

**NIGERIA
UNDERFUNDED EMERGENCIES
ROUND II
DISPLACEMENT
2020**

20-UF-NGA-45132

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Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

15/02/2022

The After Action Review meeting was conducted on 15 February 2022. It was facilitated by OCHA and attended by representatives of IOM, UNFPA, UNHCR and UNICEF and representatives of Protection, Education, CCCM & Shelter sectors. Achievements of the CERF resources were reviewed, key areas of value addition discussed, and inputs were generated for the lessons learned section of the report.

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 discussed with relevant agencies and will be shared with the HCT.

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

Recipient agencies and related sectors have been involved in the reporting process, including the review of drafts of this report and during the After Action Review. The final report, once cleared by the CERF Secretariat, will be circulated to agencies, sectors and other key stakeholders.

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

A CERF allocation of US\$ 13 million through the underfunded window provided critical funding to boost ongoing humanitarian response in Nigeria. The allocation played a key role in addressing serious humanitarian needs in North-East Nigeria in Borno, Adamawa and Yobe states. A total of 977,051 displaced people were reached including 63,549 people living with disabilities.

The Funds enabled the UNICEF and humanitarian partners to support education delivery for thousands of out of school children, which provided important life enhancing support for many children who had little to no access to formal or informal schooling. UNFPA provided life-saving assistance to women and girls who were survivors of GBV as well as provide critical sexual and reproductive health services. UNHCR and IOM's provision of shelter and NFI kits was crucial to protect the most vulnerable IDPs in need living in camps and host communities. UNICEF, UNHCR and UNHCR also provided child protection, GBV and general protection services, helping provide critical lifesaving assistance to the most vulnerable especially to women, girls and boys.

The CERF funding allowed the UN and other humanitarian partners cover critical needs highlighted in the HRP which would otherwise have gone unaddressed due to limited resources.

CERF's Added Value:

The CERF funding added value to the humanitarian response by enabling the UN to respond to time critical needs of the population affected by the humanitarian crisis in North East Nigeria.

The CERF allocation also supported localisation efforts, with 60% of the CERF funding being subgranted by UN agencies to their implementing partners (international and national NGOs, government partners, and the Nigeria Red Cross). The CERF funding also helped promote localization in the education sector through the use of a learning approach and adaptation to implement after the start of school year.

It also promoted working closely with government especially in the education and shelter sectors, leading to greater government ownership of the project which will improve sustainability of results.

The engagement with government opened new opportunities for easier access to land for shelter projects and could improve access to funding for longer term solutions for displacements.

The CERF was the single highest funding for GBV programming in 2021 and helped in building capacity and establishment of toll-free hotlines which have significantly improved reporting and response to GBV.

The fund improved coordination among UN agencies in the field and the humanitarian community, with many organisations serving as implementing partners in the delivery of assistance in education, child protection, SRHS and general protection services.

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

Yes

Partially

No

Bureaucratic impediments delayed implementation of some projects particularly the shelter project which required long negotiations on land with the government. Three of the four agencies requested extensions to allow more time to complete the project.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

The funds allowed response to time critical needs in some key sectors covered. Humanitarian needs were high and rising due to, increased insecurity, rising inflation and the effects of the COVID pandemic. Education implementation was done to ensure that funding

supported the school year. GBV services were also provided including to newly displaced and relocated IDPs following good inter-sectoral planning to cater for the movements.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

Yes, coordination was improved amongst humanitarians by the project design and because of challenges that arose during implementation. The shelter projects required coordination between IOM, UNHCR, OCHA, shelter sector, HC, other humanitarians and government for the acquisition of land. Project implemented by UNICEF was also done through a consortium approach which allowed close working relationship among child protection and education partners.

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

The shelter projects implemented by IOM and UNHCR focused on providing longer term solutions for displacement have been partly funded by CERF, as the approach had not been funded in the Humanitarian Response Plan and had not yet received funding through other channels. Following the allocation of CERF funds, additional funding was received from the Nigeria Humanitarian Funds (NHF) and other donors have indicated interest in supporting the project.

Considerations of the ERC’s Underfunded Priority Areas¹:

The most urgent funding was required in priority area two. IOM targeted people living with disabilities during implementation. To ensure that Persons with Disabilities (PwD) were included in the site-level decision making process, CCCM teams set up a representative camp committee for persons with specific needs across the camps. Furthermore, site improvement and repair activities conducted under this action ensured accessibility for sub-groups with specific needs. For instance, footbridges were constructed to improve accessibility for PwDs to key camp facilities. This in turn also enhanced their involvement in camp activities. For Shelter/NF assistance, PwDs were prioritized to receive assistance. During NFI distributions, PwDs, as well as elderly and pregnant and lactating women, were prioritized to receive the kits first to reduce their waiting time. As this was implemented across camps in different parts of the Northeast, it is expected that the focus on PwDs would have a lasting impact on the overall response and serves to introduce new standards in engaging with PwDs in camps and camp-like settings.

Funding Envelope for Gender-based Violence Programming:

N/A

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	243,177,000
CERF	13,001,946
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	0

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

Total funding received for the humanitarian response (by source above)	13,001,946
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Table 2: CERF Emergency Funding by Project and Sector/Cluster (US\$)

Agency	Project Code	Sector/Cluster	Amount
IOM	20-UF-IOM-028	Shelter and Non-Food Items	1,776,000
IOM	20-UF-IOM-028	Camp Coordination and Camp Management	624,000
UNFPA	20-UF-FPA-036	Protection - Gender-Based Violence	2,402,289
UNHCR	20-UF-HCR-029	Shelter and Non-Food Items	1,938,000
UNHCR	20-UF-HCR-029	Protection	1,216,000
UNHCR	20-UF-HCR-029	Camp Coordination and Camp Management	646,000
UNICEF	20-UF-CEF-056	Education	2,991,767
UNICEF	20-UF-CEF-056	Protection - Child Protection	1,407,890
Total			13,001,946

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

Total funds implemented directly by UN agencies including procurement of relief goods	5,275,070
Funds sub-granted to government partners*	2,509,892
Funds sub-granted to international NGO partners*	2,645,726
Funds sub-granted to national NGO partners*	2,536,145
Funds sub-granted to Red Cross/Red Crescent partners*	35,113
Total funds transferred to implementing partners (IP)*	7,726,876
Total	13,001,946

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

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

The COVID-19 pandemic as well as an upsurge in violent attacks by Boko Haram against civilians are exacerbating the humanitarian crisis in the three north-eastern states of Borno, Adamawa and Yobe. Some 10.6 million people – 4 in 5 people – are in need of humanitarian assistance, an increase of 49% compared to 2020. But the government is struggling to lead an effective response due to reduced oil revenues and COVID-19 related restrictions. Urgent funding is therefore required to maintain and further expand humanitarian activities.

Operational Use of the CERF Allocation and Results:

In response to the crisis, CERF allocated \$13 million from its Underfunded Emergencies Window for the immediate commencement of life-saving activities. The injection of CERF funding comes at a critical juncture, at a time of increased needs but reduced government response capacity. The funding will strengthen partnership between the humanitarian community and the government of Nigeria; and increase community acceptance of humanitarian assistance (which in turn will support improved access) through funding for local NGOs. This funding will enable 4 UN agencies and partners to provide life-saving assistance to some 908,000 people in 6 sectors: protection, child protection, gender-based violence, camp coordination and management, emergency shelter and household items, and education.

People Directly Reached:

This CERF allocation provided emergency lifesaving assistance to 977,051 people, including 53,649 persons with disabilities displaced by the conflict in Northeast Nigeria.

The total beneficiary estimation was obtained by each agency using their internal beneficiary criteria and consistent with the proposal beneficiary target approach. Double counting has been avoided through selection of beneficiaries in different project locations.

People Indirectly Reached:

Figures for indirect beneficiaries were calculated differently by sector. People indirectly targeted were people within and around the communities where the projects were implemented. The indirect beneficiaries received awareness and information campaigns. For reproductive health and GBV services, there were community engagement and sensitization sessions on men's and boys' role in protecting their daughters, sisters, wives and mothers. For education services, SBMCs/CECs shared information with wider community members (indirect beneficiaries) to ensure that communities were kept informed, safe, and resilient. Each child was projected to reach at least two other children with the information they received.

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

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Camp Coordination and Camp Management	60,271	48,749	86,103	72,378	267,501	73,786	54,655	78,310	89,215	295,967
Education	419	684	36,667	30,000	67,770	535	673	33,660	38,390	73,258
Protection	69,000	66,000	90,000	75,000	300,000	69,000	66,000	90,000	75,000	300,000
Protection - Child Protection	570	580	18,800	17,700	37,650	2,461	1,110	24,733	22,886	51,190
Protection - Gender-Based Violence	118,099	2,118	84,373	7,243	211,833	133,925	8,781	57,522	20,204	220,432
Shelter and Non-Food Items	5,266	4,200	7,819	6,715	24,000	10,012	10,218	8,398	8,160	36,788

* 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	25,870	11,695
Internally displaced people	706,100	775,339
Host communities	176,634	189,567
Other affected people	150	450
Total	908,754	977,051

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	Number of people with disabilities (PwD) out of the total	
			Planned	Reached
Women	253,625	289,541	12,508	12,900
Men	122,331	141,247	11,366	11,707
Girls	323,762	292,536	17,010	15,908
Boys	209,036	253,727	13,737	13,134
Total	908,754	977,051	54,621	53,649

3. LESSONS LEARNED:

OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement
N/A	N/A

Lessons learned	Suggestion for follow-up/ improvement
Agreement in principle with the government for land allocation does not always translate into easy access to land for project implementation	There is a need for continuous engagement to get land. More cross agency coordination is required to get land for large scale shelter development
A multi-sectoral approach is required to cover key services for shelter projects.	Shelter projects did not have a WASH component which made them challenging to complete. Greater cooperation with humanitarian partners required to ensure full service delivery.
Education intervention after the start of the school year was very challenging and required a lot of flexibility and innovative adaptation.	For education component, period beyond 12 months required to allow for alignment with school year for greater impact.

PART II – PROJECT OVERVIEW

4. PROJECT REPORTS

3.1 Project Report 20-UF-IOM-028

1. Project Information			
Agency:	IOM	Country:	Nigeria
Sector/cluster:	Shelter and Non-Food Items Camp Coordination and Camp Management	CERF project code:	20-UF-IOM-028
Project title:	Improving the living conditions of displaced populations in north-east Nigeria through Camp Coordination and Camp Management (CCCM) and Shelter assistance.		
Start date:	10/11/2020	End date:	09/02/2022
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 81,610,621
	Total funding received for agency's sector response to current emergency:		US\$ 49,772,504
	Amount received from CERF:		US\$ 2,400,000
	Total CERF funds sub-granted to implementing partners:		US\$ [0]
	Government Partners		US\$ [0]
	International NGOs		US\$ [0]
National NGOs		US\$ [0]	
Red Cross/Crescent Organisation		US\$ [0]	

2. Project Results Summary/Overall Performance

Under the purview of this CERF UFE grant, the International Organization for Migration (IOM) has been able to improve the living conditions of 152,394 displaced persons in north-east Nigeria through Camp Coordination and Camp Management (CCCM) services, including 57,820 IDPs living in camps and camp-like settings and 94,574 IDPs living in the host communities. Specifically, 5,194 women, 3,991 men, 4,734 girls, and 3,494 boys were provided with life-saving assistance across two reception centre facilities; 8,970 women, 5,760 men, 13,946 girls, and 11,731 boys across nine camps were provided with adequate camp management support and site facilitation. This assistance was provided in two locations – Gwoza and Pulka – in Gwoza Local Government Area (LGA), Borno State. The key activities under CCCM response included:

- **Enhanced site management support services across 9 sites**

IOM reached 57,820 individuals with site management support services during the project implementation period. Site management support services conducted included the deployment of dedicated site facilitators across the nine sites in Gwoza LGA – 20 Housing Unit, Gwoza Wakane Pri. Sch., GSS Camp Gwoza, Dangote Camp, Camp A (Umbazah Rock Side Camp), Camp B [Camp 2 (Wege)], Camp C (Wege Extension), Camp D (Damara Arrival Centre), Camp E. The site facilitators supported the national authorities to coordinate and monitor assistance provision, enhance participation, foster accountability for affected people, and share data and information on the site population with sectoral aid providers and the government, while improving the overall protective environment. Furthermore, two reception

facilities were managed by virtue of the deployment of dedicated staff and infrastructures maintained through regular repairs. In coordination with partners, lifesaving assistance and protection services were provided to 17,413 individuals in the two reception centres.

