilisation and sensitisation, choice of distribution site, distribution arrangements, community storage facilities, complaint management and monitoring.

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

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

WFP uses a toll-free hotline (8099) which provides an instance support mechanism to address the concerns of beneficiaries and inform programme changes. WFP equally works with Third Party Monitors who conduct distribution and post distribution monitoring, food basket monitoring, warehouse monitoring and market price monitoring.

b. AAP Feedback and Complaint Mechanisms:

To ensure accountability to affected persons, WFP has established a complaints and feedback mechanisms through help desks at distribution sites and put in place a toll-free hotline number easily accessible to beneficiaries wherein beneficiaries can anonymously provide feedback and complaints about the operations on the ground 24/7 and they receive prompt feedback and required support where necessary. A complaint and feedback focal point at the field office level receives all complaint, classify them according to severity and addresses cases within 6-72 hours for critical complaints are referred to WFP where they properly addressed with all confidentiality. All complaints are closely followed up and the rate for resolved cases is above 90 per cent. Cooperating partners also have complaint management committees, suggestion boxes and a help desks that record and manage complaints following standardised protocols.

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

WFP collaborated with UNFPA, cooperating partners and third-party monitors to prevent and/or address all cases of SEA identified during the project implementation. The WFP toll free hotline number has equally been used to address SEA cases. SEA cases received through the various stakeholders and the toll-free line are treated with high confidentially and referred only to SEA focal points with the technical capacity to handle such cases or referred where required. Through UNFPA and the GBV working group, WFP have been able to leverage on established referral pathways in the NWSW for reported SEA cases. WFP ensured that its partners have signed a code of conduct, they are properly trained and capacitated to educate beneficiaries and ensured visibility of the established mechanism to facilitate access to support. On the spot sensitization sessions are organized on distributions sites, beneficiaries are all sensitised on their rights to the humanitarian food entitlements and how to identify and report on SEA. Distribution sites are well organised and opened also to avoid risk of SEA. Close follow ups are done to ensure that victims receive adequate support services.

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

Throughout the project implementation, WFP food assistance targeted the most vulnerable people. WFP ensured that the needs, situation and capacities of men, women, boys, girls and their specific situations were taken into consideration during the entire project cycle. To enhance gender equality and promote the empowerment of women and girls, a total of 48,712 women and girls (74 per cent) received nutrition support out of a total of 65,827 beneficiaries reached. In the Food Assistance component, it should be noted that over 50 per cent of household heads that turned at food distribution points were females.

e. People with disabilities (PwD):

WFP assistance has considered disability as part of a larger vulnerability-based beneficiary selection criteria. During food distributions, WFP and its partners prioritised the most vulnerable groups such as persons with disabilities, older people, children, pregnant and lactating mothers and specific measures were taken for their protection as relevant. A total of 14,555 persons with disabilities were served through the RRM.

f. Protection:

WFP ensures that all beneficiaries are treated with dignity and integrity while ensuring its operations are safe and free of risk. Food distribution points are established within 5 km walking distance from beneficiaries' residence. Shelter and water are provided during distributions and beneficiary/household food entitlement and rations are communicated verbally during sensitisation. To ensure effective implementation by Cooperating Partners, third party monitors have been recruited to monitor implementation, a checklist for tracking and reporting on protection related issues have been provided to Cooperating Partners whereas the toll-free hotline number provides an anonymous outlet through which beneficiaries can channel complaints to inform programme.

WFP equally ensures that personal privacy principles are applied to ensure beneficiary consent are obtained and data are managed with all confidentiality by specific focal persons at field office level.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

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

Multipurpose cash transfers were done under a different CERF funded project.

