



**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
CHAD
UNDERFUNDED EMERGENCIES
2014 ROUND I
CONFLICT-RELATED DISPLACEMENT**

RESIDENT/HUMANITARIAN COORDINATOR

Mr. Thomas Gurtner

REPORTING PROCESS AND CONSULTATION SUMMARY

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

No AAR was conducted but agencies and clusters have been consulted during the consolidation and revision phases. In addition, agencies briefed the Inter Cluster Coordination (ICC) on their achievements, challenges and lessons learned during the CERF allocation process engaged in June 2015

- 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

The report was not discussed with the HCT due to delays in its preparation. OCHA CERF Focal points engaged discussion with partner agencies during the compilation and the review of the 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

The final draft was shared with recipient agencies for their validation and shared with the HC for his endorsement

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response 618,458,074		
Breakdown of total response funding received by source	Source	Amount
	CERF (UFE 2014)	10,030,941
	CERF (RR 2014)	11,128,995
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	N/A
	OTHER (bilateral/multilateral)	205,384,356
	TOTAL	226,544,292

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 21 February 2014			
Agency	Project code	Cluster/Sector	Amount
UNICEF	14-UFE-CEF-025	Nutrition	999,504
UNICEF	14-UFE-CEF-026	Health	407,061
UNICEF	14-UFE-CEF-027	Protection	249,824
UNICEF	14-UFE-CEF-028	WASH	2,999,831
FAO	14-UFE-FAO-005	Agriculture (Food security)	1,199,806
FAO	14-UFE-FAO-006	Agriculture (Food security)	299,573
UNFPA	14-UFE-FPA-008	Protection	101,396
UNFPA	14-UFE-FPA-009	Health	223,727
UNHCR	14-UFE-HCR-009	Multi-sector	2,000,720
IOM	14-UFE-IOM-010	Protection	349,996
WFP	14-UFE-WFP-013	Food (Food security)	799,997
WHO	14-UFE-WHO-012	Health	399,506
TOTAL			10,030,941

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	6,705,365
Funds forwarded to NGOs for implementation	3,007,940
Funds forwarded to government partners	317,636
TOTAL	10,030,941

HUMANITARIAN NEEDS

Chad has made progress on its path towards stabilization but remains fragile. The country continues facing a widespread vulnerability in the large part of the country which requires a combination of immediate lifesaving activities in the short term, combined with prevention, preparedness and resilience approaches.

Chad remains one of the least developed countries in the world. Chad is a landlocked country, sharing borders with Libya, Sudan, Central African Republic, Cameroon, Nigeria and Niger. While the sequels of past internal conflicts are being reabsorbed, the security situation in border areas remains highly volatile, in particular at the frontiers with Sudan, Nigeria and CAR. In 2013-2014, Chad has been at the junction of four major crises - Sudan, Central African Republic, Nigeria and Libya - which have intensified its exposure to population movements.

Violence in Western Darfur in March 2013, led to further population displacement. Over 30,000 Sudanese refugees and 22,000 returnees (Chadian living in Sudan) arrived in the remote town border of Tissi. While the majority of those refugees were relocated to Abgadam camp in Sila region in 2013, around 8,000 refugees remained in the villages around the border. This zone was characterized by chronic instability and lack of basic services. For instance only 4 functional water points were present in the whole area of Tissi. Access to safe drinking water among returnees was less than 40 per cent and. Half the refugee camps were not able to provide safe drinking water at recommended standards of 20 litres per person per day (lt/pers/day). Equally, the provision of sanitation services was critical as 62 per cent of the population practiced open defecation while at the same time people continued to use surface water for drinking and all other domestic purposes.

Food insecurity has become a chronic problem in the country. Needs are concentrated in the Sahelian belt of the country where a large number of food-insecure households is located. The main causes of food insecurity are chronic poverty, recurrent droughts and the weak structure of the agricultural sector. About 80 per cent of Chadians rely on subsistence agriculture for their living, with low incomes, limited access to land and low productivity, mainly due to deterioration of soil fertility, insufficient availability of agricultural inputs and inadequate technical support. According to results of the the National Food Security Survey (ENSA Enquête National sur la Sécurité Alimentaire), released in November 2013), approximately 66 per cent of the total population (1.3 million) in the 11 Sahelian districts, is still facing food insecurity, of which 236,026 are suffering from severe food insecurity¹. This situation has not improved in 2014 (NFSA, November 2014): 2.4 million people are still facing food insecurity, 428 000 of which are severely food insecure. There is a need to support refugees, returnees, IDPS and host communities to rebuild or reinforce their livelihoods and production capacity.

The situation is particularly critical in Tissi, where over 50,000 refugees and returnees from Sudan are competing with 50,000 people in host communities over already meagre resources and almost inexistent basic social services. Despite efforts to improve WASH conditions in Tissi, access to safe drinking water among returnees is extremely low. Fifty percent of the existing refugee camps (more than 18 sites) are not able to provide safe water at recommended standards of 20 lt/pers/day. 62 per cent of the population still practice open defecation which is exposing them to high health and protection risks. Moreover, Tissi region is characterized by chronic instability since 2004. As the continued conflict in North Darfur could spill over into Chad, the major concerns of humanitarian stakeholders are to ensure overall protection of beneficiaries while increasing access to safe drinking water, sanitation and hygiene facilities, health care, etc.

The risk of epidemic outbreak, namely cholera, is very high in this region. Data on the main pathologies of children under five years in Tissi region shows that between August 2013 and January 2014, 200 diarrhoea cases were detected, out of 2,000 consultations. Diarrhoea was the main cause of consultation in health centres in January 2014, which represents 41% of the total consultations.