- **Implementation of site improvement activities across 9 sites**

As part of its site improvement activities, IOM constructed nine culverts, eight footbridges, rehabilitated and cleaned existing drainages lines, created local community drainages, installed sandbags for water pathways, backfilled flood-prone areas, reinforced damaged emergency shelters and distributed community tools across the nine sites. Major site improvements, like the construction of culverts, were contracted by IOM while minimal site improvements, like sandbagging and drainage clean-up, were completed by the trained site maintenance committees – which comprised of individuals selected from the camp community across the targeted sites. The site maintenance committee members were also trained on the mitigation of hazard related risks, i.e., floods and fire outbreaks.

Additionally, through the CERF UFE grant, IOM was able to reach 29,288 individuals with Shelter/Non-Food Items (NFI) support, including 8,287 women, 8,568 men, 6,148 girls and 6,285 boys. IOM was able to achieve the following outputs as pertaining to the Shelter/NFI component of this project:

- **Construction of 350 transitional (mud brick) shelters**

IOM constructed 85 mudbrick shelters (with 85 latrines and 85 showers), which benefitted 508 IDPs, and a further 265 mudbrick houses (with 265 latrines and 265 showers) in the host community of Pulka and Ngala, supporting 1,837 IDPs and returnees. The construction of a total of 350 shelters, 350 latrines, and 350 showers, therefore, contributed to decongestion and improved the living conditions and privacy of IDPs and returnees. Relocation activities were conducted in coordination with the IOM CCCM teams and following consultations with the site committees which included representatives from the displaced populations, including sub-groups (women, elderly persons, youth, persons with specific needs). Site committees were especially involved in the prioritization and selection of the beneficiaries to be relocated. The households that benefitted from mudbrick houses further received improved NFI kits in-kind. The mudbrick shelters were designed for one household with two rooms and were built with local construction materials. The final design of shelters was based on feedback from Focus Group Discussions (FGDs) and consultations with the affected population, including all different groups within the population (women, girls, elderlies, persons with specific needs, etc.) and in coordination with the CCCM/Shelter/NFI sector.

- **Reinforcement of 1,900 emergency shelters**

With the extreme weather conditions in the north-eastern part of Nigeria, emergency shelters continue to face hydro-meteorological damage due to severe storms and heavy downpours. During the duration of the project, IOM continued to support the repair and reinforcement of damaged shelters with reinforcement kits, which culminated in the reinforcement of 1,900 shelters. This activity benefitted 14,318 individuals in acute need. The locations for reinforcement were identified in coordination with the CCCM/Shelter/NFI sector, Borno State Emergency Management Agency (SEMA), and CCCM partners. This was followed by a technical assessment to verify the needs and assess the level of damage in those locations in coordination with the affected population. IOM technical supervisors oversaw the process of reinforcement ensuring that the implementation of activities met IOM standards.

- **Construction of 1,000 emergency shelters**

During the project period, 5,058 IDPs living in camps or camp like settings were assisted with the construction of 1,000 Bama Type Emergency Shelters in Gwoza LGA. All construction was overseen and monitored by IOM's technical shelter experts and conducted by local contractors, as well as community carpenters.

A site assessment was conducted by the team to identify possible land for the construction of shelters to decongest the reception centres and transit shades in Gwoza LGA including Pulka town. In locations where the land was not available, the team conducted an assessment in coordination with relevant stakeholders to identify the uninhabitable shelters to replace them. As a result of technical assessments by IOM technical supervisor engineers, 665 shelters were identified as totally damaged in Pulka town of Gwoza LGA, where the shelters were constructed over 3 years ago. In Gwoza town, the team was able to identify empty plots within various camps and constructed 335 emergency shelters that accommodated newly arrived IDP households or IDPs living in the reception centres.

- **Rehabilitation and partitioning of 28 damaged buildings**

In locations where the land remains unavailable to construct shelters, IOM was able to rehabilitate and partition 28 damaged building and allocated them to 754 IDPs living in congested reception centres or transit shades in Bama LGA, which provided alternative safe shelter, thereby protecting them from various elements. The decisions on the choice of buildings rehabilitated was coordinated with SEMA/National Emergency Management Agency NEMA partners, who were responsible to allocate inhabited abandoned buildings to IOM, which were mostly old public structures in need of repairs; mainly doors, windows, roofing and adding partitioning during rehabilitation.

- **Prepositioning and/or distribution of 1,400 NFI kits**

During the project implementation period, IOM was able to improve the living conditions of 6,813 individuals (excluding the mudbricks beneficiaries) through the distribution of 1,400 improved NFI kits to IDPs living in camp or camp like settings in various locations in Borno state, and/or assisting newly arrived households or households affected by fire outbreaks or floods. IOM distributed the kits across nine camps and camp-like settings in 5 LGAs across Borno state. These camps were selected in consultation with camp managers and LGA focal points, who helped to identify the camps with the most urgent NFI needs. Prior to the distribution, IOM conducted community mobilization activities to inform communities in the targeted camps of the selection criteria, entitlements of beneficiaries, and the dates and locations of the distributions. After distributions, a thorough sensitization was conducted on the use of essential non-food items. Moreover, 30 improved NFI kits were prepositioned to respond to emergencies in Maiduguri Metropolitan Council (MMC) area. Kits were prepositioned in critical locations such as Pulka, Monguno and Ngala, or distributed directly based on the identified needs.

IOM, through this grant, therefore, contributed to improving the living conditions of IDPs, including newly displaced households in camp, camp-like settings and out of camp locations through the provision of site management services, site improvements and shelter construction and repair.

3. Changes and Amendments

All targeted CCCM activities under this project were completed within the implementation period. With regards to the Shelter/NFI intervention, the challenge observed during project implementation was mainly the lack of useable land for the construction of transitional shelters for camp decongestion. This delay led to the extension of this project for three months. Additional reasons and delays are mentioned below:

- Land negotiation and allocation process took more than eight months with concerned parties: the local government, landowners, and the military. Finally, 22 hectares out of the 35 hectares were obtained for constructing the shelters.
- The 22 hectares allocated for shelter construction were close to the military trenches and had watchtowers (tango lines) running along the trench. Further consultations and approvals had to be secured from the Theatre Command in Maiduguri for the issuance of final approvals in Pulka to move the watchtowers. This delayed the commencement of the works.
- Getting military approval for initial site decongestion plans took longer due to military change of command.
- During project implementation period, the rainy season partially-delayed the commencement of the construction of mudbrick shelters. Whereas procurement of materials was possible during the rainy season, the actual construction of mud-brick shelters only commenced at the end of the rainy season.
- The closure of camps in MMC, Jere and Konduga LGA and subsequent efforts by the Government towards the return or relocation of IDPs back to their communities of origin contributed to the congestion of camps and camp like settings in LGAs of return, including Gwoza and Pulka. During the project period, and following the closure of camps in MMC, Jere and Konduga LGAs by the Government, over 23,000 individuals relocated to camps and camp-like settings in Bama, Ngala, Dikwa and Mafa LGAs. Most of the relocated communities sought refuge in open spaces or had to be hosted by their relatives or by the community.

Additionally, due to flooding during the rainy season, a high number of IDPs residing in camps and camp like settings were affected by the loss and damage of their shelters and NFIs. At the end of the rainy season, IOM mobilized the contractor to the secured land to commence construction of phase one of the shelters, while in parallel following up with the process of securing the land after the trench expansion.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Camp Coordination and Camp Management									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	11,089	7,991	17,452	15,198	51,730	14,164	9,751	18,680	15,225	57,820
Host communities	20,542	13,363	31,294	26,046	91,245	20,677	13,588	33,579	26,730	94,574
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	31,631	21,354	48,746	41,244	142,975	34,841	23,339	52,259	41,955	152,394
People with disabilities (PwD) out of the total										
	668	445	668	445	2,226	736	486	716	453	2,391
Sector/cluster	Shelter and Non-Food Items									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	113	123	69	81	386
Internally displaced people	3,541	2,550	5,569	4,840	16,500	7,974	8,226	5,975	6,055	28,230
Host communities	0	0	0	0	0	22	29	17	21	89
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	3,541	2,550	5,569	4,840	16,500	8,287	8,568	6,148	6,285	29,288
People with disabilities (PwD) out of the total										
	172	124	271	236	803	398	411	295	302	1,406

* 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

All beneficiaries under the purview of this project were directly targeted.

6. CERF Results Framework

Project objective	Improve the living conditions of the IDPs including new arrivals in camp, camp-like settings and out of camp locations through the provision of site management services, site improvements and shelter construction and repair			
Output 1	Enhanced site management support services to displaced populations and facilitation of lifesaving assistance to newly arrived displaced populations.			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Camp Coordination and Camp Management			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of IDP sites with adequate camp management support and site facilitation	9	9	Service Mapping Report; Service Monitoring Tool (SMT) Report; Team Leader Report
Indicator 1.2	# of Gwoza IDP sites with functional complaints and feedback mechanisms	9	9	Complaints and Feedback Mechanism Dashboard, Team Leader Report
Indicator 1.3	# of reception facilities providing life-saving assistance to newly arrived displaced populations within 72 hours	2	2	SMT, Team Leader Report
Explanation of output and indicators variance:		Indicators were achieved as targeted		
Activities	Description			Implemented by
Activity 1.1	Deployment of 10 static site facilitators and 2 mobile teams to Gwoza LGA. Each mobile team will have two members. The team will have one member who will be focal point of GBV/ Protection issues. The person will be in charge of referrals to such specialised services. Training will be provided to the mobile teams on handling disclosure of GBV incidents with emphasis on the survivor centred approaches and safe referrals. 9 camp and camp-like settings as well as an additional 6 sites with out of camp IDP populations are targeted.			IOM
Activity 1.2	Set up and maintain community-based complaint and feedback mechanisms in all sites managed by IOM. Maintenance of a database for managing and referring complaints and feedback from IDP populations. Promote usage of complaints and feedback mechanisms through sensitization campaigns.			IOM
Activity 1.3	Management of reception facilities through deployment of dedicated staff and maintenance of infrastructure in 2 reception facilities through regular repairs. Mobilization of adequate service providers and convening of regular coordination forums for service providers in reception facilities. Provision of life saving assistance and protection services to displaced populations such as NFIs, Food assistance, medical screening (check-up), among others. and GBV/Health / Hygiene promotion sensitization, among others.			IOM

Output 2 Enhanced living conditions of new arrivals and displaced populations in camps and camp-like settings through the implementation of site improvement activities.

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

Sector/cluster Camp Coordination and Camp Management

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of Gwoza IDP sites supported with site maintenance tools	9	9	SWR Form
Indicator 2.2	# of sites benefiting from flood mitigation activities	4	4	Team Leader Report; Certificate of Provisional Acceptance (CPA)
Indicator 2.3	# of sites benefiting from site improvement interventions	9	9	Team Leader Report; CPA

Explanation of output and indicators variance: Indicators were achieved as targeted

Activities	Description	Implemented by
Activity 2.1	Provision of site maintenance tools to IDP communities for community-based maintenance of site infrastructure as well as minimal site improvement works. IDP communities will be provided training on the usage of the tools.	IOM
Activity 2.2	Implement community drainage improvement activities such as water pumping, digging of drainage canals and maintenance of existing drainage channels.	IOM
Activity 2.3	Implement site improvement activities such as regular cleaning and disinfection of IDP sites, fire risk prevention and mitigation as well as minor repairs to site infrastructure.	IOM

Output 3 The decongestion of Pulka town is supported through establishment of necessary facilities.

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

Sector/cluster Shelter and Non-Food Items

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	# of households that are relocated to a new shelter with supporting facilities and are provided with the tools to upgrade their shelters as well as improved NFI kits	1,100	350	Pictures of activities Registration lists
Indicator 3.2	# of shower units constructed	60	350	Pictures of activities Registration lists
Indicator 3.3	# of latrine stances constructed	121	350	Pictures of activities Registration lists
Indicator 3.4	# of households receiving shelter reinforcement assistance	1,900	3,036	Pictures of activities Registration lists

Explanation of output and indicators variance: All set targets are achieved as planned, the target set for reinforcement of shelter were overachieved as a result of the competitive bidding process and a reduction in the cost of the tarps. (Indicators 3.4 and 4.2 refer to the same beneficiaries).

Activities	Description	Implemented by
Activity 3.1	Mapping of existing pieces of land and engaging in advocacy to secure the necessary land, and develop site plans for identified pieces of land for establishment of settlements	IOM/Sector/CCCM partners
Activity 3.2	Construct 1,100 emergency shelters along with (gender-segregated) 121 latrine stances and 60 shower units	IOM
Activity 3.3	Relocate the identified households into newly constructed shelters and provide them with Improved NFI kits (including blanket, sleeping mat, mattress, mosquito net, soap, sanitary Pads, kitchen utensils).	IOM

Output 4 Shelters and buildings affected by the rain season are reinforced and repaired.

