RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS CAMEROON RAPID RESPONSE CONFLICT-RELATED DISPLACEMENT

RESIDENT/HUMANITARIAN COORDINATOR	**Mr. Najot Rochdi**

REPORTING PROCESS AND CONSULTATION SUMMARY

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

No After-Action Review took place. However, on 2 December 2014, the HCT included the CERF report discussions its agenda. The HCT noted with satisfaction that all projects have been implemented (including IOM which had asked for No-Cost Extension) and that vulnerable people had received humanitarian aid.

However, agencies have underlined difficulties related to the procurement of some products, such as nutrition products (which are sometimes not available on the local market). Also, the implementation period did not always match with critical time-sensitive projects such as agriculture (seeds). Since mid-2014, the Douala Port is congested making discharge of goods very difficult. For further CERF grants, these constrains have to be taken into account. The RC informed that it's possible to advocate to the authorities to speed up the discharge of emergency products. She also urged agencies to improve their internal procedures in order to quickly start the implementation of projects, once the funds are disbursed. She informed the HCT that any next application process will be improved by adding technical consultations within the Inter-Sector Group that is already set up in Cameroon.

b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (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 ☐

A draft of the report was circulated to the members of the HCT and focal points of sectoral groups for their inputs which were consolidated in the final version of this report.

c. 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 and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES ☐ NO ☒

Due to a delay in the drafting process the report was shared with the HCT members at the same time as with CERF. If any inputs or observations are received, CERF will be informed accordingly.

I. HUMANITARIAN CONTEXT

The hostilities between ex-Seleka rebels and anti-Balaka militia, the massive violations of human rights and the escalation of violence in the Central African Republic (CAR) affected the country's entire population and forced thousands of Central Africans to flee their houses and villages, seeking refuge in centres or fleeing outside CAR and seeking refuge in neighbouring countries. In Cameroon, between December 2013 and 6 March 2014, 38,116 new CAR refugees were registered by UNHCR and local authorities. Furthermore, IOM registered an additional 19,630 migrants (third-country nationals or TCNs), mainly from Chad but who had been living in CAR. This influx mostly affected the East and Adamawa regions. The main entry points were Garoua Boulai and Kentzou in the East region, and Ngaoui, Gbatoua-Godole and Yamba in the Adamawa region.

Due to instability, lack of security and escalation of violence in the CAR where the Muslim population was particularly targeted, the trend of influx was increasing daily at different entry points. Over the month of February 2014, 24,768 refugees (out of the total 139,572).

The inter-agency rapid needs assessment conducted from 18 to 22 January 2014 found that the majority of refugees and migrants who arrived were destitute, in very poor physical and health conditions, without belongings and that they had experienced very traumatic situations. Large groups of refugees reported to have walked for more than 30 days before arriving in Cameroon. The refugees were predominantly women and girls (55%) and children represented about 60% of the total registered refugees. The situation is similar for TCNs. The majority were extremely vulnerable but the situation was more critical for some groups such as unaccompanied and separated children, pregnant and lactating women, young children, the elderly, persons with disabilities, and persons with severe medical conditions.

While waiting to relocate in camps to be established in sites already identified by local authorities, most of the refugees and TCNs were temporary settled in open sites, with no proper shelter and sanitation conditions and some of them were hosted by local communities. All refugees were vulnerable to food insecurity as no assistance had yet provided. About 36% of severely acute malnourished children registered in nutrition centres in Adamaoua and East regions were new refugees.

The influx of people from CAR increased strains on the local populations who shared their meagre resources (food and basic commodities), including natural resources (firewood, accommodations, land for grazing and farming, etc.). Community facilities and services (health, water points, sanitary facilities, community buildings, etc.) were overstretched. Kentzou, which has an estimated population of 11,000 inhabitants, had received 13,425 new refugees by 6 March 2014, within a period of two months. In most of the sites that received refugees populations almost doubled, increasing the risk of outbreak of disease because of congestion and deterioration of hygienic conditions.

In addition, living costs increased, i.e. house rents and prices of commodities, and there was difficult access to water and sanitation. The increased pressure on existing limited resources posed a risk of conflict between refugees and the host population.

During focus groups discussions conducted during the joint assessment mission in the East of Cameroon five cases of rape in Mborguéné and three in Lolo were reported. All these cases occurred before the women's arrival in Cameroon. International Medical Corps (IMC) who intervenes in the region recorded and treated 26 trauma cases between January and March 2014.

To facilitate fund raising the RC/HC and the UNCT advocated to the donors both national and international. Joint meetings were also organized with Cameroon and CAR HCTs. In addition, UNHCR also advocated through its regional joint appeal (Cameroon, Chad, Democratic Republic of Congo and Republic of Congo).

UNHCR prepared joint regional appeal to respond to the crisis in CAR and the implications in neighbouring countries, namely Cameroon, Chad, Democratic Republic of Congo and Republic of Congo. Projects included in the Cameroun SRP 2014 - reviewed to include emergency and medium term projects, up to the end of 2014, to address the needs of new refugees/TCNs from CAR – were included in the joint regional appeal. To ensure accountability, mechanisms to reflect funding and to avoid duplication were also established.

On 8 January 2014, IOM launched an appeal for US$ 17.5 million for the CAR crisis and across the region, to support evacuation operations of stranded and vulnerable migrants from CAR in a manner that complements efforts undertaken by concerned governments, and also providing on-arrival assistance, emergency healthcare, onward transportation, and the provision of basic support packages. In April 2014, the overall humanitarian response was estimated at $46,088,076. The gap for the identified core humanitarian activities was estimated at $44,022,517. As little funding was received, in order to provide lifesaving assistance to the most vulnerable populations fleeing Central African violence since December 2013, UNHCR advocated for more funds to implement the priority humanitarian actions that was identified per sector. $4,131,120 was requested from CERF. In January 2015 the total budget for UNHCR (refugees) in the Cameroon HRP is $94.1 million with 35% funded (August 2015).

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response:		**125,770,226**
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	4,017,795
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (*if applicable*)	N/A
	OTHER (bilateral/multilateral)	127,848,427[1]
	TOTAL	**131,866,222**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 24-Mar-14			
Agency	**Project code**	**Cluster/Sector**	**Amount**
IOM	14-RR-IOM-025	Multi-sector	400,000
UNHCR	14-RR-HCR-023	Multi-sector	1,199,995
UNICEF	14-RR-CEF-070	Water and sanitation	388,410
UN Women	14-RR-WOM-001	Protection	155,201
WHO	14-RR-WHO-030	Health	501,020
WFP	14-RR-WFP-031	Nutrition	797,712
UNICEF	14-RR-CEF-079	Nutrition	211,063
UNICEF	14-RR-CEF-080	Health	241,515
UNICEF	14-RR-CEF-081	Protection	122,879
TOTAL			**4,017,795**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	2,881,619
Funds forwarded to NGOs for implementation	1,136,176
Funds forwarded to government partners	0
TOTAL	**4,017,795**

[1] Other humanitarian funding (20 August 2015) fts.

HUMANITARIAN NEEDS

Following the socio-politic crisis in Central Africa, new refugee's influx was recorded in the East of Cameroon. There was urgency to provide response to the multi and inter-sectoral responses to the various needs related to the influx. For several weeks, the ratio of the influx was ranging from 4,000 to 6,000 during the pick period from February and March 2014, reaching more than 45.000 new refugees.

This new influx of people from CAR increases strained on the local populations who were sharing their meagre resources (food and basic commodities), including natural resources (firewood, accommodations, land for grazing and farming, etc.). The existing community facilities and services (health, water points, sanitary facilities, community buildings, etc.) were overstretched. Kentzou, which has an estimated population of 11,000 inhabitants, has received unexpectedly 13,425 new refugees (as of 6th March 2014) within a period of two months. In most of the sites that received refugees, populations have doubled, increasing the risk of outbreak of disease because of congestion and deterioration of hygienic conditions.

In addition, Third Party Nationals were also crossing from CAR to Cameroon. As of 25 May, a total of 17,720 TCNs have been registered by IOM in Kentzou, Garoua Boulai and Kentzou transit sites and in host communities. To date (August 2015), around 423 TCNs have expressed their intentions to return to their countries of origin. Since the beginning of the crisis, IOM has provided evacuation assistance to 7,168 TCNs from Benin, Burkina Faso, Chad, Côte d'Ivoire, Liberia, Mali, Niger, Senegal, and Sudan. In June 2015, 17,721 TCNs been registered by IOM in Kentzou and Garoua Boulai; 89 TCNs are hosted in IOM's transit sites in Kentzou (53) and Garoua Boulai (36), and 1,878 TCNs are living with host communities. To date, around 426 TCNs have expressed their intentions to return to their countries of origin in Chad, Côte d'Ivoire, Guinea Conakry, Niger, Nigeria, and the Republic of Congo.

The needs identified for to respond to the crisis were mainly protection (registrations, screening, child protection, SGBV)) and coupled with the provision life-saving activities inside and outside the site (WASH, health, nutrition, food distribution, NFI, shelter...). As the majority of refugees and TCNs was temporary settled in open sites, exposed to weather hazard and cold, the priority was also to create adequate conditions in sites to allow settlement in dignity.

In order to protect and provide response to basic needs, it was important regroup most of the refugees in the site. At the time of the request, half of the population of the refugees were living outside site with continuous new influx were high. To date (August 2015), more than 139,500 CAR refugees live in Cameroon. Out of this figure, 69,505 live in sites, 64,143 outside sites and 7,924 are urban refugees. In August 2015, even if the nation of those living outside sites are still high (69,500), 10.000 to 12,000 refugees were safely relocated from the entry points to 4 established sites.

The response led by mainly UNHCR after priorities were set by the HCT, enabled the implementation of various activities mainly in the sites and at the entry points.

Securing the activities was also a challenge mainly in the entry points and during the transport in a high volatile zone, but the Government of Cameroon ensured security for all refugees and migrants and identified six sites to accommodate the refugees, including four sites in the East region (Mborguene, Gado-Badzeré, Lolo I and Mbile) and two sites in Adamaoua (Borgop and Ngam). In collaboration with local authorities, refugees and migrants were registered and immediate assistance was provided such (hot meals, blankets, medical screening, medical care, referral to hospitals, etc.).

WASH activities enabled the relocation of about 10.000 refugees that were living outside sites to new sites provided with WASH facilities. For nutrition assistance, this result could be explained by the grouping of refugees in sites enabling nutritionists and awareness teams to reach more targets. Planed were also reached.

In Nutrition, 5,178 beneficiaries were admitted in the Outpatient nutrition program between March 1st and August 31st 2014. Out of this figure, 4,545 were children under 5 years old as 633 were children above 5 years. The severity of the situation was also reflected by the high number of beneficiaries admitted into the In Patient Facilities (InPF), 1,621 children has been admitted because of the high rate of complications at the beginning of this crisis. It is to notice that at the time of writing the rate of admissions in OTP remains quite stable but trends of admissions in InPF showed a significant decrease. Nutrition activities mainly with WFP and UNICEF and their partners ensured access and quality severe acute malnutrition treatment to reduce prevalence of acute malnutrition through the treatment of prevention of acute malnutrition amongst children aged 6-59 months and lactating women.

