

**NIGERIA  
UNDERFUNDED EMERGENCIES  
ROUND I  
DISPLACEMENT  
2021**

**21-UF-NGA-48616**

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Resident/Humanitarian Coordinator

## PART I – ALLOCATION OVERVIEW

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### Reporting Process and Consultation Summary:

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

22.08.2023

After Action Review was held with all recipient agencies on 22 August 2023.

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 ☒

Progress updates were shared with the HC and site visits to the durable solutions sites were conducted by the HCT. However, the final report has not yet been discussed with the HCT and will be shared at the next HCT meeting.

Please confirm that the final version of this report was shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

Yes ☐ No ☒

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

## 1. STRATEGIC PRIORITIZATION

### Statement by the Resident/Humanitarian Coordinator:

This CERF allocation through the underfunded response window provided critical funding to boost the response in Nigeria. There were funding gaps in critical sectors that were not sufficient to cover the country needs so CERF funding was critical in reducing the funding gap. During the implementation period, agencies responded to flooding and disease outbreaks and worked closely with the government to respond to them. The allocation facilitated closer relations with government, especially in Adamawa where funds supported the resettlement of returnees, supporting a key government priority for durable solutions for IDPs and returnees. The disability inclusion envelope specifically targeted only persons with various forms of disabilities and allowed for deliverables that were tailored towards meeting their needs, ensuring accessibility across sub-groups with special needs.

The CERF funding allowed UN and other humanitarian partners to cover critical needs highlighted in the request which would otherwise have gone unaddressed due to limited resources. In addition, it was critical for resource mobilization for durable solutions and sexual and reproductive health. Overall, the allocation allowed for close inter-agency cooperation and provided capacity and services which focused on inclusion and longer-term solutions.

### CERF's Added Value:

The allocations special component on disability inclusion was key in addressing unmet needs of people living with disabilities. It also addressed most critical needs of women's sexual and reproductive health needs and helped in resource mobilization. The funding supported capacity building and improved access to services, providing long term gains.

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

Yes ☐

Partially ☒

No ☐

For several agencies, the funds assisted fast delivery of assistance, allowing for procurements and delivery of service in a timely manner. For shelter and CCCM projects, access to land for resettlement proved to be a major challenge and cause for project delays with construction of shelters taking longer than expected.

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

Yes ☒

Partially ☐

No ☐

For the most part, agencies felt that support was timely especially as support came after identification of gaps, allowing for needs to be addressed in a time critical manner. The allocation was approved when support was already being provided to the government, allowing for delivery of services at a critical time and boosting the credibility of UN agencies. For nutrition needs, the funds were provided as cases started to increase, allowing for response to time critical needs. For UNHAS, funding covered three months and funds significantly contributed to the continued operation of flights. For the durable solutions components, CERF did well to support the project because it was well aligned with the government's plan to re-settle IDPs more permanently. Funding came at the right time for the UN because it the agencies take a different approach to shelter and resettlement.

### Did CERF improve coordination amongst the humanitarian community?

Yes ☒

Partially ☐

No ☐

The allocation facilitated closer relations with government in Adamawa, with host communities and with other partners. UNHCR and FAO worked closely together for the integration of returnees in the durable solutions project. Improved coordination with government built more confidence and trust. The multi-sectoral approach allowed for a more impactful delivery.

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

Yes ☒

Partially ☐

No ☐

Yes, resource mobilization improved with CERF as a good trigger for other funds for sexual and reproductive health needs and for durable solutions project. Given the success of the durable solutions project, ECHO has indicated interest in funding similar projects for resettlement.

**Considerations of the ERC's Underfunded Priority Areas<sup>1</sup>:**

Persons with disabilities were prioritized during beneficiaries' selections and identification for registration as well as participation in the community-based participatory approaches. The inclusion and consideration of PwD was closely-linked to AAP and was achieved through the mapping of community structures and FGDs. Persons with disability such as the physically challenged, prioritized and involved in the decision-making processes.

Two projects specifically targeted only persons with various forms of disabilities. The project deliverables were tailored towards meeting their needs with the aim of ensuring accessibility across sub-groups with special needs. Needs of PwDs were accounted for in the shelter projects in site improvements and upgrade of common facilities & rehabilitation of WASH structures as well as in the provision of assistive devices.

As a means of ensuring an inclusive environment where people with disabilities feel an integral part of the programme, consultations were held with several associations of PwD on how they would like their disability to be addressed, what support they might need and how well they felt the humanitarian response met their needs or promoted their accessibility. Recommendations from these groups informed the programme design ensuring that key indicators were identified to ensure that programmes included people with disabilities during implementation. The action also required the empowerment of PwD and building their capacity to enable them function in those roles.

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<sup>1</sup> In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and 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\$)**

<b>Total amount required for the humanitarian response</b>	<b>1,006,400,000</b>
CERF	12,495,302
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	0
<b>Total funding received for the humanitarian response (by source above)</b>	<b>12,495,302</b>

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

Agency	Project Code	Sector/Cluster	Amount
FAO	21-UF-FAO-016	Food Security - Agriculture	1,400,022
IOM	21-UF-IOM-022	Shelter and Non-Food Items	750,000
IOM	21-UF-IOM-031	Camp Coordination and Camp Management	600,000
UNFPA	21-UF-FPA-022	Health - Sexual and Reproductive Health	1,141,325
UNFPA	21-UF-FPA-022	Protection - Gender-Based Violence	1,053,530
UNHCR	21-UF-HCR-020	Protection	1,015,037
UNHCR	21-UF-HCR-020	Shelter and Non-Food Items	735,026
UNHCR	21-UF-HCR-027	Camp Coordination and Camp Management	300,181
UNHCR	21-UF-HCR-027	Shelter and Non-Food Items	300,181
UNICEF	21-UF-CEF-037	Nutrition	1,700,000
UNICEF	21-UF-CEF-037	Health	850,000
UNICEF	21-UF-CEF-037	Water, Sanitation and Hygiene	850,000
UNICEF	21-UF-CEF-052	Protection - Child Protection	300,000
WFP	21-UF-WFP-028	Common Services - Emergency Telecommunications	1,050,000
WFP	21-UF-WFP-028	Common Services - Humanitarian Air Services	450,000
<b>Total</b>			<b>12,495,302</b>

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

<b>Total funds implemented directly by UN agencies including procurement of relief goods</b>	<b>7,725,367</b>
Funds sub-granted to government partners*	1,631,853
Funds sub-granted to international NGO partners*	432,493
Funds sub-granted to national NGO partners*	2,645,589
Funds sub-granted to Red Cross/Red Crescent partners*	60,000
<b>Total funds transferred to implementing partners (IP)*</b>	<b>4,769,935</b>
<b>Total</b>	<b>12,495,302</b>

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

## 2. OPERATIONAL PRIORITIZATION:

### Overview of the Humanitarian Situation:

The humanitarian crisis in Borno, Adamawa and Yobe states in north-east Nigeria is expected to persist in 2021, with ongoing conflict continuing to severely affect millions of people. Some 1.92 million people are displaced internally, some 54% of who are taking shelter across host communities. Nigeria is in the top tier priority countries for famine prevention and a \$250 million food assistance appeal has been launched

### Operational Use of the CERF Allocation and Results:

In response to the crisis, CERF allocated \$12.5 million on 10 June 2021 from its Underfunded Emergencies window for the immediate commencement of life-saving activities. The CERF allocation will help the RC/HC and the HCT advance two key humanitarian efforts, notably: (I) to prevent catastrophic food-insecurity conditions in the north-east in support of the \$250 million Operational Plan for the Prevention of Catastrophic Food Insecurity. The HCT will focus the use of CERF funds on the response beyond the food sector, where it can have a more significant impact. It will prioritize sectors where funding shortfalls are causing implementing partners to scale back their interventions. The RC/HC will build on the CERF allocation to advocate with donors for increased – and timely - support for the Operational Plan. (II) to promote sustainable humanitarian solutions for displaced people and improve their longer-term conditions. CERF funds will support pilot projects that seek to test/demonstrate viable alternatives to the return of displaced people to insecure areas of origin. If successful, these “durable solution pilots” would be drawn on to advocate with the Government of Nigeria for an alternative approach to the current policy of returning displaced people to their areas of origin, in often still insecure locations. The allocation will support life-saving interventions by 6 UN agencies across multiple sectors, including nutrition, WASH, health, protection livelihoods and common services. This funding will enable UN agencies and partners to provide life-saving assistance to 1.15 million people, including 460,000 women, 306,000 men, 388,000 children, and 59,000 persons with disabilities.

### People Directly Reached:

The allocation reached 2,617,949 people, exceeding its original target of 1,154,049 by over a million beneficiaries. Effective reprogramming expanded coverage across the three states targeted and ensured access to effective essential humanitarian services for the most vulnerable crisis affected people.

### People Indirectly Reached:

Good practices established with the support of the projects were widely adopted across the communities in relation to food security, nutrition and health. Awareness raising/ sensitization on WASH, CCCM and Shelter expanded community knowledge and advanced positive behavioural changes that benefited the communities. In many cases, projects also contributed to improved market linkages for indirect beneficiaries. Trainings were held for beneficiaries and project staff, increasing capacity within communities and among humanitarians. Women led organizations and other NGOs also received sub-grants and trainings. People requiring humanitarian assistance benefited indirectly from improved access of humanitarian actors to both telecommunications and air services that enabled humanitarian organizations to implement lifesaving humanitarian response throughout the region.

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

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Camp Coordination and Camp Management	2,500	1,900	3,000	2,600	<b>10,000</b>	20,004	12,206	23,242	19,754	<b>75,206</b>
Common Services - Emergency Telecommunications	0	0	0	0	<b>0</b>	0	0	0	0	<b>0</b>
Common Services - Humanitarian Air Services	0	0	0	0	<b>0</b>	0	0	0	0	<b>0</b>
Food Security - Food Assistance	31,248	26,040	40,362	32,550	<b>130,200</b>	45,879	38,233	59,262	47,794	<b>191,168</b>
Health	208,000	192,000	52,000	48,000	<b>500,000</b>	237,310	219,055	59,327	54,764	<b>570,456</b>
Health - Sexual and Reproductive Health	39,670	19,837	29,755	9,912	<b>99,174</b>	264,013	76,157	116,775	50,772	<b>507,717</b>
Nutrition	95,000	5,000	6,800	5,200	<b>112,000</b>	95,000	5,000	6,302	5,049	<b>111,351</b>
Protection	14,375	13,750	18,750	15,625	<b>62,500</b>	100,201	55,673	73,457	61,799	<b>291,130</b>
Protection – Child Protection	450	450	3,100	3,100	<b>7,100</b>	550	550	3,500	3,500	<b>8,100</b>
Protection - Gender-Based Violence	31,251	15,615	23,439	7,811	<b>78,116</b>	345,911	113,231	174,054	58,090	<b>691,286</b>
Shelter and Non-Food Items	1,025	865	1,229	981	<b>4,100</b>	2471	2,429	1,360	1,545	<b>7,805</b>
Water, Sanitation and Hygiene	36,447	31,040	44,558	37,955	<b>150,000</b>	44,490	26,468	50,863	42,758	<b>164,579</b>

\* 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	4,199
Returnees	73,619	275,289
Internally displaced people	688,569	1,157,600
Host communities	391,861	1,127,340
Other affected people	0	53,520
<b>Total</b>	<b>1,154,049</b>	<b>2,617,948</b>

**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	459,538	1,155,546	22,442	16,693
Men	306,163	548,730	13,573	10,773
Girls	225,043	568,035	14,598	7,169
Boys	163,296	345,637	8,573	6,118
<b>Total</b>	<b>1,154,040</b>	<b>2,617,948</b>	<b>59,186</b>	<b>40,753</b>



## PART II – PROJECT OVERVIEW

### 3. PROJECT REPORTS

#### 3.1 Project Report 21-UF-FAO-016

1. Project Information						
Agency:	FAO		Country:	Nigeria		
Sector/cluster:	Food Security - Agriculture		CERF project code:	21-UF-FAO-016		
Project title:	Restoring livelihoods of vulnerable populations to catastrophic food and nutrition insecurity in Borno, Adamawa and Yobe States					
Start date:	22/09/2021		End date:	21/09/2022		
Project revisions:	No-cost extension	<input checked="" type="checkbox"/>	Redeployment of funds	<input type="checkbox"/>	Reprogramming	<input checked="" type="checkbox"/>
Funding	Total requirement for agency’s sector response to current emergency:				US\$ 36,771,759	
	Total funding received for agency’s sector response to current emergency:				US\$ 8,700,000	
	Amount received from CERF:				US\$ 1,400,022	
	Total CERF funds sub-granted to implementing partners:				US\$ 528,866	
	Government Partners				US\$ 91,076	
	International NGOs				US\$ 259,793	
	National NGOs				US\$ 177,997	
	Red Cross/Crescent Organisation				US\$ 0	
2. Project Results Summary/Overall Performance						

The Food and Agriculture Organization (FAO) assisted 18 600 households in the Borno, Adamawa, and Yobe (BAY) states with agricultural livelihood-based packages, aiming to restore livelihoods of vulnerable populations.

The support included the provision of drought-resistant seeds and wet-brown blended fertilizers NPK. Through this intervention, 8 000 households were able to enhance their production capacities, thereby increasing their access to food and income throughout both the rainy and dry seasons. Notably, farmers who received these crop inputs achieved a very good production of 2.28 tonnes of grains, sufficient to sustain a household of seven people for a duration of 12 months.

Additionally, FAO in collaboration with its local partners, established 20 Farmer Field Schools (FFS) and trained beneficiaries in good agricultural practices. FAO also provided homestead gardening inputs to 2 000 households. This enabled them to produce diverse nutritious foods such as cowpea, maize and carrot for ten weeks' consumption for a household of seven people and sold surplus harvests, earning an average of USD 100 from the proceeds.

FAO also supported 800 vulnerable households with livestock restocking packages (four goats [three female and one male]) and animal feed). About 50 percent of beneficiaries reported an increased flock size of an average of four youngs within six months after distribution. Furthermore, 800 female-headed households received poultry kits (20 seven-week-old pullets and feed) to restart their poultry enterprises leading to an increase in egg consumption from an average of once to four times per week. Beneficiaries were also trained on basic animal husbandry practices and received free post-distribution animal healthcare.

Addressing fuel and energy access, FAO distributed SAFE kits (comprising fuel-efficient stoves and briquettes) to 7 000 households. This initiative significantly improved safe access to fuel, resulting in a noteworthy reduction of household firewood consumption by 58 percent and a decline of firewood scouting frequency by 50 percent.

Finally, during the lean season (June-August), FAO distributed Fresh Food Vouchers (FFV) – with baskets containing eggs, vegetables, root vegetables and legumes to the 7 000 households selected from cereal kit beneficiaries of the 2022 rainy season. The impact evaluation of the FFV scheme on household food security indicated significant improvement in households' Food Consumption Score (FCS). Before the FFV distribution, only 15 percent of households had an acceptable FCS and 70 percent were borderline. After the FFV, the FCS improved significantly in 99 percent of the interviewed households and, household dietary diversity increased from an average of three to seven food groups after the intervention.

### **3. Changes and Amendments**

None

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Food Security - Agriculture									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	9,374	7,812	12,890	9,765	39,841	12 507	10 423	16 156	13 029	52 115
Internally displaced people	12,499	10,416	17,187	13,020	53,122	12 954	10 795	16 733	13 494	53 976
Host communities	8,750	7,291	12,081	9,115	37,237	7 911	6 592	10 217	8 242	32 962
Other affected people	0	0	0	0	0	12 507	10 423	16 156	13 029	52 115
<b>Total</b>	<b>30,623</b>	<b>25,519</b>	<b>42,158</b>	<b>31,900</b>	<b>130,200</b>	<b>45,879</b>	<b>38,233</b>	<b>59,262</b>	<b>47,794</b>	<b>191,168</b>
<b>People with disabilities (PwD) out of the total</b>										
	625	520	808	651	2,604	630	524	815	657	2 626

\* 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 20 FFS established (ten each for rainy and dry seasons) were solution-focused and addressed the use of organic manure to improve low soil fertility, integrated pest management and inorganic fertilizer application (micro-dosing). These good practices have been widely adopted across the communities due to their clear impact on improved crop yields. The post-distribution veterinary support provided to goat and poultry beneficiaries facilitated easy access to veterinary services, raising awareness on identifying and reporting animal diseases. This reduced community losses during disease outbreaks. The SAFE intervention focused on reducing protection risks associated with firewood collection. The intervention reduced firewood collection outings per week by 58 percent, meaning a proportionate reduction in the exposure of women and girls to associated protection issues. It also implies a reduction in tree felling, thus, reducing environmental consequences due to desertification. The FFV intervention contributed to improving market linkages for FAO and non-FAO-supported farmers that produce fresh food in the communities and beyond. Through FFV, NGN 107 million (USD 233 000) was injected into the local economy.

## 6. CERF Results Framework

Project objective	Improved food security, nutrition, and protection among vulnerable, conflict and pandemic affected IDP, returnee and host community households at risk of catastrophic food insecurity in Borno, Adamawa and Yobe States.				
Output 1	Conflict and pandemic affected IDP, returnee and host community farming households have improved access to agricultural inputs				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Food Security – Agriculture				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	Ag.1 Number of people benefiting from agricultural inputs (items/packages/kits) (dry season inputs)	35 000	[100%] 35 000 (1 700 female- and 3 300 male-headed households)	Beneficiaries list	
Indicator 1.2	Number of months sustained from own crop production from the rainy season cultivation	6	[100%] achieved six months sustained from own crop production.	Multi-indicators outcome survey report	
Indicator 1.3	Ag.1 Number of people benefiting from agricultural inputs (items/packages/kits) (rainy season inputs)	21 000	100%] 21 000 (835 female- and 2 165 male-headed households)	Beneficiaries list	
Indicator 1.4	Ag.1 Number of people benefiting from agricultural inputs (items/packages/kits) (gardening inputs)	14 000	Achieved: 14 000 (1088 female- and 912 male-headed households)	Beneficiaries list	
Indicator 1.5	Farmer Field Schools	20	20 FFS established in target locations	Beneficiaries list	
Explanation of output and indicators variance:		Activities 1.3 were planned to be implemented by FAO, however the locations that benefited from these interventions were in high-risk areas and due to non-approval by UNDSS for UN staff to access the locations the services of IPs were utilised because they are familiar with the terrain and limited restriction to access the places.			
Activities	Description		Implemented by		

Activity 1.1	Distribute essential agricultural inputs kits (quality seed and fertilizer) for 2021/2022 dry season cultivation for 5,000 HH (35,000 individuals)	1. Community Based Agricultural Development Programme, Maiduguri (IFAD-CBARDP), 2. Civil Society Coalition for Poverty Eradication (CISCOPE)
Activity 1.2	Distribute essential agricultural inputs (quality seed and fertilizers) for the 2022 rainy season cultivation for 3,000 HH (21,000 individuals)	1. Green Concern for Development (GREENCODE), 2. Cohort for Existential Emergency Relief (CEER), 3. Community Based Agricultural Development Programme, Maiduguri. (IFAD-CBARDP), 4. Yobe State Agricultural Development Programme (YOSADP) 5. Catholic Caritas Foundation of Nigeria
Activity 1.3	Distribute essential agricultural inputs kits (quality seed and fertilizer) for urban and peri-urban homestead gardening for 2,000 HHs (14,000 individuals)	1. Center for Social Change & Economic Development Nigeria (CSCED) 2. Yobe State Agricultural Development Programme (YOSADP) 3. Grassroots Initiative for Strengthening Community Resilience
Activity 1.4	Establish 20 Farmer Field Schools to train, 500 – 3,600 individuals) beneficiaries of crop production inputs in good agricultural practices	1. Green Concern for Development (GREENCODE), 2. Cohort for Existential Emergency Relief (CEER), 3. Community Based Agricultural Development Programme, Maiduguri (IFAD-CBARDP), 4. Yobe State Agricultural Development Programme (YOSADP) 5. Catholic Caritas Foundation of Nigeria 6. Civil Society Coalition for Poverty Eradication (CISCOPE)

Output 2	Conflict and pandemic affected vulnerable women within IDP, returnee and host community households have access to livestock assets			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Food Security – Agriculture			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Increased herd size for goats	50%	Target achieved. 50% of beneficiaries of goats reported increase in their flocks of an average of two kids	Multi-indicator outcome survey report
Indicator 2.2	Increased income from livestock and livestock products sales	10%	53% reported receiving income from sales of eggs.	Multi-indicator outcome survey report
Indicator 2.3	Ag.3 Number of people benefiting from livestock inputs (animal feed/live animals/kits/packages) (goat restocking kits )	5 600	100% achieved. (800 female headed households)	Beneficiaries list
Indicator 2.4	Ag.3 Number of people benefiting from livestock inputs (animal	5 600	100% achieved. (800 female headed households)	Beneficiaries list

	feed/live animals/kits/packages) (poultry kits )			
<b>Explanation of output and indicators variance:</b>		For 2.2 - More people (53%) have reported increased income from sales of livestock and products than the planned target (10%) due to better targeting of eligible beneficiaries as most have lost their sources of livelihoods to the conflict. Thus, more beneficiaries found livelihood source in the livestock assistance than expected.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Distribute goat restocking kits (3 female + 1 male goat + feed + mineral block) to 800 women headed households (5,600 individuals)	1. Maigoje Foundation (MGF), 2. Damnaish Human Capacity Building Initiative (DHCBI). 3. Center for Social Change & Economic Development Nigeria (CSCED)		
Activity 2.2	Distribute poultry starter kits (20 chickens + feed) for 800 women households (5,600 individuals)	1. Maigoje Foundation (MGF), 2. Damnaish Human Capacity Building Initiative (DHCBI). 3. Center for Social Change & Economic Development Nigeria (CSCED)		

Output 3	Conflict and pandemic affected IDP and returnee women have improved access to sustainable fuel and energy (SAFE) solutions			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Food Security – Agriculture			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Percentage of women reporting reduced number of outings for fuelwood collection	50%	63%	Multi indicator survey report
Indicator 3.2	FN.3 Number of people benefiting from in-kind fuel assistance (fuel-efficient stove and briquettes kits)	49,000	100% achieved. (6 988 female- and 12 male-headed households)	Beneficiary lists on Kobo form online
Explanation of output and indicators variance:		These activities were planned to be implemented by both FAO and IPs, however one of the criteria for SAFE beneficiary community selection is areas with high protection risks thus the services of IPs were utilised due to non-approval by UNDSS of UN staff to access such locations.		
Activities	Description	Implemented by		
Activity 3.1	Distribute Fuel Efficient Stove and briquette kits (1 FES + 1 Pack of briquettes) for cooking to 7,000 IDP and Returnee women (49,000 individuals)	International Center for Energy, Environment and Development (ICEED). Community Based Agricultural Development Programme, Maiduguri (IFAD-CBARDP).		

