CAMEROON
UNDERFUNDED EMERGENCIES
ROUND I
DISPLACEMENT
2021

21-UF-CMR-48777

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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.	11.01.2023

The AAR was conducted on 11 January 2023. The CERF focal points from FAO, IOM, UNICEF and WHO participated. From UNICEF the focal point for Nutrition as well as the focal point for WASH participated. For IOM and WHO, focal points from the capital level as well as from the South-West participated. OCHA's NWSW staff, including the head of the sub-office, participated as well. The participation of field colleagues enriched the discussion with practical points on implementation and coordination. WFP and UNHCR did not participate in the meeting.

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 ☐
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 ☐

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

Thanks to this CERF Underfunded Emergency allocation 294,784 people in the North-West and South-West received life-saving Food, Nutrition, Health, WASH and Protection support. The girls, boys, women and men living in these two regions have witnessed years of violence and deprivation. The CERF recipient agencies and their partners were able to reach the most vulnerable people, including in some hard-to-reach areas, alleviate suffering and implement life-saving and protection activities.

Despite the severity of the needs, Cameroon's humanitarian disasters receive little global attention, and Cameroon is included in the top three of NRC's list of most neglected crises worldwide since 2018. The humanitarian response is underfunded (53 per cent for the HRP 2021). Against this background, the CERF allocation is not only crucial to bring relief to those most in need, but also a strong signal to the affected population that we continue to advocate on their behalf. However, while CERF contributes to the funding efforts to address some of the most critical needs, further donors' support is needed.

CERF's Added Value:

CERF funding was critical to ensure timely life-saving assistance to 294,784 women, men, girls, and boys in the North-West and South-West. For example, for the Nutrition Cluster, it was the only funding available to maintain a basic emergency package for malnourished children and Cluster coordination. The CERF allocation to WHO led to increased access to health services, including to mental health and psychosocial support, and an improvement in the quality of services. The funding also allowed clusters to extend activities to new geographical areas previously not covered. Over 65,000 people gained access to safe drinking water and improved sanitation. Following the cholera outbreak in the South-West in October 2021, WHO and UNICEF ensured cholera awareness raising messages and activities were integrated into the activities funded under this allocation, which allowed early detection and response. The livelihood and income of vulnerable populations were improved through nutrition sensitive agricultural and livestock interventions by FAO and its partners. UNHCR and its partners reinforced existing community-based approaches and supported and empowered GBV survivors with case management, health, psychosocial and legal assistance, material support and vocational trainings. WFP and its partners provided assistance to almost 12,000 people through cash-based transfers. Beneficiaries indicated that they used part of the money to launch income generating activities, support their hospital bills, pay for their children's education, and supplement their diets. They were thus able to considerably reduce their dependency on humanitarian assistance. Thanks to IOM's multi-sectoral needs assessments and the alerts of the emergency tracking tool (ETT), clusters were able to tailor their response to the needs of those affected and to quickly readjust interventions.

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

Yes ☒ Partially ☐ No ☐

Recipient agencies used already pre-existing agreements with implementing partners which allowed an immediate start of activities after the disbursement of the funding. This is a lesson learned from past allocation where important delays had been encountered due to lengthy engagement in developing new memorandums of understanding. The funding allowed UNICEF to extend ongoing partnerships with Nutrition which would have ended otherwise, thus preventing a rupture in services. The health allocation made it possible to mitigate the impact of the cholera epidemic thanks to early detection and timely response. Thanks to the ETT alerts prompt response to new displacement was made possible.

Did CERF funds help respond to time-critical needs?

Yes ☒ Partially ☐ No ☐

The Nutrition allocation focused on covering the enormous unmet needs with regards to malnutrition, which are lifesaving. The Health and WASH allocation allowed to raise awareness on cholera and thus to considerably mitigate the impact of the epidemic. Furthermore,

the allocation allowed other health partners to partially cover a critical gap which was left by the suspension of activities by an international medical organization.

Did CERF improve coordination amongst the humanitarian community?

Yes ☒ Partially ☐ No ☐

Inter-Cluster Coordination was especially dynamic between the clusters at the initial phase of the CERF allocation, during the prioritization exercise. The same was noted within the WASH and Health clusters, as members participated very actively in the clusters during the proposal development phase. For UNICEF, the requirement to submit one proposal per agency, supported the close coordination among the UNICEF led Nutrition, WASH and Child Protection clusters. IOM implicated Cluster coordinators at all stages of the CERF-funded MSNA, from the elaboration of the questionnaire, the training of the enumerators to the analysis of the findings, which contributed to improve coordination among the clusters. FAO reported a strong collaboration with the Food Security co-lead WFP as well as with the Protection Cluster during all stages of the project. However, for future allocations, more regular information could be shared at the Inter-Cluster level during the implementation.

Did CERF funds help improve resource mobilization from other sources?

Yes ☐ Partially ☒ No ☐

Most agencies were not able to mobilize additional resources and had to discontinue certain activities implemented through this allocation after project end. Meanwhile, IOM was able to mobilize additional funding to continue to issue the ETTs and WHO reported that the CERF allocation helped to mobilize internal funds for the cholera response.

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

Protection and Gender were mainstreamed throughout the implementation of all projects funded by this CERF allocation. Vulnerable women and GBV survivors were targeted by FAO in collaboration with the Protection Cluster, and they were among the most active project participants. UNHCR and WFP also specifically targeted vulnerable women and girls and project activities contributed to their empowerment. Several agencies included protection, including GBV, indicators to better target and measure the integration of protection activities. The fact that UNICEF had to submit one proposal for the Nutrition, WASH and Child Protection clusters helped to integrate a protection component into the Nutrition and WASH projects and made it possible to capacitate Nutrition and WASH partners on how to identify people in need of referral to protection actors. This element was identified as a key achievement of the allocation. This CERF allocation also helped to strengthen PSEA awareness among partners.

With regards to persons living with disabilities (PwD), the CERF reporting requirement considerably contributed to their consideration in the project development, implementation, and monitoring. The CERF reporting requirement for example leads to the integration of this population category in the data collection tools. WHO indicated that since the first time CERF requested targeting and reporting on PWD, an indicator on PWD is automatically integrated in all projects. Specific questions on access of PWD were included in the MSNA questionnaire and it is expected that the MSNA findings will help to better identify and increase access of PWD to humanitarian assistance. However, some agencies reported that the identification of PWD remains challenging. FAO did not meet the targeted PWD because it was already implementing another project cooperating with PWD in the same implementing area, which were therefore not to benefit twice.

[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.

Table 1: Allocation Overview (US$)

Total amount required for the humanitarian response	**153,200,000**
CERF	4,998,919
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	$47,502,952
Total funding received for the humanitarian response (by source above)	**52,501,871**

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

Agency	Project Code	Sector/Cluster	Amount
FAO	21-UF-FAO-015	Food Security - Agriculture	899,999
IOM	21-UF-IOM-020	Protection	499,950
UNHCR	21-UF-HCR-019	Protection - Gender-Based Violence	550,000
UNICEF	21-UF-CEF-040	Water, Sanitation and Hygiene	696,000
UNICEF	21-UF-CEF-040	Nutrition	504,000
WFP	21-UF-WFP-029	Food Security - Food Assistance	849,997
WHO	21-UF-WHO-026	Health	998,973
Total			**4,998,919**

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

Total funds implemented directly by UN agencies including procurement of relief goods	**2,804,074**
Funds sub-granted to government partners*	170,121
Funds sub-granted to international NGO partners*	620,382
Funds sub-granted to national NGO partners*	1,404,341
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	**2,194,845**
Total	**4,998,919**

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

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

In March 2021, the humanitarian needs were on the increase but international donor funding to Cameroon was erratic and key humanitarian programmes were underfunded. As a result, CERF allocated $5 million on 11 June 2021 to Cameroon from its Underfunded Emergencies window to sustain the implementation of key life-saving operations. This funding will enable UN agencies and partners to provide life-saving assistance to 566,100 people, including 124,890 women, 120,360 men, 320,850 children, and 20,015 people with disabilities in Food Security, Health, Protection, WASH, and Nutrition sectors.

Operational Use of the CERF Allocation and Results:

In March 2021, the humanitarian needs were on the increase but international donor funding to Cameroon was erratic and key humanitarian programmes were underfunded. As a result, CERF allocated $5 million on 11 June 2021 to Cameroon from its Underfunded Emergencies window to sustain the implementation of key life-saving operations. This funding will enable UN agencies and partners to provide life-saving assistance to 566,100 people, including 124,890 women, 120,360 men, 320,850 children, and 20,015 people with disabilities in Food Security, Health, Protection, WASH, and Nutrition sectors.

People Directly Reached:

Some 294,784 people were reached directly with assistance. In order to avoid double counting, only the maximum value per population category and gender and age were considered. The same approach was also used for tables 5 and 6, where only the maximum value across all the sectors was considered.

The WASH intervention reached over 65,000 people, thus more than the 50,000 targeted. This was possible through the adoption of community-based approaches. Meanwhile, the health interventions reached 276,288 people, thus considerably less than the targeted 370,500 people. This is due to a succession of ghost towns and confinements which have limited the movements of the mobile clinic teams

People Indirectly Reached:

Among the indirect beneficiaries are enumerators, implementing partners and field staff, which were trained on different technical activities as well as on topics such as protection, AAP and PSEA. The food items produced thanks to the FAO project benefitted the local market, as did WFP's cash-based interventions. The cash has an economic effect on entire communities, including financial service providers, markets, and a multiplier effect on the local economy. Almost 3,900 people benefited from family members who were supported through UNCHR's funded livelihood and empowerment activities. Around 210,000 people in the North-West and South-West were reached through awareness raising messages on good hygiene, water and sanitation practices to prevent cholera and other epidemics.

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

	Planned					Reached				
Sector/Cluster	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Food Security - Agriculture	1,995	1,081	2,420	1,704	**7,200**	2,880	1,592	1,918	1,794	**8,184**
Food Security - Food Assistance	5,100	4,007	1,620	1,273	**12,000**	5,450	4,098	952	948	**11,448**
Health	70,395	85,215	92,624	122,266	**370,500**	52,494	63,546	69,074	91,174	**276,288**
Nutrition	32,600	15,100	26,000	24,000	**97,700**	24,028	15,097	33,214	30,735	**103,074**
Protection	8,453	3,188	3,671	2,078	**17,390**	8,570	2,125	5,532	1,345	**17,572**
Water, Sanitation and Hygiene	12,800	12,200	14,000	11,000	**50,000**	23,143	14,874	13,646	13,656	**65,319**

* 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	800	11,380
Internally displaced people	258,351	190,112
Host communities	111,149	93,292
Other affected people	200	0
Total	**370,500**	**294,784**

Table 6: Total Number of People Directly Assisted with CERF Funding*			**Number of people with disabilities (PwD) out of the total**	
Sex & Age	**Planned**	**Reached**	**Planned**	**Reached**
Women	70,395	55,718	4,216	2,347
Men	85,215	65,900	4,485	2,841
Girls	92,624	78,524	5,049	3,088
Boys	122,266	94,642	6,435	4,076
Total	**370,500**	**294,784**	**20,185**	**12,352**

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 21-UF-FAO-015

1. Project Information

Agency:	FAO	**Country:**	Cameroon
Sector/cluster:	Food Security - Agriculture	**CERF project code:**	21-UF-FAO-015
Project title:	Emergency livelihood and nutrition support to the vulnerable population in the crisis affected communities in the North West and South West regions of Cameroon		
Start date:	01/09/2021	**End date:**	31/08/2022
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 4,106,474**
Total funding received for agency's sector response to current emergency:	**US$ 0**
Amount received from CERF:	**US$ 899,999**
Total CERF funds sub-granted to implementing partners:	**US$ 67,248**
Government Partners	US$ 0
International NGOs	US$ 0
National NGOs	US$ 67,248
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Thanks to this CERF UFE grant, FAO and its partners improved the livelihood and incomes of vulnerable populations (IDPs, host communities, Persons living with disabilities (PWD) and returnees) affected by the crisis in the North-West (NW) and South-West (SW) regions of Cameroon. The project enabled beneficiaries to restore and safeguard their livelihoods through nutrition sensitive egg production/poultry farming, nutritive organic oyster mushroom production and nutrition sensitive vegetable production for both home consumption and market sales.