Health care was one of the important activities to be provided. Although refugees and TCNs had access to medical and nutrition care in health facilities both inside and outside sites, mobile clinics were also organized at the main entry points to facilitate immediate medical and nutritional screening. Although health facilities are available, the influx put pressure on the health staff who hardly could cope with the important arrivals of new refugees. This is a recurrent constrain in the public health administration that encounter sufficient staff in the health facilities, mainly in remote areas.

By January 2014, 3,811 refugee and migrant children aged less than 5 had been vaccinated against poliomyelitis. However, considering that many other children arrived since then with an unknown immunization status and that an epidemic of measles was reported in the Mouloundou Health District in the East Region, close to areas receiving refugees (Kentzou and Lolo) and mass immunization campaigns were to be organized. Two mass campaigns in the Adamawa region in April and August 2014 and reached a total of more than 26,400 children aged 6 months to 15 years. Furthermore, four mass campaigns in the East region, March through July 2014, 12-14 May, 9-14 June, and 11-15 July reached 33,809; 7,161; 4,917 and 40,538 children aged 6 month to 15 years respectively.

II. FOCUS AREAS AND PRIORITIZATION

Following the inter-agency rapid needs assessment conducted from 18 to 22 January 2015 and other multiple sector assessments conducted by UN agencies and partners, the HCT, led by the RC/HC, decided to request a CERF rapid response grant allowing to provide immediate life-saving assistance to vulnerable refugees and TCNs. Furthermore, to improve coordination mechanisms ensuring coherent and efficient response, the HCT recommended the re-activation of sector working groups at national and regional levels. Each sector group is led by an UN agency and congregates national and international NGOs, and government counterparts. At the regional level, since this emergency is related to refugees, overall coordination is under the leadership of UNHCR.

It was also agreed that agencies involved in the emergency response are UNHCR, WFP, UNICEF, UNFPA, WHO, UN-Women and IOM, and activities will be implemented in partnership with other relevant stakeholders already present in the field. UNHCR interventions will focus only on refugees while other agencies' interventions will benefit both refugees and TCNs. IOM is working to establish transit centers while UNHCR is responsible for the establishment of refugee sites. Both Agencies are conducting registration and included NFIs in their respective submission for their respective targets (TCN for IOM and refugees for UNHCR). Host communities are not targeted explicitly but they cannot be excluded to benefit from some interventions such as nutritional screening, construction of boreholes, immunization campaigns, and others that will be conducted with CERF support.

Inter-sector meetings are regularly held to ensure complementarity of interventions and avoid overlap. CERF project proposals were the result of agreed priorities.

The strategic orientation adopted by the HCT was primarily to respond to protection needs of the new refugees through to life-saving activities in WASH, Protection, heath, nutrition and, shelter in a context of sudden influx and where actors were not prepared to the new development of the context. Allocation of funds by sector took into consideration priority interventions agreed on in inter-sector meetings and the proposed level of funding was in line with the capacity of each sector and agency.

Despite the presence of former refugees from CAR in some of the regions where new refugees are to relocate, activities to be implemented with CERF funding in Cameroon targeted the estimated caseload of 60,000 people (45,000 refugees and 15,000 TCNs). Geographic areas of intervention are East Region (camps of (Mborguene, Gado-Badzeré Lolo I and Mbile and entry points of Garoua Boulai and Kentzou), Adamaoua (camps of Borgop and Ngam and entry points of Gbatoua Gondole, Ngaoui and Yamba), and the entry point of Touboro in the North region.

III. CERF PROCESS

Although the main stakeholders had already reprogrammed their internal funding, resources were very scarce. Conditions in sites identified by the Government of Cameroon had to be immediately improved. Shelter was improved in the four sites for a better accommodation of the refugees. It was also possible to support refugees to reshape their shelter including spaces for women and children to comply with gender. In addition, it was possible improve registration and screening activities by improving the offer of services such access to drinking water, sanitation and hygiene facilities and distribution of essential NFIs, like blankets, sleeping mats, hygiene kits, jerry cans, plastic sheet, soap, etc. Likewise, camp coordination and camp management are fundamental activities. Likewise, Food assistance to all refugees transferred to the camps and nutritional support to vulnerable persons were improved mainly for children less than five and to pregnant/lactating women
Even though the existing health infrastructure and services can partly absorb the new populations, to ensure that refugees and TCNs have effective access to health care, health care activities were also improve through mobile clinics assistance allowing transfer of cases sometimes up to 20 Km far from camps.

Also, protection activities helped expanded to include SGBV issues and the protection of children due the very traumatic experiences of some refugees and TCNs, separated and/or unaccompanied children already identified.

After consultation with CERF Secretariat, decision was made to move from Agency proposition to joint sector proposition with separate budgets. In light of that decision, protection response including child protection and SGBV will be implemented jointly by UNICEF and UNWOMEN. Nutrition response will be conducted by UNICEF with WFP and health response will be implemented jointly by WHO and UNICEF. Multi assistance to refugees and TCNs will be conducted by UNCR and IOM respectively while WASH response to the crisis will be leaded by UNICEF.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	**Cluster/Sector**	**Female**	**Male**	**Total**
	Multi-sector	25,350	22,650	48,000
	Health	42,861	41,181	84,042
	Nutrition	20,428	9,926	30,354
	Protection	11,400	10,000	21,400
	Water and sanitation	3,800	4,200	8,000

N.B: Over 69,000 of new refugees were registered by UNHCR during the period from March to August 2014 covered by this project. However, the report will focus on the group targeted by this funding. IOM has registered many migrants who expressed their interest to return to their countries of origin. The extension of the project for 3 additional months has allowed moving more migrants than initially planned. IOM obtained preferential prices with providers regarding land and air transportation. Some governments such as Niger's and Mali's provided aircraft which allowed IOM to use funds for other beneficiaries.

BENEFICIARY ESTIMATION

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	**Estimated Reached**
Female	32,400	34,670
Male	27,600	32,517
Total individuals (Female and male)	60,000	67,187
Of total, children under age 5	12,000	38,759

CERF RESULTS

UNHCR (Multisector / Protection)

UNHCR and its partners were able to enhance registration process. Over 69,000 of new refugees were registered (in and off sites) on an individual basis, and the data disaggregated by gender and age between March and August 2014. A total of 20.000 reported individual cases of protection have been assisted. It was also possible to improve the transit sites and the refugees' reception conditions (meaning receiving new refugees in transit site for screening, registration and accommodation) of refugees met minimum standards. Registration materials were provided to 45,000 individuals and 4,500 persons at risk and with specific needs (unaccompanied children, separated minors, children at risk of forced recruitment by uncontrolled armed groups, survivors of GBV, etc.) were assisted.

Health and nutritional services were provided to around 45.000 refugees and latrine standards have been improved up to1 emergency latrine per an average of 26 persons instead of 35. For the standard of water provision, it was not possible to meet the ration of 20 litters per person per day but an average achieved 14 litters due to the continuous influx. All the targeted beneficiaries, 45,000 have also received basic and domestic items (NFI) about 2,500 out of 9,000 households and improved for shelter provided to 1,200 households (13%), i.e. 6,000 individuals. 10,000 to 12,000 new refugees with their belongings were safely relocated from the entry points to 4 established sites, using buses and trucks rented with CERF funding

No known cases of refoulement were reported during the implementation period

The activities under this CERF funding targeted different numbers of beneficiaries among the 45,000 new refugees as suggested varying from one sector to another and depending on the needs to be addressed as detailed below:

- Protection and registration: the project aimed at ensuring protection for all new refugees but this funding addressed the protection needs of about 4,500 individuals at risk or persons with specific needs (Unaccompanied children, separated minors, children at risk of forced recruitment by uncontrolled armed groups, survivors of GBV, etc.) and enabled to provide the registration materials required for about 45,000 individuals (out of 69,000 for the period from March to August 2014);
- Non-food items: the needs of about 2,500 out of 9,000 households, i.e. 12,500 individuals, were covered in terms of kitchen sets, lanterns, plastic buckets and jerry cans while around 15,000 individuals benefited from blankets and sleeping mats;
- Site development and management: this funding enabled to recruit one site planner to design and coordinate the development of 2 in Adamaoua region, 2 site managers with their 2 assistants during 3 months. These two sites hosted more than 10,000 new refugees during the 3 months of the considered implementation period.
- Shelter: 1,200 households (13%), i.e. 6,000 individuals, were accommodated in temporary family shelters after they transited in community hangars at the reception centers during the relocation process.
- Relocation: 10,000 to 12,000 new refugees with their belongings were safely relocated from the entry points to 4 established sites, using buses and trucks rent under CERF funding.
- Overall monitoring and coordination: CERF funding contributed about 8% of the total cost required to cover the missions aiming at enhancing the monitoring and coordination set up, including technical support especially for two sites in the Adamaoua region.

Health

WHO

- 50,227 refugees children from 0 to 59 months were vaccinated during vaccination campaigns of mass against the Polio which took place during April 2014 and May;
- 5,000 impregnated mosquito nets were distributed to the refugees of the sites of Lolo and Mbilé in the East region;
- NGO, s and Health facilities were supplied with Essential drugs by WHO for free medical treatment of refugees both in the sites and in the community.
  - Several medical kits and generic drugs were given to partners (50 Malaria basic kits, 3 trauma kits and 2 supplementary)
  - 10 cholera kits and 10 chlorine pots of 45 kg were prepositioned in seven high risk districts who received the refugees in the East region and two districts of the Adamawa region. These have been useful in the rapid management of a cholera outbreak which occurred in Garoua Boulai and Timangolo refuges sites resulting in 14 cases among which 1 death.
  - 120 Cholera rapid diagnostic test were provided in high risk districts for rapid diagnostic of cholera cases;
- All (100%) the refuges received by implanting NGO,s were treated free of charge with drugs provided;

UNICEF

- 112,892 138 % of refugee children aged 6 months - 15 years were vaccinated against Measles out of the 84 000 targeted (40% of the 210.000 estimated refugees in 2014 180,000 CAR and 30,000 TCN) in 7 health districts hosting refugee camps. A total of 433,567 (214,346 in Adamaoua and 219,121 in East) children aged 6 months to 15 years were vaccinated both in the refugee camps and host population.
- Two mass campaign in the Adamawa region from April 27th-30, 2014 and from august 13th-16th reached respectively 19,345 and 7,122 kids aged 6 months to 15 years. Furthermore, four mass campaigns in the East region, from March 22th-24th, from May 12th-14th, from June 9th-14th and July 11th-15th reached 33,809; 7,161; 4,917 and 40,538 children aged 6 month to 15 years respectively.

- Support the systematic immunization at entry points against measles reached 3,157 additional children aged 6 months to 15 years upon arrival at entry points.
- 731 (99%) out the 765 new born cases received basic care at delivery in the refugee population and within camps in Est and Adamaoua regions. Essentials medicines, resuscitators kits and consumables for new born were provided in the 7 and 3 health districts health districts of the East and Adamaoua region respectively.
- 31 health care providers were trained in essential new born care with UNICEF complementary funds for the East and Admaoua regions.
- 16,000 estimated children (out of the 90,812 total consultations of the all in East region Coordination – source East region) of children under five receive treatment against malaria, diarrhea and respiratory tract infections within camps with estimated 4000 children under five treated for malaria (All ages 21,763), 900 Acute Tract Respiratory infections cases (All ages 5,162 Acute Tract Respiratory infections), and 600 diarrhea cases (all ages 3,284) respectively were treated.