The referral system of the district hospital is non-functional; the closest referral place and inpatient care are 12 hours' drive away in Goz Beida. From October to December 2013, three mothers and 5 under five children deaths have been registered due to distance which delayed the referral of the patients.

¹ Food Security and Refugees sectors Needs Analysis – HNO and SRP 2014

In 2013/2014, the humanitarian community continued to address the immediate life-saving needs of refugees, IDPs, returnees, migrants, host communities, and people affected by sudden- and slow-onset crisis. However, considerable challenges remain, partly related to long-term structural and vulnerability issues, partly related to instability and displacement from neighbouring Central African Republic, Sudan and Libya. Also, Chad continues facing a complex set of humanitarian vulnerability issues, which are overlapping and self-reinforcing and require a combination of immediate lifesaving activities in the short term, combined with prevention, preparedness and recovery approaches.

II. FOCUS AREAS AND PRIORITIZATION

The CERF UFE allocation aimed to support 2014 humanitarian interventions in Chad and contributed to three Strategic Objectives identified the SRP:

- 1) Track and analyse risk and vulnerability, integrating findings into humanitarian and development programming;
- 2) Support vulnerable populations to better cope with shocks by responding earlier to warning signals, by reducing post-crisis recovery times and by building capacity of national actors;
- 3) Deliver coordinated and integrated life-saving assistance to people affected by emergencies.

The prioritization done by the HCT for this allocation is based on assessments carried out for the development of SRP 2014 and a review of achievement and gaps in the main life-saving sectors and on the low funding levels within sectors according to FTS. The following three axes were agreed to guide and address the critical life saving needs of the population.

- Continue responding to the lifesaving needs of returnees and refugees (all but recent returnees/refugees from CAR) present in the East and South of Chad;
- Provide emergency protection support to vulnerable populations in East and South Chad (more than 50 per cent are women and children);
- Continue supporting the response to malnutrition in the Sahel belt and other areas registering critical levels of acute malnutrition, particularly the area of Tissi.

Based on the most recent needs assessments and surveys, and taking into consideration 2013 funding levels of each sector, **the HCT prioritized life-saving interventions in WASH, Food Security, Multi Sector for Refugees, Health, Nutrition and Protection sectors.**

Recipients organizations and implementing partners implemented activities targeting the most critical needs of returnees, refugees and host communities in the East and Sahel Belt of Chad,, ensuring emergency protection support to vulnerable populations, adequate response to malnutrition cases with focus on Severe acute malnutrition (SAM), in the Sahel belt and other areas registering critical levels of acute malnutrition (in particular Tissi), support for improving revenue and agricultural production, access to health care and safe drinking water.

Six key sectors have been identified and supported with CERF funding to implement priority humanitarian interventions as follow: WASH (US\$ 3,000,000), Food Security - focusing on Agriculture and Livelihoods (US\$ 1,500,000), Food Security focusing on food distribution (US\$ 800,000) Multi Sector Refugees (US\$ 2,000,000), Health (US\$ 1,000,000), Nutrition (US\$ 1,000,000), and Protection (US\$ 700,000).

Furthermore, to maximize impact of the CERF UFE allocation, the number of projects and geographical areas of implementation has been kept at a minimum. All life-saving activities targeting returnees and refugees from CAR have not been covered by CERF UFE grant, therefore being considered in a CERF RR grant request.

Regarding priority areas and population targets, activities targeted the following priority underfunded areas of intervention as agreed:

- Tissi: Chadian returnees;
- Faya: Chadian returnees;
- Ngouboua: Chadian returnees and families that hosted Nigerian refugees;
- Silla: relocated populations, in the last phases of durable solutions;
- Amtimane: relocated populations, due to the floods

III. CERF PROCESS

The allocation decision were supported by the SRP that defined the five humanitarian priority for the country

Based on the consultation within the Humanitarian Country Team, members agreed that CERF UFE projects will focus on three of the five joint humanitarian priorities outlined in the SRP 2014:

- 1) Addressing the humanitarian impact of food insecurity;
- 2) Addressing the humanitarian impact of malnutrition;
- 3) Addressing the humanitarian impact of conflict.

A preparatory meeting was organised with all cluster members who submitted projects for the SRP 2014, aiming to discuss the submission modalities as well as the eligibility criteria. The second phase involved the submission of project documents by interested members followed by a review and selection

Based on the identified priorities, sectors/clusters had internal consultation with their members to develop the sector strategy of implementation, identify populations and areas to be targeted, and the division of the sector/cluster envelop amongst the recipients UN agencies based on their proposal. They also provided technical orientation to agencies to develop their proposal.

NGOs were involved were involved in the prioritization process as they are the ones having a large coverage in term of operational capacity amongst the humanitarian actors in the country. They were consulted to express their recommendations on the priority areas on interventions to be considered for this CERF allocation.

Gender aspects were considered both at programming stage and during implementation. The gender marker ranking was applied for each project. Agencies were strongly encouraged to submit gender sensitive proposals and to ensure that relevant actions were given priority during the implementation phase.