The project assisted 8,184 persons (corresponding to 1,370 households) including 2,880 women (35.19%), 1,592 men (19.45%) and 3,712 children[2] (45.36%), The beneficiaries included 15.49 per cent returnees, 56.41 per cent IDPs, 28.09 per cent host community members and 7.61 per cent persons with disabilities. Beneficiaries were assisted with various activities as well as supported with capacity building through short orientation sessions (7,541 beneficiaries on production itineraries for mushroom, egg and tomatoes and African

[2] During targeting, we did not collect information about the education level. The children referred here are dependents of the households and are below or equal to 18 years of age.

nightshade production). The project supported 26 enumerators through Computer Assisted Personal Interviewing techniques (CAPI) and 100 PwD were given demonstrations on inclusive innovative urban farming techniques.

A total of 550 poultry units were set up and produced 2,222,500 eggs, 50 mushroom units were set and produced 1,500 kg mushrooms, 105 hectares of tomatoes and 70 hectares of African Nightshade were cultivated with a production of 2,100 tons of tomatoes and 105 tons of African nightshade respectively. In addition, the project supported 40 PwD with fish tanks that produced a 443 kg fish and 250 kg of vegetable from 30 Agrihandi units.

3. Changes and Amendments

During the implementation, budget savings permitted to increase the number of egg production units from 450 to 550, which translated into an increase in the number of beneficiaries from 2,700 to 3,290 (an addition of 100 households to the original target). The increase in the number of production units required also an increase in the inputs required for production (e.g., 1,350 to 2,200 bags of feed, 900 to 1,100 drinkers, 900 to 1,100 feeders, 450 to 550 wire mesh). As results of focus groups discussions, the number of hens per household was reduced from 25 to 20, while the PwD received 21 hens per household.

As the market price for tomato seeds increased, the amount of seeds per households was decreased from 50 to 30 grams. The project also purchased 700 hoes and distributed them to 700 households.
In the support for nutrition sensitive organic mushroom production, the provision of mushroom seed increased from 20,000 to 1,250,000 grams to establish 100 substrates per household. With an average investment of 340 USD per household, the family can have an average net income of approximately 630 USD/year (http://www.fao.org/documents/card/en/c/cc2725en).

Special capacity building activities were organized for 100 heads of households with disabilities on inclusive innovative urban farming techniques in the North-West and South-West regions. The activity was followed with the distribution of 30 kits of Agrihandi, 1,500 g of vegetable seeds, 40 fish tanks, 40 bags of fish feed of 15 kg each, 2,000 fingerlings and 252 bags of manure of 40 kg each distributed to beneficiary households (40 for Fish farming and 30 for vegetable using Agrihandi).

Overall, the target for persons with disabilities was not reached because of two reasons: Firstly, in this CERF funded project FAO considered only persons with disabilities which make them unable to live a normal life without assistance. Secondly, FAO is already implementing a horticultural project in the Fako division in which the organization cooperates with persons with disabilities. As the organization made sure to avoid that the same persons receive double assistance, the number of persons living with disabilities reached in this project was lower.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Agriculture									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	222	120	269	189	**800**	312	137	256	563	**1,268**
Internally displaced people	1,330	721	1,613	1,136	**4,800**	1,755	945	1,164	753	**4,617**
Host communities	443	240	538	379	**1,600**	813	510	498	478	**2,299**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**1,995**	**1,081**	**2,420**	**1,704**	**7,200**	**2,880**	**1,592**	**1,918**	**1,794**	**8,184**
People with disabilities (PwD) out of the total										
	209	178	209	124	**720**	223	113	144	143	623

* 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 trained 26 enumerators on the use of Computer Assisted Personal Interviewing (CAPI), 100 head of households on inclusive innovative urban farming techniques for persons with disabilities (PwD), 60 field staff were trained on production itineraries for organic oyster mushroom production, egg production and market gardening. Decentralized technical staff of MINEPIA, MINADER and implementing partners were trained on tomatoes and African nightshade production.

The direct beneficiaries (1,370 households) are producing for home consumption as well for the local market benefitting indirectly the population (6,814 persons) around 16 communities involved by the project.

6. CERF Results Framework

Project objective	Improving the livelihood and nutrition of most vulnerable population in crisis affected communities in the North West and South West regions of Cameroon
Output 1	The production capacity of 2,700 vulnerable beneficiaries is reinforced through egg production units set up in the North West and South West regions

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

Sector/cluster	Food Security - Agriculture			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Ag.3 Number of people benefiting from livestock inputs (animal feed/live animals/kits/packages)	2700	3,290	Beneficiaries Targeting/selection Reports, Beneficiaries list/database
Indicator 1.2	Number of refreshed beneficiaries in egg production techniques	2,700	3,125	Training reports
Indicator 1.3	Number of construction equipment distributed, quantity of feed, drinkers, feeders, and veterinary drugs made available to beneficiaries	450 kits for poultry unit: 1,350 bags of feed 50kg each, 900 drinkers, 900 feeders, 450 wire mesh, 2	550 kits for poultry: 2,200 bags of feed of 50 kg each, 1,100 drinkers, 1,100 feeders, 550 wire mesh	Distribution reports, final technical reports
Indicator 1.4	Number of animal distributed to beneficiaries (hens of 4.5 months old)	11,250	11,500	Certification of receipt of FAO's goods, distribution reports
Indicator 1.5	Number of poultry units for monitoring	450 production units	550 production units	Monitoring report

Explanation of output and indicators variance:	Thanks to budget savings, the number of beneficiaries for livestock input and egg production was increased by around 100 households (indicators 1.1 and 1.2). During the capacity building activities, some of the beneficiaries could not attend due to sickness (therefore there is a variance in the number reached of indicators 1.1 and 1.2). Indicator 1.3 and 1.5: Increased in the number of poultry kits from 450 to 550 kits that increased the number of production units to be monitored by the project.

	Indicator 1.4: The number of hens per household was reduced from 25 to 21 as results of focus group discussion in some cases, members of households with disabilities received 21 hens.

Activities	Description	Implemented by
Activity 1.1	Identify local implementing partners and contract signature	FAO
Activity 1.2	Beneficiary targeting in selected localities	Caritas Bamenda, CEFORA (Center for Rural Action) and decentralised services of the government MINEPIA (Ministry of Livestock, Fisheries, and Animal Industries) and MINADER (Ministry of Agriculture and Rural Development)
Activity 1.3	Capacity building of producers through short refresher session	Caritas Bamenda, CEFORA (Center for Rural Action) and decentralised services of the government MINEPIA (Ministry of Livestock, Fisheries, and Animal Industries) and MINADER (Ministry of Agriculture and Rural Development)
Activity 1.4	Purchase of construction materials and other inputs	FAO
Activity 1.5	Set up mini poultry units	FAO, Caritas Bamenda and CEFORA
Activity 1.6	Distribution of inputs to beneficiaries	FAO, Caritas Bamenda, CEFORA,
Activity 1.7	Follow up of egg production in mini poultry units	FAO, Caritas Bamenda, CEFORA,

Output 2	Production capacity of 4,200 beneficiaries is improved through the support of vegetable production translating to 175 hectares
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Food Security - Agriculture

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Ag.1 Number of people benefiting from agricultural inputs (items/packages/kits)	4,200	4,200	Beneficiaries Targeting/selection Reports, Beneficiaries list/database
Indicator 2.2	Number of refreshed beneficiaries in vegetable production	4,200	4,116	Training reports
Indicator 2.3	Quantity of agricultural inputs distributed to beneficiaries	700 boxes of tomatoes (50g/HH), 700 boxes of huckleberry (50g/HH), 1400 bags fertilizer, 700 knapsacks	21,000 Sackets of tomatoes (30g/HH), 35,000 sackets of huckleberry (50g/HHs), 1,400 bags of fertilizer,	Distribution reports and certification of receipt of FAO's goods

			700 knapsacks and 700 hoes	
Indicator 2.4	Number of established households' gardens for monitoring	700	700	Monitoring reports
Explanation of output and indicators variance:		Indicator 2.2: 4,200 persons were planned but 4,116 reached. During training of assisted beneficiaries, some could not attend because of sickness and insecurity in some areas. Indicator 2.3 and 1.5: Due to price increase for tomatoes seeds, the quantity planned per household was reduced from 50 to 30 g. The consequence in terms of reduced production has resulted in a decrease of the resulting income from 1.1 million F per HH to 675.000 FCFA per household. This reduction was considered acceptable and overall commensurate to the needs to be covered. 700 hoes were purchased and added to the kit (this was part of the initial kit but mistakenly removed from the project proposal).		
Activities	**Description**	**Implemented by**		
Activity 2.1	Identify local implementing partners and contract signature	FAO		
Activity 2.2	Beneficiary targeting in selected localities	Caritas Bamenda, CEFORA (Center for Rural Action) and decentralised services of the government MINEPIA (Ministry of Livestock, Fisheries, and Animal Industries) and MINADER (Ministry of Agriculture and Rural Development)		
Activity 2.3	Capacity building of producers through short refresher session	Caritas Bamenda, CEFORA (Center for Rural Action) and decentralised services of the government MINEPIA (Ministry of Livestock, Fisheries, and Animal Industries) and MINADER (Ministry of Agriculture and Rural Development)		
Activity 2.4	Purchase of inputs (seeds and tools)	FAO		
Activity 2.5	Distribution of seeds and tools	FAO, Caritas Bamenda, and CEFORA		
Activity 2.6	Follow up of activities	FAO, Caritas Bamenda, and CEFORA		

Output 3	50 organic oyster mushroom production units will be set up in the North West and South West regions
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Food Security - Agriculture

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	Ag.1 Number of people benefiting from agricultural inputs (items/packages/kits) (organic oyster mushroom inputs)	300	300	Beneficiaries Targeting/selection Reports, Beneficiaries list/database
Indicator 3.2	Number of refreshed beneficiaries in organic oyster mushroom production	300	300	Training reports
Indicator 3.3	Quantity of organic oyster mushroom inputs distributed to beneficiaries 20,000 grams mushroom seeds, 150 packets of black plastics, 50 drum, 50 drum	20,000	1,250,000	Distribution reports and certification of receipt of FAO's goods

	stand, 50 trucks of wood, 500 plank of 5m x 30cm, 300 corrugated aluminium sheets, 400bags of 50kg sawdust, 50 bags of rice husk, 150 kennel cake (White), and 150kg of bucket of lime			
Indicator 3.4	Number of organic oyster mushroom farms for monitoring	50	50	Monitoring reports
Explanation of output and indicators variance:		Indicator 3.3: 20 000 grams of mushroom were planned but 1,250,000 grams (2,500 bottles of 500 grams each) reached. During implementation, the quantity was increased to satisfy 50 HHs to set up 100 substrates each. Other inputs remain the same		

Activities	**Description**	**Implemented by**
Activity 3.1	Identify local implementing partners and contract signature	FAO
Activity 3.2	Beneficiary targeting in selected localities	Caritas Bamenda, CEFORA (Center for Rural Action) and decentralised services of the government MINEPIA (Ministry of Livestock, Fisheries, and Animal Industries) and MINADER (Ministry of Agriculture and Rural Development)
Activity 3.3	Capacity building of producers through short refresher session	Caritas Bamenda, CEFORA (Center for Rural Action) and decentralised services of the government MINEPIA (Ministry of Livestock, Fisheries, and Animal Industries) and MINADER (Ministry of Agriculture and Rural Development)
Activity 3.4	Purchase of organic oyster mushroom inputs	FAO
Activity 3.5	Distribution of organic oyster mushroom inputs	FAO, Caritas Bamenda, and CEFORA
Activity 3.6	Follow up of activities	FAO, Caritas Bamenda, and CEFORA

7. Effective Programming

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

During implementation of the project, informational sessions were conducted to allow beneficiaries to understand and have good knowledge about the project as well as on AAP. The need to inform affected people of their right to complain as well as making them aware of the impact of complains can have in the implementation of the project in particular when addressing issues related to distribution of inputs.

The criteria for identifying beneficiaries were established by mutual agreement targeting the vulnerable strata or groups while paying attention to PwD. Administrative authorities, religious and traditional leaders, women and men groups, etc. were informed about the project. During targeting process, all stakeholders were involved for validation and scoring the vulnerability criteria, which help reduced exclusion and inclusion errors. A complaint committee was set up in each selected zone.

The populations affected were involved during M&E activities, through specific missions and activities carried out by FAO and partner staff. During M&E missions, staff ensured that all opinions and suggestions of beneficiaries were taken into account.