- Essential drugs (mainly antimarials and RDT, anti diahhroea, antibotics, SP, Ferrous folic…) and medical consumables were provided in refugee camps and health districts bordering the sites for children and pregnant women (Batouri, Batare Oya, Garoua boulai, Kette, Mouloundou, Ndelele, and Yokadouma). To ensure rational drug use and efficient utilization of medication, UNICEF dispatched registers to track and monitor medicine use.
- 10473 Pregnant women received antenatal care while 10085 others and 251 malnourished children were tested for HIV in the two health districts (some negative pregnant women were tested for the second or third time after the first test.).
- 887 pregnant women were tested positive,

UN-Women
As for the response to victims of SGBV, assistance in protection, orientation and psychosocial services were as well as Confidence
03 operational mobile integrated counselling units established.

At least 11,400 refugees' women survivors of GBV/rape's awareness were conducted on GBV/rape issues and benefit from counselling, psychosocial and orientation services). 48 proximity awareness activities on GBV/Rape were also organized in camps and in host communities, this was made possible with the establishment of a network of 39 community relays that reached 31, 842 people on GBV prevention, case management, and referral pathway and benefited from orientation services.

100 % of reported individual cases of protection assisted: at least 400 identified rape survivors receive appropriate medical, psychosocial rehabilitation and economic assistance.

In addition, thanks to CERF funds, 09 GBV psychosocial counselling experts were recruited to form 3 teams working in the 3 refugee sites of Gado, Lolo and Mbilé five days a week. These teams supported the initiatives of 39 community relays: early informative system, home visits, sensitisation campaigns etc.

As for medical care, 600 SGBV/rape survivors from the refugees and host communities (300 at Lolo and 300 at Mbilé) received appropriate medical, psychosocial rehabilitation and economic assistance. They were economically empowered and 270 out of them (50 at Gado, 110 at Lolo and 110 at Mbilé) received direct assistance in the form of economic kits to start Income Generating Activities (petty trade, bakery and sewing

As a whole, all the indicators and targets were attained for an average of above 30% and all the budget was used to achieve the results that went beyond expectations.

IOM
CERF grant has allowed IOM and its partners to conduct activities such as the setup of transit camps, registration and health screening for migrants and transport support.

The following outcomes have been reached: two transit sites have been set set-up in Kentzou and Garoua-Boulai allowing migrants to live in dignified conditions before onward transportation; In these two transit sites IOM ensured protection, monitoring and referral activities such as facilitating the issuance of laissez-passer to migrants by their Embassies.

Then, some 4,202 laissez-passer have been delivered to migrants before their onward transportation.; Over 10 unaccompanied minors have beenwere identified and referred to IOM's Offices in their countries of origin.; Pregnant women and those who gave babiesmothers with young babies received a particular attention.; tThe elderly and disabled have been referred systematically to local hospitals or to Méedecins Sans Frontières (MSF) in Garoua Boulai or to Africa Humanitarian Action (AHA) in Kentzou;

Basic NFI kits including items such as mats, blankets, mosquito nets have been distributed amongst most vulnerable migrants before onward transportation. Then over 1,000 families (4,000 individuals) received non-food items consisting on buckets (600), jerry can (500), mosquito

nets (1000) and blankets (1000) before their onward transportation. Between January and December 2014, IOM has proceeded with the registration of 17,194 TCNs from Chad, Mali, Sudan, Niger, Nigeria, Mauritania, Ivory Coast, LybiaLibya, Senegal, Gabon, Burkina Faso, Benin, Liberia, Guinea Bissau and Guinea Conakry of 4,202 manifests have been issued.

Registration and health screening
IOM conducted registration activities in both transit sites in Kentzou and Garoua Boulai and provided basic health care to 2,113 migrants and supported medical referrals to 144 most vulnerable cases with transportation assistance to and from nearby hospitals or to Méedecins Sans Frontières (MSF) in Garoua Boulai or to Africa Humanitarian Action (AHA) in Kentzou.

Psychosocial support have been also provided systematically to the 17,194 registered migrants at the IOM's transit sites and directed referrals have been provided to 144 most vulnerable cases for further protection. IOM has worked closely with the Embassies and Cconsuls of foreign governments to identify their citizens and provide those undocumented with the necessary travel documents. Then Some 4,202 laissez-passer have been delivered to migrants from Chad, Mali and Sudan, by their Eembassies before their onward transportation and IOM chartered aircraft and/or purchased at least 1,000 tickets on commercial planes through Yaoundé and Douala airports to Mali.

Other activites were also provided such as NFI delivered to over 1,000 families (4,000 individuals) received non-food, over 10 unaccompanied minors have been identified and referred to IOM's Offices in their countries of origin; 2,113 migrants were screened for medical needs and psychosocial support of which 144 of most vulnerable cases were referred to local hospitals, or to partners treatment centres such as Medécins Sans Frontières (MSF) in Garoua Boulai or to Africa Humanitarian Action (AHA).

UNICEF
Child Protection
12 functional Child friendly Spaces (CFS) established in Gado, Lolo and Borgop camps with 6,943 children (4,043 boys and 2,900 girls) registered. The CFS is an area where child protection issues are identified, such as unaccompanied children, children victims of violence, neglect or abuse, children and families in need of psychosocial support as well as other examples of children at risk. Children associated with armed forces or groups (CAAFG) have been identified on an ad hoc basis, however UNICEF established a monitoring system to enable a systematic identification of CAAGF. In addition, 71 adolescent girls are participating in girls' clubs and 54 adolescent boys in activities for boys. In these activities the girls were provided with an area where they can discuss life skills at the same time as learning skills such as cooking, sewing and other activities that have been identified by the girls themselves. The animators are provided continuous sensitisation activities to the parents and the community in the sites. This way, the animators got direct contact with the parents, promoted CFS activities, and introduced CP services to the parents. By the end of the project, 40 animators in Gado and Lolo have conducted 49 rounds of sensitisation and reached more than 5,000 families. In addition, the animators have also conducted sensitisation to more to 4,187 families on the theme of prevention of violence. Through these activities, the community has become more aware of the risks of early marriage, of the risks facing girls and boys in the camp and together worked on finding solutions to problems.

100% of girls and boys identified (i.e. 100% of cases identified) and provided psychosocial support. In total so far, 7582 children in Gado and Lolo have been identified and provided with psychosocial support activities. In addition to the same activities as Asseja provided, IMC supported psychosocial support to families with children suffering from Severe.

100% of unaccompanied or separated children identified (i.e. 100% cases) received appropriate care.

UNICEF / WFP:
Nutrition status amongst refugees is a major concern in Cameroon, mainly during movement of people and influx. CERF RR has supported UNICEF and WFP for prevention and management of acute malnutrition cases amongst refugees. A caseload of 7,855 cases of severe acute malnourished children was estimated amongst new refugees. A particularity of this crisis is that there was (estimation 15% of below 5 children affected by severe acute malnutrition).

With the allocation of the CERF funding, UNICEF through the implementation partners and government have reached 5,129 severely acute malnourished people included a total of 4,545 children under 5 years old, 99,8% of the planned target. During the reporting period, the performances of the Community Management of Acute Malnutrition program have improved. For the Inpatient facilities the situation is stabilized since the month of July, but for the Outpatient centres because of the high level of mobility of refugees inside and outside of the camps, the reference defaulter rate has not yet been reached despite the real decrease. Efforts are still made to reinforce the community engagement and awareness.

The arrival of CERF funded commodities, enabled WFP to avoid pipeline breaks in nutritional commodities and to ensure continuous provision of food supplements to the most vulnerable refugees. The main intended objective of ensuring nutritional rehabilitation of the targeted pregnant and nursing women and children under five has been achieved with the help of the CERF contribution.

Also, the funds have enabled WFP Cameroon to respond to the influx of refugees from CAR assisting a total of 24,208 beneficiaries, which represents 93 percent of the targeted beneficiaries. Difficulties in locating and following up on refugees resided in out of camp settings remain a challenge and accounts for the existing gap in targeted/reached beneficiaries. Access to health facilities, especially in remote areas is also a major challenge. WFP is making logistic arrangements for expanding assistance, mainly focusing on communities along the border where refugees are living.

WFP experienced significant logistics delays as a result of the heavy congestion in the port of Douala, which is the main supply corridor for operations in the region. The problems at the port have significantly extended the already stretched lead times for commodities to arrive in country. In order to mitigate pipeline breaks, efforts were made to kick-start the response by initiating commodity loans from other operations (some in neighbouring countries), and despite challenges, WFP managed to avoid major pipeline breaks and continue providing nutrition emergency assistance to the refugees over the reporting period.

The performance indicators have significantly improved during the implementation period. The recovery rate of moderate malnourished children has increased from 45 per cent in June to 63 per cent in September. The non-response rate remained below 2.8 per cent. The defaulter rate dropped from 47 per cent in June to 37 per cent at the end of project implementation and the death rate dropped from 0.43 per cent in June to 0 per cent in September. The defaulter rates remain high vis à vis Sphere standards and national protocol. This is mainly related to the insufficient staff at the level of health centres, the low coverage of health centre facilities, as well as the insufficiency of community health workers and community management practices. Much effort is now being put in place by WFP to support government health centres staff and to reinforce community activities through training of community health workers, to ensure better achievements of the program.

Regular monthly distribution of food supplements to children and pregnant nursing women has contributed to stabilizing and preventing further deterioration of their nutritional status. A steady decline in the number of newly admitted moderately malnourished cases has been registered in treatment facilities. CERF funds has contributed to blanket supplementary feeding program and target 10,000 children under five and 3,800 pregnant and nursing women. Screening data collected in the program from the targeted population with the use of MUAC indicates that malnutrition levels amongst children below 5 has dropped from 17.1% in May (at the onset of the response) to 3.3% in September.

UNICEF
WASH
The CERF funds have permitted to implement the following WASH activities:
• 5126 refugees have access to 200 latrines and 100 showers in a gender sensitive manner
• 4,500 refugees have access to safe drinking water through 9 boreholes constructed and equipped with pumping system
• 4,000 families received hygiene kits for women
• 3,200 families received basic family water kit with key hygiene message

CERF's ADDED VALUE

The CERF funds led to a fast delivery of assistance to beneficiaries because it was one of the first emergency funds allocated at the beginning of CAR humanitarian crisis

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

CERF funds gave the opportunity to rapidly supply health facilities and NGOs with essential drugs and improve refugees access to free medical care. With the CERF allocation, UNICEF provided necessary supplies for the nutritional and systematic treatment of severe acute malnutrition and the technical support needed to the concerned health facilities to ensure the quality of the management of severe acute malnutrition cases amongst refugees.

b) Did CERF funds help respond to time critical needs[2]?
YES ☒ PARTIALLY ☐ NO ☐

CERF RR funds came in time where new influx of CAR refugees increased above the initial expectations and motivated the revision of 2014 Strategic Response Plan only 3 months after its launch. Indeed, the planning was initially around 90,000-100,000 (in RSP 2014) for the year

[2] 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, etc.).

