RESIDENT/HUMANITARIAN COORDINATOR REPORT 2012 ON THE USE OF CERF FUNDS CAMEROON

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PART 1: COUNTRY OVERVIEW

I. SUMMARY OF FUNDING 2012

TABLE 1: COUNTRY SUMMARY OF ALLOCATIONS (US$)		
Breakdown of total response funding received by source	CERF	10,799,522
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (*if applicable*)	0
	OTHER (Bilateral/Multilateral):	26,752,808
	TOTAL	37,552,330
Breakdown of CERF funds received by window and emergency	**Underfunded Emergencies**	
	First Round	0
	Second Round	1,997,430
	Rapid Response	
	Yellow fever	2,003,280
	Drought	4,798,922
	Floods	1,999,890

II. REPORTING PROCESS AND CONSULTATION SUMMARY

a. Please confirm that the RC/HC Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES ☒ NO ☐

If 'No', please describe reasons

b. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies, cluster/sector coordinators and members and relevant government counterparts)?

YES ☒ NO ☐

The final version was shared with recipient agencies and sector leads who consulted with their relevant government and NGOs partners to provide inputs to the report.

PART 2: CERF EMERGENCY RESPONSE – YELLOW FEVER (RAPID RESPONSE 2012)

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
***Total amount required for the humanitarian response*: 4,400,699.95**		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	2,003,280
	OTHER (Bilateral/Multilateral)	291,177
	TOTAL	**2,294,457**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – Date of Official Submission: 10 January 2012			
Agency	**Project Code**	**Cluster/Sector**	**Amount**
WHO	12-WHO-002	Health	2,003,280
Sub-total CERF Allocation			2,003,280
TOTAL			**2,003,280**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)[1]	
Type of Implementation Modality	**Amount**
Direct UN agencies/IOM implementation	398,123
Funds forwarded to NGOs for implementation	1,554,570
Funds forwarded to government partners	50,587
TOTAL	**2,003,280**

In November 2011, a yellow fever outbreak occurred in the North region of Cameroon affecting seven health districts. A total of 23 cases and 7 deaths were reported, giving a case fatality rate of 30.43 per cent. The population's level of immunity was low in this region, where 13 out of 15 health districts had never organized a preventive mass campaign against yellow fever. The risk of rapid spread of the disease to other districts was therefore very high. About 1,272,014 inhabitants were at risk, and there was a high risk of international spread of the disease to neighbouring countries, such as Chad and Nigeria, which share common borders with the affected region.

The government response to the yellow fever epidemic was rapidly outweighed and insufficient. Organizing a mass campaign against yellow fever, the most appropriate strategy recommended, was hampered by the inability of the government to support both the cost of vaccines and operational costs. A multidisciplinary investigation mission showed that the viral circulation was effective in affected districts and the epidemiological surveillance system was not sensitive enough to detect outbreaks on time due to irregular active surveillance by the districts staff, poor involvement of the community in disease surveillance and low ability of some health personnel to detect suspected cases.

CERF funds were therefore requested by WHO to help the government to purchase vaccines and support operational costs of the immunization campaign in order to improve population immunity and save lives.

[1] An amount of US$1,554,570 was forwarded to ICG to acquire vaccines as indicated in the initial proposal. While conducting the response, it proved necessary to disburse fund to the government for some critical activities to be conducted in the field.

II. FOCUS AREAS AND PRIORITIZATION

The project covered one of the ten regions of the country – namely, the North region facing the biggest yellow fever outbreak ever experienced by the country. Of the 15 health districts, eight were identified as high-risk based on the results of the multidisciplinary assessment in collaboration with ICG and were targeted by the immunization campaign. A total of 23 cases had already been registered with seven deaths, placing CFR of 30.43 per cent. Following the briefing after the assessment, key areas of intervention were identified:

- Organize mass immunization campaign to rapidly increase population immunity in high-risk districts in order to stop the spread of the epidemic.
- Improve on the epidemiological surveillance system including laboratories.
- Support case management by providing guidelines to health facilities.

III. CERF PROCESS

Following laboratory confirmation of the first case of yellow fever, which indicates an outbreak (following WHO definition), and given the rapid spread of the disease, the health cluster was activated. To confirm the onset of an epidemic, a multidisciplinary team, including WHO, went on the field for initial assessment. Analysis led to the confirmation of the epidemic and the identification of high-risk districts to be targeted by reactive interventions, including a mass campaign for immunization. A mass campaign was designed to target the population aged from nine months and above, irrespective to their gender. However, women and children under 5 were particularly targeted during the campaign. Given the low affordability of vaccines and high operational cost of the campaign, the health cluster submitted a CERF request to help the government to buy vaccines and organize a reactive campaign in the eight most at-risk health districts.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR

Total number of individuals affected by the crisis: **1,272,014**

The estimated total number of individuals directly supported through CERF funding by cluster/sector	**Cluster/Sector**	**Female**	**Male**	**Total**
	Health	643,639	628,375	1,272,014

CERF funds enabled the country to acquire 1,295,475 doses of vaccines required and supported operational cost of the reactive campaign leading, which bore positive results:

- Quick organization of a reactive campaign during which 1,132,472 persons aged 9 months and up were vaccinated out of the expected 1,272,014 affected individuals, which brought the coverage rate at 89 per cent. This has greatly contributed to control and stop the outbreak.
- No deaths were registered after the campaign conducted in January 2012.

Morbidity was reduced by avoiding the occurrence of additional cases. From 23 cases registered in two months, only one case was recorded six months after the campaign.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	**Estimated Reached**
Female	643,639	572,761
Male	628,639	559,177
Total individuals (Female and male)	1,272,014	1,132,472
Of total, children under 5	214,970	191,297

Given the fact that the yellow fever vaccine cannot be administered to children before 9 months or to pregnant women, who represent about 7 per cent of the total population, the estimated percentage of these population groups was deducted from the total population. The target for the campaign thus represents about 93 per cent of the total population, approximately 1,171,258 people.[2]

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?
YES ☒ PARTIALLY ☐ NO ☐

Rapid mobilization of CERF funding enable rapid organization of the reactive campaign against yellow fever within the 30 days following approval.

b) Did CERF funds help respond to time critical needs[3]?
YES ☒ PARTIALLY ☐ NO ☐

Yellow fever is an infectious disease for which there is no treatment. The main strategy to control such epidemic is through a mass campaign amongst non-immunized populations. This would not have been possible by the government and local partners alone, given the high cost of the vaccines and operational cost of theses campaigns. CERF funds therefore correctly responded to time-critical needs.

c) Did CERF funds help improve resource mobilization from other sources?
YES ☒ PARTIALLY ☐ NO ☐

CERF funding led to implication of other health partners in the country. Acquisition of vaccines encouraged other partners to contribute to the immunization campaign such as Red Cross, UNFPA that respectively contributed on social mobilization and UNFPA also provided logistic support for field supervision for vaccination teams.

d) Did CERF improve coordination amongst the humanitarian community?
YES ☒ PARTIALLY ☐ NO ☐

CERF funds improved coordination within the humanitarian community, including UN agencies and local NGOs. Through these funds, UNICEF ensured the purchase and transport of vaccines to the country level for the implementation of the campaign. The Red Cross and Federation International de la Croix Rouge (FICR) mobilized community volunteers to increase public awareness before and during the campaign. UNFPA contributed by providing logistic materials. These combined efforts contributed to the success of the campaign.

[2] The figures of beneficiaries in the template provided by the CERF secretariat is very different from what was approved in the final CERF application for yellow fever, where female was 643,639, male 628,375, total 1,272,014, and children under age 5 was 214,970. These were the total population in the concerned health districts.
[3] Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control).

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons Learned	**Suggestion For Follow-Up/Improvement**	**Responsible Entity**

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons Learned	**Suggestion For Follow-Up/Improvement**	**Responsible Entity**
CERF funds can be mobilized to acquire vaccines for yellow fever emergencies.	Rapid assessment needs to be carried on time.	UN agencies
Involvement of different partners is crucial to achieving better results.	Regular sharing of information among UN agencies and other humanitarian partners improves mobilization of resources.	UN agencies
Conservation of vaccination cards after campaign remains a big challenge of a mass campaign.	Sensitization message during campaigns should include messages emphasizing on the importance of keeping immunization cards after the campaign.	MoH, partners

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	WHO	5. CERF Grant Period:	25.01.12 – 09.08.12
2. CERF Project Code:	12-WHO-002	6. Status of CERF Grant:	☐ Ongoing
3. Cluster/Sector:	Health		☒ Concluded
4. Project Title:	Riposte à l'épidémie de fièvre jaune dans la région du Nord		
7.Funding	*a. Total project budget:*		US$ 4,400,700
	b. Total funding received for the project:		US$ 2,294,457
	c. Amount received from CERF:		US$ 2,003,280

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	643,639	572,761	The total population at risk in the affected districts was 1,272,014 habitants with 643,639 female, 628,639 male and 214,970 children under age 5. They were all exposed to the yellow fever outbreak because of the low immunity of the population. However, the yellow fever vaccines are not indicated for children less than 9 months, who represent 3% of the total population. Therefore, only 1,170,258 were eligible for the mass campaign, which was necessary to increase the population immunity. The immunization of more than 95% of the eligible population has favoured the appearance of "Herd Immunity" which also benefits those who are not vaccinated. That is why the whole population benefited for this mass campaign, but it is 1,170, 258 who were targeted by the mass campaign.
b. Male	628,639	559,177	
c. Total individuals (female + male):	1,272,014	1,132,472	
d. Of total, children under 5	214,970	191,297	

9. Original project objective from approved CERF proposal

The main objectives:

- Vaccinate at least 95% of people above 9 months in order to cut of the epidemic and reduce mortality.
- Improve the performance of the surveillance system for yellow fever and other vaccine preventable diseases.

10. Original expected outcomes from approved CERF proposal

Expected outcome were the following:

- Control of the yellow fever epidemic.
- Reduction of the incidence of new cases of yellow fever and mortality of yellow fever in the North region.

11. Actual outcomes achieved with CERF funds

Main outcomes:

- 1,295,475 doses of yellow fever vaccines bought from ICG for the yellow fever campaign in the affected area.
- 1,132,472 persons have been vaccinated against yellow fever in the eight most at-risk health districts of the North region, bringing the coverage rate at 96.8%.
- Control of the epidemic: decrease of the case fatality rate from 30% to 0% (no death recorded after the campaign).
- The epidemiological system was strengthened in the 15 districts with monthly active surveillance in the health facility by the regional level for active case detection.
- A post-immunization campaign survey was conducted after the campaign and validated administrative data.
- Reagent and lab equipment were provided to the national reference laboratory for case confirmation.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

Fill in	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒
If 'YES', what is the code (0, 1, 2a, 2b): Fill in **If 'NO' (or if GM score is 1 or 0):** During the mass campaign, people were vaccinated irrespective of their sex, religion or culture. Sensitization before and during the campaign was done through radio, churches, social mobilizers and women's associations, which led to a massive turnout of community members who attended vaccinations posts with their children.	
14. M&E: Has this project been evaluated?	YES ☒ NO ☐
A post-campaign coverage survey was carried out to appreciate the quality of the event with the support of the government national statistical institution, which reconciled administrative data that was collected during the campaign. An evaluation meeting took place at the central level after the campaign and recommendations were made.	

PART 2: CERF EMERGENCY RESPONSE – DROUGHT (RAPID RESPONSE 2012)

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: **31,170,915**		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	4,798,922
	OTHER (Bilateral/Multilateral)	14,835,929
	TOTAL	**19,634,851**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – Date of Official Submission: 17 February 2012			
Agency	**Project Code**	**Cluster/Sector**	**Amount**
FAO	12-FAO-003	Agriculture	611,011
UNICEF	12-CEF-005	Health-Nutrition	859,870
WFP	12-WFP-007	Food	2,749,805
Sub-total CERF Allocation			**4,220,686**
Allocation 2 – Date of Official Submission: 13 March 2012			
WHO	12-WHO-026	Health	578,236
Sub-total CERF Allocation			**578,236**
TOTAL			**4,798,922**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of Implementation Modality	**Amount**
Direct UN agencies/ IOM implementation	4,434,422
Funds forwarded to NGOs for implementation	125,887
Funds forwarded to government partners	238,613
TOTAL	**4,798,922**

The Far North and North regions of Cameroon are located in the Sahel Region and experienced a severe drought crisis at the end of 2011. The previous years' trend of cumulative natural disasters (including droughts in 2009 and 2011 and floods in 2010) left the population with small or non-existent stocks for the lean season and increased the gap between the food production and global needs.

An estimated 5.5 million people live in the Far North region, and the majority are farmers and agro-pastoralists. 33.3 per cent of the rural households are food vulnerable or food insecure. The most widespread coping strategy for the farmers consist of cattle breeding, but since water points dried out much earlier than usual, the income derived from the cattle did not provide a way out of starvation.

The drought crisis resulted in a high amount of crop failure. The cereal deficit for 2010-2011 was estimated in the Logone-and-Chari division (Far North region) at about 50,000 MT. In addition, the dry season production of the local sorghum (or Mouskwari) was anticipated to be less than in the past due to the lack of surface water. Such a significant drop in cereal food production in the Far North region negatively impacted the already vulnerable and poor households. The rising cereal prices on the markets in the Logone-and-Chari division compounded the problem and aggravated the existing high prevalence of chronic and acute malnutrition.

The nutrition situation for 2013 seems to be similar as there is a structural vulnerability of the populations of northern regions that increases with each crisis. As per the survey of July 2011, 14.6 per cent of households in the North region and 17.9 per cent in the Far North regions had insufficient food availability during lean season, and 30.3 per cent of the rural population was vulnerable to food insecurity. Coping strategies of poorest households is to reduce consumption of food. A crop and food security assessment mission is currently being undertaken by Ministère de l'Agriculture et du Développement Rural (MINADER), WFP and FAO. The population living in North and Far North regions is most affected by acute malnutrition even in the post-harvest season.