[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.

b. AAP Feedback and Complaint Mechanisms:

During project implementation, a suggestion/complaints box was available at each distribution site. This served has a channel of communication with all the stakeholders of the project. After each activity, the suggestion boxes are opened together with implementing partners, community leaders and FAO. In the suggestion box, appreciation letters were found, and complaints were that FAO and the implementing partners should increase the number of beneficiaries in each zone.

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

All FAO Cameroon Staff, consultants and staff of implementing partners were oriented online on the Protection from Sexual Exploitation and Abuse. Referral pathway booklets were distributed which contain the right reporting mechanism in accordance with the UN rules. These booklets were produced by the GBV AoR in the North-West and South-West regions.

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

All age groups were integrated in the project. Vulnerable women represented 35.19 per cent of the project beneficiaries. Training on production and nutrition empowered women and gave them the opportunity to express themselves in active participation. Furthermore, survivors of gender-based violence (GBV), out of school aged youths, youths and vulnerable fistula obstetric patients were targeted in collaboration with UNHCR and Protection Cluster members to ensure full inclusion.

e. People with disabilities (PwD):

During implementation, the project integrated vulnerable persons (19.45% men, 45.36% children and 35.19% women) with 7.61% persons with disabilities. Well established disability groups and associations representing the PwD were identified in NW and SW regions including the coordinating units of Associations of PwD as well as the decentralized services of the Ministry of Social Affairs were included in the selection process. Approximately 7.61% PwD were targeted amongst the total beneficiaries using specific criteria integrated in the general targeting tool.

f. Protection:

All age groups were integrated in the project. Vulnerable women represented 35.19% of the total project beneficiaries. 7.61% of PwD and 100 households of survivors of gender-based violence (GBV) were targeted/assisted in collaboration with UNHCR and the Protection cluster representing 7.33%.

During implementation, 10 distribution and 03 training sites were chosen based on accessibility of person with disabilities. New techniques were developed to suit persons with mobility impairment like the Agri Handi tool and fishing tanks for 70 households (30 for Agri handi and 40 fishing tanks). During training sessions, an interpreter was present for person with hearing impairment.
To be noted is that a community-based complaints mechanism has been set up at the time of final targeting of the beneficiaries. By end of the project, no complaints have been reported and it is only notes of appreciation that have been collected from the designated suggestion boxes.

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	A/A

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

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

Cash and Voucher Assistance were not considered because of the quality of inputs (seeds, fertilizers, pullets at 4.5months, mushroom seeds, and other). These inputs are scarce and inaccessible in insecure areas. To help beneficiaries, it is important to provide them with good quality inputs for best production.

9. Visibility of CERF-funded Activities

Title	Weblink
North West and South West crisis in Cameroon: Resilience in the face of local hardship (Video Youtube)	https://youtu.be/P7brvXZkV_g
Distribution of market gardening inputs (Twitter)	https://twitter.com/FAOCameroun/status/1501546233286082565
Joint UNHCR-FAO livelihood initiative empowers internally displaced women in South West Cameroon	https://www.unhcr.org/afr/news/stories/2022/9/632090894/joint-unhcr-fao-livelihood-initiative-empowers-internally-displaced-women.html
Best practice Cameroon 1-Promoting Egg Production	http://www.fao.org/documents/card/en/c/cc2726en
Best practice Cameroon 2 –Mushroom cultivation	http://www.fao.org/documents/card/en/c/cc2725en

3.2 Project Report 21-UF-IOM-020

1. Project Information

Agency:	IOM	**Country:**	Cameroon
Sector/cluster:	Protection	**CERF project code:**	21-UF-IOM-020
Project title:	Supporting displaced populations in the North-West and South-West regions of Cameroon through the implementation of the Displacement Tracking Matrix (DTM)		
Start date:	01/09/2021	**End date:**	31/08/2022
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 1,500,000**
Total funding received for agency's sector response to current emergency:	**US$ 372,000**
Amount received from CERF:	**US$ 499,950**
Total CERF funds sub-granted to implementing partners:	**US$ 241,358.61**
Government Partners	US$ 0
International NGOs	US$ 0
National NGOs	US$ 241,359
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through the CERF funding, IOM reached the expected target of producing and disseminating a minimum of 30 Emergency Tracking Tool (ETT) dashboards in the NWSW regions under its first output: "Humanitarian actors have access to accurate and timely data on sudden displacements in the NWSW to support informed coordination and relief response planning". IOM ably reached this set target within the project timeline engaging with two locally rooted Implementing Partners who have been capacitated by IOM to collect information on forced displacements and other movements of mobile populations systematically using IOM's Displacement Tacking Matrix (DTM) system and methodologies, and by building, in a joint work with them, a network of locally rooted focal points. With the usage of this network, IOM produced 39 Emergency Tracking Tool (ETT) dashboards from 01 September 2021 until 31 August 2022, which provided information on population movements arising from the on-going violence and insecurity in the North-West and South-West regions, as well as on the return of formerly displaced households to their locations of origin. This was done thanks to joint funding by CERF and France from September 2021 until February 2022, and joint funding from CERF and BHA from March until August 2022. ETT Reports also provide systematic information on the settlement and shelter situations of displaced and returnee populations as well as on their most urgent sectoral needs, to be used by partners to plan for their assistance programmes. During the project duration, with support from OCHA, the ETT reports were shared with 30 humanitarian actors to be utilized in responding to the needs of the affected population in the NWSW. This figure is lower than the 50 target since there were less organizations than expected who signed the confidential Data Access form.

Under IOM's second output, entitled "The Humanitarian community has access to accurate sectoral information on the needs of displaced populations in the NWSW to support institutional planning", IOM conducted one Mobility Tracking and Multi-Sectoral Needs Assessments (MSNA) in the NW region and one in the SW region between February and March 2022 which have provided the Humanitarian actors a detailed picture of the displacement situation and trends and of the humanitarian needs of the displaced populations and host community in the two English speaking regions of Cameroon. Again, the number of humanitarian actors who directly received these reports from

IOM (25) was below the 50 targets of the "Humanitarian actors whose actions were informed by information provided in the MSNA" (Indicator 2.2), for the same reasons mentioned above (less organizations signing the Data Access Form).

3. Changes and Amendments

No changes and amendments. The programs were implemented as planned.

4. Number of People Directly Assisted with CERF Funding*

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

* 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 indirect beneficiaries are all the displaced populations (IDPs and Returnees) assessed through the ETT and MSNA in the North-West, South-West regions, who, by having their needs assessed, would be included in the population being considered for assistance provision. In total the MSNA in the North-West and South-West regions identified 366,315 IDPs.

6. CERF Results Framework

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

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

Sector/cluster	Protection			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	PG.2 Number of displacement tracking matrix updates/reports (ETT) (Number of DTM Emergency Tracking Tool (ETT) dashboards or other formal reports produced and disseminated to the humanitarian community)	30	39	ETT reports produced and shared with Humanitarian actors (available upon request)
Indicator 1.2	PG.3 Number of protection analyses conducted that inform the humanitarian response (Number of humanitarian actors whose actions provided with displacement alerts information via ETT)	50	30	Mail delivery list of ETTs by OCHA
Explanation of output and indicators variance:		Lower number than expected of partners signing the confidential Data Access Form which is required to receive the ETTs		

Activities	**Description**	**Implemented by**
Activity 1.1	Identification of implementing partner in targeted sub-divisions to conduct data collection.	IOM
Activity 1.2	Refresher courses of enumerators on data collection methodology	IOM
Activity 1.3	Data collection	Caritas in South-West and SHUMAS in North-West
Activity 1.4	Production of regular ETT dashboards	IOM
Activity 1.5	Presentation and dissemination of ETT tool and results to humanitarian partners throughout project duration to ensure utility of data collected	IOM

Output 2	The Humanitarian community has access to accurate sectoral information on the needs of displaced populations in the NWSW to support institutional planning

Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Protection			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Number of Multi-Sectoral Needs Assessments conducted, in full coordination with the sectors in the design of the questionnaire and analysis of the results -(1 in NW and 1 in SW)	2	2	MSNA reports published and shared with Humanitarian actors (available upon request)
Indicator 2.2	Number of humanitarian actors whose actions were informed by information provided in the MSNA	50	25	Data Access forms and mails to specific partners (OCHA, donors) receiving the reports.
Explanation of output and indicators variance:		Lower number than expected of partners signing the confidential Data Access Form which is required to receive the MSNA		

Activities	**Description**	**Implemented by**
Activity 2.1	Identification of implementing partner in targeted sub-divisions to conduct data collection.	IOM
Activity 2.2	Training of enumerators on data collection methodology	IOM
Activity 2.3	Data collection	Caritas in South-West and SHUMAS in North-West
Activity 2.4	Production and dissemination of MSNA dashboard and data set	IOM
Activity 2.5	Presentation of MSNA findings to humanitarian partners	IOM

7. Effective Programming

a. Accountability to Affected People (AAP)[4]:

IOM's data collection activities take AAP as one of its core principles throughout its activities, by promoting the voice and feedback of potential beneficiaries to help facilitate emergency assistance to them when needed most, including mechanisms most accessible for persons living with disabilities. The data collection methodology used two locally rooted Implementing Partners who employed a network of enumerators and asked information to key informants who originate from the areas under focus, allowing for direct feedback on needs from individual community members. During the Multi-Sectoral Needs Assessment for example, IDP representatives and community members including IDPs were part of the key Informant categories that were reached out to provide the requested information. Furthermore, IOM also promoted the inclusion of female enumerators for data collection to ensure activities consider specific gender dimensions of crisis.

b. AAP Feedback and Complaint Mechanisms:

During project implementation, specifically during the data collection activities, respondents were briefed on the objective of the assessment and consent was obtained before engaging them. Furthermore, the enumerators provided the respondents (Key Informants,

[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.

community members including IDPs) participating in focus group discussion, with contact information for IOM focal points to reach out directly to them in case they had to report any complaints related to the activity. Furthermore, the implementing partners had recruited supervisors during the data collection exercise to supervise the enumerators during data collection and provide timely support to quarries and complaints by those participating in the exercise. If not successfully addressed, the respondents were referred to IOM focal points.

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

From the onset of the project, IOM ensured that the Implementing Partners and all those working on their behalf such as enumerators were trained on PSEA and how to handle PSEA related issues. During the training of enumerators for the methodology and good practices for data collection, IOM explained the principles and the tolerance 0 vision and promoted the awareness of its "We Are All In" platform (https://weareallin.iom.int/), a tool that allows confidential reporting of PSEA-related misconduct. IOM also worked in tandem with the protection cluster to enhance the effectiveness of already existing Complaints Feedback Mechanisms (CFM) on the ground and equip enumerators with knowledge on the referral mechanism.

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

All data on displacement figures, trends and needs collected through the Mobility Tracking and the MSNA is disaggregated by gender and age, allowing to capture the specific needs and trends of particular genders and ages to inform humanitarian actors responses. IOM is also continuously promoting the inclusion of female enumerators for data collection to ensure that assessments take into account specific gender dimensions of crisis and favour the inclusion of GBV risk mitigation measures, (in line with the principles outlined in the IOM Institutional GBViC Framework).

e. People with disabilities (PwD):

The assessment conducted during the project implementation purposely collected Sex, Age, and Disability Disaggregated Data (SADDD) to ensure that the humanitarian partners and clusters are aware of detailed information on the number and specific needs of PwD and they are taken into account during the overall humanitarian responses.

f. Protection:

DTM data collected during the project implementation informed all humanitarian actors on the most pressing needs of displaced populations in terms of protection for informing their response and hence contributes to the protection of vulnerable persons. During the MSNA, IOM worked directly with the Protection cluster to develop protection-related questions and indicators on GBV risks, civil documentation challenges, child protection and needs of persons living with disabilities and other protection-related questions in order to collect adequate data for protection sectoral planning which was incorporated in the analysis of the results.

g. Education:

When conducting the MSNA, IOM works directly with the education cluster to understand their information needs to collect data for their sectoral planning and include it in the analysis of the results. IOM also disaggregated all its data by age, allowing for a strong understanding of the presence of children who potentially need education in emergencies assistance.

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.

DTM activities involve the collection of data on the number of displaced populations, their reasons for displacing and their needs and access to services. These activities are implemented either directly by IOM or via an Implementing partner, and do not involve any direct assistance to beneficiaries. Therefore, no cash and voucher assistance is to be given. However, DTM data was collected to provide information to design future related cash and voucher assistance. The MSNA for example included specific questions on average rental costs to inform actors giving rental subsidies to displaced populations.

