CERF ALLOCATION REPORT ON THE
USE OF FUNDS AND ACHIEVED RESULTS

United Nations CERF Central Emergency Response Fund

NIGERIA
UNDERFUNDED EMERGENCIES
ROUND II
DISPLACEMENT
2022

22-UF-NGA-55396

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Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

Please indicate when the After-Action Review (AAR) was conducted and who participated.	**30/01/2024**

An After-Action Review took place and was attended by IOM, UNICEF, FAO, UNOCHA and sector representatives (WASH, nutrition, food security).

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

The AAR findings will be shared with the HC and the final consolidated report will be shared before 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 sectors were involved in the reporting process, including the review of drafts of this report, and providing inputs during the After-Action Review. This final report version will also be shared with all recipient agencies.

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

The CERF allocation surpassed its target of 720,360 and reached 1,236,349 beneficiaries including 405,871 women, 169,202 men, 361,030 girls and 306,130 boys.

In collaboration with UNICEF, FAO distributed nutrient-dense Tom Brown to 7,000 children under five and 3,000 pregnant and lactating women, while also enhancing agro-processing and fish-processing centres to serve as production hubs. Additionally, 1,500 vulnerable households received fresh food vouchers, promoting the intake of micronutrients, and preventing further malnutrition. Furthermore, FAO supplied 3,000 vulnerable households with seeds for highly nutritious vegetables, fostering self-sustainability in nutritious food production. Through data collection and analysis, insights were generated to strengthen early warning systems and implement timely interventions to prevent child malnutrition, thereby addressing both immediate needs and underlying causes within the community. 11,500 beneficiaries were jointly reached under the UNICEF and FAO nutrition intervention.

UNICEF also delivered lifesaving malnutrition treatment to 27,750 children aged 6–59 months (14,985 girls and 12,765 boys) with severe acute malnutrition (SAM) in 26 LGAs across the BAY states in northeast Nigeria. Integrated nutrition services were delivered in 121 health facilities and through 2,867 community platforms such as mother-to-mother support groups (M2MSGs). The programme also reached 177,196 pregnant and lactating women with a package of maternal, infant, and young child nutrition (MIYCN) interventions, including skilled counselling and micronutrient supplementation. The CERF underfunded emergency allocation enabled UNICEF to provide key health interventions in cholera-affected and cholera hotspot local government areas (LGAs) in Borno and Adamawa in 2022, as well as contributing to improved access to quality lifesaving and life-sustaining Primary Health Care (PHC) services. UNICEF reached 353,107 individuals with an essential package of integrated PHC services delivered in the targeted communities. Access to safe water was provided for 144,474 people through construction, light repairs, and rehabilitation of 40 boreholes in 26 health facilities across 14 LGAs in the BAY states. Access to safe sanitation was provided for 38,000 people by rehabilitating 40 emergency toilets and 20 bath shelters in Hajj camp Konduga, LGA. A total of 48,000 people received critical WASH supplies by distributing 5,000 SAM kits to 5,000 households targeting SAM children in OTP centres in Bama, Gwoza, Konduga, Ngala, Mobbar, and Dikwa LGA. Similarly, 3,000 WASH non-food items (NFIs) were distributed to new arrivals in Bama, Mafa, and Konduga LGAs. Moreover, 575,744 community members (325,881 females and 249,863 males) were reached with key hygiene messages through awareness-raising and/or messaging on prevention and access to services. UNICEF also coordinated RRM interventions reaching 66,987 people; 36,930 people reported using a safe, dignified and functional sanitation facility with functional handwashing facility (with soap/cleaning agent and water); 74,918 people received WASH/hygiene messaging.

With this grant, IOM managed and operated nine humanitarian hubs in eight locations across Borno State, including Maiduguri, Gwoza, Bama, Ngala, Dikwa, Monguno, Damasak and Banki (two hubs). These hubs played a crucial role in facilitating the delivery of life-saving humanitarian assistance by providing accommodation and services and internet connectivity. Throughout the project's implementation, the humanitarian hubs offered a total of 54,564 bed nights to accommodate 2,730 humanitarian workers, consisting of 2,024 men and 706 women. Additionally, 2,835 participants utilized the meeting and training facilities, while an average of 1,803 individuals accessed internet services provided by 203 agencies, including UN, INGOs, NGOs, donors, and government partners, across the nine humanitarian hubs.

The overall impact of the allocation has been positive. In addition to responding to cholera outbreaks, food insecurity and a malnutrition crisis, the grant ensured there was no break in service provision at the humanitarian hubs in deep field locations at a critical time when humanitarian assistance was most required.

CERF's Added Value:

- The CERF funds allowed for interventions through the RRM in hard-to-reach areas like Marte LGA which had previously not been served by any humanitarian actors. The intervention led to increased resource mobilization for those areas.
- The CERF supported improved coordination among UN agencies. The joint programming by UNICEF and FAO led to 7,000 MAM beneficiaries receiving comprehensive care from UNICEF's nutrition centre and FAO's nutrition supplement (Tom Brown) intervention.
- The CERF also promoted localization through sub implementation of grants to national NGOs which opened new avenues for the NGOs involved. For example, two new NGOs became members of the RRM team and the access working group which previously did not have national NGO members.

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

Yes ☒ Partially ☐ No ☐

Malnutrition services were provided in locations where service levels were deteriorating. Critical support was provided to nutrition centres which also helped in preventing relapse of previously treated cases. There was also fast delivery of malnutrition services through the RRM anticipatory action intervention for children in hard-to-reach areas.
For hubs, the funds allowed continuation of service at a critical time.
For the cholera intervention, the CERF improved performance by responding to outbreaks in many locations. The hotspots were reached on time, allowing for sensitization and health service provision.

Did CERF funds help respond to time-critical needs?

Yes ☒ Partially ☐ No ☐

The funds were provided at the right time, coming during the lean season and close to the peak of the malnutrition and cholera outbreaks. The flexibility of CERF also allowed funds to be used for preventative actions in 2023, resulting in a major reduction in the instances of cholera outbreaks reported.

Did CERF improve coordination amongst the humanitarian community?

Yes ☒ Partially ☐ No ☐

The grant, by its design, led to close collaboration between UNICEF and FAO with UNICEF's nutrition beneficiaries being directly enrolled into FAO's tom brown programme, providing a full circle treatment for children suffering with malnutrition. The grant also supported agencies work with government agencies, INGOS, NNGOs as sub-implementing partners. In hard-to-reach areas, inter-sectoral meetings were held every two weeks for the prevention of cholera which was attended by a cross-section of responders and allowed for a holistic response to the cholera epidemic.

Did CERF funds help improve resource mobilization from other sources?

Yes ☒ Partially ☐ No ☐

Yes, one of the key components of the grant was the support to the rapid response mechanism (RRM) which allowed partners to intervene in locations that were previously inaccessible and unserved by partners (e.g. Marte LGA). Once those locations were opened, more assessments were conducted which highlighted major needs in those locations. Following positive results (nutrition and WASH) recorded because of the use of the CERF grants, more funds were received from various donors for continuing assistance in those locations. The CERF grant also supplemented procurements of WASH supplies and RUTF which led to more support from other donors.

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

Gender consideration and the empowerment of women and girls were central to FAO programming. Women and girls were exclusively engaged in addressing specific gender issues to voice out concerns affecting them. Gender-sensitive nutrition education was implemented to sustain healthy dietary practices through capacity building for women and girls. Additionally, awareness creation and sensitization on protection risks for women and girls were conducted. Finally, FAO established and strengthened clubs aimed at fostering community-based practices to address malnutrition.

UNICEF ensured that the programme design was inclusive and that people with disabilities, particularly women and girls, were actively sought out and given priority access/ special consideration. In addition, communities were sensitized on disability issues and the need for inclusive approaches at the community level right from the start of the programme. The health component ensured that health workers were equipped with the capacity to triage and prioritise people with disabilities, especially women and children and that there were minimal waiting periods to access care when they presented to the clinics or were attended to first before others during outreaches. The nutrition component ensured that children with disabilities and pregnant and breastfeeding women with disabilities can access all nutrition services in all its service delivery points. There were ramps in many health facilities where the services were provided. Information on how nutrition services could be accessed was provided by the CNMs in camps and host communities.

Table 1: Allocation Overview (US$)

Total amount required for the humanitarian response	**351,000,000**
CERF	10,000,000
Country-Based Pooled Fund (if applicable)	25,000,000
Other (bilateral/multilateral)	92,118,000
Total funding received for the humanitarian response (by source above)	**127,118,000**

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

Agency	Project Code	Sector/Cluster	Amount
FAO	22-UF-FAO-036	Nutrition	600,000
FAO	22-UF-FAO-036	Food Security - Agriculture	400,000
IOM	22-UF-IOM-026	Common Services	500,000
UNICEF	22-UF-CEF-064	Nutrition	5,950,000
UNICEF	22-UF-CEF-064	Water, Sanitation and Hygiene	1,785,000
UNICEF	22-UF-CEF-064	Health	765,000
Total			**10,000,000**

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

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

Total funds implemented directly by UN agencies including procurement of relief goods	**$6,573,098**
Funds sub-granted to government partners*	$2,306,143
Funds sub-granted to international NGO partners*	$648,736
Funds sub-granted to national NGO partners*	$472,023
Funds sub-granted to Red Cross/Red Crescent partners*	$0
Total funds transferred to implementing partners (IP)*	**$3,426,902**
Total	**10,000,000**

* 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:

Multiple crises afflicting north-east Nigeria, including conflict and one of the worst lean seasons, have caused alarming rates of malnutrition among women and children. 1.74 million children under 5 years are projected to suffer from acute malnutrition in Borno, Adamawa and Yobe states, 614,000 of them severely. 5,000 children are expected to die and many more suffer lifelong disabilities.