Each proposal has include a regular monitoring mechanism in the proposal to ensure that activities are monitored, discussions are engaged with affected populations and correctives actions are undertaken based on feedback from partners and affected population.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 2, 870,000				
	Cluster/Sector	Female	Male	Total
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Nutrition	5,650	5,100	10,750
	Health	163,614	522,818	686,432
	Protection	42,922	32,541	75,463
	WASH	147,000	100,000	247,000
	Agriculture (Food security)	51 ,161	41,398	92,559
	Food assistance	67,549	64,900	132,449
	Multi-sector	7,000	3,000	10,000

BENEFICIARY ESTIMATION

The total number of beneficiaries was calculated by adding up the beneficiary details provided by the concerned UN Agencies in the same cluster/sector. Based on the consultation with the respective cluster coordinators and lead agencies, the risk of double counting has been minimized by considering only the highest number of beneficiaries in the case of more than one project implemented in the same geographical area within the same cluster/sector.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	780,000	658,665
Male	520,000	884,812
Total individuals (Female and male)	1,300,000	1,543,477
Of total, children <u>under</u> age 5	240,500	359,942

CERF RESULTS

- **The nutrition project enabled partners to provide assistance and adequate treatment to 10,750 malnourished children under five** in Ouaddai and Wadi Fira regions. This support covered at least 70 per cent of SAM cases admission.
- **More than 600,000 persons benefited from health care services. This includes refugees, returnees, IDPs and host communities.** Implementation of intervention by partners contributed to improve Measles Immunization Coverage and Antenatal Coverage respectively up to 90 per cent and 75 per cent. Treatment to Severe Acute Malnutrition (SAM) with medical complication were provided to 44,200 malnourished children. The availability and quality emergency obstetric and neonatal care were provided to 20,476 pregnant women of which 11,400 gave birth in health facilities and 15,621 applied one of the modern methods of family planning. Furthermore the CERF funding enabled partners to activate the gender-based violence (GBV) sub cluster to improve coordination and interventions to better address GBV cases and issues.

In total over 75,000 vulnerable Chadian returnees, refuges and host communities benefited from protection assistance activities supported by the CERF funding. Around 30 child friendly spaces were set up and provided with psychosocial support activities that are age, gender and culturally sensitive which benefitted 28,000 boys and girls (19,000 F and 9,000 M); More than 500 children living in the lac region were reached and are living in a protective family environment. Psychosocial support was provided to 3,000 returnees and host community members and 60 GBV survivors in the Sila region. Legal assistance, multidisciplinary and integrated support, medical cares were provided to 60 GBV survivors. These activities were supported by continued sensitization of communities in protection and GBV issues.

- **More than 247,000 persons (147,000 malnourished and 100,000 returnees, refugees and host communities) had access to safe drinking water in quality and quantity.** These persons were provided with an average of 20 lt/pers/day, higher than the SPHERE standard of 15 lt/person/day. Moreover, 55 health centre have been provided with safe drinking water trough boreholes construction; 55 health centre and 15,000 Mother/Child couple received the minimum WASH and Nutrition package ; the WASH hygiene kits were distributed to 5,000 returnees, and refugee households.
- **Regarding food security, over 92,000 persons received agricultural assistance (seeds, tools) and technical training to rebuild their livelihood and to improve their agricultural production capacity.** As results, 16,100 hectares of land were cultivated, 6,440 tonnes of cereal crops harvested, which corresponded to an increased food stock covering four months of food consumption per beneficiary households. In order to improve the income of the target beneficiaries, 450 households with 391 households headed by women and 59 led by men have provided with kits for Income Generating Activities (IGA) composed of: Seeds, market garden tools and pump.,

- **For food distribution**, over USD 220,000 was distributed in Cash/Vouchers to 24,450 (98 per cent) beneficiaries and 324 MT of pulses to 108,000 (90 per cent) beneficiaries in the Sahel belt of Chad.
- **The multi-sectoral assistance to refugees was provided by UNHCR and its partners**, A total of 13 convoys were organized with an average of 75 people transferred by each convoy. The supply of potable water was increased or maintained, a water bladder was installed at the Saraf Bourgou transit site with taps to cover water needs. At the site of Kerfi, a total of eight boreholes were constructed and maintained, and special structures were constructed to avoid stray animals on the water points. A total of eight water management committees were established and two trainings were conducted to train the committees on community outreach and technical skills. To ensure the quality of the water supplied to the population, two chlorine pots were purchased for the treatment of water. An average of 12 litres of potable water available per person per day is available for refugees and local populations in Kerfi and in Abgadam. Two transit sites were built. One in Sarafbougou and one in Goz Amir. In Kerfi, a reception center was constructed with various compartments for screening of the refugees (medical screening, protection interviews, etc.). In addition, 30 shelters were built for people with special needs and two stores for the storage of materials and kits. Also, a total of 380 construction kits were distributed to households to enable them to build their own shelters. A staff has been hired to oversee construction activities and the distribution of construction kits. In Abgadam, 28 kilometers of access roads were constructed to assure live saving delivery of services and production. Hence, 100 per cent of PoC have adequate shelter in Kerfi and in Abgadam. A total of 164 latrines are in place which 146 latrines being family latrines and 18 being public latrines

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?

YES PARTIALLY NO

While the funds were rapidly disbursed to Agencies, the administrative process to complete agreement with implementing partners has taken long in some cases which has led to some delays. However some implementing partners have managed to pre-finance and start assistance delivery prior to fund disbursement by the UN Agency.

b) Did CERF funds help respond to time critical needs??

YES PARTIALLY NO

Critical needs identified have been mostly addressed, reaching even more beneficiaries than planned. Agricultural seeds and tools were timely provided to beneficiaries (before the planing season) which enabled them to undertake their production activities in line with the agricultural calendar.

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

YES PARTIALLY NO

With the funding commitment of CERF, resilience initiatives have been intensified in the eastern region through UNDP and its partners.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

The GBV sub cluster was re-dynamised through the CERF funded GBV activities in the eastern regions

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

As the larger part of the CERF projects were implemented in the eastern region, activities have been critical to improved access to areas where access was not possible before.