Output 4	Conflict and pandemic affected IDP, returnee and host community farming households have improved access to fresh nutritious foods		
Was the planned output changed through a reprogramming after the application stage?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Food Security – Agriculture		

Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Increase in number of food groups consumed	1	3-7	FFV programme end-line evaluation report
Indicator 4.2	Percentage reduction in people adopting extreme coping strategies to food shortage	20%	99% reduction in people adopting extreme coping strategies due to food shortage	FFV programme end line evaluation report
Indicator 4.3	Cash.4a Number of people benefitting from unconditional vouchers	49 000	Target achieved. (5 502 female and 1 498 male-headed households)	Beneficiary lists
Indicator 4.4	Cash.4b Total value of unconditional vouchers distributed in USD	287 000	233 000 approx.	
<b>Explanation of output and indicators variance:</b>		<p>Why is there variance between estimated cost and spent cost?</p> <p>There are minimal variances between estimated and spent cost mainly due to exchange rate (USD to NGN) variations. As the variances were minimal, there were no effect on the quantities of inputs procured and distributed to the beneficiaries.</p> <p>The reason for the variations between planned and achieved in indicators 4.1 and 4.2 stems from the level of food deprivation that the beneficiaries suffer. It indicates that the households' food diversity before the intervention was very poor, which justifies their use of extreme food-based coping strategies. Thus, the fresh food assistance instantly provided them with variety of foods that increased their food diversity higher than the target and the significant reduction of adoption of extreme coping strategy while the stock lasts.</p>		
Activities	Description	Implemented by		
Activity 4.1	Distribute Fresh Food Vouchers (FFV) to 7,000 HH (49,000 individuals) of the most vulnerable beneficiaries of livestock, agricultural and SAFE assets	1. Cohort for Existential Emergency Relief (CEER) 2. Smiling Heart Initiative International		

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>2</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

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

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**a. Accountability to Affected People (AAP)<sup>3</sup>:**

To ensure community participation and accountability to affected populations, FAO adopted a community-based participatory approach and targeted beneficiaries were well-informed about the project and were involved in the project implementation. Also, to ensure that the affected population have access to information regarding FAO interventions and the opportunity to provide feedback, an FAO toll-free line was disseminated through the awareness raising and information sharing session on beneficiaries' entitlement. Additionally, a consultative engagement was conducted, and the beneficiaries were fully engaged in the establishment of a prepared choice of reporting mechanisms facilitated by the implementing partners.

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**b. AAP Feedback and Complaint Mechanisms:**

There is an existing toll-free line number established by FAO for accountability to the affected populations. This mechanism has been strengthened by embedding the numbers in beneficiaries' tokens for reporting and complaints. In addition, awareness and sensitization were delivered to the beneficiaries on safe access to the reporting channels during targeting, registration, and distribution. In addition, help desks were established by the implementing partners in the communities for easy access to information, feedback and complaints. Also, focus group discussions (FGDs) were utilized to obtain feedback on the interventions.

The 20 FFS established, ten for each rainy and dry season, were solution-focused initiatives that addressed soil fertility improvement using organic manure, integrated pest management, and micro-dosing of inorganic fertilizers. These best practices gained significant adoption in the communities due to their demonstrable positive impact on crop yields.

The post-distribution veterinary support provided to goat and poultry beneficiaries facilitated easy access to veterinary services, raising awareness on identifying and reporting animal diseases. This reduced community losses during disease outbreaks. The SAFE intervention targeted the protection risks associated with firewood collection. By reducing firewood collection outings by 58 percent, it effectively decreased the exposure of women and girls to related protection issues and minimized environmental consequences, such as desertification, through reduced tree felling.

Additionally, the FFV intervention played a crucial role in enhancing market linkages for both FAO and non-FAO-supported farmers engaged in fresh food production. As a result, a significant injection of NGN 107 million (USD 233 000) into the local economy was observed.

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

Under this project, implementing partners were trained on PSEA in the inception of the project with a focus on staff conduct and expected behaviours. A dedicated output on these cross-cutting components (PSEA, GBV, AAP) was embedded in the LoA for partners to deliver awareness and sensitization on SEA. Additionally, key messages for the awareness sessions included the right to humanitarian assistance without exploitation or abuse of beneficiaries' rights. Also, Information, Education and Communication (IEC) materials were designed with key messages on zero tolerance on SEA and measures put in place to report such misconduct, including reporting channels.

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

The Safe Access to Fuel and Energy funded by this project considered areas with high protection risk to target female-headed households to enhance their protection. In addition, SAFE and livestock restocking activities targeted the survivors of gender-based violence (GBV). FAO coordinated with the protection sector and obtained a list of GBV survivors through referral agencies. This aimed to empower those women and increase their livelihood assets, such as livestock they contribute to household income and reduce negative coping strategies they are forced to adopt.

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



#### e. People with disabilities (PwD):

Persons with disabilities were prioritized during beneficiaries' selections and identification for registration as well as participation in the community-based participatory approaches. Also, households with a person with disabilities were targeted for the intervention. A defined and inclusive beneficiary selection criteria was established to ensure the inclusion of vulnerable individuals such as persons with disabilities, survivors of GBV, child-headed households etc., while working closely with the representatives of persons with disabilities.

#### f. Protection:

Protection mainstreaming was strictly adhered to during the project implementation by ensuring principles of 'do no harm'. Partners and their volunteers were trained on protection for the implementation of safer project activities. Beneficiaries were treated with regard and respect from targeting to distribution of inputs. All distribution was conducted in an enabling environment and free from any hazards or risks.

#### g. Education:

None

### 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	49 000 individuals (7 000 HHs)

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

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

The purpose of the FFV was to increase access to fresh and diversified food items for vulnerable IDPs, returnees and host communities to improve their food and nutrition status during the lean season. The FFV Scheme enabled vulnerable households to receive a voucher which they exchanged for a basket of different varieties of fresh foods from a pre-selected fresh food vendors. This activity had two objectives. First, to support farmers with access to the market. Second, to support returnees, IDPs, host communities, children, and pregnant and lactating women vulnerable to malnutrition and food insecurity to access nutritious and diversified food. The households were selected from cereal kit beneficiaries of the 2022 rainy season in Damaturu, Monguno, Mafa, Ngala and Konduga LGAs of Yobe and Borno states. Each household was given conditional vouchers of NGN 15 000 (USD 35) to enable them to purchase fresh vegetables to supplement their diets for a one-off distribution. The FFV was also intended to prevent beneficiaries from consuming and/or selling the agricultural inputs (mainly improved seeds and fertilizer) provided by FAO for the rainy season due to the reduced availability of food. The FFV further supported each beneficiary with one tray of 30 eggs, one cabbage head and one basket of each of the following: beans, carrots, okra, onions, peppers, tomatoes and sweet potatoes.

Through this scheme, selected beneficiaries redeemed the FFV with pre-selected vendors linked with FAO-supported farmers from whom the vendors, when possible, sourced the required produce. FAO staff monitored the redemption process to ensure that it proceeded as intended.

#### Parameters of the used CVA modality:

Specified CVA activity	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
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(incl. activity # from results framework above)				
Distribution of FFV at the start of the lean season when food availability was at its lowest and prices were at their highest to enable the households to meet their food needs	5,502 female beneficiaries approx., (38 514) and 1 498 male beneficiaries approx. (10 486)	US\$ 233,000	Food Security - Agriculture	Restricted

## 9. Visibility of CERF-funded Activities

Title	Weblink
None	

## 3.2 Project Report 21-UF-IOM-022

1. Project Information			
Agency:	IOM	Country:	Nigeria
Sector/cluster:	Shelter and Non-Food Items	CERF project code:	21-UF-IOM-022
Project title:	Sustainable integration of internally displaced populations (IDPs) in north-east Nigeria (Shelter/Non-Food Items (NFI)		
Start date:	22/09/2021	End date:	21/09/2022
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 3,025,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 750,000
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
	Red Cross/Crescent Organisation		US\$ 0

## 2. Project Results Summary/Overall Performance

Through the shelter and non-food items (NFI) component, IOM provided an evidence-based model for addressing protracted displacement in north-east Nigeria through two approaches i.e. (i) the development of a settlement at Malkohi in Yola South Local Government Area of Adamawa State, and (ii) construction of shelters and sanitation facilities for IDPs in Pulka of Gwoza Local Government Area (LGA) of Borno State. Through this action, IOM reached 1,265 people living in Malkohi IDP settlement in Yola South Local Government Area of Adamawa State, and in Pulka Settlement of Gwoza LGA with transitional shelters to address the shelter needs and vulnerabilities, which are as a result of the ongoing conflict in North east Nigeria. To this end, IOM constructed 255 transitional mud-brick shelters in Malkohi IDP settlement in Yola South Local Government Area of Adamawa State, and in Pulka Settlement of Gwoza LGA. Additionally, IOM distributed 300 Improved NFI Kits in Malkohi IDP settlement in Yola South Local Government Area of Adamawa State, and in Pulka Settlement of Gwoza LGA. Through the distribution of Improved NFI Kits, IOM reached 959 people affected by the ongoing conflict in North east Nigeria in Malkohi IDP settlement in Pulka of Gwoza LGA of Borno State. A further 300 standalone latrines and 300 standalone shower spaces were constructed by IOM in Malkohi IDP and Gwoza Town of Gwoza LGA of Borno State. Overall, the project benefitted 1,022 households (4,269 individuals i.e. 825 women, 1,053 men, 1,110 girls, and 1,281 boys in Malkohi IDP settlement in Yola South, Pulka, Gwoza LGA, and Gwoza Town of Gwoza LGA.

IOM reached 1,265 people affected by the ongoing conflict in North east Nigeria with transitional mud-brick shelters, which include 1,265 IDPs (drawn from 222 households) living in two project locations i.e. 1,082 IDPs in camps and camp-like settlements in Malkohi IDP settlement (known locally as Malkohi New City) in Yola South Local Government Area of Adamawa State, and 183 IDPs in Pulka, Gwoza

LGA as part of the decongestion efforts to provide accommodation to the families living at the reception centre.. Overall, the 1,265 people reached include 312 men, 245 women, 380 boys, and 329 girls in 1,265 IDPs (drawn from 222 households) living in two project locations i.e. 1,082 IDPs in camps and camp-like settlements in Malkohi IDP settlement (known locally as Malkohi New City) in Yola South Local Government Area of Adamawa State, and 183 IDPs in Pulka, Gwoza LGA as part of the decongestion efforts to provide accommodation to the families living at the reception centre.

IOM constructed 255 transitional mud-brick shelters in two project locations i.e. 215 shelters for IDPs living in camps and camp-like settlements in Malkohi IDP settlement (known locally as Malkohi New City) in Yola South Local Government Area of Adamawa State, and 40 shelters for IDPs in Pulka, Gwoza LGA as part of the decongestion efforts to provide accommodation to the families living at the reception centre.

IOM distributed 300 Improved NFI Kits in two project locations i.e. 200 in-kind NFI kits in Malkohi IDP settlement (known locally as Malkohi New City) in Yola South Local Government Area of Adamawa State, and 100 in-kind NFI kits in Pulka of Gwoza LGA of Borno State as part of the decongestion efforts to provide accommodation to the families living at the reception centre.

IOM reached 959 people, drawn from 300 households that are affected by the ongoing conflict in North east Nigeria. This action targeted IDPs living in two project locations i.e. 627 affected people (200 households) in Malkohi IDP settlement (known locally as Malkohi New City) in Yola South Local Government Area of Adamawa State, and 328 individuals (100 households) in Pulka of Gwoza LGA of Borno State that were affected by closure of camps in Maiduguri and Jere by the Borno State Government in 2021-22. Overall, the 969 people reached include 155 men, 121 women, 188 boys, and 163 girls.

IOM constructed 300 standalone latrines in two project locations i.e. 185 standalone latrines for IDPs living in camps and camp-like settlements in Malkohi IDP settlement (known locally as Malkohi New City) in Yola South Local Government Area of Adamawa State, and 115 standalone latrines for IDPs in Gwoza Town of Gwoza LGA of Borno State that were affected by closure of camps in Maiduguri and Jere by the Borno State Government in 2021-22. Overall, the standalone latrines benefitted 300 households (2,045 individuals i.e. 550 men, 431 women, 668 boys, and 579 girls).

IOM constructed 300 standalone shower spaces in two project locations i.e. 185 standalone shower spaces for IDPs living in camps and camp-like settlements in Malkohi IDP settlement (known locally as Malkohi New City) in Yola South Local Government Area of Adamawa State, and 115 shower spaces for IDPs in Gwoza Town of Gwoza LGA of Borno State that were affected by closure of camps in Maiduguri and Jere by the Borno State Government in 2021-22. Overall, the standalone shower spaces benefitted 300 households (2,045 individuals i.e. 550 men, 431 women, 668 boys, and 579 girls).

These project achievements were realised during a period of 22-Sep-2021 to 21-Dec-2022 in Adamawa and Borno States in Northeast Nigeria, which have experienced conflict and environmental factors as major drivers of vulnerabilities related to inadequacy of shelter, household items and livelihoods.

### 3. Changes and Amendments

Two major factors affected the implementation of project activities:

- i. The rise in commodity prices as a result of the worldwide inflation led to the rise in cost of some of the essential materials needed for the construction of mudbrick shelters, latrines and showers, including corrugated iron sheets, timber, roofing nails for shelter-related items. There has also been a rise in costs of household items (including mosquito nets) for NFIs. The rise in fuel prices also had a domino effect on the prices of commodities and labour during the project implementation. This ultimately led to the reduction of some targets in order to realise the project objective.
- ii. Hydro-meteorological factors greatly impacted the construction of mudbrick shelters and sanitation facilities between June and September 2022 with strong winds, heavy rainfall and flash floods experienced in Borno and Adamawa States. Mudbrick construction in the rainy season is challenging because of the heavy dependence on the sun for drying and curing the bricks. Despite lengthening the moulding and drying periods for the bricks, wet conditions decreased the quality and durability of the end-product, resulting in bricks and walls that are not strong enough to guarantee the structural stability of the shelters, latrines,

and showers. Hydro-meteorological conditions resulted in the temporary suspension of mudbrick construction in the August and September (months with heaviest rainfall). Construction resumed in October (when the rainfall subsided), with the remainder of construction being completed in December 2022 following a 3-month no-cost extension.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Shelter and Non-Food Items									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	370	290	450	390	1,500	825	1,053	1,110	1,281	4,269
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
<b>Total</b>	<b>370</b>	<b>290</b>	<b>450</b>	<b>390</b>	<b>1,500</b>	<b>825</b>	<b>1,053</b>	<b>1,110</b>	<b>1,281</b>	<b>4,269</b>
<b>People with disabilities (PwD) out of the total</b>										
	19	15	23	20	77	13	8	20	15	56

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

## 5. People Indirectly Targeted by the Project

This project targeted people specifically-affected by the conflict in northeast Nigeria in three project locations i.e. IDPs in camps and camp-like settlements in Malkohi IDP settlement (known locally as Malkohi New City) in Yola South Local Government Area of Adamawa State, and IDPs in Pulka Settlement and Gwoza Town of Gwoza LGA that were displaced, following the closure of camps in Maiduguri and Jere by the Borno State Government. As such only direct beneficiaries (IDPs) in Yola South and Gwoza Local Government Areas were targeted.

## 6. CERF Results Framework

Project objective	The displaced households benefit from integrated services through a creation of a settlement in the local community.			
Output 1	Durable shelter and NFI solutions and sanitation facilities are provided			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	SN.1a Number of people benefitting from in-kind shelter assistance	1,650	1,265	Registration forms, distribution lists
Indicator 1.2	SN.1b Number of in-kind shelter kits distributed	300	255	Post construction reports
Indicator 1.3	SN.2b Number of in-kind NFI kits distributed	300	300	Distribution lists
Indicator 1.4	SN.2a Number of people benefitting from in-kind NFI assistance	1,650	959	Registration forms, distributions lists
Indicator 1.5	# of Latrine/shower units constructed	300	600	Construction reports
Explanation of output and indicators variance:		IOM constructed 255 transitional mud-brick shelters under Indicator 1.2, which is tracked as in-kind shelter kits. The working figure is 300 for Indicator 1.2. I believe there was an error of inputting into the system. The target in the proposal was 300, and not 1,650. Hence there was a deviation of 45 shelters from the planned target of 300 owing to the rising commodity prices for construction materials, labour and fuel. This was compensated with the over-achievement of Indicator 1.5 with the construction of 600 latrine/shower units i.e. 300 standalone latrines and 300 standalone shower spaces. There was no variation on Indicator 1.3 for the distribution of 300 Improved NFI Kits. However, the indicator for people benefitting from in-kind NFI assistance was supposed to read 1,650, and not 300. Owing to the relatively small family sizes in some of the households, the overall figure for the number of people was significantly-reduced to 959 people.		
Activities	Description	Implemented by		
Activity 1.1	Map existing pieces of land, engage in advocacy to secure the necessary land, and develop site plans for identified pieces of land for establishment of settlements	IOM		
Activity 1.2	Construct 300 transitional shelters along with supporting WaSH facilities (latrines/showers)	IOM		

Activity 1.3	Relocate the identified households into newly constructed kits and provide them with improved NFI kits (including blanket, sleeping mat, mattress, mosquito net, soap, sanitary pads, and kitchen utensils).	IOM
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## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>4</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

### a. Accountability to Affected People (AAP)<sup>5</sup>:

IOM ensured that the accountability to the affected population is upheld throughout all stages of the project life cycle. During the design of the project and throughout the planning stages, IOM promoted active participation and feedback from the targeted population in assessing their needs and specific vulnerabilities, including those of women, youth, elderly, and persons with disabilities, among others. This was realized through regular consultations via focus group discussions (FGDs), through which feedback was collected and used to improve the project. For example, the initial design of the shelters had an adjoining interior door to connect two-roomed shelters. However, given the cultural and privacy concerns raised by parents, the door was shifted to the outside, thereby leading to one structure with two doors on the outside. The community also requested for a veranda to be added given that the daytime temperatures in Northeast Nigeria are considerably high, and most families spend their time outside the house (in the veranda). The consultation on the latrine design also led to changes – upon request of the project participants, the latrine and shower areas were divided by a partition and the internal walls were fully plastered to protect the walls from moisture. Additionally, during the NFI hybrid implementation, the provision of mobile torch and solar system for protection and lighting purpose was as a result of consultations archived through FGD which promotes active participations across all age groups and gender. Lastly, the overall settlement plan, including the organization of family plots, water points and common facilities, location of access points and the plot and housing allocation approaches, was defined in close coordination with the project participants via the established project committee.