A nutrition SMART survey, conducted by Ministry of Public Health with UNICEF in 2012, shows that 1.1 per cent of 6 to 59 months old children in the Far North region and 0.7 per cent in the North region suffer from severe acute malnutrition. Some aggravating factors are still present, like low access to sanitation and clean water or the incidence of diarrhoea and other childhood diseases.

The estimated burden for 2013 for the two regions is 57,616 cases of severe acute malnutrition and 93,456 cases of moderate acute malnutrition. UNICEF is planning to conduct a SMART survey in May, during the lean season. To ensure an appropriate response some constraints will be taken into consideration: (i) weak capacities of government in the management of acute malnutrition; (ii) lack of some infrastructure (such as roads); (iii) unreachable population during rainy season; and (iv) weak capacities of resilience amongst the population.

In addition to this poor nutritional status of the population, the regions of the Far North and North were facing many epidemics and other public health problems, including measles, which was affecting 21 of the 43 health districts of the two regions. Nearly 70 per cent of confirmed cases of measles (503 cases in 2011 against 91 cases in 2010) in the country were from these two regions.

Acute respiratory infections, diarrheal diseases and severity of malaria cases were most likely aggravated by drought and contributed significantly to accelerated deterioration of the nutritional status of children, as well as increased morbidity and mortality in these regions. The coverage of other routine interventions among vulnerable groups (children and women) remained below national goals: Immunization against vaccine-preventable diseases (under 70 per cent), deworming against neglected tropical diseases (39.1 per cent), and use of insecticide-treated nets (8.7 per cent in children and 5.7 per cent among women). Those groups were, therefore, more susceptible to these diseases and malnutrition during the humanitarian crisis.

CERF was needed to kick-start the emergency operation by providing general food distribution, and administering treatment for children and pregnant and lactating women with severe and moderate acute malnutrition. In order to reduce morbidity and mortality related to malnutrition and other major health problems among these groups, the funds would be used to provide essential medication to all 43 health districts in the two northern regions. The funding was also needed to supply the vulnerable pastoralists in the Logon-and-Chari division with improved seeds, animal feed and vaccines.

II. FOCUS AREAS AND PRIORITIZATION

Both the North and the Far North regions have epidemiology and mortality profiles similar to the Sahelian countries and have been affected for several years by a structural nutritional crisis aggravated by low and erratic rainfalls. In the Far North region, the population is suffering from food insecurity, general poverty and critical global chronic and acute malnutrition.

Up to 1,178,357 of the population in the two regions are children under 5 years. The percentage of the population suffering from food insecurity is above 15 per cent in both regions. 9.6 per cent of children in the North and 12.4 per cent in the Far North suffer for Global Acute Malnutrition (GAM). As per estimates, up to 160,128 children needed to be treated in nutrition centres in 2012 (up to 55,000 children for severe acute malnutrition). SMART Survey in December 2012 (post-harvest season) showed that these two regions are the most affected (6.3 per cent GAM in Far North and 5.5 per cent GAM in North). According to the DHS/MICS survey, held in October 2011, 33 per cent of children suffer from chronic malnutrition in the country. Two out of five children in the North and Far-North regions are stunted (40.2 per cent and 44.9 per cent, respectively).

Both regions suffer from a silent nutrition crisis that has five main underlying causes: Lack of access to age-appropriate foods; lack of access to age-appropriate feeding practices; lack of access to essential health services; lack of access to safe water and hygiene practices (recent cholera epidemic); and high prevalence of low birth weight.

These regions also face many malnutrition-linked epidemics, such as measles, which affects 21 of the 43 health districts of the two regions, and other public health problems, including polio, and yellow fever. These measles outbreaks are likely to be extended to other

health districts with persistent or worsening drought. In 2010 and 2011, 19,125 cholera cases were recorded with 1,078 deaths; the northern regions represented 56 per cent of those cases and 72 per cent of deaths. In 2012, 14 cholera cases were reported in both the regions.

The situation is further confirmed by the high infant morbidity rates of 58.4 per cent, frequently due to diarrhoea and fever. Displacement of flood-affected households coincided with the same regions affected by drought in 2011, making those families extremely vulnerable in food insecurity. The most-vulnerable groups are children and women, especially young women from 15 to 19 years old.

The geographical coverage of CERF-funded activities includes the Far North region, particularly the severely drought-affected rural population in the Logone and Chari division.

III. CERF PROCESS

The decision to develop the CERF request was motivated by the government's demand for assistance to people affected by drought in the Logone-and-Chari Division, following the results of food security and nutrition surveys conducted in 2011 and the trend analysis of the results of previous years. The joint FAO/MINADER/WFP Crop and Food Security Assessment Mission (CFSAM), conducted in November 2011 in the two northern regions, estimated that the cereal harvest in the Far North region was below the previous years'[4] (2005-2010) production. Furthermore, the reports and assessments referred to above confirmed that an urgent response was required to mitigate increasing food insecurity and prevent the deterioration of an already alarming nutrition situation in the Far-North region. UNCT agreed that WFP, FAO, UNICEF and WHO will collaborate on a UN system response to tackle the situation by addressing the identified immediate and short/medium term consequences of the drought crisis.

The four agencies met together and agreed to prepare a CERF grant proposal in response to the government's request. The responsibilities were shared among the four implementing agencies: WHO headed the health sector, UNICEF headed the nutrition sector, WFP was in charge of the food sector and FAO led the agricultural sector. The implementation process was designed to ensure that the most vulnerable households would benefit from the interventions. A joint real-time evaluation of the operation was also planned to measure progress made in achieving expected results, draw lessons for future interventions and plan for phasing out or continuation of the support. Data comparisons between sites and the malnutrition rates of different age groups and by sex were included in the planning of the assessment reports. Once carried out, data from the assessment will help to identify areas of focus and highlights factors which might be influencing the nutritional status of the children and pregnant and lactating women.

Food interventions covered general food distribution to drought-affected farmers in the Logone-and-Chari. They also provided assistance to malnourished children under 5 and pregnant and lactating women through a Targeted Supplementary Feeding programme (TSF) and therapeutic nutritional feeding in governmental health centres. To address this situation, nutrition sector organized and prioritized activities that focused on ensuring active case-finding and delivering services for the management of acute malnutrition in health facilities. Activities at the community level were also prioritized, as awareness of the existence of acute malnutrition in the community was not ensured. Training, providing supplies, equipment, supervision and monitoring actions were included as quick response. Linking with other sectors, such as WASH, was also crucial, taking into account the epidemiological profile of Far North and North regions and vulnerability of children. The interventions also focused on the management of diseases related to or associated with malnutrition such as measles, respiratory tract infections and preventing the occurrence and spread of cholera outbreak, which would have worsened the emergency situation.

Gender is mainstreamed in the CERF project through targeting women to receive adequate nutritional services, encouraging partners to recruit equal teams of men and women for the project implementation team, and consultation with women on their distinct needs when designing nutrition facilities. Beneficiary committees, set up at distribution sites, included over 50 per cent of women, who actively participated in sensitization and organization of food distributions.

[4] The decreases of cereal harvests are respectively 11 percent and 21 percent for the Far North region, and 9 percent and 14 percent for the North region compared to the five-year average (2005-2010) and the last year.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: **1,815,000**				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	**Cluster/Sector**	**Female**	**Male**	**Total**
	Agriculture	85,066	53,471	138,537
	Food	93,687	62,870	156,577
	Health	301,630	134,420	436,050
	Health-Nutrition	180,780	28,600	209,380

The 2011 CFSAM indicated that agro-pastoralists and pastoralists are the most food-insecure groups. Thus, GFD targeted people in households that have been directly affected by food crop failure and livestock losses, with special consideration to households headed by women.

Local emergency committees assisted to identify affected households in each village. In collaboration with FAO, UNICEF and the Government (MINADER, MINSANTE), WFP conducted a rapid food security assessment in order to refine planning requirements and the targeting criteria at the household level. Under general food distribution, the planned number of beneficiaries was practically reached to a full extent each month, however distributions started later than planned, as a consequence the CERF funds were used throughout June through September 2012. The WFP managed to reach 83,294 drought-affected farmers through general food distributions and 73,263 children and pregnant and lactating women under the nutrition component.

Estimation of affected populations for nutrition intervention was based on the prevalence and incidence of acute malnutrition revealed by nutritional surveys, carried out in July 2011 in the two regions, and coverage of interventions. The majority of direct beneficiaries for cases of severe acute malnutrition were children under age 5. Older children, adolescents and adults with severe acute malnutrition are much less common, but were screened and treated as per existing national protocol. Children and women were screened for acute malnutrition at program implementation sites (within walking distances of their home villages) or community-based activities where available.

Challenges were met with regard to assisting the estimated number of beneficiaries under the nutrition component. The challenges arose mainly due to difficulties with implementing partners. WFP had difficulties finding relevant implementing partners for the nutrition component. When an agreement was finally signed, the implementing partner did not perform its duties and the collaboration had to be suspended. Furthermore, there were heavy floods, in August through September 2012, which rendered distribution sites and populations inaccessible. Difficulties faced by WHO in estimation of figures, cost of medical treatment and delivery of drugs posed an obstacle for WHO in reaching the targeted beneficiaries (see Table 8 below for details).

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	**Estimated Reached**
Female	736,126	291,873
Male	318,141	154,807
Total individuals (Female and male)	1,054,267	549,375
Of total, children under 5	333,582	133,941

During the six-month implementation of CERF:

- 55,000 cases were expected in 2012. During the six-month CERF implementation period, approximately 27,500 were expected to be covered.
- 154,300 cases of malnutrition amongst pregnant and lactating women were estimated for 2012. With CERF funding 31,563 pregnant and lactating women were screened at the community level with UNICEF support and treated in outpatient's centres with WFP support.

The CERF-funded contribution was integrated in the overall donor contribution to provide assistance to the people affected by drought in the Far-North region.

In this context, the following achievements have been reached in 2012, which includes the CERF support: The whole food emergency operation has assisted a total amount of 259,252 beneficiaries (141,606 female and 117,646 male) during a period of nine months. As mentioned above, general food distributions have been consistently carried out, reaching practically all targeted beneficiaries each month. With the CERF funding, WFP managed to assist 83,294 beneficiaries through general food distributions, Furthermore, 73,263 children and pregnant and lactating women were directly assisted with the CERF funds through a TSF programme for moderately acute malnourished in the Far North and a Blanket Supplementary Feeding programme in the Logone-and-Chari health district in order to prevent increases in malnutrition levels and reduce the incidence of new cases of acute malnutrition.

The following outcomes of WFP's EMOP activities include the CERF support:

- The prevalence of acute malnutrition, according to the latest SMART survey, was at a rate of 6.3 per cent, which is an improvement from the 2011 rate of 12.4 per cent. This is in line with WFP's target for reducing GAM to less than 10 per cent amongst children under 5.
- Children under 5 as well as pregnant and lactating women were assisted through the Blanket Supplementary Feeding programme in order to prevent the increase of malnutrition levels and reduce the incidence of new cases of acute malnutrition. (GAM rates amongst children from 6 to 23 months are 8.05 per cent, and pregnant and lactating women 6.6 per cent).
- General food distributions have had a positive impact on the populations affected by the drought; the operation has led to improved food consumption over the period of assistance to targeted emergency-affected households. 82.1 per cent of households in the Far North region have an acceptable food consumption score, which makes the household food consumption score in line with the targeted threshold. WFP assistance also helped to stabilize food prices in local markets and reduced the number of people migrating in search of food for their families.

The CERF funds have enabled WFP to respond to the drought in an efficient manner and assist a high number of beneficiaries; consequently, allowing WFP to mitigate increasing food insecurity and prevent the deterioration of an already alarming nutrition situation in the Far North region. The CERF funding has enabled the WFP to achieve the targeted objectives, especially in the context of food distributions and treatment of moderate acute malnutrition, ameliorating their nutritional status and reducing the prevalence rate of moderate acute malnutrition. Without the CERF allocation, WFP would not have been able to respond to the emergency in time and the high number of beneficiaries would not have been reached.

The UNICEF nutrition response for the Sahel Crisis in 2012 was based on the gradual scaling of program management of acute malnutrition and the improvement of the quality of services according to national guidelines, in cooperation with Ministry of Public Health and partners. Up to 435 nutrition centres were strengthened with training for health staff, supplies and equipment and supervision. The main constraints are accessibility of some centres, slowness of data collection, and weak capacities from government partners and insufficient numbers of skilled NGOs.

The main activities carried out to cover the 40,300 cases out of the expected 55,000 cases of severe acute malnutrition in 2012 were as follows:

- Purchasing and distribution of RUTF and therapeutic milk.
- Purchasing and distribution of anthropometric equipment.
- Purchasing and distribution of medications for systematic treatment.
- Training of health staff in the management of acute malnutrition.
- Training of community workers in screening and referral system.
- Formative supervision and technical assistance (data manager) to regions.
- Setting up of two nutrition working groups in North and Far North regions.

Staffing and regional Team: A WASH consultant was recruited and located in the Far North Region in order to support governmental partners in WASH response to the nutritional crisis. Staffs from the Regional Delegation of Ministère des Mines de l'Eau et de l'Energie (MINEE) and MoH were involved since the inception of the project. With the support of UNICEF WASH team members, the concept note and training modules were developed. The content of WASH activities to be carried out at households and nutrition centres was also defined.

Training of trainers: With the support of UNICEF WASH Consultants, training of trainer (ToT) workshops was held at the district level. The training module for ToT includes the following topics:

- Relationship between malnutrition and diarrheal diseases.
- Prevention, transmission and treatment of diarrheal diseases, including cholera.
- Household water treatment and conservation.
- Hand washing methods and its importance at specific times.
- Use of WASH kits and at nutrition centres and households.
- Use of communication tools.
- Water quality control with chlorine pool testing kits.
- Roles and responsibilities for each local WASH partner involved in the nutrition crisis response.

- Monitoring of the WASH response.

A total of 198 local WASH partners were trained at the district level. A total of 126 (64 per cent) were directly involved in the implementation at the household level of WASH response activities for the nutrition crises in 18 health districts.