9. Visibility of CERF-funded Activities

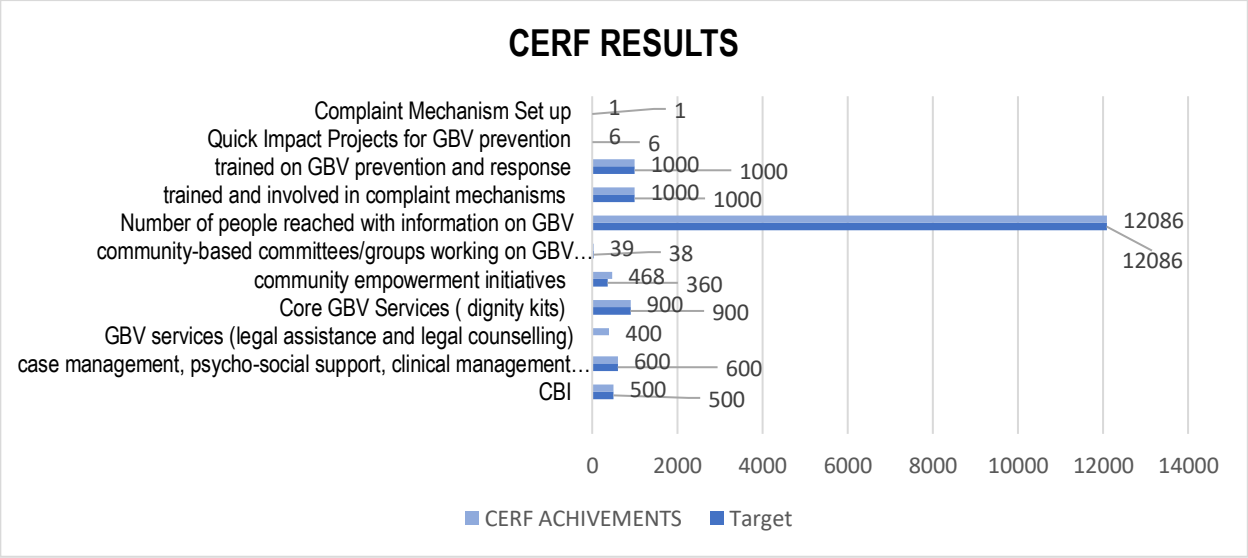
Title	Weblink
N/A	

3.3 Project Report 21-UF-HCR-019

1. Project Information			
Agency:	UNHCR	**Country:**	Cameroon
Sector/cluster:	Protection - Gender-Based Violence	**CERF project code:**	21-UF-HCR-019
Project title:	Reducing the risk of GBV and Strengthening Response for IDPs in Northwest and Southwest Regions		
Start date:	01/08/2021	**End date:**	31/07/2022
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding		
	Total requirement for agency's sector response to current emergency:	**US$ 4,480,703**
	Total funding received for agency's sector response to current emergency:	**US$ 837,862**
	Amount received from CERF:	**US$ 550,000**
	Total CERF funds sub-granted to implementing partners:	**US$ 550,000**
	Government Partners	US$ 0
	International NGOs	US$ 425,000
	National NGOs	US$ 125,000
	Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance



The project objectives were to reduce the risk of GBV and strengthen response, through community participation and empowerment. Internally displaced persons and host communities in specific localities in the North-West and South-West regions were targeted and selected based on UNHCR protection monitoring findings and GBV sub-cluster identified response gaps. The project was innovatively leveraging the community-based approach and cash for protection to rapidly respond to GBV needs and strengthen communities to provide response.

A community-based protection approach was used to implement the project whereby selected community members were actively involved in preventing and responding to GBV incidents following protection principles and the Age, Gender, and Diversity (AGD) approach. 39 communities were reached where UNHCR and protection implementing partners work through and with existing Community Protection Committees (CPC), Focal points and community leaders. The project has been implemented through INTERSOS, IRC and BIHAPH while Libra Law Office, a legal firm, provided legal assistance.

UNHCR improved the quality of response through its existing community-based protection approach by

1) Responding to the needs of 500 GBV survivors and other persons with specific needs or at risk of GBV, through providing unconditional cash transfers for protection.
   500 persons received assistance which allowed them to either; pay their transport costs for consultations in hospitals and to buy essential medicines including hygiene kits. Some have been able to use cash for protection to respond to their urgent needs or set up a small income-generating activity that allows them to meet the immediate needs of the household, including paying rent for those who have lost their accommodation and supporting the education of their children.
2) Providing Case Management where; 400 survivors were provided with legal assistance, 600 survivors benefited from psychosocial support including assistance to access clinical management of rape, Libra Law office represented UNHCR in providing legal counselling to 690 IDPs and delivered legal case management to 46 other cases of which a total of 400 were sponsored by the CERF funds. This legal assistance contributed greatly to inform IDPs and host community members on the legal procedures with respect to judiciary proceedings and their rights to arrest and detention. Similarly, UNHCR has ensured psychosocial support program with INTERSOS and IRC in both NW and SW regions which meeting the needs of 600 PoCs in need of psychosocial support as planned. The program included activities such as individual counselling, group counselling, art therapy and psychological first aid provided by case workers (first level and basic individual counselling) and by one Psychologist (more specialized in mental health support).
3) 1,260 individuals have been provided with material assistance where in 900 CERF sponsored dignity kits have been distributed. These material support help to restore dignity and confidence in the beneficiaries.
4) As part of women empowerment 200 GBV survivors in both NW and SW underwent vocational training in hair dressing, dress making, tailoring, pastry, catering, embroidering, soap production, decoration, bread production and wigs and fascinators' production for which they received start-up kits. 268 other women at risk of GBV and vulnerable people in the community benefited from community empowerment initiatives such as start-up kits for income generation to prevent sex for survival.
5) UNHCR improved community participation in SGBV prevention and response through
   Enabling 39 existing community-based protection committees (out of 38 initially planned) and working groups on SGBV prevention and response.
   Strengthening referral pathways by training 1,000 individuals including community monitors, focal points, community Protection Committees, and community members on safe disclosure and referral of GBV cases or reporting of incidents.
   With the aim of improving community participation in the prevention and response to GBV, UNHCR has developed a protection strategy based on the community-based approach.

In total, approximatively 17,572 people have been reached through the project in various locations in the North-West and South-West regions of Cameroon, with the above-mentioned outcomes.

3. Changes and Amendments

During the implementation of the project, there were no major changes to the original plan. However, the few changes that were made included the change in partnership: UNHCR through its competitive selection process for partnerships, has initiated a new partnership with IRC, in addition to the partnership with Intersos. There was also changing in the dynamics of the previously identified needs. Only 11 per cent of the people who benefitted from legal counselling accepted to pursue legal procedures. However, this did not affect the project outcome from being achieved in term of legal support.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Gender-Based Violence									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	5,917	2,182	2,535	1,455	**12,089**	6,400	1,285	4,012	920	**12,617**
Host communities	2,536	936	1,136	623	**5,231**	2,170	840	1,520	425	**4,955**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**8,453**	**3,118**	**3,671**	**2,078**	**17,320**	**8,570**	**2,125**	**5,532**	**1,345**	**17,572**
People with disabilities (PwD) out of the total										
	864	216	544	108	**1,732**	735	248	612	47	**1,642**

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

5. People Indirectly Targeted by the Project

In total, approximatively 17,572 people have been reached through the project in various locations in the North-West and South-West regions of Cameroon. However, indirect beneficiaries are estimated at 3,872 people. They are generally family members of those who were supported through livelihood and empowerment activities and cash assistance.

6. CERF Results Framework

Project objective	Risk of GBV is reduced, and quality of response improved
Output 1	Cash assistance to GBV survivors and persons with specific needs provided

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

Sector/cluster	Protection - Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Cash.2a Number of people benefitting from sector-specific unconditional cash transfers (Protection – GBV)	500	500	Partner Reports and Cash Transfer Vouchers
Indicator 1.2	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD.	100,000	100,000	UNHCR Financial Reports, Amount in Requisitions and Partners Budgets and partners financial reports
Explanation of output and indicators variance:		There is no variance, the target was met.		

Activities	**Description**	**Implemented by**
Activity 1.1	Provision of (cash transfers to GBV survivors in need of medical or legal assistance who have been referred to respective health, legal services, and other support structures)	INTERSOS and by UNHCR direct implementation

Output 2	Legal assistance provided to GBV 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	PS.2 Number of people benefitting from core GBV services (e.g., case management, psycho-social support, clinical management of rape, PEP, etc.)	600	600	INTERSOS Performance report 2021 and IRC performance report 2022
Indicator 2.2	PS.2 Number of people benefitting from core GBV services (e.g., case management, psycho-social	400	400	Libra Law Office year-end report 2021

	support, clinical management of rape, PEP, etc.) (legal assistance)			
Explanation of output and indicators variance:		NA		

Activities	**Description**	**Implemented by**
Activity 2.1	Provision of psychosocial support, case management and the referral of GBV cases.	INTERSOS and IRC
Activity 2.2	Provision of legal assistance to GBV survivors	LIBRA LAW OFFICE

Output 3	Material assistance provided to GBV 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 3.1	SP.1b Number of people benefiting from menstrual hygiene management kits and/or dignity kits	900	900	Partner Reports
Indicator 3.2	Number of GBV survivors benefiting from community empowerment initiatives (See paragraph 4.2 of the project Summary for details)	360	468	Partner Reports
Explanation of output and indicators variance:		The project allowed for the selection and inclusion of men in the activity as a way to ensure AGDM as well as avoid stigmatisation and support social cohesion This resulted in the number of beneficiaries increasing to 468.As a result most of the members of the targeted community groups were supported		

Activities	**Description**	**Implemented by**
Activity 3.1	Provision of basic items including dignity kits to GBV survivors	INTERSOS
Activity 3.2	Conduct community empowerment initiatives to benefit GBV survivors	PLAN INTERNATIONAL

Output 4	Participation of community in GBV prevention and response enabled and sustained			
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 4.1	Number of (community-based committees/groups working on GBV prevention and response)	38	39	INTERSOS and IRC
Indicator 4.2	PS.1a Number of people benefitting from safe spaces and/or centres (people reached with information on GBV)	12,086	12,086	INTERSOS and IRC
Indicator 4.3	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher	1,000	1,000	INTERSOS

	training to support programme implementation (POC on complaint mechanisms)			
Indicator 4.4	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (on GBV prevention and response)	1,000	1,000	INTERSOS
Indicator 4.5	Number of communities benefiting from Quick Impact Projects for GBV prevention	6	6	PLAN INTERNATIONAL
Explanation of output and indicators variance:		NA		

Activities	**Description**	**Implemented by**
Activity 4.1	Set up of community-based protection committees on prevention and response to GBV through sensitisation and documenting of cases.	INTERSOS and IRC
Activity 4.2	Conduct community sensitization and awareness campaigns on GBV	BIHAPH, INTERSOS and IRC
Activity 4.3	Conduct training sessions with PoCs	BIHAPH, INTERSOS and IRC
Activity 4.4	Conduct training of PoCs on GBV prevention and response	BIHAPH, INTERSOS and IRC
Activity 4.5	Develop and implement Quick Impact Projects with the involvement of the communities	BIHAPH and PLAN INTERNATIONAL
Activity 4.6	Set up a toll-free protection hotline and establish a protection desk	INTERSOS

7. Effective Programming

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

The involvement of persons of concern to UNHCR in the designing of the project was done through a participatory assessment of their protection risks, needs, capabilities and suggested solutions following age, gender, and diversity approach. This assessment, conducted with other humanitarian actors (local and international NGOs), enabled UNHCR to identify and prioritize, with the participation of internally displaced persons (IDPs), the protection risks they face, for better planning of protection and assistance programs in their favor.
The development of a community-based approach strategy and its implementation in UNHCR's activities has enabled the involvement of the populations concerned in all stages of the implementation of the project in their favor. Their regular consultation through focus group discussions, one on one bases and the development of 06 community projects made it possible for UNHCR to reach the most vulnerable groups in respect of age, gender, and diversity.

b. AAP Feedback and Complaint Mechanisms:

A community-based complaint mechanism was established using existing community structures and mechanisms which were further reinforced with the creation of 39 Community Protection Committees (CPC), 145 focal points and the use of a toll-free helpline (8564), where protection issues could be channeled. Through these complaints mechanism in 2021, a total of 423 complaints were received and directed to available responses according to needs through referrals. This system had the effect of building confidence among members of the communities who could act fast and save time and equally between humanitarians and community members. UNHCR, through a

[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.

psychologist, has conducted sessions of psychosocial support for IDPs and host community members in order to heal their psychological wounds with a huge impact being felt.