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

3.7 Project Report 20-RR-WHO-004

1. Project Information

Agency:	WHO	**Country:**	Cameroon
Sector/cluster:	Health - Health	**CERF project code:**	20-RR-WHO-004
Project title:	Emergency Response to the Cholera outbreak in Bakassi and Ekondo-Titi Health Districts		
Start date:	01/01/2020	**End date:**	30/06/2020
Project revisions:	No-cost extension ☒	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 1,180,000**
Total funding received for agency's sector response to current emergency:	**US$ 0**
Amount received from CERF:	**US$ 300,082**
Total CERF funds sub-granted to implementing partners:	**US$ 25,428**
Government Partners	US$ 25,428
International NGOs	US$ 0
National NGOs	US$ 0
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through the CERF Rapid Response grant, WHO provided 15 cholera kits (1 central module, 3 peripheral modules and 11 community modules) capable of treating 160 severe cases of cholera and 1,320 moderate cases. 1,200 rapid test kits were provided for the investigation of 1,200 cases to the regional delegation of the South-West region. A total of 155 community health workers were trained on community-based surveillance, who submitted 1,340 reports, and 53 alerts which were all investigated. A total of 15,000 sensitization tools against cholera were donated to the regional delegation of public health for the South-West. Also 8 community health workers from Bakassi and Ekondo-Titi were trained on data collection and provided with data collection tools, they submitted 70 reports. The Regional delegation produced 12 situational reports of the cholera outbreak in the South-West region.

The project assisted a total of 123,346 persons (including 10,586 people living with disabilities) and helped prevent the spread of the cholera epidemic across the South-West region. Only 5 out of 18 health districts were affected. The case fatality rate of the cholera outbreak in 2020 was 2 per cent unlike 5 per cent in 2019 due to a better epidemiological surveillance in the region and better capacities to manage cases in the region.

3. Changes and Amendments

The security context in the regions resulted in the late start of the project. The February 2020 parliamentary and legislative elections created a very tense environment with a halt in most humanitarian activities as a humanitarian actors was killed during the period. Most activities started towards the end of February 2020. The COVID-19 pandemic which led to the closing of borders and the reallocation of

most logistics facilities to respond to the pandemic, also caused a delay in the delivery of the cholera kits. To address these challenges, WHO had submitted a no-cost extension until 30 September, which had been approved by the CERF Secretariat.

The COVID-19 pandemic resulted in the training and support of some community health workers in areas other than that initially planned for. These health districts were experiencing a high number of cases and there with limited resources to carryout adequate response activities. 155 Community health workers and health district teams were trained and provided with personal protection equipment to support contact tracing and the follow-up of contacts in Buea, Limbe, Kumba, Tiko and Muyuka health districts.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health - Health									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	7,449	6,095	4,820	4,820	**23,184**	8,344	4,804	6,991	2,413	**22,552**
Host communities	32,250	21,500	19,461	19,461	**92,672**	35,903	16,428	25,709	12,178	**90,218**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**39,699**	**27,595**	**24,281**	**24,281**	**115,856**	**44,247**	**21,232**	**32,700**	**14,591**	**112,770**
People with disabilities (PwD) out of the total										
	5,955	4,139	3,642	3,642	**17,378**	3,643	2,532	2,519	1,892	**10,586**

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

5. People Indirectly Targeted by the Project

The project indirectly targeted 1,770,014 people through improved epidemiological surveillance and the distribution of 15,000 sensitization material distributed throughout the region.

6. CERF Results Framework

Project objective	Emergency Response to Cholera Outbreak In Bakassi Health District
Output 1	Case management

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

Sector/cluster	Health - Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Number of cholera kits donated for the response	25	15	Dispatch and discharge form from the Regional Delegation of Public Health
Indicator 1.2	Number of persons who benefit from cholera kits	115,856	86,342	Dispatch and discharge form from the Regional Delegation of Public Health
Indicator 1.3	Number of CTC constructed	2	1	Tiko Health District Hospital
Indicator 1.4	Number of laboratory kits mobilized for confirmation cases	12	12	Transmission voucher
Explanation of output and indicators variance:		With the COVID-19 pandemic and the closure of borders, the costs of transporting inputs have multiplied by 3 or 4 depending on the airlines. We could therefore no longer maintain orders in accordance with the quantities initially planned. We were forced to order fewer kits than expected. All of this had an impact on the number of beneficiaries concerned, which is lower. Mabeta health area in Limbé health district was totally flooded, there was no space to build a CTC room in the required standards. Finally, we relied on the health hut, which serves as a local health structure, to provide the necessary support in terms of emergency kits for the management of cases.		