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.).

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
<p>Back and forth arround proposal review by CERF is often frustrating to agencies</p> <p>Comments, remarks and feed back from CERF are often not comprehensive.</p>	<p>CERF to address all issues during the first round of the review All categories of comments, remarks should be raised once instead having several rounds of questions</p>	<p>CERF</p>

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	[27.03.14 – 31.12.14]
2. CERF project code:	14-UFE-CEF-025	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project title:	Sustaining quality and supply of Integrated Management of Severe Acute Malnutrition in Chad		
7. Funding	a. Total project budget:	US\$ 23,328,000	d. CERF funds forwarded to implementing partners: US\$ 12,641
	b. Total funding received for the project:	US\$ 2,200,000	▪ NGO partners and Red Cross/Crescent: US\$ 12,209
	c. Amount received from CERF:	US\$999,504	▪ Government Partners: US\$ 432
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	5,650	5,650	N/A
b. Male	5,100	5,100	
c. Total individuals (female + male):	10,750	10,750	
d. Of total, children <u>under</u> age 5	10,750	10,750	
9. Original project objective from approved CERF proposal			
<p>The objective of the intervention is to reduce malnutrition-related mortality and morbidity in children under five years of age through improved access to quality service delivery via community-based management of severe acute malnutrition; the project aim at providing immediate and urgent nutrition and medical care to 10,750 severe acute malnutrition children during 3 months of the year 2014.</p> <p>CERF funding will address the need of 10,750 children with SAM over a 03 months period.</p> <p>This proposed project will focus on the following areas:</p> <ul style="list-style-type: none"> • Treatment of severe acute malnutrition • Control of co-morbidity and co-mortality factors for malnutrition (Diarrhea, Malaria, Acute Respiratory Infection) in 2 Regions • Procurement/ timely delivery of Ready-to-Use Therapeutic Food (RUTF)and essentials drugs in 2 Regions of the 11 Sahel Belt Regions 			
10. Original expected outcomes from approved CERF proposal			
<ol style="list-style-type: none"> 1. Case coverage for severe acute malnutrition is at least 70 per cent 2. Therapeutic care cure rate >75 per cent 3. Therapeutic care defaulter rate <15 per cent 4. Therapeutic care mortality rate <10 per cent 			

5. Health centre accusing stock out of RUTF and drugs <5 per cent	
11. Actual outcomes achieved with CERF funds	
1. Case coverage for severe acute malnutrition: 71 per cent in Wadi Fira and 56 per cent in Ouaddai 2. Therapeutic care cure rate: 74 per cent in Wadi Fira and 84 per cent in Ouaddai 3. Therapeutic care defaulter rate: 19.4 per cent in Wadi Fira 6.8 per cent in Ouaddai 4. Therapeutic care mortality rate: 0.2 per cent in Wadi Fira 0.4 per cent in Ouaddai 5. Health centre accusing stock out of RUTF and drugs: Unfortunately, since we are still in the process of setting up the monitoring system, we cannot provide data on this indicator at this time.	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO
If 'YES', what is the code (0, 1, 2a or 2b): If 'NO' (or if GM score is 1 or 0): Gender Marker is 2 a. Special attention was given to ensure gender equity by collecting gender disaggregated data on the admission of children suffering from SAM in health centres.	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No specific evaluation was carried out for this project. Routine data collected from the field were used to estimate the actual outcomes and number of beneficiaries reached.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	01/04/2014 – 31/12/2014
2. CERF project code:	14-UF-CEF-026	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Maternal & Child health Services to vulnerable population in the Sahel Belt of Chad and Southern Chad		
7. Funding	a. Total project budget:	US\$ 1,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 407,647	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 45,588
	c. Amount received from CERF:	US\$ 407,647	▪ <i>Government Partners:</i> US\$ 17,301
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	68,000	64,769	
b. Male	62,000	59,055	
c. Total individuals (female + male):	130,000	123,824	
d. Of total, children <u>under</u> age 5	25,000	23,812	
9. Original project objective from approved CERF proposal			
<u>General objective:</u> Reduce Under 5 and Maternal mortality			
<u>Specific objectives:</u>			
<ul style="list-style-type: none"> • Reactive Measles and OPV (Oral Polio Vaccine) vaccination campaigns; • Improve the coverage of maternal care: Antenatal Care (ANC) and assisted deliveries; • Ensure quality management of childhood disease & community integrated management of child illness (IMCI); • Emergency Secondary Reproductive and paediatric health Care 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Health Utilization Rate: 2 consultations/ person/ year • U5MR < 1 death/10.000/day • Measles Immunization Coverage: 90 per cent • Antenatal Coverage > 75 per cent • Pregnant women HIV screening > 90 per cent (of pregnant women attending ANC) • At least 70 per cent of assisted delivery 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> • During the period of the implementation of the project, 12,298 children were received for consultation and treated (1.03 consultations/person/year) • Zero deaths were reported, which corresponds to less than 1 death/day/10,000 people • Measles Coverage among children < 1 year: 75 per cent 			