Training and sensitization of communities: Trainers taught at the district level are in charge of training community workers and supervising their activities. Community workers have been trained on

- Diarrheal disease prevention, including cholera and malnutrition.
- WASH kit use and household water purification methods.
- Monitoring the WASH response in communities and households particularly for the nutrition crisis.

Once trained, community workers are in charge of door-to-door education of best WASH practices to all households benefitting from WASH Kits. A total of 2,397 community workers (1,600 in the North region and 797 in the Far North region) were trained and involved in WASH response activities to the nutrition crisis at the community and household levels.

Distribution of Kits: A total of 9,000 (5,272 in the Far North and 3,728 in the North) WASH kits were distributed to families with malnutritioned children through the nutrition centres. Each WASH Kit contains: 1 bucket and lid, 1,500 ml cup, 1,200 ml cup, 5 pieces of soap, 1 plastic kettle, and 100 water purification tablets. The distribution of WASH kits in the two regions is as follows:

- Far North: A total of 5,272 beneficiaries in the 10 health Districts: Kaele – 485, Guere – 435, Vele – 190, Mada – 485, Kousseri – 795, Goulfey – 270, Kar-Hay – 485, Makary – 587, Yagoua – 950 and Maga – 590.
- North: A total of 3,728 beneficiaries: Golombe – 278, Guider – 850, Figuil – 330, Poli – 275, Tchollire – 435, Bibemi – 435, Rey-Bouba – 380, Touboro – 745.

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?
YES ☒ PARTIALLY ☐ NO ☐

Rapid availability of CERF funds helped WHO to send specific teams on the field in the two regions, purchase drugs for free care to malnourished children with medical complications. Data managers and communicators were sent to the affected regions and provided technical assistance in order to improve on surveillance of diseases, data management and the quality of data available. Local radios were mobilized for sensitization of the population on prevention and management of malnutrition and related diseases. Health workers were locally trained to recognize and report malnutrition cases and their diseases.

CERF funding has enabled the launch of rapid response in a coordinated approach. Facing a crisis in regions with high density and acute vulnerability, without having scaled up services for the management of acute malnutrition in order to have a good coverage, was a major constraint to prevent malnourished children's deaths. CERF funds were critical in ensuring supplies and training for health staff. Up to 43 health districts are covered now by the Community Management of Acute Malnutrition (CMAM) programme. A mapping of outpatient centres and inpatient facilities shows that up to 178 centres in the two regions covers 70 per cent of Severe Acute Manutrition (SAM) cases. CMAM programme is implemented in 427 Centres de Nutrition Ambulatoire (CNA) that have received support in supplies, training and supervision during the year. CERF funds were critical to settle up coordination mechanisms in the regions. The nutrition working groups in Far North and North regions met with all sector partners on a monthly basis and provided support to local governments to ensure CMAM progressive implementation, share information and main reports amongst partners, detect unconformities with national protocol of CMAM, and identify bottlenecks and propose actions for ensuring quality of interventions. National nutrition working group was also crucial in proposing two needed evaluations (CMAM program and supply chain bottlenecks analyses) and a qualitative tool for mapping of Outpatient Center (OTP) and Inpatient facilities (InpF).

b) Did CERF funds help respond to time critical needs?
YES ☒ PARTIALLY ☐ NO ☐

Management of diseases associated to malnutrition was not free in existing nutritional centres before the nutritional crisis occurred. Only nutritional care was free of charge in these centres. This led to low cure rates and high dropout rates in nutritional centres (27 per cent) due to the fact that many parents who were poor could not buy drugs for the treatment of malnutrition-associated diseases. The average number of days spent by malnourished children in nutritional centre was high. Provision of drugs by WHO from CERF funds and other partners helped the government to declare that the management of diseases associated with malnutrition should be free of charge during the crisis period. This improved attendance to nutritional centres as well as quality of care.

The December 2012 SMART nutritional survey, conducted during post-harvest season, shows prevalence of GAM-global acute malnutrition of 6.3 per cent in Far North region and 5.5 per cent in North. This means that the peak of the crisis was covered by Fund's response. However, children in areas of the North and the Far North of Cameroon are still the most affected by acute malnutrition in Cameroon even in post-harvest period.

c) Did CERF funds help improve resource mobilization from other sources?
YES ☒ PARTIALLY ☐ NO ☐

Resources were mobilized locally from other agencies, based on interventions carried out on the field with CERF funds. WHO mobilized an additional 1,387.5 kg of drugs for a total amount of US$159,287.30 from IOM and AmeriCares Foundation. This would have been more difficult if teams were not on the field and updated information on the situation of drugs was not regularly available.

Nutrition response was provided first through CERF funds and, then, with funds received from European Commision Humanitarian Office (ECHO), Office of U.S. Foreign Disaster Assistance (OFDA), National Committees (Natcoms) and other emergency funds.

d) Did CERF improve coordination amongst the humanitarian community?
YES ☒ PARTIALLY ☐ NO ☐

Under the lead of the Resident Coordinator, interagency meetings were organized at the central level and in the two affected regions. Decisions were commonly taken during these meetings and mapping of agencies' interventions was undertaken to avoid duplication of interventions. Sharing information among partners and identifying priority interventions proved to be important. A CERF request was jointly submitted by UN agencies, and several joint missions as well as activities, such as elaboration of joint training materials and joint training of personnel, were organized in the field.

The joint activities and monitoring and evaluation tools built on the national nutrition coordination mechanism. CERF funds have contributed notably to establish regional coordination groups in North and Far North regions. The meetings are organized monthly and participation of sector partners is ensured [MoH, UNICEF, WFP, WHO, FAO, French Red Cross, International Medical Corps (IMC), Medecins Sans Frontière (MSF), Plan, Organisation des Femmes pour la Santé, la Sécurité Alimentaire et le Développement (OFSAD), OFSAD, and so forth].

Regional WASH cluster meetings are held each month in the two regions with other national and international humanitarian organizations (Plan, CARE, ADRA, and IMC). Two-day training on 'WASH Responses in Emergency Situations' strengthened the capacity of WASH cluster members. The WASH team also took part in nutrition cluster meetings held in the regions. This facilitated the coordination of response interventions.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
Identify input suppliers while the funding is being negotiated in order to meet up with the cropping season, which is very short in the Sahel region	The FAO Representation should set up a database of input suppliers.	FAO Representation
Avoid transportation in the heart of the rainy season as roads are in very poor condition.	If possible, project implementation should go beyond 6 months or the cropping seasons should be taken into account during the fund approval process so as to avoid having to transport inputs in the heart of the rainy season.	The CERF secretariat should examine the possibility of extending project implementation to 12 months or take into consideration the cropping and rainy seasons .

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons Learned	**Suggestion For Follow-Up/Improvement**	**Responsible Entity**
Collaboration in the field amongst implementing agencies should be reinforced as this could reduce costs and reinforce the 'One UN' spirit.	All agencies have a role to play here.	Heads of agencies
Collaboration with the government services in the field is very important for a follow up of the activities when the funding closes down.	Bring on board the ministerial departments right from project inception and let them play an active role during implementation.	Heads of Agencies / Ministerial departments
Collaboration among UN agencies involved in the crisis has valued the spirit of One UN.	Inter-agency meetings should be maintained even out of emergencies situations in order to facilitate collaboration during emergencies.	UN agencies
Acute malnutrition indicators are not included in the alert weekly surveillance system.	Integrate malnutrition among diseases reported weekly by the health system in order to follow admissions each week and to adapt response.	WHO, UNICEF, and MoH
Integrated management of child diseases is ineffective in many health facilities due to lack of knowledge and shortage of some tools.	Continue providing training to health personnel in health centres on Child and Infant Integrated Care .	MoH,
Routine nutritional information system remains weak and should be strengthened	• Improve of nutritional data by including data on comorbidities and promote sharing with other agencies • Ensure smooth functioning of the improved nutrition routine monthly surveillance system already in place including indicators/tools from the revised national protocol of management of acute malnutrition and improving data entry, gathering and analysing by strengthening capacities and formative supervisions	MoH, UNICEF, WHO
Limitations and constraints of the CERF implementation were: (i) the weakness of Government response to nutritional crisis; notably limited capacities for logistics; (ii) insufficient quality and quantity of human resources—frequents rotation of trained staff; (iii) insufficient WASH infrastructure at nutrition centres and communities; and (iv) adverse climate conditions during early rainy season that caused flooding and internally displaced persons (IDPs), which in turn affected kit distribution and planning M&E responses.	• Reinforce capacities of government and partners for preparedness and response in nutrition emergencies • Strengthen capacities in nutrition (management of acute malnutrition) and data collection and analyses	MoH
The non-existence of an integrated coordination mechanism of prevention and identification at the community level, including malnutrition identification, needs to be addressed in order to prevent most cases or at least to raise the issue early enough for it to be resolved.	• Continue with nutrition coordination groups at national, regional and district levels. For district level, integrate other sectors, such as food security sectors • Increase the social mobilization and case finding via screening in mass campaigns, mobile activities and integrating screening in other sectors activities.	MoH
Synergy between the Regional Delegation of MINEE and MoH facilitated the implementation of the project and contributed to its efficiency	• Reinforcement of this synergy needs to be continued at the community level by training community workers with a basic integrated package on Nutrition, WASH and Health • Reinforcement of dialogue structures at the local level	MOH, MINEE, UNICEF

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	WFP	5. CERF Grant Period:	15.03.12 – 15.09.12
2. CERF Project Code:	12-WFP-007	6. Status of CERF Grant:	☐ Ongoing
3. Cluster/Sector:	Nutrition & Food security		☒ Concluded
4. Project Title:	Food assistance to drought-affected households and acute malnourished groups in Logone-and-Chari division in the Far-North Region (Cameroon)		

7.Funding		
	a. Total project budget:	US$ 24,204,795
	b. Total funding received for the project:	US$ 14,032,747
	c. Amount received from CERF:	US$ 2,749,805

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	168,650	93, 687	The planned beneficiaries to be reached with the CERF funds were based on the project document. It is an estimation of the maximum amount of beneficiaries reached. The distributions started later than planned and, as a consequence, all planned beneficiaries could not be reached during the first months of the intervention. Furthermore, some operational constraints were encountered under the nutrition component, implementing partners could not be found on a timely basis, which contributed to delayed food distribution.
b. Male	130,250	62, 870	
c. Total individuals (female + male):	298,900	156,557	
d. Of total, children under 5	69,000	52, 017	

9. Original project objective from approved CERF proposal

The overall objectives of this Emergency Operation are: (i) to improve food consumption and to protect the livelihoods of people living in the Far North region, especially in the Logone-and-Chari division and (ii) to tackle moderate acute malnutrition in the Logone-and-Chari division where the already-precarious food security and nutritional conditions have deteriorated as a consequence of poor harvest and natural hazards. These objectives are in line with WFP Strategic Objective 1 ("save lives and protect livelihoods in emergencies").

The specific objectives of the Emergency operation are to:

- Save lives and protect livelihoods of populations affected by drought, floods and elephant destruction of farms, through general food distributions (SO1).
- Reduce prevalence of acute malnutrition through the treatment of moderately malnourished children aged 6-59 months and pregnant and lactating women through a TSF programme (SO1).
- Prevent acute malnutrition among children 6-23 and pregnant and lactating women through Blanket Feeding (SO1).

10. Original expected outcomes from approved CERF proposal

- Reduce prevalence of acute malnutrition through the treatment of moderately malnourished children aged 6-59 months and pregnant and lactating women through a TSF programme.
- Prevent increase in malnutrition levels among children under two, and pregnant and lactating women and reduce the incidence of new cases of acute malnutrition.
- Improved food consumption over assistance period for targeted emergency-affected households.

11. Actual outcomes achieved with CERF funds

- The prevalence of acute malnutrition, according to the latest SMART survey, was at a rate of 6.3%, which is an improvement from the 2011 rates of 12.4%, in line with the WFP target of reducing GAM to less than 10 per cent amongst children under 5.
- Children under 2 as well as pregnant and lactating women were assisted through the Blanket Supplementary Feeding programme in order to prevent the increase of malnutrition levels and reduce the incidence of new cases of acute malnutrition. (GAM rates amongst children from 6-23 months is 8.05%, and pregnant and lactating women 6.6%).

- General food distributions had a positive impact on the populations affected by the drought; the operation led to improved food consumption over the period of assistance to targeted emergency-affected households. 82.1 per cent of households in the Far North region have an acceptable food consumption score, which makes the household food consumption score in line with the targeted threshold.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code? YES ☒ NO ☐

If 'YES', what is the code (0, 1, 2a, 2b): 2a
If 'NO' (or if GM score is 1 or 0):

14. M&E: Has this project been evaluated? YES ☐ NO ☒

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	FAO	5. CERF Grant Period:	27.03.12 – 27.09.12
2. CERF Project Code:	12-FAO-003	6. Status of CERF Grant:	☐ Ongoing ☒ Concluded
3. Cluster/Sector:	Agriculture		
4. Project Title:	Supply of inputs to vulnerable people in the Logone-and-Chari division in the Far North Region of Cameroon		

7.Funding		
	a. Total project budget:	US$ 1,141,211
	b. Total funding received for the project:	US$ 611,011
	c. Amount received from CERF:	US$ 611,011

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	85,066	124,292	The discrepancy between planned and reached beneficiaries is due to the fact that the seeds acquired enabled us reach many more people than planned, which was good for the project.
b. Male	53,471	78,127	
c. Total individuals (female + male):	138,537	202,419	
d. Of total, children under 5	39,582	57,834	

9. Original project objective from approved CERF proposal

To improve the food security of vulnerable population groups through the supply of improved seeds, animal feed and vaccines in the 6 districts of the Logone-and-Chari division of the Far North Region affected by drought and floods in 2011.

10. Original expected outcomes from approved CERF proposal

- Cereal production in the Logone-and-Chari division experiences a 50% increase at the end of the next cropping season (Indicator: volume of maize, sorghum and millet in the market; quantity of cereal produced by farmers in the region).
- Improved food security of the population of the Logone-and-Chari division at the end of the next cropping season (Indicator: quantity of cereal stocked in grain stores in the project zone 4 months after the end of the cropping season).
- Improved small ruminant production (sheep and goats) in the division resulting from improved animal nutrition and health. The project targets an average of 8,000 goats and 4,500 sheep. (Indicator: number of diseases declared by small ruminant farmers, number and size of animals in the market).