2014 and by March 2014, these figures were already reached, leading to an advocacy to donors to respond urgently to the increasing critical needs. With these funds, it was possible to target 60,000 individuals to safe lives by providing for the minimum standards (in food rations, water provision, nutrition and medical treatment, provide for protection etc.) before other donors engaged. In addition, cholera kits were rapidly provided and Rapid diagnostic test which were useful in the early detection and management of the cholera outbreak and considerably reduce the number lethality. Also, these funds supported the rapid investigation of the polio outbreak in Kette health district and rapid response limiting the spread of the disease.

c) Did CERF funds help improve resource mobilization from other sources?

YES ☒ PARTIALLY ☐ NO ☐

The CERF funds enable to start a rapid response while negotiating funds allocation with other donors to fill the gap. Indeed, agencies and their partners who supported who came in. For instance, the WASH sector benefited from funding from the US to carry on activities on the field.

d) Did CERF improve coordination amongst the humanitarian community?

YES ☒ PARTIALLY ☐ NO ☐

At the national level (Yaoundé) the joint programming and the elaboration of a common strategy strengthened sectoral and the inter-sectoral consultation. In addition, it consolidated context analysis within the HCT members in a time when the humanitarian situation was under rapid constant evolution. In the East region, sectors organized weekly meetings partners to coordinate the response both in and outside sites. A joint mission of UN agencies (UNHCR, WFP and UNICEF) was organized in early June 2015 to better define roles and responsibilities of agencies and partners -NGO and identify the package of interventions to address new refugee's nutrition needs.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

Although the humanitarian context was a new in the country, the CERF funds have created a new dynamic of coordination among agencies themselves and other partners. Indeed, so far, agencies were implementing regular programmes and were to face a new situation (beef up their capacities and adapt the new situation). It should be added, that the response also boosted the administrative authorities to soften bureaucracy for the INGO registration. Moreover, the Government was more and more conscious of the context and more involved in the coordination meetings and the context analysis advocating for the needs of the local population to be also addressed. Other funds outside the SRP helped to address these needs.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
CERF application process is time consuming	Although much of the context, the strategic response plan are clearly outlined in the SRP for 6 or 12 months, repetive analysis is required in the CERF application template. The template has to be simplified. In addition, the process requires meetings over and over, making it diffiuclt for most organizations dedicated staff when necessary, especially in a country whare clusters are not activitaved, hence where there is a lack of human resources.	CERF
Strategy and priorisation are the most difficult sections to agree with CERF.	Provide for a priorisation tool to support sectors and HCT	CERF

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
The needs of CAR refugees in Cameroon were increasing while time of response, coordination mechanisms for sectors are rather new and not always functional as well as availability of resources (financial and technical) limited.	Increase preparedness capacity of UN, partners and government. Integrating information systems and communication mechanisms Reinforcing technical capacities.	All UN agencies
Constant sectoral and funding analysis to be able to fit into CERF timeline once the process is launched.	Sustain joint/intersectoral evaluations and survey of surveys	HCT and Inter-Sector Group
While information is most of the time available with actors, it is not always shared in due time, especially between the regions and the national level, making it difficult to make a fact-based analysis.	Improve information sharing and flow between humanitarian actors.	All actors, Intersector, HCT members.

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNHCR	5. CERF grant period:	01.03.14 – 31.08.14
2. CERF project code:	14-RR-HCR-023	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Multi-sector		☒ Concluded
4. Project title:	Emergency response to the influx of new CAR refugees in Cameroon		

7.Funding				
	a. Total project budget:	US$ 55,052,740	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 14,736,352	▪ *NGO partners and Red Cross/Crescent:*	US$ 130,736
	c. Amount received from CERF:	US$ 1,199,995	▪ *Government Partners:*	US$ 0

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	23,850	23,850	Over 69,000 new refugees were registered by UNHCR during the period from March to August 2014 covered by this project. However, the report will focus on the group targeted by this funding: 45,000 refugees.
b. Male	21,150	21,150	
c. Total individuals (female + male):	45,000	45,000	
d. Of total, children under age 5	9,000	9,000	

9. Original project objective from approved CERF proposal

This project aims to improve the protection, the security and the overall living conditions of about 45,000 new CAR refugees through the under-listed multi-sectoral objectives and activities:

- Coordination and partnership:
- Kick off urgent humanitarian assistance before the onset of the rainy season (mid-March);
- organise sectoral meetings to ensure good coordination of humanitarian response;
- systematise integrated response approach that targets host communities and refugees;
- Identify implementing partners and reinforce their capacities;
- Increase the number of women and men community relays and reinforce their capacity (nutrition, prevention, health, WASH and gender).
- Provide international protection before and during their settlement in the sites in collaboration with the Cameroonian government;
- Ensure the physical safety of refugees before and during their settlement in the sites in collaboration with the Cameroonian government;
- Construct and develop 5 sites (Mborguene, Gado, Lolo, Borgop and Ngam) or more (Mbilé or others) as required following the transfer of new refugees from the entry points to the sites;
- Organize conveys (with medical and security escorts) made of trucks, buses and pickup to relocate new refugees together with their personal belongings from the entry points/settlements to the sites
- Provide with partners basic needs and essential services to new CAR refugees in the sites and ensure that their living conditions meet the basic humanitarian standards;
- Mitigate the risks of and respond to sexual and gender-based violence through a mainstreaming approach of implementation of activities.

10. Original expected outcomes from approved CERF proposal

- 100% of reported individual cases of protection assisted;

- Number of known cases of refoulement reduced to zero;
- 100% of Person of concern (PoC) registered on an individual basis;
- Reception conditions of refugees meet minimum standards;
- WASH conditions improved at the main entry points/settlements;
- Health and nutritional screening conducted at the entry points/settlements and 100% of cases with concern assisted;
- 1 emergency latrine per 25-50 persons;
- 100% of women at childbearing age receive hygienic kits;
- 100 % of households live in adequate dwellings;
- 100% of household needs for basic and domestic items met;
- Individual/family shelter support provided for vulnerable persons;
- 100% of refugees in the sites have access to 20 liters of potable water per person per day;
- No disease reported in the site;
- General site operation sustained;

The activities under this CERF funding will target different numbers of beneficiaries among the 45,000 new refugees described at point III.7 above, depending on the sector and the nature of the concerned activities as detailed below:

- Protection and registration: while the overall aim is to ensure protection for all new refugees, this funding will enable to address the protection needs of about 4,500 individuals (10%) and to provide the registration materials required for about 45,000 individuals (100%);
- Non-food items: the needs of about 2,500 out of 9,000 households, i.e. 12,500 individuals, will be covered in terms of kitchen sets, lanterns, plastic buckets and jerry cans while 22% of individual beneficiaries will benefit from blankets and sleeping mats;
- Site development and management: this funding will enable to hire one site planner who will coordinate the development of 2 out of 5 identified sites, 2 site managers with their 2 assistants during 3 months. These two sites will host about 10,000 new refugees during the 3 months of the considered implementation period.
- Shelter: 1,200 households (13%), i.e. 6,000 individuals, will be accommodated in temporary family shelters or family tents after they transited in community hangars at the reception centers during the relocation process.
- Relocation: 10,000 to 12,000 new refugees with their belongings will be safely relocated from the entry points to 2 established sites, using buses and trucks rent under CERF funding.
- Overall monitoring and coordination: CERF funding will contribute about 8% of the total cost required to cover the missions aiming at enhancing the monitoring and coordination set up, including technical support especially for two sites in the Adamaoua region.

11. Actual outcomes achieved with CERF funds

- 4,500 of reported individual cases of protection have been assisted
- No known cases of refoulement were reported during the implementation period
- Over 69,000 new refugees were registered (at sites and elsewhere) on an individual basis, and the data disaggregated by gender and age between March and August 2014
- Reception conditions of refugees met minimum standards (meaning transit centres were well equipped for registration and refugees were protected from rain and bad weather conditions).
- WASH conditions improved at the main entry points/settlements with a ratio of 17 liters per person and per day compared to less than 10 earlier
- 1 emergency latrine per an average of 26 persons (300 latrines) was achieved in the sites hosting new refugees
- 12,000 women at childbearing age living in sites received hygienic kits
- 45,0000 of households live in adequate dwellings
- 5,000 households needs for basic and domestic items (NFI) are met
- Individual/family temporary shelter support provided for vulnerable12,000 persons
- 45,000 of refugees in the sites had access to potable but the standard of 20 liters per person per day was not met in all sites because of continuous influx. The average achieved was 14 liters per person per day.
- No outbreak of disease reported in the sites during the implementation period under this funding
- General site operation sustained, for instance overall activities were improved in the sites

- Among other activities, the project ensured protection for all new refugees but this funding addressed the protection needs of about 4,500 individuals at risk or persons with specific needs (unaccompanied children, separated minors, children at risk of forced recruitment by uncontrolled armed groups, survivors of GBV, etc.) and enabled to provide the registration materials required for about 45,000 individuals (out of 69,000 for the period from March to August 2014)
- Non-food items: the needs of about 2,500 out of 9,000 households, i.e. 12,500 individuals, were covered in terms of kitchen

sets, lanterns, plastic buckets and jerry cans while around 15,000 individuals benefited from blankets and sleeping mats

- Site development and management: this funding enabled to recruit one site planner to design and coordinate the development of 2 sites in Adamaoua region. In addition, 2 site managers with their 2 assistants were recruited for a period of 3 months. The two sites hosted more than 10,000 new refugees during the 3 months of the implementation period.
- Shelter: 1,200 households (13%), i.e. 6,000 individuals, were accommodated in temporary family shelters after they transited in community hangars at the reception centers during the relocation process.
- Relocation: 10,000 to 12,000 new refugees with their belongings were safely relocated from the entry points to 4 established sites, using buses and trucks rented with CERF funding.

Overall monitoring and coordination: CERF funding contributed about 8% of the total cost required to cover the missions aiming at enhancing the monitoring and coordination set up, including technical support especially for two sites in the Adamaoua region.

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

This funding targeted 45,000 refugees for protection assistance. However, over 69,000 new refugees have been registered in and off sites from March to August 2014.