### b. AAP Feedback and Complaint Mechanisms:

IOM sought regular feedback from the targeted population during the implementation of the project, especially through the camp management committees. The target population was also encouraged to provide feedback or submit complaints through the community-based complaint and feedback mechanism such as through the key leaders in the IDP community, or administrative representative (locally known as the bulama). The structured complaints and feedback mechanism was managed by the IOM's Camp Coordination and Camp Management Unit, and was significant in identifying vulnerable members of the IDP community, which informed the selection process in the allocation of shelters. Prior to the commencement of the project, IOM had an already-established complaints and feedback mechanism (CFM) in many IDP sites across Adamawa and Borno States which has been functioning well as the two-way communication between the community and IOM. Complaints that are within the domain of IOM were referred to the respective units to address, while those within the domain of other agencies or the government were directed to the concerned parties. An example where CFM was useful in this project

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

<sup>5</sup> 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](#).



was the request for water on site, which resulted in the reticulation of water from the community centre to the Malkohi settlement to allow access to water. Of great significance was the role of the Project Committee, which is a joint group with both IDP and Host community representation. The Project Committee was in charge of making all decisions regarding the projects as well as raising concerns, including the issues of water.

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

The prevention of sexual exploitation and abuse was informed by the centrality of protection, which is the joint responsibility of all partners and requires coherent and complementary approaches. To this end, IOM worked with the protection sub-sector through the Mental Health and Psychosocial Support (MHPSS)/Protection Unit to raise PSEA awareness and build capacities of the teams that are charged with the responsibility of delivering services. This was aimed at enabling the teams identify sexual exploitation and abuse (SEA) concerns that may arise during the implementation of the project such as harassment, gender-based violence and SEA of women and girls. IOM made use of the existing inter-agency and sectoral referral mechanisms were put in place for the referral of any such incidents, including liaison with local authorities and gender focal points. The project further recognized that women and adolescent girls are at constant risk of violence due to gendered roles such as fetching water, going to the farm, fetching firewood and going to the latrines. As a mitigation measure, water was reticulated and provided on site at the Malkohi settlement to reduce the risk of women and girls to SEA while fetching water. Additionally, the project incorporated latrines and shower spaces, which were allocated to each household. This reduced the risk of exposure to SEA, which is associated with the use of sharing communal latrines and bathrooms. Under the NFI component, the design of the portable and household lighting was also adjusted with a detachable torch which could be used at night by women and girls when going to the latrine or shower. Other PSEA measures included proper briefing on the selection methods and the planned date, time and place of NFI distributions. During distributions, demonstrations and sensitization was undertaken to ensure that all beneficiaries understood what was included in the NFI kit. Following the completion of the construction of shelters and allocation, IOM will conduct an after-action review and surveys of success stories from beneficiaries to assess the appropriateness of the response. The feedback derived from the after-action surveys will be used to improve the design of shelters and the approach to the implementation of future projects.

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

IOM's commitment to preventing and mitigating Gender-based Violence in emergencies including in camps and camp-like settings is captured in its Institutional Framework for Addressing GBV in Crises (GBViC Framework). IOM's CCCM ad Shelter/NFI response includes the outlined mitigation measures in this Framework and works with various Protection and GBV actors in planning and implementation. Prevention of Sexual Exploitation and Abuse was factored in the project through the appropriate adaptation of shelter allocation and consultations during site planning. As part of GBV risk mitigation efforts, IOM conducted an independent participatory safety mapping exercise targeting the beneficiaries of the mudbrick shelters. The safety mapping exercise, which was spearheaded by the Mental Health and Psychosocial Support (MHPSS)/Protection Unit in Pulka of Gwoza LGA, aimed at improving the safety net strategy to prioritize the safety and dignity of the occupants avoid causing harm, while ensuring meaningful accessibility by the occupants and accountability to the affected population. The results of this exercise further informed the installation of preventive measures such as street lighting in the Malkohi settlement, and provision of detachable solar lights (torches) to the beneficiaries in Malkohi and Gwoza. Consultations with women and girls at the onset of the project also informed the orientation of latrines in each plot and the size and orientation of windows. Project participants in Malkohi were able to choose the preferred orientation of their shelters on the allocated plots, to maximize space for domestic activities as well as privacy which is a key concern for the participants. Water fetching points were installed at short distances from the residential areas to ensure safer access and included solar lighting for safety at night.

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#### **e. People with disabilities (PwD):**

The inclusion and consideration of PwD was closely-linked to AAP and was achieved through the mapping of community structures and FGDs. Discussions with IDP representatives, Persons With Specific Needs (such as PwD, child headed households, pregnant and lactating women) as well as other vulnerable groups ensured the community is fully involved in the decision making process. Specifically, Persons with Specific Needs such as PwD persons were allocated shelters near critical facilities such as water points and street lighting, whereas the nearby shelters to PwD's were allocated to caregivers and other extended family members to maintain the close family units and support structures. An assessment of the needs of people with disabilities was conducted in Malkohi during the project period to

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analyze the living conditions of the project participants in the camp before the relocation to the new houses, and the type of improvements they may need in the shelters and latrines following relocation.

#### **f. Protection:**

During a sudden-onset crisis like internal conflict where a large percentage of people are affected, the centrality of protection provides the grounds upon which the selection criteria can reach affected people, who by nature of their vulnerability puts them at more risk. Through assistance in the provision of shelters and NFIs, IOM targeted the specific needs of population groups in need of protection, such as female-headed households, PwDs, and the elderly. IOM further recognized that displacement has caused resources to shrink and tested the resilience of this vulnerable population. Besides the lack of income at household level to replenish the household items that were damaged or lost during the conflict, female-headed households, PwDs, and the elderly were at constant risk of violence in their quest to meet their basic needs while at the same time trying to cope with the strain of living under displacement conditions. To address this, IOM integrated the livelihood component in the Malkohi settlement, which will provide the much-needed means of livelihood the beneficiaries. The results of the independent participatory safety mapping exercise were also disseminated to the Sectors and subsectors, including CCCM, Shelter, NFI, Protection and Civil-Military Coordination. The coordination with the military was of particular importance because the independent survey reported that IDPs felt safe when there is presence of the military in guarding the perimeters of the towns against insurgent attacks.

#### **g. Education:**

The project considered education as one of the highlights during community consultations. From the feedback, the nearby education facilities in the host community were accessible to the IDPs that relocated to the Malkohi settlement, while those in Gwoza were also within close proximity to the settlement. Therefore, the existing arrangements were sustained in order to maintain continuity of education i.e. no separate arrangements or structures were initiated in this project to target education. Nonetheless, while being subjected the land availability, it is of interest that educational facilities and other structures that promote social cohesion can be considered within the design of the Phase II of the Malkohi settlement project.

### **8. Cash and Voucher Assistance (CVA)**

#### **Use of Cash and Voucher Assistance (CVA)?**

<b>Planned</b>	<b>Achieved</b>	<b>Total number of people receiving cash assistance:</b>
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	959

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 had not been planned in the original project design, however, its inclusion was informed by the FGDs that were undertaken with the target beneficiaries, including the independent participatory safety mapping exercise, which was spearheaded by the Mental Health and Psychosocial Support (MHPSS)/Protection Unit in Pulka of Gwoza LGA. Through community consultations, the NFI delivery approach was adjusted from being purely in-kind to hybrid, owing to the feedback derived from the target group, especially women and girls. During the project implementation period, IOM was able to improve the living conditions of 300 households (959 individuals) through the distribution of household items in the form of improved NFI kits. Under this activity, IOM distributed non-food items to 200 households (627 individuals) in Malkohi, and 100 households (328 individuals) in Pulka using the hybrid modality i.e. a combination of multi-purpose cash (aimed at purchasing household items) and in-kind NFIs at the same time. A cash amount of NGN 18,000 (USD 40) was disbursed to each beneficiary household through a financial service provider (FSP).

#### **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 in-kind NFI kits distributed	959	US\$ 40	Shelter and Non-Food Items	Unrestricted

## 9. Visibility of CERF-funded Activities

Title	Weblink
Facebook	<p><a href="https://fb.watch/iQlx-JooCj/">https://fb.watch/iQlx-JooCj/</a> Long-term, sustainable outcomes for displaced persons and migrants are integral to our durable solution drive.</p> <p><a href="https://fb.watch/iQIERyYu5Q/">https://fb.watch/iQIERyYu5Q/</a> Over 472,000 households affected by conflict in northeast Nigeria are in need of shelter assistance. <a href="https://www.facebook.com/100064288225639">https://www.facebook.com/100064288225639</a> Long-term, sustainable outcomes for displaced persons and migrants are integral to our durable solution drive.</p>
Twitter	<p><a href="https://twitter.com/IOM_Nigeria/status/1617903925470064641">https://twitter.com/IOM_Nigeria/status/1617903925470064641</a> Thanks to funding from @UNCERF and support by @Adamawa_Gov. @OCHANigeria</p> <p><a href="https://twitter.com/IOM_Nigeria/status/1623211336770416642">https://twitter.com/IOM_Nigeria/status/1623211336770416642</a> Long-term, sustainable outcomes for displaced persons and migrants are integral to our durable solution drive.</p> <p><a href="https://twitter.com/murima_p/status/1618969130199310336">https://twitter.com/murima_p/status/1618969130199310336</a> Women are at the centre of our efforts to bring lasting solutions to displaced populations in the NE.</p> <p><a href="https://twitter.com/IOM_Nigeria/status/1618241852821630976">https://twitter.com/IOM_Nigeria/status/1618241852821630976</a> The resilience of people displaced by conflict is largely determined by the resources at their disposal.</p> <p><a href="https://twitter.com/IOM_Nigeria/status/1618241860270698498">https://twitter.com/IOM_Nigeria/status/1618241860270698498</a> The facility will be run by 20 displaced families with the aim of improving their economic and social conditions and reducing their dependency on aid.</p> <p><a href="https://twitter.com/IOM_Nigeria/status/1617903906394345472">https://twitter.com/IOM_Nigeria/status/1617903906394345472</a> Helping people to rebuild their lives in the communities where they have sought refuge when it is not safe or feasible for them to return home is part of what we do at IOM.</p> <p><a href="https://twitter.com/IOM_Nigeria/status/1617903917089828864">https://twitter.com/IOM_Nigeria/status/1617903917089828864</a> We are happy to resettle 187 displaced families at the 215-housing unit in Malkohi New City, Yola as part of our durable solution</p> <p><a href="https://twitter.com/Ideboeck/status/1617864076339867648">https://twitter.com/Ideboeck/status/1617864076339867648</a> My visit goes on: handing-over 215 houses in Malkohi, with H.E. State Governor Alh Amadu Umaru Fintiri @GovernorAUF</p>

	<p><a href="https://twitter.com/UNmigration/status/1626536949669367808?t=kD4J7ytdmBmxbZBYkDv1Rg&amp;s=08">https://twitter.com/UNmigration/status/1626536949669367808?t=kD4J7ytdmBmxbZBYkDv1Rg&amp;s=08</a> Long-term, sustainable outcomes for displaced persons and migrants are integral to our durable solution drive.</p>
News	<p><a href="https://nigeria.iom.int/news/iom-provides-218-housing-units-internally-displaced-persons-malkohi-new-city-adamawa-state">https://nigeria.iom.int/news/iom-provides-218-housing-units-internally-displaced-persons-malkohi-new-city-adamawa-state</a> IOM Provides 218 Housing Units to Internally Displaced Persons in Malkohi New City - Adamawa State</p> <p><a href="https://independent.ng/iom-nigeria-provides-218-housing-units-to-idps-in-adamawa/">https://independent.ng/iom-nigeria-provides-218-housing-units-to-idps-in-adamawa/</a> IOM Nigeria Provides 218 Housing Units To IDPs In Adamawa</p>

### 3.3 Project Report 21-UF-IOM-031

1. Project Information			
Agency:	IOM	Country:	Nigeria
Sector/cluster:	Camp Coordination and Camp Management	CERF project code:	21-UF-IOM-031
Project title:	Improving the well-being of persons with disabilities in camp and camp-like settings		
Start date:	01/11/2021	End date:	31/10/2022
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 86,974,957
	Total funding received for agency's sector response to current emergency:		US\$ 30,438,006
	Amount received from CERF:		US\$ 600,000
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
	Red Cross/Crescent Organisation		US\$ 0

## 2. Project Results Summary/Overall Performance

Through this CERF Underfunded Emergencies grant, IOM provided assistive devices to 502 individuals; 323 individuals were assisted with specialised eye-care services; 162 persons with disabilities (PwDs) benefitted from shelter upgrades including non-food items (NFI), wooden beds, armrest chairs; IOM referred 15 persons with disabilities to various specialized services such as corrective surgery, hearing screening and audiological services, orthotics and prosthetics; and rehabilitated 100 Water, Sanitation and Hygiene (WASH) structures for enhanced accessibility to WASH services for persons with disabilities.

The project improved the well-being of 986 persons with disabilities in Government Senior Science Secondary School (GSSSS) camp Bama, Gwoza Wakane Pri. School, and GSS Camp Gwoza, in Bama and Gwoza Local Government Areas (LGAs), in Northeast Nigeria between November 2021 and September 2022. IOM was able to exceed the total targeted number of beneficiaries with about 87 additional persons. This was made possible due to a partnership with the local government hospitals in the project locations to carry out both minor and major eye surgeries. IOM opted for this approach due to the identified large number of persons with visual impairments. This was against the planned cost-intensive referrals of all cases from the project locations in remote LGAs to the medical facilities in the state capital. Furthermore, for the different categories of walking aids that were procured in pairs (i.e. the elbow and underarm crutches), some of the assisted persons, who had minor difficulty walking, required only a single crutch, hence, two such individuals benefitted from a pair. In addition, the shelter improvement response of the project had three sub-components – NFI, wooden beds, and armrest chairs. Some of the assisted persons needed only one component of the entire shelter improvement package, hence, IOM was able to reach more PwDs with a single component of the shelter improvement response.

### **3. Changes and Amendments**

The project was implemented devoid of any changes and amendments.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Camp Coordination and Camp Management									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	2,500	1,900	3,000	2,600	10,000	20,004	12,206	23,242	19,754	75,206
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
<b>Total</b>	<b>2,500</b>	<b>1,900</b>	<b>3,000</b>	<b>2,600</b>	<b>10,000</b>	20,004	12,206	23,242	19,754	75,206
<b>People with disabilities (PwD) out of the total</b>										
	225	171	270	234	900	420	468	60	38	986

\* 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

Given the nature of the project and the fact that it is comprised of various components, no distinction was made in relation to categorizing the affected population into direct/indirect beneficiaries as some form of the interventions benefitted the whole population of the camp. Under this project, IOM considered the displaced population in the camps and camp-like settings as both direct and indirect beneficiaries of the various forms of assistance provided in this project. 75,206 (43,246 females, 31,960 males) camp residents benefitted from various site improvement works like the rehabilitation of sanitation facilities, installed benches, solar lights, and a pedestrian bridge. Furthermore, 52 humanitarian workers (19 females, 33 males) comprising staff from United Nations organizations/agencies, non-governmental organizations (NGOs), and civil society organizations (CSO) benefited from the training on Disability Inclusion to increase their understanding of the concept of disability programming and how to mainstream disability inclusion in programmatic interventions.

## 6. CERF Results Framework

Project objective	Improving access to services and identifying and responding to the needs of persons with disabilities			
Output 1	Persons with disabilities and their needs are identified and assessed			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Camp Coordination and Camp Management			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of assessments/surveys of people with disabilities conducted in camp/resettlement area	4	4	Disability Inclusion Report
Explanation of output and indicators variance:		IOM conducted a Shelter baseline assessment, disability inclusion assessment, Shelter assessment, and awareness meetings that were conducted to enhance the inclusion and participation of persons with disabilities) – in GSSSS camp Bama, Gwoza Wakane Pri. Sch., and GSS Camp Gwoza in Bama and Gwoza LGAs, Borno State. 581 (310 females, 270 males, 1 undisclosed) persons with disabilities were assessed to determine what kind of challenges they face in terms of accessibility, barriers, and the type of support they required. 5.34 percent of those assessed had difficulty with self-care, 6.27 percent had difficulty walking or climbing steps, another 6.39 percent had difficulty remembering or concentrating, 17.19 percent had difficulty seeing, 28.34 percent had difficulty hearing, and 36.47 percent of the persons assessed had difficulty understanding or being understood.		
Activities	Description	Implemented by		
Activity 1.1	Identification and assessment of persons with disabilities and their needs	IOM implemented the activity, in some cases (such as during community engagement, shelter assessment facilitated by the project team members, and secondary data from IOM Shelter team), through the deployment of trained independent data collectors/enumerators to the project locations to collect specified data on persons with disabilities.		
Output 2	Needs of persons with disabilities are addressed and referred to specialized agencies and relevant sectors			



Was the planned output changed through a reprogramming after the application stage?

Yes ☐

No ☒

Sector/cluster	Camp Coordination and Camp Management			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	% of persons with disabilities in camp/resettlement area where needs and cases referred to specialized organizations, OPDs or other relevant stakeholders	100%	100%	Disability Inclusion Project Report
Indicator 2.2	# of persons with disabilities in camp/resettlement area provided with assistive devices	150	502	Disability Inclusion Project Report
Indicator 2.3	% of persons with disabilities in camp/resettlement area referred to specialized organizations and receiving care,	75%	96.30%	Disability Inclusion Project Report

**Explanation of output and indicators variance:**

At the inception of the implementation, IOM mapped out eight outpatient departments (OPDs) and other disability-focused NGOs and service providers such as hospitals and healthcare centres who are specialized in supporting persons with disabilities in Maiduguri or Northeast Nigeria that could be used for referral of the identified persons with disabilities that needed specialized services. The institutions mapped out are 1) the University of Maiduguri Teaching Hospital (UMTH), 2) Physical Rehabilitation Centre (PRC), 3) Specialised Hospital, 4) Alpine Hospital, 5) Hallmark, 6) Joint National Association of Persons with Disabilities (JONAPWD), 7) Cedar Foundation for Disability, and 8) Christian Blind Mission (CBM).

All the 263 assessed persons with disabilities, who required specialised services, were referred to specialised organizations for medical care. 28 people assessed with physical disabilities and challenges that needed orthopedic interventions or provision of orthotic and prosthetic interventions, audiological screening, and assessments were referred to the University of Maiduguri Teaching Hospital (UMTH), Physical Rehabilitation Centre, and Alpine Hospital. Of the 28 people referred, 15 received the required medical attention while 13 cases could not be serviced due to internal complexities within the University of Maiduguri Teaching Hospital (UMTH).

235 people assessed with eye problems such as cataracts, trachoma, and other eye health-related conditions benefitted from the services of an ophthalmologist and an optometrist at the government hospitals in the project locations. In addition, 88 unassessed individuals who required minor eye surgeries and conservative treatments benefitted from the required medical services.

502 individuals (235 women, 267 men) from Bama and Gwoza LGAs, were provided with assistive devices such as wheelchairs, locally fabricated tricycles, commode chairs, cerebral palsy chairs, elbow crutches, underarm crutches, walking sticks, white canes, walking frames, and pushcarts. For the different categories of walking aids that were procured in pairs (i.e., the elbow

		and underarm crutches), some of the assisted persons, who had difficulty walking, required only a single crutch, hence, two individuals benefitted from a pair, hence a large number of people were reached.
Activities	Description	Implemented by
Activity 2.1	Referrals of PwD needs to hospitals if need be, specialized services and other relevant services according to their needs	IOM referred the identified PwDs in need of orthopaedic interventions or provision of orthotic and prosthetic interventions, audiological screening, and assessments to the UMT, Physical Rehabilitation Centre, and Alpine Hospital while PwDs with eye problems such as cataracts, trachoma, and other eye health-related conditions received medical attention from an Ophthalmologist and an Optometrist at the government hospitals in Gwoza and Bama LGAs.
Activity 2.2	Provision of assistive devices	IOM provided assistive devices to 502 individuals.
Activity 2.3	Support with the treatment fees for counselors, doctors, hospitals, support facilities	IOM, through the grant, supported the treatment fees for 11 medical personnel who provided services to 568 beneficiaries (323 individuals who required Specialized Eye care services and 263 individuals who required orthopedic and audiological interventions).  1 ophthalmologist, 1 optometrist, 1 orthopedic surgeon, 1 orthopedic technician, 1 ENT specialist, 1 general practitioner, 1 psychiatrist, 2 nurses & 2 theatre aids engaged and for the support facilities such as, but not limited to, the sickbay and ambulances used.