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

Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	# of households receiving shelter reinforcement and repair assistance	1,900	3,036	Pictures of activities Registration lists
Indicator 4.2	# of damaged shelters repaired and reinforced	1,900	3,036	Pictures of activities Registration lists
Indicator 4.3	# of shelter repair kits prepositioned and/or distributed to IDP, returnees and/or host community members living in damaged shelters.	200	200	Warehouse stock report

Explanation of output and indicators variance: All set targets are achieved as planned, the target set for reinforcement of shelter were overachieved as a result of the competitive bidding process and a reduction in the cost of the tarps. (Indicators 3.4 and 4.2 refer to the same beneficiaries).

Activities	Description	Implemented by
Activity 4.1	Conduct assessment and identify the damaged shelters	IOM/Sector/ SEMA/CCCM Partners
Activity 4.2	Carry out the repair works through material, labor and technical support	IOM
Activity 4.3	Conduct Post-Intervention Monitoring	IOM

Output 5

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

Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 5.1	# of Emergency shelters constructed for newly arriving IDPs, and/or IDP living in makeshift shelters, totally damaged shelters that no longer can be reinforced.	785	1000	Registration lists, Pictures of activities
Indicator 5.2	# of buildings partitioned and rehabilitated to	28	28	Registration lists, Pictures of activities

	accommodate IDPs living in open or in over congested reception centers			
Explanation of output and indicators variance:		All set targets were achieved as planned. The target set for shelter construction were overachieved as a result of the competitive bidding process, the reduction in the cost of the tarps.		
Activities	Description	Implemented by		
Activity 5.1	Conduct assessment and identify the damaged shelters	IOM		
Activity 5.2	Carry out the repair works through material, labor and technical support	IOM		
Activity 5.3	Conduct Post-Intervention Monitoring	IOM		

Output 6

Was the planned output changed through a reprogramming after the application stage? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 6.1	# of improved NFI kits prepositioned and/or distributed	785	1,430	Pictures of activities Registration lists
Explanation of output and indicators variance:		All set targets were overachieved reaching to 1,410 households as a result of competitive bidding process where an LTA with 3 vendors was put in place.		
Activities	Description	Implemented by		
Activity 6.1	Conduct assessment	IOM/SEMA/SECTOR/CCCM partner		
Activity 6.2	Distribution of NFIs	IOM		
Activity 6.3	Conduct Post-Intervention Monitoring	IOM		

7. Effective Programming

a. Accountability to Affected People (AAP)²:

Beneficiary participation represented an integral component of IOM's interventions under this project and various measures were taken to ensure participation of, and accountability to, the beneficiary population. Among these efforts was the complaints and feedback mechanism (CFM) monitored by on-site facilitators with complaints addressed and or referred to relevant partners, ensuring care and maintenance of camp infrastructures and site improvements. During the project implementation, IOM promoted community participation through FGDs, sensitisation campaigns and meetings in the IDP sites, and continued coaching the IDP site committees on the benefits of community participation. The IDP site committees were composed of all community groups among the affected populations, inclusive of persons with specific needs. Participation of women was promoted through minimum quotas placed on site committees for women. IOM ensured continued participation through FGDs, which were used to gather the concerns of the affected populations on camp life in general. However, these took place in a limited number due to the COVID-19 pandemic. The concerns gathered via these FGDs were then followed-up by IOM towards resolution, including subsidiary action with partners, camp governance, and community groups when required. For instance, from the FGDs conducted with women representatives in Gwoza, it was observed that women and girls, including persons with specific needs, though interested, were often marginalized and not included in the decision-making processes in the camps. Taking this

² 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](#).

into account, the CCCM team held meetings with the camp governance structures, and through regular sensitization campaigns, sensitized the camp community on the importance of including women and girls, including those with disabilities, in decision making processes.

Shelter/ NFI and relocation activities were conducted following consultations with the site committees. Site committees were especially involved in the prioritization and selection of the beneficiaries to be relocated. Furthermore, the final design of shelters was based on feedback from FGDs and consultations with the affected population, including all different groups within the population (women, girls, elderly, persons with specific needs, etc.). The main design features that were adapted based on the feedback received were the height, size and location of windows, as well as the location of doors. For instance, the height of the windowsills was increased to provide more privacy and sense of security, following FGDs and after the construction of prototypes on site, which were used to consult with representatives from the different target groups. The location of the windows was chosen to be on the front elevation as beneficiaries, particularly women, preferred to have windows only on one side for privacy and to reduce the risk of theft. The location of doors for the shelters built on new land was agreed following FGDs with community representatives. While for shelters constructed on beneficiaries' private plots within the host community, two options were provided so that the beneficiaries could choose the preferred one (either both doors facing outside or one outside and one between the two rooms). In addition, for beneficiaries in the host community, the location and orientation of the shelters was agreed with the households themselves to take their preferences into account.

Prior to the distribution of items, IOM conducted community mobilization activities to inform communities at the targeted camps of the selection criteria, entitlements of beneficiaries, and the dates and locations of the distributions. After distributions IOM also engaged communities to evaluate the usefulness of the NFIs distributed, which will be utilised to design future interventions. Feedback from the PDMs will inform the content and quality of the non-food items to be included in future projects, and further advise on modality-preference (in-kind, cash, or hybrid of cash and in-kind). For instance, following the monitoring of activities and engagement with beneficiaries, the need to add padlocks to the NFI kits was raised to be able to lock the doors of their new or former homes when relocating to the newly provided mudbrick shelters, as families often struggled to raise enough resources to buy a new padlock. This was considered and the content of the NFI kits was revised for future projects.

b. AAP Feedback and Complaint Mechanisms:

Under the purview of this project, IOM sought for regular feedback from the targeted population via closed loop feedback/complaint mechanisms and through FGDs with target groups. Community members provided feedback through suggestion boxes and filed their complaints via the complaints desk managed and monitored by on-site facilitators. Feedback on service/assistance rendered and complaints were shared with the concerned agencies in line with IOM's data protection principles and standards. All complaints and feedback received were recorded in an online database for ease of tracking and referral. Protection related cases were handled directly by the Protection unit and referred to responsible protection agencies/mechanisms.

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

IOM is committed to preventing and mitigating GBV in emergencies as per its Institutional Framework for Addressing GBV in Crises (GBViC Framework). Furthermore, IOM's CCCM response included risk mitigation measures as outlined in this Framework and teams work with Protection and GBV actors in planning and implementation. As part of CCCM activities, the on-site facilitators raised awareness on GBV and Protection from Sexual Exploitation and Abuse (PSEA), reporting mechanisms and referral pathways. GBV and SEA risks were minimized in all targeted locations under this action through themed messaging which targeted all community groups.

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

IOM ensured gender considerations were mainstreamed across all areas of intervention. The project ensured that the unique needs of women and girls were identified, taken into account and referred to various service providers through the camp management teams. For example, women in the majority of IOM-managed sites in Pulka requested that they, not the men (male household head), were targeted to receive the food ration on behalf of the household, as in some instances, men were reported to sell the food items and use the proceeds for their own benefits. IOM coordinated with Protection and Food partners to ensure that the concern was addressed, and the food ration

card is now targeted at the female members of the household. Furthermore, women and girls at GSS camp Gwoza expressed concerns regarding their personal hygiene and need for livelihood support. Through the women's participation project and consultations with the women, IOM supported them with materials and coaching on making reusable pads, and also provided starter kits with sewing machines. CCCM teams also ensured that there was a thirty percent minimum quota of women representation in all site sector committees. The women were provided with leadership skills and were equipped to give meaningful contributions in the management of the camp life, respectfully of cultural dynamics. IDP women leadership was also included in camp coordination meetings. All consultations with IDPs also included the views of women and girls. Furthermore, IOM coordinated and acted collectively with protection partners on-site to ensure a swift and comprehensive response towards preventing and mitigating GBV risks within the areas of operation.

e. People with disabilities (PwD):

During the project implementation, to ensure that Persons with Disabilities (PwD) were included in the site-level decision making process, CCCM teams set up a representative camp committee for persons with specific needs across the camps. Furthermore, site improvement and repair activities conducted under this action ensured accessibility for sub-groups with specific needs. For instance, footbridges were constructed to improve accessibility for PwDs to key camp facilities. This in turn also enhanced their involvement in camp activities. For Shelter/NF assistance, PwDs were prioritized to receive assistance. During NFI distributions, PwDs, as well as elderly and pregnant and lactating women, were prioritized to receive the kits first to reduce their waiting time.

f. Protection:

IOM ensured that its response was provided to avoid further harm and was delivered according to needs. To support safe response delivery, IOM's activities were designed in direct consultation with the population. For example, prior to the implementation of the project's activities, IOM conducted participatory assessments in the targeted communities. These assessments emphasized participation across the different sub-groups (women, female-headed households, youth, child-headed households, the elderly, persons with disability and persons with specific needs). This was of utmost importance as it provided a context wherein individuals felt safe to express their concerns and needs. All the mentioned activities and services delivered were problem-based and consequently tailored to the needs of the sub-groups and individuals. Additionally, IOM also conducted regular participatory safety assessments in the sites to assess any safety risks. IOM worked with the site maintenance committees and IDP leadership to address the safety concerns identified in these audits.

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

9. Visibility of CERF-funded Activities

Title	Weblink
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IOM Nigeria Monthly Situation Report- August 2021	https://nigeria.iom.int/sites/g/files/tmzbdl311/files/documents/SitRep_August002.pdf
IOM Nigeria Monthly Situation Report- July 2021	https://nigeria.iom.int/sites/g/files/tmzbdl311/files/documents/IOM%20Nigeria%20July%20Sitrep_0.pdf
IOM Nigeria Monthly Situation Report- June 2021	https://nigeria.iom.int/sites/g/files/tmzbdl311/files/documents/IOM%20Nigeria%20Situation%20Report%20June%202021%20final_0.pdf
IOM Nigeria Monthly Situation Report- May 2021	https://nigeria.iom.int/sites/g/files/tmzbdl311/files/documents/IOM%20Nigeria%20Situation%20Report%20May%202021%20final_1.pdf
IOM Nigeria Monthly Situation Report- April 2021	https://nigeria.iom.int/sites/g/files/tmzbdl311/files/documents/IOM%20Nigeria%20Situation%20Report%20April%202021.pdf
IOM Nigeria Monthly Situation Report- March 2021	https://nigeria.iom.int/sites/g/files/tmzbdl311/files/documents/IOM%20Nigeria%20Situation%20Report%20March%202021%20009_0.pdf
IOM Nigeria Monthly Situation Report- January 2021	https://nigeria.iom.int/sites/g/files/tmzbdl311/files/documents/IOM%20Nigeria%20Situation%20Report%20January%202021_0.pdf
IOM Nigeria Annual Report 2021	https://nigeria.iom.int/sites/g/files/tmzbdl311/files/documents/Nigeria_AnnualReport_2020_final_3.pdf

3.2 Project Report 20-UF-FPA-036

1. Project Information			
Agency:	UNFPA	Country:	Nigeria
Sector/cluster:	Protection - Gender-Based Violence	CERF project code:	20-UF-FPA-036
Project title:	Providing Comprehensive Care and Response services for GBV Survivors in Borno, Adamawa and Yobe States		
Start date:	04/11/2020	End date:	03/11/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 10,750,000
	Total funding received for agency's sector response to current emergency:	US\$ 698,000
	Amount received from CERF:	US\$ 2,402,289
	Total CERF funds sub-granted to implementing partners:	US\$ 1,877,132
	Government Partners	US\$ 255,723
	International NGOs	US\$ 419,803
	National NGOs	US\$ 1,166,493
Red Cross/Crescent Organisation	US\$ 35,113	

2. Project Results Summary/Overall Performance

The CERF UFE grant which aims to make available and provide quality life-saving integrated SRH/gender-based violence protection assistance to vulnerable IDPs and host community groups, was implemented between December 2020 & November 2021 by UNFPA and partners (including 3 LNGOs) in **19 LGAs** spread across Borno, Yobe and Adamawa states; **6 LGAs** in Borno (Bama, Jere, Kaga, Konduga, MMC, Ngala) **8** in Adamawa states (Yola North, Yola South, Fufore, Mubi North, Mubi South, Madagali, Michika, Numan) and **5** in Yobe states (Damaturu, Gujba, Potiskum, Geidam, Nguru) between the month of December 2020 to November 2021

Through this grant, UNIFPA and partners reached 115,506 beneficiaries with quality life-saving SRH/GBV specialized services including CMR, PSS, family planning and delivery; remotely supported 3708 through helplines/call centers 57% of whom self-referred in the last quarter; promoted the dignity of 15423 women and girls including IDPs and vulnerable groups with distributed dignity kits; provided RH supplies and commodities including drugs and PPEs to 95 facilities benefiting estimated 450,000 vulnerable groups; successfully mentored 4 Organizations in GBV field coordination; enhanced the capacity of 480 legal aid/law enforcement and frontline workers to improve the quality-of-service provision including on Case Management (ToT) & GBVIMS (for 6 partners); developed and revised 7 SOPs/workflow for WGSS/OSCs, Referral pathways for each of the BAY states, and Helpline/Remote case management protocol; advocated with and medially engaged/sensitized 476 - (Males – 291, Females 185 all adults) high and medium-level stakeholders especially on VAPP ACT which complemented the efforts of other partners in the ACT's passage into law, recently; estimated 600 persons sensitized on PSEA while establishing 20 functional community-based feedback mechanisms (CBFMs) and supporting 2 organizations to roll-out the GBVIMS+ in their work across the BAY states as a data quality and standardization effort. and ethically data collection, storage and sharing.