Operational Use of the CERF Allocation and Results:

In response to the crisis, CERF allocated $10 million on 9 September 2022 from its Underfunded Emergencies window for the immediate commencement of life-saving activities. The allocation will provide assistance to 2.5 million people, including 417,000 women, 1.9 million children, and 28,000 persons with disabilities in the Nutrition, Food Security, WASH, and Health sectors. Moreover, part of the funding will enable the continued operation of humanitarian hubs, enhancing access to hard-to-reach areas. In addition to supporting the immediate response, this allocation will seek to attract further funding and complement the Nigeria Humanitarian Fund Nutrition Response Reserve Allocation.

People Directly Reached:

The CERF allocation surpassed its target of 720,360 and reached 1,244,233 beneficiaries including 405,871 women, 169,202 men, 362,080 girls and 307,180 boys. Overlapping beneficiaries 11,500 from the UNICEF and FAO nutrition were not double counted and are reflected in the total nutrition reached figure. The final achieved figures reported for common services reflects the number of individuals who received accommodation services which were not reflected when the target was set at the beginning of the project.

There were other reasons for the targets being overachieved. Some include: population screening of children aged 6–59 months was conducted and reported monthly by a community structure jointly set up and supported by the state primary health care development agencies (SPHCDAs) in the BAY states and nutrition sector partners. Cumulative screening data for the programme period may be misleading because many children were screened more than once during the reporting period; Small repairs on broken-down water facilities under the RRM intervention were implemented with funds from the exchange rate gains of the dollar against the Naira. Also, due to the exchange rate variations, more water facilities were constructed through Government Contractors using the same rate of the award value through contract expansion procurement methods and many more people were reached with water; UNICEF was able to train more staff with available resources and this increased the total number of people reached with nutrition and health treatment and sensitization.

People Indirectly Reached:

Mothers, women, children, and community leaders gained from nutrition education and awareness campaigns. Information and recommendations generated from the FAO intervention were disseminated to stakeholders in the two states, aiding in future nutrition-sensitive agriculture interventions, planning, implementation, and policymaking.

By operating humanitarian hubs which supported humanitarians from 180 agencies with access to accommodation, meeting rooms, and internet services, this project is estimated to have indirectly reached about 1,331,997 internally displaced persons (IDPs) in Bama (73,012), Banki (52,331), Damasak (20,218), Dikwa (82,585), Gwoza (159,584), Maiduguri (677,566), Monguno (160,239), and Ngala (106,462), as determined by the IOM Displacement Tracking Matrix (DTM) figures as of July 2022.

In the health intervention, indirect beneficiaries were people reached with health promotion and risk communication messaging during outreach sessions. Over 300,000 persons were reached indirectly with key hygiene promotion and health lifestyle messaging. In the nutrition programme focused on promoting malnutrition prevention activities while integrating them with curative services for children aged 0–59 months with SAM, approximately 100,000 community members (both direct and indirect) were reached with messaging on how to improve maternal and child feeding practices from the caregivers of the direct beneficiaries.

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

	Planned					Reached				
Sector/Cluster	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Common Services	0	0	0	0	0	706	2,024	0	0	**2,730**
Food Security - Agriculture	10,500	10,500	0	0	21,000	10,500	10,500	0	0	**21,000**
Health	75,000	40,000	105,000	80,000	300,000	88,277	47,080	123,588	100,047	**358,992**
Nutrition	126,000	1,500	68,750	56,251	252,501	177,196	1,500	56,650	49,922	**285,268**
Water, Sanitation and Hygiene	32,954	27,956	46,116	39,833	146,859	129,192	109,598	180,792	156,161	**575743**

* 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	41,650	46,604
Returnees	6,750	8,400
Internally displaced people	353,984	621,346
Host communities	317,976	565,253
Other affected people	0	2,730
Total	**720,360**	1,244,233

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	244,454	405,871	20,354	37,128
Men	79,956	169,202	5,034	14,525
Girls	219,866	362,080	14,815	10,587
Boys	176,084	307,180	12,109	8,847
Total	**720,360**	**1,244,233**	**52,312**	**71,087**

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 22-UF-FAO-036

1. Project Information

Agency:	FAO	**Country:**	Nigeria
Sector/cluster:	Nutrition Food Security - Agriculture	**CERF project code:**	22-UF-FAO-036
Project title:	Addressing Acute Malnutrition through Agriculture and Nutrition-sensitive Interventions in Borno and Yobe States		
Start date:	04/10/2022	**End date:**	03/10/2023
Project revisions:	No-cost extension ☐ Redeployment of funds ☐ Reprogramming ☐		

Funding

Total requirement for agency's sector response to current emergency:	**US$ 55,000,000**
Total funding received for agency's sector response to current emergency:	**US$ 7,318,000**
Amount received from CERF:	**US$ 1,000,000**
Total CERF funds sub-granted to implementing partners:	**US$ 40,479**
Government Partners	US$ 0
International NGOs	US$ 0
National NGOs	US$ 40,479
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

In Northeast Nigeria, where food insecurity and malnutrition persist, with 4.1 million people experienced acute food insecurity in the BAY states and 1.4 million children under five and 152,000 pregnant and lactating women acutely malnourished when the project started, urgent humanitarian assistance was imperative, and sadly remains so. Recognizing the escalating vulnerability within communities, our project aimed to mitigate and prevent spikes in malnutrition by providing access to a nutritious diet and locally produced food. In collaboration with UNICEF, we distributed nutrient-dense Tom Brown to 7,000 children under five and 3,000 pregnant and lactating women, while also enhancing agro-processing and fish-processing centers to serve as production hubs. Additionally, 1,500 vulnerable households received fresh food vouchers, promoting the intake of micronutrients and preventing further malnutrition. Furthermore, we supplied 3,000 vulnerable households with seeds for highly nutritious vegetables, fostering self-sustainability in nutritious food production. Through data collection and analysis, conducted by FAO, we generated insights to strengthen early warning systems and implement timely interventions to prevent child malnutrition, thereby addressing both immediate needs and underlying causes within the community.

3. Changes and Amendments

Not Applicable

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Agriculture									
	Planned					Reached				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	3,150	3,150	0	0	**6,300**	3,150	3,150	0	0	**6,300**
Internally displaced people	4,200	4,200	0	0	**8,400**	4,200	4,200	0	0	**8,400**
Host communities	3,150	3,150	0	0	**6,300**	3,150	3,150	0	0	**6,300**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**10,500**	**10,500**	**0**	**0**	**21,000**	**10,500**	**10,500**	**0**	**0**	**21,000**
People with disabilities (PwD) out of the total										
	75	200	0	0	**275**	75	200	0	0	**275**

Sector/cluster	Nutrition									
	Planned					Reached				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	900	450	1,050	1,050	**3,450**	900	450	1,050	1,050	**3,450**
Internally displaced people	1,200	600	1,400	1,400	**4,600**	1,200	600	1,400	1,400	**4,600**
Host communities	900	450	1,050	1,050	**3,450**	900	450	1,050	1,050	**3,450**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**3,000**	**1,500**	**3,500**	**3,500**	**11,500**	**3,000**	**1,500**	**3,500**	**3,500**	**11,500**
People with disabilities (PwD) out of the total										
	150	200	100	100	**550**	150	200	100	100	**550**

* 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

Various groups within the project's catchment areas were indirectly benefited. Mothers, women, children, and community leaders gained from nutrition education and awareness campaigns. Additionally, individuals within the catchment area indirectly benefited from access to Tom Brown products distributed through FAO agro-processing centres. The information and recommendations generated from this intervention were disseminated to stakeholders in the two states, aiding in future nutrition-sensitive agriculture interventions, planning, implementation, and policymaking.

6. CERF Results Framework

Project objective	Enhance nutrition security of vulnerable communities through community-based nutrition sensitive agriculture practices and approaches in Borno and Yobe States
Output 1	Families with acute malnourished children and pregnant and lactating women have improved access to nutrient-rich Tom Brown.

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

Sector/cluster	Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Number of agro enterprises supported to produce Tom Brown	3	3	List of beneficiaries
Indicator 1.2	Ag.6 Number of people receiving training on agricultural skills, practices and/or technologies (Number of women trained in the preparation of Tom Brown)	30	30	List of beneficiaries
Indicator 1.3	Number of women cooperative groups supported to source inputs for Tom Brown	3	3	List of beneficiaries
Indicator 1.4	Number of fish processing centres linked to Tom Brown processing centres	4	4	List of beneficiaries
Indicator 1.5	Number of women cooperative groups supported to source fish for Tom Brown	3	3	List of beneficiaries
Indicator 1.6	Cash.5a Number of people receiving conditional vouchers (Tom Brown)	10,000	10,000	List of beneficiaries
Indicator 1.7	Cash.5b Total value of conditional vouchers distributed in USD (Tom Brown)	204,000	204,000	List of beneficiaries
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 1.1	Support and upgrade existing agro-processing enterprises to produce Tom Brown in 8 LGAs	Direct implementation by FAO

Activity 1.2	Train women cooperative groups in the recipe and formulation of Tom Brown using locally available cereals and pulses	Direct implementation by FAO
Activity 1.3	Support women cooperative groups to source inputs to produce Tom Brown	Direct implementation by FAO
Activity 1.4	Create linkages with the existing FAO Thiaroye Technique (FTT) fish processing centres, to supply dry fish to the Tom Brown processing centres	Direct implementation by FAO
Activity 1.5	Support women cooperative groups to source inputs for the fish processing and production of Tom Brown ingredients	Direct implementation by FAO
Activity 1.6	Distribute Tom Brown vouchers to referral families/HHs with cases of MAM from UNICEF	CARITAS, EYN, SHI and TIWOD