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

UNHCR applies the zero-tolerance policy for sexual abuse and exploitation in all its operations. This includes an assessment of the PSEA capacity of its implementing partners. To this end, UNHCR assisted partners whose evaluation found that they were not fully capacitated in PSEA in developing action plans for their full compliance which for some have already been achieved while others are still working on its achievement. Similarly, 152 staffs (UNHCR and partners) and 1,247 IDP and host community members were trained on PSEA issues, and the use of confidential reporting mechanisms put in place with focal points in each office. A toll-free helpline (8564) managed by a well-trained staff, and complaints desks with the presence a male or female staff for confidential reasons were set up during all UNHCR activities.

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

Primarily designed to prevent and respond to gender-based violence, the project included women and girls, survivors of GBV alongside other persons with specific needs (persons with disabilities, older persons, persons with serious health conditions, etc.) including men and boys who were mainstreamed in empowerment activities ensuring UNHCR's contribution to gender equality. Gender equality was ensured in all steps of the project as from the selection of beneficiaries through the implementation, a community-based approach was applied. Women participation in Community Protection Committees was encouraged. Their capacity to identify and handle specific issues on GBV was built and women leadership promoted at community level to mitigate gender issues while socio-economic opportunities prioritized women and girls to prevent and mitigate the risks of GBV, sex for survival, and early marriages identified as common practices within the communities.

e. People with disabilities (PwD):

With an inclusive protection monitoring system based on a community-based approach and age, gender and diversity mainstreaming, communities were sensitized on the need for protection of persons with disabilities, and they were prioritized by the project, especially women and girls, who need particular attention due to their double vulnerability. The project paid special attention to GBV survivors who are living with disabilities. A total of 360 women and girls benefited from socio economic activities through community empowerment initiatives including women with disability. About 20 per cent of the 500 beneficiaries of unconditional cash for protection were persons with disability both men and women in need of essential accompanying items such as crutches etc to reduce their vulnerability.

f. Protection:

UNHCR consulted persons of concern of various groups using the Age, Gender and Diversity approach. In addition, other protection actors were consulted to avoid duplication and to ensure that UNHCR implements activities in areas where other protection actors are not available, including in hard-to-reach localities without available services. The project was mainly implemented through UNHCR's protection and legal partners and through direct implementation to ensure protection principles are mainstreamed and respected during implementation. All affected persons at risk were mainstreamed during the selection of beneficiaries as these did not only include GBV survivors but equally other vulnerable persons including vulnerable host community members and IDP returnees. Activities were reported through the protection cluster and other area of responsibilities to ensure good coordination of the project.

g. Education:

Not applicable

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	500

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.

-

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
Cash.2a Number of people benefitting from sector-specific unconditional cash transfers (Protection – GBV)	500	US$ 100,000	Protection - Gender-Based Violence	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
N/a	

3.4 Project Report 21-UF-CEF-040

1. Project Information

Agency:	UNICEF	**Country:**	Cameroon
Sector/cluster:	Water, Sanitation and Hygiene Nutrition	**CERF project code:**	21-UF-CEF-040
Project title:	Scaling up of the emergency nutrition response in the NW/SW regions, complemented by WASH facility, IDP site and host community interventions; while ensuring children vulnerable to violence, exploitation and abuse are protected.		
Start date:	01/09/2021	**End date:**	31/08/2022
Project revisions:	No-cost extension ☐ Redeployment of funds ☐		Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 10,864,280**
Total funding received for agency's sector response to current emergency:	**US$ 0**
Amount received from CERF:	**US$ 1,200,000**
Total CERF funds sub-granted to implementing partners:	US$ 537,625
Government Partners	US$ 50,121
International NGOs	US$ 195,382
National NGOs	US$ 292,122
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

The CERF supplementary funding enabled UNICEF to cover the funding gaps to provide an integrated nutrition, WASH and protection response to the crisis affected people in the regions of the South-West and North-West of Cameroon.

Breastfeeding counselling for promotion and protection was provided to 38,768 mothers and caregivers (14,995 men, 23,773 women) on optimal infant and young children practices (IYCF). Through the Family MUAC Approach, 26,066 mothers and caregivers (6,550 men, 19,516 women) were trained to screen their children for malnutrition. Training mothers and caregivers on this simple technique enabled the screening of 63,949 children (30,734 boys, 33,215 girls). 1,330 (546 boys, 784 girls) with SAM were referred to the nearest health facility for stabilization and treatment. Treatment indicators were within SPHERE standards. Also, 356 health workers and community health workers (101 men, 255 girls) were trained on integrated management of acute malnutrition and IYCF-E. A total of 103,074 people were reached with nutrition assistance.

Along nutrition intervention, water, sanitation and hygiene activities implemented enabled the rehabilitation of 12 water points (5 small water supply networks, 3 boreholes, 4 springs catchments), the construction of 2 water points (2 boreholes) and extension of water supply network with construction of 4 stand taps in the two regions. To improve the low sanitation situation, 76 blocs (153 cubicles) of latrines were constructed and equipped with handwashing points. To support adoption of good hygiene and sanitation practices, a total of 95,344 people benefited from WASH kits. Face to face awareness raising and promotion activities enabled to reach a total of 199,050 people (43% school age children) with messages on good hygiene practices including cholera prevention, symptoms, and treatment. In addition, 52 schools with 47 755 children (19,644 boys, 28,111 girls) hosting IDP and returnees received WASH items (soap, buckets, water treatment product).

3. Changes and Amendments

During the project implementation a significant change happened in the humanitarian context, with the cholera outbreak affecting the South-West region of Cameroon from October 2021 to 13 September 2022. A total of 6,015 cases, 93 deaths and case fatality rate of 1.5 per cent were reported and 11 health districts were affected. WASH activities incorporated key awareness raising messages on cholera prevention measures, reducing the spread of cholera among the affected population.

The humanitarian context was also marked by several lock down/ghost town that required all humanitarian actors to stop field activities.

At the planning stage, the available data did not allow to plan for returnees. However, during implementation, returnees were reached and captured along project interventions and reported accordingly.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	6,500	3,000	5,200	4,800	**19,500**	5,943	3,899	8,264	7,568	**25,674**
Host communities	26,000	12,000	20,800	19,200	**78,000**	18,085	11,198	24,950	23,167	**77,400**
Other affected people	100	100	0	0	**200**	0	0	0	0	**0**
Total	**32,600**	**15,100**	**26,000**	**24,000**	**97,700**	**24,028**	**15,097**	**33,214**	**30,735**	**103,074**
People with disabilities (PwD) out of the total										
	25	25	10	10	**70**	3	14	10	10	**37**

Sector/cluster	Water, Sanitation and Hygiene									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	1,716	2,354	3,842	3,468	**11,380**
Internally displaced people	9,000	8,600	9,800	7,700	**35,100**	7,766	4,471	5,570	5,878	**23,685**
Host communities	3,800	3,600	4,200	3,300	**14,900**	13,661	8,049	4,234	4,310	**30,254**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**12,800**	**12,200**	**14,000**	**11,000**	**50,000**	**23,143**	**14,874**	**13,646**	**13,656**	**65,319**
People with disabilities (PwD) out of the total										
	150	150	100	100	**500**	1,822	1,059	22	47	2,950

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

5. People Indirectly Targeted by the Project

In the context of the cholera and COVID-19 epidemics, to reduce the risk and strengthen prevention, Health, and WASH messages were provided along the Child Protection in Emergencies (CPiE), GBV and nutrition via radio broadcasting, talk show and mass sensitization. These have reached about 150,000 people in both regions. Also, the members of 52 communities located around schools benefited from awareness raising messages on good hygiene, water and sanitation practices. It is estimated that about 60,000 people benefited indirectly.

6. CERF Results Framework

Project objective	To improve quality and coverage of life-saving curative and preventive nutrition services among children under five and IDPs in the North-West and South-West regions.
Output 1	1,500 severely malnourished boys and girls under five will receive lifesaving nutrition treatment for the management of SAM

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

Sector/cluster	Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	N.4 Number of people screened for acute malnutrition (boys and girls aged 6-59 months)	50,000	63,949	Partner's reports
Indicator 1.2	N.3a Number of severely acutely malnourished people admitted to therapeutic feeding programme (children boys and girls aged 6-59 months)	1,500	1,330	Partner's reports
Indicator 1.3	N.3b Percentage of people who were admitted for SAM treatment who recovered (children 6-59 months)	75	90	Partner's reports
Indicator 1.4	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (caregivers on family MUAC approach)	30,000	26,066	Partner's reports

Explanation of output and indicators variance:	CERF funding substantially boosted the performance of the community-based management of acute malnutrition (CMAM) programming in the North-West and South-West regions especially on SAM treatment. UNICEF and partners supported the provision of lifesaving interventions with screening and treatment of severe acute malnutrition (SAM). Treatment of children with SAM was both in the outpatient treatment programme (OTP) and in inpatient in stabilization centres (SCs) in line with national protocol. The continuity of nutrition service was critical, and these facilities were provided with ready to use therapeutic foods (RUTF), therapeutic milks, routine medications for Inpatient management of SAM and anthropometric equipment. 1,500 cartons of RUTF were procured for the treatment of SAM in the North-West and South-West regions. The coverage of SAM treatment target could not be met due to the limited number of partners with operational costs to implement nutrition response and complement the CERF funding. There are still access problems in some communities due to insecurity. Furthermore, until now, there has not

* 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.

	been any comprehensive survey, such as SMART to determine the burden of malnutrition. The programme continues to rely on proxy data in setting targets.

Activities	Description	Implemented by
Activity 1.1	Screening and referral for acute malnutrition in the community.	CBC, PLAN International, Caritas Kumba, Caritas Mamfe, Caritas Bamenda, COMINSUD, SHUMAS
Activity 1.2	Treatment of children with SAM in Outpatient Therapeutic Programme (OTP) and Stabilization Centre (SC)	CBC, PLAN International, Caritas Kumba, Caritas Mamfe, Caritas Bamenda, COMINSUD, SHUMAS
Activity 1.3	Procure 1,500 boxes of RUTF, essential medicines for treatment and anthropometric equipment.	CBC, PLAN International, Caritas Kumba, Caritas Mamfe, Caritas Bamenda, COMINSUD, SHUMAS
Activity 1.4	Training of Caregivers on Family MUAC Approach	CBC, PLAN International, Caritas Kumba, Caritas Mamfe, Caritas Bamenda, COMINSUD, SHUMAS

Output 2	25,000 boys and girls and 50,000 caregivers receive complementary package of services for the prevention of malnutrition.
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Nutrition

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	N.6 Number of people benefitting training and/or community awareness sessions on infant and young child feeding in emergencies (mothers/caretakers of girls and boys counselled/sensitized on key messages)	50,000	38,768	Partner's reports
Indicator 2.2	N.5 Number of people receiving vitamins and/or micronutrient supplements (children who receive vitamin A supplementation and deworming)	25,000	37,062	Partner's reports
Explanation of output and indicators variance:		The project Vitamin A supplementation complemented the national campaign. The combined outreach of the project and campaign increased coverage in many districts and communities, thus resulted to surpassing the planned target.		

Activities	Description	Implemented by
Activity 2.1	Sensitize caregivers on key messages on Infant and Young Child Feeding (IYCF -E)	CBC, PLAN International, Caritas Kumba, Caritas Mamfe, Caritas Bamenda, COMINSUD, SHUMAS
Activity 2.2	Provide vitamin A supplements and deworming prophylaxis to children aged 6-59 months and 11-59 months respectively as per the national guidelines.	CBC, PLAN International, Caritas Kumba, Caritas Mamfe, Caritas Bamenda, COMINSUD, SHUMAS

Output 3	Enhanced partner capacity to implement and monitor nutrition response in the NW and SW regions.
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒

* 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	Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (health workers trained on integrated management of acute malnutrition (IMAM))	200	356	Partner's reports
Indicator 3.2	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (health workers trained on IYCF-E).	200	356	Partner's reports
Explanation of output and indicators variance:		The project ensured the training of health workers and community health workers to support the identification and management of malnourished children both at community level and health facility level. The health delegation authorities committed to having more nurses trained and conducted step down training for other colleagues. This led to increased number of people trained. Health workers and community health workers were oriented on dissemination of key messages on nutrition in emergency which helped improve caregivers' knowledge on malnutrition.		