Output 3	Camp environment for persons with disabilities is safe and secure through site improvements/upgrades			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Camp Coordination and Camp Management			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	CM.3 Number of displacement sites with physical site improvements (upgrades and site improvements for better accessibility )	3	3	Disability Inclusion Project Report
Indicator 3.2	# of camps provided with latrines improved with hand rails and pathways	3	3	Disability Inclusion Project Report
Indicator 3.3	# of persons with disabilities in camp/resettlement area benefitting from shelter improvements	150	162	Disability Inclusion Project Report
Indicator 3.4	WS.2 Number of WASH structures (e.g. latrines) constructed or rehabilitated that are accessible to persons with disabilities	100	130	Disability Inclusion Project Report
Explanation of output and indicators variance:		Output		

<p>IOM activities through this project improved the camp environment for persons with disabilities to be safe and secure through site improvements/upgrades such as the installation of a pedestrian bridge, 100 metal benches, and 30 solar lights, which were implemented in GSSSS camp Bama, Gwoza Wakane Pri. School, and GSS Camp Gwoza in Bama and Gwoza LGAs. To add to this, the physical accessibility of 70 sanitation blocks in the three project sites was enhanced through the installation of handrails and ramps.</p> <p>Indicators</p> <p>IOM conducted activities in three displacement sites with physical site improvements (upgrades and site improvements for better accessibility). In addition, three camps were provided with latrines and improved with handrails and pathways. Furthermore, 162 PwDs benefited from shelter improvement works including the installation of wooden beds and armrest chairs, provision of non-food items, and construction/rehabilitation of 130 WASH structures and pathways by leveling and backfilling them with sand and gravel. Solar lights were also installed to enhance protection. For Bama, where the military did not approve of the installation of solar lights, IOM distributed 1,000 solar lamps to PwDs. The shelter improvement response of the project had three sub-components – non-food items, wooden beds, and armrest chairs. Some of the assisted persons needed only one component of the entire shelter improvement package, hence, IOM was able to reach more PwDs with a single component of the shelter improvement response.</p>		
Activities	Description	Implemented by
Activity 3.1	Assessment of camps and consultations with communities	IOM conducted assessments in the IDP camps in Bama and Gwoza LGAs through its trained enumerators on disability inclusion using Kobo Collect Tool for data collection. Furthermore, IOM conducted two awareness-raising meetings in Bama and Gwoza which were attended by many persons with disabilities and other members of the communities including local authorities. These awareness-raising meetings enhanced the inclusion and participation of persons with disabilities.
Activity 3.2	Site improvements and upgrade of common facilities	IOM engaged six community members via cash-for-work to reinforce the shelters inhabited by PwDs and the construction of a pedestrian bridge.
Activity 3.3	Rehabilitation of WASH structures	IOM engaged community members (125 skilled and unskilled workers) to rehabilitate WASH structures across four sites in the two project locations via cash-for-work to rehabilitate the WASH structures. Furthermore, contractors were engaged in the installation of ramps and rails, and solar lights in and around the sanitation facilities.

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>6</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

#### **a. Accountability to Affected People (AAP)<sup>7</sup>:**

In addition to strengthening the accountability to the affected populations (AAP) structures specific to the context of the project during implementation, from the onset, and through the project life cycle, IOM held consultations with organizations of people with disabilities (OPDs) and the beneficiaries as well. Moreover, IOM ensured the involvement of all groups through all phases of project implementation through key informant interviews (KIIs), and focus group discussions with these groups (e.g. on the design of the shelter, the layout of the site, provision of assistive devices). Similarly, assessments were conducted and beneficiaries with various disabilities were engaged before tailoring interventions to their specific needs. Awareness meetings were conducted to enhance the inclusion and participation of persons with disabilities. The consultations with the affected population took the forms of FGDs, awareness raising sessions, assessments, and specific meetings with OPDs (organizations of people with Disabilities). Awareness meetings were conducted to enhance the inclusion and participation of persons with disabilities. The awareness-raising sessions held with the affected population weren't limited to the people with disabilities but was open to the general public with the intent of educating the masses on the existence of various forms of disability and how to support the affected ones. Two visits were conducted for this purpose by the project consultant, but also during the outreach clinics these sessions continued to be undertaken. These were attended by many persons with disabilities and other members of the communities. Similarly, assessments were conducted and captured the number of persons with disabilities (prevalence) but also assessed the barriers and other issues and concerns of persons with disabilities the camps.

#### **b. AAP Feedback and Complaint Mechanisms:**

The project utilized the existing IOM established AAP structures and reporting mechanisms to seek regular feedback from the targeted population during the implementation of the project, including through camp management committees. Affected populations provided feedback or submitted complaints through suggestion boxes or other elements of the existing community-based complaint and feedback mechanism, managed by the IOM CCCM. All complaints and feedback received were recorded in an online database for ease of tracking and follow-up.

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

In adherence to IOM's policy of zero tolerance of sexual exploitation and abuse (SEA) the action ensured that gender-based violence (GBV) and SEA risks were minimized in the project locations through the dissemination of messages on PSEA targeting all community groups, implementation of relevant mainstreaming and decongestion guidelines as well as due considerations given in the allocation of shelters and planning of activities. Moreover, messages were disseminated by staff who were trained on PSEA.

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

The project promoted the protection of women and girls throughout all the assistance that was provided. Women and girls with disabilities who participated in the assessments in particular were prioritized for the assistance. As the project specifically targeted all persons with disabilities, the vulnerability criteria for assistance also included older people, children, women, and girls. Through assistance such as mobility devices, women and children were enabled to freely and independently move around without a caregiver or continuously staying

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

<sup>7</sup> 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](#).

inside their shelter. For shelters that were rehabilitated, women or girls would have more privacy or safety as the shelter received additional partitioning (tarpaulins) or was repaired. Solar lights that were provided increased the safety for women and girls when they need to use the latrines at night or inside their shelters.

#### e. People with disabilities (PwD):

This project targeted only persons with various forms of disabilities. The project deliverables were tailored towards meeting their needs with the aim of ensuring accessibility across sub-groups with special needs. Needs of PwDs were accounted for in site improvements and upgrade of common facilities & rehabilitation of WASH structures as well as in the provision of assistive devices.

#### f. Protection:

Throughout the implementation phase of the project, IOM worked very closely with the community members and with relevant sectors, including the GBV Sub Sector. IOM ensured that the design of shelters under the shelter rehabilitation activities and WASH facilities took into account GBV and protection considerations. Repairs will address protection concerns, i.e. by including locking mechanisms for doors, sex-segregated latrines, and showers.

#### g. Education:

To increase their understanding of the concept of disability programming and how to mainstream disability inclusion in programmatic interventions, 52 humanitarian workers (19 females, 33 males) comprising staff from UN, INGOs, NGOs, and CSO agencies/organizations in Borno State benefited from the training on Disability Inclusion. After the training session, IOM surveyed the humanitarian workers who were trained in Disability Inclusion to ascertain their impression of the project. 15 aid workers representing 11 organizations participated in the survey. The outcome of the survey revealed that all 11 respondents affirmed that the training was *very impactful* while the other four respondents said the training was *impactful* and all 15 respondents agreed that the training will be helpful to their respective organization's programming. This pilot project revealed that there are opportunities for expanding disability inclusion programming and adapting more innovative approaches to addressing the existing gaps

## 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 included in this project based on the following:

- Most of the activities were concentrated in Bama & Gwoza, where the market was not robust for a massive cash injection.
- There was no connectivity or existing Financial Service Provider or institutions that could have been used for cash disbursement in the project locations. The only option would have been cash in envelope (direct distribution) which would have posed extreme security risks to staff and beneficiaries in this context.

### 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
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**9. Visibility of CERF-funded Activities**

Title	Weblink
Facebook post 1 Facebook post 2	Facebook post 1 Facebook post 2
<a href="https://twitter.com/IOM_Nigeria/status/1576893382391398400">https://twitter.com/IOM_Nigeria/status/1576893382391398400</a> <a href="https://twitter.com/IOM_Nigeria/status/1576893362182840321">https://twitter.com/IOM_Nigeria/status/1576893362182840321</a> <a href="https://twitter.com/IOM_Nigeria/status/1566804801228361735">https://twitter.com/IOM_Nigeria/status/1566804801228361735</a> <a href="https://twitter.com/IOM_Nigeria/status/1562758152927719425">https://twitter.com/IOM_Nigeria/status/1562758152927719425</a>	<a href="https://twitter.com/IOM_Nigeria/status/1576893382391398400">https://twitter.com/IOM_Nigeria/status/1576893382391398400</a> <a href="https://twitter.com/IOM_Nigeria/status/1576893362182840321">https://twitter.com/IOM_Nigeria/status/1576893362182840321</a> <a href="https://twitter.com/IOM_Nigeria/status/1566804801228361735">https://twitter.com/IOM_Nigeria/status/1566804801228361735</a> <a href="https://twitter.com/IOM_Nigeria/status/1562758152927719425">https://twitter.com/IOM_Nigeria/status/1562758152927719425</a>

### 3.4 Project Report 21-UF-FPA-022

1. Project Information			
Agency:	UNFPA	Country:	Nigeria
Sector/cluster:	Health - Sexual and Reproductive Health Protection - Gender-Based Violence	CERF project code:	21-UF-FPA-022
Project title:	Providing timely and integrated life-saving multi-sector Gender-Based Violence (GBV) and sexual and Reproductive Health (SRH) services for survivors and individuals at risk in Borno, Adamawa and Yobe States		
Start date:	22/09/2021	End date:	21/09/2022
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 21,880,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 2,194,855
	Total CERF funds sub-granted to implementing partners:		US\$ 1,693,620
	Government Partners		US\$ 254,000
	International NGOs		US\$ 46,400
	National NGOs		US\$ 1,333,220
	Red Cross/Crescent Organisation		US\$ 60,000

### 2. Project Results Summary/Overall Performance

UNFPA through its implementing partners managed to reach a total of **691,287** of which 364 were PLWD with GBV prevention and response services including on prevention from sexual exploitation and abuse in Borno, Adamawa and Yobe states within the project period. Among these, 53,938 persons were supported with at least one core GBV services (case management, psycho-social support, health including clinical management of rape, safe shelter, livelihoods, legal); 55,652 women and girls benefitted from various services being provided at the women and girls safe spaces and/or centres; 539,339 community members were reached with life-saving GBV/PSEA/SRH and COVID-19 messages through mass awareness-raising and/or messaging on prevention and access to services.

On SRH, UNFPA managed to reach a total of **507,719** (246 were PLWD) with life-saving Sexual and Reproductive Health services in the designated LGAs across the BAY states within the project period. Of these, a total of 9,712 pregnant women were supported to receive clean and safe delivery services in UNFPA supported health facilities including mobile outreach services; 120 frontline health workers trained on MISP for reproductive health including on active management of the third stage of labour (AMTSL); 481,950 Number of people reached through awareness-raising and/or messaging on prevention and access to services (life-saving SRH, ASH, COVID-19 prevention and family planning messages.). A total of 984,650 persons were also supported to receive various services enabled by inter-agency emergency reproductive health kits as reported by other actors through the 5W reporting mechanisms.

### **3. Changes and Amendments**

Following the new displacement of a population of over 50,000 persons in Adamawa state following inter-communal conflict, critical needs on the provision of GBV and SRH were identified that needed urgent attention. Furthermore, an impending gap in SRH service delivery was also reported from the integrated health facility in Jere, Borno State. The GBV Sub-Sector had also conducted a GBV safety audit that identified critical life-saving GBV needs in Fufore IDP camp in Adamawa State that's required urgent attention.

This needs and gaps occasioned UNFPA to request CERF secretariat to re-programme funds placed on a previously planned activity in the CERF allocation to cover for the emerging needs identified above. Analysis of the in-country supply chain indicated that there was an over-stocking of Reproductive Health Kits procured from other funds which have a tendency to expire if not utilized within the period of shelf-life. A total of \$496,799 that had been budgeted for the procurement of Reproductive Health Kits were thus approved by CERF secretariat for re-programming.



#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Protection - Gender-Based Violence									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	5,313	2,656	3,984	1,328	13,281	51,847	17,628	25,923	8,295	103,693
Internally displaced people	8,219	4,109	6,165	2,054	20,547	82,678	23,849	36,569	15,900	158,996
Host communities	17,719	8,859	13,290	4,429	44,297	211,386	71,754	111,562	33,895	428,597
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>31,251</b>	<b>15,624</b>	<b>23,439</b>	<b>7,811</b>	<b>78,125</b>	<b>345,911</b>	<b>113,231</b>	<b>174,054</b>	<b>58,090</b>	<b>691,286</b>
<b>People with disabilities (PwD) out of the total</b>										
	4,688	2,343	3,516	1,172	11,719	2,272	655	1,005	437	4,369

  

Sector/cluster	Health - Sexual and Reproductive Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	6,744	3,372	5,057	1,686	16,859	40,262	11,614	17,808	7,743	77,427
Internally displaced people	10,433	5,219	7,828	2,603	26,083	66,003	19,039	29,194	12,693	126,929
Host communities	22,493	11,246	16,870	5,623	56,232	157,748	45,504	69,773	30,336	303,361
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>39,670</b>	<b>19,837</b>	<b>29,755</b>	<b>9,912</b>	<b>99,174</b>	<b>264,013</b>	<b>76,157</b>	<b>116,775</b>	<b>50,772</b>	<b>507,717</b>
<b>People with disabilities (PwD) out of the total</b>										
	5,950	2,975	4,464	1,487	14,876	1,980	571	876	381	3,808

\* 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

Men and boys also expectedly benefitted indirectly through the various services that were provided, including GBV case management, training and awareness raising sessions. Members of the host communities also benefitted directly and indirectly as this project also targeted a number of host community sites. Women led organizations coordinating community-based interventions, staff members in the community-based organizations and social workers in managing various forms of services in the safe spaces. A total of 177,299 (103,449 women, 47,931 girls, 17,879 men, 10,506 boys) members of the community benefitted indirectly from this intervention.

## 6. CERF Results Framework

Project objective	To provide an integrated service package cover essentials SRH and GBV needs of the conflict affected population, especially women and girls in the States of Adamawa, Borno and Yobe.			
Output 1	Provide comprehensive set of survivor-centred GBV/SRH response services ( mental health and psychosocial, legal, security, safety) for survivors of GBV.			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Protection - Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	PS.2 Number of people benefitting from core GBV services (e.g. case management, psycho-social support, clinical management of rape, PEP, etc.)	43,000	53,938	GBVMIS Data
Indicator 1.2	PS.1a Number of people benefitting from safe spaces and/or centres	40,000	55,652	Programeme monitoring data
Indicator 1.3	PS.1b Number of safe spaces and/or centres constructed or rehabilitated (7 SARC and 7 WGSS)	14	14	Contract award documents
Indicator 1.4	SP.1a Number of menstrual hygiene management kits and/or dignity kits distributed	5000	5,000	Post distribution report
Indicator 1.5	SP.1b Number of people benefitting from menstrual hygiene management kits and/or dignity kits	5000	5,000	Distribution report/program monitoring data
Indicator 1.6	Number of women provided with skills training and assistance to increase safe socio-economic/livelihood/income generation opportunities	100	50	Program monitoring data
Indicator 1.7	CC.1 Number of frontline aid workers (GBV Case workers) who received short refresher training to support programme implementation	50	115	Training report
Explanation of output and indicators variance:		1.1 Increasing number of GBV cases exacerbated by climate change resultant effects, such as flood menace in some project locations has disproportionately increased number of survivors accessing services.		

	<p><b>1.2:</b> The variance was associated with increasing number of GBV cases as described in (1.1); in addition to the hiking prices of commodities, altogether propelling the GBV incidences, especially IPV/SV among supported communities</p> <p><b>1.6:</b> Through the effort of community sensitisation, more women and girls are aware of the availability of GBV response centres such as Women and Girls Safe Spaces (WGSS) and are increasingly accessing such facilities to learn income generating skills to meet their daily needs. This has greatly reduced inter and intra gender dependency for peace building and resilience among supported communities</p> <p><b>1.7:</b> Upholding quality service delivery across the supported facilities has necessitated scale-up of training to different frontline aid workers, to ensure that survivors of GBV have received high quality protection and response services; using state-of-the-art and globally accepted case management strategies and methodologies.</p>
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Activities	Description	Implemented by
Activity 1.1	Support SARC, OSC and WGSS to providing GBV case management services to women, girls, men and boys.	CPRH, AHI, RHHF
Activity 1.2	Hold monthly GBV case conference meeting	UNFPA/GBVSS
Activity 1.3	Establish a GBV call centre in Borno	Borno State Government
Activity 1.4	Support skills development training and life skill sessions for 50 women and 50 adolescent girls in women empowerment centres and in WGSS.	RHHF
Activity 1.5	Undertake quarterly supervision support and staff care for GBV case workers by an MHPSS Specialist/ Stress Counsellor	RHHF
Activity 1.6	Support monthly charges for the toll-free line and call centre @\$600 monthly for 3 states for 9 months	RHHF
Activity 1.7	Procure and distribute standardized dignity kits including reusable pads, facemasks, sanitizers for women and girls	RHHF
Activity 1.8	Procure and supply critical COVID-19 supplies (hand sanitizers, antiseptic hand wash solutions)	RHHF
Activity 1.9	Train and mobilize GBV case workers to provide mental health and psychosocial support and case management to GBV survivors in newly accessible and areas of returns	AHI/MOWASD

Output 2	Strengthen the capacity of community members and engage Men and boys as agents of change in GBV prevention and response.			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Health - Sexual and Reproductive Health			
Indicators	Description	Target	Achieved	Source of verification

Indicator 2.1	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation(Engaging Men in Accountable Practise (EMAP))	11	11	Training report
Indicator 2.2	Number of Women and men engaged in the EMAP discussion session	90 (45F/45M)	90(45F/45M)	EMAP participants enrolment form and weekly attendance
Indicator 2.3	Number of community leaders, community members, and existing women's groups and leaders (female and male) introduced to EMAP	180 (80F/100M)	180 (80F/100M)	EMAP programme attendance sheet
Indicator 2.4	CC.2 Number of people reached through awareness-raising and/or messaging on prevention and access to services	25,000	25,000	Radio jingles broadcasted
Indicator 2.5	Number of adolescent girls and boys benefiting from school based GBV activities.	200 (100F/100M)	200 (100F/100M)	Training report
Indicator 2.6	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (non-specialized GBV frontline workers trained on GBV prevention and response including on referral pathway)	60	60	Training report
Indicator 2.7	Number of safety audit/monitoring conducted.	3	3	Audit report
Indicator 2.8	CC.2 Number of people reached through awareness-raising and/or messaging on prevention and access to services (life-saving GBV/PSEA/SRH and COVID-19 messages)	10,000	10,000	Monitoring data

**Explanation of output and indicators variance:**

Activities	Description	Implemented by
Activity 2.1	Undertake a 4-week training for 12 EMAP facilitators and supervisors (To be done jointly in one location by a trained EMAP consultant)	Clear view foundation
Activity 2.2	Introduction of EMAP to community leaders, community members, and existing women's groups and leaders. (180 persons; 60 persons per state)	Clear view foundation in Adamwa state
Activity 2.3	Establish and hold single sex discussion group for women (80 Persons) led by a female facilitator (for 8 weeks)	Clear view foundation ( 4 female groups of 25 participants were established)
Activity 2.4	Establish and hold single sex discussion group for men (80 Persons) led by a male facilitator (for 16 weeks)	Clear view foundation (4 male groups of 25 participants were established)

Activity 2.5	Conduct Training sessions for 60 Men & Boys on caring for male GBV survivors (30 in Borno State and 15 each of Adamawa and Yobe state)	Clear View Foundation
Activity 2.6	Establish and support 10 school clubs for boys and girls to prevent GBV in school milieu ( 5 Borno, 3 Adamawa and 2 Yobe state, persons per club – 10 girls and 10 boys)	AHI
Activity 2.7	Conduct mass awareness campaigns on GBV/PSEA and SRH including on COVID-19 (Held in WGFS & through mass media (radios jiggles etc.) & use of IEC materials); (To target 10,000)	AHI
Activity 2.8	Engage and support 50 community-based protection groups to sensitize the community on GBV/PSEA and to provide referral information and support to survivors of GBV.	AHI
Activity 2.9	Train 60 (30 in Borno State and 15 each of Adamawa and Yobe state) non GBV frontline workers across BAY state on on GBV referral pathways and on how to facilitate GBV disclosures using the GBV pocket guide	AHI

Output 3	Strengthen Community-based complaints mechanism and capacity of local women-lead organization on PSEA reporting mechanisms.			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Protection - Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of women-led community-based orgs trained on PSEA	3 Women lead org (one per state)	5(25 participants from 5 WLO were on PSEA( 3 in Maiduguri, 1 Adamawa and 1 Yobe)	Training report and attendance sheet.
Indicator 3.2	CC.2 Number of people reached through awareness-raising and/or messaging on prevention and access to services (PSEA by women-lead organization in 3 states)	1,500	1,580	Pictures and activity report.
Indicator 3.3	Number of IDP sites with established Community based complaint mechanisms that are functioning	15 IDP sites (5 per state)	15	Programme reports
Indicator 3.4	AP.2a Number of affected people who state that they are aware of feedback and complaints mechanisms established for their use	To be determined through a quick random survey	480	Sampling report
Indicator 3.5	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme	75	80	Capacity building repository

	implementation (code of conduct including on PSEA mainstreaming)			
<b>Explanation of output and indicators variance:</b>				
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Identify, Train and engage three local women-lead community based organisations on PSEA mechanisms	UNFPA, REBHI		
Activity 3.2	Design key messages (IEC materials etc) on PSEA and undertake community awareness raising sessions among the IDPs and members of the host community	MWASD		
Activity 3.3	Support establishment of Community based complaint mechanisms in 15 IDP sites	MWASD		
Activity 3.4	Train and orient 75 humanitarian workers from local NGOs working with different sector on code of conduct including on PSEA mainstreaming.	MWASD		