The project assisted a total of 220,432 vulnerable and displaced persons as well as honing the capacities of legal aid, security and frontline workers while ensuring sustained provision of culturally sensitive life-saving integrated gender-based violence protection assistance in 19 LGAs across the BAY states in the 2020/2021 CERF grant cycle. Apart from the sustained last mile Integrated GBV protection assistance, the increase accountability to affected population due to increase SEA awareness from community based feedback mechanism, innovative remote case management and dignity kits distributions achieved the outcomes of unlimited service provision to survivors in the most hard-to-reach areas and dignified living for women and girls respectively. The project also aided GBVIMS including

GBVIMS+ rollout in all the 3 states with partners already submitting monthly data for analysis in addition, a key achievement under this project is the promotion of localization of the humanitarian response by engaging with local actors whose capacities have been built, with some reaching the point of independently bidding for projects and obtaining funding from other donors.

3. Changes and Amendments

The project was implemented as planned however, ongoing relocation of IDPs by the state government of Borno back to their area of return disrupted implementation of ongoing activities in a number of camps at the beginning but UNFPA together with its partners and in collaboration with other actor were able to come up with camp closure and decommissioning action plans which helped to address emerging challenge. The funds were mobilized late in 2020, and not much was achieved in 2020 as the year was drawing to a close, however, actual implementation of activities commenced in Q1 of 2021 and progressively rolled out across all indicators with a few changes (adjustments).

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Gender-Based Violence									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	98,058	1,609	52,327	5,109	157,103	99,772	6,542	42,665	14,822	163,801
Host communities	20,041	509	32,046	2,134	54,730	34,153	2,239	14,857	5,382	56,631
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	118,099	2,118	84,373	7,243	211,833	133,925	8,781	57,522	20,204	220,432
People with disabilities (PwD) out of the total										
	400	21	483	61	965	538	70	185	89	882

* 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 cuts across both health (Sexual & Reproductive Health) and protection (GBV) sectors. For the health aspect, the people indirectly targeted are comprised of people within and around the communities that host the 95 facilities that received Reproductive Health supplies/commodities, medical drugs, and consumables including Covid-19 PPEs. The clean delivery kits (disposable and reusable) as well as drugs in most cases in some facilities were the only supply they said they had received which assisted them in providing basic obstetric care to pregnant and breast feeding mothers as well as adolescent girls and boys.

Meanwhile, for protection assistance in preventing and responding to GBV, men and boys were indirectly targeted through deliberate community engagement and sensitization on their role in protecting their daughters, sisters, wives and mothers. An estimated 200,000 men and boys with some certainty benefited both community and media engaging sensitizations as well as outreaches.

6. CERF Results Framework

Project objective Enhance access and reach of well-coordinated lifesaving GBV protection and response services for survivors and individuals at risk in Borno, Adamawa and Yobe States.

Output 1 Improved access to quality and timely response services for survivors, specifically women and girls

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

Sector/cluster	Protection - Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of beneficiaries successfully referred through GBV case management and have received specialised services (need based and appropriate psychosocial services; medical care including clinical management of rape; family planning and related reproductive health services, legal assistance & protection safety/security assistance)	43,000	115,506	Consolidated IP's annual reports
Indicator 1.2	Number of women and adolescent girls accessing services at the women and girls' friendly safe spaces	40,000	83,752	WGSS Activity rosters and visitors book/ Consolidated IPs annual report
Indicator 1.3	Number of women and girls that have received standardized locally produced dignity kits including facemasks and sanitizers	5,000	4723	Dignity kit camp/facilities distribution plan and IP reports
Indicator 1.4	Number of dignity kits distributed	11,000	10700	Dignity kit distribution reports for BAY states
Indicator 1.5	Number of persons supported through the GBV helplines/call centres	6,500	3708	Hot lines Call log
Indicator 1.6	Number of facilities that receive Reproductive Health supplies/commodities, medical drugs, and consumables	76	95	RH Kit Distribution report

Indicator 1.7	Number of partners successfully mentored as co-coordinator in strengthened GBV Coordination and essential services	4	4	Correspondence with Coordination team/Field coordination TWG meeting minutes.
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Explanation of output and indicators variance:	<p>Indicator 1.1 recorded higher “Achieved” than “Targeted” beneficiaries due to increase sensitization which led to the rise in self-referral from 50% in the first three quarters to 57% in the fourth quarter.</p> <p>Indicator 1.2 increase is likely due to the increase awareness from establishment of community based feedback mechanism/FPs as well as toll free hot lines and their publication of them reaching out to more women and girls on the benefits of utilizing the safe</p> <p>Indicator 1.3 variance maybe due to a few undocumented distributions within the camps during sensitization for example and the fact that some facilities (SARC/OSCs) may still have kit in stock being used for service still have a few dignity kits</p> <p>Indicator 1.5: the variance is due to the progressive increase in awareness especially among host communities coupled with disruption by camp closure and resettlement</p>
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Activities	Description	Implemented by
Activity 1.1	Support the service provision (skills building, mentorship programmes, information and services related to women’s health, etc.) within existing women and girls’ friendly services in IDP camps and host communities	Royal Heritage Health Foundation-RHHF, Action Health Incorporation-AHI, BAY States MWASD, Center for Population & Reproductive Health (CPRH)
Activity 1.2	Provide GBV Case management; need based & appropriate psychosocial services; medical care including clinical management of rape; family planning and related reproductive health services, protection safety/security & legal assistance to GBV survivors and individuals at risk	Royal Heritage Health Foundation-RHHF, Action Health Incorporation-AHI, BAY States MWASD, Center for Population & Reproductive Health (CPRH)
Activity 1.3	Increase capacity for production of reusable pads, facemasks, sanitizers and the assembly of standardized dignity kits for women and girls	Royal Heritage Health Foundation-RHHF
Activity 1.4	Procure toll free line and operational state level joint CP-GBV toll-free helplines/call centre in Borno and Adamawa States to provide remote services and referrals	Royal Heritage Health Foundation-RHHF
Activity 1.5	Conduct orientation/refresher training of call centre staff	Royal Heritage Health Foundation-RHHF
Activity 1.6	Develop key messaging and support community structures – women committees to conduct community engagement activities on GBV prevention including harmful practices, available services, sexual and reproductive health and menstrual hygiene management	Royal Heritage Health Foundation-RHHF, Action Health Incorporation-AHI, BAY States MWASD, Center for Population & Reproductive Health (CPRH)
Activity 1.7	Procurement and distribution of Reproductive Health supplies/commodities, medical drugs and consumables for health facilities	Royal Heritage Health Foundation-RHHF, Action Health Incorporation-AHI, Nigeria Red Cross

Output 2 Strengthened provision of well-coordinated multi-sectoral service provision in seven Sexual Assault Referral Centres (SARC) and three One Stop Centres (OSCs) to meet the needs of survivors

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

Sector/cluster Protection - Gender-Based Violence

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of legal aid workers and security/law enforcement officers trained and mobilized in the legal aid desks of SARC/OSC	200	200	Report on capacities training of Legal Aid Workers, Security/Law Enforcement officers in the legal aid desks of SARC/OSC and IPs annual report for BAY state
Indicator 2.2	Number of service provision entry points (SARC, OSC, Women and Girls Friendly Spaces, Safe Shelters) benefited from capacity development (CMR, Case Management, PSS/ Mental Health Management and Coordination) (infra-structure, human resources, guidelines etc.)	37	45	IPs Reports on capacity training to provide quality integrated Reproductive Health and GBV services
Indicator 2.3	Number of relevant protocols (SOPs, GBV referral pathways, workflows etc) developed and revised for the SARC/OSC and safe shelters	7	7	Workshop reports on SOPs/workflow for WGSS/OSCs, Revision of Referral pathways for the BAY states, and Helpline/Remote case management protocol
Indicator 2.4	Number of frontline staff (case workers, medical, psychosocial support, law enforcement, legal aid) trained and mobilized to improve the quality of service provision	240	619	IPs Annual reports on Capacity building for frontline workers
Indicator 2.5	Number of stakeholders, disaggregated by sex and age participating in advocacy, coordination meetings and media engagement	500	476 - (Males – 291, Females 185) all adults	High level stakeholders advocacies and media engagement meetings attendance in BAY states
Indicator 2.6	Number of staff in the SARC/OSC facilities and safe shelters receiving 11-month stipends	136	136	IPs staff pay roll list/cash book

Explanation of output and indicators variance:

Indicator 2.4 wide variance is due to additional situation-driven trainings held including training support to staff and front line workers involved in Borno camp resettlement as well as Case Management ToT held in Yola and certified by the CM global technical team

Activities	Description	Implemented by
Activity 2.1	Renovate and maintain 2 safe shelter facilities in Adamawa and Yobe States to provide safety/security and access to justice services	Action Health Incorporation-AHI,
Activity 2.2	Develop and revise relevant state level Standard Operating Procedures/protocols, GBV Referral Pathways and ethical GBV data management mechanisms	BAY States MWASD
Activity 2.3	Conduct refresher training for Social workers on GBV case management and psychosocial support, Medical staff on CMR with the new IPV component as per the WHO guidelines, Law enforcement and Ministry of Justice on ethical	Royal Heritage Health Foundation-RHHF, Action Health Incorporation-AHI, BAY States

	investigations and survivor friendly processes for justiceSMWASD and SARC/OSC focal points on GBViE coordination/GBV response and prevention SOPs andHelpline/Call centre counsellors on protocols for remote service provision and referrals	MWASD, Center for Population & Reproductive Health (CPRH)
Activity 2.4	Conduct periodic coordination and reflection meetings for SARC/OSC stakeholders to address key challenges while providing to strengthen state level capacity for co-coordination roles	BAY States MWASD
Activity 2.5	Conduct stakeholder and media engagement on popularization of the VAPP Act and relevant legal provisions in the BAY States	Royal Heritage Health Foundation-RHHF, Action Health Incorporation-AHI, BAY States MWASD
Activity 2.6	Rollout the GBVIMS and GBVIMS+ to support ethical and appropriate GBV incident management	UNFPA, GBVIMS unit

Output 3 Enhanced system wide accountability for PSEA community-based complaints mechanism for the north-east response

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

Sector/cluster Protection - Gender-Based Violence

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of persons participating in PSEA related orientation and training initiatives in which states?	300	600	Adolescents, men and WGSSs PSEA orientation session reports and PSEA training across BAY states
Indicator 3.2	Number of community focal points established and engaging in facilitating implementation of PSEA Community Based Complaint Mechanism (CBCM)	12	12	IPs quarterly report. Field monitoring assessment report
Indicator 3.3	Number of functional community-based feedback mechanisms (CBFMs)	10	20	IP Activity consolidated report

Explanation of output and indicators variance: Indicator 3.1 variance is owing to that fact that PSEA sessions has been integrated into facility routine activities to increase system-wide accountability to affected population.