Activities	**Description**	**Implemented by**
Activity 3.1	Training of health workers on IMAM	CBC, PLAN International, Caritas Kumba, Caritas Mamfe, Caritas Bamenda, COMINSUD, SHUMAS
Activity 3.2	Training of health workers on IYCF-E	CBC, PLAN International, Caritas Kumba, Caritas Mamfe, Caritas Bamenda, COMINSUD, SHUMAS
Activity 3.3	Update, print and disseminate national protocols, guidance and tools for integrated management of acute malnutrition (IMAM) and IYCF-E in the context of Covid-19 at health district level.	CBC, PLAN International, Caritas Kumba, Caritas Mamfe, Caritas Bamenda, COMINSUD, SHUMAS

Output 4	Enhance coordination of nutrition interventions and information management systems in NW and SW regions			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐ No ☒	
Sector/cluster	Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 4.1	Number of nutrition cluster meetings held	9	4	Nutrition cluster
Indicator 4.2	Number of nutrition information products developed (Operational presence maps, Dashboards etc)	9	4	Nutrition cluster
Explanation of output and indicators variance:		Cluster meeting were not conducted regularly because of the long absence of a Nutrition cluster coordinator from UNICEF in the Buea field Office. SHUMAS, an NGO in Bamenda act as Co-lead for nutrition cluster but they could not take the lead in the absence UNICEF staff.		

* 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.

Activities	Description	Implemented by
Activity 4.1	Strengthen the nutrition surveillance system with Rapid Nutrition assessments and exhaustive screenings	Nutrition Cluster/UNICEF
Activity 4.2	Organized monthly Nutrition cluster meetings	Nutrition Cluster/UNICEF

Output 5	Children that receive nutrition and WASH support in targeted communities are better protected.

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 5.1	PP.1b Number of people benefitting from referral pathways (excluding GBV cases)	5,000	138	CBC and Plan International
Indicator 5.2	PS.2 Number of people benefitting from core GBV services (e.g. case management, psycho-social support, clinical management of rape, PEP, etc.)	5,000	128	CBC and Plan International
Indicator 5.3	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (staff from local and national authorities trained on child protection standards and policies)	80	161	CBC and Plan International
Explanation of output and indicators variance:	There was a misformulation of the indicators. 5,000 was the target set for the number of persons sensitized on Child Protection and GBV issues – a target, which was largely met, as Child protection and GBV was mainstreamed into the Nutrition and WASH activities. Referrals were to be made as and when children in need of referral were identified. Furthermore, the Regional Delegate for Social Affairs for the North-West region organized and conducted a 3-day training for 50 social workers on preparedness and protection of children and their caregivers during epidemics.			

Activities	Description	Implemented by
Activity 5.1	Identify and refer children that are survivors of violence or at risk of violence to child protection services in the community	CBC and Plan International
Activity 5.2	Sensitize caregivers on key messages on GBV prevention	CBC and Plan International
Activity 5.3	Train health workers on Child Protection standards and policies	CBC and Plan International

Output 6	50,000 people in bush/hard to reach, peri-urban areas and host communities with high malnutrition rates have received basic WASH commodities

* 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.

Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 6.1	WS.9b Number of people who report directly using safe and dignified toilet/latrines with functional handwashing facilities	10,000	16,771	Partner's reports
Indicator 6.2	WS.8b Number of people who have received water treatment supplies and can demonstrate appropriate utilisation	50,000	53 443	Partner's reports
Explanation of output and indicators variance:		The strategy adopted for community mobilization and direct construction of latrines by NGO have enable to reach more people. To avoid double counting, some recipient of water treatment product have not been considered here.		

Activities	**Description**	**Implemented by**
Activity 6.1	Procurement of WASH kits and sanitary pads	UNICEF
Activity 6.2	Awareness raising and sensitization campaigns on environmental health, good hygiene and sanitation practices, and COVID-19 prevention measures	FIED, EPDA, CBC and PLAN International
Activity 6.3	Distribution of WASH kits and sanitary pads to people in bush/hard to reach and peri-urban areas with high malnutrition rates	FIED, EPDA, CBC and PLAN International

Output 7	12,000 people in bush/hard to reach and peri-urban areas and host communities with high malnutrition rates have access to basic sanitation facilities and safe drinking water			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 7.1	Number of people with access to basic sanitation facilities	12,000	19,933	Partner's reports
Indicator 7.2	WS.7b Number of people who are using sufficient and safe water for drinking, cooking and personal hygiene use	7,500	18,047	Partner's reports
Explanation of output and indicators variance:		The variance in result achieved is due to the adoption of community approach and the direct implementation adopted by NGO rather than sub-contracting with private company		

Activities	**Description**	**Implemented by**
Activity 7.1	Construction of gender sensitive emergency latrines and showers equipped with handwashing for IDP	CBC and Plan International
Activity 7.2	Rehabilitation or Construction of water points for IDP and host communities	CBC and Plan International

* 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.

7. Effective Programming

a. Accountability to Affected People (AAP)[6]:

UNICEF ensured through implementing partners the participation of stakeholders, especially of traditional leaders, community leaders, community health worker and project committee member established in targeting area and beneficiaries. Meetings at the community level were regularly organized to provide information on the project. In line with the core commitment for children in emergencies, UNICEF and partners ensured that affected population were well informed about the objective of the program, expected outputs and outcome. Also, the role of affected population towards successful implementation of the project and operation and maintenance of infrastructures (water points and toilets) was agreed before the project commenced. Based on feedback, some readjustments were required in term of planning, designing or targets. In some area, community leaders nominated technicians for infrastructures work or selected of community health workers. The implication of the affected communities in the different phases of the project cycle, facilitated access negotiations and made it possible for partners to reach hard-to-reach areas in a save manner.

b. AAP Feedback and Complaint Mechanisms:

UNICEF requires that all implementing partners establish complaints mechanisms in the project area. Feedback and complaints were collected during field visits by the program staff from community members through face-to-face discussion, group meeting or in the form of letter, phone calls or through other health colleagues. A session on feedback and experience sharing was equally held with community volunteers and stakeholders aimed at getting feedback on successes, challenges, opportunities and way forward. Post distribution monitoring and community visits were also used to collect feedback and complaints

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

NGO staff received PSEA training and all actors in the field were informed and aware of the procedures to follow in case there is a SEA incident. During the training, the zero-tolerance policy was well explained as well as the penalty that accompanies the violation of this policy. For reporting and handing Sexual Exploitation and Abuse related complaints, community as well as implementing partners staff were informed about referral pathways. Hotline numbers were shared with community members and humanitarian aid workers to ensure high levels of confidentiality

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

All intentional efforts were made to see gender mainstreaming in all activities at all times in the project. All tools and activities of the project were gender sensitive. This concerned data collection tools, distribution of WASH kits, participants attending training to the constructions of gender sensitive latrines.
Many gender taboos were broken through the implementation of the project. Men were encouraged to attend IYCF sessions, family planning sessions with their wives. GBV sessions targeted mostly men like the traditional councils. In some hard-to-reach communities it was not common for a man attending antenatal care with the child and wife, carrying out laundry on the baby dresses, preparing the baby food etc. Due to the sensitization campaigns on IYCF, GBV, men became active participants in every task in their home especially concerning children. This was a very positive outcome for this project. This made the project very gender transformative.

e. People with disabilities (PwD):

During the implementation of the project, efforts were made to reach out to persons with disabilities. During data collection, at household levels, questions were asked to household heads to identify if they have any persons either girl, boy, women or men with disability. This was to ensure no persons with disability are left behind in the intervention. During sensitization, efforts were also made to reach out to all persons including persons with disabilities. Information was put in accessible formats to ensure all should be reached.

[6] 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.

***** 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.

As for the constructions and rehabilitation works, attention was also made to ensure all the latrines constructed are accessible to persons with disabilities. Gently sloping ramps constructed at the entrance of the latrines for easy movement of wheel car users. Same was done in the water rehabilitation to ensure persons with disabilities can access water from all the sources. The number of people with disabilities who benefitted from the WASH interventions was substantively bigger than planned, as staff consider the different facets of disabilities, and not only physical disabilities as in the past. Furthermore, and disability was one criteria used for targeting of some intervention (e.g distribution of WASH kits) .

f. Protection:

Considering the volatile security situation, protection of affected person and staffs were appropriately considered. Ghost town and lock down announced by non-State armed groups (NSAG) were fully respected not to expose the life of project staff or beneficiaries. Stakeholders were also active in identifying protection concerns because they were trained for that. During field visits, community members reported on several violations perpetrated by either NSAGs, State forces or civilians. Some of the protection concerns mentioned were kidnapping, arbitrary arrest, and SGBV. These cases were referred to concerned implementing partners for intervention and proper management. Follow up was carried out to ensure that these were being managed. Mothers of SAM cases also report incidents of abuse from either their husbands or other community members. This abuse is mostly emotional, as they are stigmatized and rejected because of the situation. These concerns were castigated in the sensitization campaigns, and many were able to gain healing from project interventions.

g. Education:

Even though education remains a controversial service during the crisis in the North-West and South-West, efforts were made to ensure education stakeholders benefit from the services of the project. Where open and functional, schools were planned to be used as a point for mass sensitization on malnutrition and WASH. The teachers and learners were given this knowledge so they can later pass it to their parents and families back at home. This greatly improved the hygiene situation in many schools that were visited. Mass screening was also conducted in schools. Some schools were really in need of latrines, so gender sensitive latrines were constructed in one school that never existed in that school.

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

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

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

CVA was not considered in this project because of the nature of main activities (construction rehabilitation of water point and latrines), awareness raising campaign and for some items to be distributed such as RUTF.

9. Visibility of CERF-funded Activities

Title	Weblink
N/a	

* 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.

3.5 Project Report 21-UF-WFP-029

1. Project Information

Agency:	WFP	**Country:**	Cameroon
Sector/cluster:	Food Security - Food Assistance	**CERF project code:**	21-UF-WFP-029
Project title:	Emergency food and nutrition assistance to IDP and host vulnerable in the North-West and South-West regions of Cameroon		
Start date:	17/09/2021	**End date:**	16/09/2022
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding		
	Total requirement for agency's sector response to current emergency:	**US$ 60,000,000**
	Total funding received for agency's sector response to current emergency:	**US$ 24,159,283**
	Amount received from CERF:	**US$ 849,997**
	Total CERF funds sub-granted to implementing partners:	**US$ 116,665**
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ **116,665**
	Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

This CERF UFE contribution was granted to WFP to provide immediate food assistance to 12,000 vulnerable beneficiaries (8,000 in the NW and 4,000 in the SW) through unconditional Cash-Based Transfer (CBT). Thanks to this contribution, WFP was able to reach 11,448 vulnerable population (7,647 in NW and 3,801 in SW) through four transfer cycles between January and September 2022, representing 95 percent of the planned target. Beneficiaries received a ration of 283.3 XAF/person/day (8,500 XAF/person/month). 56 percent of the reached population were women, and 52 percent were IDPs (48 per cent vulnerable hosts). The project was implemented in Bamenda I, II and III in the North-West region, and in Kumba I in the South-West region.

The cash transfer modality has the advantage of helping in restoring the dignity of beneficiaries, by giving them the possibility to choose themselves what they buy/eat, according to their food preferences, buy higher quality nutritious food and increase their dietary diversity. In addition, the implementation of CBT makes it possible to revitalize local markets and to recover local economies which have been affected by the crisis and the COVID-19 pandemic. The CBT also empowers the economic capacities of beneficiaries. Indeed, as a multipurpose cash assistance, many beneficiaries used the money in different ways. Most beneficiaries, through success stories, indicated that part of the money was used to launch income generating activities, support their hospital bill, pay for their kids' education, and supplement their diets, and thus considerably reducing their dependency to humanitarian assistance.

3. Changes and Amendments

At the proposal stage, WFP did not earmark the contribution to a specific geographic area, thus targeting all the 13 divisions of intervention in both regions to allow flexibility and adaptation to needs. During the implementation, only two divisions (Meme in SW and Mezam in NW) were finally targeted as specific areas of intervention based on availability of resources, necessity to respond to the

* 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.

most urgent needs and functionality of the markets. This targeting was also guided by a better use of resources and considering the complementarity with WFP activities funded by other donors.