<ul style="list-style-type: none"> Antenatal Coverage and HIV screening: 83 per cent (4,327 pregnant women attended antenatal services and received counselling for HIV testing, anemia and malaria prevention as well as mosquito nets) 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
Differences are not significant and are related to planning matters	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b):	
Gender Marker is 2a. Special attention was given to the quality of maternal health interventions	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
Specific evaluation was not carried out for the project, but routine data collected from the field were used to estimate the achievement of the planned outcomes.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	[04.04.14 – 31.12.14]
2. CERF project code:	14-UFE-CEF-027	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection		<input checked="" type="checkbox"/> Concluded
4. Project title:	Protect Girls, Boys and Women affected by Crises in Chad against abuses and violence		
7. Funding	a. Total project budget:	US\$ 249,824	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$233,486	▪ NGO partners and Red Cross/Crescent: US\$ 45,095
	c. Amount received from CERF:	US\$ 233,485	▪ Government Partners: US\$ 161,714
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	35,000	40,000	There were no significant discrepancies between planned and reached beneficiaries. The minor discrepancy is due to new influx of returnees in the communities of Ngouboua and Dar sila fleeing conflicts in Nigeria and Darfur respectively.
b. Male	25,000	30,000	
c. Total individuals (female + male):	60,000	70,000	
d. Of total, children <u>under</u> age 5	12,500	15,500	
9. Original project objective from approved CERF proposal			
Protect IDP and returnee children and communities in Dar Sila region (Aradib, Habile), Tissi, and Ngouboua from violence, abuse, exploitation and neglect.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> ✓ 30 child friendly spaces with PSS activities benefitting 22,000 boys and girls ✓ 520 children living in a protective family environment ✓ 200 actors trained in GBV issues <ul style="list-style-type: none"> • This project will be implemented in close collaboration and coordination with UNFPA, UNHCR, OCHA and IOM. Activities herein contribute to the overall goal and objectives of the protection cluster in Chad. Agencies mentioned above together with their partners will constitute a key referral group for service provision in the targeted communities. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> • 30 child friendly spaces were set up and provided with psychosocial support activities that are age, gender and culturally sensitive which benefitted 28,000 boys and girls (19,000F 9,000M) • 520 children living in Ngouboua and Choukoutalia were reached and are living in a protective family environment • 280 (180F 100M) actors were trained in prevention and response to Gender Based Violence (GBV) in Da Sila, Aradib and Habile 			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
Planned targets were reached. The number of beneficiaries exceeded planned figures in areas such as Ngouboua due to ongoing population movements across the border with Nigeria following attacks by Boko Haram on civilian communities in the Nigeria border province of Borno. Tribal conflict in the Darfur region also resulted in a new influx of returnees in the Das sila region, hence			

leading to an increase in direct beneficiaries	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): 2a If 'NO' (or if GM score is 1 or 0): Gender Marker is 2a. The project took into account the gender needs of boys and girls during project implementation. Age and gender sensitive recreation materials were procured and recreation activities took into account the needs of boys and girls. Training on GBV targeted 280 men and women (180F 100M) from the beneficiary community. Recruitment of animators at the child friendly spaces took into consideration principals of gender equality and gender balance. This was based on the fact that the care needs of boys and girls do differ and men and women play a critical role in influencing positive gender roles during child development.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	[01.04.14 – 31.12.14]
2. CERF project code:	14-UFE-CEF-028	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	WASH		<input checked="" type="checkbox"/> Concluded
4. Project title:	Sustainable water, sanitation and hygiene services provision for vulnerable populations in Tissi and malnourished children in the Sahel band		
7. Funding	a. Total project budget:	US\$ 11,235,000	d. CERF funds forwarded to implementing partners: US\$ 1,188,782
	b. Total funding received for the project:	US\$ 3,699,869	▪ NGO partners and Red Cross/Crescent: US\$ 1,128,958
	c. Amount received from CERF:	US\$ 2,999,831	▪ Government Partners: US\$ 59,794
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	147,000	147,000	N/A
b. Male	100,000	100,000	
c. Total individuals (female + male):	247,000	247,000	
d. Of total, children <u>under</u> age 5	167,000	167,000	
9. Original project objective from approved CERF proposal			
Support emergency assistance to refugees, returnees and host communities in Tissi (Eastern Chad) and Children affected by acute malnutrition with provision of safe drinking water, safe hygiene and sanitation promotion.			
10. Original expected outcomes from approved CERF proposal			
Output 1: 247,000 persons have access and use safe drinking water			
<ul style="list-style-type: none"> ➤ 247 000 persons (147 000 malnourished and 100 000 returnees, refugees and host communities) have access to safe drinking water in quality and quantity (20 lt/pers/day and 0 e. coli/100 ml of water) ➤ 55 health centers have access to safe water drinking trough boreholes construction ➤ 60 WASH committee trained and operational ➤ 40 per cent of male and 60 per cent of female of WASH committee members are reported gender equal decision-making 			
Output 2: 247, 000 persons use gender friendly sanitation facilities			
<ul style="list-style-type: none"> ➤ 55 health center have access to sanitation facilities through gender segregated blocks latrines construction ➤ 55 health center and 15 000 Mother/Child couple are received the package minimum for “WASH in Nut”. Each couple (mother and her child) receive a minimum package containing 2 bars of soap/person/month (each soap is 200 g), water purification product to treat 20 liters of water/day, 2 plastic pitchers (one for toilet and another for hand washing, 1 liter 			

cup and 1 jerrycan of 20 liters. WASH in Nut activities consist of training and promotion for household water treatment, distribution of hygiene kit, sensitization and promotion for construction and use of family latrines

- 5 000 household returnees, refugees are received the WASH hygiene kit
- 300 villages are triggering by CLTS and 60 per cent of village are ended open defecation
- 80 per cent of the affected population understand and perform basic hygiene practices

11. Actual outcomes achieved with CERF funds

Working with partners, UNICEF was able to implement WASH in Nut activities in Sahel Band, to provide WASH services and facilities to refugees/returnees and host communities in East Region of Chad and in addition to implement WASH activities concerning Cholera preparedness, prevention and response in high risk regions on the border with Cameroon and Nigeria in the Logone, Mandoul and Lac Regions. These regions were also affected by the surge of returnees/refugees from Nigeria and the Central African Republic.