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 or 2b): The code is 2a. Addressing gender concerns is among the Global Strategic Priorities for the High Commissioner, therefore gender will be mainstreamed in all sectors of intervention under this funding. Priority will be given to girls and women in all sectors to ensure their considered equally as boys and men and that they enjoy the same rights and consideration.
If 'NO' (or if GM score is 1 or 0):

14. Evaluation: Has this project been evaluated or is an evaluation pending?	NO EVALUATION ☒
No evaluation specific to this funding was carried out. However, the overall situation of new refugees accommodated in sites and in host villages was constantly monitored and evaluated by sectors by sectorial experts. A formal consultative evaluation was also made during the Humanitarian Needs Overview (HNO) process that involved all humanitarian actors (UN agencies, NGOs, local authorities) under the lead of UNHCR in Bertoua on 27-28 October 2014. The key findings showed that there are still unmet needs because of the continuous influx, especially in the sectors of shelter, WASH, basic domestic items, health, nutrition and education. At the end of the implementation of this project, new refugees in sites were still living in temporary shelters while the access to water and sanitary facilities (latrines, showers, etc.) was also below standards despite the great improvement made. The nutritional status, especially among children remained a concern. New refugees living in host villages were not targeted by this funding. UNHCR initiated an assessment in villages hosting new refugees as the influx of new refugees since July 2014, enabling now to put focus on identifying and addressing the needs of new refugees and host communities who were not prioritised so far. Meanwhile, UNHCR in collaboration with other actors initiated the Standardized and Extended Nutritional Survey (SENS) since December 2014 that will give an exact picture of the humanitarian situation of new refugees in sites and possibly off sites. This survey will cover Nutrition as well as all other sectors affecting the nutritional status of refugees, especially children. The SENS report will be shared by March 2015 when available.	EVALUATION CARRIED OUT ☐ EVALUATION PENDING ☐

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	IOM	5. CERF grant period:	27/03/2014 -27/09/2014, extended until 18 December 2014
2. CERF project code:	14-RR-IOM-025	6. Status of CERF grant:	☐ Ongoing ☒Concluded
3. Cluster/Sector:	Multi sector for refugees		
4. Project title:	Emergency assistance to migrants stranded in Cameroon after fleeing from the Central African Republic		

7.Funding				
	a. Total project budget:	3,000,000 USD	d. CERF funds forwarded to implementing partners: NA	
	b. Total funding received for the project:	*850,000 USD*	▪ *NGO partners and Red Cross/Crescent:*	NA
	c. Amount received from CERF:	400,000 USD	▪ *Government Partners:*	*NA*

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	1,500	2,350	There is a significant discrepancy between planned and reached beneficiaries for the following reasons: - IOM has registered many migrants who expressed their interest to return to their countries of origin; - The extension of the project for 3 additional months has allowed to move more migrants than initially planned - IOM obtained preferential prices with providers regarding land and air transportation; - Some governments such as Niger's and Mali's have provided aircraft which allowed IOM to use funds for other beneficiaries.
b. Male	1,500	1,852	
c. Total individuals (female + male):	3,000	4,202	
d. Of total, children under age 5	1,000	1,206	

9. Original project objective from approved CERF proposal

Contribute to the saving of lives, improvement in living conditions and well-being of populations in Cameroon who have fled as a result of the CAR crisis through:

- Providing necessary registration and protection activities for evacuees; providing basic shelter, and NFI kits to the most vulnerable stranded migrants and returnees in transit sites before onward transportation
- Assisting evacuees with health triage and referrals, as well as, pre-departure fitness to travel health checks and psychosocial assistance
- Transportation to final destination of TCNs and Cameroonian returnees

10. Original expected outcomes from approved CERF proposal

- 3,000 vulnerable migrants receive evacuation and transport support including travel health assistance as they return back to their countries of origin. (Number of evacuation cases; Target: 3,000)
- 100 % of vulnerable migrants are screened for protection vulnerability (Percentage of migrants screened for protection vulnerabilities; Target 100 %)
- 100 % of unaccompanied minors are identified and referred to the competent authorities/Agencies immediately
- 100 % of vulnerable migrants are screened for possible medical needs, psychosocial support and are referred to

hospitals with transportation assistance when needed (Percentage of medically screened; Target 100 %)

11. Actual outcomes achieved with CERF funds

The following outcomes have been reached as follow:

- 4,202 vulnerable migrants over than initial plan of 3,000 from Chad, Mali, Sudan received evacuation assistance consisting of land and air transportation support from IOM to return to their countries of origin, they were screened for protection and received health triage and referrals as well as pre-departure fitness-to-travel health checks and psychosocial assistance. Two transit sites were set-up in Kentzou and Garoua-Boulai where in close coordination with Embassies, laissez-passer were delivered to migrants. Over 1,000 families (4,000 individuals) received non-food items consisting on buckets (600), jerry can (500), mosquito nets (1000) and blankets (1000) before their onward transportation.
- 2,113 migrants were screened for medical needs and psychosocial support of which 144 of most vulnerable cases were referred to local hospitals, or Médecins Sans Frontières (MSF) in Garoua Boulai or to Africa Humanitarian Action (AHA). Majority of cases received by IOM's medical team concerned diarrhoea, intestinal parasites, malaria, malnutrition, and respiratory diseases.

The results can be explained by activities as follows:

Transit sites

Two transit sites were set set-up in Kentzou and Garoua-Boulai to allow migrants to live in dignified conditions before onward transportation;

In these two transit sites IOM ensured protection, monitoring and referral activities such as facilitating the issuance of laissez-passer to migrants by their embassies. Some 4,202 laissez-passer were delivered to migrants before their onward transportation. 15 unaccompanied minors were identified and referred to IOM's Offices in their countries of origin. Pregnant women and mothers with young babies received particular attention. The elderly and disabled have been referred systematically to local hospitals or to Médecins Sans Frontières (MSF) in Garoua Boulai or to Africa Humanitarian Action (AHA) in Kentzou;

Basic NFI kits including items such as mats, blankets, mosquito nets have been distributed amongst most vulnerable migrants before onward transportation. Then over 1,000 families (4,000 individuals) received non-food items consisting on buckets (600), jerry can (500), mosquito nets (1000) and blankets (1000) before their onward transportation

Registration and health screening

IOM conducted registration activities in both transit sites in Kentzou and Garoua Boulai. Then between January and December 2014, IOM proceeded with the registration of 17,194 TCNs from Chad, Mali, Sudan, Niger, Nigeria, Mauritania, Ivory Coast, Libya, Senegal, Gabon, Burkina Faso, Benin, Liberia, Guinea Bissau and Guinea Conakry. Manifests were issued for 4,202 migrants who have expressed their interest to return to their countries of origin;

IOM provided health triage and basic health care to 2,113 migrants and supported medical referrals to 144 most vulnerable cases with transportation assistance to and from nearby hospitals or to Médecins Sans Frontières (MSF) in Garoua Boulai or to Africa Humanitarian Action (AHA) in Kentzou

Psychosocial support was provided systematically to the 17,194 registered migrants at the IOM's transit sites and directed referrals have been provided to 144 most vulnerable cases for further protection.

IOM worked closely with the embassies and consuls of foreign governments to identify their citizens and provide those undocumented with the necessary travel documents. Some 4,202 laissez-passer have been delivered to migrants from Chad, Mali and Sudan, by their embassies before their onward transportation.

Transport:

IOM chartered aircraft and purchased 1,000 tickets on commercial planes through Yaoundé and Douala airports to Mali.

IOM Conducted 'fit to travel' screenings before onward transportation for 4,202 migrants. Medical escorts were systematically provided for each convoy during land and air transportation from different locations in Cameroon to Moundou (Chad).

IOM 20 trucks and 150 busses to organize convoys and provided ground transportation from Kentzou and Garoua Boulai to Yaoundé/Douala (Cameroon) and to Moundou (Chad) in Cameroon. At least 4,000 food packages and water have been provided to migrants along the way.

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

There is a significant discrepancy between planned and actual outcomes for the following reasons:

IOM has registered many migrants who expressed their interest to return to their countries of origin; The extension of the project for 3 additional months has allowed to move more migrants than initially planned IOM obtained preferential prices with providers regarding land and air transportation; Some governments such as Niger's and Mali's have provided aircraft which allowed IOM to use funds for other beneficiaries.	
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 or 2b): 2a If 'NO' (or if GM score is 1 or 0):	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT
IOM has conducted regular field visit to monitor the progress of activities. Additionally the CERF Project Manager has maintained a detailed milestone tacking sheet to keep track of progress against objectives through biweekly sitreps and mission in the field.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UN Women	5. CERF grant period:	27 March 2014 – 27 September2014
2. CERF project code:	14-RR-WOM-001	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Protection		☒ Concluded
4. Project title:	GBV/Rape assistance to women refugees and in host communities		

7.Funding				
	a. Total project budget:	US$ 1,327,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 25,000	ACAFEJ as partner :	US$ 84,420
	c. Amount received from CERF:	US$ 155,201	UN Women :	US$ 70,781

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	11,400	12,000	
b. Male	10,000	5,746	
c. Total individuals (female + male):	21, 400	17,746	
d. Of total, children under age 5	5,000	5,731	

9. Original project objective from approved CERF proposal

Provide emergency assistance to women and girls refugees victims of Gender-Based Violence and survivors of Sexual Violence,

Assist any individual cases of protection in accordance with UN Women's mandate,

Facilitate access to services offering support to refugee women affected by psychosocial distress, violence, sexual abuse and exploitation coming from CAR.

10. Original expected outcomes from approved CERF proposal

Outcomes:

Mobile units are established where women victims of GBV/rape have access to assistance, protection, orientation and psychosocial services. Confidence building and support I provided through community relays,

Protection and direct assistance is provided to identified rape survivors in 1 Refuge centre

Indicators

03 operational mobile integrated counselling units established;

At least 11,400 refugees' women survivors of GBV/rape's awareness is raised on GBV/rape issues and benefit from counselling, psychosocial and orientation services. This figure is derived from the statistician's percentage obtained in the GBV survey referred above. This is a UN Women target figure for women that will be approached (against the total figure of 23,850 planned by UNHCR);

48 proximity awareness activities on GBV/Rape organized in camps and in host communities.

1 Refuge centre functional in Bertoua for rape victims transit;

100 % of reported individual cases of protection assisted: at least 400 identified rape survivors receive appropriate medical, psychosocial rehabilitation and economic assistance.

11. Actual outcomes achieved with CERF funds

These are the actual outcomes achieved by CERF Funds in three refuge sites of Gado, Lolo, Mbile in the East region of Cameroon:

Outcome 1: Establishment of mobile integrated counselling units: 09 GBV psychosocial counselling experts were recruited to form 3 teams working in the 3 refugee sites of Gado, Lolo and Mbilé five days a week. These teams supported the initiatives of 39 community relays: early informative system, home visits, sensitisation campaigns etc. Due to the reality on the ground (logistic constrains and bad road conditions) these mobile units were replaced by 3 functional women cohesion spaces that were built next to the camp and the community where GBV victims from both communities can receive individual counselling, group therapy orientation and information. After screening by UNHCR, 130 GBV women survivors and victims' (34 GBV cases in Gado, 96 cases at Lolo and Mbilé among which 12 cases of forced/early marriages, 20 cases of denial of opportunity or resources, 28 cases of domestic/marital violence, 19 cases of rape/attempted rape/sexual abuse, 25 cases of physical violence and 26 cases of psychological violence) had access to assistance, protection, orientation and psychosocial support services.

Outcome 2: A network of 39 community relays – instead of the planned 15 relays – conducted 148 proximity awareness activities – instead of 48 formerly planned – in the 3 refugee camps and in the nearest host communities. 31, 842 people (9,535 at Gado (1,706 male and 7,829 female) and 22,307 at Mbilé and Lolo (18,267 women and 4,040 men) were reached on GBV prevention, case management, and referral pathway and benefited from orientation services including 12,000 SGBV survivors.

Outcome 3: For women own safety, the prevailing insecurity and long distance between the city of Bertoua from the remote rural areas where the refugee sites are located, the idea of establishing a refuge centre in Bertoua empowerment centre, had to be abandoned. A refuge centre was constructed and equipped within each women cohesion space as a safe haven for survivors. Instead of 01 remote refugee centre, there are 03 functional ones at victims reach, which proved to be more effective.