Activities	Description	Implemented by
Activity 3.1	Conduct SEA risk assessment in the humanitarian response including assessment/monitoring of the functionality of channels/entry points for reporting	PSEA Task force/UNFPA
Activity 3.2	Conduct field orientation for frontline staff, field focal points across sectors and community structures on PSEA community-based complaints mechanisms; establish and support community PSEA focal points	Royal Heritage Health Foundation-RHHF, Action Health Incorporation-AHI, BAY States MWASD
Activity 3.3	Provide training and mentoring for national NGOs and key government agencies to develop PSEA mechanisms	Action Health Incorporation-AHI, UNFPA FPs
Activity 3.4	Design targeted community awareness raising using variety of media, networking with local groups and creating appropriate messaging; to educate	Royal Heritage Health Foundation-RHHF, Action Health Incorporation-AHI, BAY States MWASD

	communities about their rights, standards of conduct expected of UN/NGO personnel and how to lodge complaints.	
Activity 3.5	Training for PSEA Focal Points on PSEA community-based complaints mechanisms and SEA investigation	Royal Heritage Health Foundation-RHHF, Action Health Incorporation-AHI, BAY States MWASD, UNFPA
Activity 3.6	Facilitate development of Information Sharing Protocol (ISP) with and provide training for security actors and law enforcement officers on PSEA	UNFPA, GBVIMS Task force

7. Effective Programming

a. Accountability to Affected People (AAP)³:

The agency adopts integrated method is getting comprehensive feedbacks from crisis-affected people which is also cost effective. The views on project prioritise based on needs of women and girls are garnered through the WGSS routine activities including group sessions which influence design, implementation and monitoring as well. The views of men, boys as well as PwD are gathered during outreaches in communities. The views are documented in these outreach reports which are submitted to the agency as a weekly activity progress report. These viewpoints are consolidated for the BAY states by a staff and produced as monthly summary progress reports and quarterly consolidated sitreps. These comments are considered in designing and implementation of projects

b. AAP Feedback and Complaint Mechanisms:

The project implemented a multiple-system community based feedback mechanism. First, with the establishment of 20 complaint/suggestion points with locked boxes, placed majorly at the entrance of facilities including Sexual Assault Referral centers/OSC and WGSSs. Affected population are sensitized to use the boxes even without writing their names on their suggestions during awareness and community outreaches. They are also assured of confidentiality and follow-up action. The second channel is through the hot/toll-free lines. While we have seen an obvious increase in the use of the mobile line by women to request for more livelihood assistance and food, the men and boys have expressed displeasure in the fact that all interventions are only targeting women and girls.

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

UNFPA has established multiple reporting mechanisms that are being used by beneficiaries and staff to record and handle Sexual Exploitation and Abuse (SEA)-related complaints that are accessible, safe and confidential. This mechanism allows for face-to face, remote and anonymous reporting. Some of this includes UNFPA's confidential email, web/telephone-based and toll-free channels. UNFPA also manages the interagency toll free telephone line and email as additional channels if individuals do not feel comfortable reporting through dedicated UNFPA channels. All UNFPA service provision outlets were being used as entry points for confidential reporting and disclose of any SEA incidents (Case management provided by IPs) and staff have been trained to provide appropriate survivor assistance and incident referral through the existing channels. UNFPA has incorporated PSEA accountability clauses in Implementing Partners Agreements and mainstreamed mandatory PSEA training.

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

The project seeks to promote gender equality and empowerment for mostly women and girls regardless of sexual orientation by increase their access to sexual and reproductive services while educating them of their reproductive rights (bodily autonomy) especially with regards to services like family planning, emergency contraceptives for adolescents etc. However, the national position and cultural perception on sexual/gender oriented minority groups, makes it difficult to opening ensure representation or specifically empower such groups. The project through the SARC/OSC as well as WGSS operations, ensure women and girls are linked to appropriate and timely

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](#).

multi-sectoral services, given a confidential environment that ensures openness with needed psychosocial support, safety and security including temporary shelter and livelihood activities.

e. People with disabilities (PwD):

The project deliberately prioritizes PwD from the design stages to implementation. A stakeholder sensitization meeting was held with the branch association for PwD to sensitize members regarding their SRH and rights, SEA as well as the agencies policy on inclusion. At every distribution of dignity kits or service delivery, first line consideration is given to PwD leading to the provision of service to 882 beneficiaries on the project. Structurally, constructed OSC/Safe shelters are designed and built to make it easy for PwD to access building and receive services. We intend to make modifications on SARCs/WGSSs for same purpose where they are absent.

f. Protection:

Protection mainstreaming on the project was done primarily through retraining of frontline, health, legal aid, law enforcement workers and government officials involved in the camp closure and resettlement activities in Borno on GBV risk reduction measures, handling disclosure using the guiding principles of Confidentiality, Safety, respect and Non-discrimination (including “what to do when a GBV specialist is not around) and survivor-centered response provision. Integrating GBV prevention education in antenatal and family planning sessions at health facilities as well.

g. Education:

Not relevant for this project

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

9. Visibility of CERF-funded Activities

Title	Weblink
None	

3.3 Project Report 20-UF-HCR-029

1. Project Information

Agency:	UNHCR	Country:	Nigeria
Sector/cluster:	Shelter and Non-Food Items Protection Camp Coordination and Camp Management	CERF project code:	20-UF-HCR-029
Project title:	Protection and Multi-sectoral Assistance to IDPs through Shelter, CCCM and Core-relief Items		
Start date:	21/09/2020	End date:	20/12/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:	US\$ 36,848,347	
	Total funding received for agency's sector response to current emergency:	US\$ 3,733,588	
	Amount received from CERF:	US\$ 3,800,000	
	Total CERF funds sub-granted to implementing partners:	US\$ 2,888,246.00	
	Government Partners	US\$ 1,381,051.00	
	International NGOs	US\$ 760,262.00	
National NGOs	US\$ 746,933.00		
Red Cross/Crescent Organisation	US\$ 0.00		

2. Project Results Summary/Overall Performance

The project provided life-saving protection, emergency shelter and household items, and camp coordination/management assistance to vulnerable displaced people in Adamawa, Borno and Yobe states. This UNHCR project supported the decongestion of camps in Pulka through site planning, the provision of 500 Dikwa-type shelters in Pulka, distribution of 1500 improved NFI kits in Gwoza-500, Bama-500 and Pulka 500 and the repair of 3,000 emergency shelters in Monguno-500, Ngala-900, Dikwa-500, Bama-400, Damboa-300, MMC -200 and Adamawa-200 as well as 1,524 new emergency shelters implemented in Bama, Monguno, Damasak, Kaleri, Damboa, MMC, Banki, Ngala and Dikwa of Borno. Protection monitoring was facilitated while management of out-of-camp displaced people was supported in 4 local government areas.

The protection component of this project provided life-saving assistance to 300,000 people, including 69,000 women, 66,000 men, 165,000 children, and 33,900 people with disabilities. The camp coordination/management component of this project provides life-saving assistance to 124,526 people, including 28,640 women, 27,395 men, 68,491 children, and 14,000 people with disabilities. The emergency shelter and household item component of this project provides life-saving assistance to 7,500 people, including 1,725 women, 1,650 men, 4,125 children, and 850 people with disabilities.

3. Changes and Amendments

Due to some operational constraints, the project was revised once. The revision covered request for no-cost extension for 8 months for which CERF secretariate approved 3 months extension. The reprogramming covered construct 500 transitional/durable shelters and same number of pit latrines, conversion of the remaining 700 units to construct 25 communal/reception shelters (Bama and Pulka), construction of 1,524 emergency shelters. Additionally, this reprogramming provide space to cover cost of NOA Assistant Shelter Officer for three months period of extension and fractional adjustment to NOA Assistant CCCM Officer for

thirteen months. The reprogramming also enabled reallocation 500 NFI kits for distribution in Pulka, 500 in Gwoza town and the remaining 500 in Bama.

. Some of the factors that militated the timely completion of implementation and led to request for no -cost extension were:

1. Military approval for initial decongestion plans took longer than expected due to changes in the military's command hierarchy on the ground required. This delayed needed approvals to evacuate military infrastructure from the vicinity of approved sites for the project.
2. The excavation of trenches (units) was not included in the project, but implementation was considered essential for the works to begin. This created some delays, but thankfully, UNDP finally mobilized funding to construct the trenches (units).
3. The negotiation process for the land allocation took more time than envisaged (about 8 months). About 22 hectares were eventually secured to start construction of the shelters, pending negotiations with local authorities for more land to finish the remaining shelters.
4. The arrival of the rainy season created additional delays in the construction due to challenges making earthen bricks which now require more time to bake in sunshine.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Camp Coordination and Camp Management									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	28,640	27,395	37,357	31,134	124,526	38,945	31,316	26,051	47,260	143,572
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	28,640	27,395	37,357	31,134	124,526	38,945	31,316	26,051	47,260	143,572
People with disabilities (PwD) out of the total										
	3,236	3,096	4,221	3,518	14,071	3,236	3,096	4,221	3,518	14,071
Sector/cluster	Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	69,000	66,000	90,000	75,000	300,000	69,000	66,000	90,000	75,000	300,000
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	69,000	66,000	90,000	75,000	300,000	69,000	66,000	90,000	75,000	300,000
People with disabilities (PwD) out of the total										
	7,797	7,458	10,170	8,475	33,900	7,797	7,458	10,170	8,475	33,900

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

Sector/cluster	Shelter and Non-Food Items									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	1,725	1,650	2,250	1,875	7,500	1,725	1,650	2,250	1,875	7,500
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	1,725	1,650	2,250	1,875	7,500	1,725	1,650	2,250	1,875	7,500
People with disabilities (PwD) out of the total										
	195	186	254	212	847	195	186	254	212	847

* 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 and impacted estimated beneficiaries of about 1,054,000. This represents the estimated number of displaced populations in the 18 most-affected Local Government Areas (10 in Borno, 6 in Adamawa, and 2 in Yobe States).

This number represented 70 of the entire displaced population living in the targeted location, disaggregated as at the time of the proposal as follows: 242,420 women (23%), 231,880 men (22%), 316,200 girls (30%), and 263,500 boys (25%).

6. CERF Results Framework

Project objective	Improvement of the Protection of Displaced Populations in targeted LGAs in BAY States through provision of multisectoral assistance
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Output 1	People-centred protection services are provided
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Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Protection
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Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of protection monitoring missions conducted and documented (250 per LGA; 18 LGAs)	4,500	4,500	Documented protection monitoring reports
Indicator 1.2	# of protection staff recruited, trained and deployed in targeted areas (8 per LGA; 18 LGAs)	144	144	Partnership agreements with CARITAS & GISCOR
Indicator 1.3	# of human rights monitoring missions conducted and documented (50 per LGA; 18 LGAs)	900	900	Documented human right monitoring reports
Indicator 1.4	% of assistance services informed by vulnerability screening	100	100	Email exchanges for sharing of vulnerability lists

Explanation of output and indicators variance: These project indicators were successfully implemented and the set target achieved.

Activities	Description	Implemented by
Activity 1.1	Regular protection monitoring missions covering 18 LGAs	Implemented by Grassroot Initiative for Strengthening Community Resilience (GISCOR) and Catholic Caritas Foundation of Nigeria (CARITAS).
Activity 1.2	Recruitment, training, and deployment of protection staff	Implemented by Grassroot Initiative for Strengthening Community Resilience (GISCOR) and Catholic Caritas Foundation of Nigeria (CARITAS).
Activity 1.3	Human rights monitoring missions targeting detention centers	Implemented by National Human Rights Commission (NHRC)
Activity 1.4	Screening of vulnerabilities	Implemented by Grassroot Initiative for Strengthening Community Resilience (GISCOR) and Catholic Caritas Foundation of Nigeria (CARITAS).

Output 2	Life-saving Camp Coordination and Camp Management deployed in out-of-camp areas
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Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Camp Coordination and Camp Management
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Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# Number of information centres established and managed in out of camp locations/LGAs: (Ngala, Mubi North, Yola North, Michika)	4	4	Pictures and partner reports from INTERSOS.
Indicator 2.2	# of locations where complaints and feedback mechanisms will be implemented (toll free hot-line, complaint desks, complaint boxes, complaint recorders & translation services): (Ngala, Mubi North, Yola North, Michika)	4	4	Reports from partner – INTERSOS.
Indicator 2.3	# of local authorities and IDPs leaders trained	100	100	Training reports and attendance lists
Indicator 2.4	# of camp and camp-like settings with adequate camp management support and site facilitation	10	10	Reports from partner.

Explanation of output and indicators variance: These project indicators were successfully implemented and the set target achieved.

Activities	Description	Implemented by
Activity 2.1	Construction and management of community centers for communication, community coordination and information sharing.	INTEROS
Activity 2.2	Implementation of complaint and feedback mechanism (establishment toll-free hot line, complaint desks, complaint boxes, complaint recorders) and translation services	INTEROS
Activity 2.3	Networking and institutional capacity building for the government and partners to include but not limited to coordination meetings, experience sharing, and lessons learned workshops and other consultations.	UNHCR and INTERSOS
Activity 2.4	Site Facilitation, including community leadership strengthening site improvement and repairs (where necessary),	INTEROS

Output 3 Life-saving Shelter/NFI provided

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

Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	# of improved NFI Kits procured/sourced/temporarily warehoused/distributed	1,500	1,500	Distribution list and reports.
Indicator 3.2	# of new transformed Dikwa-type shelter provided	1,200	500	Pictures and partner or monitoring report.
Indicator 3.3	# of shelters repaired	3,000	3,000	pictures and partner or monitoring report.
Indicator 3.4	Post-distribution monitoring conducted in Pulka	1	25	Pictures and partner or monitoring reports

Indicator 3.5	# of IDPs receiving NFI and shelter assistance (1,500 households x 5 persons/household)	7,500	1,524	Pictures and partner or monitoring reports.
Explanation of output and indicators variance:		New indicators were included in the project during revision/reprogramming.		
Activities	Description	Implemented by		
Activity 3.1	Procurement/warehousing/transportation/distribution of improved NFI kits	UNHCR and Grassroot Initiative for Strengthening Community Resilience (GISCOR)		
Activity 3.2	Construction/distribution of transformed Dikwa-type shelter	Ministry of Reconstruction, Rehabilitation and Resettlement (MRRR).		
Activity 3.3	Construction of communal/reception shelters in Pulka and Bama	Implementation by Ministry of Reconstruction, Rehabilitation and Resettlement (MRRR).		
Activity 3.4	Construction of new emergency shelters	Implementation by Ministry of Reconstruction, Rehabilitation and Resettlement (MRRR).		
Activity 3.5	Repair of shelters	Implementation by Ministry of Reconstruction, Rehabilitation and Resettlement (MRRR).		
Activity 3.6	Post-distribution monitoring	UNHCR and Grassroot Initiative for Strengthening Community Resilience (GISCOR).		