In order to meet the needs of the populations affected and strengthen the resilience of the host communities affected by the emergency, a functional WASH activity package - including construction of new water supply facilities, rehabilitation or extension of existing facilities, construction of sanitation facilities, CLTS campaign, hygiene promotion and distribution of WASH kits - has been put in place and adapted to the specific vulnerabilities of the communities.

The details of actual results by output are below:

1- 247,000 persons have access and use safe drinking water

More than 247,000 persons have been reached and can now access/use safe drinking water. Among these beneficiaries, 54,595 persons were reached through 30 new boreholes (15,000 persons) and 57 water points rehabilitated (39,595 persons). More than 192,405 persons were sensitized and practiced house hold water treatment. Among these beneficiaries, 54,000 persons from communities, returnees/refugees were reached by WASH Cholera prevention and response activities in the high risk regions on the borders with Cameroon and Nigeria (Logone, Mandoul and Lac), 100,000 persons from communities, returnees/refugees were reached by WASH activities in Eastern Chad and 93,000 persons from communities, mother-child couples were reached by WASH in Nut activities. A part of boreholes construction and rehabilitation are almost finalized (17 boreholes, 9 pumps).

26 Health centres have access to safe drinking water through the rehabilitation of 26 boreholes, for an overall coverage 47 per cent of the project targeted. The majority of this activities was funded by the last CERF 13-UF-CEF-116B (SM130374) and other donors considering the grant expiring date and execution feasibility.

To date, 73 water point committees out of the 99 planned by the implementing partners were trained and are operational in the different regions targeted by the project, for an overall coverage of 100 per cent achievement of targeted project.

The representation of women in the various committees was generally between 40 per cent and 50 per cent because of the custom and culture in Chad.

2- 247, 000 persons use gender friendly sanitation facilities

Only 14 blocks of latrines were constructed by implementing partners in 14 health centres. Just like the construction of boreholes in the health centres, the majority of this project was funded by the last CERF UFE 13-UF-CEF-116B and others donors taking into account the grant expiring date and execution feasibility. In addition, 16 incinerators and 16 Hand Washing disposals were constructed and installed in 16 health centres in Ngouri District (Sahel Band). 50 emergency latrines/showers were constructed in refugee/returnee camp Bagasola and the construction of 140 emergency latrines is ongoing in the host village in Moissala district (south region). More than 9,500 persons will be reached by this activity.

To date, 105 health centres were provided with pre-positioned WASH in NUT kits and 10,534 mother/child couple could benefited from WASH minimum packages for WASH in Nut in the regions targeted in the Sahel Band. These activities have not been completed, but are continuing until the end of April under the agreement with the partners.

To date, 8,613 households, including 43,065 refugees/returnees in East Region and an additional 1,125 returnees/refugees from Nigeria have benefited from WASH Hygiene Kits. These activities are also still ongoing as part of the Cholera prevention activities in the South.

Only 238 villages out of the 300 villages targeted by the project were targeted by the implementing partner. To date, 71 villages were triggered by CLTS approach, of which 33 villages are now declared open defecation free. The majority of implemented activities are ongoing until the end of April 2015. The partners started the training of staff and health workers during the last quarter of 2014. In Addition, 10 local associates were trained by implementing partner ACTED for the CLTS scale up approach in the Lac and Kanem Region.

Concerning the hygiene promotion campaign, more than 247,000 persons have been reached by the Wash in Nut project and