11. Actual outcomes achieved with CERF funds

Given that the project was not evaluated, the impact on the beneficiaries can only be estimated. An evaluation of cereal production by the beneficiaries was made shortly before the harvest and indicated that approximately 25,000 tons of cereal were going to be harvested and 220 tons of seed were to be produced, which could be used for the next cropping season. This of course will lead to improved food security in the division.

The vaccination of all small ruminants in the division, coupled with the distribution of animal feed to small ruminant farmers, certainly led to an improvement in animal nutrition and health. The targeted number of sheep and goats (12,500) was based on an estimate given by the Government services in the field. During the vaccination exercise, it was realized that the number of small ruminants had been underestimated. Since the Government was associated in the vaccination exercise through its services in the field, they acquired more vaccines to make up for the gap. Hence more than 12,500 small ruminants were covered in the vaccination exercise. It should be noted that the vaccination exercise coincided with the national vaccination exercise for all animals in the region, including cattle.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code? YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b):
If 'NO' (or if GM score is 1 or 0): In the identification of beneficiaries, particular attention was paid to make sure gender was mainstreamed. Most of the beneficiaries were women and youth. Most cereal farmers in this area are women. Moreover, when seeds are given to women, it guarantees that the harvest will benefit the whole household.

14. M&E: Has this project been evaluated? YES ☐ NO ☒

The project was not evaluated.

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	WHO	5. CERF Grant Period:	23.03.12– 23.09.12
2. CERF Project Code:	12-WHO-026	6. Status of CERF Grant:	☐ Ongoing
3. Cluster/Sector:	Health		☒ Concluded
4. Project Title:	Medical assistance to populations affected by the Humanitarian crisis in the Far North and Northern regions of Cameroon		

7.Funding		
	a. Total project budget:	US$ 980,000
	b. Total funding received for the project:	US$ 578,236
	c. Amount received from CERF:	US$ 578,236

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	301,630	33,427	The 436,050 represents the target for the whole year 2012. The six-month project targeted 218,025 with 150, 815 female, 67,210 male and 85,000 children under age 5, which can be considered as the planned figures for the six months. However, the number of beneficiaries is below expectations due to three main reasons. The figures are underestimated because the routine reporting tools used by the nutrition programme did not record information on comorbidity at the beginning of the project. An advocacy was made to include data on diseases associated to malnutrition during two months and data for that period is therefore not included in the target. Secondly, the medical treatment in the nutrition routine programme was not free until advocacy was made by WHO to render medical treatment as well as nutritional treatment free of charge for affected families who were already poor. Lastly, drugs ordered internationally came a little late and impacted on the access to medical treatment for nearly 3 months.
b. Male	134,420	4,164	
c. Total individuals (female + male):	436,050	37,591	
d. Of total, children under 5	170,000	8,433	

9. Original project objective from approved CERF proposal

The objective of the health project was to:

- Reduce morbidity and deaths among malnourished children and women by improving the management of malnutrition related and/or associated conditions among children under 5, pregnant women and nursing in the Far North and North regions to minimize the event of death.
- Improve the performance of the health districts in detection and reporting of diseases through existing surveillance system.

10. Original expected outcomes from approved CERF proposal

The main outcomes were the following:

- 100% of children affected by diseases related or associated to malnutrition treated.
- All the health centres in the 43 health districts are supplied with essentials drugs and consumables for the rapid diagnosis of diseases and/or complications related to malnutrition.
- Diseases associated with malnutrition are correctly managed by health personnel in nutritional centres.
- Prevent outbreaks or limit their spread.

11. Actual outcomes achieved with CERF funds

The main outcomes achieved with CERF funds were:

- 8,433 children treated for medical conditions associated with malnutrition.
- All the health centres and nutritional centres were supplied with drugs for free care.
- 484 nurses and physicians were trained on the diagnosis and treatment of diseases associated with malnutrition.
- Rapid malaria and HIV diagnostic tests were provided to nutritional centres.
- Weekly epidemiological data were produced and shared with partners.
- Early warning system has been improved with the training of community volunteers.
- 192 lab personnel were trained for rapid diagnosis of HIV in nutritional centres for proper management of specific cases.
- 100% of health districts provide early diagnosis of HIV in children: the number of districts has increased from 18 to 43 health districts (100%) and 360 health personnel's trained for management of paediatric cases.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

Some results have not yet been achieved due to:

- Late arrival of drugs.
- The occurrence of floods in the same regions, which has caused the delay of some activities that are now being carried out in 2013.
- Referral system between CNA Outpatient centres and CNTI inpatient centres is not performing due to the cost of transportation and hospitalization.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0): Women and children suffered most of the Sahel crisis and were the most represented in nutritional centres. Women's associations were sensitized on prevention and rapid diagnosis of malnutrition and many attended nutritional centres.

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	UNICEF	5. CERF Grant Period:	02.03.12 – 01.09.12
2. CERF Project Code:	12-CERF-005	6. Status of CERF Grant:	☐ Ongoing ☒ Concluded
3. Cluster/Sector:	Nutrition, WASH		
4. Project Title:	Cameroon Lifesaving Emergency Nutrition Response for population affected by Sahel humanitarian crisis in the Far North and North Regions		

7.Funding		
	a. Total project budget:	US$ 4,844,909
	b. Total funding received for the project:	US$ 3,552,987
	c. Amount received from CERF:	US$ 859,870

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	180,780	40,467	55,000 cases were expected in 2012. During the six-month implementation period of CERF funds, approximately 27,500 were expected to be covered. Out of the expected coverage, 18,550 children were reached (67% of coverage). This figure is low, as during the rainy season (June-September) there are problems to access health centres from villages and communities for several months. 154,300 cases of malnutrition amongst pregnant and lactating women were estimated for 2012. With CERF funding 31,563 pregnant and lactating women were screened at the community level with UNICEF support and treated in outpatient's centres with WFP support.
b. Male	28,600	9,646	
c. Total individuals (female + male):	209,380	50,113	
d. Of total, children under 5	55,000	18,550	

9. Original project objective from approved CERF proposal

To improve the nutrition status and reduce the risk of related diseases for children under 5, and pregnant and lactating women in affected regions through emergency nutrition response that includes WASH emergency interventions in view of simultaneous cholera epidemic in the affected areas.

10. Original expected outcomes from approved CERF proposal

- 55,000 children 6-59 months with SAM and 154,300 pregnant and lactating women are treated for malnutrition (data for all 2012).
- 120 health workers and 600 community health volunteers are trained on active screening, referral and follow-up of malnutrition cases.
- At least 150,000 children 6-59 months in affected regions are screened through active case finding and referral system.
- 200 WASH volunteers are trained in water treatment, hygiene, and sensitized on malnutrition.
- Regular information is available for decision-making on the nutrition situation of affected populations.

11. Actual outcomes achieved with CERF funds

- 18,550 children, 6-59 months with SAM, admitted in the nutrition centres in the two regions (March to September 2012), and 31,563 pregnant and lactating women were screened at the community level.
- 220 health agents and 869 community workers have being trained on nutrition and active screening.
- 61,931 children have been screened in outreach activities during the period.
- 2,397 community workers were trained in water treatment and hygiene; once trained, they participated in carrying out WASH response activities in malnutrition. Information and data on nutrition was discussed in cluster meetings. Database was used as main tool for monitoring actions. Regional WASH cluster meetings are held each month in the 2 regions. Two-day training on "WASH Responses in Emergency Situations" strengthened the capacity of WASH cluster members. The WASH team also took part in nutrition cluster meetings held in the regions. This facilitated the coordination of response interventions.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

67.5% of admitted cases for the two regions. This figure is low, as during the rainy season (June-September), there are problems in accessing health centres from villages and communities. This problem is localized in some areas during 2-3 months out of the year.
UNICEF has contributed in screening of pregnant and lactating women – up to 31,563 though community and health facilities.
Routine screening monitoring system is not included in the health monitoring system and information coming from the community is not complete.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒
If 'YES', what is the code (0, 1, 2a, 2b): **If 'NO' (or if GM score is 1 or 0):** All children having access to health facilities are treated following the national protocol. The direct beneficiaries of this project were severely acute malnourished children (girls and boys). Strengthening more nutrition centres provides more coverage of and more access to services.	
14. M&E: Has this project been evaluated?	YES ☒ NO ☐
Yes. A CMAM evaluation was done in early September 2012 for the global response of nutrition sector. Evaluation report is attached.	

PART 2: CERF EMERGENCY RESPONSE – FLOODS (RAPID RESPONSE 2012)

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: **6,594,817.5**		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	1,999,890
	OTHER (Bilateral/Multilateral)	0
	TOTAL	**1,999,890**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – Date of Official Submission: 17 September 2012			
Agency	**Project Code**	**Cluster/Sector**	**Amount**
UNICEF	12-CEF-114	Multisector	499,985
WFP	12-WFP-069	Food	599,906
WHO	12-WHO-070	Health	899,999
Sub-total CERF Allocation			**1,999,890**
TOTAL			**1,999,890**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of Implementation Modality	**Amount**
Direct UN agencies/IOM implementation	1,360,672
Funds forwarded to NGOs for implementation	44,982
Funds forwarded to government partners	349,237
TOTAL	**1,754,891**

In 2012, the fierce drought in the Sahel region was once again replaced by heavy floods affecting inhabitants in the Far North and North regions. In August 2012 through September 2012, heavy rains were registered in the northern regions of Cameroon. The North region, and in particular at the Lagdo Dam town, received the run-off water in addition to the local rainfall, which provoked the huge floods. As a consequence, the water level in the Lagdo barrage exceeded the critical limit leading to the opening of the two discharge valves of the barrage. The intense monsoon rains caused the Logone River (border of Cameroon and Chad) in the Far North region to burst its banks in several places, flooding the low-lying plains.

These factors combined caused major floods in 11 out of 15 health districts in the North region (Garoua I, Garoua II, Ngong, Pitoa, Gaschiga, Lagdo, Poli, Rey Bouba, Guider, Figuil and Golombe) and six health districts in the Far North region (Maga, Vele, Guere, Yagoua, Mada and Kousseri). In the North, IDP camps were opened in Takasko (Garoua 2), Bockle and Badoudi (Ngong). In the Far North, IDP camps were opened in Pouss, Tekele, Guirvidig, Yagoua, Blangoua and Kai Kai. An estimated 60,000 people have been affected; approximately 31,200 are women and roughly 12,000 children under 5 years of age. A total number of 137 villages in the North and seven villages in the Far North were flooded. The floods have caused severe damage to households, plantations, crops, and livestock. Families were forced to abandon their houses.

The North and Far North regions of Cameroon are characterized by high food insecurity rates[5] (CFSVA 2011) and poverty, combined with poor access to healthcare, education and sources of clean water. Intervention has until now been focused on the significant drop in cereal food production in the Far North region, particularly the severely drought-affected rural population in the Logone-and-Chari division. The flood occurred in the heart of the cropping season, when the major food crops were in the field: maize, sorghum, millet and cowpea. These crops were thus flooded by heavy rains, a situation that directly affects crop yields. The WFP is currently providing assistance in the Northern regions of Cameroon through the EMOP 200396.

The North and Far North regions are generally prone to epidemics including vaccine-preventable disease such as measles, polio, and meningitis. With the advent of the floods the population were exposed to epidemics as well as transmissible and water-borne diseases. Children and women were the most vulnerable.

The floods had also caused destruction of latrines and water points in these regions where access to safe drinking water is generally insufficient. These floods further restricted access to drinking water and increased the risk of cholera outbreaks, as well as other diarrheal diseases in these where outbreaks of cholera have been recorded in 2010 and 2011.

Six months after the heavy rains of 2012, a joint mission composed of MINADER, WFP, FAO and other partners stayed in these two regions from 25 January to 11 February 2013 to conduct a food security assessment. Initial findings showed a precarious situation for the most vulnerable populations in these regions. In the North, the IDP camp of Takasko had been closed and IDPs had returned to their formal communities. In the Far North, some members have started to return while others were still waiting for identification and assignment of new resettlement camp. This situation required support from governmental partners, including UN agencies.

II. FOCUS AREAS AND PRIORITIZATION

A rapid needs assessment was conducted within days of the first reported IDPs in the North and Far North. The result shows precarious living conditions of IDPs at the beginning of the crisis. About 85,407 IDPs (47,591 North and 37,816 in Far North) were affected in health district of Garoua I, Garoua II, Ngong, Pitoa, Gaschiga, Lagdo, Poli, Rey Bouba, Guider, Figuil and Golombe in the North and Maga, Vele, Guere, Yagoua, Mada and Kousseri in the Far North.

In the Far North region, the population suffered from food insecurity, general poverty and critical GAM. Results of the food security and malnutrition surveys recently conducted present a continuous serious situation. The results of the post-harvest SMART survey, undertaken by UNICEF and WFP in November 2012, reported on a global acute malnutrition rate of 6.3 per cent. It indicated that acute malnutrition continued to be prevalent in the Far North region of Cameroon; however, it had decreased since the last assessment in 2011, which reported on a GAM rate of 12.4 per cent in the Far North region. The 2012 SMART survey also showed that the prevalence of chronic malnutrition was 43.3 per cent and 44.8 per cent, respectively in the North and Far North regions. Displacements of flood-affected households coincided with the same regions affected by drought in 2011, making those families extremely vulnerable to food insecurity. The situation was further compounded by the high infant morbidity rates of 58.4 per cent, frequently due to diarrhoea and fever. The most vulnerable groups were children and women, especially young women from 15 to 19 years.

A rapid assessment conducted in the two regions by UNICEF showed that health problems were higher in the Far North region where victims were settled in camps in Maga and Vele health districts, with mothers and children being the most affected. The displaced population of the two floods affected regions living under very poor conditions, aggravated by standing water in the environment that stayed for some weeks. They were exposed to water-borne diseases, diarrhoea and other common illnesses, especially in children under 5 (with measles, malaria, respiratory tract infections and meningitis) and pregnant women.