Activities	**Description**	**Implemented by**
Activity 1.1	Provide central modules of cholera kits and peripheral modules for cases management	WHO
Activity 1.2	Use the cholera kits for the benefit of the target population	Ministry of Health
Activity 1.3	Provide Logistic Modules of cholera kits for CTC construction in Bakassi and Ekondo Titi	WHO
Activity 1.4	Provide laboratory kits mobilized for confirmation cases	WHO

Output 2	Improve early case detection with community participation			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Health - Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Number of community health workers recruited and trained on event based monitoring	120	155	Training modules and participants attendance list
Indicator 2.2	Number of alerts transmitted by community health workers	1440	1,340	Reports submitted
Indicator 2.3	Number of alerts investigated	1152	1,300	Investigation reports
Indicator 2.4	proportion of cases investigated	>80%	97%	Investigation reports
Indicator 2.5	Number of sensitization tools against cholera produced	15000	15,000	Delivery reports
Indicator 2.6	Number of rapid cholera tests provided	1200	1,200	Delivery reports
Explanation of output and indicators variance:		The COVID-19 pandemic resulted in the training and support of additional community health workers in areas other than that initially planned for. These health districts were experiencing high number of cases and there with limited resources to carryout adequate response activities. 155 Community health workers and health district teams were trained and provided with personal protective equipment to support contact tracing and the follow-up of contacts in Buea, Limbe, Kumba, Tiko and Muyuka health districts.		

Activities	**Description**	**Implemented by**
Activity 2.1	Recruit and train in 3 days community health workers on event based monitoring	WHO
Activity 2.2	Provide community health workers resources to transmit alerts	WHO
Activity 2.3	Investigate more than 80% of all cases to find epidemiological links between cases	Ministry of Public Health
Activity 2.4	Produce sensitization material for the fight against cholera	WHO
Activity 2.5	Provision of rapid cholera tests	WHO

Output 3	Active case search and referral system			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Health - Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	Number of community health workers trained on identification and safe transportation of cases.	120	155	Attendance list

Indicator 3.2	Number of cases identified in the communities	300	89	Number of patients received at CTC which were referred
Indicator 3.3	Number of sites disinfected	500	350	Reports from districts
Explanation of output and indicators variance:		More community health workers were trained to respond to COVID-19 outbreak. Fewer cases of cholera were present in the communities, reason for fewer cases referred and fewer sites disinfected.		

Activities	**Description**	**Implemented by**
Activity 3.1	Train in 2 days 120 community health workers on case definition and transportation of cases	WHO
Activity 3.2	Provide community health care workers with resources to transport patients to the CTCs	WHO
Activity 3.3	Train community health workers how to disinfect contaminated sites	WHO and Ministry of Public Health

Output 4	Ensure proper data collection and reporting
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Health - Health

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 4.1	Number of persons from affected districts trained on data collection	4	8	Attendance list and reports
Indicator 4.2	Number of reports produced	48	70	Reports produced
Indicator 4.3	Number of reporting tools produced	04	8	Reporting tools produced
Explanation of output and indicators variance:		At the start of the project, the risk of spread of cholera increased and in a short time, we went from 02 to 04 affected health districts, which led WHO to strengthen the capacities of health personnel in all affected districts, i.e. 02 people per health district. Reason why 08 health workers were trained in data management instead of 04 as initially planned.		

Activities	**Description**	**Implemented by**
Activity 4.1	Train 2 staff from each affected district on reporting	WHO and Ministry of Public Health
Activity 4.2	Support the production and sharing of reports	Ministry of Public Health and WHO
Activity 4.3	Produce data collection material for reporting	WHO and Ministry of Public Health

Output 5	Continuous Monitoring and Evaluation
Was the planned output changed through a reprogramming after the application stage?	Yes ☒ No ☒
Sector/cluster	Health - Health

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 5.1	Number of WHO staff deployed to support regional level	3	2	Number of WHO staff present

Indicator 5.2	Number of Monitoring missions	6	5	Mission reports
Indicator 5.3	Number of Health Delegate and Health district involved in the response	15	18	Reports
Explanation of output and indicators variance:		The number of missions were limited by the containment measures put in place against COVID-19 response		

Activities	**Description**	**Implemented by**
Activity 5.1	Deploy WHO emergency staff	WHO
Activity 5.2	Conduct regular field monitoring visits	WHO and Ministry of Public Health
Activity 5.3	Support of coordination of the Health Response by training of Health Delegate and Health districts staff involving in the response of Outbreak	WHO and Ministry of Public Health

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[14] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given due consideration.**

a. Accountability to Affected People (AAP) [15]:

The project was developed after several assessments were carried out in the affected area which involved extensive consultations with the local communities and relevant stake holders. Some of the activities of the project was implemented by the local population who served as community health workers and health promoters. The community health workers participated in the evaluation of the project at various stages.

b. AAP Feedback and Complaint Mechanisms:

The complaint or feedback mechanism was organized through focused group meetings involving community members and community leaders. Community members could channel their grievances through the sensitizers and community leaders to ensure confidentiality.