Output 2	Production, availability, and access to highly nutritious food in communities with a high rate of malnutrition have increased.
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Food Security - Agriculture

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Ag.1 Number of people receiving agricultural inputs (items/packages/kits) (vegetable kits)	21,000	21000	List of beneficiaries
Indicator 2.2	Number of community-based nutrition knowledge groups established	16	16	List of group members
Indicator 2.3	Number of community-based knowledge nutrition groups trained on IYCF, homestead vegetable gardening and nutrition education	16	16	List of training attendance
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 2.1	Provide nutrient dense vegetable kits and fertilizer to 3,000 HHs in communities with high rates of malnutrition cases	CARITAS, EYN, SHI & TIWOD
Activity 2.2	Establish community-based nutrition knowledge sharing and transfer groups to increase awareness of IYCF, food preparation, and good nutrition practices	CARITAS, EYN, SHI & TIWOD
Activity 2.3	Train community-based knowledge groups on IYCF, homestead vegetable gardening, and nutrition education	CARITAS, EYN, SHI & TIWOD

Output 3	Communities in IPC Phase 3 and above have increased dietary diversity through improved access to nutritious fresh food in 8 LGAs
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒

Sector/cluster	Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	Cash.5a Number of people receiving conditional vouchers - (FFVs)	10,500	10,500	List of beneficiaries
Indicator 3.2	Number of people trained on dietary modification, food preparation and nutrition education	1,500	1,500	Training attendance list
Indicator 3.3	Cash.5b Total value of conditional vouchers distributed in USD (FFVs)	78,000	78,000	Activity budget
Explanation of output and indicators variance:		N/A		

Activities	Description	Implemented by
Activity 3.1	Distribute FFVs to 1,500 HH (10,500 individuals) with MAM cases	CARITAS, EYN, SHI & TIWOD
Activity 3.2	Train community-based knowledge groups on dietary modification, food preparation, and nutrition education	CARITAS, EYN, SHI & TIWOD

Output 4	Routine monitoring and data collection through mixed methods to provide operational and strategic recommendations to address contextual basic malnutrition drivers conducted

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

Sector/cluster	Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 4.1	Literature review conducted	Yes	Yes	List of resources reviewed
Indicator 4.2	Number of beneficiaries accessed for data collection	600	600	List of beneficiaries
Indicator 4.3	Number of qualitative data collection interviews conducted (KIIs and FGDs)	30	30	List of key informants interviewed
Indicator 4.4	Number of dissemination workshops conducted	2	2	Workshop reports
Explanation of output and indicators variance:		N/A		

Activities	Description	Implemented by
Activity 4.1	Collect secondary data analysis to hypothesised basic drivers associated with child malnutrition, pre-identify hot spots, and identify data gaps	Direct implementation by FAO
Activity 4.2	Conduct data collection amongst beneficiaries to monitor effect of activities on child nutrition outcomes	Direct implementation by FAO
Activity 4.3	Conduct socio-anthropological participatory learning exercise- community consultation in identified hotspots (KIIs and FGDs)	Direct implementation by FAO

Activity 4.4	Present results to multi sectoral stakeholders in Yobe and Borno States to strengthen early warning, early actions and prevent child malnutrition	Direct implementation by FAO

7. Effective Programming

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

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

FAO utilizes Community Based Participatory Planning and Assessment (CBPP&A) approach to engage communities in the identification of beneficiary HHs based on a pre-determined criterion. The CBPP&A approach ensures that most vulnerable and needy HHs which might normally be excluded are identified through community centred approaches. FAO conducts regular stakeholder meetings at state and community level to get input and recommendations on its programs. The activity allows inclusion of government and community priorities. In partnerships with IPs, FAO conducts a review of the implementation process which is used to inform implementation of future activities.

b. AAP Feedback and Complaint Mechanisms:

FAO has Community Feedback Mechanisms in place that include a toll-free number, community facilitators (Community Club Facilitators and Community Based Extension Agents) who have primary contact with beneficiaries. Additionally, FAO establishes help desks to handle complaints and feedback whenever a distribution is underway. An Accountability Focal Person (AFP) is solely responsible for maintaining a database in which all complaints and feedback are recorded. The MEAL Specialist working with the AFP are responsible for following up on all cases and ensuring that all cases are investigated, and feedback is provided to complainants.

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

FAO maintains a zero-tolerance policy towards any form of sexual harassment, exploitation, or abuse by its staff, implementing partners, volunteers, and any other individuals associated with the organization, such as vendors or contractors. In this project, FAO strengthens the existing toll-free line established to receive complaints regarding incidents related to sexual exploitation and abuse (SEA). All cases related to SEA are handled by trained PSEA focal points following the Standard Operating Procedures (SOPs) in place. FAO also ensures that services are available to victims through referral pathways. Any reported or identified cases are channelled to FAO's Ethics Office for investigation.

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

Gender consideration and the empowerment of women and girls are central to FAO programming. In this project, the principles of safe and meaningful participation of women and girls are central to project implementation. Women and girls are exclusively engaged in addressing specific gender issues to voice out concerns affecting them. Gender-sensitive nutrition education is implemented to sustain healthy dietary practices through capacity building for women and girls. Additionally, awareness creation and sensitization on protection

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

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

risks for women and girls are conducted. Finally, FAO establishes and strengthens clubs aimed at fostering community-based practices to address malnutrition.

e. People with disabilities (PwD):

Women and girls with disabilities are at a heightened risk of violence and face protection challenges compared to those without disabilities. Therefore, prioritizing principles of non-discrimination and disability inclusion was central to the implementation of this project, with special attention given to women and girls with disabilities to ensure unhindered access to services and promote inclusivity. The project actively promotes the rights of persons with disabilities through a community participatory approach involving stakeholders and disseminates information to address the specific needs of women and girls with disabilities.

f. Protection:

Protection mainstreaming has been an integral part of FAO safer programming. For this project intervention, a protection lens will be mainstreamed throughout the activities of the project ensuring that protection risks and potential violations are taken into consideration. FAO ensures implementation of the four protection mainstreaming principles of do no harm, promote non-discrimination, meaningful access, safety, dignity, participation, empowerment, and accountability measures to the affected communities throughout the project implementation.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	10,500

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.

PLWs (3,000) and children under 5 (7,000), referred from UNICEF centers, received Tom Brown vouchers from FAO to supplement their dietary intake within the project period. These vouchers were redeemed in three phases by the targeted beneficiaries. FAO conducted joint monitoring with UNICEF, and families showing improvement and recovery were referred to receive different packages to sustain their dietary diversity and improved nutrition. This included access to fresh food through a voucher system for 1,500 households (10,500 beneficiaries), with selected beneficiaries given vouchers to access fresh food baskets through local vendors. For the Tom Brown voucher system, selected beneficiaries were linked to FAO-established agro-processing centers, which were upgraded to produce Tom Brown.

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**
Distribution of Tom Brown vouchers	10,000	204,000	Nutrition	Restricted
Distribution of FFV (1,500 vouchers)	10,500	78,000	Nutrition	Restricted

9. Visibility of CERF-funded Activities

Title	Weblink
How “Tom Brown” is feeding families in Borno with nutrients and income	How “Tom Brown” is feeding families in Borno with nutrients and income | FAO in Nigeria | Food and Agriculture Organization of the United Nations
Instagram post on Tom Brown	https://www.instagram.com/fao/reel/C1KFCf3s8lV/
Twitter / X post	https://twitter.com/FAONigeria/status/1648291329930145792?s=20
Facebook post	https://www.facebook.com/photo/?fbid=573069455031780&set=a.394355286236532

3.2 Project Report 22-UF-IOM-026

1. Project Information

Agency:	IOM	**Country:**	Nigeria
Sector/cluster:	Common Services	**CERF project code:**	22-UF-IOM-026
Project title:	Supporting humanitarian responders with access to hard to reach locations to operationalize life-saving activities		
Start date:	20/08/2022	**End date:**	19/08/2023
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 500,000**
Total funding received for agency's sector response to current emergency:	**US$ 0**
Amount received from CERF:	**US$ 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

With this grant, IOM managed and operated nine humanitarian hubs in eight locations across Borno State, including Maiduguri, Gwoza, Bama, Ngala, Dikwa, Monguno, Damasak and Banki (two hubs). These hubs played a crucial role in facilitating the delivery of life-saving humanitarian assistance by providing accommodation and services such as meals, laundry, conference/training rooms, social and recreational areas, offices, and internet connectivity through the Emergency Telecommunications Sector (ETS).

Throughout the project's implementation, the humanitarian hubs offered a total of 54,564 bed nights to accommodate 2,730 humanitarian workers, consisting of 2,024 men and 706 women. Additionally, 2,835 participants utilized the meeting and training facilities, while an average of 1,803 individuals accessed internet services provided by 203 agencies, including UN, INGOs, NGOs, donors, and government partners, across the nine humanitarian hubs.

3. Changes and Amendments

Explanation of deviations from the original project plan due to over- and under-achievements:

- The 85 per cent users' satisfaction target was not met, as most of the guests reported displeasure with the quality of the food served. IOM replaced the supply of canned foods with fresh foods in response to their feedback. Due to the challenges faced, such as bad weather and insecurity, in bringing food supplies to far-off field areas, including Dikwa, Damasak, Monguno and Ngala, many guests decided to prepare their own meals. These delays had a negative impact on the condition of the food

supplies when they arrived at the field locations. The underachievement was further compounded by the prohibition on social media use during business hours, which left visitors unhappy with the internet service offered.