7. Effective Programming

a. Accountability to Affected People (AAP) ⁴:

This action fully adhered to UNHCR's Accountability to Affected People's strategy, centered on 4 pillars: participation and inclusion, communication and transparency, feedback mechanisms, and organizational learning. UNHCR employed participatory methodologies at each stage of the project implementation cycle to ensure full participation to where capacities and priorities of women, men, girls, and boys of diverse backgrounds. Especially vulnerable, as well as people with disability and other people with specific needs (such as female, child/elderly headed HH, and vulnerable adolescents), into protection and assistance activities of this action. The participatory approach through focus group discussions ensures maximum participation of the affected population throughout the project cycle.

b. AAP Feedback and Complaint Mechanisms:

In the targeted locations, UNHCR, in collaboration with partners, established multiple communication channels tailored to the different needs and capacities of persons of concern, including children, older persons, and persons with disabilities. Specifically, toll-free hotlines, complaint desks, complaint boxes, and recorders were established and offered translation services. In addition, ensuring confidentiality safeguards in matters such as sexual exploitation and abuse (SEA) were handled in a protection-sensitive manner by providing identities of complainants were concealed.

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

During the implementation of these CERF-funded activities, UNHCR ensured the Prevention of Sexual Exploitation and Abuse (PSEA) and accountability to affected populations by implementing a zero-tolerance policy. PSEA was mainstreamed in every training targeting the authorities, field staff, community volunteers, and community leaders. Sensitization sessions for the communities also focused on their rights and reporting mechanisms, training for other humanitarian workers, and setting up various confidential reporting channels: a toll-free helpline, complain boxes, and protection desks during all protection activities. The affected population was sensitized and guided on

⁴ 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](#).

how to report all forms of exploitation cases to the independent investigation unit (IGO) of UNHCR as per the procedures for investigation and disciplinary measures.

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

Following UNHCR's Age, Gender, and Diversity approach. UNHCR prioritized the needs of the most vulnerable and marginalized people among the targeted populations by ensuring that gender issues, as much as they affect the protection of beneficiaries, were mainstreamed. The targeted population selection was based on priority to people with such vulnerabilities. The action process prioritized vulnerable women and girls, especially those living with disabilities and survivors of gender-based violence.

e. People with disabilities (PwD):

UNHCR prioritized PwDs in protection and assistance interventions of this action through identification using vulnerability screening exercise, which was continuously conducted and used to target selection of beneficiaries for the project. Other mobilization mechanisms applied included implementing cash for work for PWD in environmental preservation and flood mitigation community-based initiatives. In addition, UNHCR and partners engaged in distributing disability aid through other funding. This further strengthened the CERF project's inclusion of PWD and boosted beneficiary confidence in UNHCR's targeted response.

f. Protection:

To ensure effective delivery of protection-based assistance, UNHCR during implementation of this action made use of Vulnerability Screening tool that largely helped mainstream problems faced by people who are affected and at-risk and take appropriate actions to prioritize and address them. In the implementation of this action, the selection and provision of assistance was done with respect and compliance with all principles guiding protection mainstreaming in humanitarian actions. Largely, the assistance was provided in safety, dignity and integrity; non-discriminatory and impartial; consistent with human right-based programming; commitment to do no harm approach; equality and accountability to affected population as well as participation and empowerment of beneficiaries.

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	<i>n/a</i>

9. Visibility of CERF-funded Activities.

Title	Weblink
N/A	

3.4 Project Report 20-UF-CEF-056

1. Project Information			
Agency:	UNICEF	Country:	Nigeria
Sector/cluster:	Education Protection - Child Protection	CERF project code:	20-UF-CEF-056
Project title:	Child Protection and Education in Emergency response for children affected by conflict in Northeast of Nigeria		
Start date:	25/10/2020	End date:	24/01/2022
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:	US\$ 39,268,416	
	Total funding received for agency's sector response to current emergency:	US\$ 14,833,418	
	Amount received from CERF:	US\$ 4,399,657	
	Total CERF funds sub-granted to implementing partners:	US\$ 2,961,498	
	Government Partners	US\$ 873,118	
	International NGOs	US\$ 1,465,661	
	National NGOs	US\$ 622,719	
Red Cross/Crescent Organisation	US\$ -		

2. Project Results Summary/Overall Performance

During the project period, UNICEF and its partners, Street Child and Restoration of Hope Initiative (ROHI) sought to provide continuity of learning to counter the effects of school closures in Borno, Adamawa and Yobe (BAY) states owing to the challenging security environment. These interventions covered critical areas related to refurbishing and providing new school structures, capacity building and systems strengthening for education at the school and community level, to improving the wellbeing of students and teachers through COVID-19 preventing/response measures and psycho-social support (PSS) for students. The intervention leveraged the radio learning programme implemented during school closure due to COVID-19 to ensure continuity of learning in high-conflict setting. The approach has been developed in coordination with SUBEB and the Education Sector and used radio clubs for engaging children, especially girls, for interactive radio lessons.

The outcomes of these interventions included the mobilization of over 100,000 people (including parents, SBMC members and community leaders) in the BAY states through messages including on issues of returning to school, enrolment of children in radio clubs, addressing COVID-19, and preventing sexual exploitation and abuse (SEA).

Both the education and child protection programming exceeded their targets for direct outreach. More than 73,000 people were directly reached through education interventions; and 51,950 people were directly reached through child protection interventions. For distance learning 6,300 solar power radio sets with USB keys were distributed, to be utilized for alternative learning via radio and USB, with the aim of providing teachers, students and families flexibility in when, where and how to conduct school lessons. Another 1,200 Samsung tablets were procured by UNICEF and distributed by ROHI to 1,200 community teachers to disseminate lessons in English, Mathematics and Basic Science.

The INGO and NNGO consortia trained 1,208 teachers (535 female teachers) on providing quality and inclusive education in a safe and protective learning environment, along with COVID-19 awareness and prevention measures. The INGO consortium completed the rehabilitation and handover of 242 Temporary Learning Spaces (TLS) in Borno and 19 TLS in Adamawa to the respective State Universal Basic Education Board (SUBEB) in each state. Dignity kits, which consisted of reusable sanitary pads, towels, buckets, shaving sticks, detergents and soap were procured for 10,000 girls across the three states.

For child protection activities, targets were exceeded for the number of girls/adolescent girls enrolled in entrepreneurial and livelihood activities, children reached with psychosocial support services and access to child friendly spaces and vulnerable caregivers reached with psychosocial support services. One of the centrepieces of the child protection programming was the 35 community-driven dialogue sessions organized to promote social cohesion, raise awareness on child protection matters and address the needs of survivors/victims of Gender-Based Violence (GBV). However, more work needs to be done to support GBV/SEA survivors and vulnerable individuals accessing comprehensive GBV case management services, increasing the number of children, adolescents and caregivers benefiting from (mine) risk education and increasing the number of child protection workers trained.

These activities were implemented between 7 June and 15 December 2021 in the three states in north-eastern Nigeria. Targets were exceeded for the number of learners receiving learning materials for learning outside of school/at home; learners who improve learning outcomes via alternative learning options; and teachers trained on psychosocial support, inclusive education and provided with alternative learning devices (tablets). The number of TLS rehabilitated exceeded the target by 27. Targets were met for the number of dignity kits distributed to young girls. However, targets were not met for the number of reported allegations of SEA.

3. Changes and Amendments

UNICEF and its partners received Central Emergency Response Fund (CERF) project funds to the value of US \$4,399,657 for one year commencing in October 2020 but was only able to expend 26 per cent of funds by June 2021, owing to extensive delays. Delays stemmed from the time needed to finalize the memoranda of understanding (MOUs) with implementing partners; the high number of partners involved; a change in the lead agency for the project and the large geographic area that the project covered. UNICEF petitioned CERF for a no-cost extension (NCE) which allowed the project to continue until the end of January 2022.

Partners were supported to organize efficient and effective joint-trainings and coordination meetings both prior-to and at program inception to ensure that delivery of targets would be feasible and coordination between partnered international and national NGOs was clear for action once funds were received. UNICEF has equally ensured the transfer of funds upon signature through multiple disbursements awarded consecutively in order to afford the consortium the highest level of financial capacity, technical advice and logistical support possible.

Beyond the structure of the project, security challenges also impeded implementation in some parts of the targeted region, limiting the ability to reach some communities. Additionally, the Government's decision and quick action to relocating IDPs to other locations also caused delays in the project implementation. UNICEF and partners waited for IDPs to settle down in the new camps in relocation LGAs before conducting the necessary assessment on needs and services gaps, along with the local authorities.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Education									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	-	-	-	-	0
Returnees	109	178	9,533	7,800	17,620	-	-	-	-	0
Internally displaced people	180	294	15,767	12,900	29,141	-	-	22,198	25,812	48,010
Host communities	130	212	11,367	9,300	21,009	535	673	11,462	12,578	25,248
Other affected people	0	0	0	0	0	-	-	-	-	0
Total	419	684	36,667	30,000	67,770	535	673	33,660	38,390	73,258
People with disabilities (PWD) out of the total										
	10	16	843	690	1,559	-	-	17	35	52
Sector/cluster	Protection - Child Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	150	100	4,000	4,000	8,250	640	189	5,205	5,275	11,309
Internally displaced people	200	300	9,700	9,400	19,600	886	577	12,837	12,106	26,406
Host communities	150	100	5,100	4,300	9,650	640	189	6,691	5,505	13,025
Other affected people	70	80	0	0	150	295	155	-	-	450
Total	570	580	18,800	17,700	37,650	2,461	1,110	24,733	22,886	51,190
People with disabilities (PWD) out of the total										
	30	20	100	100	250	0	0	50	50	100

* 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 planned to reach 144,740 persons indirectly through awareness and information campaigns. The outreach for the Education and Child Protection components are as follows:

- Education: 71,740 (37,304 women, 22,956 men, 5,740 girls, 5,740 boys)); and
- Child Protection: 73,000 (38,690 women, 16,060 men, 9,125 girls, 9,125 boys)).

By the close of the project, more than 100,000 persons were reached with education interventions focused on information on safeguarding and COVID-19 awareness, public education, and social mobilization interventions to prevent GBV/SEA/VAC. Those reached include community members. Each consortium realized the need for the SBMCs/CECs to share their information with wider community members (indirect beneficiaries) to ensure that communities were kept informed, safe, and resilient. Referrals could not be made by the community members if they were not aware of GBV/SEA/VAC standards and referral pathways. The functionality of SBMCs and CECs was extended beyond supporting school access to protection mainstreaming.

For the child protection component, 3,571 women and men (2,461 women, 1,110 men) were directly reached for the awareness campaigns. It is estimated that each of these women and men reached at least five persons with information on Child Protection in Emergencies (CPIE) issues as per the proposal. As a result, 17,855 women and men (10,713 women, 7,142 men) benefitted indirectly, with women constituting 60 per cent of the total indirectly reached. Additionally, 39,115 children were directly reached through the psychosocial support platform which provided all services, including awareness training. With each child projected to reach at least two other children with the information they received, it's projected that 78,230 children (40,680 girls, 37,550 boys) were reached indirectly, equalling in total 96,805 people (40,680 girls, 37,550 boys, 10,713 women, 7,142 men) were indirectly reached through the child protection interventions.