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

The zero-tolerance principle for SEA was implemented by strong and repetitious prevention measures, including simple and clear messaging about how sexual violence or exploitation will not be tolerated, combined with appropriate, sensitive, and trainings on the topic. Clear and secure reporting channels were detailed during the training. WHO implementing partner Reach Out trained all its staff on zero tolerance for sexual abuse or exploitation. A whistle-blower mechanism has been put in place and included a report to the direct supervisor or the anonymous call through a phone number that has been made available. Fortunately, no cases of sexual abuse were reported during the implementation of the project.

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

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

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

Persons living with disabilities, women and children were deliberately targeted by the project. Community health workers and mobilisers targeted women's groups, schools and people with disabilities with messages on the prevention of cholera, water purification tablets, and sensitization material. Thanks to cholera sensitization messages targeting women, the proportion of children under 5 years old and women who contracted cholera in the South-West was very low compared to other epidemic regions such as the Littoral and the South.

e. People with disabilities (PwD):

Persons living with disabilities were deliberately targeted by the project. Community health workers and mobilisers targeted people with disabilities with messages on the prevention of cholera, water purification tablets, and sensitization material. The awareness messages were also visualized, allowing even people with hearing loss to receive the message conveyed.

f. Protection:

The communities that posed the highest risk of having cases were targeted for sensitization and distribution of water purification tablets. The health facilities in the 10 health areas which recorded cases had their staff trained on case management and kits for treatment donated to the health facilities.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

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

Cash is not a response option for this type of cholera response, which heavily relies on trainings and on the procurement of material which is not available in the country.

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

3.8 Project Report 20-RR-WHO-005

1. Project Information

Agency:	WHO	**Country:**	Cameroon
Sector/cluster:	Health - Health	**CERF project code:**	20-RR-WHO-005
Project title:	Emergency Health Response to limit Morbidity and Mortality among IDPs in the North West and South West		
Start date:	01/01/2020	**End date:**	30/06/2020
Project revisions:	No-cost extension ☒	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 1,035,000**
Total funding received for agency's sector response to current emergency:	**US$ 0**
Amount received from CERF:	**US$ 499,852**
Total CERF funds sub-granted to implementing partners:	**US$ 296,952**
Government Partners	US$ 0
International NGOs	US$ 0
National NGOs	US$ 296,952
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF Rapid Response allocation, WHO and its implementing partners CARITAS and Reach Out provided curative consultations to 36,612 men and women and to 8,416 children. 3,672 children were screened for malnutrition, 338 women delivered with 28 caesarean sections by skilled medical personnel and surgeon, 6 women were managed clinically for rape, 175 people were treated for physical trauma, 610 for mental trauma, 99 people placed on antiretroviral treatment, and 9 health facilities benefitted from kits to ensure the treatment of IDPS.

The project contributed to reduce the excess morbidity and mortality among IDPs and host communities by ensuring that 28,287 people had access to timely and equitable health care through mobile clinics and health facilities which benefitted from emergency kits to support the treatment of persons in need. This was achieved between March and September 2020 in the North-West, South-West regions during excess displacements.

3. Changes and Amendments

The project started later than expected because the security situation in January and February was very tensed and volatile due to the 2020 parliamentary and municipal elections. A humanitarian actor was killed during this period and this resulted in a marked reduction of the activities of humanitarian actors.

The COVID-19 pandemic delayed the deployment of emergency health kits due to the closure of borders. The limitation of movements by the Government to curb the spread of COVID-19 limited the activities of the implementing partners. The misinformation in communities about the pandemic resulted in the underutilisation of the services due to the fear of contracting COVID-19. To address these challenges a non-cost extension until 30 September was submitted and approved by the CERF Secretariat.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health - Health									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	18,313	16,419	14,523	13,893	**63,148**	**18,042**	**16,175**	**15,553**	**12,443**	**62,213**
Host communities	0	0	0	0	**0**	0	0	0	0	**0**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**18,313**	**16,419**	**14,523**	**13,893**	**63,148**	**18,042**	**16,175**	**15,553**	**12,443**	**62,213**
People with disabilities (PwD) out of the total										
	2,747	2,463	2,179	2,084	**9,473**	**2,382**	**2,136**	**1,889**	**1,807**	**8,214**

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

5. People Indirectly Targeted by the Project

20,500 people were reached with messages on prevention of epidemic prone diseases and 40,000 more will benefit from the kits supplied to the different health facilities to support service delivery.