- The target of 6,000 bed-night accommodations per month was not met due to the reduction in occupancies noted in some locations, such as Banki and Damasak.
- After the camps in Maiduguri were closed, there was an upsurge in activity in the field, which resulted in an influx of humanitarian responders to deep field locations; hence, IOM exceeded the 1,600 target for the individuals receiving accommodations services.
- IOM provided access to critical security communications through ETS to 16,577 residents and non-residents across the field hubs in Borno State. The project measured the number of individual internet users that accessed the hub internet, not the number of unique individual internet users that informed the target value of 5,000, hence the variance.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Common Services									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	0	0	0	0	**0**	0	0	0	0	**0**
Other affected people	0	0	0	0	**0**	706	2,024	0	0	**2,730**
Total	**0**	**0**	**0**	**0**	**0**	**706**	**2,024**	**0**	**0**	**2,730**
People with disabilities (PwD) out of the total										
	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**

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

5. People Indirectly Targeted by the Project

Through the support of humanitarian responders from 180 agencies with access to accommodation, including services such as meals, laundry, conference/training rooms, social and recreational areas, offices, and internet connectivity through the ETS, this project aimed to indirectly provide assistance to an estimated total of 1,331,997 internally displaced persons (IDPs) in Bama (73,012), Banki (52,331), Damasak (20,218), Dikwa (82,585), Gwoza (159,584), Maiduguri (677,566), Monguno (160,239), and Ngala (106,462), as determined by the IOM Displacement Tracking Matrix (DTM) figures as of July 2022. This assistance was facilitated through the operation of humanitarian hubs located in Maiduguri, Gwoza, Bama, Ngala, Dikwa, Monguno, and two hubs in Banki and Damasak.

6. CERF Results Framework

Project objective	Humanitarian responders have access to people in need and are able to provide humanitarian assistance.
Output 1	Ensure safe spaces for humanitarian responders in deep-field locations in Borno State

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

Sector/cluster	Common Services			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	CS.5 Percentage of users reported satisfied with services provided	85	73	Customer Satisfaction Survey
Indicator 1.2	Number of bed-night accommodations per month	6,000	5,478	Occupancy Report
Indicator 1.3	Number of individuals receiving accommodations services	1,600	2,730	Occupancy Report

Explanation of output and indicators variance:

IOM, through its humanitarian hubs, provided secure spaces, including accommodation and meeting/training facilities, for humanitarian responders in seven deep-field locations within Borno State: Bama, Banki (two hubs), Damasak, Dikwa, Gwoza, Monguno and Ngala.

Specifically, IOM offered 54,564 bed nights to accommodate 2,730 humanitarian responders (706 women, 2,024 men) and supported 2,835 participants with meeting and training facilities throughout the project's implementation. (Annex 2)

To ascertain the level of satisfaction of the hub guests and to inform its planning, IOM conducted a customer satisfaction survey during the reporting period for 399 hub guests (300 men, 99 women). The results from the survey showed a 73 per cent satisfaction rate. (Annex 1)

The variation in Indicator 1.1 was due to the fact that most hub guests reported displeasure with the quality of the food served. IOM replaced the supply of canned foods with fresh foods in response to their feedback. Due to the challenges faced, such as bad weather and insecurity, in bringing food supplies to far-off field areas, including Dikwa, Damasak, Monguno and Ngala, many guests decided to prepare their own meals. These delays had a negative impact on the condition of the food supplies when they arrived at the field locations. The underachievement was further compounded by the

	prohibition on social media use during business hours, which left visitors unhappy with the internet service offered. The variation in Indicator 1.2 is primarily due to lower occupancies recorded in certain locations, such as Banki and Damasak, which can be attributed to decreased humanitarian intervention in those areas. The variation in Indicator 1.3 can be attributed to the increased activities in remote field locations following the closure of camps in Maiduguri. A greater number of humanitarian responders received accommodations services as a result of this change in activities, and there was increased support from humanitarian organizations to assist the affected population in these areas.

Activities	Description	Implemented by
Activity 1.1	Provide bed-night accommodations in eight deep-field humanitarian hubs, including meals, security and electricity.	IOM

Output 2	Ensure access to critical security communications for humanitarian responders in Borno State			
Was the planned output changed through a reprogramming after the application stage?		Yes ☐	No ☒	
Sector/cluster	Common Services			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Number of individual internet users accessing hub internet	5,000	16,577	Occupancy Report
Explanation of output and indicators variance:	IOM provided access to critical security communications through the Emergency Telecommunications Sector (ETS), coordinated by the World Food Programme (WFP) as the global cluster lead for the emergency telecommunications, to a total of 16,577 residents and non-residents across the humanitarian field hubs in Borno State. (Annex 2) The variance was because the project measured the number of individual internet users that accessed the hub internet, not the number of unique individual internet users that informed the target value.			

Activities	Description	Implemented by
Activity 2.1	Provide continuous internet services in the humanitarian hubs	Emergency Telecommunications Sector (ETS)

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[4] often lacking appropriate

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

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)[5]:

The engagement of humanitarian hub end-users in project planning and design was facilitated through the Customer Satisfaction Survey. IOM conducted a thorough review of guests' feedback to inform its project planning and enhance the satisfaction of humanitarian aid workers. Additionally, IOM fostered engagement with organizations utilizing the hub services through the Humanitarian Hubs Steering Committee and within the framework of the One UN System. This collaborative approach ensured that the needs and preferences of end-users were considered and integrated into project initiatives.

b. AAP Feedback and Complaint Mechanisms:

IOM conducted the Customer Satisfaction Survey to collect feedback and insights from guests, aiming to enhance the quality of services offered by the hubs. The Hub management team meticulously reviewed all surveys administered during the project. Furthermore, any issues or concerns raised through the survey or communicated directly with hub staff were given due attention and addressed promptly. This proactive approach helps in continuously improving the services provided by the hubs in response to the feedback received from guests.

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

IOM follows a mandatory policy and procedure framework known as "Preventing and Responding to Sexual Exploitation and Abuse (PSEA)" to ensure staff members adhere to the highest standards of behaviour when working with beneficiaries, especially during emergency response situations. This policy is binding for all staff members worldwide.
As part of this commitment, all IOM staff members are required to complete an online course on PSEA. In addition, the PSEA focal person at the humanitarian hubs conducted refresher training sessions for all hub staff members as part of regular awareness-raising efforts. These sessions covered topics such as gender equality, gender-based violence (GBV), and PSEA.
To further promote awareness and reporting, IOM ensured that all residents signed a zero-tolerance policy document regarding sexual exploitation and abuse (SEA) at the time of check-in, and PSEA posters containing key messages and contact information for reporting cases of SEA were strategically placed in common areas, including offices, cafeterias, gazebos, and accommodation rooms, across all the humanitarian hubs in Borno State. This comprehensive approach underscores IOM's commitment to preventing and addressing SEA and related issues in its humanitarian operations.

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

IOM implemented standard organizational measures to promote gender mainstreaming and equal programming opportunities for both women and men, in alignment with IOM's 2015 Gender Equality Policy. Within the scope of this project, IOM took specific steps to ensure gender balance among its staff, facilitating gender-specific assistance; sanitation facilities in the accommodation, restaurant, gazebo, and social areas in all the humanitarian hubs were segregated by gender; the layout and management of the hubs were designed to provide a safe and inclusive environment for everyone, with a particular focus on the needs and security of women, girls, and gender minorities; and IOM ensured that feedback sought from hubs residents respects and accommodates gender diversity and promotes a sense of safety and belonging for all. Additionally, IOM actively addressed and challenged attitudes and practices that could lead to discrimination, marginalization, or violence against women, girls, men, or boys.

e. People with disabilities (PwD):

The project did not contribute directly to meeting the needs of Persons with Disabilities. However, IOM remains flexible in addressing accessibility and inclusion, tailoring its support to the evolving needs of PwDs as they arise depending on the emerging needs to provide support to such persons.

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

f. Protection:

The humanitarian hubs provided the greatest protection against the most serious immediate security threats in the deep-field locations. The hubs also provided access to the vulnerable population by providing humanitarian actors with a secured facility to manage and coordinate interventions in deep-field locations.

g. Education:

The humanitarian hubs provided access to training and conference rooms for partners to facilitate educational sessions, including training on PSEA and raising awareness about GBV for humanitarian workers and community volunteers.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	None

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.

Not applicable. CVA was not relevant as the response did not include the provision of cash or vouchers for goods or services directly to affected people.

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**
No.				

9. Visibility of CERF-funded Activities

Title	Weblink
No.	

3.3 Project Report 22-UF-CEF-064

1. Project Information

Agency:	UNICEF	**Country:**	Nigeria
Sector/cluster:	Nutrition Water, Sanitation and Hygiene Health	**CERF project code:**	22-UF-CEF-064
Project title:	Multisectoral Response to the communities affected by malnutrition		
Start date:	05/10/2022	**End date:**	04/01/2024
Project revisions:	No-cost extension ☒ Redeployment of funds ☐ Reprogramming ☐		

Funding

Total requirement for agency's sector response to current emergency:	**US$ 234,000,000**
Total funding received for agency's sector response to current emergency:	**US$ 84,800,000**
Amount received from CERF:	**US$ 8,500,000**
Total CERF funds sub-granted to implementing partners:	**US$ 3,386,423**
Government Partners	US$ 2,306,143
International NGOs	US$ 648,736
National NGOs	US$ 431,544
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

The CERF underfunded emergency allocation enabled UNICEF to provide key health interventions in cholera-affected and cholera hotspot local government areas (LGAs) in Borno and Adamawa in 2022, as well as contributing to improved access to quality lifesaving and life-sustaining Primary Health Care (PHC) services in 15 health facilities in the host community and internally displaced persons camps in the BAY (Borno, Adamawa and Yobe,) states.