The UN system support to the government was to bring assistance to victims of flood in the North and Far North regions in the sectors of health, food, wash, and nutrition. The geographical coverage of CERF funded activities includes the Far North (Logone-and-Chari division and Maga Dam area, around Pouss village) and North (Lagdo Dam area, Garoua) regions.

III. CERF PROCESS

Upon receipt of the request for assistance from the government, two joint assessment missions were conducted. The first one took place at the onset of the emergency situation. These first joint missions helped the government and UN system to assess the situation and identify the critical needs of the affected population. The second assessment, conducted two weeks later, is a better gauge on the magnitude of the disaster. It also allowed both parties to have more accurate estimate of the number of victims and their urgent needs.

Based on the findings of these assessment missions, the UNCT decided to put together a joint appeal and apply for rapid response funding through CERF.

[5] 14.6% and 17.9% in the North and Far North regions, respectively, against 9.6% at the national level.

The ad hoc inter agency emergency group, put in place by UNCT, suggested priority areaa for UN assistance in response to the situation, based on the findings of assessments. Populations were displaced from 147 villages and stayed in public places. Many of them lost their houses, crops and livestock, thus increasing food insecurity. Poor access to water and hygiene conditions and crowded living areas increased the risk of outbreaks and water-borne diseases. The group agreed that an urgent response was required to: (i) mitigate increasing food insecurity and prevent the deterioration of an already alarming nutrition situation; (ii) prevent a cholera outbreak and the spread of other water-borne diseases and (iii) support the management of acute malnutrition cases. The main areas of interventions included prevention of outbreak of diseases, and mainly polio, measles and cholera; distribution of long lasting insecticidal nets to the displaced families; strengthening the disease surveillance system and early warning system; increasing community awareness regarding water-borne diseases; support case management of injuries and common medical conditions; general food distribution; and reinforcing access to services for the management of acute malnutrition.

Gender was mainstreamed during the implementation period by taking women into account when carrying out food distributions. In addition, WFP worked on issuing household food entitlements (on ration cards or distribution lists) in women's names. During training, meetings and evaluation, particularly in the WASH-related activities, women's participation and specific issues pertaining to women were taken into account.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR

Total number of individuals affected by the crisis: **60,000**

The estimated total number of individuals directly supported through CERF funding by cluster/sector	**Cluster/Sector**	**Female**	**Male**	**Total**
	Food	12,988	11,656	24,644
	Health	31,200	28,800	60,000
	Multisector	31,200	28,800	60,000

Given the sudden occurrence of the floods, no proper prior survey could be conducted when estimating the targeted beneficiaries. Instead, the lists of beneficiaries were established by local emergency management committees. These lists were then submitted to WFP by the authorities. A joint mission between WFP and the implementing partner (Cameroon Red Cross) in the affected localities was organized for the verification and validation of the lists. The reason for targeting these 30,000 people are that they are the most affected by the floods and, consequently, those who are in most desperate need of rapid food assistance. General food distributions have consistently been carried out, and the planned number of beneficiaries has been reached to practically full extent on a monthly basis.

Children under 5 years, pregnant women and mothers were the major beneficiaries of the response with preventive, curative and promotional activities offered by fixed and ambulant health facilities serving the displaced population.

The main beneficiaries of multisector interventions, conducted by UNICEF, were families or households or communities, particularly concerning WASH activities. The estimate of male and female is based on the general ratio of men and women in the population. The beneficiaries were estimated based on recipients of WASH kits.

For the health cluster, estimates were based on information gathered by the joint mission of UN system with government representatives. This situation was particularly dynamic over time since additional villages were affected by floods over time.

Due to rain, it was not possible to reach the remote areas and monitor intervention. This has affected the capacity of intervention and data collection for reports.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING

	Planned	**Estimated Reached**
Female	72,734	101,828
Male	71,766	91,143
Total individuals (Female and male)	144,500	192,971
Of total, children under 5	31,863	92,403

58,221 children were reportedly reached by the mobile health units and fixed health facilities set up especially for IDPs. These also included the children from nearby towns who were not in the camps.. Health and immunization activities covered the hosting communities and population in addition to floods affected people that they hosted..

CERF funds have enabled the UN system through WFP to jump-start the emergency assistance in time to provide food assistance for the most affected populations for 30 out of the total 90 days of intervention under this project. In total, the emergency operation has provided assistance to 24,644 people during a period of three months. General food distributions have successfully been carried out during the three months of intervention. The following outcomes of WFP's EMOP activities include the CERF support.

General food distributions have had a positive impact on the populations affected by the drought. The operation has led to improved food consumption over the period of assistance to targeted emergency-affected households. 85.3 per cent of households in the North and 82.1 per cent of households in the Far North region have an acceptable food consumption score, which makes the household food consumption score in line with the targeted threshold.

The CERF funds have enabled the UN system in Cameroon to respond to the drought in an efficient manner and to assist a high amount of beneficiaries; consequently allowing the UN to mitigate increased food insecurity and prevent the deterioration of an already alarming nutrition situation in the Far North and North regions. Without the allocation, it would not have been possible to kick-start the emergency operation to the flood-affected populations. The CERF funds made a great difference due to the fact that the project did not have any additional contributions.

For the health sector, CERF funds made possible the following activities to assist affected population:

- Purchased medicines and consumables were made available to health facilities and mobile treatment centres, serving the IDPs in the settlements and hosting population. UNICEF procured 38,000 doses of measles vaccine for the vaccination campaign against measles, which is expected to be conducted in March.
- Illnesses in children under 5, pregnant women and the population in general were managed.
- Outreach activities to vaccinate children and mothers for routine immunization were carried out.
- Malaria prevention for pregnant women was administered through intermittent preventive treatment.
- Sensitization activities carried out by social mobilizers or community health worker in the affected health areas, coupled with routine vaccination.
- Regularly provided supportive supervision of health activities in the camps and host populations.
- Participated in the nutrition and health cluster meetings held weekly in the North and Far North regions.

CERF funds also made possible the following activities for the WASH sector:

- Purchasing and distribution of WASH kit (soap, bucket, cup and aquatab) to 4,662 displaced families.
- Sensitization campaigns in communities about basic hygiene and sanitation practices.
- Disinfection of schools, public areas and community latrines.
- Rehabilitated eight damaged wells/boreholes and four others (seven in the North and five in the far North).
- Training of water management committee.
- Eight water points were disinfected and decontaminated after rehabilitation.
- 10,000 posters for fight against cholera were produced.
- Capacity building of 13 local radio stations (seven in North and six in Far North) during two workshops for elaboration and updating of sensitization material on WASH issues (cholera prevention, hand washing, rehydration, treatment of water, and so forth) and broadcasting of sensitization messages.
- Community sensitization on hygiene and sanitation.
- Training of 50 community workers on good WASH practices.
- Two WASH consultants were recruited and posted in North and Far North to support governmental partners in response to the flood crisis. They also provide close monitoring of UNICEF intervention and activities related to the project in these regions.

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?
YES ☒ PARTIALLY ☐ NO ☐

CERF funds have enabled provisioning of drugs and potable water solutions to affected populations to the affected areas. CERF funds have also enabled promotional, preventive and curative activities for flood victims in the North and Far North in 17 health districts and six resettlement sites. The CERF Funds were critical in ensuring supplies for Health and WASH.

b) Did CERF funds help respond to time critical needs[6]?
YES ☒ PARTIALLY ☐ NO ☐

Timely arrival of cholera kits and equipment helped in responding quickly to health needs of the populations and prevent outbreaks. CERF funds helped to alter the epidemics, such as cholera, that occur most under these conditions.

[6] *Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns; locust control).*

c) Did CERF funds help improve resource mobilization from other sources?
YES ☒ PARTIALLY ☐ NO ☐

Resources were locally mobilized from IOM in collaboration with Americas Care Foundation and WHO. IOM provided 6,456.2 kg of a solution for drinkable water that was valued around $39,732.

d) Did CERF improve coordination amongst the humanitarian community?
YES ☒ PARTIALLY ☐ NO ☐

Although coordination mechanism was in place along the nutritional crisis, the CERF has enabled to reinforce coordination mechanism at national and regional levels for the IDP situation. The UNCT designated lead agencies in the two affected regions: WFP as lead in the North and UNICEF in the Far North regions. In both regions, the government authorities held coordination meetings at regional and divisional levels.

The coordination mechanism for the health sector, which started with the Sahel crisis, was strengthened to address the flood crisis. The regional health clusters/sectors remained active and regular coordination meetings were organized. Many inter-agency missions were organized at both the national and regional levels. Solid collaboration was created among partners of the health sector. The weekly WASH coordination meetings were attended by international NGOs (CARE International au Cameroon, Plan Cameroon, Red Cross, IMC), national NGO (CODAS, FBM) and UN agencies in the North region to evaluate the level of intervention and better coordination amongst actors. Regular meetings were held among all UN agencies for better coordination and support (WHO, UNICEF, UNFPA, WFP). A coordination group at all levels was also dedicated to nutrition to address nutritional issues affecting IDP.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
Strong involvement at the highest level (Head of State) who created a special fund of assistance to the victims of floods	Local governmental institutions should take advantage of such situations to ensure correct follow-up and monitoring of the situation to give correct information to High authorities.	Local governmental institutions
Local acquisition of drugs and emergency material improved timely response	Promote local acquisition of emergency material when possible	UN Agencies
Low capacity of the Government to store and carry supplies from regional headquarters to districts and health centres have affected the distribution of material to beneficiaries	Build warehouses at the regional level and establish a mechanism for management of supply in emergency	Ministry of Health
Insufficient quality and quantity of human resources—frequent rotations of trained staff, the low capacity of the regional team to plan, implement and monitor health activities in an emergency situation	• Reinforce human resources in the region • Strengthen the capacity of the regional team to plan, implement and monitor the activities in emergency situations	Ministry of Health
Regular coordination meetings and exchanges of information amongst actors have reduced the overlapping of intervention.	Maintain and establish coordination meetings from region to council levels for better planning and intervention in emergency	Ministry of Health / Ministry of Energy and Water
Administrative procedures sometimes	Alleviate administrative procedure in emergency situation	WHO, UN agencies

hampered field deployment		
The flood-affected households coincided with the same regions affected by drought in 2011. The existence of IDPs makes those areas extremely vulnerable for the rainy season.	A contingency plan for key WASH/NUT/HEALTH prepositioning in the most vulnerable areas should be agreed in coordination with Government.	MoH, MINEE, UN Agencies
Proper information management and coordination between the MoH-UN-CSO makes the response much more operational and increases the impact and efficiency	Thematic working groups (clusters) should be trained in prevention, preparedness and mitigation as well as emergency data collection, information management and coordination to be ready before any floods emergency.	MoH, MINEE, UN Agencies

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	WFP	5. CERF Grant Period:	01.10.12 – 01.04.13
2. CERF Project Code:	12-WFP-069	6. Status of CERF Grant:	☐ Ongoing
3. Cluster/Sector:	Food Security		☒ Concluded
4. Project Title:	Food assistance to Flood-Affected Populations in the North and Far North Regions of Cameroon		

7.Funding		
	a. Total project budget:	US$ 1,637,426
	b. Total funding received for the project:	US$ 599,906
	c. Amount received from CERF:	US$ 599,906

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
. Female	15,600	12,988	
b. Male	14,400	11,656	
c. Total individuals (female + male):	30,000	24,644	
d. Of total, children under 5	6,000	6,932	

9. Original project objective from approved CERF proposal

The overall objective of this Emergency Operation is to save lives and protect livelihoods of populations affected by floods. This is in line with WFP Strategic Objective 1 ("save lives and protect livelihoods in emergencies").

The specific objective of the Emergency operation is to:

- bring immediate food assistance to flood-affected population through general food distributions (SO1)

10. Original expected outcomes from approved CERF proposal

C1- Outcome Secure food consumption situation to the affected households.

C2- Indicators

- Household food consumption score. Target exceeds threshold (21 or 28) for 80% of targeted households. Household food consumption in the Far North and North regions is 17.9% and 15.4%, respectively.[7] (Rates of households with insufficient food consumption.)

11. Actual outcomes achieved with CERF funds

- General food distributions have had a positive impact on the populations affected by the drought, the operation has led to improved food consumption over the period of assistance to targeted emergency-affected households. 95.3% of households in the North and 89.9%of households in the Far North region have acceptable food consumption scores. The median food consumption score is 71. .

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code? YES ☒ NO ☐

If 'YES', what is the code (0, 1, 2a, 2b): 2a

If 'NO' (or if GM score is 1 or 0):

[7] 2011 CFSVA.

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	WHO	5. CERF Grant Period:	16.09.12 - 16.04.13
2. CERF Project Code:	12-WHO-070	6. Status of CERF Grant:	☐ Ongoing
3. Cluster/Sector:	Health		☒ Concluded
4. Project Title:	Medical assistance to the victims of floods in the north and Far North of Cameroon		

7.Funding		
	a. Total project budget:	US$ 1,267,237
	b. Total funding received for the project:	US$ 899,999
	c. Amount received from CERF:	US$ 899,999

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	31,200	53,242	The displaced populations due to floods were hosted by neighbouring villages and some interventions like immunization against measles also benefited to some children of these villages. In addition, local communities also attended mobile clinic to seek care for common diseases. Free treatment was also extended these local communities to improve the relationship with displaced populations.
b. Male	28,800	43,454	
c. Total individuals (female + male):	60,000	96,696	
d. Of total, children under 5	12,000	33,291	

9. Original project objective from approved CERF proposal

The objective of this project was to reduce the morbidity and mortality of affected populations through the organization of emergency care, prevention and response to potential outbreaks.

The specific objectives included:

- Prevent / limit the risk of occurrence of cholera and malaria outbreaks and other water-borne diseases.
- Reduce the morbidity and mortality associated with common ailments and chronic conditions.