6. CERF Results Framework

Project objective	Reduce excessive morbidity and mortality among IDPs in the North West and South West regions.
Output 1	IDPs to benefit from emergency health care

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

Sector/cluster	Health - Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Number of IDPs (men and women) to receive curative consultation	31574	36,612	Reports/registers
Indicator 1.2	Number of children under 5 receiving paediatric care	1263	3,708	Reports/registers
Explanation of output and indicators variance:		Ghost Towns / COVID-19 Lockdowns limited the deployment of response teams early on in the project. But due to the interventions also carried out in the fight against COVID-19, exemptions to circulate were given to the intervention teams. The mobile clinic strategy has thus enabled the implementing partners to bring care closer to the beneficiaries. which made it possible to achieve the set objectives and above.		

Activities	**Description**	**Implemented by**
Activity 1.1	Use mobile and fixed clinics to provide curative services to IDPS	WHO, CARITAS, REACH OUT
Activity 1.2	Use of mobile and fixed clinics to offer pediatric care	WHO, CARITAS, REACH OUT

Output 2	IDPs to benefit from Sexual Reproductive Health Care

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

Sector/cluster	Health - Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Number of pregnant women delivered by qualified personnel	789	338	Reports/Registers
Indicator 2.2	Number of pregnant women delivered through Caesarean section	39	28	Reports/Registers
Indicator 2.3	Number of women treated for clinical management of rape	10	03	Reports/Registers
Explanation of output and indicators variance:		Because mobile clinics operated only during certain hours of the day, most women were referred to hospitals for delivery and caesarean sections. Most		

	cases of rape are not reported by the communities or are reported long time after the incident.	
Activities	**Description**	**Implemented by**
Activity 2.1	Ensure pregnant IDPs are delivered by skilled staff under hygienic conditions	WHO, CARITAS, REACH OUT
Activity 2.2	Provide reference health facilities with caesarean kits	WHO, CARITAS, REACH OUT
Activity 2.3	Ensure all victims of sexual assault receive the appropriate clinical management of rape	WHO, CARITAS, REACH OUT

Output 3	IDPs to benefit from specialist care

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒				
Sector/cluster	Health - Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	Number of persons treated for physical trauma	115	175	Registers/Reports
Indicator 3.2	Number of person treated for mental trauma	560	610	Registers/Reports
Explanation of output and indicators variance:		The worsening of the fighting, the increase in violence and abuses have amplified the number of cases of physical and psychological trauma. This situation reflects the growing suffering of the people who are prisoners of this war. This justifies the numbers of trauma cases obtained which are higher than the planned figures.		

Activities	**Description**	**Implemented by**
Activity 3.1	Deploy 2 clinical psychologist	WHO
Activity 3.2	Deploy 1 surgeon	WHO

Output 4	IDPS and facilities to receive ARVs and Emergency kits

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒				
Sector/cluster	Health - Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 4.1	Number of persons to continue ARVs	105	99	Reports
Indicator 4.2	Number of facilities and organizations to receive emergency health kits to support free treatment of IDPs	9	9	Reports
Explanation of output and indicators variance:		The partners had some challenges in getting the ARVs from the Drug fund.		

Activities	**Description**	**Implemented by**

Activity 4.1	Ensure all IDPs on treatment prior to the crisis as well as new cases and all pregnant women are placed on treatment	WHO, CARITAS, REACH OUT
Activity 4.2	Provide 7 strategic health facilities and 2 partners with Emergency Health kits to ensure free treatment of IDPS	WHO, CARITAS, REACH OUT

Output 5	Continuous monitor of the rapid response			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Health - Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 5.1	Number of supervisory field missions	5	3	Reports
Indicator 5.2	Number of Emergency staff deployed to support rapid response	3	3	Staff reports
Explanation of output and indicators variance:		The lockdowns and COVID-19 prevention measures limited the number of supervisory visits that could be conducted.		