During the reporting period, in collaboration with the State Primary Health Care Development Agencies (SPHCDA) in the BAY states, UNICEF reached 353,107 individuals with an essential package of integrated PHC services delivered in the targeted communities. Essential medical supplies were procured, distributed, and prepositioned, providing lifesaving services to individuals in the target LGAs. A total of 152,647 outpatient (OPD) consultations were provided for minor ailments and injuries, curative services, including the management of childhood illnesses like acute watery diarrhoea (AWD) and health promotion during 40 health outreach sessions, risk communication and community engagement, and hygiene and healthy lifestyle improvement talks at the health facilities and community-level. Minor repairs and renovation were done for all the nine proposed health facilities (Fufore, Malkohi and Muna Garage Internally displaced persons camp clinics; Government Senior Science Secondary School (GSSS) in Bama internally displaced persons camp, Dikwa MCH, Ibrahim Geidam PHCC, Mozugum PHCC and Gumsa PHCC. This has improved the health facility's condition and environment for conducive, dignified, and confidential patient care. Furthermore, the CERF funds enabled the training of Rapid

Response Teams (RRT) of 90 health workers across the BAY States on Cholera, Acute Watery Diarrhoea, Malaria, Measles diseases case management, including other epidemic-prone diseases (EPD) and Vaccine Preventable Diseases (VPD).

UNICEF also delivered lifesaving malnutrition treatment to 27,750 children aged 6–59 months (14,985 girls and 12,765 boys) with severe acute malnutrition (SAM) in 26 LGAs across the BAY states in northeast Nigeria. UNICEF prioritized the nutritional needs of the most deprived children and women with a focus on wards and communities classified as partially accessible and hard-to-reach in the focal LGAs. Integrated nutrition services were delivered in 121 health facilities and through 2,867 community platforms such as mother-to-mother support groups (M2MSGs). The programme also reached 177,196 pregnant and lactating women with a package of maternal, infant, and young child nutrition (MIYCN) interventions, including skilled counselling and micronutrient supplementation such as Iron and Folic Acid Supplementation. With CERF support, Rapid Response Mechanism (RRM) nutrition interventions have assisted 6,673 people admitted to SAM treatment programme (therapeutic feeding) out of the 61,187 children screened for acute malnutrition; 14,344 children receiving vitamins and/or micronutrient supplements; 31,315 people receiving training and/or community awareness sessions on MIYCN in emergencies; and 60 implementing partner staff receiving training to support programme implementation. These RRM interventions were conducted in Konduga, Nganzai and Monguno LGAs by ACF, Mafa, Rann (Kala/Balge) and Gubio LGAs by Goal Prime, and Marte LGA by Mon Club.

In the WASH sector, CERF support focused on integrating prevention, preparedness, and response into health and nutrition activities at the facility level through infrastructure improvements and in communities through hygiene communication platforms. The integration of WASH services included the provision of safe water supply services (construction, rehabilitation, and optimization of water facilities, with reticulation), operation and maintenance of safe sanitation facilities, procurement and delivery of WASH supplies to SAM families and provision of hygiene promotion during outpatient therapeutic sessions, promoting handwashing with soap by SAM caregivers, hygiene communication for patients receiving other PHC services, and provision of WASH kits to SAM families to improve nutrition outcome. These activities were implemented through three government and four NGO partners improving the quality of health care service delivery at the OTP/ health facility level.

Access to safe water was provided for 144,474 people per agreed sector standards and norms through construction, light repairs, and rehabilitation of 40 boreholes in 26 health facilities across 14 LGAs in the BAY states. Twenty-five facilities were provided in 11 LGAs of Borno (Bama, Monguno, Konduga, Ngala, Jere, Maiduguri, Marte, Nganzai, Gubio, Mafa, Kala Balgei and Monguno), seven facilities in four LGAs in Adamawa: (Madagali, Mubi South, Michika and Fufore LGAs) and eight facilities in four LGAs in Yobe: (Bursari, Geidam, Karasuwa and Yunusari LGAs). Access to safe sanitation was provided for 38,000 people by rehabilitating 40 emergency toilets and 20 bath shelters in Hajj camp Konduga, LGA. A total of 48,000 people received critical WASH supplies by distributing 5,000 SAM kits to 5,000 households targeting SAM children in OTP centres in Bama, Gwoza, Konduga, Ngala, Mobbar, and Dikwa LGA. Similarly, 3,000 WASH non-food items (NFIs) were distributed to new arrivals in Bama, Mafa, and Konduga LGAs.
Moreover, 575,744 community members (325,881 females and 249,863 males) were reached with key hygiene messages through awareness-raising and/or messaging on prevention and access to services (in five LGAs in Borno (Bama, Biu Dikwa, Jere, Nganzai, Monguno, Kala Balge, Mafa, Marte, Gubio and Konduga) and five in Yobe (Damaturu, Geidam, Bursari, Karasuwa and Yunusari).

UNICEF also coordinated RRM interventions reaching 66,987 people accessing a sufficient quantity of safe water as per agreed sector/cluster coordination standards and norms; 36,930 people reported using a safe, dignified and functional sanitation facility with functional handwashing facility (with soap/cleaning agent and water); 74,918 people receiving WASH/hygiene messaging; 14 communal water points (e.g. wells, boreholes, water taps stands, systems) constructed and/or rehabilitated; and 6,521 WASH/hygiene kits distributed to households with children with SAM. These RRM responses were implemented in Ngala and Bama by Solidarites International, in Konduga, Nganzai and Monguno by ACF, in Mafa, Rann (Kala/Balge) and Gubio by Goal Prime, and in Marte by Mon Club. The RRM results are included in the results highlighted above.

3. Changes and Amendments – 250 Max

Due to the rise in the dollar value against the Naira (variation rate: +79 per cent between October 2022 and July 2023), some Nutrition and RRM implementing partners under this action generated balances against initially agreed budgets at the start. This warranted a three-month no-cost extension to absorb the funds gained, extending both the duration and locations (Bama, Gubio and Kala Balge). As a result, an additional 1,750 children, 6-59 months with SAM, were reached through a partnership with Plan International. RRM interventions were delivered to additional locations in WASH and Nutrition in Mafa (Ajiri ward), Kala Balge (Rann ward), Gubio (Gubio 1 and 2 wards) through partnerships with Goal Prime and with a WASH RRM intervention in Bama (ward to be confirmed) through Solidarités International.

There were initial delays in the health sector related to the identification, prioritisation and assessment of health facilities for rehabilitation/renovation by the government partners due to electioneering activities in early 2023. However, the challenge was surmounted, and the activity was delivered in the second and third quarters of 2023. Other challenges were related to the mobility of the health workers in the partially accessible locations due to occasional insecurity and movement restrictions. However, this was overcome using community-based health workers networks to deliver the interventions. Delays from procurement processes of essential medicines were addressed using available and prepositioned commodities before delivering ordered supplies. Epidemic disease outbreaks like measles and diphtheria presented challenges and strained the health teams in communities, and the impact was mitigated by increasing the number of teams and broadening training topics to refresh Health workers skills in providing timely response.

Overall, while the WASH activities were implemented successfully, they were not devoid of challenges owing to the following:

- Delay in the procurement process by government partner leading to delayed implementation.
- Security challenges and the rainy season affected the movement of equipment and personnel to construct works and services.
- Inflation comes with the challenges of vendor prefinancing contracts, making it less attractive to bid, thereby limiting the number of contractors to work with.
- The Metropolitan 'Council's increased population put pressure and demand on WASH services in garrison towns (e.g., Bama, Dikwa, and Mafa).
- Lack of space for constructing enough latrines to reach the SPHERE standard in internally displaced persons camps. In many cases, as many as 50 to 200 people share one latrine, with increasing demand and frequency for latrine de-sludging services. To address these challenges, UNICEF has increased the frequency of desludging and monitoring to ensure that filled latrines are emptied in a timely manner.
- Vandalization and theft of WASH facilities by beneficiaries, for example, in GSSSS Bama camp due to weak community sensitization and coping mechanisms (personal interests override community needs). To address these, UNICEF has intensified sensitization towards community structures (i.e., community leaders, youths, women groups, etc..) on the need to take ownership of the facilities and protect them against vandalization.
- The fire outbreak in GGGS Mafa internally displaced persons camp that occurred on 3 March 2023, destroying WASH facilities and shelters, increased the demand for repairs/rehabilitation of water and sanitation facilities as earlier assessed/planned. To mitigate these, UNICEF worked closely with (Camp Coordination and Camp Management) CCCM actors to ensure adherence to the standardized distance between WASH facilities and other structures (makeshift shelters, tents, etc..).

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**
Returnees	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**
Internally displaced people	45,000	20,000	80,000	60,000	**205,000**	52,966	23,540	94,162	70,621	**241,289**
Host communities	30,000	20,000	25,000	20,000	**95,000**	35,311	23,540	29,426	29,426	**117,703**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**75,000**	**40,000**	**105,000**	**80,000**	**300,000**	**88,277**	**47,080**	**123,588**	**100,047**	**358,992**
People with disabilities (PwD) out of the total										
	2,719	1,759	2,079	1,439	**7,996**	**3,200**	**2,070**	**2,447**	**1,694**	**9,411**

Sector/cluster	Nutrition									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	20,400	0	11,687	9,563	**41,650**	28,689	0	9,631	8,284	**46,604**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	25,400	0	13,750	11,250	**50,400**	35,720	0	11,330	10,024	**57,074**
Host communities	80,200	0	43,313	35,438	**158,951**	112,787	0	35,689	31,614	**180,090**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**126,000**	**0**	**68,750**	**56,251**	**251,001**	**177,196**	**0**	**56,650**	**49,922**	**283,768**
People with disabilities (PwD) out of the total										
	13,860	0	7,563	6,188	**27,611**	**19,492**	**0**	**6,232**	**5,491**	**31,214**

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

Sector/cluster	Water, Sanitation and Hygiene									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	20,102	17,053	28,131	24,298	**89,584**	70,590	59,883	98,785	85,325	**314,583**
Host communities	12,852	10,903	17,985	15,535	**57,275**	58,602	49,715	82,007	70,836	**261,160**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**32,954**	**27,956**	**46,116**	**39,833**	**146,859**	**129192**	**109598**	**180792**	**156161**	**575,743**
People with disabilities (PwD) out of the total										
	3,625	3,075	5,073	4,382	**16,155**	**14,211**	**12,055**	**1,808**	**1,562**	**29,636**

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

5. People Indirectly Targeted by the Project

In the health sector, the indirect beneficiaries included health workers trained to improve capacity for management of EPD in the targeted LGAs in the BAY States. Other indirect beneficiaries were people reached with health promotion and risk communication messaging during outreach sessions. Over 300,000 persons were reached indirectly with key hygiene promotion and health lifestyle messaging.