<b>Output 4</b>	Strengthen inter-agency GBV coordination to improve access to quality life-saving and well-coordinated GBV multi-sectoral prevention and response services for survivors and individuals at risk
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<b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>Sector/cluster</b>	Protection - Gender-Based Violence			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 4.1	PP.1a Number of referral pathways established and regularly updated	5	5	Referral pathway document
Indicator 4.2	PP.1b Number of people benefitting from referral pathways	To be deduced from the case management indicator	2500	GBVIMS Data
Indicator 4.3	Number of GBV sub sector coordination meetings and forums held with key stakeholders.	36	36	Meeting minute.
Indicator 4.4	Number of Partners enrolled and implementing the GBVIMS+	15	15	GBVIMS Signed ISP
Indicator 4.5	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (GBVIMS+/Primero)	60	60	Training report and attendance.
Indicator 4.6	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (GBV case workers on remote case management)	90	90	Training report and attendance.
<b>Explanation of output and indicators variance:</b>				
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 4.1	Hold GBV case conference meeting	MWASD		

Activity 4.2	Hold Monthly GBV Sub-sector coordination meetings with all GBV actors and relevant stakeholders	MWASD
Activity 4.3	Conduct quarterly coordination and reflection meetings for SARC/OSC stakeholders to address key challenges.	Borno State Government
Activity 4.4	In collaboration with the GBV and CP Sub sector, Support existing call centre for scale-up into a 24hr GBV call centre	MWASD
Activity 4.5	Develop protocols (SOP,TOR etc) for the running of the GBV call centre	MWASD
Activity 4.6	Conduct remote case management TOT for Case management staffs including existing pool of trainers (90 Pax – 30 per state)	UNFPA
Activity 4.7	Conduct an Intensive GBVIMS/GBVIMS+ training for 60 partners in Yobe & Adamawa	UNFPA
Activity 4.8	Renewal of the existing GBVIMS+/primero contract for the year 2022.+.	UNFPA

<b>Output 5</b>	Increased access to SRH services including, adolescent sexual and reproductive health (ASRH) family planning and fistula care in humanitarian setting
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Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>Sector/cluster</b>	Health - Sexual and Reproductive Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 5.1	CC.2 Number of people reached through awareness-raising and/or messaging on prevention and access to services (life-saving SRH, ASH, COVID-19 prevention and family planning messages.)	46,000	46,000	Monitoring data
Indicator 5.2	SP.2a Number of inter-agency emergency reproductive health kits delivered (see budget for # of kits by type of kit)	416	416	RH Kits Distribution Plan
Indicator 5.3	SP.2b Number of people benefiting from services enabled by inter-agency emergency reproductive health kits	993,750	993,750	Service delivery summary
Indicator 5.4	# of pregnant women who utilize clean and safe delivery services in supported facilities and mobile outreach services	4,600	4,600	Monitoring data
Indicator 5.5	# of survivors of sexual violence treated in assisted health care facilities	2,392	2,392	Monitoring data
Indicator 5.6	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher	120	120	Training report

	training to support programme implementation (health care workers on the MISP for reproductive health, Clinical Management, BEmONC, EmONC, of Rape including family planning in humanitarian settings)			
Indicator 5.7	# of survivors of fistula treated, rehabilitated and reintegrated in society	200	200	Monitoring report
Indicator 5.8	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (health workers on LARC and Active management of the third stage of labour (AMTSL))	100	100	Discontinued
Indicator 5.9	# of young persons provided with youth friendly ASRH services in humanitarian settings	12,000	12,000	Service delivery summary]

**Explanation of output and indicators variance:**

Activities	Description	Implemented by
Activity 5.1	Procure and distribute reproductive health kits including rape treatment kits, COVID-19 PPE and family planning commodities in selected health care facilities and through mobile outreach	NRC
Activity 5.2	Training on MISP for reproductive health, Active management of the third stage of labor (AMTSL), CMR including family planning (LARC) in humanitarian situations for frontline health workers	CPRH
Activity 5.3	Support pool repairs and reintegration of victims of fistula	Borno State Government
Activity 5.4	Support mobile outreach for sexual and reproductive health, clinical management of rape and emergency referrals in hard-to-reach locations	Borno State Government/UNFPA
Activity 5.5	Sensitize young persons on youth friendly ASRH services in humanitarian settings	UNFPA
Activity 5.6	Conduct community sensitization on access to SRH services, COVID-19 prevention and family planning	UNFPA

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>8</sup> often lacking appropriate

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



consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

#### **a. Accountability to Affected People (AAP)<sup>9</sup>:**

Consultations with affected communities especially women and girls was a critical component of this project from design, implementation and monitoring. Regular consultation through FGD, feedback and complain mechanisms and use of other community engagement methods were utilized to better understand and identify specific barriers and challenges being faced by women, girls, boys and men in accessing/using various services and facilities to inform better interventions. UNFPA ensured that the affected population and especially those with limited literacy level were informed about the project and the services being provided in a languages and format that they understood,

#### **b. AAP Feedback and Complaint Mechanisms:**

The existing complain and feedback mechanism that were established by UNFPA (GBV/PSEA toll-free line, SMS, email, suggestion boxes etc.) were utilised in the three states to collect complaints and feedback from beneficiaries. All complains received were handled by competent focal point staff within UNFPA and those in IP. This staff are well trained to respond to beneficiary complaints in a timely fashion. UNFPA through its IP in Yobe state managed to establish additional complaint and feedback mechanisms in. UNFPA intends to establish additional Community based complain and feedback mechanisms to enhance reporting and accountability

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

UNFPA has an established mechanisms and channels for reporting incidents of sexual exploitation and abuse available to staff and beneficiaries. UNFPA has established multiple reporting avenues that allow for both face-to face, remote and anonymous reporting. Some of this includes UNFPA's confidential email, web/telephone-based and toll-free channels. UNFPA also manages the inter-agency toll free telephone line and email as additional channels if individuals do not feel comfortable reporting through dedicated UNFPA channels. All UNFPA service provision outlets are entry points for confidential reporting and disclose of any SEA incidents and staff have been trained to provide appropriate survivor assistance and incident referral through the existing channels. UNFPA has incorporated PSEA accountability clauses in Implementing Partners Agreements and mainstreamed mandatory PSEA training. the established toll free recieved 250 call soliciting support and referral was made to the callers the callers including SEA and GBV Incidents as well as other intervention concerns.

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

The project seeks to address gender equality through key interventions on GBV prevention and response with women and girls being the main target beneficiaries but it also aims to engage men and boys as allies and champions in protecting women's rights. A big component of this project will be done in women and girls safe spaces which offers an empowering space for women and adolescent girls in all their diversity. A number of skills development trainings and life skills sessions have been planned under this project as a way of empowering them. This project will promote an inclusive and non-discriminatory approach to the protection of all IDP women, girls, men and boys irrespective of their race, religion, political views, sexual orientation, social status, or place of residence. They will benefit from the project as persons of concern regardless of their gender or sexual orientation. UNFPA will also continue to work closely with the local NGOs specifically women-lead organizations to ensure women and girls are engaged and fully participate in the various community based groups/committee including in leadership positions.

#### **e. People with disabilities (PwD):**

A People-centred approach in mainstreaming disability into all aspects of the interventions including on GBV case management was used to reach out to PwD. A total of 610 Persons with disability were supported to receive life-saving GBV/SRH services during the project

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<sup>9</sup> 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](#).

period. The GBV Sub-sector and the SRH WG coordinated by UNFPA ensured that GBV/SRH actors have disability inclusion aspect reflected in their monthly response monitoring done through 5W. UNFPA also collaborate with other sectors including the government to undertake GBV safety audit of various facilities that helped identify barriers and challenges that persons living with disability are facing while accessing services and advocated for the same.

#### **f. Protection:**

This project ensured that protective measures to prevent, mitigate and respond to GBV affecting women and girls including men and boys were in place. GBV risk mitigation analysis and measures were mainstreamed and integrated in the 2022 HNO and HRP to ensure that humanitarian interventions across all sector do not cause or increase the likelihood of gender-based violence and that they Proactively seek to identify and act to mitigate GBV risks in the environment and in programme design and implementation. It also sort to facilitate and monitor vulnerable groups' safe access to services which was captured through the GBV safety audits done.

#### **g. Education:**

Not applicable

### **8. Cash and Voucher Assistance (CVA)**

#### **Use of Cash and Voucher Assistance (CVA)?**

<b>Planned</b>	<b>Achieved</b>	<b>Total number of people receiving cash assistance:</b>
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.

No

#### **Parameters of the used CVA modality:**

<b>Specified CVA activity</b> (incl. activity # from results framework above)	<b>Number of people receiving CVA</b>	<b>Value of cash (US\$)</b>	<b>Sector/cluster</b>	<b>Restriction</b>
None				

### **9. Visibility of CERF-funded Activities**

<b>Title</b>	<b>Weblink</b>
None	

### 3.5 Project Report 21-UF-HCR-020

1. Project Information			
Agency:	UNHCR	Country:	Nigeria
Sector/cluster:	Protection Shelter and Non-Food Items	CERF project code:	21-UF-HCR-020
Project title:	Protection, Assistance and Durable Solutions for Vulnerable IDPs and Refugee Returnees in North East Nigeria.		
Start date:	23/09/2021	End date:	22/09/2022
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input checked="" type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 22,166,641
	Total funding received for agency's sector response to current emergency:		US\$ 3,800,000
	Amount received from CERF:		US\$ 1,750,063
	Total CERF funds sub-granted to implementing partners:		US\$ [989,729]
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 989,729
	Red Cross/Crescent Organisation		US\$ 0

### 2. Project Results Summary/Overall Performance

Under this CERF UFE Grant, UNHCR reached a total of 286, 831 individuals comprising IDPS, ISP and refugee returnees and host community members through 3,140 protection monitoring activities in Borno, Adamawa and Yobe States. Similarly, under protection monitoring activities, 8,066 vulnerable individuals from 1,523 households were screened, out of which, 2,768 individuals were targeted for NFI assistance in the targeted locations. The project also successfully contributed to the drilling of more than 65 tube wells in terms of preparedness and response to the dry season farming in Bama LGA. The tube wells continue to ease the micro gardening activities of the affected population in Bama LGA. Under the protection Safety nets component of the project, 5,235 vulnerable IDPs, IDP, returnees and members of the host community benefitted from vocational skills training, as well as crop, animal production and fisheries. Each of the beneficiaries of the Technical and vocational skills was provided with start-up kits in their chosen trades, including tailoring, carpentry, shoe making, beads/ bag making, and soap making. They all received course completion certificates. The beneficiaries of the crop, animal production and fisheries were also provided with the necessary improved inputs and storage bags to preserve and store their grains to attract better market prices. Due to programmatic changes, UNHCR reallocated most activities to the Labondo reintegration project in Girei LGA of Adamawa State where UNHCR provided durable shelter solutions to more than 454 households of IDPs, Returnees and Host community members with an estimated population of 660 individuals. The beneficiaries also received NFI kits to save their lives by enhancing their resilience.

### **3. Changes and Amendments**

After high-level consultations at an interagency scale, it was decided to redeploy USD750,000 from the CERF Underfunded contribution to fund pilot Durable Solution Project in Adamawa State. Considering that the concept strategy of implementation earlier planned was different from the strategy for the Durable Solution Pilot in Adamawa State, this project had to be revised to align with the implementation strategy.

After the revision, in the course of implementation, some unforeseen situations caused the extension of the project to December 2023. This included delays encountered in securing land for construction, and delays in the procurement of Interlocking Stabilized Soil Bricks machine (ISSB - hydro form bricks/blocks machines).

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	1357	411	1208	1223	4,199
Returnees	144	138	187	156	625	12,712	8,630	9,346	8,400	39,088
Internally displaced people	12,794	12,237	16,688	13,907	55,626	56,442	28,278	34,343	31,728	150,791
Host communities	1,437	1,375	1,875	1,562	6,249	29,536	18,103	28,560	20,448	96,647
Other affected people	0	0	0	0	0	154	251	0	0	405
<b>Total</b>	<b>14,375</b>	<b>13,750</b>	<b>18,750</b>	<b>15,625</b>	<b>62,500</b>	<b>100,201</b>	<b>55,673</b>	<b>73,457</b>	<b>61,799</b>	<b>291,130</b>
<b>People with disabilities (PWD) out of the total</b>										
	253	242	330	275	1,100	333	273	122	197	925
Sector/cluster	Shelter and Non-Food Items									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	177	163	210	155	705	581	428	0	0	1,009
Internally displaced people	231	191	262	191	875	429	261	137	74	901
Host communities	50	34	53	33	170	353	415	6	2	776
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>458</b>	<b>388</b>	<b>525</b>	<b>379</b>	<b>1,750</b>	<b>1363</b>	<b>1104</b>	<b>143</b>	<b>76</b>	<b>2686</b>
<b>People with disabilities (PWD) out of the total</b>										
	53	42	80	75	250	50	40	10	11	111

\* 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

While the direct beneficiaries of the project are IDPs, returnees and the host community members, some 132 people from the neighbouring communities in Labondo have also benefited from the local integration project. Also, through protection monitoring over 4,000 Cameroonian Asylum seekers displaced to Mubi North, and South in Adamawa state benefited.

## 6. CERF Results Framework

Project objective	Improvement of the Protection of Vulnerable IDPs and Refugee Returnees and Host Communities in targeted LGAs in BAY States through provision of multisectoral assistance.			
Output 1	People-centred protection services are provided			
Was the planned output changed through a reprogramming after the application stage?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	PG.1 Number of protections monitoring missions conducted that inform the humanitarian response (250 Missions per LGA)	1,250	3, 140	Partner weekly and monthly reports
Indicator 1.2	% of assistance services informed by vulnerability screening	100	100	Vulnerability Screening data, distribution sheets
Indicator 1.3	# of individuals supported through Protection safety-nets (agriculture/livestock/fisheries, TVET and Micro-businesses).	2,500	2,500	Training reports
Indicator 1.4	Cash.3a Number of people benefitting from conditional cash transfers	250	252	Database of biometric enrolled beneficiaries, distribution report/lists.
Indicator 1.5	Cash.3b Total value of conditional cash transfers distributed in USD	37,500	37,500	Distribution lists and report.
Indicator 1.6	FN.3 Number of people benefiting from in-kind fuel assistance (in-kind fuel-efficient stoves)	12,500	12,500	Distribution list and report
Indicator 1.7	# of boreholes drilled/shallow wells dug to support dry season farming activities in projects Areas.	15	15	Activity report
Explanation of output and indicators variance:		The no-cost extension approved for this project has prolonged the timeframe of implementation. This resulted in higher achievements than expected.		
Activities	Description	Implemented by		
Activity 1.1	Conducting regular protection monitoring missions covering five LGAs	GISCOR and CARITAS		
Activity 1.2	Conducting vulnerability screening	GISCOR and CARITAS		
Activity 1.3	Training and provision of inputs/cash for agriculture/livestock/fisheries production, TVET and micro-businesses targeting 2,500 individuals	CARITAS, AUN		

Activity 1.4	Cash and voucher assistance to support micro and small business start-ups targeting 250 individuals	CARITAS
Activity 1.5	Procurement/warehousing/transportation/distribution of 2,500 fuel-efficient stoves.	UNHCR
Activity 1.6	Assessment and drilling of boreholes/digging of shallow wells to support dry season farming.	UNHCR
Activity 1.7	Conducting post-distribution monitoring.	UNHCR, GISCOR

<b>Output 2</b>	Life-saving Shelter/NFI provided
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<b>Was the planned output changed through a reprogramming after the application stage?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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<b>Sector/cluster</b>	Shelter and Non-Food Items			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	SN.2a Number of people benefitting from in-kind NFI assistance	1,750	2260	Distribution list, report, and pictures
Indicator 2.2	SN.2b Number of in-kind NFI kits distributed	350	452	Distribution list, report, and pictures
Indicator 2.3	SN.1a Number of people benefitting from in-kind shelter assistance	1,750	660	Activity report
Indicator 2.4	SN.1b Number of in-kind shelter assistance provided	350	132	List of beneficiaries
Indicator 2.5	WS.3 Number of WASH (e.g. latrines) structures constructed or rehabilitated that offer privacy for women and girls	350	252	Activity report, Monitoring report
Indicator 2.6	# water points/sources provided to service the shelters provided	12	20	Partner report, Monitoring report
<b>Explanation of output and indicators variance:</b>		Indicators targets were modified with the approved no-cost extension that included a reprogramming. This explains the variance between the targets and achievements.		

<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>
Activity 2.1	Procurement/warehousing/transportation/distribution of 350 improved NFI kits	UNHCR and CARITAS.
Activity 2.2	Construction of 350 durable shelter	UNHCR
Activity 2.3	Construction of 350 individual family latrines	UNHCR
Activity 2.4	Drilling of water sources and piping to create 12 water points at different locations in the settlement	UNHCR
Activity 2.5	Conducting post-distribution and post-construction monitoring	UNHCR, GISCOR

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and

Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>10</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

#### **a. Accountability to Affected People (AAP) <sup>11</sup>:**

At all the stages of the project implementation, the community members (males, female, PLWD and other minority groups) were involved in the design through regular community meetings at all the stages of the implementation. The involvement of the community was instrumental in the drilling of tube wells in locations that are accessible for the community. Furthermore, beneficiaries selection, although based on the vulnerability screening list, was further validated by the community to ensure the right persons were targeted. A post distribution monitoring exercise was conducted by UNHCR and the partners where the affected population made significant recommendations in terms of the quantity of the items distributed and what best suits their peculiarities. UNHCR and partners have since taken the recommendations into consideration and adjusted material assistance to reflect the recommendations of the affected population.

#### **b. AAP Feedback and Complaint Mechanisms:**

UNHCR adopts a whole-of-a-community approach to addressing concerns and getting feedback. For example, community meetings to inform project design and implementation were held regularly. These community meetings, under normal situations, are held once a month. Where there are urgent matters, the meetings are called at any suitable time to address the issues. UNHCR has secured the confidence of the community members where women, men, youths, minority tribes and religions and PwD are comfortable to sit together to address community participation of the community leaders. In addition, UNHCR made available a toll-free phone number where the affected population can call to report confidential matters which are regularly followed up for solutions. Furthermore, the community Protection Action Group Members and volunteers are very instrumental for feedback. Regular post-distribution monitoring is held to get feedback.

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

A vital component of UNHCR's Accountability to Affected Populations and Zero Tolerance policy for PSEA is ensuring that community feedback mechanisms (CFMs) are in place so that affected persons may provide feedback on the performance of humanitarian action, including on sensitive matters such as SEA and other forms of misconduct. UNHCR has implemented numerous mechanisms for complaints and feedback of PSEA in all project locations. The PSEA reporting and responses mechanism employed by UNHCR includes dedicated UNHCR PSEA focal point(s), UNHCR serving as a member of the PSEA network in the Northeast and providing trainings to partners and other stakeholders (directly and in coordination with partners) on PSEA. UNHCR has established a dedicated confidential toll-free line with multi-lingual custodian(s) for handling calls with a clearly defined referral system to UNHCR PSEA focal point, confidential email handled by UNHCR PSEA focal point, protection structures where complaints can be confidentially lodged (Women and Girls Safe Spaces, Child Friendly Spaces, Protection Desks, etc.), community-based protection members who can refer members of the community to CFMs, and Complaint Boxes with defined procedures for handling. IEC materials with pictorial and multi-lingual translations about Zero Tolerance for PSEA and how to make a complaint are widely published and disseminated. As part of UNHCR's ongoing responsibility to ensure the effectiveness of complaint and feedback mechanisms, a detailed review with recommendations about strengthening the same was issued as an internal report in Q2 2023. What is clear is that no single mechanism works best – in some instances, for example, cellular networks are a challenge for communities to access. As such, as described above, the mechanisms in place for CFM are broad and designed to be Age Gender and Diversity appropriate.

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

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



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

8,066 vulnerable persons were reached with protection monitoring, including 3,066 vulnerable women and girls. Through monitoring of persons facing unique vulnerabilities, at risk women and GBV survivors were supported with referrals enabling them to access a range of life savings interventions through GBV partner interventions. Referrals for at risk women and GBV survivors to Women and Girls Safe Spaces in Borno and Adamawa allowed women and girls to access a range of holistic services, including life skills interventions to support rebuilding and promote independence. At risk women and GBV survivors were also among vulnerable individuals referred for livelihood training through UNHCR's livelihood implementation partner.