10. Original expected outcomes from approved CERF proposal

- 20,000 affected children between 59 months-15 years are immunized against measles.
- At least 50% of victims receive care health facilities and care units.
- 20,000 insecticide-treated nets are distributed to affected populations.
- 30,000 posters and sensitization material are produced and distributed on cholera and basic hygiene measures.
- Capacities of the 15 members of the two coordination centres (CERPLE) are strengthened on epidemiological surveillance, preparedness and response to epidemics.
- Weekly information is available for decision-making.
- Information bulletin is provided weekly on the situation.

11. Actual outcomes achieved with CERF funds

- 19,600 insecticide-treated nets were distributed to affected populations in the two regions.
- 1,656,706 children of 0-5 years were vaccinated against polio, which led to coverage of 110.7%.
- Furnished all health facilities in affected districts with medicine supplies, including oral rehydration salt, anti-malarial drugs, antibiotics, rapid diagnostic tests for malaria and HIV.
- 34 000 children aged between 9month-15 years were vaccinated against measles in the affected areas
- Two cholera kits for the treatment of 2,000 patients provided to the two regions for case management.
- 828 bottles of water potable solution distributed to affected populations and 28 bottles of 45 kg chlorine provided to health facilities.
- 7,000 people were vaccinated against cholera in the most at high-risk health district (Maga).

- 143 health personnel trained in epidemiological surveillance.
- 12 community radios and radio magazines trained for sensitization of the community on the Sahel crisis and preventive measures for cholera and other water-borne diseases.
- Weekly epidemiological bulletin was produced and shared with partners in order to support decision making;
- 30,000 posters and sensitization material were produced and distributed on cholera and basic hygiene measures.
- Education material on cholera produced and distributed.
- Situational information bulletin was provided on a weekly basis.
- Low mortality rate registered among the victims of floods.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

The measles campaign which was postponed for March 2013 was organized and free treatment of victims has ended on the field.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0): Women and children were mostly affected and represented in the camp and so benefited mostly of the interventions delivered.

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	**UNICEF**	5. CERF Grant Period:	01.09.12 -28.02.13
2. CERF Project Code:	12-CEF-114	6. Status of CERF Grant:	☐ Ongoing ☒ Concluded
3. Cluster/Sector:	HEALTH, WASH		
4. Project Title:	Emergency response to population, especially children, affected by floods in the North and Far North regions		
7.Funding	*a. Total project budget:*		US$ 2,919,908
	b. Total funding received for the project:		US$ 499,485
	c. Amount received from CERF:		US$ 499,485

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	31,200	53,096	58,221 children were reportedly reached by the mobile health units and fixed health facilities set up especially for IDPs. These also included the children from nearby towns who were not in the camps. People reached through sensitization were not considered. Also some other activities like measles campaign are ongoing.
b. Male	28,800	43,426	
c. Total individuals (female + male):	60,000	96,522	
d. Of total, children under 5	12,000	58,221	

9. Original project objective from approved CERF proposal

The main objective is to ensure that the affected target population have access to appropriate health and WASH services.

10. Original expected outcomes from approved CERF proposal

Health

Basic health needs are provided to the affected population, mainly children under 5 and pregnant women:

- 100% of children affected by childhood illnesses are treated.
- 100% of affected pregnant women are treated for malaria.
- 50% of cholera cases are treated.
- All pregnant women are given intermittent presumptive treatment (IPT) for malaria prevention.
- All pregnant women are given iron and folic acid to prevent anaemia.
- 100% of children aged 9-59 months are vaccinated against measles.
- At least 80% of affected children receive their vaccines following immunization calendar.
- Implemented activities are supervised.

WASH

The targeted populations of the concerned areas, in North and Far North Cameroon, have access to potable water (from any water source):

- 100% of intermittent preventive IDPs located at public areas have access to potable water and adequate sanitation facilities.
- 50% of affected household use potable water from potable water source.
- All media organs in the concerned areas broadcast at least 3 methods for water treatment to 50% of the affected population and use at least one treatment.
- The population in affected areas in North and Far North Cameroon use essential family hygiene practices daily during the crisis period, such as hand washing with soap at the required times.
- 30% of targeted households have access to adequate latrines with a hand washing facility in place.
- 100% of water points are disinfected by community volunteers.
- 100% of public areas are disinfected.
- 100% of population living in camps have access to wash kits including hand-washing kits.
- The coordination and monitoring capacities of the government and partners in the North and Far North regions are reinforced in the WASH emergency response.
- Monthly government partner monitoring.

11. Actual outcomes achieved with CERF funds

Health

- 58,221 children affected with childhood current illnesses were treated.
- 1,844 affected pregnant women were treated for malaria.
- 5,661 pregnant women were given IPT for malaria prevention.
- 5,661 pregnant women were given iron and folic acid to prevent anaemia.
- One case of cholera was treated in Ngong Health district.
- Routine immunization coverage by end of December 2012 for DPT3 in North and Far North were at 81% and 89%; for measles at 76% and 87%; and for Tetanus second dose for pregnant women at 68% and 79%, respectively.
- 6,000 nets were distributed in resettlements sites and host families.

WASH

- 4,662 affected household (about 33,000 persons) were provided with WASH kits, including water purification products
- Three boreholes were constructed and five others rehabilitated in affected communities.
- Eight water points were disinfected and decontaminated after rehabilitation.
- 13 media organs in the concerned areas were trained and broadcast messages on good WASH practices, including water treatment, to all the affected population.
- The population in affected areas in North and Far North Cameroon use essential family hygiene practices daily during the crisis period, such as hand washing with soap at the required times.
- The households in 40 affected villages have committed to build and use latrines after being sensitized to the health hazards of open defecation.
- Eight water points are disinfected by community volunteers.
- 100% of public schools affected in the North were disinfected.
- The coordination and monitoring capacities of the government and partners in the North and Far North regions are reinforced in the WASH emergency response.
- Monthly government partner monitoring.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

Due to difficulty in accessing some areas, disinfection was focused on schools affected by floods particularly in the North before they were opened. Construction and rehabilitation of borehole are ongoing.	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒
If 'YES', what is the code (0, 1, 2a, 2b): **If 'NO' (or if GM score is 1 or 0):** During project implementation, participation of women was required during training and meeting. Message diffused by media was gender sensitive.	
14. M&E: Has this project been evaluated?	YES ☐ NO ☒

PART 2: CERF EMERGENCY RESPONSE – CENTRAL AFRICANS REFUGEES (UNDERFUNDED ROUND II 2012)

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
***Total amount required for the humanitarian response*: 33,944,301**		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	1,997,430
	OTHER (Bilateral/Multilateral) WFP: 11,716,879 UNICEF: 200,000	11,916,879
	TOTAL	**13,914,309**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – Date of Official Submission: 27 August 2012			
Agency	**Project Code**	**Cluster/Sector**	**Amount**
UNHCR	12-HCR-046	Multisector	899,999
UNICEF	12-CEF-110	Nutrition	297,432
WFP	12-WFP-067	Health-Nutrition	799,999
Sub-total CERF Allocation			**1,997,430**
TOTAL			**1,997,430**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)[8]	
Type of Implementation Modality	**Amount**
Direct UN agencies/IOM implementation	1,045,011
Funds forwarded to NGOs for implementation	809,342
Funds forwarded to government partners	87,342
TOTAL	**1,941,695**

Fragile political and security conditions in neighbouring countries have significantly impacted Cameroon. More specifically, the country has been subject to the influx of refugees fleeing insecurity in the Central African Republic, as they fled the socio-political unrest that erupted in their countries of origin in the mid-2000s. For the past nine years, Cameroon's Adamaoua and Eastern regions have seen a steady influx of refugees fleeing civil and armed conflicts into which the Central African Republic was plunged a decade earlier. Despite recent peaceful general elections in the Central African Republic, some regions remain outside the control of the government, especially in the greater Northern and Eastern regions, where rebel forces continue to harass and commit crimes, creating a protracted insecurity situation.

According to UNHCR (1 January 2012), an estimated 85,256 Central Africans, of which 53 per cent are women and 47 per cent are men, constitute the refugee population. This population encompasses 20,285 households with 8,462 living in the Adamaoua region, 11,799 in the East region and 24 in the Centre region. In addition to the CAR refugees, Cameroonian nationals who are hosting them in their

[8] *The total in Table 3 does not match the total received because UNHCR project is still on-going. Government received a financial support to conduct some nutrition activities under WFP PRRO. Supervision and social mobilization of health activities justified disbursement to government with regards to UNICEF project.*

settlements are also affected. The majority of CAR refugees are in continuous need of food assistance and nutrition. Malnourished children under 5 and pregnant and lactating women are particularly vulnerable among the refugee and host populations. The alarming situation, confirmed by reports and assessments, shows that urgent response is required in order to mitigate the increasing food insecurity and to prevent the deterioration of an already alarming nutrition situation among the refugees and host population. The results of nutrition surveys of 2010 showed that the tendency of the development of the nutritional situation was degraded, especially in the East region. SMART nutrition surveys in 2011, showed 14.5 per cent of global acute malnutrition in Adamaoua and 17.0 per cent of global acute malnutrition in the East region.

An assessment of refugees' nutrition status is needed in order to acquire knowledge of the actual situation. Mortality rates reported in the SMART survey were high compared with other regions; infections and illnesses prevalence in these regions could be a key determinant. Additional contributions are needed in order to continue with the assistance.

Emergency operations were established by the United Nations system and NGOs in support of refugees and host populations: (i) the distribution of food rations and (ii) the implementation of the programme of management of acute malnutrition (UNHCR, UNICEF, WFP, Government). This community-based programme has led the creation of eight inpatient facilities (Centre de Nutrition Therapeutique en Interne (CNTI) to manage cases of severe acute malnutrition with medical complications, and 75 outpatient centres (Centres de Nutrition en Ambulatoire (CNA) to manage cases of moderate and severe acute malnutrition without medical complications. However, the coverage of the systematic interventions (vaccination, supplementation with vitamin A and deworming) remained insufficient.

II. FOCUS AREAS AND PRIORITIZATION

The refugee population in the East region is not confined to a camp; rather they are integrated into the local population within the communities where they share existing public health facilities. The increasing number of refugees in the East and Adamaoua regions has led to a greater demand for the already limited services and resources.

The results of the Joint Assessment Mission (JAM) survey have shown a high rate of food insecurity amongst refugee households in the regions. The selection of beneficiaries for general food distributions was based on this 2012 JAM, which maps out severe and moderately food insecure refugees. In addition to this JAM, the SMART survey (August 2011) shows that the prevalence of GAM is 15.8 per cent (17.0 per cent in East and 14.5 per cent in Adamaoua), significantly higher than in the last survey in 2010 (11.6 per cent). These GAM rates show that the nutrition situation among Central African Refugees (CAR) refugees in Adamaoua almost crosses the "serious" threshold (10 to 14 per cent) whereas in the East it borders the "critical" threshold (> = 15 per cent). These rates are close or exceed WHO's 15 per cent emergency threshold. The nutritional situation clearly deteriorated since the previous survey with an absolute prevalence of acute malnutrition especially high in the East, and an increase in Adamaoua since last year. Moreover, the SMART survey reveals alarming figures on the nutritional status of mothers, with 54.5 per cent underweight and 11.3 per cent severely underweight; the survey also reveal that 48.1 per cent of pregnant women suffer from anaemia. The health and nutritional status of mothers is an important factor in child malnutrition, and impacts child mortality rates. The most vulnerable groups are children under 5, as well as pregnant and lactating women amongst refugees and host population.

Severe acute malnutrition prevalence is high amongst children 6 to 59 months old. Based on the results of the SMART survey (2011), up to 13,801 children are affected in those two regions. Immediate lifesaving efforts to provide management of severe acute malnutrition will allow the majority of these lives to be saved. The treatment and prevention of SAM has received greater attention in recent years due to several factors: (i) the dramatically elevated risk of mortality among children suffering from SAM has become apparent and communicated; (ii) systematic protocols for the assessment and treatment of these children have been developed and disseminated worldwide; and (iii) appropriate therapeutic milks and ready-to-use therapeutic foods (RUTF) are available to simplify the approaches to dietary therapy. More importantly, the realization that large numbers of children with SAM can be treated in their communities instead of health facilities has enabled treatment programmes for SAM to greatly improve the scale of operations. These programmes have the potential to prevent the deaths of hundreds of thousands of children worldwide.

Among major gaps and areas of concern identified during the 2011 participatory assessment, using the Age, Gender and Diversity mainstreaming (AGDM) approach, was the poor sanitary conditions in primary schools where more than 12,000 refugee children are enrolled. 85 per cent of primary schools in the region lack sanitary facilities while only 20 per cent of them had access to potable water. The very low sanitation coverage in primary schools was found to be one of the main contributing factors for the spread of diseases with high epidemic potential, such as cholera, which continues to be a threat in the area. As a result, behavioural changes with the construction and use of latrines associated with provision of potable water and hand washing facilities as well as other hygienic practices needed to be scaled up in primary schools to avoid epidemic diseases.

In light of the situation, UNHCR set a humanitarian response through the 2012 Country Operation Plan (COP), based on a programme of "protection pending solutions". In other words, UNHCR provided, in collaboration with the government and humanitarian actors, international protection and humanitarian assistance to CAR refugees pending the implementation of durable solutions. The main thrust of interventions was the reinforcement of food security through food production (farming). As the refugees' health and nutritional status remained a major concern, UNHCR sought to improve access to essential drugs and primary health care for all refugees. There was also a need to improve hygiene and sanitation in primary schools. However, these critical life-saving priorities remained unmet due to chronic under-funding and the stringent financial constraints UNHCR was currently facing. The CERF component of this project was expected to

strengthen the international protection and humanitarian assistance of CAR by providing them with a multisector support. Planned activities covered food security, access to health care and water and sanitation.

III. CERF PROCESS

The results of food security and nutrition surveys, conducted in 2011 and 2012, indicated that the tendency of a deterioration of the food, nutritional and sanitation situation among the CAR refugees and the host population was evident. Based on the needs of the refugees and the life-saving criteria, a joint decision was made to address the most pressing needs related to the food security, nutrition, health, WASH and agricultural sectors. The current structure of coordination of nutrition activities in Cameroon is the Nutrition thematic group, which meets on a monthly basis. The group, coordinated by MoH with support from UNICEF, was reviewed the nutritional situation and identified regional gaps. Members included the government representatives from the Direction de la Promotion de la Santé (DPS) of the Ministry of Public Health, UN agencies, such as WFP, FAO, UNHCR and WHO, and local and international NGOs.