In line with UNICEF's 2020–2030 Global Nutrition Strategy, the nutrition programme focused on promoting malnutrition prevention activities while integrating them with curative services for children aged 0–59 months with SAM. Approximately 100,000 community members (both direct and indirect) were reached with messaging on how to improve maternal and child feeding practices from the caregivers of the direct beneficiaries.

WASH and **RRM** : N/A

6. CERF Results Framework

Project objective	To provide integrated life-saving Nutrition, WASH and Health humanitarian interventions to reduce morbidity and mortality among women and children in the protracted emergency in NE Nigeria.
Output 1	Children and women affected by the protracted emergency have increased access to quality services to prevent and treat malnutrition.

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

Sector/cluster	Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	N.3a Number of people admitted to SAM treatment programme (therapeutic feeding)	25,000	26,750 RRM - 6,673	NE Nutrition Sector 5Ws RRM 5Ws
Indicator 1.2	N.3b Percentage of people who were admitted for SAM treatment who recovered (SAM recovery rate)	75	98%	NE Nutrition Sector 5Ws
Indicator 1.3	N.4 Number of people screened for acute malnutrition	1,400,000	1,157,013 RRM - 61,187	NE Nutrition Sector 5Ws RRM 5Ws
Indicator 1.4	N.5 Number of people receiving vitamins and/or micronutrient supplements	120,000	120,000 RRM -14,334	MNCHW Reports RRM 5Ws
Indicator 1.5	N.6 Number of people receiving training and/or community awareness sessions on maternal, infant and young child feeding in emergencies	120,000	120,000 RRM -31,315	NE Nutrition Sector 5Ws RRM 5Ws
Indicator 1.6	CC.1 Number of implementing partner staff receiving training to support programme implementation (Number of health workers refreshed on effective service delivery of integrated nutrition program)	100	100 RRM - 60	CSO's quarterly partnership reports and NE Nutrition Sector 5Ws RRM 5Ws
Explanation of output and indicators variance:		The programme exceeded the targets in 2 of the 6 indicators as follows:		

		Indicator 1.2: The rate of SAM recovery achieved was 98 per cent against the set target of 75 per cent. This increase can be directly attributed to health workers' enhanced skills and competencies through the biannual refresher training on integrated management of acute malnutrition, regular programme monitoring and supervision by key nutrition actors, and the direct technical support of civil society organizations. Indicator 1.4: Population screening of children aged 6–59 months was conducted and reported monthly by a community structure jointly set up and supported by the state primary health care development agencies (SPHCDAs) in the BAY states and nutrition sector partners. The screening target of 1,400,000 children 6-59 months wasn't fully achieved because some LGAs like Guzamala are completely inaccessible and many wards are inaccessible in LGAs like Marte, Dikwa, Kukawa, Damboa and Nganzai..
Activities	**Description**	**Implemented by**
Activity 1.1	Procurement of supplies and provision of treatment for severely malnourished children 6-59 months through health facilities	During the reporting period, 26,750 cartons of ready-to-use therapeutic food (RUTF) were procured and transported by UNICEF National Country Office to the BAY states. The Maiduguri Field Office (MFO) facilitated onward distribution to the field. In Adamawa and Yobe states, the commodities were transported and received directly by the state central medical store managers. The state store managers jointly facilitated field distribution, LGA nutrition focal persons and third-party LGA facilitators. UNICEF also provided supplies to the partners through the government system to strengthen the system. Supplies are forecast by the partners using a supply forecasting tool provided to the sector by UNICEF. The partner completes a form signed and certified by the state nutrition officer while the state store officer releases the commodity. Overall, with UNICEF support to nutrition actors and government partners across the three BAY states, 26,750 children aged 6–59 months old with SAM were identified from the community through monthly population screening or self-referral by caregivers were treated and discharged as cured from 121 malnutrition treatment sites in the target locations. All the discharge rates in programme locations surpass the SPHERE standards. RRM partner/ACF admitted 4,043 children (2,157 boys and 1,886 girls) under-five into OTP, including 1,320 in Nganzai, 941 in Monguno and 1,782 in Konduga. RRM partner/Monclub admitted 630 children (336 boys and 294 girls) under-five to SAM treatment in Marte. Across the three locations (Gubio, Mafa, Kala Balge/Rann), a total of 2,000 malnourished children aged 6-59 months were admitted and treated with support from RRM partner Goal Prime.

Activity 1.2	Provision of Micronutrients powder for improvement of quality of diets using home fortification for children 6-23 months.	During the reporting period, the health facilities provided MNP for point-of-use fortification of complementary foods to 13,863 children aged 6–23 months. Caregivers of these children were encouraged to continue breastfeeding while using the MNPs as part of a complementary diet for infants and young children. However, there was low coverage of MNP distribution due to a global shortage of this commodity. Through ACF RRM intervention, a total of 12,053 children between 6-23 months received MNP, Vit A and deworming, including 2,281 in Nganzai, 5,404 in Monguno and 4,368 in Konduga.
Activity 1.3	Nutrition and dietary Counselling with pregnant and lactating mothers at communities and at Health facilities on appropriate Maternal and Child feeding practices.	177,196 caregivers in the BAY states benefited from nutrition and dietary counselling provided by SPHCDAs and nutrition actors supported by UNICEF. This activity was carried out in health facilities by skilled health workers and in communities by the community nutrition mobilizers (CNMs). The CNMs facilitate mother-to-mother support group meetings as a platform to promote optimal nutrition practices and provide counselling to caregivers with needs. This service was provided across the programme locations. RRM partner/ACF reached 21315 PLW with IYCF sensitization sessions, including 5169 in Nganzai, 9804 in Monguno and 6342 in Konduga. Through Mon Club's RRM intervention in Marte, some 400 Mothers and caretakers of children 0-23 months received counselling on appropriate MIYCN. RRM partner GPON reached 10,000 pregnant and lactating women with appropriate information on the complementary feeding programme and behavioural practices of optimal IYCF.
Activity 1.4	Refresher training of health and nutrition workers on integrated Nutrition intervention package (Prevention and Treatment of Children 6-59-month-olds) in the project target locations.	100 healthcare workers providing integrated nutrition services in the programme locations received refresher training conducted by UNICEF through partnerships with four CSOs in the BAY states.
Activity 1.5	Procurement and distribution of Micronutrition supplement tablets for pregnant women	120,000 children aged 6–59 months received vitamin A supplements in the programme locations through the biannual Maternal, Newborn and Child Health Week (MNCHW) campaign.
Activity 1.6	Partnership with CSOs for selected hot spot locations to implement and support service delivery	Partnerships with four civil society organizations (ALIMA, GHIV Africa, LABDI and Plan International) were initiated and carried out during the programme period. Overall, the SPHCDA reached 7,000, ALIMA 3,743, LABDI 5,899, and GHIV Africa 3,758 children 6-59 months with SAM in the programme locations. In addition, UNICEF's emergency programme has signed four partnerships with Action Contre la Faim, Mon Club, and Goal Prime to deliver RRM-integrated interventions in nutrition and WASH.

Output 2	528,000 IDPs and host community members have increased access to safe WASH services through the provision of water, sanitation facilities, and hygiene promotion.

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

Sector/cluster	Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	WS.6 Number of people accessing a sufficient quantity of safe water as per agreed sector/cluster coordination standards and norms	92,160	144,747	Activity completion reports, SITREP and Sector Report hub]
Indicator 2.2	WS.9a Number of people who report using a safe, dignified and functional sanitation facility with functional handwashing facility (with soap/cleaning agent and water)	6,700	38,987	Activity completion reports, SITREP and Sector Report hub
Indicator 2.3	WS.17 Number of people receiving WASH/hygiene messaging	528,000	575,744	[Activity completion reports, SITREP, and Sector Report hub]
Indicator 2.4	WS.15 Number of communal water points (e.g. wells, boreholes, water taps stands, systems) constructed and/or rehabilitated	16	40	Activity completion reports, SITREP, and Sector Report hub
Indicator 2.5	WS.16a Number of people receiving critical WASH supplies (e.g. WASH/hygiene kits)	48,000	48,000	Activity completion reports, SITREP, and Sector Report hub
Indicator 2.6	WS.16b Number of WASH/hygiene kits distributed	8,000	14,521	Activity completion reports, SITREP, and Sector Report hub

Explanation of output and indicators variance:	The programme was overachieved in four indicator areas mainly because of small repairs on broken-down water facilities under the RRM intervention implemented through four partnerships with funds gained from the exchange rate gain of the dollar against the Naira. Also, due to funds gained from the exchange rate variations, more water facilities were constructed through Government Contractors using the same rate of the award value through contract expansion procurement methods. More people were reached.