Outcome 4: 600 (the planning figure was 400) SGBV/rape survivors from the refugees and host communities (300 at Lolo and 300 at Mbilé) received appropriate medical, psychosocial rehabilitation and economic assistance. They were economically empowered and 270 out of them (50 at Gado, 110 at Lolo and 110 at Mbilé) received direct assistance in the form of economic kits to start Income Generating Activities (petty trade, bakery and sewing

Outcome 5: Staffing 3 additional psychosocial experts were recruited and provided technical assistance. A local NGO : "Association Camerounaise des Femmes Juristes" (ACAFEJ) was contracted. The activities were coordinated by a field officer based in Bertoua: this meant this means he organized supervision and monitoring activities related to the project, shared of tools and techniques for documentation and assisted other agencies and NGOs in gender mainstreaming of the humanitarian activities according to IASC standards.

As a whole, all the indicators and targets were attained for an average of above 30% and all the budget was used to achieve the results that went beyond expectations.

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

The figures show than more women than men were reached. This is due to the fact that women participated to the awareness activities and were mainly targeted for economic reinsertion (output 2 and 4).

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 or 2b): 2b. This project intended to ensure the integration of gender in the humanitarian response, the compliance to IASC standards related to women and girls protection in crisis situation, provide a response to the identified specific needs of women and girls refuges in targeted areas and therefore advance gender equality..
If 'NO' (or if GM score is 1 or 0):

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
If evaluation has been carried out, please describe relevant key findings here and attach	EVALUATION PENDING ☐

evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	27 March 2014 – 27 September 2014
2. CERF project code:	14-RR-CEF-081	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Child Protection		☒ Concluded
4. Project title:	Child Protection Assistance for refugee children		

7.Funding				
	a. Total project budget:	$ 400,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	$ 400,879	▪ NGO partners(IMC and ASSEJA):	$ 6,946.79
	c. Amount received from CERF:	$ 122,879	▪ Government Partners:	$ 0

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	11,000	8,470	As the number of locations was changed from the proposal, the number of beneficiaries has reduced. However, the activities are still ongoing, and more children and adults are being reached. CP response is still ongoing with other funds. This CERF funding has been used within the deadline but no request has been made to change location. In fact, locations has not been change but unicef CP was able to response in less geographical areas than planned As the number of locations was changed from the proposal, the number of beneficiaries has reduced. Mborguéné has been closed unexpectedly and Ngam have been opened later than expected. Also given the week operational and implementation capacities of CP implementing partners at the beginning of the crisis, Unicef was not able to provide out of sites CP response as planned. Response has been focused in refugees' sites and with a focus on capacity building. Activities could not be implemented in all the targeted areas as planned in the proposal thus beneficiaries reached with this CERF funds were a bit lower than expected. However, the activities are still ongoing with other funds, and more children and adults are being reached.
b. Male	10,000	7,597	
c. Total individuals (female + male):	21,000	16,067	
d. Of total, children under age 5	5,000	3,226	

9. Original project objective from approved CERF proposal

- Create/ Establish functional child friendly spaces in refugee sites
- Facilitate access to services offering support to refugee children affected by family separation, psychosocial distress,

violence, sexual abuse and exploitation, and association with armed groups and militias in CAR;

10. Original expected outcomes from approved CERF proposal

Outcome:

Child friendly Spaces for refugees children are established; children have access to child protection services including assistance for family identification, tracing, & reunification; psychosocial support; referrals for other care and support; as well as related assistance for children affected by armed groups/militias

Indicators:

- 100% of girls and boys identified (i.e. 100% of cases identified) and provided psychosocial support;
- 7 functional child friendly spaces established;
- 100% of unaccompanied or separated children identified (i.e. 100% cases and receiving appropriate care.

11. Actual outcomes achieved with CERF funds

12 functional child friendly spaces established :

6,943 children (4,043 boys and 2,900 girls) are registered in the Child Friendly Space activities that are provided in the 4 CFS in Gado and in the 4 CFS in Lolo (implementing partner is local NGO ASSEJA). The CFS are animated by 40 Central African facilitators who have been trained on how to plan, manage and run participatory Child Friendly Space activities with a specific focus on psychosocial and recreational activities. The animators have also been trained on how to identify children with specific need of psychosocial support and thus in need of referral to the psychological services in the sites.

IMC started their activities in August 2014, and have since then established 4 Child Friendly Spaces in Borgop camp. Registration is still ongoing, as UNICEF is still responding with additional funds, but so far more than 1000 children are registered as participants in the activities, of which about 48% are girls. The activities are animated by 26 facilitators who have been trained on child protection and on how to run and manage a CFS.

In addition, 71 adolescent girls are participating in girls' clubs and 54 adolescent boys in activities for boys. In these activities the girls are provided with an area where they can discuss life skills at the same time as learning skills such as cooking, sewing and other activities that have been identified by the girls themselves. The boys are participating in different formed sports teams. The idea is that these teams will be able to discuss life skills and also participate in other activities than sports, when their team is not playing. Farming is another activity that is provided for boys and girls, but which is mainly by boys.

As one of the main principles of the Child Friendly Space activities is community participation; the animators are providing continuous sensitisation activities to the parents and the community in the sites. This way, the animators will get a direct contact with the parents; promote CFS activities, and introduce CP services to the parents. So far, the 40 animators in Gado and Lolo have conducted 49 rounds of sensitisation and reached more than 5,000 families. In addition, the animators have also conducted sensitisation to more to 4,187 families on the theme of prevention of violence. Through these activities, the community has become more aware of the risks of early marriage, of the risks facing girls and boys in the camp and together worked on finding solutions to problems.

The CFS is an area where child protection issues are identified, such as unaccompanied children, children victims of violence, neglect or abuse, children and families in need of psychosocial support as well as other examples of children at risk. Children associated with armed forces or groups (CAAFG) have been identified on an ad hoc basis, however UNICEF is planning to establish a monitoring system to enable a systematic identification of CAAGF.

100% of girls and boys identified (7,582 children) and provided psychosocial support :

As part of one of the core Child Protection activities, three trained Cameroonian social workers are working in each site (lolo, Gado and Borghop) with the animators. Their role was to ensure that the CFS are working, provide supervision; training and support required to the animators, and be the link for the children into the Child Protection services. The social workers conducted home visits to families in need, or to children identified in the CFS or in other locations. The home visits included discussions with parents in order to provide psychosocial support through discussions; to sensitize the parents on the situation of children in the camp and on the risks for children; to identify if other services are needed and more. Up to mid-October, Asseja had conducted 1086 home visits and had held 793 individual interviews.

In total so far, 7,582 children in Gado and Lolo have benefitted from psychosocial support activities in Gado and Lolo sites

In addition to the same activities as Asseja is providing, IMC is also providing psychosocial support to families with children suffering from Severe Acute Malnutrition SAM). On a weekly basis, about 100 families are receiving support through sensitisation activities or direct discussions on the needs of the child and family.

Identification of unaccompanied and separated children is a joint effort in the sites, between UNHCR, UNICEF/ASSEJA, and Red Cross. So far, 37 unaccompanied children, 65 separated and 23 orphans have been identified by Asseja and referred to UNHCR and/or ICRC/Cameroonian Red Cross for Tracing activities. In Borghop, The lists of Unaccompanied children registered in the camp is shared by Red Cross and UNHCR in order for IMC to ensure follow up and monitoring of the situation of the children with their host families that are identified by UNHCR. Coordination conferences for case management are ongoing in the sites in order to ensure all cases are followed up on; the correct reference has been made and to avoid duplications/ensure no gaps are hindering the child's case. Unaccompanied children with foster families receive monitoring and follow up visits from the social workers on a regular basis.

Given the huge number of children and the continuous influx of refugees, the number of unaccompanied and separated children (UASC) is dynamic and likely to increase. Children identification is still ongoing. 100% of identified UASC received appropriate care and support.

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

In the proposal, the following geographical areas were stated: East Region and in Adamawa Region: East Region (Kentzou, Lolo, Garoua-Boulai, Mborguéné, Gado Badzéré, Yokadouma, Gbatoua Golé); Adamaoua Region (Ngaoui, Yamba, Gbatoua Godolé, Borgop, Ngam). The activities in this project has been focusing on establishing activities in Lolo; Gado and Borgop as a first focus. As the needs and risks were high in sites, the priority of starting in the sites was identified. The site of Mborguéné was closed and Ngam have been opened later than expected. However, as the activities has been established, UNICEF focussed on host communities as a next step. No request has been made to change location.

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 or 2b): 2a. This project is focusing on not only mainstreaming gender, but actively seeking out to significantly contribute to gender equality. This is done through target activities on girls;' clubs and boys clubs; ensuring an equality among the staff and animators; and providing sensitisation activities to the community on issues to strengthen the gender equality.
If 'NO' (or if GM score is 1 or 0): Please describe how gender equality is mainstreamed in project design and implementation

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☒
If evaluation has been carried out, please describe relevant key findings here and attach	EVALUATION PENDING ☐

evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project. The first partnership Cooperation Agreement (PCA) with Asseja ended in mid-August and an evaluation was undertaken before a new PCA was signed with the partner. The main recommendations included: • Assign a fixed team of 3 social workers in each site instead of mobile teams. This has improved the relations with partners, with animators and children. • Expand the activities for adolescents with ensuring materials for adolescent girls; • Train the animators in identification of mental distress and other child protection needs. • Harmonise the approach of working within CP and strengthen the coordination between CP actors in the field • Advocate with UNHCR to develop SOPs for working with Child Protection and Unaccompanied and separated children • Evaluations of sensitization and CFS activities planned for coming PCA in order to monitor impact of activities. • Conduct evaluations with animators on a regular basis • Improve case management documentation As a result from evaluations and discussions with UNHCR, a joint workshop (IMC, UNHCR, and UNICEF) took place 25-27 November in Bertoua where the participants agreed on an SOP and harmonized tools for Case management, information management and Child Friendly Space monitoring.	NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	WHO and UNICEF	5. CERF grant period:	27 March to 27 September 2014
2. CERF project code:	**WHO** CMR-14/H/68817/R/122 **UNICEF** CMR-14/H/67205/124	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Health		☒Concluded
4. Project title:	Emergency response to CAR refugees in the East and Adamaoua regions of Cameroon		
7.Funding	a. Total project budget: UNICEF:$ 611,020 WHO: $2 1,080,000 b. Total funding received for the project: UNICEF: $ 1,104,181 WHO:$ 241,515 C. Amount received from CERF: UNICEF: $ 501,020 WHO: $ 241,515		d. CERF funds forwarded to implementing partners: ▪ NGO partners and Red Cross/Crescent: ▪ WHO: $165,852 ▪ UNICEF: $ 0 ▪ Government Partners: 0

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	32,400	42,861	The number of CAR refugees initially planned was 60 000. This number rapidly increased every week due to the socipolitical situation in CAR leading to a total of more 109,913 refugees by the end of September 2014. This explains the increase of the targets reached by interventions.
b. Male	27,600	41,181	
c. Total individuals (female + male):	60,000	84,042	
d. Of total, children under age 5	12,000	51,000	

9. Original project objective from approved CERF proposal

➢ Main objective:

- The main objective of the health sector is to ensure access of refugees and hosting communities to essential and appropriate health care

➢ Specific objectives

- Mitigate the risk of occurrence of potential epidemics (measles, polio, cholera and other water bone diseases) by organising vaccinations when necessary, fostering other measures and strengthening the surveillance system. Polio campaign is highly necessary given the poor immunity of refugees and the present outbreak in Cameroon, measles campaign will be organize by Unicef

- Provide support for treatment of common diseases among the refugees including vulnerable groups (children under five, pregnant women and adolescents specially girls) and chronic patients

- Provide delivery and new born care to the refugee's population including prevention of HIV transmission from mother to child.