Activities	**Description**	**Implemented by**
Activity 5.1	Conduct regular field missions	WHO
Activity 5.2	Deploy emergency WHO staff	WHO

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[16] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given due consideration.**

a. Accountability to Affected People (AAP)[17]:

The various interventions were developed based on data gathered from the MSNA conducted in these communities. The implementation was done through local organisations that worked with local community members for various activities. Community health workers were used in various communities to carry out sensitization for mobile clinics and communities were be consulted before teams went into the communities.

b. AAP Feedback and Complaint Mechanisms:

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

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

Community members were consulted by staff members of the local organisation who were not involved in the implementation of the project to carry out beneficiary satisfaction surveys. Feedback also came through community health workers and mobilisers. Follow up was done by the implementing partners which were present in the field. To guarantee confidentiality the information was shared unanimously.

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

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

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

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

e. People with disabilities (PwD):

The project was designed to provide essential care to newly displaced individuals. The clinics were implemented in these areas where newly displaced were reported to be found and specific groups such as people with disabilities were targeted by the activities to make sure no one was left behind.

f. Protection:

Collaboration with the protection cluster has enabled holistic management of GBV cases recorded.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

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

Most of the services were provided through mobile clinics, free of charge, thus locations where there are no functional health services for which CVA assistance could be provided for access.
The referral hospitals also received emergency and trauma kits to treat the referred patients free pf charge.

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	CERF Sector	Agency	Implementing Partner Type	Total CERF Funds Transferred in USD
20-RR-IOM-002	Shelter & NFI	IOM	NNGO	$93,000
20-RR-IOM-002	Shelter & NFI	IOM	NNGO	$74,700
20-RR-FPA-004	Gender-Based Violence	UNFPA	NNGO	$19,395
20-RR-FPA-004	Gender-Based Violence	UNFPA	NNGO	$67,401
20-RR-FPA-004	Gender-Based Violence	UNFPA	INGO	$102,779
20-RR-FPA-004	Gender-Based Violence	UNFPA	NNGO	$51,946
20-RR-FPA-004	Gender-Based Violence	UNFPA	NNGO	$26,653
20-RR-HCR-003	Shelter & NFI	UNHCR	INGO	$22,000
20-RR-HCR-003	Shelter & NFI	UNHCR	INGO	$5,080
20-RR-CEF-004	Child Protection	UNICEF	INGO	$83,040
20-RR-CEF-004	Child Protection	UNICEF	NNGO	$28,138
20-RR-CEF-004	Water, Sanitation and Hygiene	UNICEF	RedC	$49,101
20-RR-CEF-004	Water, Sanitation and Hygiene	UNICEF	NNGO	$46,453
20-RR-CEF-004	Water, Sanitation and Hygiene	UNICEF	NNGO	$119,036
20-RR-CEF-004	Water, Sanitation and Hygiene	UNICEF	NNGO	$79,172
20-RR-CEF-004	Health	UNICEF	GOV	$44,677
20-RR-CEF-004	Health	UNICEF	GOV	$32,000
20-RR-CEF-004	Health	UNICEF	NNGO	$41,964
20-RR-WFP-004	Food Assistance	WFP	NNGO	$28,608
20-RR-WFP-004	Food Assistance	WFP	NNGO	$41,878
20-RR-WFP-004	Food Assistance	WFP	NNGO	$49,663
20-RR-WFP-004	Food Assistance	WFP	NNGO	$93,175
20-RR-WFP-004	Food Assistance	WFP	INGO	$23,502
20-RR-WFP-004	Nutrition	WFP	NNGO	$19,424
20-RR-WFP-004	Nutrition	WFP	NNGO	$50,164
20-RR-WFP-004	Nutrition	WFP	NNGO	$25,190
20-RR-WFP-004	Food Assistance	WFP	NNGO	$119,483
20-RR-WFP-004	Nutrition	WFP	NNGO	$22,355
20-RR-WFP-004	Nutrition	WFP	INGO	$29,021
20-RR-WFP-004	Food Assistance	WFP	INGO	$53,262
20-RR-CEF-005	Water, Sanitation and Hygiene	UNICEF	NNGO	$117,415
20-RR-CEF-005	Water, Sanitation and Hygiene	UNICEF	NNGO	$33,363
20-RR-WHO-004	Health	WHO	GOV	$25,428
20-RR-WHO-005	Health	WHO	NNGO	$133,281