Activities	**Description**	**Implemented by**
Activity 2.1	Drilling & Installation of 6 motorized solar boreholes, Rehabilitation, and optimization of 10 solar boreholes, Operation and maintenance of 9 water systems (boreholes) in camps and IDPs Camps, Therapeutic Feeding Centres (TFC) providing CMAM/SAM treatment and host communities.	[Borno, Adamawa and Yobe RUWASSA's; Solidarites International's intervention, MonClub, ACF and GoalPrime] Access to safe water was provided for 77,760 people as per agreed sector standards and norms through the construction, light repairs, and rehabilitation of 26 boreholes in 26 health facilities across 14 LGAs in the BAY states. Twelve facilities were provided in six LGAs of Borno: (Bama, Monguno, Konduga, Ngala, Jere, Maiduguri) by Borno State RUWASSA, seven facilities in four LGAs in Adamawa: (Madagali, Mubi south) were constructed by Adamawa RUWASSA, Michika and Fufore

		LGAs) and eight facilities in four LGAs in Yobe: (Bursari, Geidam, Karasuwa and Yunusari LGAs). ACF RRM intervention reached a total of 1,253 people accessing a sufficient quantity of safe water as per agreed sector/cluster coordination standards and norms in Nganzai; another 702 people (346 male and 356 women) people accessing a sufficient quantity of safe water as per agreed sector/cluster coordination standards and norms in Monguno; and 6,272 people (3,097 men; 3,175 women) accessing a sufficient quantity of safe water as per agreed sector/cluster coordination standards and norms in Konduga. In Ngala, through Solidarites International's RRM intervention, 9,500 people gained access to safe water facilities and services at 15 l/p/d by rehabilitating four boreholes in Ghana, Mallumbiri, Badiya, and Bash settlements. Repairs were carried out on eight water fetching points (two per borehole), fencing, landscaping, tank reinforcement, painting of steel overhead tanks and stanchions, replacement of three teepee tanks at the Ghana borehole, construction of two soak-away pits at the Ghana and Bash boreholes, installation of drainage channels at the Badiya and Mallumbiri boreholes, and the establishment of reticulation lines connecting each borehole to its respective water fetching points. Moreover, in Bama, SI identified one borehole to be rehabilitated in the GSSS Camp; work on this borehole will be finished by 25 December 2023. A total of 3,500 people will have access to safe water facilities and services at 15 l/p/d. Four additional MHPs were identified for complete rehabilitation. Three MHP were rehabilitated in GSSS internally displaced persons Camp Bama, and one in Banki, a new refugee camp in Bama LGA. In Marte, through RRM/Mon Club intervention, 23,683 people received safe drinking water through water trucking. Mon Club also increased permanent access to safe drinking water for 5,000 individuals through repairs/rehabilitation/extension of the reticulation network of existing water points. Another 500 individuals received safe drinking water through repairs/rehabilitation of existing water points. Goal Prime reached a total of 16,647 people who gained immediate access to safe drinking water in Gubio; 7,113 people have immediate access to safe drinking water through the rehabilitation of one borehole in Mafa; and 16,500 people have immediate access to safe water for drinking Kala Balge (Rann).
Activity 2.2	Construction/ Rehabilitation/ Decommissioning of 370 emergency Sanitation facilities in IDP Camps,	[Borno RUWASSA's; Solidarites International's intervention, MonClub, ACF and GoalPrime]

	Therapeutic Feeding Centres (TFC) providing CMAM/SAM treatment	Access to safe sanitation was provided for 2,000 people by rehabilitating 40 emergency toilets and 20 bath shelters in Hajj Camp Konduga, LGA. A total of 48,000 people received critical WASH supplies by distributing 5,000 SAM kits to 5,000 households targeting SAM children in OTP centres in Bama, Gwoza, Konduga, Ngala, Mobbar and Dikwa LGA. Similarly, 3,000 WASH NFIs were distributed to new arrivals in Bama, Mafa, and Konduga LGAs. With CERF support, Solidarites International delivered RRM assistance reaching 15,850 people in host communities in Ngala who gained access to household sanitation facilities (latrines) as per sector's standards through the rehabilitation of 50 blocks of latrines and shower cubicles in the ISS, Arabic, and Kaigama camps and the construction of six blocks of four latrines and two showers, which deviates from the initial plan of eight blocks of two latrines and one shower to meet the needs or to close the gaps and mitigate the open defecation by the internally displaced persons and break the spread of diseases. In addition, 150 latrine cubicles were desludged in Zulum camp, Ngala LGA. In addition, In Bama, Solidarites International constructed five gender-segregated latrines and shower blocks at GSSS internally displaced person camp, Bama LGA, in line with the WASH sector design, completed in November 2023. This comprehensive effort reached 15,100 individuals. In Marte, Mon Club conducted an RRM intervention reaching 2,000 households with increased access to safe sanitation by constructing 40 emergency communal latrines and 500 Households who gained access to safe sanitation by rehabilitating ten sanitation facilities. ACF RRM partner has reached 400 people (197 men; 203 women) who report using a safe, dignified and functional sanitation facility with a functional handwashing facility (with soap/cleaning agent and water) in Nganzai, 1,548 people (793 male; 755 women) in Monguno, and 606 people (299 men; 307 women) in Konduga. Goal Prime delivered RRM assistance and achieved the following results in Gubio: 180 damaged latrines and showers rehabilitated, benefitting a total of people 3,600 people as per emergency standard latrines coverage of 20 persons per latrine (20P/L), while 28 household emergency latrines were constructed; in Mafa: another 1,880 received improved access to sanitation facilities through the rehabilitation of 80 latrines and showers and the construction of 14 household emergency latrines, and in Kala Balge (Rann): 90 damaged/non-functional latrines were rehabilitated to benefit around 1,800 people in

		addition to the construction of 20 household emergency latrines.
Activity 2.3	Carry out social mobilization and behavior change in collaboration with Communication for Development (C4D) and carry oy out House to house hygiene promotion	Borno and Yobe RUWASSA and Borno PHCDA] In Collaboration with Social Behaviour Change (SBC)/C4D Unit, the Borno State Primary Health Care Development Agency (PHCDA), and the Yobe State RUWASSA, 500,826 community members (283,476 females and 217,350 males) were reached with key hygiene messages through awareness-raising and/or messaging on prevention and access to services (hygiene promotion messages) in five LGAs in Borno (Bama, Biu Dikwa, Jere and Konduga) and five in Yobe (Damaturu, Geidam, Bursari, Karasuwa and Yunusari). In Ngala, RRM/SI reached 25,764 people across with Hygiene promotion messages emphasizing clean water importance and household chlorination using Aqua Tab, as well as safe excreta disposal, handwashing, safe water practices, and solid waste disposal. RRM partner /ACF reached a total of 4,165 people with direct hygiene promotion messages at the household level in Nganzai, 5,588 people (2,604 men; 2,984 women) in Monguno and 7,961 people (3,670 men; 4,291 women) in Konduga. RRM partner /Goal Prime reached 31,440 across with hygiene promotion and behavior change messages in Gubio, Mafa, Kala Balge (Rann).
Activity 2.4	Provision and distribution of 5,000 SAM WASH KIT for Children to 5,000 households of targeted beneficiaries and 3,000 WASH Kits for 3,000 households	Borno RUWASSA and Goal prime, ACF, Solidarites International, Mon Club] A total of 48,000 people received critical WASH supplies by distributing 5,000 SAM kits to 5,000 households targeting SAM children in OTP centres in Bama, Gwoza, Konduga, Ngala, Mobbar and Dikwa LGA. Similarly, 3,000 WASH NFIs were distributed to new arrivals in Bama, Mafa, and Konduga LGAs. Solidarites International distributed SAM WASH Kits to 940 households (4,055 individuals) with children under five with SAM in Ngala, Monclub distributed 250 SAM kits in Marte, ACF distributed 831 SAM kits in Nganzai, 414 SAM hygiene kits in Monguno and 1,148 SAM Kits in Konduga, and Goal Prime distributed 400 SAM-WASH.

Output 3	To reduce Malaria, Measles and Cholera and other related morbidities and mortalities in Borno, Adamawa and Yobe States, North-east Nigeria
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	H.7 Number of functional health facilities supported	9	9	[Programme Data, Health Sector Bulletin]
Indicator 3.2	H.8 Number of primary healthcare consultations provided	150,000	152,647	[DHIS 2]
Indicator 3.3	H.11 Number of people receiving treatment for acute watery diarrhea (incl. cholera)	20,000	38,162	[DHIS 2]
Indicator 3.4	CC.1 Number of implementing partner staff receiving training to support programme implementation (Number of states health workers trained on prevention, diagnosis, management and data capturing of uncomplicated malaria, measles and cholera)	60	90	[Programme Data, Implementation Reports]
Indicator 3.5	Number of community engagement sessions conducted	27	40	[Programme Data/Implementation Reports]
Explanation of output and indicators variance:		UNICEF was able to train more staff with available resources and this increased the total number of people reached with treatment and number of community engagement sessions conducted.		