10. Original expected outcomes from approved CERF proposal

WHO
12,000 children under five years are immunized against polio in camps and local populations during the month of April.
● 100% of refugees receive care in health care facilities of affected populations,
● 5,000 insecticides treated nets are distributed to families of affected populations
● 100% refugees are treated free of charge for common diseases and severe cases referred to reference health structures;
● essential drugs are available in all the health units and the nearest health facilities;
● Diagnostic tests are applied to 100% of cases suspected of cholera in the camps and the local population;
● 10,000 posters and sensitization material on basic hygiene malaria, cholera, STD and HIV for risk mitigation are produced and distributed by community volunteers in refugees sites and neighbouring communities;
● Weekly information is available for decision-making;
●A monthly supervision is carried out in the functional camps.

UNICEF
The affected target population has access to appropriate, health, HIV services.
***Health* Specific objectives:**
- Mitigate the risk of occurrence of potential epidemics (measles, polio, cholera and other water-borne diseases) by organising vaccinations when necessary, fostering other measures and strengthening the surveillance system. Polio campaign is highly necessary given the poor immunity of refugees and the present outbreak in Cameroon. Measles campaign will be organized by UNICEF.
- Provide support for treatment of common diseases among the refugees including vulnerable groups (children under five, pregnant women and adolescents especially girls) and chronic patients.

Provide delivery and new born care to the refugee's population including prevention of HIV transmission from mother to child.

11. Actual outcomes achieved with CERF funds

WHO
● 50,227 refugee's children under five years are immunized against polio in camps and local populations during the month of April.
● 41,332 refugees received care in health care facilities of affected populations and refugees treated free of charge for common diseases and severe cases referred to reference health structures;
● 5,000 insecticides treated nets are distributed to families of affected populations (100% reached)
● Essential drugs were made available in all the health units and the nearest health facilities; 10 cholera kits and 10 chlorine pots of 45 kg, 50 Malaria basic kits, 3 trauma kits and 2 supplementary). 120 Cholera rapid diagnostic test were provided in high risk districts for rapid diagnostic of cholera cases;
● Diagnostic tests are applied to 100% of cases suspected of cholera in the camps and the local population;
● 10,000 posters and sensitization material on basic hygiene malaria, cholera, STD and HIV for risk mitigation are produced and distributed by community volunteers in refugees sites and neighbouring communities;
● Weekly information is available for decision-making;
●A monthly supervision is carried out in the functional camps.
30,000 posters and folders for sensitization against the cholera were produced, and distributed in the various sites sheltering the refugees; and 950 buckets distributed to the families of the site of Gado havina child with malnutrition
Early warning system was strengthened with the training of 306 community relays (40% were refugees) in epidemiologic surveillance resulting in detection of 2 wild Polio cases among refugees and WHO supported the Ministry of Health in the investigation and response of the two cases in Ketté health district

12 weekly sitreps were produced and shared with partners during the 6 months implementation of the CERF project and supported decision making particularly during the cholera and polio outbreaks;
Weekly supervisions were carried out by the staff of WHO in the various sites sheltering the refugees
NGOs and health facilities (seven high risk districts who received the refugees in the East region and two districts of the Adamawa region) were supplied with essential drugs by WHO for free medical treatment of refugees both in the sites and in the community.

UNICEF

Health

84,042 refugee children aged 6 months - 15 years have been vaccinated against Measles out of the 84 000 targeted in 7 health districts hosting refugee camps. A total of 433,567 (214,346 in Adamaoua and 219,121 in East) children aged 6 months to 15 years were vaccinated both in the refugee camps and host population.
Two mass campaigns organised in the Adamawa region in April and August 2014 reached respectively 19,345 and 7,122 children aged 6 months to 15 years. Furthermore, four mass campaigns in the East region, on in March, May, June, and July reached respectively 33,809, 7,161, 4,917 and 40,538 children aged 6 month to 15 years respectively.
The immunization campaign at entry points against measles reached 3,157 additional children aged 6 months to 15 years upon their arrival.

731 cases (99%) out the 765 new-borns received basic care at delivery in the refugee population and within camps in East and Adamaoua regions. Essential medicines, resuscitators kits and consumables for new born were provided in 10 heath districts in the East (7) and Adamaoua (3) respectively.
31 health care providers were trained in essential new born care with UNICEF complementary funds for the East and Adamaoua regions.

An estimated 1,000 refugee pregnant women were supplemented with ferrous and folic acid and receive IPT for malaria prevention within camps with suphadoxin-pyrimethamin were provided. For malaria also prevention 4,500 long-lasting insecticidal nets provided with UNICEF complementary funds were distributed to 3,500 households in Gado and Timangolo camps. The distribution was accompanied by sensitization on their use, hanging demonstration in 1,526 households. Sensitization activities were carried out by social mobilizers or community health workers in the affected health areas and in the camps of refugees coupled with routine vaccination

16,000 estimated children (out of the 90,812 total consultations of the all in East region Coordination – source East region) of children under five receive treatment against malaria, diarrhoea and respiratory tract infections within camps with estimated 4000 children under five treated for malaria (All ages 21,763), 900 Acute Tract Respiratory infections cases (All ages 5,162 Acute Tract Respiratory infections), and 600 diarrhoea cases (all ages 3,284) respectively were treated.

Essential drugs (mainly antimarials and RDT, anti diahhroea, antibiotics, SP, Ferrous folic…) and medical consumables were provided in refugee camps and health districts bordering the sites for children and pregnant women (Batouri, Batare Oya, Garoua boulai, Kette, Mouloundou, Ndelele, and Yokadouma). To ensure rational drug use and efficient utilization of medication, UNICEF dispatched registers to track and monitor medicine use.

Implemented activities are supervised

Regular supportive supervision of health activities in the camps and host populations were provided by the UNICEF staff and consultants with close monitoring of UNICEF health-related interventions
Participation in the weekly emergency meetings in Bertoua have contributed to strengthen of partnership between stakeholders and has built an effective response network..

HIV

- 10,473 Pregnant women received antenatal care.
- 10,085 pregnant women and 251 malnourished children were tested for HIV in the two health districts (some negative pregnant women were tested for the second or third time after the first test).
- 887 pregnant women were tested positive
- 675 positive pregnant women received ARV
- 146 exposed babies received ARV to prevent mother to child transmission
- 150 health providers have their capacities strengthened on MNCH/PMTCT/PC care

- 40 Peer Educators have their capacities strengthened on peer mobilization and development of cartography of vulnerability
- The cartography of vulnerability of Meiganga municipality is available

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

As stated above, the rapid increase of the refugee population explained the increase number of the beneficiaries. Most of the time, beneficiaries numbers are lower or high than the planned ones. In this context, it was high not only because of the high influx, but also health facilities CERF helped to equip with drugs, medicines, mosquito nets, consultations, references, were already running with Government support, making it possible to go beyond the planned figures.

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 or 2b):

2a for the joint project (WHO and UNIUCEF). Although health interventions focused on vulnerable groups including women and children, both male and females were targeted by health interventions.
If 'NO' (or if GM score is 1 or 0):

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
A KAP survey is pending	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WFP UNICEF	5. CERF grant period:	01.03.14 – 31.08.14
2. CERF project code:	14-RR-WFP-031 14-RR-CEF-079	6. Status of CERF grant:	☐ Ongoing ☒ Concluded
3. Cluster/Sector:	Nutrition		
4. Project title:	Nutritional assistance to refugees from CAR in the East and Adamaoua Regions of Cameroon		

7.Funding				
	a. Total project budget:	US$ 1,533,600	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 835,610	▪ *NGO partners and Red Cross/Crescent:*	US$ 00
	c. Amount received from CERF:	WFP US$797,712 UNICEF US$211,063	▪ *Government Partners:*	US$ 00

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	20,428	19,847	
b. Male	9,926	11,112	
c. Total individuals (female + male):	30,354	30,959	
d. Of total, children under age 5	22,554	22,776	

9. Original project objective from approved CERF proposal

UNICEF – To provide lifesaving assistance to refugees to address Severe Acute Malnutrition among children U5

- Ensure access and quality of SAM treatment for children U5 in the East and Adamawa regions, with particular focus on refugee children
- Reinforce the SAM treatment capacity of health facilities (i.e. IMAM sites) in the areas hosting CAR refugees in order to absorb additional caseloads due to influx of refugees and migrants
- Ensure monitoring of the nutrition situation through community and active screening

WFP - Ensure nutritional rehabilitation of women and children among the refugees and prevent a deterioration of their nutritional status.

- Ensure treatment of moderately malnourished children aged 6-59 months and pregnant and lactating women through a targeted supplementary feeding programme;
- Contribute to the prevention of acute malnutrition among children 6-59 months and pregnant and lactating women through Blanket Feeding.

10. Original expected outcomes from approved CERF proposal

UNICEF Outcome: ensure access and quality of severe acute malnutrition treatment

- Number of children under 5 newly admitted in OTP and InPf : Target: 4554 refugee children

- Cured rate > 75% - defaulter rate < 15% - Death rate <10%

WFP- Reduce prevalence of acute malnutrition through the treatment and prevention of acute malnutrition amongst children aged 6-59 months and pregnant and lactating women through a targeted and a blanket supplementary feeding Programme.

- Recovery rate of children and ,women treated for malnutrition >75%
- Non-response rate <15%; Defaulter rate <15% ; Death rate <3%

11. Actual outcomes achieved with CERF funds

UNICEF: ensure access and quality of severe acute malnutrition treatment

Between March 1st and August 31st 2014, 5,178 beneficiaries have been admitted in the Outpatient nutrition program (OTP). 4,545 were children under 5 years old as 633 were children above 5 years. Since the beginning of the crisis 15 per cent of the admission on average has been for older children. This reflect the severity of the nutrition situation among the whole population and not only for the regular most vulnerable target of the nutrition interventions.

The severity of the situation is also reflecting by the high number of beneficiaries admitted into the In Patient Facilities (InPF), 1,621 children has been admitted because of the high rate of complications at the beginning of this crisis. It is to notice that at the time of writing the rate of admissions in OTP remains quite stable but trends of admissions in InPF shows a significant decrease.

UNICEF has ensured supply of 2,070 boxes of ready to use therapeutic food –RUTF for OTP, and therapeutic milk for InPF (20 boxes F100 and 50 boxes F75), as well as drugs for systematic treatment of SAM children in OTPs, essential drugs for SAM children in InPF Resomal, Amoxicillin, Vitamin A), 30 scales, 40 measuring boards and basic materials (goblets, blankets, nets…). Supplies procurement and distribution to sites has been ensured through strong coordination between UN agencies, regional health delegation and NGO involved in the emergency response. Reinforcing the supply chain was needed as per limited capacities for storage and management amongst main partners. Support of private sector has being deployed to ensure in site distributions and reinforce regional health delegate.

The main identify need at the beginning of the crisis was to ensure capacity development for both MoH staff and NGO staff. During the reporting period, UNICEF trained 276 health workers (mainly nurses and medical doctors) on the management of acute malnutrition in the OTP and InPF. Trainings were followed by formative supervision on site by nutrition specialist dedicated to the emergency.