6. CERF Results Framework

Project objective	To provide timely life-saving and equitable child protection and education support services for girls and boys in humanitarian settings			
Output 1	Increased access to safe and continued quality education for IDPs, returnees and host community affected children in North East Nigeria			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Education			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# learners who receive learning materials for learning outside of school/at home (i. e. through family/community-based reading circles).	66,770	72,050 (33,660F)	Distribution list
Indicator 1.2	# learners who improve learning outcomes via alternative learning options (radio learning/usb).	66,6770	72,050 (33,660F)	Enrolment forms Attendance register Assessment reports Learning assessment
Indicator 1.3	# learners and teachers received personal protective equipment (reusable masks).	67,770	72,050 (33,660F)	Distribution list
Indicator 1.4	# teachers trained on psycho-social support, effective pedagogy and inclusive education, mines risk education and detection and referral of children with disabilities.	1,104	1,208 (535F)	Attendance registers Training reports Pre and post test data analysis report

Indicator 1.5	# teachers provided with alternative learning teaching devices (tablets).	1,104	1,200 (533F)	Distribution list
Indicator 1.6	# teachers trained on COVID-19 prevention/response measures.	1,104	1,208 (535F)	Attendance forms Sensitization reports
Indicator 1.7	# temporary learning spaces established/repaired.	234	261	Contracts awarded Rapid Assessment Report Rehabilitation reports TLS Handover site reports
Indicator 1.8	# dignity kits distributed to young girls	10,000	10,000	Distribution list Awareness reports

Explanation of output and indicators variance:

For each of the education indicators, the project was able to match or exceed the targets set for remote learning, alternative learning, psychosocial support, and TLS provided.

Particular attention needs to be given to the Temporary Learning Spaces (TLSs) in these states, several which needed extensive repairs. For learning given needs of access to education in the BAY states, the implementing partners went beyond targets for established/repaired of TLSs due to additional community participation and mobilization around supporting education. There was positive feedback from the communities for the improved state of TLS infrastructure, and in Jere LGA in Borno, the refurbished TLSs included six which are used for Integrated Qur'anic Educations schools. The TLSs for children are spaces for instruction in literacy and numeracy adapted to the needs of these communities while following the standards of the curriculum developed by the government and its partners. These functioning structures serve the purpose of helping children transition to formal education institutions.

Activities	Description	Implemented by
Activity 1.1	Mobilization and sensitization of Parents, SBMCs and community/tribal leaders i.e. Principals, teachers, students, parents, ParentsTeachers Associations (PTA) - Refreshments/megaphones/posters etc.	Across all project locations, over 100,000 persons which includes parents, SBMCs and community leaders were mobilized by trained community volunteers on several messages which includes return to school, enrolment of children in radio clubs, prevention against the spread of COVID-19 and prevention and reporting of Sexual Exploitation and Abuse (SEA). This was conducted through house-to-house awareness and IEC materials which had these messages in different languages.
Activity 1.2	Procurement and distribution of radios- transistor radios, USB connected radios and learning packages to learners.	6,300 solar powered radio sets with USB keys were procured and distributed across the project locations of Adamawa, Borno and Yobe states to conduct remote learning.
Activity 1.3	Delivery of alternative learning via radio and USB.	Solar powered radio sets with USB keys were procured and distributed across the project locations of Adamawa, Borno, and Yobe states. Each club of not more than 10 learners had a radio with a USB key. Recorded lessons were prepared on Mathematics, English and Basic Science in collaboration with SUBEB and following the radio government curricula developed during school

		<p>closure due to COVID-19. The lessons were uploaded on the USB keys and Students were provided with radio learning workbooks (1:1 ratio) for their respective grade, in their respective language for grades 1-3, and in English for grades 4-9.</p> <p>The Community Volunteer Teachers (CVTs) were trained on interactive radio instruction with on the job coaching and mentoring from SUBEB master trainers. Teachers were also provided with video recorded instructional guidance, in their local language, produced by SUBEB Master Trainers and distributed on solar powered computer tablets (1:5 ratio), with the video able to be revisited at any time for refresher support, and circumventing the need to travel or group for trainings.</p>
Activity 1.4	Procurement and distribution of personal protective equipment to learners, teachers and SBMCs.	Along with sensitization activities on COVID-19 prevention, masks were distributed to children, teachers and SBMCs members and the learning centres were equipped with hand sanitizers.
Activity 1.5	Training of teachers on psycho-social support, effective pedagogy, mines risk education and inclusive education, and detection and referral of children with disabilities.	<p>1,208 (673M, 535F) teachers were trained by the Implementing Partners and in collaboration with SUBEB and SAME Master Trainers to provide quality and inclusive education in a safe and protective learning environment. Teachers trained comprised of 728 (322F, 406M) Borno, 240 (93F, 147M) Yobe and 240 (120F, 120M) from Adamawa states. SUBEB and SAME quality assurance officers supervised the roll-out of training, the development of training material and provided on the job coaching to trained teachers. The training lasted for four days and pre and post-tests were conducted with results showing improved knowledge on the topics addressed by the training.</p> <p>Danish Refugee Council provided a TOT on Explosive Ordinance Risk Education (EORE) to consortium partners and CSOs, who then stepped down the training to CVTs in BAY states. CVTs were also trained on effective pedagogy, child-centred teaching and cultural sensitivity/ inclusion in education, psycho-social support, PFA, child safeguarding, GBV/ PSEA, radio learning, Teacher's Code of Conduct, and detection and referral of children with protection needs.</p> <p>Teacher step-down training was given with support of Master Trainers from SAME, SUBEB and consortium program staff. The teachers cascaded all the trainings they received to the learners in their respective locations</p>
Activity 1.6	Procurement and distribution of alternative teaching devices/kits to teachers.	1,200 Samsung computer tablets were procured by UNICEF and handed over to ROHI. ROHI, after uploading the tablets with video lessons, distributed it to the 1,200 (533F) Community Teachers engaged by the INGO consortium. The tablets remained with the instructors for the duration of the project.

		Radio programming continued in the Northeast so at the end of the project the tablets remained with SUBEB across the BAY states to support the implementation of these radio programs. The tablets are also intended to have the secondary objective of supporting the system strengthening of EMIS in the Northeast.
Activity 1.7	Training of teachers on covid-19 prevention and response measures.	Reached 1,208 (673M, 535F) teachers with Covid-19 awareness and prevention. Teachers trained comprised of 728 (322F, 406M) from Borno, 240 (93F, 147M) from Yobe and 240 (120F, 120M) from Adamawa states. Sensitization was done to prevent COVID-19, ensure learners were well protected and secured in schools and community, and are adhering to regular hand washing with soap and water. Use of hand sanitizers, face masks, and social distancing were used as preventive measures against contracting COVID-19 pandemics.
Activity 1.8	Establishment of Temporary Learning Spaces – Minor repair of damaged TLS.	The INGO consortium conducted a rapid needs assessment in Borno and Adamawa identifying structures needing repairs. From this assessment, it completed the rehabilitation and handover of 261 TLS in Borno (242) and Adamawa (19) states to SUBEB. In Borno state, renovations occurred in the following LGAs, MMC (39), Konduga (45), Jere (33), Monguno (62) and Gwoza (Pulka) (63). In Adamawa renovations were done in Mubi (2), Michika (6), Madagali (8), and Yola South (3) LGAs. In tandem with the renovation process, support was provided to the SBMCs on the utilization and maintenance of the structures to ensure they are sustained for the long term. The refurbished TLSs have been well received by their communities, as they have provided more rooms to decongest previously crowded learning spaces. Provisions have also been made to ensure the spaces serve as a safe and protective learning environment for students and teachers. A rapid needs assessment was used to inform development of BOQs for TLSs targeted for renovation.
Activity 1.9	Dignity kits procured and distributed to young girls	Dignity kits which include reusable sanitary pads, towels, buckets, shaving sticks, detergents and soap were procured for 10,000 girls across the project locations. A developed criterion was used in identifying and selecting the girls who already were enrolled at the schools and radio clubs. Female staff from the different NNGO organisations supported with coaching on Menstrual Hygiene Management (MHM) for the young girls as well as coaching on using the reusable pads.

Output 2	Children and adolescents including survivors of conflict related sexual violence, children formerly associated with Non-State Armed Groups and UASC affected by conflict have access to comprehensive case management support and other care services.
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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 2.1	# of GBV/SEA child and adolescent survivors and vulnerable individuals that access comprehensive multi-sectoral and lifesaving GBV case management services.	1,000	665 (girls:491, women:174)	Monthly programme reports, GBViMS report, CPIMS reports
Indicator 2.2	# of girls/adolescent girls enrolled in entrepreneurial and livelihood activities and learning business skills and financial management, about 60per cent of whom are survivors of survivors of conflict related sexual violence (CRSV).	1,000	1,244 (girls:324, women:920)	Monthly programme reports, GBViMS report, CPIMS reports
Indicator 2.3	# of dialogue sessions organized and held by community members to promote social cohesion, child protection and acceptance of survivors/victims of Gender Based Violence (GBV)/Conflict Related Sexual Violence (CRSV) and Sexual Exploitation and Abuse (SEA).	40	35 Dialogues	Attendance sheet, Monthly reports,
Indicator 2.4	# of unaccompanied and separated children reunified with their caregivers.	400	249 (girls:114, boys:135)	Reunification certificate Monthly report
Indicator 2.5	# of registered unaccompanied and separated children benefitting from alternative care arrangements.	100	132 (girls:64, boys:67)	Case files, monthly report
Indicator 2.6	# of children reached with psychosocial support services including access to child friendly spaces.	10,000	39,115 (girls:20,340 boys:18,775)	CFS attendance book Monthly reports
Indicator 2.7	# of vulnerable caregivers reached with psychosocial support services including positive parenting.	1,000	1,136 (women:580, men:556)	Monthly reports Attendance list
Indicator 2.8	# of children, adolescents and caregivers benefitting from (mine) risk education.	25,000	8,750 (3450 girls, 3785 boys, 961 women, 554 men)	Monthly reports
Indicator 2.9	# of child protection workers trained.	150	25	Reports
Explanation of output and indicators variance:		From June 2021 to January 2022, Borno State experienced mass defections and surrendering of Boko Haram fighters and their families to the State Security Forces. These defectors including women and children, were turned over to civilian authorities – Borno State Ministry of Women Social Affairs Development (BSMWASD) for proper rehabilitation and reintegration into their communities of origin. UNICEF was actively involved in supporting the		

		<p>BSMWSAD to provide comprehensive child protection services to this caseload which in turn led to an increase in results for some indicators.</p> <p>On the other hand, low results reached for some indicators was due to the closure of some IDP camps and the relocation of IDPs from MMC and Jere (Maiduguri Metropolitan Council) into deep field LGAs towards the end of 2021. For instance, this situation affected the EORE training for teachers and dissemination of messages to children which had to be delayed a bit until completion of the relocation process.</p>
Activities	Description	Implemented by
Activity 2.1	Provide confidential and dignified professional case management services for survivors (clinical management of GBV, mental health, and psychosocial support).	The grant supported 665 (girls:491, women:174) child and adolescent survivors of GBV/SEA access comprehensive and dignified professional multi-sectoral and lifesaving case management services in targeted locations.
Activity 2.2	Establish and support effective entrepreneurial and livelihood opportunities for girls and adolescents including business skills and financial management.	1,244 (girls:324, women:920) of girls/adolescent girls were enrolled in effective entrepreneurial and livelihood activities and learned business skills and financial management. About 60% of whom are now engaged in small businesses for self sustenance. Some have been linked to apprenticeship arrangements in communities where they have returned. There is an increase in number reached due to influx of Boko Haram defectors who accessed this service.
Activity 2.3	Support community-driven dialogue sessions to mobilize solutions on issues around social cohesion, child protection and acceptance of survivors/victims of GBV/CRSV and SEA.	35 community-driven dialogue sessions were organized and held by community members to promote social cohesion, raise awareness on child protection issues and acceptance of survivors/victims of Gender Based Violence (GBV)/Conflict Related Sexual Violence (CRSV) and Sexual Exploitation and Abuse (SEA). These meetings mobilized community members support for returning children especially for those that were associated with fighting groups. There was no incident of community rejection or retribution against children reunified in these communities. Each dialogue consisted of 25 persons, resulting in 875 persons partaking in community dialogues.
Activity 2.4	Identify, document and follow up vulnerable children including unaccompanied and separated children and former Children Associated with Armed Groups (CAAG).	380 (girls:178, boys:202) vulnerable children, UASCs and former CAAFAG were identified, documented, and case file open for family tracing and reunification action. Those with positive family tracing action were reunified with their parents in the various LGAs as indicated in Act.2.5. For those who were not successfully traced, they were placed in alternative care as reflected in Activity 2.6.
Activity 2.5	Conduct family tracing, reunification and provide case management support.	249 (girls:114, boys:135) unaccompanied and separated children were identified, documented, and case file open for family tracing and reunification action. After their families were successfully traced, they were reunified with their parents in the various LGAs. These children have been linked to existing reintegration programmes in their communities. A three-month mandatory reintegration follow up service was conducted by social workers to the children to ensure their full reintegration. If there are no issues with the reintegration, the case file is closed. A lower number was access because of the relocation of IDPS from MMC and Jere by the Borno government.
Activity 2.6	Provide interim care (family-based care options) for vulnerable children including	131 (girls:64, boys:67) were placed in alternative/kinship care arrangements after unsuccessful family tracing efforts. Social Workers will continue to conduct tracing action while the children are in care arrangements until their families are