Activities	Description	Implemented by
Activity 3.1	Improve capacity of targeted Primary Health facilities in IDP camps and host communities to provide comprehensive essential PHC service delivery (minor repairs/refurbishments)	Prioritised nine health facilities were identified and assessed for minor repairs in the BAY States. These were done within the span of the programme and have improved their capacity to host and render a comprehensive package of PHC services to the benefitting community in a dignified, confidential and appropriate manner.
Activity 3.2	Procurement and distribution of essential medicines and other commodities for primary health care service delivery.	Medicines and other essential medical supplies were procured and distributed to the last mile to the benefitting health facilities and prescribed to the beneficiaries across 15 LGAs in the three states.
Activity 3.3	Strengthen and build capacities of State and LGA Rapid Response Teams (RRT) for detection and response to measles, malaria and cholera disease outbreaks	Ninety health workers were trained across the Borno and Yobe States. They were drawn from the targeted communities. Capacity building was provided to prevent and manage EPDs such as cholera, measles, and diphtheria.
Activity 3.4	Train 60 health workers from targeted high-risk communities on prevention, diagnosis, management and data capture and analysis of uncomplicated and complicated malaria, measles and AWD/cholera cases.	Ninety health workers were trained across the BAY area. They were drawn from the targeted communities. Capacity building was provided to prevent and manage EPDs such as cholera, measles, and diphtheria.
Activity 3.5	Support targeted risk communication, community engagement and social mobilization activities to galvanize the communities for uptake of services as well as improve adoption of positive protective care practices	Forty community engagement sessions were conducted across supported health facilities and communities across 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[6] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

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

UNICEF used a risk-informed programming approach and the guidance provided by CERF in this allocation call to inform the programme design. While implementing this programme, UNICEF relied on the activities of community mobilizers and influencers to ensure adequate dissemination of the services available in camp clinics and host community health facilities guided by feedback and community engagement outcomes. The traditional leadership structure was engaged to ensure the participation of all, particularly the vulnerable community members. Vulnerable people were consulted to ensure an understanding of their needs, priorities and any potential programme gaps by UNICEF through the SPHCDAs, partners and UNICEF third-party facilitators in the BAY states. Services were rendered non-discriminately, respecting cultural sensitivities and prioritising pregnant women, children, and the elderly.

An end-user monitoring exercise was conducted prior to the implementation of this programme and the key objective was to assess the beneficiaries' understanding of their needs and what gap exists. This was particularly applied to the social mobilization aspect of the biannual MNCHW campaign, in which social and behavioural change messages in the form of radio jingles were designed and aired to promote optimal breastfeeding practices and vitamin A supplementation uptake.

Similarly, WASH activities prioritized community safety, dignity, and preferences in the context of inclusiveness and non-discrimination, environmental protection, and the five Global WASH commitments to the safety and dignity of the affected population. All tiers of community leaders were consulted on the selection of the volunteers from the community with flexibility for shifts among various groupings or selections of the community to ensure that all selections of the community have equitable opportunities to participate. Beneficiaries were also involved in the selection of priority locations of WASH facilities, depending on their needs

b. AAP Feedback and Complaint Mechanisms:

UNICEF leveraged existing feedback mechanisms to report complaints. The multi-dimensional feedback mechanisms include collective consultation and feedback with different population strata, including people with disabilities (PwDs), to ensure that all programmes enable access and reduce risks of violence. Communities were consulted in the planning, design, siting, and monitoring of the implementation of the activities. Also, they were sensitized on their right to complain and provide feedback. The health programme's feedback mechanism included community engagements and outreach sessions, individuals during one-on-one consultation with health workers in health facilities, and community focal persons or stakeholders who relay concerns from individuals and communities via appropriate means.
The key focus during the training of health workers was on improving interpersonal communication (IPC) skills to enhance their capacity to appropriately engage with beneficiaries. In nutrition, a coordinated approach to working with and through local stakeholders, namely community leaders, including camp leaders, and M2MSGs for a nutrition capacity-strengthening effort was adopted. Aspects of

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

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

protection in nutrition programming were mainstreamed in nutrition service -providers' training packages. The WASH component was implemented in coordination with community development structures (WASHCOMS).
UNICEF also leveraged the presence of third-party facilitators at the targeted LGAs to sensitize communities on their right to complain and provide feedback about the programme with confidentiality.

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

UNICEF partnered with CSOs to deliver most of its programmes, including the CERF-funded programme. UNICEF ensured that all partners had established mechanisms in their partnership programme document to report and handle SEA-related complaints, including aspects of confidentiality, accessibility, and follow-up. UNICEF ensured that partners provided an environment where individuals, communities, UNICEF third-party personnel, and partners felt safe reporting violations and trusting that immediate and decisive action would be taken against perpetrators.

No PSEA case was reported during the programme implementation. The section used existing mechanisms to mitigate risks, by incorporating PSEA into training activities while leveraging reporting mechanisms such as U-report the hotlines and suggestion box to receive complaints. Other forms of feedback were usually drawn from the third-party facilitators and health facility workers.The renovated health facilities provided additional space for confidential consultation and quick access to care. Community engagement sessions highlighted the importance of reporting and awareness of PSEA. All personnel and vendors working directly or indirectly on the programme adhered to Child safeguarding policy and Protection from Sexual Exploitation and Abuse policies.

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

Concerns of all affected people, including vulnerable groups, were factored into the programme design to ensure that the activities implemented meet the needs of different age and gender groups. Women of childbearing age, vulnerable boys and girls, and the elderly were prioritised during the programme implementation. UNICEF ensured the provision of essential health services, including and treating all identified persons in need of health services regardless of status as internally displaced persons, returnees or the host community.

UNICEF mainstreams gender-based violence (GBV) in programming through awareness raising and training of sector partners and the inclusion of GBV components in partnership documents with all implementing partners. UNICEF programmes also promote using disaggregated quantitative data by gender to address inequities, specifically for women and children. In all its programmes, including the CERF programme, UNICEF, through CSOs and government implementing partners, addresses bottlenecks and barriers to the availability and accessibility of quality services, for example, maternal and child nutrition interventions, by increasing programme coverage and directly engaging women and men through such platforms as M2MSGs and father-to-father support group meetings.

e. People with disabilities (PwD):

UNICEF ensured that the programme design was inclusive and that people with disabilities, particularly women and girls, were actively sought out and given priority access/ special consideration. In addition, communities were sensitized on disability issues and the need for inclusive approaches at the community level right from the start of the programme.
The health component ensured that health workers were equipped with the capacity to triage and prioritise people with disabilities, especially women and children and that there were minimal waiting periods to access care when they presented to the clinics or were attended to first before others during outreaches.
The nutrition component ensured that children with disabilities and pregnant and breastfeeding women with disabilities can access all nutrition services in all its service delivery points. There were ramps in many health facilities where the services were provided. Information on how nutrition services can be accessed was provided by the CNMs in camps and host communities.

f. Protection:

UNICEF prioritizes the safety and dignity of its programme beneficiaries. PSEA was mainstreamed into programming at the onset of this programme through training conducted for implementing partners on Accountability to Affected Populations (AAP), PSEA and gender. Programme sites are situated in accessible locations free from threats and protection risks and overseen by government workers and community leaders, who regularly monitor activities in close collaboration with UNICEF third-party health workers. Necessary safety

measures to mitigate the risk of actual or potential threats are taken by engaging with community leaders and regular programme monitoring by UNICEF third-party monitors in the field. An example is using community members to stand guard at the triage session and when RUTF is being distributed.
The health sector equipped health workers and all involved in providing health care with awareness of the need to protect beneficiaries and report any act of abuse promptly.

The design of WASH facilities ensures that the safety of users is factored in by following set standards and adhering to the quality of the product. WASH facilities were provided in health facilities and communities, ensuring water is reticulated into delivery rooms, adequate handwashing facilities are installed, and proper segregation of latrine facilities on gender lines. Water fetching points are installed under shades to protect children and women from the scorching sun heat.

g. Education:

Health, Nutrition, and WASH: No education component was considered in the design/execution of this programme.

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.

None. CVA was not the most appropriate modality for the intervention.

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
WASH intervention in Mafa camp. Reparation of boreholes	https://twitter.com/UNICEF_Nigeria/status/1717500947130179838
Provision of RUTF supplies in Gamboru (Ngala)	https://twitter.com/UNICEF_Nigeria/status/1702297137495568389
Treatment of children with acute malnutrition in Mafa	https://twitter.com/UNICEF_Nigeria/status/1722139264236847225

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US$
22-UF-FAO-036	Agriculture	FAO	NNGO	$14,472
22-UF-FAO-036	Agriculture	FAO	NNGO	$8,583
22-UF-FAO-036	Agriculture	FAO	NNGO	$8,484
22-UF-FAO-036	Agriculture	FAO	NNGO	$8,940
22-UF-CEF-064	Multi-Sector	UNICEF	GOV	$15,599
22-UF-CEF-064	Multi-Sector	UNICEF	INGO	$267,215
22-UF-CEF-064	Multi-Sector	UNICEF	GOV	$87,947
22-UF-CEF-064	Multi-Sector	UNICEF	GOV	$116,125
22-UF-CEF-064	Multi-Sector	UNICEF	NNGO	$30,532
22-UF-CEF-064	Multi-Sector	UNICEF	GOV	$979,500
22-UF-CEF-064	Multi-Sector	UNICEF	GOV	$7,450
22-UF-CEF-064	Multi-Sector	UNICEF	GOV	$125,777
22-UF-CEF-064	Multi-Sector	UNICEF	NNGO	$51,102
22-UF-CEF-064	Multi-Sector	UNICEF	NNGO	$158,312
22-UF-CEF-064	Multi-Sector	UNICEF	GOV	$7,798
22-UF-CEF-064	Multi-Sector	UNICEF	NNGO	$80,273
22-UF-CEF-064	Multi-Sector	UNICEF	NNGO	$111,325
22-UF-CEF-064	Multi-Sector	UNICEF	GOV	$5,774
22-UF-CEF-064	Multi-Sector	UNICEF	INGO	$41,948
22-UF-CEF-064	Multi-Sector	UNICEF	INGO	$339,574
22-UF-CEF-064	Multi-Sector	UNICEF	GOV	$13,867
22-UF-CEF-064	Multi-Sector	UNICEF	GOV	$775,489
22-UF-CEF-064	Multi-Sector	UNICEF	GOV	$170,817