9 health centers (Gado, Gbiti, Lolo, Mbile, Kentzou, Timangolo and Kette in the East region and Borgop and Ngam in the Adamaoua) and 4 Inpatient facilities (Batouri, Garoua Boulai and Kette in the East and Djohong for the Adamaoua) have been involved in the primary response. By now, most of the refugees are outside of camps and intend to leave entry points leading to extend the scope of health centers affected by the refugee's influx thus extend the scope of needed support.

Regarding performances, InPF have rapidly reached the standard during the period. Death rate above 20 per cent were particularly worrying in the first 3 months. Dedicated action and support lead to a significant decrease starting from May, in August the rate was stabilized around 9 per cent. The support gave by partners for increasing the InPF performance and the support to accompanying women has contributed to improve performance.

In the other hand the OTP centers have faced difficulties in reaching the minimum standards performance, dealing with high rates of defaulter, mainly due to high mobility of the refugees between entry point and camps at the beginning of the crisis. On average, the defaulter rate for the reporting period is 46.9 per cent but action plans amongst partners were introduced (i) reinforcing location mechanisms of SAM children households for increasing home visits, (ii) reinforcing community awareness and active screening, (iii) increasing coordination amongst partners. In December 2014 the rate was 21 per cent.

WFP- Reduce prevalence of acute malnutrition through the treatment and prevention of acute malnutrition amongst children aged 6-59 months and pregnant and lactating women through a targeted and a blanket supplementary feeding programme

The arrival of CERF funded commodities enabled WFP to avoid pipeline breaks in nutritional commodities and to ensure continuous provision of food supplements to the most vulnerable refugees. The main intended objective of ensuring nutritional rehabilitation of the targeted pregnant and nursing women and children under five has been achieved with the help of the CERF contribution.

The performance indicators have significantly improved during the implementation period. The recovery rate of moderate malnourished children has increased from 45 per cent in June to 63 per cent in September. The non-response rate remained below 2.8 per cent. The defaulter rate dropped from 47 per cent in June to 37 per cent at the end of project implementation and the death rate dropped from 0.43 per cent in June to 0 per cent in September. The defaulter rates remain high vis à vis Sphere standards and national protocol. This is mainly related to the insufficient staff at the level of health centers, the low coverage of health center facilities, as well as the insufficiency

of community health workers and community management practices. Much effort is now being put in place by WFP to support government health center staff and to reinforce community activities through training of community health workers, to ensure better achievements of the program.

Regular monthly distribution of food supplements to children and pregnant nursing women has contributed to stabilizing and preventing further deterioration of their nutritional status. A steady decline in the number of newly admitted moderately malnourished cases has been registered in treatment facilities. CERF funds has contributed to blanket supplementary feeding program and target 10,000 children under five and 3,800 pregnant and nursing women. Screening data collected in the program from the targeted population with the use of MUAC indicates that malnutrition levels amongst children below 5 has dropped from 17.1% in May (at the onset of the response) to 3.3% in September.

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

For IMAM performance outcomes there are some discrepancies, dealing with defaulter rates. During the reporting period, the OTP performances have globally improved from May (*defaulter rate of 60 per cent) to August (Defaulter rate of 42 per cent) but remains alarming. Gado, Gbiti and Kentzou health centers have the worst defaulter rates they are also the one receiving half of the total children admitted in OTP during the period (Gbiti, Gado).

The high defaulter rate is mainly due to the high mobility of refugees between entry point and sites with little capacity to trace the cases. Other causes as mother involved in other activities (food distribution, water searching…) and psychological traumatism and cultural behaviors have been identified.

The seriousness of the problem has been regularly debate during the coordination meetings leaded by UNICEF and there were investigations to act on causes. Action plans for UNICEF and partners have been designed and are under development. Main actions consist into reinforcing the community mobilization part of the program: identification, training and follow up of community workers in order to reinforce sensitization on the program, case finding in the community, follow up during treatment.

Unless all determinants are addressed performance of OTP and InpF will be close to standards but difficult to reach. Emotional and physical stimulation as well as social and psychosocial support to bring their children for treatment is needed. This support is starting with some NGO in the field.

The CERF funds have enabled WFP Cameroon to respond to the influx of refugees from CAR assisting a total of 24,208 beneficiaries, which represents 93 percent of the targeted beneficiaries. Difficulties in locating and following up on refugees resided in out of camp settings remains a challenge and accounts for the existing gap in targeted/reached beneficiaries. Access to health facilities, especially in remote areas is also a major challenge. WFP is making logistic arrangements for expanding assistance, mainly focusing on communities along the border where refugees are living.

WFP experienced significant logistics delays as a result of the heavy congestion in the port of Douala, which is the main supply corridor for operations in the region. The problems at the port have significantly extended the already stretched lead times for commodities to arrive in country. In order to mitigate pipeline breaks, efforts were made to kick-start the response by initiating commodity loans from other operations (some in neighboring countries), and despite challenges, WFP managed to avoid major pipeline breaks and continue providing nutrition emergency assistance to the refugees over the reporting period.

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 or 2b): 1
If 'NO' (or if GM score is 1 or 0):

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF	5. CERF grant period:	26.03.14 – 25.09.14
2. CERF project code:	14-RR-CEF-070	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Water and sanitation		☒ Concluded
4. Project title:	WASH Assistance to CAR Refugees and host communities		

7. Funding				
	a. Total project budget:	US$ 4,205,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 988,410	▪ *NGO partners and Red Cross/Crescent:*	US$ 156,850
	c. Amount received from CERF:	US$ 388,410	▪ *Government Partners:*	US$ 0

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	3,800	5,000	With the increase in refugee number, more refugees were reached through CERF funds particularly during the distribution of WASH items (Soap, basic family water kits).
b. Male	4,200	4,600	
c. Total individuals (female + male):	8,000	9,600	
d. Of total, children under age 5	1,600	2,000	

9. Original project objective from approved CERF proposal

- Ensure adequate and gender sensitive access to potable water and sanitation facilities to refugees located in camps and host communities
- Prevent epidemics due to water, poor hygiene and sanitation in camps and hosted community areas
- Ensure Hygiene promotion among refugees

10. Original expected outcomes from approved CERF proposal

Outcome: refugees in site have access to potable water, adequate latrines and adopt good hygiene practices
Indicators:

- 8,000 refugees have access to latrines in a gender sensitive manner
- 3,500 refugee have access to potable water in gender sensitive manner
- At least 4 000 family received basic family water kit with key hygiene message

11. Actual outcomes achieved with CERF funds

- 5126 refugees have access to 200 latrines and 100 showers in a gender sensitive manner
- 4,500 refugee have access to safe drinking water through 9 boreholes constructed and equipped with pumping system
- 4,000 families received hygiene kits for women
- 3,200 family received basic family water kit with key hygiene message

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

The improvement of the number of person/latrine compared to initial expectation (40-50 persons/latrine) is due to the fact that other partners have joined the process by constructing additional latrines leading to a ratio of about 21 persons/latrine. The distribution of water through bladder in Mbile site has contributed to the increase in number of refugees having access to safe drinking water through CERF funds.

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 or 2b): 2.a **If 'NO' (or if GM score is 1 or 0):**	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
The project is among the global UNICEF WASH Response to CAR refugee crisis. As part of its M$E plan UNICEF WASH actions (included those funded by CERF) are in the process to be evaluated.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project	Cluster/Sector	Agency	Implementing Partner	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner	Comments
14-RR-HCR-023	Multi-sector refugee assistance	UNHCR	PU-AMI	Yes	INGO	$138,120	25-Apr-14	15-May-14	
14-RR-WOM-001	Protection	UN Women	ACAFEJ	Yes	NNGO	$84,420	30-May-14	24-Apr-14	
14-RR-WHO-030	Health	WHO	AMI	Yes	INGO	$7,002	30-Apr-14	27-Apr-14	
14-RR-CEF-081	Protection	UNICEF	IMC	Yes	INGO	$75,545	20-Aug-14	11-Aug-14	
14-RR-CEF-070	Water, Sanitation and Hygiene	UNICEF	PU-AMI	Yes	INGO	$84,459	17-Apr-14	7-Apr-14	
14-RR-HCR-023	Multi-sector refugee assistance	UNHCR	IEDA	Yes	INGO	$494,120	25-Apr-14	27-Apr-14	
14-RR-WHO-030	Health	WHO	PU-AMI	Yes	INGO	$156,850	30-Apr-14	27-Apr-14	
14-RR-CEF-070	Water, Sanitation and Hygiene	UNICEF	AIDER	Yes	NNGO	$72,379	9-Jul-14	26-Apr-14	
14-RR-CEF-081	Protection	UNICEF	ASSEJA	Yes	NNGO	$23,281	27-Jun-14	4-Apr-14	

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ADRA	Adventist Development Relief Agency
ARV	Antiretroviral drug
ASSEJA	Association Enfants, Jeunes et Avenir
CAR	Central African Republic
CERF	Central Emergency Relief Fund
CFS	Child Friendly Space
CFSAM	Crop and Food Security Assessment Mission
CMAM	Community Management of Acute Malnutrition?
CNA	Centre de Nutrition Ambulatoire?
CNTI	Centre de Nutrition Thérapeutique en Interne
CRC	Cameroon Red Cross
DHS	Demograpic and Health Survey
DPS	Direction de la Promotion de la Santé
DS	District de Santé
ECHO	European Commision of Humanitarian Office
EPI	Expanded Program on Immunization
FICR	Federation International de la Croix Rouge
GAM	Global Acute Malnutrition
GFD	General food distribution
HCT	Humanitarian Country Team
HIV	Human Immunodeficiency Virus
IDP	Internal Displaced Persons
InpF	Inpatient facilities
IFRC	International Federation of Red Cross and Red Crescent societies
IMC	International Medical Corps
IOM	International Organization for Migration
IPT	Intermittent preventive treatment
IRD	International Relief and Development
JAM	Joint Assessment Mission
LLIN	Long-lasting impregnated nets
MAM	Moderate Acute Malnutrition
MAG	Malnutrition Aigue Globale
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
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MSF	Medecins Sans Frontière
mt	Metric Tons
NatCom	National Committee
NFI	Non-food items
NGO	Non-Governmental Organisation
OPV	Oral Polio Vaccine
OFDA	Office of U.S. Foreign Disaster Assistance (OFDA).
OFSAD	Organisation des Femmes pour le Securite Alimentaire et le Developpement

OIM	Orgnaisation Internationale des Migrations
OTP	Outpatient
PECIME	Prise en Charge Intégrée des Maladies de l'Enfant
PEP	Post-Exposure Prophylaxis
PNW	Pregnant and nursing women
PoC	Person of Concern
PRRO	Protracted Relief and Recovery Operation
RC	Resident Coordinator
RUTF	Ready to Use Theurapetic Food?
SAM	Severe Acute Manutrition
SGBV	Sexual and gender-based violence
SRP	Strategic Response Plan
SMART	Standardized Monitoring Assesment in Relief and Transitions
SO	Specific Objective
SUAM	Separated/unaccompanied minor
ToT	Training of Trainers
UN	United Nations
UASC	Unaccompanied or separated child
UNCT	United Nations Country Team
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organisation