**e. People with disabilities (PwD):**

Using the whole-of-a-community and the UNHCR Age, Gender and Diversity (AGD) approaches, the selection of PwDs as beneficiaries of this project was made possible. To avoid labelling and causing harm, UNHCR and partners did not allocate a specific quota for the PwD or arranged to target them separately. Instead, they were taken as an integral part of the project. Through vulnerability screening, PwDs and other at-risk persons were identified. Some 922 PwDs were targeted for assistance with NFIs, and other protection activities in the life span of the project. Distributions were conducted in places they could access easily, and their views were considered during the community meetings.

**f. Protection:**

UNHCR used the AGD approach throughout the implementation of this project. All activities were implemented through the AGD lens where the needs of men, women, boys and girls and the PwDs, minority ethnic groups and the elderly were considered in their merits. To engender this, all the members of the community were engaged through regular community meetings and FGDs with the various members of the beneficiary communities, the needs of the various categories of the affected population and the most at risk were mainstreamed in the project. Furthermore, because the beneficiary selection stemmed from the vulnerability Screening exercise, it was much easier to target the most at-risk individuals that were identified.

**g. Education:**

None

**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	252

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

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

The CVA was used to train and impart knowledge and information to the targeted population to be supported with Cash transfer for income generating activities, assist households to grow their source of livelihood and enable them to manage their economic engagement and run micro businesses profitably. The use of the CVA increased protection outcomes, facilitate inclusion and solutions, improving efficiency and effectiveness in programme delivery. The provision of the cash transfers also increased and promoted linkages to social protection systems and financial inclusion where all the 252 IDPs were assisted and opened with a bank account and accessed affordable and suitable financial services. UNHCR alongside its partners sensitized and build awareness of the business to overcome constraints and access to barriers.

As part of facilitating linkages to social protection systems, UNHCR signed an MoU with The National Social Safety-Nets Coordinating Office (NASSCO), a federal government organisation with the mandate to establish the building blocks & delivery of targeted transfers & livelihood supports to extreme poor & vulnerable households in Nigeria. The immediate benefit of the MoU enables UNHCR and its partners to use NASSCO services at States level for identification and targeting of beneficiaries in line with national criteria for different types of assistance, e.g., early recovery, livelihoods, and economic inclusion.

<b>Parameters of the used CVA modality:</b>				
<b>Specified CVA activity</b> (incl. activity # from results framework above)	<b>Number of people receiving CVA</b>	<b>Value of cash (US\$)</b>	<b>Sector/cluster</b>	<b>Restriction</b>
Activity 1.4 Cash and voucher assistance to support micro and small business start-ups targeting 250 individuals	252	US\$ 37,500	Early Recovery	Unrestricted

<b>9. Visibility of CERF-funded Activities</b>	
<b>Title</b>	<b>Weblink</b>
North-East Nigeria Operational Update, July 2022	<a href="#">Document - UNHCR Nigeria: North-East Nigeria Operational Update July 2022</a>

### 3.6 Project Report 21-UF-HCR-027

1. Project Information			
Agency:	UNHCR	Country:	Nigeria
Sector/cluster:	Camp Coordination and Camp Management Shelter and Non-Food Items	CERF project code:	21-UF-HCR-027
Project title:	Protection, Assistance and Durable Solutions for People with Disabilities in North-East Nigeria		
Start date:	27/10/2021	End date:	26/04/2023
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 22,166,641
	Total funding received for agency's sector response to current emergency:		US\$ 5,550,000
	Amount received from CERF:		US\$ 600,362
	Total CERF funds sub-granted to implementing partners:		US\$ 50,142
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 50,142
	Red Cross/Crescent Organisation		US\$ 0

### 2. Project Results Summary/Overall Performance

Under this CERF UFE, UNHCR was able to reach 4,178 IDPs and Host community. Some of them, including 120 households benefited from in-kind fuel assistance (in-kind fuel-efficient stoves). Through the project, 120 households benefitted from durable shelter assistance following the revision that led to the reprogramming of the project. In line with the allocation strategy, this benefited men, women and children with disabilities, as well as caregivers among IDPs, refugees and returnees, and host community populations in the State of Adamawa. The intervention provided vital protection-based assistance, targeting people with disabilities and caregivers in camps, outside camps, in host and returnee communities, in order to meet their basic needs and mitigate protection risks such as exploitation and discrimination.

### 3. Changes and Amendments

The whole of the disability project activities was implemented in Adamawa (targeting Girei, Yola, Madagali and Mubi). Considering that the earlier plan was different from the strategy for the Durable Solution Pilot in Adamawa State, the project was revised thoroughly, making a big shift to the construction of durable shelters in the Labondo durable solution pilot site in Adamawa.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Camp Coordination and Camp Management									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	59	56	76	63	254	47	68	11	31	157
Internally displaced people	118	112	152	127	509	179	133	62	90	464
Host communities	20	19	26	22	87	57	71	34	67	229
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>197</b>	<b>187</b>	<b>254</b>	<b>212</b>	<b>850</b>	<b>283</b>	<b>272</b>	<b>107</b>	<b>188</b>	<b>850</b>
<b>People with disabilities (PwD) out of the total</b>										
	197	187	254	212	850	283	272	107	188	850

  

Sector/cluster	Shelter and Non-Food Items									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	59	56	76	63	254	47	68	11	31	157
Internally displaced people	118	112	152	127	509	179	133	62	90	464
Host communities	20	19	26	22	87	57	71	34	67	229
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>197</b>	<b>187</b>	<b>254</b>	<b>212</b>	<b>850</b>	<b>283</b>	<b>272</b>	<b>107</b>	<b>188</b>	<b>850</b>
<b>People with disabilities (PwD) out of the total</b>										
	198	187	253	212	850	283	272	107	188	850

\* 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

While the direct beneficiaries of the project are IDPs, Returnees and the host community members, neighbouring communities in Labondo have benefited from the local integration project.

## 6. CERF Results Framework

Project objective	Improvement of protection for persons with disability in targeted LGA of Borno State through provision of multi-sectoral assistance.				
Output 1	Livelihood Support Provided				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Early Recovery				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.2	# of in-kind disability aid materials and devices provided	170	170	Distribution List and report	
Indicator 1.3	FN.3 Number of people benefiting from in-kind fuel assistance (in-kind fuel-efficient stoves)	170	170	Distribution List and report	
Explanation of output and indicators variance:					
Activities	Description		Implemented by		
Activity 1.2	Provision of in-kind disability aid materials and devices like assistive devices, orthotics, and prosthetics as well as visual aids, hearing aids, wheelchairs, crutches, splints, braces, footwear and other mobility devices.		UNHCR, Intersos		
Activity 1.3	Procurement/warehousing/transportation/distribution of 170 fuel-efficient stoves.		UNHCR, CARITAS		

Output 2	Life-saving Shelter and NFI Provided					
Was the planned output changed through a reprogramming after the application stage?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Shelter and Non-Food Items					
Indicators	Description	Target	Achieved	Source of verification		
Indicator 2.1	# of sensitization actions and stakeholder engagement to improve and support integration of persons with disability in return communities	5	5	Partner reports		
Indicator 2.2	SN.1a Number of people benefitting from in-kind shelter assistance	850	600	Distribution report and list of beneficiaries		
Indicator 2.3	SN.1b Number of shelters and common structures constructed or rehabilitated that are accessible to persons with disabilities	170	120	Distribution report and List of beneficiaries		

Indicator 2.4	# of bathrooms and toilets constructed and made user friendly for persons with disabilities in camps and camp like settlements.	170	N/A	[Revised and removed from the project]
Indicator 2.5	SN.2a Number of people benefitting from in-kind NFI assistance	850	850	Distribution list and report
Indicator 2.6	SN.2b Number of in-kind NFI kits distributed	170	170	Distribution report and list of beneficiaries
Indicator 2.7	# water points/sources provided to service the shelters provided	4	2	UNHCR/Partners report and pictures
<b>Explanation of output and indicators variance:</b>		Indicators targets were modified with the approved reprogramming. This explains the variance between the targets and achievements.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Conduct/coordinate sensitization and community stakeholder's engagement to support and improve conditions for seamless reintegration of persons with disability in return communities	UNHCR, INTERSOS		
Activity 2.2	Construction of 170 durable shelters	UNHCR		
Activity 2.3	Construction of 170 bathrooms and toilets which will be accessible by persons with disabilities	Revised and removed from the project]		
Activity 2.4	Procurement/warehousing/transportation/distribution of 170 improved NFI kits	UNHCR, CARITAS		
Activity 2.5	Drilling of water sources and piping to create 4 water points at different locations in the settlement	UNHCR, CARITAS		

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>12</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

### a. Accountability to Affected People (AAP)<sup>13</sup>:

As a methodology of working with communities and strengthening AAP approaches UNHCR has effectively involved members of the host community, Local leadership in project design, and implementation. Meetings were held on the land identification and allocation, as well as site plan on the nature of shelters to be constructed. Community requested for the use of labour-intensive techniques and 50 Youths including IDPs and Host community were trained in the use of ISSB machines. At the same time a project community monitoring committee was influential in monitoring the daily and weekly site activities to provide evidenced challenges and way forward for adoption. Various age groups of community representatives (Males, Females, Elderly, children, PLWD, were consulted during the Area based approach

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

<sup>13</sup> 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](#).

assessment exercise and contributed to a body of information on the socio-economic gap analysis and the areas that need immediate intervention that's area of systems strengthening. The community was actively involved in the review of the beneficiary selection criteria list.

#### **b. AAP Feedback and Complaint Mechanisms:**

UNHCR adopts a whole-of-a-community approach to addressing concerns and getting feedback. For example, community meetings to inform project design and implementation are held regularly. These community meetings, under normal situations, are held once a month. Where there are urgent matters, the meetings are called at any suitable time to address the issues. UNHCR has secured the confidence of the community members where women, men, youths, minority tribes and religions and PLWD are comfortable to sit together to address community participation of the community leaders. In addition, UNHCR made available a toll-free phone number where the affected population can call to report confidential matters which are regularly followed up for solutions. Furthermore, the community Protection Action Group Members and volunteers are very instrumental for feedback. Regular post-distribution monitoring is held to get feedback

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

A vital component of UNHCR's Accountability to Affected Populations and Zero Tolerance policy for PSEA is ensuring that community feedback mechanisms (CFMs) are in place so that affected persons may provide feedback on the performance of humanitarian action, including on sensitive matters such as SEA and other forms of misconduct. UNHCR has implemented numerous mechanisms for complaints and feedback of PSEA in all project locations. The PSEA reporting and responses mechanism employed by UNHCR includes dedicated UNHCR PSEA focal point(s), UNHCR serving as a member of the PSEA network in the Northeast and providing trainings to partners and other stakeholders (directly and in coordination with partners) on PSEA. UNHCR has established a dedicated confidential toll-free line with multi-lingual custodian(s) for handling calls with a clearly defined referral system to UNHCR PSEA focal point, confidential email handled by UNHCR PSEA focal point, protection structures where complaints can be confidentially lodged (Women and Girls Safe Spaces, Child Friendly Spaces, Protection Desks, etc.), community-based protection members who can refer members of the community to CFMs, and Complaint Boxes with defined procedures for handling. IEC materials with pictorial and multi-lingual translations about Zero Tolerance for PSEA and how to make a complaint are widely published and disseminated. As part of UNHCR's ongoing responsibility to ensure the effectiveness of complaint and feedback mechanisms, a detailed review with recommendations about strengthening the same was issued as an internal report in Q2 2023. What is clear is that no single mechanism works best – in some instances, for example, cellular networks are a challenge for communities to access. As such, as described above, the mechanisms in place for CFM are broad and designed to be Age Gender and Diversity appropriate.

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

Through monitoring of persons facing unique vulnerabilities, at risk women and GBV survivors were supported with referrals enabling them to access a range of life savings interventions through GBV partner interventions. Referrals for at risk women and GBV survivors to Women and Girls Safe Spaces in Borno and Adamawa allowed women and girls to access a range of holistic services, including life skills interventions to support rebuilding and promote independence. At risk women and GBV survivors were also among vulnerable individuals referred for livelihood training through UNHCR's livelihood implementation partner.

#### **e. People with disabilities (PwD):**

Persons with disability such as the physically challenged, prioritized and involved in the decision-making processes. The vulnerability screening and shelter assessment exercises supported the identification of those in need. 50 durable shelter solutions were designed and targeted for PwDs households and benefitted equally with the other beneficiaries. UNHCR ensured that the community received adequate sensitization on the selection methods and the date, time, and venue of distributions ahead of time. During distributions, sensitization sessions were conducted on the usage of the shelters to ensure that beneficiaries utilized them dignifiedly.

#### **f. Protection:**

UNHCR used the AGD approach throughout the implementation of this project. All activities were implemented through the AGD lens where the needs of men, women, boys and girls and the PWDs, minority ethnic groups and the elderly were considered in their merits. To

engender this, all the members of the community were engaged through regular community meetings and FGDs with the various members of the beneficiary communities, the needs of the various categories of the affected population and the most at risk were mainstreamed in the project. Furthermore, because the beneficiary selection stemmed from the vulnerability Screening exercise, it was much easier to target the most at-risk individuals that were identified.

#### g. Education:

None

### 8. Cash and Voucher Assistance (CVA)

#### Use of Cash and Voucher Assistance (CVA)?

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

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.

None

#### 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
None				

### 9. Visibility of CERF-funded Activities

Title	Weblink
North-East Nigeria Operational Update	Document - UNHCR Nigeria: North-East Nigeria Operational Update July 2022



### 3.7 Project Report 21-UF-CEF-037

1. Project Information			
Agency:	UNICEF	Country:	Nigeria
Sector/cluster:	Nutrition	CERF project code:	21-UF-CEF-037
	Health		
	Water, Sanitation and Hygiene		
Project title:	Sector response to heightened food insecurity in North-eastern Nigeria		
Start date:	21/09/2021	End date:	20/09/2022
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 48,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 3,400,000
	Total CERF funds sub-granted to implementing partners:		US\$ 1,304,588
	Government Partners		US\$ 1,237,909
	International NGOs		US\$ 66,679
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

### 2. Project Results Summary/Overall Performance

The 2021-2022 CERF funding supported UNICEF in delivering multisectoral lifesaving interventions in nutrition, health and WASH in Borno, Adamawa and Yobe (BAY) states. A total of 845,537 people (492,902 females and 352,635 males), including internally displaced persons (IDP) camps and host communities, directly benefited from these interventions.

As part of the health response, 570,456 people received outpatient department (OPD) consultation services for the curative treatment of minor ailments and childhood illnesses. A total of 216,028 antenatal care (ANC) visits were supported, 69 health workers were trained on the Integrated Management of Newborn and Childhood Illnesses, and two rounds of supportive supervision visits were conducted in all sites. The Local Government Areas (LGAs) benefiting from this intervention include Kala-Balge, Dikwa, Shani, Bayo and Askira-Uba in Borno State, and Gujba and Gulani in Yobe State.

During the nutrition intervention, over 100,000 children under 5 years of age received community-based nutrition screening. A total of 11,651 children were identified with severe acute malnutrition (SAM) and admitted into outpatient treatment. Infant and young child feeding (IYCF) counselling was provided to the caregivers of children with moderate acute malnutrition (MAM). UNICEF along with partners

strengthened the preparedness and response capacity in Borno State, specifically in Kala-Balge, Nganzai, Dikwa, Askira-Uba, Gujba, Gulani, Yusufari, Yunusari, Geidam, Hong and Maiha LGAs, through the replenishment of nutrition supplies at healthcare facilities.

For WASH, 71,720 people secured access to water through the construction and rehabilitation of 17 solar boreholes in nine LGAs across the BAY states. In addition, chlorination for 50 water systems and handpumps for 37,688 people in Rann (Kala/Balge LGA, Borno State) were delivered. To improve sanitation access, UNICEF supported the construction and rehabilitation of 900 toilets and 100 bath cubicles for 18,000 people in Rann, and 62,967 people benefited from desludging and minor repairs of 864 latrines in 16 IDP camps in Dikwa LGA. Partnering with UNICEF's Social and Behaviour Change Section, 150,000 people received hygiene promotion messages in Rann (Borno), Hong and Maiha LGAs (Adamawa), and Gujba and Gulani LGAs (Yobe). Finally, 3,000 households (18,000 people) in Northeast Nigeria received WASH non-food items (NFIs).

### **3. Changes and Amendments**

A reprogramming of funds request was submitted to CERF due to delays in a long-term agreement (LTA) process for contractual services. It was approved in September 2022. This LTA was necessary to implement WASH activities such as drilling and installing solar boreholes and providing water systems maintenance and latrine rehabilitation. The request was to conduct the activities through State Rural Water Supply and Sanitation Agencies (RUWASSAs) and current UNICEF implementing partners, moving \$430,313 from Category D to Category F. No other changes were requested during the implementation.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	156,000	144,000	39,000	36,000	375,000	177,982	164,291	44,496	41,073	427,842
Host communities	52,000	48,000	13,000	12,000	125,000	59,328	54,764	14,831	13,691	142,614
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>208,000</b>	<b>192,000</b>	<b>52,000</b>	<b>48,000</b>	<b>500,000</b>	<b>237,310</b>	<b>219,055</b>	<b>59,327</b>	<b>54,764</b>	<b>570,456</b>
<b>People with disabilities (PWD) out of the total</b>										
	6,240	5,760	1,560	1,440	15,000	7,119	6,572	1,780	1,643	17,114

  

Sector/cluster	Nutrition									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	30,000	2,000	2,300	2,000	36,300	30,000	2,000	2,000	2,000	36,000
Host communities	65,000	3,000	4,500	3,200	75,700	65,000	3,000	4,302	3,049	75,351
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>95,000</b>	<b>5,000</b>	<b>6,800</b>	<b>5,200</b>	<b>112,000</b>	<b>95,000</b>	<b>5,000</b>	<b>6,302</b>	<b>5,049</b>	<b>111,351</b>
<b>People with disabilities (PWD) out of the total</b>										
	2,850	150	204	156	3,360	2,850	150	204	156	3,360

\* 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.

<b>Sector/cluster</b>	Water, Sanitation and Hygiene									
<b>Category</b>	<b>Planned</b>					<b>Reached</b>				
	<b>Women</b>	<b>Men</b>	<b>Girls</b>	<b>Boys</b>	<b>Total</b>	<b>Women</b>	<b>Men</b>	<b>Girls</b>	<b>Boys</b>	<b>Total</b>
Refugees	0	0	0	0	<b>0</b>	0	0	0	0	<b>0</b>
Returnees	0	0	0	0	<b>0</b>	0	0	0	0	<b>0</b>
Internally displaced people	25,512	21,728	31,190	26,568	<b>104,998</b>	32,056	18,996	36,805	30,869	<b>118,726</b>
Host communities	10,935	9,312	13,368	11,387	<b>45,002</b>	12,151	7,200	13,951	11,701	<b>45,003</b>
Other affected people	0	0	0	0	<b>0</b>	0	0	0	0	<b>0</b>
<b>Total</b>	<b>36,447</b>	<b>31,040</b>	<b>44,558</b>	<b>37,955</b>	<b>150,000</b>	<b>44,207</b>	<b>26,196</b>	<b>50,756</b>	<b>42,570</b>	<b>163,729</b>
<b>People with disabilities (PwD) out of the total</b>										
	1,093	931	1,337	1,139	<b>4,500</b>	720	1,215	1,170	1,395	<b>4,500</b>

\* 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

An estimated total of 1,113,500 people indirectly benefited from these interventions across all sectors. For WASH activities, 13,500 people indirectly benefited from the provision of water systems, other WASH infrastructure and behavioural change interventions in the Northeast. Likewise, around 100,000 people, including fathers and siblings of children receiving micronutrient powder (MNP) for malnutrition, were indirectly benefited through counselling services at community and facility levels as well as during the community awareness sessions. It is estimated that every woman that received counselling (100,000) passed the information on to at least one family member. Lastly, approximately 1 million people indirectly benefited through health education and other behavioural change interventions designed to increase acceptance and improve health-seeking behaviour, including health workers and community-based health support personnel.