* 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.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Food Assistance									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	3,570	2,805	1,134	891	**8,400**	2,807	2,204	485	506	**6,002**
Host communities	1,530	1,202	486	382	**3,600**	2,643	1,894	467	442	**5,446**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**5,100**	**4,007**	**1,620**	**1,273**	**12,000**	**5,450**	**4,098**	**952**	**948**	**11,448**
People with disabilities (PwD) out of the total										
	645	507	205	161	**1,518**	44	75	16	25	**160**

* 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 cash-based transfer targets mainly direct beneficiaries. However, cash received by beneficiaries has an economic trickledown effect on the entire communities within the targeted beneficiary locations, including financial service providers, markets, and a multiplier effect on the local economy. During the implementation of the project, no traces of inflation or any negative effects on local prices were noticed.

6. CERF Results Framework

Project objective	Provide emergency food support to targeted vulnerable IDPs and host populations through CBT modality
Output 1	Beneficiaries (IDPs and Host population) receive CBT in order to meet their basic food needs

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

Sector/cluster	Food Security - Food Assistance			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Percentage of households with acceptable food consumption score	80%	TBD	Not yet available
Indicator 1.2	Percentage of households spending more than 65% of their monthly budget on food	10%	TBD	Not yet available
Indicator 1.3	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	578,675	593,667.11	CPs Monthly Reports and COMET
Indicator 1.4	Cash.2a Number of people benefitting from sector-specific unconditional cash transfers	12,000	11,448	CPs Monthly Reports and COMET
Explanation of output and indicators variance:		Indicators 1.1 and 1.2 are not yet available as the collected data for the 2022 Q3 Post Distribution Monitoring are still being processing		

Activities	**Description**	**Implemented by**
Activity 1.1	Conduct beneficiaries' sensitization and information	WFP's Cooperating Partner (CP) LUKMEF and CARITAS KUMBO
Activity 1.2	Provide unconditional food assistance to IDP and host population through cash transfers in the NW and SW regions	WFP's CP LUKMEF and CARITAS KUMBO
Activity 1.3	Beneficiary contact monitoring and Post distribution monitoring	WFP/IRESCO /Third Party Monitoring

7. Effective Programming

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

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

WFP deployed a field-based approach engaging cooperating partners to support its operations in the field and ensure effective participation, information sharing, feedback (Toll-free line, complaint boxes), and coordination of the most vulnerable population throughout the project cycle, despite the constraints and need to ensure rapid intervention. WFP through its partners put in place an alert system that engaged key informants, community leaders, and local stakeholders to facilitate data collection to inform the need for rapid response interventions. Through this process, direct engagement with beneficiaries through physical verification and community reach out (men, women, and people with special needs) was leveraged to make necessary arrangements and decisions at every stage of the project cycle (community mobilization and sensitization messages included knowledge of their entitlements, beneficiary selection criteria, name of donor, transfer value, project duration, complaint management, PSEA, zero tolerance to fraud, and monitoring Mechanisms). This was communicated through community radios, flyers, FGDs, women's organizations, churches, and in the local languages.

b. AAP Feedback and Complaint Mechanisms:

WFP established the Complaint and Feedback Mechanisms reachable by phone (free hotline), SMS, and WhatsApp messages to receive feedback on WFP and its partners' activities. Additionally, local Complaints Management Committees (CMC), helpdesks, and suggestion boxes are established in each distribution site to collect complaints. Communication materials are displayed during project activities. CMC members, CPs, and WFP staff are trained to receive and react to diverse types of complaints and follow up timely. Beneficiaries are sensitized on their rights, increasing their ability to hold WFP and CP accountable. Since April 2021, WFP has strengthened its CFM system through SugarCRM (Customer Relationship Management (CRM) software), to better address the feedbacks.

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

WFP collaborated with UNFPA, cooperating partners and third-party monitors to prevent and/or address all cases of SEA identified during project implementation. The WFP toll-free hotline number has equally been put in place to address SEA cases. SEA cases received through the various stakeholder and the toll-free line were treated with high confidence and referred only to SEA focal points with the technical capacity to handle such cases or refer where required. Through UNFPA and the GBV working group, WFP has been able to leverage established referral pathways in the NW/SW to refer cases of SEA reported. WFP ensures its partners sign a code of conduct, are trained and capacitated to educate beneficiaries, and give visibility to establish mechanisms to facilitate access. Close follow-ups are done to ensure that victims receive the required services.

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

WFP bases its work on a comprehensive analysis of all the social determinants of food insecurity. Regular assessments update the WFP Gender Equality action plan on gender transformation and ways to disrupt deeply grounded customs that drive malnutrition, hunger, and inequality. WFP and partners employ cross-cutting mitigation measures that support women, men, and children, including the nexus approach. Actions that encouraged equal access to information and resources and were able to empower and introduce women to leadership positions. For the MPC project, participants were grouped into clusters and taught how to develop business plans; it helped them to set up revolving schemes for income generation, sensitized communities against customs that denigrate any gender, and fostered numeric and functional education for human capital development. For the MPC of the total beneficiaries reached, 56 percent were women.

e. People with disabilities (PwD):

WFP focused on the most vulnerable groups like persons with disabilities and took specific measures for their protection as relevant. The project prioritized PwD, female- and children-headed households. WFP's household targeting was based on validated vulnerability criteria including the presence of persons with special needs. Therefore, WFP was well positioned to target and assist these households. They show higher levels of food insecurity because their needs place an increased demand on their household budgets.

f. Protection:

WFP ensures that it does not bring harm to the safety, dignity, and integrity of the women, men, girls, and boys receiving its assistance. WFP worked with protection partners in NW/SW to guarantee the safety of beneficiaries and assets. Protection challenges such as physical injury, violence, coercion, deprivation, or intimidation, including of a sexual nature are assessed regularly and mitigations are put

in place in our protection risk matrix. WFP treated its beneficiaries with respect, and dignity and ensured that they know about their entitlements and referral mechanisms.

g. Education:

Not relevant

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is the sole intervention in the CERF project	Yes, CVA is the sole intervention in the CERF project	11,448

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 utilized 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.

WFP provided monthly cash transfers (8,500XAF/month) to cover a portion of the Minimum Expenditure Basket (MEB) for four months (120 days). The cash assistance strengthened their purchasing power, which has been heavily impacted and reduced because of the crisis and exacerbated by the COVID-19 pandemic and the Ukraine war.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US$)	Sector/cluster	Restriction
CASH Transfers	11,448	US$ 593,667.11	Multi-Purpose Cash	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	

3.6 Project Report 21-UF-WHO-026

1. Project Information

Agency:	WHO	**Country:**	Cameroon
Sector/cluster:	Health	**CERF project code:**	21-UF-WHO-026
Project title:	Reduction of excess morbidity and mortality of affected populations in the North West and South West regions of Cameroon through emergency humanitarian assistance		
Start date:	22/09/2021	**End date:**	21/09/2022
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 2,500,000**
Total funding received for agency's sector response to current emergency:	**US$ 0**
Amount received from CERF:	**US$ 998,973**
Total CERF funds sub-granted to implementing partners:	**US$ 681,948**
Government Partners	US$ 120,000
International NGOs	US$ 0
National NGOs	US$ 561,948
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through the CERF UFE grant, WHO and its partners provided timely and equitable primary healthcare services to 116,040 adults including PWDs and 160,248 children out of which 80,806 were under age 5 (56,148 children consulted for primary health care and 24,658 children vaccinated), provided emergency health kits to 9 health facilities and 3 organizations, ensured that 345 pregnant women received delivery kits and referred another 149 pregnant women for safe delivery out of which 66 caesarean sections were performed. Some 15 GBV survivors benefitted from GBV services while 384 women were screened for HIV through this CERF grant. A total of 1,348 persons (89% of the target) benefitted from mental health and psychosocial support services; 450 people benefitted from surgery and trauma care, 40 health personnel received training on acute management of trauma using the advanced trauma life support program, 15 health facilities were supported by community health workers, 200 community health workers were trained and supported to carryout community based surveillance using event-based surveillance on the early warning, alert and response system (EWARS) platform; 2,000 people benefited from cholera kits and 12 health districts supported by local surveillance agents. The project also permitted some 2,430 persons with disability to have timely access to essential healthcare services, 135 persons with disability benefitted from crutches, 45 benefitted from wheelchairs, 150 benefited from white canes and protective shades. Repeated lockdowns, ghost towns, attacks on healthcare, and delays in the delivery of emergency health kits to sites due to access difficulties and insecurity have contributed to WHO and its partners achieving only 75% of its planned target.

The project assisted directly and indirectly a total of 1,102,000 people in the North-West and South-West regions and helped to reduce excess morbidity and mortality and improved on the living conditions of persons with disabilities among the affected populations in the North-West and South-West regions especially at the peak of the cholera outbreak in the South-West region.

3. Changes and Amendments

During the implementation of the project, administrative bottlenecks made it impossible for the implementing partners to obtain vaccines and vaccinate children through mobile clinics. This made it impossible to achieve the indicator using the planned strategy. Nevertheless, through reactive vaccination campaigns following measles outbreaks in the North-West and South -West regions, the target of 24,658 children receiving at least one dose of measles vaccines was reached.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	0
Returnees	0	0	0	0	**0**	0	0	0	0	0
Internally displaced people	49,276	59,651	64,837	85,587	**259,351**	35,917	49,206	49,732	55,257	**190,112**
Host communities	21,119	25,564	27,787	36,679	**111,149**	16,577	14,340	19,342	35,917	**86,176**
Other affected people	0	0	0	0	**0**	0	0	0	0	0
Total	**70,395**	**85,215**	**92,624**	**122,266**	**370,500**	**52,494**	**63,546**	**69,074**	**91,174**	**276,288**
People with disabilities (PwD) out of the total										
	3,705	4,485	4,875	6,435	**19,500**	2,347	2,841	3,088	4,076	**12,352**

* 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

A total of 825,712 were reached indirectly through Risk Communication and Communities engagement activities against STDs, Monkey Pox, Yellow Fever, Measles, COVID-19 and non-communicable diseases.

6. CERF Results Framework

Project objective	Reduce excessive morbidity and mortality among the affected populations in the North West region and South West region
Output 1	Timely access to essential health care by affected populations

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

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	H.8 Number of primary healthcare consultations provided (adults curative)	232,500	192,312	Reports of implementing partners
Indicator 1.2	H.8 Number of primary healthcare consultations provided (children under 5 receiving pediatric care)	58,500	56,148	Reports of implementing partners
Indicator 1.3	H.4 Number of people vaccinated (children under 2 receiving at least one dose of Measles vaccine)	24,863	24,658	Reports from implementing partners
Indicator 1.4	H.1a Number of health facilities/organizations to benefit from emergency health kits	12	12	Donation certificates to partners
Indicator 1.5	Number of affected men/women and children/adolescents with chronic diseases (HIV, STIs, tuberculosis, Diabetes and Hypertension) diagnosed and placed on treatment and followed up	10,500	8,164	Reports of implementing partners
Explanation of output and indicators variance:		The succession of ghost towns and confinement have sometimes limited the movements of the mobile clinic teams. This had a definite impact on reaching the target.		