<p>WASH Cholera prevention and response. This number includes 54,000 persons from the communities and returnees/refugees reached by WASH Cholera prevention and response in the high risk regions border with Cameroon and Nigeria (Logone, Mandoul and Lac), 100,000 persons from the communities and returnees/refugees reached by WASH activities in Eastern Chad and 93,000 persons from communities and mother-child couple reached by WASH in Nut activities.</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>Part of the planned activities are ongoing until the end of April 2015 and could not be totally completed during the implementation period due to the following factors :</p> <ul style="list-style-type: none"> - The Chad Country office received the funds on 1 April 2014. After confirming receipt of the funds, the office began discussions on proposals with partners on the ground starting with data derived from the cluster meeting in April. As a result of extended exchanges on the contents of proposals and delays in the approval process within UNICEF, the office was only able to approve the proposals for the NGO AFDI for WASH activities for refugees/returnees in Tissi, and for the NGO ACTED for WASH activities in Nutrition in the Sahel band in July 2014. The proposals for Oxfam and IAS did only get approved in September 2014. Thus, the implementation period was very short for the partners. - The delay in starting programme activities meant that the implementation period coincided with the rainy season, which caused difficulties in accessing the majority of sites and, in particular, delayed construction of boreholes and latrines. In addition, the security situation in certain sites, particularly in the East, limited interventions and increased the amount of time needed for programme implementation. - The development of the crisis in CAR had an impact on programmatic priorities at the cluster level for humanitarian organizations. As the humanitarian situation in CAR escalated, efforts in the Chad Country Office were redirected towards providing assistance to Chadian returnees, causing a delay in the implementation of activities planned for the Sahel band. 	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p>If 'YES', what is the code (0, 1, 2a or 2b): 2a If 'NO' (or if GM score is 1 or 0): Gender Marker os 2 a: All WASH infrastructures and services provided took gender and protection consideration. CLTS approach has a strong gender consideration which involves communities.</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>Monitoring and evaluation of the implementation agreement has systematically been carried out by field staff and central staff.</p> <ul style="list-style-type: none"> - Availability of WASH Kits in the nutritional centre storage. - Effective distribution and sensitization of WASH Kits utilization and house hold water treatment. - The majority of the nutrition centres have access to hand washing disposals, latrines and water points. - Lack of information sharing and reassembling systems for WASH in Nut activities in the field. - Grant period did not coincide with implementation of the majority of the activities (CLTS, infrastructure). - Delay in starting activities due to delay in disbursement and coordination of CLTS training. 	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	FAO	5. CERF grant period:	[04.04.14 – 31.12.14]
2. CERF project code:	14-UFE-FAO-005	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food security (agriculture)		<input checked="" type="checkbox"/> Concluded
4. Project title:	Appui à la reconstitution des stocks céréaliers en faveur des ménages de la Bande Sahélienne affectés par la mauvaise campagne agricole 2013/2014		
7. Funding	a. Total project budget:	US\$ 3,498,000	d. CERF funds forwarded to implementing partners: US\$456,977
	b. Total funding received for the project:	US\$ 1,199,806	▪ NGO partners and Red Cross/Crescent: US\$ 401,082
	c. Amount received from CERF:	US\$ 1,199,806	▪ Government Partners: US\$ 55 895
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Women +girls	51 ,856	49,215	This difference is attributed to a very small number of children in the targeted households
b. Men and boys	44 ,744	40,095	
c. Children under 5 years	20,286	19,686	
d. Total,	96,600	89,310	
9. Original project objective from approved CERF proposal			
The overall objective of this project is to support the rebuilding of food grain stocks of the populations in the Sahel belt most affected by food insecurity directly linked to poor harvests in the 2013/2014 agricultural season, by providing productive agricultural kits for rainfed campaign that will run from May to November 2014 and the vegetable campaign from September 2014 to April 2015			
10. Original expected outcomes from approved CERF proposal			
Indicators and expected results of the action are:			
<ul style="list-style-type: none"> • 1: number of households benefited from an agricultural assistance for the rainy season; • 2: number of tons of seeds distributed to the rainy season; • 3: number of persons who benefited from technical training and technical advice to improve agricultural production and enhance its nutritional use • R1 161 t of cereal seeds are distributed; • RE2: 0.89 t of market garden seeds are distributed; • RE3: 16,100 tools distributed; • RE4: 16,100 ha cultivated; • RE5: 6,440 t crop cereals harvested; • RE6: at least 4 months of food stock from production supported by households. • This project is directed towards the agricultural sector through support for the rainy season agriculture in 2014 by the provision of seed kits and light equipment for the food insecure people in the Sahelian belt. The expected outcomes of this project are primarily quantitative, with a focus on opportunities for agricultural production in recipient households. Thus, with kits for the 			

cultivation of a 1-hectare area, it is expected a harvest of 400 kg, corresponding, depending on household size to nearly 4 months of food stock	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> • 19,862 households have benefited from assistance in agriculture for the rainy season among which 9843 women or nearly 50 per cent of total beneficiaries; • 191.5 tons of cereals seeds distributed to the rainy season; • 5,821 people received advice and technical training to improve agricultural production and enhance their nutritional use; • 129.75 t of millet seeds were distributed; • 61.75 tons of sorghum were distributed; • 0.82 tons of market garden seeds were distributed; • 17,460 hoes were distributed; • 18,421.8 ha cultivated; • 11,049.85 t of grain crops including 4,518.05 t of millet and 6531.8 t of sorghum; • A production equivalent household 556 kg or 7 months of food stock from production for a household consisting of 6 persons. • The production of fruit and vegetable is ongoing and the results will be given in the next report. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
Affordable cost of inputs allowed to buy more seeds and to significantly increase the number of beneficiaries with an increase in the area planted. Registered areas here are harvestable areas which are very different from planted area.	
13. Are the CERF funded activities part of a CAP (SRP) project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): If 'NO' (or if GM score is 1 or 0): Gender Marker is 1: Gender issues are taken into account during the selection of beneficiaries with very specific criteria such as: - Head of household women have priority; - Households with children etc.	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
There has been no evaluation of activities. However, to obtain the production, performance squares were randomly implanted in farmers' fields to obtain practical yields. In addition, the supervision missions of the implementation activities, carried out by FAO's technical team, corrected progressively the shortcomings observed in the implementation of the project	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	FAO	5. CERF grant period:	[04.04.14 – 31.12.14]
2. CERF project code:	14-UFE-FAO-006	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food security (Agriculture)		<input checked="" type="checkbox"/> Concluded
4. Project title:	Sustainable water, sanitation and hygiene services provision for vulnerable populations in Tissi and malnourished children in the Sahel band		
7. Funding	a. Total project budget:	US\$ 1,540,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 299,573	▪ NGO partners and Red Cross/Crescent: US\$ 63,674
	c. Amount received from CERF:	US\$ 299,573	▪ Government Partners: US\$
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	1,946	1,946	There is no deviation from the fact that they are displaced households in the two targeted villages.
b. Male	1,303	1,303	
c. Total individuals (female + male):	3,249	3,249	
d. Of total, children <u>under age 5</u>	605	615	
9. Original project objective from approved CERF proposal			
The objective of the project is: Protect and assist displaced populations who've been most affected by protection issues, food and economic insecurity, through technical and material support for 19,731 IDPs living in Eastern Chad precisely in the villages of Habilé and Aradib in the sub-prefecture of Koukou in the Sila Region. 3 249 direct beneficiaries (1,946 women, 1,303 men and 605 children under 5) will be protected.			
10. Original expected outcomes from approved CERF proposal			
<p>Expected Result 1: Household and Women's income increased Indicators: Most vulnerable women, men and girls economic conditions protected</p> <ul style="list-style-type: none"> • Number of person of concern receiving training • Number of person of concern receiving support <p>Expected Result 2: Increased Self Reliance through increased agricultural production Indicators: Health and self-reliance of the extreme vulnerable ensured and protected through increased agricultural production.</p> <ul style="list-style-type: none"> • Number of person of concern receiving training • Number of person of concern receiving support • Number of MT harvested 			
11. Actual outcomes achieved with CERF funds			