## 6. CERF Results Framework

Project objective	The project will reduce morbidity and mortality among women and children while providing the much-needed lifesaving and life-sustaining integrated humanitarian assistance to IDPs and host community populations to address its consequences on food insecurity.			
Output 1	Children, adolescent girls and women, particularly in vulnerable and deprived areas, have increased access to quality services and information, and adopt appropriate nutritional practices to prevent and treat malnutrition			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (MIYCN +CMAM)	500	500	Project reports
Indicator 1.2	N.6 Number of people benefitting training and/or community awareness sessions on infant and young child feeding in emergencies	100,000	100,000	Project reports
Indicator 1.3	N.3a Number of severely acutely malnourished people admitted to therapeutic feeding programme	12,000	11,651	Nutrition 5ws for 2022
Indicator 1.4	N.5 Number of people receiving vitamins and/or micronutrient supplements (Iron and folic acid for women of childbearing age, pregnant and lactating women, and girls)	95,000	91,612	The District Health Information Software (DHIS2)
Indicator 1.5	Percentage of people screened for acute malnutrition	>100%	>100%	Nutrition 5ws for 2022
Indicator 1.6	Percentage of people who were admitted for SAM treatment who recovered	>75%	96.10%	Nutrition 5ws for 2022
Indicator 1.7	Number of people who died in the program	<10%	0.40%	Nutrition 5ws for 2022

Indicator 1.8	Number of people defaulted from program	<15%	2.20%	Nutrition 5ws for 2022
<b>Explanation of output and indicators variance:</b>		<p>During the implementation period, 11,651 out of the targeted 12,000 children 6-59 months old with SAM were reached with treatment. UNICEF procured and distributed therapeutic supplies to the treatment sites and signed programme development documents with partners. UNICEF trained health workers and enhanced their capacity to deliver quality service. This was evident by the cure rate of 96.1 per cent during the reporting period.</p> <p>91,612 out of the targeted 95,000 pregnant mothers were reached with iron and folic acid supplementation. 500 health workers (100 per cent) received training on the integrated management of acute malnutrition (IMAM). 100,000 mothers and caretakers of infants aged 6-23 months received counselling on appropriate maternal infant and young child nutrition.</p> <p>The variance in targeted SAM people was due to closure/suspension of some Outpatient Therapeutic Programme (OTP) sites by partners Terre des hommes and International Rescue Committee in Rann and Monguno (Borno state) due to insecurity and funding gaps.</p>		
Activities	Description	Implemented by		
Activity 1.1	Improved capacity of Health and Nutrition work force to provide effective and efficient Nutrition service delivery on integrated nutrition package (MIYCN, CMAM, MNDC)	ALIMA, WASSI, MonClub International, IRC, TdH, JDF and Borno, Adamawa and Yobe States Primary Health Care Development Agencies		
Activity 1.2	Families both Male and Female members will be given nutrition counselling on MIYCN to support pregnant women and primary caregivers of children aged 0-23 months. (Facility level group individual counselling in breastfeeding corners, group counselling in waiting areas at the facilities, counselling at the community in Mother to Mother Support Groups/Care Groups and Father Care Groups in both community and IDP camps)	ALIMA, WASSI, MonClub International, IRC, TdH, JDF and Borno, Adamawa and Yobe States Primary Health Care Development Agencies		
Activity 1.3	Health care providers will be trained on early identification of children with acute malnutrition and they will conduct active case finding by screening of all children 6-59 months olds using Mid Upper Arm Circumference (MUAC) tapes in the communities and facilities to identify children with SAM and refer them for appropriate treatment sites. At home and in newly arrival families mothers and primary care givers of children 6-50 months will be trained on identification of malnutrition using colour coded MUAC tapes for early detection of severely Acute Malnourished child and bringing the child to for registration at service delivery site for treatment and management of Acute malnutrition. The treatment will be done by using standard therapeutic supplies and Medical protocols. Stabilization Centre (SC) and Outpatient Therapeutic Program (OTP) will treat the children with SAM	ALIMA, WASSI, MonClub International, IRC, TdH, JDF and Borno, Adamawa and Yobe States Primary Health Care Development Agencies		
Activity 1.4	The outcome of all pregnancies is related to the health and nutritional status of the mother. To ensure a healthy baby, all pregnant mothers must receive counselling on consumption of adequate diet to ensure good nutrition status as well as receive of Iron Folate At health facilities	ALIMA, WASSI, MonClub International, IRC, TdH, JDF and Borno, Adamawa and Yobe States Primary Health Care Development Agencies		

	during the ANC and PNC all the pregnant and lactating women 15-45 years of age group (95,000) will be given Nutrition counselling and Micronutrient supplement – Iron and folic Acid tablets as per the protocol. This is one of the lifesaving Nutrition interventions for women and Pregnant Adolescent Girls.	
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**Output 2** Improved access to emergency integrated primary health care service delivery in IDP Camps and Host communities.

**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	H.8 Number of primary healthcare consultations provided	500,000	570,456	DHIS2, Admin Data
Indicator 2.2	H.7 Number of functional health facilities supported	126	126	DHIS2, Admin Data
Indicator 2.3	Number of pregnant women receiving ANC services	208,000	216,028	DHIS2, Admin Data

**Explanation of output and indicators variance:**

Over the period of one year, a total of 570,456 consultations were provided in camps and host communities for health service support in collaboration with the State Primary Health Care Development Agencies (SPHCDA) in the BAY states. Forecasting and quantification of supply requirements for the project were planned in coordination with the states through the clinics in camps and communities. The essential medicines procured were distributed to health facilities and mobile outreach teams to reach the targeted people with optimal services. These services include curative services, treatment of minor ailments and injuries and the management of childhood illnesses such as malaria and respiratory infections.

UNICEF supported 126 health facilities in the BAY states (Borno: 94, Adamawa: 4, Yobe: 28) with essential medical supplies and consumables. Through this support, 216,028 pregnant women were reached with ANC services in the supported health facilities in 4 LGAs in the BAY states.

Overachievement in indicators 2.1 and 2.3 is due to the influx of IDPs and the movement or return of people to locations of origin after the closure of IDP camps in Borno State. The response integrated health outreach sessions (i.e., health teams visiting communities without operational health services or in hard-to-reach areas) increased access to these services.

Activities	Description	Implemented by
Activity 2.1	Stipend payment to health volunteers	State Primary Health Care Development Agencies (SPHCDA) for each of the BAY states
Activity 2.2	Procurement and distribution of essential medicines and other medical supplies (Primary health care medicines, etc)	UNICEF/SPHCDA for each of the BAY states
Activity 2.3	Provision of Integrated PHC services including referral services to secondary health facilities	UNICEF/SPHCDA for each of the BAY states

Activity 2.4	Supportive Supervision and Joint Project Monitoring Visits	UNICEF/SPHCDA for each of the BAY states
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<b>Output 3</b>	150,000 IDPs and host community members have access to safe WASH services through provision of safe water, safe sanitation facilities, hygiene promotion
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<b>Was the planned output changed through a reprogramming after the application stage?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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<b>Sector/cluster</b>	Water, Sanitation and Hygiene			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	WS.6 Number of people accessing a sufficient quantity of safe water as per agreed sector/cluster coordination standards and norms	69,120	71,720	Borehole completion reports, SITREP, and Sector Report hub
Indicator 3.2	WS.9b Number of people with access to safe and dignified toilet/latrines with functional handwashing facilities	80,000	80,967	Activity completion reports, SITREP, and Sector Report hub
Indicator 3.3	CC.2 Number of people reached through awareness-raising and/or messaging on prevention and access to services(hygiene promotion messages)	150,000	150,500	SITREP and Sector Report hub
Indicator 3.4	Number of people provided with WASH non food items	18000	18,000	SITREP and Sector Report hub
Indicator 3.5	WS.4 Number of children accessing WASH Services in learning facilities and safe spaces	35,000	35,000	SITREP and Sector Report hub

<b>Explanation of output and indicators variance:</b>	The overachievement in indicators 3.1, 3.2, and 3.3. was due to changes in beneficiaries produced by population displacement in camps and host communities.
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Activities	Description	Implemented by
Activity 3.1	Drilling and installation of 5 motorized boreholes (solar), Rehabilitation and optimization of 7 solar boreholes, Operation and maintenance of 44 water systems (boreholes) including water trucking and operation and maintenance of 44 water points in IDPs Camp.	TdH and RUWASSA for each of the BAY states
Activity 3.2	Construction/Rehabilitation/Decommissioning of 200 emergency toilets, 100 bath shelters Sanitation facilities in IDP Camps and de-sludging of 4000 latrines.	TdH and RUWASSA for each of the BAY states
Activity 3.3	Carry out social mobilization and behaviour change in collaboration with Communication For Development (C4D) and carry out House to house hygiene promotion .	TdH and RUWASSA for each of the BAY states
Activity 3.4	Provision and distribution of 3000 WASH NFIs to 3000 households of targeted beneficiaries	TdH and RUWASSA for each of the BAY states

## 7. Effective Programming



CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>14</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

#### **a. Accountability to Affected People (AAP) <sup>15</sup>:**

All partner civil society organizations (CSOs) signed a memorandum of understanding (MoU) with the government for programme implementation. UNICEF also signed a workplan with the government for a joint activity implementation. A joint Nutrition and WASH Programme Document was signed with TdH for emergency nutrition response in Rann, Kala-Balge (Borno). Partners conducted inception meetings with community leaders, including women. The community created the 'Mother to Mother' support groups and selected the Lead Mothers. Group meetings were conducted at facilities, community centres and in selected homes.

UNICEF delivered the health response, including PHC activities, the provision of essential medicines and support to health workers, in close collaboration with the communities. UNICEF and implementing partners met with the IDP camp leaders at the start of the programme activities, with follow-up supervision meetings for monitoring and feedback. The selection of beneficiary communities was done together with the SPHCDA, and State Ministries of Health based on the sector's needs assessment. Religious and community leaders were informed about the support to the camp clinics and the availability of services free of charge to raise awareness among community members.

#### **b. AAP Feedback and Complaint Mechanisms:**

As per UNICEF PSEA mechanisms, sectors utilized existing confidential platforms for complaint reporting, feedback and risk mitigation, including U-Report, a hotline number and suggestion boxes. The U-Report is available 24 hours a day, seven days a week. Other forms of feedback were drawn from the third-party facilitators, health facility workers and hygiene promoters. At all times, complaints were reported to facility managers who are professionally trained to handle such complaints with a high level of confidentiality. The health workers have received refresher trainings from different projects and during supportive supervisions. Community feedback was collected during these supervisions.

The Nutrition Section ensured the involvement and accountability to affected populations, integrating a gender and disability approach. Community structures and the confidential platforms mentioned above were used to obtain feedback. The State Primary Health Care Management Board (SPHCMB) and UNICEF analysed the feedback for possible implementation adjustments. The section identified bottlenecks through third-party facilitators and adopted measures to address them.

WASH response was guided by the 5 Global WASH Commitments on the safety and dignity of the affected population. WASH committees were established with local women to identify their needs and promote local ownership. Focus group discussions and interviews with stakeholders were conducted. A post-distribution monitoring exercise was conducted to assess the appropriateness, effectiveness, and coverage of the NFI distribution.

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

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

<sup>15</sup> 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](#).

Before partnering with any government ministry or non-governmental organization (NGO), partner organizations take a mandatory online PSEA course and sign a commitment to prevent PSEA. In all IMAM trainings with government and CSO partners, there was a PSEA session facilitated by UNICEF Child Protection section. UNICEF conducted PSEA assessments with all CSOs signing agreements with UNICEF, and partners are rated according to the assessment results. Partners assessed as “high risk” or “moderate” received PSEA training and an assurance plan was developed and monitored for a period of 3-4 months. After this period, a re-assessment was performed.

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

The project was designed to contribute to gender equality and prevent discrimination, and UNICEF ensured the engagement of women, children, and the elderly on their specific WASH, nutrition, and health needs. Overall, 58 per cent of beneficiaries were female (376,517 women and 116,385 girls). Nutrition sites were integrated into existing government health facilities with the communities within walking distance of less than two kilometres from the community. These sites were made suitable for people living with disabilities to easily access services. Critically ill children were attended to first and pregnant and mothers with infants aged 6 months or younger were prioritized during screening and treatment. The Community Nutrition Mobilizers were selected to screen children from home and referred children with SAM to the closest treatment sites, reducing risks during travel.

Through the programme design and implementation, UNICEF first focused on services mostly accessed by women, girls, and boys. These services were designed to prevent and minimize the unintended negative effects of accessing health interventions. Most of the health workers were women, especially the midwives that provided antenatal care. For WASH programming, people’s concerns, including vulnerable groups, were factored into the programme design to address differentiated requirements by age and gender. All sanitation facilities were constructed close to residential units and disaggregated by gender, to avoid walking long distances and ensure the privacy and security of children and women.

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**e. People with disabilities (PwD):**

UNICEF ensured the inclusion and accessibility of people with disabilities in the emergency response. A total of 24,974 people with disabilities, including 13,843 women and girls, benefited from nutrition, health and WASH interventions. As part of the health response, health workers received training to provide equitable access to care. Likewise, people with disabilities and/or people with mobility constraints, those in hard-to-reach communities or without adequate health facilities could access PHC services through outreach health sessions. From the 11,651 children reached with treatment for SAM, 468 children were estimated to have a disability. People with disabilities are often victims of PSEA especially women and girls. Risks were mitigated by training all implementing partners on PSEA, and OTP sites were situated closer to the communities for easy access.

WASH facilities were designed considering people with disabilities. For instance, within one block of four emergency latrines and two bath shelters, one latrine compartment is dedicated to the physically challenged and has a ramp (with a fall of 1:10) and guard rail for easy entry and support. All sanitation facilities, including latrines, were constructed near residential units to ensure the privacy and security of women and children and easy access for the elderly and physically challenged. Similarly, water facilities were provided within 500 metres of the shelter.

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**f. Protection:**

Health workers in health facilities and communities served as the main agents to ensure all individuals and at-risk persons were protected from harm by other health workers or other patients accessing care. There is a clear understanding of reporting channels and the need to be aware of protection related concerns, as discussed during supportive supervisions. Gender awareness-raising was an integral part of the program where mothers and caretakers were sensitized on gender-based violence (GBV) issues and reporting channels through existing structures at the community level. Implementing partners were also trained on GBV and each partner had reporting and referral pathways for GBV victims. As for WASH, as mentioned before, emergency latrines, bath shelters and water points were constructed close to the communities and camps for privacy reasons and to minimize the risk to women, children and persons with disabilities, particularly at night.

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**g. Education:**

N/A

**8. Cash and Voucher Assistance (CVA)****Use of Cash and Voucher Assistance (CVA)?**

<b>Planned</b>	<b>Achieved</b>	<b>Total number of people receiving cash assistance:</b>
No	No	

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.

In-kind assistance was considered the feasible modality in most of the areas due to market conditions, availability, accessibility, poor infrastructures and safety concerns. Moreover, the treatment of severe acute malnutrition involves the provision of specialized therapeutic products (e.g., RUTF, F75, F100) and drugs that must be given after a nutrition assessment and followed by regular monitoring. The treatment is prescribed under strict medical supervision by qualified health workers and therefore cannot be delivered through cash modalities.

**Parameters of the used CVA modality:**

<b>Specified CVA activity</b> (incl. activity # from results framework above)	<b>Number of people receiving CVA</b>	<b>Value of cash (US\$)</b>	<b>Sector/cluster</b>	<b>Restriction</b>
None				

**9. Visibility of CERF-funded Activities**

<b>Title</b>	<b>Weblink</b>
How Hauwa got her 'freedom' back	How Hauwa got her 'freedom' back   UNICEF Nigeria
CNM trained on MUAC tapes to screen for malnutrition	<a href="https://t.co/UN7OkOChaY">https://t.co/UN7OkOChaY</a> (Twitter) <a href="https://www.instagram.com/p/CbuOkVCuEia/">https://www.instagram.com/p/CbuOkVCuEia/</a> (Instagram)
A cholera survivor turns sanitation champion in Yobe	A cholera survivor turns sanitation champion in Yobe   UNICEF Nigeria

### 3.8 Project Report 21-UF-CEF-052

1. Project Information			
Agency:	UNICEF	Country:	Nigeria
Sector/cluster:	Protection - Child Protection	CERF project code:	21-UF-CEF-052
Project title:	Support and inclusion of children with disabilities and caregivers in CP service delivery in North East Nigeria		
Start date:	03/11/2021	End date:	02/11/2022
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 1,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 300,000
	Total CERF funds sub-granted to implementing partners:		US\$ 202,990
	Government Partners		US\$ 48,868
	International NGOs		US\$ 59,621
	National NGOs		US\$ 94,501
	Red Cross/Crescent Organisation		US\$ 0

### 2. Project Results Summary/Overall Performance

Through the CERF grant, UNICEF provided child protection in emergency response services to 8,100 direct beneficiaries in 14 Local Government Areas (LGAs) of Borno State (MMC, Jere, Mongonu, Gwoza Pulka, and Konduga LGAs), Adamawa State (Yola North, Yola South, Madagali, Mubi North and Michika LGAs) and Yobe State (Damaturu, Potiskum and Yanasari LGAs). This included:

- 8,100 people (3,162 girls, 3,038 boys, 900 women and 1,000 men) accessed comprehensive case management services including gender-based violence (GBV), prevention of sexual exploitation and abuse (PSEA), psychosocial support (PSS), alternative care, education and health in a safe, accountable, and participatory manner.
- Families and caregivers of 29 children with disabilities (11 girls, 18 boys) accessed livelihood support, including small business skills to enable targeted beneficiaries to generate income (i.e., through the production of locally made hats for men, noodles/spaghetti and/or perfume, based on beneficiaries' preferences and/or market analysis).
- 3,500 children under five (1,575 girls, 1,925 boys), including those with disabilities, that accessed birth registration and certification services. A portion of these beneficiaries were families exiting armed groups during the project period.

Through this CERF grant, UNICEF and its partners also conducted one needs and vulnerabilities assessment of disabled girls, boys and their caregivers in Borno, Adamawa and Yobe (BAY) states to understand current services and gaps and to inform future programming. The assessment uses a sample size of 216 persons of which 50 per cent were people with disability. The assessment identified very limited services or access to services, health care services and job opportunities for children, including special education programmes for

children with disabilities. The report also highlights the limited protection mechanisms in place to protect people with disabilities (PwD) from GBV and SEA.

In collaboration with the Education Working Group, and the Child Protection and GBV Subsectors, UNICEF initiated one review and update of available cross-sectoral minimum packages to address gaps identified by the assessment. UNICEF also developed and updated tools for inclusive programming targeted at people with disabilities in all programme interventions including the GBV risk mitigation assessment form and the MHPSS, wellbeing assessment tools.

Finally, all results statements for child protection, including GBV/PSEA, were reviewed and updated to reflect key indicators for access to PSEA and available services for PwDs. This informed the existing inclusive monitoring plan to ensure equal and easy access to services for all PwDs in need of services.

#### **Future plans**

Special focus will be given to increasing access to the provision of special education and quality health care services for children with disabilities. Through the GBV sub-sector, deeper analysis will be conducted to determine the best or most suitable community-based mechanisms to prevent GBV and SEA against persons with disabilities and improve their access to quality GBV and PSEA responses. This analysis will be finalized and utilized during the first half of 2023.

### **3. Changes and Amendments**

Throughout the course of this project, people have continued exiting non-state armed groups (NSAGs), primarily from Jama'atu Ahlis Sunna Lidda'awati Wal-Jihad (JAS). This has resulted in an increased number of people needing support who were not targeted earlier, contributing to an additional 1,000 people targeted, especially for PSS services. The Hajj Camp rapid needs assessment recommended immediate mental health and psychosocial support to the children and their caregivers to facilitate their quick return to a state of normalcy. This resulted in the utilization of CERF funds to support the Hajj MHPSS response. Despite this rise in beneficiaries, UNICEF was able to support the project without additional funding.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Protection - Child Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	100	100	800	800	1,800	100	100	800	800	1,800
Internally displaced people	250	250	1,500	1,500	3,500	250	250	1,500	1,500	3,500
Host communities	100	100	800	800	1,800	100	100	800	800	1,800
Other affected people	0	0	0	0	0	100	100	400	400	1,000
<b>Total</b>	<b>450</b>	<b>450</b>	<b>3,100</b>	<b>3,100</b>	<b>7,100</b>	<b>550</b>	<b>550</b>	<b>3,500</b>	<b>3,500</b>	<b>8,100</b>
<b>People with disabilities (PwD) out of the total</b>										
	50	50	1,500	1,500	3,100	23	25	1,000	1,000	2,048

\* 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

An estimated total of 82,133 people indirectly benefited from child protection interventions such as awareness sessions on the rights of children and the establishment of safe and accountable community-based reporting and complaint mechanisms for GBV/PSEA in targeted communities. UNICEF initially targeted 52,500 indirect beneficiaries but the beneficiary target increased due to the needs of people coming out of non-state armed groups. These beneficiaries were provided information on what constitutes GBV and PSEA and how to minimize and prevent their associated risks or report cases by accessing the complaint and feedback mechanisms. In addition to providing relevant information to targeted communities, these awareness initiatives aimed at breaking the silence around GBV and PSEA by stimulating open dialogue, preventive actions and reporting within communities. Lastly, these awareness and sensitization meetings are also opportunities for families who have children with disabilities to participate in community initiatives where they are encouraged and supported in fostering their children's active citizenship and community participation. Negative cultural beliefs and practices affecting the rights and protection of children with disabilities are now being discussed to stimulate a critical mass of influencers that will ensure children with disabilities are treated equally, considering their needs for access and quality.