	UASCs who cannot be immediately reunified with their caregivers and conduct follow-up visits to reunified children families.	found. If not found, they will be supported in those care families through a case management system and after full integration, the case file will be close. A slightly higher number was reached because of children who came along with the Boko Haram defectors.
Activity 2.7	Provision of structured psychosocial support to children affected by the emergency through community-based and school-based interventions.	39,115 (girls:20,340 boys:18,775) children reached with psychosocial support services through child friendly spaces. These activities included psychosocial assessments for the appropriate placement of children needing focus or mental health services, structural recreational, creative arts and play activities, resilience building sessions and life skills to inform them choices. Additionally, 1,136 (women:580, men:556) caregivers were reached with psychosocial support services including positive parenting. Services received included, counselling, mobile recreational creative and social services, structural play, creative arts activities and awareness of caregivers and community members on childcare and child protection in conflict affected areas.
Activity 2.8	Renovation of child friendly spaces, adolescent safe spaces or child friendly corners in schools.	Four child friendly spaces (CFS) were completed for use. However, due to the government of Borno closure of IDP camps in MMC and Jere, the four CFS were affected. Discussions are underway with the Ministry of Women Affairs and Social Development on how these structures can serve the host communities.
Activity 2.9	Deliver parenting programs to parents and caregivers for the protection of children affected by conflict and COVID 19.	1,136 (women:580, men:556) received parenting skills and training programmes to protect their children, using standard tools developed and used by UNICEF. These are community-based initiatives designed to promote the flow of resources and supports to parents that strengthen functioning and enhance the growth and development of young children. These programmes provided support and information to help them become more capable and competent to support their children. The family-centered approach was used in building the capacity of parents by treating them with dignity and respect; providing individual, flexible, and responsive support; providing them with the right information that can help them make informed decisions; ensuring their choices regarding intervention options; and providing the necessary resources and supports for the parents to care for their children in ways that produce optimal parent and child outcomes.
Activity 2.10	Provision of risk education for children and caregivers through school-based and community-based risk education activities.	The explosive ordnance risks education curriculum was developed along with UNICEF partner UNMAS and SUBEB for inclusion into the teacher's curriculum. This curriculum will be reviewed in second week of February. 100 teachers have been identified for the training that is schedule for third week of February 2022. Apart from UNMAS support, risk education messaging was conducted by partners with the knowledge as part of their overall awareness messaging. It targeted 8,750 (3,450 girls, 3,785 boys, 961 women, 554 men) IDPs mostly in camps and who returned later to their communities.
Activity 2.11	Conduct training for child protection workers.	Eight child protection state facilitators were trained on EORE. The remaining 25 have been identified and expected to start their training by third week of February 2022. Delays in the recruitment and training of facilitators have occurred as the contract agreement took longer than expected. Additionally, the closure of camps in some areas, including Jere have also pushed back the timeline for this activity.

7. Effective Programming .

a. Accountability to Affected People (AAP) ⁵:

This project values trust and partnership through daily interaction and collaboration with affected communities, including support to community-based structures and their participation in public awareness raising, referral processes and collaboration in identifying and implementing initiatives which contribute to improving the protective environments.

The consortia adopted community participatory approaches in planning, implementation and monitoring of the project. At project design, children targeted for the intervention were those in IDP camps and host communities that had protection concerns or were at risk of dropping out of school. The community was consulted on selection of girls (>50 per cent), Children with Disabilities (CwDs) and Community Volunteer Teachers (CVTs) to benefit from the radio learning program. SBMCs and Community Education Committees (CECs) supported a rapid needs assessment of TLSs in targeted locations, to ensure rehabilitated sites served most affected populations.

During implementation, SBMCs/CECs were actively involved in Covid-19, GBV/SEA/VAC, and EORE sensitization of other community members, development/utilization of referral pathways to report protection concerns; and encouragement of enrolment of girls and CwDs. At closeout, the TLSs and radio clubs were handed over to SBMCs/CECs and the government, with sustainability plans put in place for continued operations.

b. AAP Feedback and Complaint Mechanisms:

Integrated complaint mechanisms were established to receive and address complaints regarding programmatic and sensitive issues i.e., fraud, security, SEA, protection, program quality. SBMCs, community leaders and community mobilization staff engaged in door-to-door awareness on GBV/SEA/VAC, using key awareness messages and IEC materials. Referral pathways were updated through community service mapping, with PSEA reporting channels set up. Complaints and feedback mechanisms were implemented through protection focal persons, toll-free lines, dedicated email and suggestion boxes, which were utilized by community members to report cases of PSEA and other complaints. Protection focal persons were selected to handle GBV incidents with their email address shared to targeted groups. In Pulka 24 (12M, 12F) caseworkers on Child Protection, GBV and MHPSS were engaged to help identify and refer protection cases in TLS.

During the project 151 (58M, 93F) referrals were made through school and community child protection referral mechanisms. All cases were successfully managed.

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

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](#).

PSEA complaints could be made directly by the survivor or by anyone concerned. Persons receiving complaints collected the necessary information to facilitate follow-up and referral to the agency of concern. Sensitive counselling on mandatory reporting and procedures was provided to survivors or complaint submitters. Information collected included:

- What happened and when: describes what is being reported in the words of the complainant(s), noting of names of survivors, perpetrators and perpetrators' organisation, dates or locations of the incident(s) where possible.
- How the complainant or survivor can or prefers to be contacted.
- Date of when the statement was taken.



Internal investigation policies and procedures were instituted to coordinate, manage, assess, investigate, and respond to allegations of PSEA. Investigation outcomes resulted in measures in line with organizational policy. Data protection procedures were followed to maintain confidentiality.

To ensure beneficiaries are protected against abuses of all kinds, UNICEF has made it mandatory to conduct sexual exploitation and abuse/SEA risks assessment of all its partners.

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

The project aimed at reducing gender inequality by promoting the enrolment and retention of girls in schools, with 47 per cent of the 72,050 children enrolled being girls. At the community level, the project promoted the participation of women in SBMCs and CECs. The project took into consideration socio-cultural barriers to girls and women's participation in project activities by holding awareness raising meetings targeted at traditional and religious leaders on the benefits of girl-child education to the society, what PSEA/GBV/VAC is and available referrals pathways to support women and girls. Community sensitisations were conducted at the onset of the programme to avoid negative consequences that could affect gender relations.

The provision of reusable sanitary pads in the dignity kits package was also a sustainable approach towards enabling the girls continue a safe menstrual hygiene management without regularly providing the disposable sanitary pads.

e. People with disabilities (PwD):

Using the Washington Group tool, this project identified 52 (17 girls) children with physical disabilities who had not previously benefitted from interventions for their needs. Ramps were provided in schools, toilets and classrooms. Learning materials and devices tailored to their needs were distributed to strengthen access and retention for better learning outcomes. Capacity building on disability and inclusive education better equipped SBMCs to advocate for access to learning opportunities for children with disabilities. Broader enrolment campaigns championing the right to education included provisions for including children with disabilities including outreach and messaging to community leaders. During community outreach activities, SBMCs and CECs targeted children with disabilities to have them attend school. Monitoring of children with disabilities was incorporated into routine monitoring, with teacher and community volunteers monitoring the attendance of CwDs and following up with community leaders and parents to ensure progress on this issue.

Through the support of senior management, UNICEF has developed a sectoral approach, where all sectors share the common objective of ensuring access to quality services for people with disabilities. Systems for assessing, monitoring, and reporting on issues of access to services for people with disability are integrated into RRM monitoring system and risk assessment and mitigation tools and services.

In this emergency context in Northeast Nigeria, despite community sensitization and awareness campaigns, resources and capacity to serve children with disabilities (CwD) and people with disabilities (PwD) remained challenging. Most interventions focused on physical infrastructure, but the range of interventions to address the spectrum of disabilities has been limited. As a result, low numbers of CwD are in school, especially those with mental disorders. Future campaigns emphasizing addressing issues of wider communities towards PwD and greater teacher training to meet the needs of CwD will be important to make meaningful progress on this issue.

f. Protection:

The Child Safeguarding policy and principles has been shared with all partners, third party consultants and contractors. It is mandated that at the start of all programmes, programme staff are trained on the child safeguarding principles and their responsibility for adherence. During inception meetings, partners are introduced to the principles and through PDs, they sign the protection clause to do no harm to children and beneficiaries. Regular risk assessments are conducted in communities with affected populations to monitor and ensure beneficiaries are not at risk and their protection is secure. Through UNICEF's HACT procedures, protection of beneficiaries is paramount ensuring they have access to and receive quality and timely services and or response.

During project, the capacity of education and child protection actors were strengthened on COVID-19, child protection, PSS, GBV, PSEA, child-friendly methodologies, life skills, and utilisation of referral mechanisms, ensuring protection was mainstreamed into the education project.

g. Education:

The project was education focused with safe education provided through Interactive Radio Instruction. Teachers were taught best practices to improve students' skills in literacy, mathematics and science using video lessons. Teachers were also trained on effective pedagogy, PSS, PFA, Safeguarding, GBV/ PSEA, EORE, Radio Learning and Teachers code of conduct. The teachers cascaded all the trainings they received to the learners in their respective locations.

Radio clubs were established with a cluster of twelve children per club that met three times a week. The clubs were monitored by community volunteers. Learners were given scholastic materials and learners self-help workbooks which was in accordance with the developed audio lessons. The teachers were given instructional materials which included 274 lessons in English, Mathematics and Basic Science recorded in English, Hausa, Kanuri, and Fulfulde languages. Teachers were sourced with SUBEB's support. The community was engaged in promoting school access and protection mainstreaming.

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.

As per the proposal for CERF, CVA is not be relevant to the education needs proposed for this intervention. We felt that the provision of in-kind goods (in addition to provision of lessons by radio or in TLS/classrooms) would serve to form a more suitable safety net. In addition, due to the risk rating of partners and the Nigeria County Office (NCO), UNICEF decided not to proceed with CVA due to the risks associated with such an intervention.

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

All workshops, events, and activities supported by the Consortium had UNOCHA CERF, UNICEF and partner logos clearly visible to all relevant beneficiaries or participants. Going forward, the consortia will use the results, evidence, and knowledge generated during the programme to raise awareness relating to the needs of children within the targeted contexts via different means, including social media.



Banner: COVID-19 Awareness and Sensitization, Yobe State

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	CERF Sector	Agency	Implementing Partner Type	Total CERF Funds Transferred to Partner in USD
20-UF-CEF-056	Child Protection	UNICEF	GOV	\$71,539
20-UF-CEF-056	Education	UNICEF	GOV	\$22,316
20-UF-CEF-056	Education	UNICEF	GOV	\$7,414
20-UF-CEF-056	Child Protection	UNICEF	GOV	\$233,106
20-UF-CEF-056	Child Protection	UNICEF	GOV	\$7,143
20-UF-CEF-056	Education	UNICEF	GOV	\$324,296
20-UF-CEF-056	Child Protection	UNICEF	NNGO	\$86,844
20-UF-CEF-056	Child Protection	UNICEF	NNGO	\$99,292
20-UF-CEF-056	Child Protection	UNICEF	GOV	\$14,606
20-UF-CEF-056	Education	UNICEF	GOV	\$57,974
20-UF-CEF-056	Education	UNICEF	NNGO	\$436,583
20-UF-CEF-056	Child Protection	UNICEF	INGO	\$221,401
20-UF-CEF-056	Education	UNICEF	INGO	\$1,144,260
20-UF-CEF-056	Child Protection	UNICEF	INGO	\$100,000
20-UF-CEF-056	Child Protection	UNICEF	GOV	\$83,249
20-UF-CEF-056	Education	UNICEF	GOV	\$51,475
20-UF-FPA-036	Gender-Based Violence	UNFPA	NNGO	\$1,037,700
20-UF-FPA-036	Gender-Based Violence	UNFPA	INGO	\$419,803
20-UF-FPA-036	Gender-Based Violence	UNFPA	NNGO	\$128,793

20-UF-FPA-036	Gender-Based Violence	UNFPA	GOV	\$255,723
20-UF-FPA-036	Gender-Based Violence	UNFPA	RedC	\$35,113
20-UF-HCR-029	Shelter & NFI	UNHCR	GOV	\$1,381,051
20-UF-HCR-029	Camp Management	UNHCR	INGO	\$760,262
20-UF-HCR-029	Protection	UNHCR	NNGO	\$386,412
20-UF-HCR-029	Protection	UNHCR	NNGO	\$309,132
20-UF-HCR-029	Shelter & NFI	UNHCR	NNGO	\$51,389
20-UF-CEF-056	Child Protection	UNICEF	GOV	\$71,539