Activities	**Description**	**Implemented by**
Activity 1.1	use of mobile clinics and Health Vouchers to offer health care to affected populations	WHO, CARITAS, DEMTOU
Activity 1.2	Provide paediatric care to affected children	WHO, CARITAS, DEMTOU
Activity 1.3	use of mobile clinics and Health Vouchers to offer EPI services	CARITAS, DEMTOU
Activity 1.4	Provide Emergency Health Kits to 6 district hospitals, 10 health centres and 2 partners.	WHO
Activity 1.5	Ensure continuity of access to ARVs to HIV positive, hypertensive and diabetic patients, and some of those who have STIs or tuberculosis.	CARITAS, DEMTOU

Output 2	Access to quality sexual reproductive health services			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	RH.1 Number of live births assisted by a skilled health personnel	575	460	Reports of implementing partners
Indicator 2.2	RH.1 Number of live births assisted by a skilled health personnel (through a caesarean section)	60	66	Reports of implementing partners
Indicator 2.3	SP.2a Number of inter-agency emergency reproductive health kits delivered		345	Delivery reports
Indicator 2.4	SP.2b Number of people benefiting from services enabled by inter-agency emergency reproductive health kits (pregnant women who benefit from delivery kits)	345	345	Reports from Health facilities
Indicator 2.5	PS.2 Number of people benefitting from core GBV services (e.g., case management, psycho-social support, clinical management of rape, PEP, etc.) (clinical care)	10	7	Reports of implementing partners
Indicator 2.6	Number of pregnant or lactating women tested for HIV, syphilis, and hepatitis B	TBD	384	Reports of implementing partners
Explanation of output and indicators variance:				

Activities	**Description**	**Implemented by**
Activity 2.1	Ensure deliveries are conducted by skilled and qualified personnel under adequate and hygienic conditions	WHO, Ministry of Health (MoH), CARITAS, DEMTOU
Activity 2.2	Supply 8 district hospitals, 8 in the NW and 8 in the SW with Caesarean kits	WHO
Activity 2.3	Supply 10 health centres with delivery kits (5 NW and 5SW)	WHO
Activity 2.4	Provide10 health facilities and 2 partners guidelines and kits for clinical management of rape	WHO
Activity 2.5	Supply 10 health facilities with DBS kit for Early infant diagnosis of HIV and syphilis testing/treatment among pregnant women	[WHO]

Output 3	Timely access to mental health care and psychosocial support			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**

Indicator 3.1	H.9 Number of people provided with mental health and pyscho-social support services	1,500	1,348	Reports of implementing partners
Indicator 3.2	Number of clinical psychologists deployed to provide mental health services	02	2	WHO deployment
Indicator 3.3	CC.1 Number of frontline aid workers (e.g., partner personnel) who received short refresher training to support programme implementation partners and community leaders on psychological first aid)	90	90	Training report
Indicator 3.4	CC.1 Number of frontline aid workers (e.g., partner personnel) who received short refresher training to support programme implementation health personnel on the early detection and referral of cases of mental health)	10	10	Training reports
Explanation of output and indicators variance:				

Activities	**Description**	**Implemented by**
Activity 3.1	Provide psychological care and psychosocial monitoring of targeted populations	WHO, CARITAS, DEMTOU
Activity 3.2	Deploy 2 clinical psychologist	WHO
Activity 3.3	Brief refresh of 60 partners and 30 community leaders on psychological first aid	WHO
Activity 3.4	Brief refresh of 40 health personnel from 10 Health facilities, on the early detection and referral of cases with mental health conditions	WHO

Output 4	Access to Surgical care for IDPs with gunshot wounds and for other surgical emergencies
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Health

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 4.1	H.2 Number of people benefiting from surgical procedures for trauma	250	450	Reports of surgeon and implementing partner
Indicator 4.2	H.7 Number of functional health facilities supported (by deployment of trauma surgeons)	2	2	Deployment report
Indicator 4.3	H.1a Number of emergency health kits delivered to healthcare facilities	2	4	Delivery report
Indicator 4.4	H.1b Number of people covered by emergency health kits (Trauma kit)	200	300	Activity report
Indicator 4.5	CC.1 Number of frontline aid workers (e.g., partner personnel) who received short refresher training to support programme	10	40	Training report

	implementation of health personnel on advanced trauma life support protocol			
Explanation of output and indicators variance:		A greater number of trauma cases were received and this accoiunts for the observed difference in the target and the achieved.		

Activities	**Description**	**Implemented by**
Activity 4.1	Management of trauma surgery cases and surgical emergencies presented by IDPs	WHO, CARITAS, DEMTOU
Activity 4.2	Deploy 2 trauma surgeons	WHO
Activity 4.3	Deploy Trauma kits	WHO
Activity 4.4	Brief update of 40 health personnel on advanced trauma life support protocol	WHO

Output 5	Strengthen epidemiological surveillance and the response to outbreaks			
Was the planned output changed through a reprogramming after the application stage?		Yes ☐	No ☒	
Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 5.1	H.7 Number of functional health facilities supported through brief refresh of community health workers	15	15	Training reports
Indicator 5.2	CC.1 Number of frontline aid workers (e.g., partner personnel) who received short refresher training to support programme implementation (community health workers on event-based surveillance)	200	200	Training Report
Indicator 5.3	H.5 Percentage of public health alerts generated through community-based or health-facility-based surveillance or alert systems investigated within 24 hours	80	85%	Training report
Indicator 5.4	H.3 Number of people benefitting from cholera kits	1,500	2,000	Delivery report
Indicator 5.5	H.7 Number of functional health facilities supported (through deployment of local surveillance agents deployed in the health districts)	12	12	Deployment report
Explanation of output and indicators variance:				

Activities	**Description**	**Implemented by**
Activity 5.1	Brief refresh of 200 community health workers on event-based surveillance using the EWARS platform	WHO, MoH
Activity 5.2	Generate public health alerts based on surveillance system or alerts based on community or health facilities investigated within 24 hours	WHO, MoH
Activity 5.3	Provide the targeted regions with cholera kits	WHO

Activity 5.4	Ongoing support from local consultants who directly support community health workers	WHO

Output 6	Provide specific services for people living with disabilities (PWDs) in the NW & SW which are impacted by the crisis			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 6.1	H.8 Number of primary healthcare consultations provided (To people living with disabilities (PWDs) in NW & SW regions)	2,625	2,430	Reports from implementing partners
Indicator 6.2	H.8 Number of primary healthcare consultations provided (PWDs in NW & SW regions receiving specialized services)	250	250	Delivery report
Indicator 6.3	H.8 Number of primary healthcare consultations provided by giving white canes to PWDs	150	150	Delivery report
Indicator 6.4	H.8 Number of primary healthcare consultations provided by giving protective glasses for the blind to PWDs	145	145	Delivery report
Indicator 6.5	H.8 Number of primary healthcare consultations provided by giving crutches to PWDs	150	135	Delivery report
Indicator 6.6	H.8 Number of primary healthcare consultations provided by giving wheelchairs to PWDs	50	45	Delivery report
Indicator 6.7	H.8 Number of primary healthcare consultations provided by giving prosthesis to PWDs	25	15	Delivery report
Explanation of output and indicators variance:		Due to the constraints related to the sizes of the prostheses, significant adjustments were necessary in order to adapt certain prostheses.		

Activities	**Description**	**Implemented by**
Activity 6.1	Improve Health care accessibility by providing curative services to people living with disabilities (PWDs) in NW & SW regions	WHO, CARITAS, DEMTOU
Activity 6.2	Improve accessibility of specialized services of PWDs (Functional re-education; occupational therapy etc.) in NW & SW regions	WHO
Activity 6.3	Provide Functional mobility tools to PWDs (white canes; protective glasses for the blind; crutches; wheelchairs; Tricycles; prosthesis)	WHO

Output 7	Continuous monitoring and evaluation		
Was the planned output changed through a reprogramming after the application stage?		Yes ☐	No ☒

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 7.1	Number of WHO staff deployed at regional level	7	7	Deployment report/contract
Indicator 7.2	Number of supervisory missions	6	8	Mission reports
Explanation of output and indicators variance:				

Activities	**Description**	**Implemented by**
Activity 7.1	WHO emergency staff deployed at regional level	WHO
Activity 7.2	Conduct regular field missions for monitoring/supervision	WHO, MoH

7. Effective Programming

a. Accountability to Affected People (AAP)[8]:

Assessments were conducted in communities that revealed healthcare as a major need. The associations of persons with a disability, community leaders and other major actors were consulted throughout the implementation of the project, first to have safe access within communities and serve as a point of contact within communities. The specific needs of various groups especially women, persons with disabilities and other vulnerable groups have been taken into consideration. Moreover, local organizations embedded in these communities were used for the implementation.

b. AAP Feedback and Complaint Mechanisms:

Community representatives in areas where these projects were implemented were briefed about the project and provided with numbers to call or send messages in case of any problems. The implementing partners were required to have suggestion boxes to receive feedback from the affected communities.

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

All the WHO staff involved in the project were briefed on PSEA and required to complete a mandatory course on PSEA online. The implementing partners were briefed on PSEA, focal points appointed, and reporting mechanisms established. WHO zero tolerance on PSEA was emphasized during all workshops related to the project.

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

The project was designed to take care of the needs of affected women through access to skilled delivery services, and clinical management of GBV cases, especially for women. Women and young girls were Sensitized on STIs and HIV to enable them better take care of their health. Delivery kits and PEP kits were made available to partners and health facilities involved in the project.

e. People with disabilities (PwD):

The project was designed to take care of the health needs of persons with disabilities by ensuring timely access to essential health care and special services by supporting specialised structures that take care of the needs of persons with disability. By prioritizing persons with disabilities, the project made sure they were not left behind, especially the women and girls. Assistive devices were provided to persons with disability to improve on their quality of life.

[8] 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.

f. Protection:

The project aimed at ensuring that all affected communities had continuous access to life-saving health care services and improved epidemiological surveillance. The assistance was provided in a safe manner, which respected the dignity of beneficieries while ensure,g the communities were empowered by participating in the implementation.

g. Education:

NA

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	164,98

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.

Health Care vouchers were used to facilitate access to healthcare by affected communities. The healthcare vouchers were developed for the most common pathologies and placed at the healthcare facility. Community healthcare workers sensitized community members on the project and identified IDP's and vulnerable members of the host community and referred them to the health facility where they were treated using the pre-defined health vouchers. An undefined health voucher was made available to healthcare facilities to take care of patients who had complicated conditions not taken care of by pre-defined vouchers.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
Number of primary healthcare consultations provided (adults and children curative)	28,128	US$ 112,512	Health	Unrestricted
Number of live births assisted by skilled attendants	3,848	US$ 46,176	Health - Sexual and Reproductive Health	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Implementing Partner Type	Funds Transferred in USD
21-UF-FAO-015	Agriculture	FAO	NNGO	$25,181.08
21-UF-FAO-015	Agriculture	FAO	NNGO	$16,886.00
21-UF-FAO-015	Agriculture	FAO	NNGO	$25,181.00
21-UF-IOM-020	Protection	IOM	NNGO	$120,679.31
21-UF-IOM-020	Protection	IOM	NNGO	$120,679.31
21-UF-WFP-029	Food Assistance	WFP	NNGO	$20,721.00
21-UF-WFP-029	Food Assistance	WFP	NNGO	$28,163.00
21-UF-WFP-029	Food Assistance	WFP	NNGO	$67,781.00
21-UF-WHO-026	Health	WHO	GOV	$120,000.00
21-UF-WHO-026	Health	WHO	INGO	$256,280.00
21-UF-WHO-026	Health	WHO	NNGO	$305,668.00
21-UF-CEF-040	Nutrition	UNICEF	NNGO	$5,563.02
21-UF-CEF-040	Nutrition	UNICEF	NNGO	$12,466.66
21-UF-CEF-040	Nutrition	UNICEF	NNGO	$7,841.04
21-UF-CEF-040	Nutrition	UNICEF	NNGO	$10,486.64
21-UF-CEF-040	Nutrition	UNICEF	NNGO	$6,536.49
21-UF-CEF-040	Nutrition	UNICEF	NNGO	$51,078.14
21-UF-CEF-040	Nutrition	UNICEF	INGO	$55,446.36
21-UF-CEF-040	Nutrition	UNICEF	GOV	$1,507.48
21-UF-CEF-040	Protection	UNICEF	NNGO	$4,176.53
21-UF-CEF-040	Protection	UNICEF	INGO	$2,695.86
21-UF-CEF-040	Protection	UNICEF	GOV	$891.53
21-UF-CEF-040	Protection	UNICEF	GOV	$533.33
21-UF-CEF-040	Water, Sanitation and Hygiene	UNICEF	NNGO	$154,014.98
21-UF-CEF-040	Water, Sanitation and Hygiene	UNICEF	INGO	$137,240.03
21-UF-CEF-040	Water, Sanitation and Hygiene	UNICEF	GOV	$47,188.83
21-UF-CEF-040	Water, Sanitation and Hygiene	UNICEF	NNGO	$10,708.63
21-UF-CEF-040	Water, Sanitation and Hygiene	UNICEF	NNGO	$29,249.49
21-UF-HCR-019	Protection	UNHCR	INGO	$170,000.00
21-UF-HCR-019	Protection	UNHCR	INGO	$135,000.00
21-UF-HCR-019	Gender-Based Violence	UNHCR	NNGO	$100,000.00
21-UF-HCR-019	Protection	UNHCR	NNGO	$25,000.00
21-UF-HCR-019	Gender-Based Violence	UNHCR	INGO	$120,000.00