During the project implementation, women were encouraged to participate and assume key roles, particularly in distribution activities. In terms of gender distribution, 15,236 of the 22,100 are female and 6,864 are male. Vulnerable women were primarily selected to be part of targeted food beneficiaries through general food distributions. In collaboration with UNHCR, food ration cards were essentially established in the name of women, and men were further sensitized to send their wives to collect food for the household at the distribution site.

The nutrition sector was organized and alerted of the nutritional status of refugees in the two regions. The different groups – regional coordination group, national nutrition working and coordination groups and other partners – planned on a scale-up of nutritional interventions and services (management of acute malnutrition, prevention of malnutrition). The response provided to those regions was not enough to cover all needs as it was underfunded. UNHCR, WFP, FAO and UNICEF coordinated to launch an appeal and to raise awareness of the situation.

The implementation of the UNHCR CERF component of the project was entrusted to implementing partners for a period of six months through December 2012. In that respect, UNHCR amended 2012 agreements with the following INGOs already engaged in providing humanitarian assistance, including CERF activities, to CAR refugees since January 2012:

Agricultural activities

- International Relief and Development (IRD)
- Première Urgence – Aide Médicale (PU-AMID)

The above two agencies worked closely with UNHCR and key Cameroonian government ministries, UN agencies and other NGOs operating in the field to maximize programme efficiency. They were responsible for the implementation of agricultural activities. IRD organized interventions around four project zones in the following divisions and their respective districts: Lom-and-Djerem (Bertoua and Garoua-Boulai); Kadei (Batouri); Mbere (Meiganga), PU-AMID will operate Mbere division (Ngaoui, Batoua Godokle, Yamba). For technical matters, they collaborated with MINADER and FAO to bring to bear existing tools and resources in the area of agricultural production.

Health activities

- Africa Humanitarian Action (AHA)
- International Medical Corps-UK (IMC UK)
- International Federation of Red Cross and Red Crescent (IFCR)

Health activities including nutritional, HIV/AIDS and reproductive health was entrusted to the above three partners operating respectively in their areas of intervention: AHA in the Kadey division; IMC in the Djohong and Meiganga; and IFCR in Lom-and-Djerem. These partners collaborated with the Ministry of Health at national, regional and district levels.

WASH activities

- International Relief and development

International Relief and Development (IRD) was responsible for developing water and sanitation facilities in identified primary schools. The agency will provide labour force, necessary equipment and liaise with Ministry of Water and Mines (MINEE) to ensure that the project is in line with national policies on water and sanitation.

Nutrition activities

UNICEF worked essentially with the MoH for the implementation of its response though health and nutrition services in the regions by:

- Training of health workers on essential actions in nutrition

- Training health workers on Integrated Management of acute malnutrition (IMAM)
- Purchasing and transportation of anthropometric equipment (Inpatient kits, MUAC, scales and Height measurement system), and systematic medical treatment
- Supervisions of IMAM activities and mass campaigns.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
***Total number of individuals affected by the crisis*: 85,256**				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	**Cluster/Sector**	**Female**	**Male**	**Total**
	Health-Nutrition	15,236	6,864	22,100
	Multisector	45,112	40,144	85,256

The selection of beneficiaries for General Food Distribution (GFD) was made on the basis of the 2012 JAM, which mapped out severe and moderate food insecure refugees. The CERF-funded contribution was integrated in the overall donor contribution to provide relief response to all refugees. The project faced challenges with regards to transports and the late arrival of food commodities, such as pipeline breaks for CSB, oil and sugar to the estimated number of beneficiaries. This has mainly affected pregnant and lactating women under the supplementary feeding programme. A break in pipeline was also indicated for GFD. The number of children under five target beneficiaries in the two regions for the management of severe acute malnutrition for the two regions was calculated on the basis of the prevalence of SAM in refugee population (3.9 % for the both regions) from nutrition survey in 2011.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	**Estimated Reached**
Female	45,112	45,112
Male	40,144	40,144
Total individuals (Female and male)	85,256	85,256
Of total, children under 5	23,436	12,396

The CERF funding helped to solve part of the socio-economic problems faced by the CAR refugees enabling them to increase their level of self-reliance and to kick off smoothly their move towards local integration. This funding benefited the entire refugee population, directly or indirectly. WASH activities benefited directly from more than 10,000 people, schoolchildren and residents living in the vicinity of the schools covered by the assistance provided by the CERF funding. Other activities such as the mobile clinic, the capacity building of health centers, and the training and awareness campaigns had also mobilized and affected many refugees and local communities.

The above estimation of reached direct beneficiaries only concerns WFP and UNICEF component of the intervention..

The CERF-funded contribution, received by WFP, was integrated in the overall donor contribution to provide relief response to refugees and the host population. More specifically, WFP with the CERF funding has assisted a total of 22,100 beneficiaries. Of the 22,100 beneficiaries, 14,300 were targeted for GFD and 7,800 pregnant and lactating women are targeted through a supplementary feeding programme. Monthly general food distributions have been conducted throughout the year in order to increase food security among the refugee groups. The CERF funds have for two months contributed to the realization of the WFP protracted relief and recovery operation, which has assisted 47,241 beneficiaries.

The following outcomes of the WFP's PRRO activities include the CERF support:

- According to the preliminary 2012 SMART survey, the prevalence rate of acute malnutrition in the East and Adamaoua region is 3.5 per cent, which is in line with the WFP objective in maintaining the rate under the limit of 12 per cent.

- Recovery rate of children and women treated for malnutrition is 71.17 per cent, which is slightly lower than the planned threshold value.
- Admission rates at nutrition centres are 109 per cent, above the planned number of 90 per cent due to the fact that more children were admitted than planned.
- Average length of enrolment in supplementary feeding is 86 days.
- More than 100 per cent of the planned beneficiaries for GFD was reached. However, all of them could not receive their full rations for the whole planned period. For supplementary feeding activities 70 per cent of the planned pregnant and lactating women were assisted.
- Eight out of 12 distributions were carried out for CAR refugees.
- 90 per cent of distributions were made on time.
- 3,334 MT of commodities has been distributed during the whole operation.

CERF funding has enabled the WFP to achieve the targeted objectives, especially in the context of food distributions and treatment of moderate acute malnutrition amongst CAR refugees in the East / Adamaoua regions and Langui Camp, ameliorating their nutritional status and reducing the prevalence rate of moderate acute malnutrition amongst the refugees of the East and Adamaoua regions. As a multilateral donation, CERF funding has generated resources, which have improved the implementation of the project; thus, the CERF input provides significant improvement in the East and Adamaoua regions.

During the six-month implementation of CERF funding program UNICEF provided technical and financial support to the government of Cameroon at regional level by the strengthening the management of acute malnutrition in the two regions that host RCA refugees. The response need to focus in the scaling up or service in order to increase coverage of life saving intervention amongst children.

The following actions were reached:

- Purchasing and distribution in outpatient and inpatient programme of anthropometric equipment and drugs
    - 8 Inpatient kits,
    - MUAC,
    - 100 scales and
    - 8526 bottles of amoxicillin for the systematic medical treatment of SAM children without complications,
- 1,850 cartoons of RUTF and 45 cartons of therapeutic milk had been purchased and distributed at regional level
- 120 health workers had been trained on essential actions in nutrition including screening of acute malnutrition in the East Region
- 46 head of districts in East region and 54 head of health centers in the Adamawa region were trained on the integrated management of acute malnutrition
- 400 community workers had been trained on essential actions in nutrition in the health districts of Doumé, Mesamena, Abong bang, Yokadouma and Moloundou including screening of acute malnutrition in the East region.
- 2,185 children were admitted in the CNA and CNTI of the 2 regions during the reporting period. This is too low regarding the target of 11,040, but the 2012 SMART survey conducted during the post-harvest season in the host population of the 2 regions showed a prevalence of SAM of 0.2 in Adamawa and 0 in the East region (against the 3.9 used for the calculation of the target). Main constrains are linked with the weakness of the information system that is based in the 2010 national protocol. The reviewed protocol is validated and new tools for the monitoring system will be put in place end November 2013.
- 2 missions of support/supervisions of the activities were made by UNICEF staffs.

CERF funds were essential in the scale up capacities in some health district and providing inputs towards increasing access to treatment to refugees and host communities. New trainings for other districts will be done in last quarter of 2013 and the monitoring system will be reviewed.

In 2012, the global financial crisis and the multiplicity of sources of tension that caused forced displacements of populations worldwide (Mali, the CAR, the DRC, Sudan, Libya, Syria, Yemen, etc.) and the resulting increase in the number of populations in need of international protection have had a negative impact on the ability of donors to fund UNHCR operations. In addition, the UNHCR operation in Cameroon that does not benefit from an appropriate attention from the media had already difficulties to raise funds. In this context, the CERF funding was a valuable income for the operation in Cameroon that allowed the UNHCR to cover the financial gaps and address the prioritized needs of the Central African refugees hosted in the regions of the East and Adamaoua.

The selection of beneficiaries of agricultural project by UNHCR and its Implementing Partners was based on set criteria defining vulnerability in line with food security. The most vulnerable refugees were prioritized under the CERF-funded project. For health and WASH components, the achievements and progress made under other UNHCR sources of funding or/and during the past years were considered to select and prioritize areas where to implement activities and develop basic infrastructures. These funding targeted areas were basic infrastructures were virtually non-existent, the level of autonomy of refugees weak, and where the gaps remained significant.

AGRICULTURE

The CERF funding has enabled to enhance the crop production capacity and improve the food security of 5000 most vulnerable heads of family, i.e. 25,000 direct beneficiaries among the Central African Refugees in the regions of the East and Adamaoua. They were

provided with 5000 tool kits, each kit being composed of 01 machete, 01 file short handled hoe, 01 long handled hoe, barbed wire, 01 trident, 01 rake, 01 watering can and 01 sprayer. as well as agricultural seed (maize, soybean, bean, cassava cuttings, and seed for market gardening and high value vegetable crop (tomatoes, okra , cabbage, lettuce , condiments leaves) and fertilizers.

WASH

The sanitary conditions and access to potable water were improved in 10 primary schools hosting refugee children through the drilling of 10 boreholes, which were equipped with hand pumps, and construction of 11 blocks of 03 latrines each. This, allowed schoolchildren refugee and local residents of the area to having access to more than 20 liters of potable water per day/per person and reduced significantly the impact of water-borne diseases and other diseases associated with lack of hygiene and sanitation.

HEALTH

Health status of refugee improved by enhancing access to primary health care through the capacity building activities such as:

- The building of 10 health centers in the health district of Batouri, Kette and Ndélélé;
- The training of 60 health workers on the prevention of HIV transmission from mother to child,
- The training of 45 health workers on the integrated management of childhood illnesses and the management of drugs,
- The procurement and supply of laboratory reagents (malaria test, IST test), consumables, medical equipment such as 05 centrifuges, medical refrigerator, small surgery equipment and universal precautions;
- The awareness campaigns to prevent cholera outbreak and improve the public attitude on hygiene and sanitation;
- The distribution of sanitary material such as buckets and brooms, soap and janitorial items like bleach;
- The training of 12 laboratory technicians on laboratory techniques and outreach activities (mobile clinic) carried out for remote areas in Djohong and Ngaoui health districts

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?
YES ☒ PARTIALLY ☐ NO ☐

b) Did CERF funds help respond to time critical needs[9]?
YES ☒ PARTIALLY ☐ NO ☐

Scaling up services of management of acute malnutrition is crucial to increase coverage and the number of children receiving treatment and though reducing mortality.

c) Did CERF funds help improve resource mobilization from other sources?
YES ☒ PARTIALLY ☐ NO ☐

East and Adamawa regions are not included as priority for donors as there is a nutritional crisis in the northern regions.

d) Did CERF improve coordination amongst the humanitarian community?
YES ☒ PARTIALLY ☐ NO ☐

Coordination was led by UNHCR and the regional delegations of public health. Meetings were held in Bertoua on a monthly basis.

[9] *Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns; locust control).*

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons Learned	**Suggestion For Follow-Up/Improvement**	**Responsible Entity**

TABLE–7 - OBSERVATIONS FOR COUNTRY TEAMS		
Lessons Learned	**Suggestion For Follow-Up/Improvement**	**Responsible Entity**
In order to cover all the needs of the targeted population, a consistent contribution for the project is needed.	Leveraging resources for covering adequate needs in nutrition sector of refugees and host population.	RC
Evidence data about the nutrition status and other linked determinants and aggravating factors of host and refugee population is needed once a year in order to affined targeting and programmatic interventions.	Leveraging resources for integrating a complete SMART survey for the host population and for a specific SMART for the refugee population.	UNICEF/UNHCR
As refugee population is integrated with host communities the need of reinforcing the health and nutrition services in all the districts in the region is necessary but a strategy need to be put in place in order to increase active case finding in all population.	Integrating active case finding in mass campaigns in the regions. During the Health and Nutrition weeks in order to find cases and increase referral.	UNICEF (planned in October 2013)

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	WFP	5. CERF Grant Period:	14.09.12 - 30.06.13
2. CERF Project Code:	12-WFP-067	6. Status of CERF Grant:	☐ Ongoing ☒ Concluded
3. Cluster/Sector:	Food security cluster Nutrition cluster		
4. Project Title:	*Protracted Relief and Recovery Operation (Cameroon)*		
7.Funding	*a. Total project budget:*		US$ 20,876,565
	b. Total funding received for the project:		US$ 12,516,877
	c. Amount received from CERF:		US$ 799,999

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	15,236	15,236	Fill in
b. Male	6,864	6,864	
c. Total individuals (female + male):	22,100	22,100	
d. Of total, children under 5	2,713	2,713	

9. Original project objective from approved CERF proposal

General objectives:

- Save lives and protect livelihoods of food-insecure Central Africans.
- Restore and rebuild lives and livelihoods of Central African refugees and host populations.