## 6. CERF Results Framework

Project objective	To accelerate the realisation of child rights and reduce the equity gap by increasing access to cross-sectoral, community-based, preventive, family-centered services in health, education and child protection.				
Output 1	Needs and vulnerabilities of disable girls, boys and their care givers assessed				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Protection - Child Protection				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	Number of assessments conducted	1 per state ( Borno,Adamawa and Yobe)	A combined needs assessment was conducted for all three states	Assessment report	
Explanation of output and indicators variance:		There should have been separate assessments per state, but the required cost was higher than what was initially budgeted for. UNICEF was however able to conduct the three-state assessment under one exercise.			
Activities	Description		Implemented by		
Activity 1.1	In collaboration with the CP sector, develop/adapt tools, and train assessors on the rapid assessment.		Consortium of Consultants, University of Maiduguri and Federal Neuro-Psychiatric Hospital, Maiduguri		
Activity 1.2	Conduct a rapid assessment of children with disability in targeted locations to inform programme design and implementation		Consortium of Consultants, University of Maiduguri and Federal Neuro-Psychiatric Hospital, Maiduguri		
Output 2	Increased access to comprehensive case management services including (GBV/PSEA, PSS, alternative care, education, health) in a safe, accountable, and participatory manner.				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Protection - Child Protection				
Indicators	Description	Target	Achieved	Source of verification	

Indicator 2.1	CP.1 Number of unaccompanied or separated children identified and assisted, including family tracing and reunification (family reunification and alternative care)	200	300	CP Information Management System (CPIMS)
Indicator 2.2	Ed.1 Number of children accessing formal or non-formal education	700	1100	CPIMS and partners reports
Indicator 2.3	PS.1a Number of people benefitting from safe spaces and/or centres	14,650	14,650	CPIMS and partners report
Indicator 2.4	PS.2 Number of people benefitting from core GBV services (e.g. case management, psycho-social support, clinical management of rape, PEP, etc.)	200	300	CPIMS and partners reports
Indicator 2.5	CC.2 Number of people reached through awareness-raising and/or messaging on prevention and access to services	52,500	83,133	CPIMS and partners reports
Indicator 2.6	SP.1a Number of menstrual hygiene management kits and/or dignity kits distributed	100	200	Distribution list and plan
Indicator 2.7	SP.1b Number of people benefitting from menstrual hygiene management kits and/or dignity kits	200	300	CPIMS and partners reports

**Explanation of output and indicators variance:**

Increase in targets due to people exiting armed groups. During the implementation period, a large number of people exiting armed groups were in desperate need of basic services thus prompting the Child Protection humanitarian interventions to assist additional beneficiaries.

Activities	Description	Implemented by
Activity 2.1	Identify, document, trace and reunify UASC with their caregivers or placed in alternative care	Borno State Ministry of Women Affairs and Social Development (BSMWASD), Community Health and Development/CHAD
Activity 2.2	Identify and refer school age out-of- school children for education support.	BSMWASD, Adamawa State Ministry of Women Affairs and Social Development (ASMWASD), Yobe State Ministry of Youth Sport and Social Development (MOYSSD), Grow Strong Foundation (GSF)
Activity 2.3	Provide community based psychosocial support services to children and their care givers and refer cases needing mental health services to relevant stakeholders	BSMWASD, GSF, Goal Prime Organization (GPON)
Activity 2.4	Provide confidential and dignified professional case management services for survivors (clinical management of GBV, mental health, and psychosocial support)	Learning through Skills Acquisition initiative (LETSAI), GSF, BSMWASD, ASMWASD, YSMYSSD
Activity 2.5	Conduct awareness sessions and rights of children and establish safe and accountable community-based reporting and complaint mechanism for GBV/PSEA	BSMWASD, ASMWASD, MOYSSD, GSF

**Output 3**

Family and caregivers of children with disability have access to livelihood support to protect children in their care



Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Protection - Child Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of adolescent girls and boys enrolled in entrepreneurial and livelihood activities and learning business skills and financial management	100	100	CPIMS and partners reports
Explanation of output and indicators variance:		No variances		
Activities	Description	Implemented by		
Activity 3.1	Establish and support effective entrepreneurial and livelihood opportunities for adolescents girls and boys including business skills and financial management	BSMWASD and GPON		

**Output 4** Increase access to birth registration and certification services for children under five especially children with disability.

Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Protection - Child Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation	50	50	CPIMS
Explanation of output and indicators variance:		No variances		
Activities	Description	Implemented by		
Activity 4.1	Conduct short training for child protection workers on disability rights and inclusion	BSMWASD, UNICEF		

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>16</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

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

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**a. Accountability to Affected People (AAP) <sup>17</sup>:**

All partner civil society organizations signed a memorandum of understanding with the government for programme implementation and UNICEF signed a workplan with the government for a joint activity implementation. The proposed action was defined by building trust and partnership through daily interactions and collaboration with the affected communities especially people with disabilities. This included support to community-based structures and participation in public awareness-raising, referral processes and collaboration in identifying and implementing initiatives that contribute to improving the protective environments for all. Through the assessment and independent consultations with specific groups, including women, girls, and children with disability, UNICEF incorporated their ideas into all programme activities. As part of the emergency response activities, beneficiaries were consulted through regular programme monitoring and supervision visits and during post-distribution monitoring exercises. Periodic check-in visits and consultation on quality of and access to the relevant services were conducted. An established safe and easily accessible reporting mechanism built into the programme monitoring tool provided the conduit for receiving and giving feedback to 300 beneficiaries as reflected in the result framework indicator 2.4.

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**b. AAP Feedback and Complaint Mechanisms:**

As part of the design of the programme response, a formalized complaint and feedback mechanism was set up by service providers in communities and schools aimed at giving victims and witnesses of abuse and exploitation a chance to report cases and for duty bearers to deal with these complaints in a structured manner. Mechanisms established included in-person reporting, the placement of suggestion boxes in strategic locations, hotlines and community consultations. In some instances, anonymous emails were sent to report on issues communities considered as misconduct by the service providers. These cases were investigated, and feedback provided back to the source of the report. The reports are normally received either directly by the community leaders, social or case workers, or anonymously either through the reporting boxes strategically placed in communities or by an email to UNICEF staff. Cases of PSEA were reported to the dedicated PSEA officer who handled the cases until their conclusion. Non-PSEA cases were managed by the social worker using the case management tools or through referrals to other service providers.

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

Before partnering with any government ministry or non-governmental organization (NGO), partner organizations take a mandatory online PSEA course and sign a commitment to prevent PSEA. In UNICEF, there are dedicated focal points for recording and handling PSEA complaints and allegations. These focal points are trained on the established complaint handling tool and the United Nations protocol on the provision of assistance to victims and survivors. All reports are channelled to the appropriate focal point who follows the principles of confidentiality and manages the recording and documentation as well as assistance to the victim until durable solutions are achieved. Other actions include community awareness and sensitization on their rights, availability of services and where/how to access them and ensuring that sexual exploitation is not tolerated.

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

Education is one of the most powerful means available for providing women with the knowledge, skills and self-confidence they need to participate equally in society. A total of 49.9 per cent of the beneficiaries were women and girls. Programmes were designed with inputs from women and adolescent girls to ensure that they were provided with the relevant information needed for their self-growth and development. They were also provided with agreed skills and activities that promote their status and give them back their dignity and self-worth. These activities were conducted through women and adolescent girls' friendly spaces. Trainings were conducted for female community volunteers who led community discussions with women and girls on their self-empowerment. Key indicators were embedded into all programme documents with partners to ensure women's equality and empowerment remained an integral component of the service delivery. Regular GBV risk assessment and mitigation actions were taken. Locations in communities and transit centres that posed GBV risks were sealed off and local alarm mechanisms were established to support beneficiaries, such as the provision of whistles to

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<sup>17</sup> 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](#).

beneficiaries to use when in danger, flashlights for women to use at night, and the re-positioning of some toilet facilities, preventing men and women interaction.

#### e. People with disabilities (PwD):

As a means of ensuring an inclusive environment where people with disabilities feel an integral part of the programme, consultations were held with several associations of PwD on how they would like their disability to be addressed, what support they might need and how well they felt the humanitarian response met their needs or promoted their accessibility. Recommendations from these groups informed the programme design ensuring that key indicators were identified to ensure that programmes included people with disabilities during implementation. The action also required the empowerment of PwD and building their capacity to enable them function in those roles (for key findings from the assessment see Annex 2).

#### f. Protection:

Prioritizing safety and dignity and avoiding causing harm as well as ensuring meaningful access, accountability, participation and empowerment, were key considerations in the project design. All implementing partners were trained on the child safeguarding principles which set the basis for working with children, their caregivers and their communities. All partners activated their protection policies in compliance with do no harm principles. A protection clause was included in agreements with contractors to hold them accountable for securing the protection rights of the beneficiaries. Going beyond mainstreaming, protection was integrated into other sectoral responses towards a common programme objective based on an assessment of needs to ensure a protective environment for the beneficiaries.

#### g. Education:

UNICEF allocated a considerable amount of time, effort and other resources to its emergency response and the development and implementation of Information, Education and Communication/Behaviour Change Communication (IEC/BCC) materials and community education and information actions. The goal was to ensure that stakeholders at all levels from beneficiaries, community and duty bearers or service providers were educated on the project content and its intended results and outcomes. At every stage of the implementation, the project team reflected on decisions taken and activities that have been implemented; amendments will be made if required. The information is shared with stakeholders and beneficiaries, so they know what is being obtained throughout the programme implementation.

### 8. Cash and Voucher Assistance (CVA)

#### Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	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.

The use of CVA was not planned because in-kind assistance was considered, which is the most feasible modality in most areas due to market conditions, availability, accessibility, poor infrastructures and safety concerns.

#### 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
None				

## 9. Visibility of CERF-funded Activities

Title	Weblink
Access to integrated services for vulnerable populations	<a href="https://twitter.com/UNICEF_Nigeria/status/1560179924836749314">https://twitter.com/UNICEF_Nigeria/status/1560179924836749314</a>
MHPSS to Vulnerable Girl	<a href="#">UNICEF Nigeria - Amina (not real name) was on an errand in...   Facebook</a>
Talent Discovery-MHPSS for War Affected Children	<a href="#">UNICEF Nigeria - Talent discovery meets mental health...   Facebook</a>
MHPSS to Vulnerable Girl	<a href="https://www.instagram.com/p/CaFLdkisneb/">https://www.instagram.com/p/CaFLdkisneb/</a>

## Photos

To cope with the increased number of people exiting non-state armed groups, CERF funds were redirected to support the renovation and rehabilitation of SafeSpaces (i.e., Child Friendly Spaces (CFS)). Pictured here is the newly constructed CFS at Hajj Camp, Maiduguri, a full front view of the CFS and children accessing the playground during the construction. ©UNICEF/Nigeria





### 3.9 Project Report 21-UF-WFP-028

1. Project Information			
Agency:	WFP	Country:	Nigeria
Sector/cluster:	Common Services - Emergency Telecommunications Common Services - Humanitarian Air Services	CERF project code:	21-UF-WFP-028
Project title:	Enabling UN Common Services for the Humanitarian Operations in Northeast Nigeria		
Start date:	01/08/2021	End date:	31/07/2022
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 27,644,538
	Total funding received for agency's sector response to current emergency:		US\$ 15,290,630
	Amount received from CERF:		US\$ 1,500,000
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
	Red Cross/Crescent Organisation		US\$ 0

### 2. Project Results Summary/Overall Performance

UNHAS reached 11 helicopter locations in northeast Nigeria and three fixed wing locations throughout the country to transport humanitarian responders to assist vulnerable population in these locations. During the reporting period from August 1, 2021, to July 31, 2022, UNHAS Nigeria facilitated the transportation of 51,121 passengers. The air services provided were instrumental in transporting 136.04 metric tons of light humanitarian cargo. Medical transport flights were a key feature, with nine flights assisting 13 passengers in need of medical care. Additionally, 10 security relocation flights ensured the safe transportation of 94 passengers during security-related situations.

ETS provided security communications, internet connectivity, ICT helpdesk, Information Management (IM), and coordination services to humanitarian responders. The ETS provided security communications services in Maiduguri, Damaturu, and Yola metropolitan areas. Internet and security communications services were delivered in the eight humanitarian hubs in Borno State – Bama, Banki, Damasak, Dikwa, Gwoza, Maiduguri, Monguno, and Ngala. Security communications services were also available in the Security Operations Centres (SOCs) in Damaturu and Yola. The ETS was available to provide user and security communications training on demand. The ETS provided data connectivity to 3,239 users and 122 organisations (20 UN agencies and 120 NGOs).

### **3. Changes and Amendments**

UNHAS operations in northeast Nigeria experienced growing demand from the humanitarian community, signifying UNHAS' essential role in the region. During the reporting period, the funds received from CERF were efficiently utilized to cover the operational costs necessary to provide vital air services. The entirety of the funds received were expended. These funds played a crucial role as UNHAS continued to transport humanitarians who are actively engaging with vulnerable communities and conducting vital humanitarian and development missions in northeast Nigeria. The funds contribution was significant, aligning with UNHAS's mission to enable safe and efficient air transportation that directly supports the humanitarian cause in the region.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Common Services - Humanitarian Air Services									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>People with disabilities (PwD) out of the total</b>										
	0	0	0	0	0	0	0	0	0	0

  

Sector/cluster	Common Services - Emergency Telecommunications									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>People with disabilities (PwD) out of the total</b>										
	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

People requiring humanitarian assistance benefited indirectly from improved access of humanitarian actors to both telecommunications and air services that enabled humanitarian organizations to implement lifesaving humanitarian response throughout the region. ETS provided data connectivity to 122 organizations—20 UN agencies and 120 NGOs; UNHAS provided services to 51,115 total passengers (12,920 women and 38,195 men).

## 6. CERF Results Framework

Project objective	Provide humanitarian common services to the humanitarian community in the northeast Nigeria to increase the efficiency of the humanitarian assistance.				
Output 1	Secured telecommunications-related services and ICT emergency preparedness services are provided to humanitarians and humanitarian agencies in 8 locations.				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Common Services - Emergency Telecommunications				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	Number of individuals provided with secured telecommunications services	3,000	3,239	[ETS grafana dashboard]	
Indicator 1.2	Number of UN agencies, I/NGOs and government organizations supported by ETS	110	122	[ETS grafana dashboard]	
Indicator 1.3	Number of VSAT installed in Humanitarian Hubs in 8 locations for more reliable communications services	8	11	[CACTI]	
Indicator 1.4	CS.5 Percentage of users reported satisfied with services provided	80%	89%	[Satisfaction survey]	
Explanation of output and indicators variance:		None			
Activities	Description		Implemented by		
Activity 1.1	Provide secured common emergency telecommunications services to government, United Nations and NGO partners to facilitate effective field operations.		[Emergency Telecommunications Sector]		

Output 2	Humanitarian air services and cargo services are provided to all partners in the northeast Nigeria			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Common Services - Humanitarian Air Services			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	CS.4 Number of passengers transported	5,500	51,121	[Performance Management Tool - PMT]

Indicator 2.2	Cargo transported by air measured in MT per month	12	136.04 mt	[PMT] Achievement is reported in total annual achievement against the monthly target
<b>Explanation of output and indicators variance:</b>		Due to fuel issues, harmattan, and aircraft technical issues, UNHAS was not able to conduct all planned flights. Also, there were a decrease in demand from users for flights.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Provide humanitarian air services to government, United Nations and NGO partners to transport humanitarian personnel and cargo.	United Nations Humanitarian Air Service - UNHAS		

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>18</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

### a. Accountability to Affected People (AAP)<sup>19</sup>:

Not applicable for UNHAS and ETS as UNHAS is not implementing any specific project nor targeting crisis-affected people but providing air and telecommunications services to the humanitarian community in the region.

### b. AAP Feedback and Complaint Mechanisms:

Not applicable

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

Not applicable

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

Not applicable

### e. People with disabilities (PwD):

Not applicable

### f. Protection:

<sup>18</sup> These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

<sup>19</sup> 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](#).

Not applicable

**g. Education:**

Not applicable

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

**Use of Cash and Voucher Assistance (CVA)?**

<b>Planned</b>	<b>Achieved</b>	<b>Total number of people receiving cash assistance:</b>
No	No	

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.

**No**

**Parameters of the used CVA modality:**

<b>Specified CVA activity</b> (incl. activity # from results framework above)	<b>Number of people receiving CVA</b>	<b>Value of cash (US\$)</b>	<b>Sector/cluster</b>	<b>Restriction</b>
<b>None</b>				

**9. Visibility of CERF-funded Activities**

<b>Title</b>	<b>Weblink</b>
<b>None</b>	

## ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Implementing Partner Type	Funds Transferred in USD
21-UF-FPA-022	Gender-Based Violence	UNFPA	NNGO	\$178,950
21-UF-FPA-022	Gender-Based Violence	UNFPA	NNGO	\$486,180
21-UF-FPA-022	Gender-Based Violence	UNFPA	GOV	\$189,290
21-UF-FPA-022	Gender-Based Violence	UNFPA	GOV	\$154,000
21-UF-FPA-022	Gender-Based Violence	UNFPA	GOV	\$100,000
21-UF-FPA-022	Sexual and Reproductive Health	UNFPA	NNGO	\$75,000
21-UF-FPA-022	Gender-Based Violence	UNFPA	NNGO	\$46,400
21-UF-FPA-022	Sexual and Reproductive Health	UNFPA	INGO	\$60,000
21-UF-CEF-052	Child Protection	UNICEF	GOV	\$38,244
21-UF-CEF-052	Child Protection	UNICEF	NNGO	\$24,020
21-UF-CEF-052	Child Protection	UNICEF	NNGO	\$29,097
21-UF-CEF-052	Child Protection	UNICEF	NNGO	\$11,985
21-UF-CEF-052	Child Protection	UNICEF	INGO	\$29,741
21-UF-CEF-052	Child Protection	UNICEF	NNGO	\$29,399
21-UF-CEF-052	Child Protection	UNICEF	INGO	\$29,880
21-UF-CEF-052	Child Protection	UNICEF	GOV	\$630
21-UF-CEF-037	Nutrition	UNICEF	INGO	\$66,679
21-UF-CEF-037	Nutrition	UNICEF	GOV	\$416,298
21-UF-CEF-037	Nutrition	UNICEF	GOV	\$31,800
21-UF-CEF-037	Water, Sanitation and Hygiene	UNICEF	GOV	\$290,800
21-UF-CEF-037	Water, Sanitation and Hygiene	UNICEF	GOV	\$97,236
21-UF-CEF-037	Water, Sanitation and Hygiene	UNICEF	GOV	\$76,966
21-UF-CEF-037	Health	UNICEF	GOV	\$6,131
21-UF-CEF-037	Health	UNICEF	GOV	\$18,160
21-UF-CEF-037	Health	UNICEF	GOV	\$300,518
21-UF-FAO-016	Agriculture	FAO	NNGO	\$6,993
21-UF-FAO-016	Agriculture	FAO	NNGO	\$60,418
21-UF-FAO-016	Agriculture	FAO	GOV	\$39,629
21-UF-FAO-016	Agriculture	FAO	GOV	\$26,919
21-UF-FAO-016	Agriculture	FAO	NNGO	\$2,664
21-UF-FAO-016	Agriculture	FAO	NNGO	\$68,050

21-UF-FAO-016	Agriculture	FAO	NNGO	\$11,048
21-UF-FAO-016	Agriculture	FAO	NNGO	\$0
21-UF-FAO-016	Agriculture	FAO	NNGO	\$3,857
21-UF-FAO-016	Agriculture	FAO	NNGO	\$0
21-UF-FAO-016	Agriculture	FAO	INGO	\$66,533
21-UF-FAO-016	Agriculture	FAO	NNGO	\$39,793
21-UF-HCR-027	Shelter and Non-Food Items	UNHCR	NNGO	\$50,142
21-UF-HCR-020	Protection	UNHCR	NNGO	\$50,142
21-UF-HCR-020	Protection	UNHCR	NNGO	\$557,837
21-UF-HCR-020	Protection	UNHCR	NNGO	\$381,750
21-UF-FAO-016	Agriculture	FAO	GOV	\$5,485
21-UF-FAO-016	Agriculture	FAO	GOV	\$14,783
21-UF-FAO-016	Agriculture	FAO	GOV	\$4,259
21-UF-FAO-016	Agriculture	FAO	NNGO	\$11,048
21-UF-FAO-016	Agriculture	FAO	INGO	\$153,612
21-UF-FAO-016	Agriculture	FAO	NNGO	\$24,967