The PRRO will improve resilience of food-insecure refugees and local households, with an emphasis on environmental protection and rehabilitation activities, to enhance sustainability and foster self-reliance and socio-economic integration. In the area of nutrition, the PRRO will aim to stabilize global acute malnutrition rate below 10 per cent. In this context, the strategy will continue addressing the immediate needs while also building the human and physical assets of host communities and refugees for long-term recovery.

Specific objectives:

- Provide GFD to 14,300 moderately and severely food-insecure CAR refugees for a period of 75 days.
- Provide supplementary feeding for 7,800 pregnant and lactating women, both refugees and from the host population, over a period of 75 days.

10. Original expected outcomes from approved CERF proposal

- Enhance maternal nutritional status for pregnant and lactating women through a targeted supplementary feeding programme.
- Prevent increase in malnutrition levels among children under 5, and pregnant and lactating women, and reduce the incidence of new cases of acute malnutrition.
- Reduced acute malnutrition in targeted groups of refugee and host population children.
- Food distributed in sufficient quantity and quality to targeted women and children under 5.
- Food distributed in a timely manner in sufficient quantity and quality to targeted Central African refugees

11. Actual outcomes achieved with CERF funds

- According to the preliminary 2012 SMART survey, the prevalence rate of acute malnutrition in the East and Adamoua

region is 3.5%, which is in line with the WFP objective of maintaining the rate under the limit of 12 per cent.

- The recovery rate of children and women treated for malnutrition is 71.17%, which is slightly lower than the planned threshold value.
- Admission rates at nutrition centres are 109%, above the planned number of 90% due to the fact that more children were admitted than planned.
- Average length of enrolment in supplementary feeding is 86 days.
- More than 100 per cent of the planned beneficiaries for GFD were reached. For supplementary feeding activities, 70% of the planned pregnant and lactating women were assisted.
- Eight out of 12 distributions were carried out for CAR refugees.
- 90% of distributions were made on time.
- 3,334 MT of commodities has been distributed during the whole operation.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

Fill in

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☒ NO ☐

If 'YES', what is the code (0, 1, 2a, 2b): 2a

If 'NO' (or if GM score is 1 or 0): please describe how gender equality is mainstreamed in project design and implementation

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

If yes, please describe relevant key findings here and attach evaluation report or provide URL

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	UNICEF	5. CERF Grant Period:	13.09.2012 – 30.06.2013
2. CERF Project Code:	12-CEF-110	6. Status of CERF Grant:	☐ Ongoing ☒ Concluded
3. Cluster/Sector:	Nutrition		
4. Project Title:	Strengthening management of severe acute malnutrition of children under 5 (refugees and host) in East and Adamawa regions		

7.Funding		
	a. Total project budget:	US$ 1,656,000
	b. Total funding received for the project:	US$ 497,432
	c. Amount received from CERF:	US$ 297,432

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	5,842	Fill in	The complete information about beneficiaries will be available with the final report. The project is ongoing with training and delivering of all supplies to CNA and CNTI. Cumulative beneficiaries covered for the period will be included in the final report.
b. Male	5,198	Fill in	
c. Total individuals (female + male):	11,040	Fill in	
d. Of total, children under 5	11,040	Fill in	

9. Original project objective from approved CERF proposal

Improve quality of treatment of children affected by severe acute malnutrition in East and Adamawa regions.

10. Original expected outcomes from approved CERF proposal

Improve performance of CNA and CNTI and coverage of management of severe acute malnutrition:

- Increase recovery rates by 15% through 2013
- Reduce defaulter rate by 10% through 2013
- 75% of severe acute malnourished children are admitted in CNA and CNTI

11. Actual outcomes achieved with CERF funds

No outcomes report as yet. The activities are going on
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:
Fill in
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code? YES ☐ NO ☒
If 'YES', what is the code (0, 1, 2a, 2b): Fill in **If 'NO' (or if GM score is 1 or 0):** Gender is included in the M&E messages and training. All children having access to health facilities are treated following the national protocol. The direct beneficiaries of this project were severely acute malnourished.
14. M&E: Has this project been evaluated? YES ☐ NO ☒

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	UNHCR	5. CERF Grant Period:	19.0912- 30.06.13
2. CERF Project Code:	12-HCR-046	6. Status of CERF Grant:	☐ Ongoing ☒ Concluded
3. Cluster/Sector:	Multisector		
4. Project Title:	*Protracted Relief and Recovery Operation (Cameroon)*		

7.Funding		
	a. Total project budget:	US$ 20,612,649
	b. Total funding received for the project:	US$ 11,135,486
	c. Amount received from CERF:	US$ 899,999

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	45,112	45,112	.
b. Male	40,144	40,144	
c. Total individuals (female + male):	85,256	85,256	
d. Of total, children under 5	12,396	12,396	

9. Original project objective from approved CERF proposal

Improvement of the overall living conditions of CAR refugees through the under-listed objectives:

- Food security improved.
- Health status of the population improved.
- Population lives in satisfactory conditions of sanitation and hygiene.

10. Original expected outcomes from approved CERF proposal

Access to agriculture enabled:

- 20% of households will be deemed as self-sufficient after one year and will not need food assistance.

Access to primary health services provided or supported:

- 60% of refugees have access to primary health care.

Household sanitary/latrines constructed.

11. Actual outcomes achieved with CERF funds

- AGRICULTURE
- The CERF funding has enabled to enhance the crop production capacity and improve the food security of 5000 most vulnerable heads of family, i.e. 25,000 direct beneficiaries among the Central African Refugees in the regions of the East and Adamaoua. They were provided with 5000 tool kits, each kit being composed of 01 machete, 01 file short handled hoe, 01 long handled hoe, barbed wire, 01 trident,01 rake , 01 watering can and 01 sprayer. as well as agricultural seed (maize, soybean, bean, cassava cuttings, and seed for market gardening and hight value vegetable crop (tomatoes, okra , cabbage, lettuce , condiments leaves) and fertilizers.
- WASH
- The sanitary conditions and access to potable water were improved in 10 primary schools hosting refugee children through the drilling of 10 boreholes, which were equipped with hand pumps, and construction of 11 blocks of 03 latrines each. This, allowed schoolchildren refugee and local residents of the area to having access to more than 20 liters of potable water per

day/per person and reduced significantly the impact of water-borne diseases and other diseases associated with lack of hygiene and sanitation.

- HEALTH
- Health status of refugee improved by enhancing access to primary health care through the capacity building activities such as:
- The building of 10 health centers in the health district of Batouri, Kette and Ndélélé;
- The training of 60 health workers on the prevention of HIV transmission from mother to child,
- The training of 45 health workers on the integrated management of childhood illnesses and the management of drugs,
- The procurement and supply of laboratory reagents (malaria test, IST test), consumables, medical equipment such as 05 centrifuges, medical refrigerator, small surgery equipment and universal precautions;
- The awareness campaigns to prevent cholera outbreak and improve the public attitude on hygiene and sanitation;
- The distribution of sanitary material such as buckets and brooms, soap and janitorial items like bleach;
- The training of 12 laboratory technicians on laboratory techniques and outreach acitivities (mobile clinic) carried out for remote areas in Djohong and Ngaoui health Distric

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

Fill in

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code? YES ☐ NO ☐

If 'YES', what is the code (0, 1, 2a, 2b): 2a
If 'NO' (or if GM score is 1 or 0): please describe how gender equality is mainstreamed in project design and implementation

14. M&E: Has this project been evaluated? YES ☐ NO ☒

If yes, please describe relevant key findings here and attach evaluation report or provide URL

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/ Sector	Agency	Partner Name	Partner Type	Total CERF Funds Transferred To Partner US$	Date First Installment Transferred	Start Date Of CERF Funded Activities By Partner	Comments/ Remarks
12-WHO-002	Heath	WHO	MoH	Gvmt	50,587	04.07.12	04.07.12	The outbreak was stopped after the campaign.
12-WHO-002	Heath	WHO	ICG	NGO	1,554,570	30.03.12	NA	Funds were transferred for vaccines previously provided by ICG.
12-WHO-026	Heath	WHO	MoH	Gvmt	186,609	25.09.12	25.09.12	The partnership with IOM enabled us to have more drugs for medical assistance. Collaboration with CIRCB permitted extension of rapid diagnostic of HIV infection on malnourished children to all the health districts.
12-WHO-070	Health	WHO	MoH	Gvmt	331,237	15.02.13	12.11.12	Work has been going on since November 2012 before the funds were transferred.
12-CEF-114	WASH	UNICEF	Fondation Bethleem	NNGO	16,911	10.12.12	30.11.12	The partnership with Fondation Bethleem de Mouda has enabled the construction of 3 boreholes and rehabilitation of 2 boreholes.
12-CEF-114	WASH	UNICEF	CODAS Garoua	NNGO	11,449	10.12.12	20.11.12	The Partnership with CODAS Garoua has permitted the rehabilitation of 7 boreholes in affected communities in the North region.
12-CEF-114	Health	UNICEF	MoH	Gvmt, Regional Delegation of Public Health Norh and Far North	8,000	10.12.12		Funds transferred for the operational costs measles campaign in some health districts of the North and Far North regions.
12-CEF-114	Health	UNICEF	MoH	Gvmt, Regional Delegation of Public Health Norh and Far North	10,000	14.11.12	21.11.12	Supervision and social mobilization of health activities.
12-CEF-005	WASH Nutrition	UNICEF	MoH and MINEE	Gvmt	236,093.49	02.03.13	03.03.13	
12-CEF-110	Nutrition	UNICEF	MoH	Gvmt	78,270.41	13.09.12	21.09.12	
12-WFP-007	Food	WFP	ADERSA	NGO	125,887	30.05.12	24.05.12	ADERSA is WFP's local cooperating partner for GFDs.The NGO previously worked with WFP on emergency food distributions. The cooperation has had positive outcomes and distributions have consistently been carried out each month.
12-WFP-069	Food	WFP	Cameroon	IGO	16,622	23.10.12	04.10.12	Cameroon Red Cross (CRC) has been involved in the GFD

			Red Cross					for flood-affected populations.
12-WFP-067	Health Nutrition	WFP	DRSP Est	Gvmt	9,072	22.06.12	04.05. 12	DRSP EST have participated in nutrition activities under the PRRO.
12-WFP-067	Health Nutrition	WFP	ASAD	NGO	47,221	31.05.12	11.04.12	Local NGOs, such ASAD, have facilitated the distribution of WFP food items to host and refugee communities on a monthly basis.
12-HCR-046	Multisector	UNHCR	IRD	NGO	370,695	13.02.32	13.02.32	CERF activities entrusted to this partner started at the beginning of this year as they are related to crop production which follow a seasonal calendar (East region).
12-HCR-046	Multisector	UNHCR	PU-AMI	NGO	179,000	13.02.32	13.02.32	CERF activities entrusted to this partner started at the beginning of this year as they are related to crop production, which follows a seasonal calendar (Adamaou region).
12-HCR-046	Multisector	UNHCR	IMC	NGO	42,318	13.02.32	13.02.2032	This partner is involved in the implementation of health activities for refugees and host population in Adamaoua region since 2010.
12-HCR-046	Multisector	UNHCR	AHA	NGO	155,108	15.10.12	15.10.12	This partner is involved in thje implementation of health activities for refugees and host population in Adamaoua region since 2011.
12-HCR-046	Multisector	UNHCR	IFCR	Red cross movement	15,000	25.10.12	25.10.12	The International Federation of Red Cross and Red Crescent Societies (IFRC) has been acting in the field since 2007 for CAR refugees.

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ADERSA	Action pour le Développement Rural du Sahel
ASAD	Association d'Assistance au Développement
AGDM	Age, Gender and Diversity Mainstreaming
CAR	Central African Refugees
CERF	Central Emergency Response Fund
CFR	Case Fatality Rate
CFSAM	Crop and Food Security Assessment Mission
CFSVA	Comprehensive Food Security Vulnerability Analysis
CICRB	Centre International de Recherche Chantal Biya
CMAM	Community Management of Acute Macantrition
CNA	Centre de Nutrition Ambulatoire
CNTI	Centre de Nutrition Thérapeutique en Interne
CODAS	Coordination Diocesaine et de la Développement des Activites Socio-caritatives
COP	Country Operation Plan
CRC	Cameroon Red Cross
DHS	Demograpic and Health Survey
DPS	Direction de la Promotion de la Santé
DRSP	Délégation Régionale de la Santé Publique
DS	District de Santé
ECHO	European Commision Humanitarian Office
EMOP	EMergency OPerations
FICR	Federation International de la Croix Rouge
GAM	Global Acute Malnutrition
GFD	General Food Distribution
ICG	International Coordinating Group on Yellow Fever Vaccine Provision
IDP	Internal Displaced Persons
IFRC	International Federation of Red Cross and Red Crescent Societies
IPT	Intermittent Presumptive Treatment
IRD	International Relief and Development
IMC	International Medical Corps
InpF	Inpatient facilities
JAM	Joint Assessment Mission
M&E	Monitoring and Evaluation
MAG	Malnutrition Aigue Globale
MAM	Malnutrituion Aiguë Modérée
MAS	Malnutrion Aiguë Sévère
MICS	Multiple Indicators Cluster Survey
MINADER	Ministère de l'Agriculture et du Développement Rural
MINEE	Ministère des Mines de l'Eau et de l'Energie
MoH	Ministry of Health
MSF	Medecins Sans Frontière
mt	Metric Ton
NatCom	National Committee
NGO	Non-Governmental Organization
OFDA	Office of U.S. Foreign Disaster Assistance
OFSAD	Organisation des Femmes pour la Santé, la Sécurité Alimentaire et le Développement
OTP	Outpatient Center
PECIME	Prise en Charge Intégrée des Maladies de l'Enfant
PRRO	Protracted Relief and Recovery Operation
PU-AMID	Première Urgence – Aide Médicale

RUTF	Ready to Use Theurapetic Food
SAM	Severe Acute Manutrition
SMART	Standardized Monitoring Assessment in Relief and Transitions
SO	Specific Objective
ToT	Training of Trainers
TSF	Targeted Supplementary Feeding