<ul style="list-style-type: none"> • Identification of beneficiaries: The identified beneficiaries are displaced populations most affected by the issues related to the protection and the food and economic insecurity in the prefecture of Koukou. That's a total of 450 households with 391 households headed by women and 59 led by men who have been identified on the basis of the above criteria of vulnerability. This activity was conducted in a concerted manner with the administrative authorities (Prefect of Kimiti and sub prefect of Koukou), traditional authorities (Canton chief and heads of villages of Aradib and Habilé); • Identifying the location of drilling sites: Public information and awareness meetings were held with the beneficiaries and their chiefs. Participatory manner, beneficiaries were able to identify market garden site on the outskirts of Barh Azoum close to beneficiary villages. 30 sites were selected for the implementation of drilling including 11 in the village of Habilé and 19 in the village of Aradib. Tender is launched for the implementation of the 30 boreholes. The contract is being signed; • Structuring group beneficiaries: The identified beneficiaries were mobilized to form groups of 15 people according to their affinities and their motivation. Thus, 30 groups of 15 households were formed. Each group has an executive committee composed of five members, namely a president, a secretary, a treasurer and 2 counselors. They also received lessons on life association; • Distribution of kits of Income Generating Activities (IGA) to groups: • Tenders have been launched locally and outside to acquire kits Income Generating Activities (IGA) composed of: Seeds, market garden tools and pump. Received and distributed inputs are summarized in the table below: <ul style="list-style-type: none"> - Garden seeds: 126, 7 kg - Tools: 2 340 pieces. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
No deviation is observed	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): If 'NO' (or if GM score is 1 or 0): Gender Marker code is 1: The targeted displaced people are mostly women and the project was especially designed for those women	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No evaluation planned but project has been monitored along the implementation period	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNFPA	5. CERF grant period:	01/07/2014 – 31/12/2014
2. CERF project code:	14- UFE-FPA-008	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection		<input checked="" type="checkbox"/> Concluded
4. Project title:	Strengthening psychosocial and medical response in favour of GBV survivors among IDP and host community in Sila (Goz Beida), Eastern Chad		
7. Funding	a. Total project budget:	US\$ 371,070	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project (2014): January-december 2014:	US\$ 301,396	▪ NGO partners and Red Cross/Crescent: US\$ 31,004
	c. Amount received from CERF:	US\$ 301,396	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	21,276	50,754	The discrepancy found between the different beneficiaries is due to the religious and cultural context of the region. Indeed advocacy towards religious and traditional leaders have opened the doors to reach the Islamist women's associations. This enabled the project to reach more women. Despite the efforts of traditional and religious leaders, there was reluctance among men. We expect that ongoing strategies will permit to achieve the target in 2015.
b. Male	159,724	17,026	
c. Total individuals (female + male):	181,000	67,780	
d. Of total, children <u>under</u> age 5	N/A		
9. Original project objective from approved CERF proposal			
i) Build capacity of the local actors to provide adequate and timely psychological and medical response to GBV survivors;			
ii) Raise awareness and increase the use of available psychological and medical services by survivors of GBV			
10. Original expected outcomes from approved CERF proposal			
The initial outcome were as follow:			
Improve protection of GBV Survivors through a multisectoral prevention and response system.			
Expected indicators were			
<ul style="list-style-type: none"> • 40 community workers are trained to provide psychological support to GBV survivors • 50 medical providers are equipped with appropriate skills to provide medical support to GBV survivors • At least 1000 GBV survivors received appropriate medical care • At least 1000 GBV survivors received appropriate psychosocial response • 11 focal points supported and capacity strengthened • GBV IASC Protocol is disseminated and used by GBV actors • Design and production of communication material • Dignity kits procured and distributed to vulnerable women and girls • The GBV IASC Protocol is disseminated among the members of the GBV sub-cluster as well as the service providers 			
11. Actual indicators achieved with CERF			

- ✓ 42 community workers provided with psychological support to GBV survivors
- ✓ 90 medical providers are equipped with medical skills to provide support to GBV survivors
- ✓ 188 GBV survivors received appropriate psychosocial and medical care
- ✓ 11 GBV focal points are supported and capacitated
- ✓ 32 GBV survivors received legal assistance and counselling sessions
- ✓ 28 GBV survivors (including rape) received medical treatment in the areas of returnees
- ✓ 60 GBV survivors received psychosocial and community support
- ✓ Communication material and tools were designed, produced and disseminated
- ✓ 2064 dignity kits were procured and distributed to women and girls

In order to achieve the project objectives, three (03) NGOs were identified as Implementing partners, namely ADES, COOPI and APLFT. An MoU with UNFPA was signed for each of these implementing partners.

A/ COOPI Achievements

From October 1, 2013, until today, COOPI was leading the provision of medical management of cases of SGBV in the districts of Djourf Al Ahmar and Goz Beida under the supervision of the Sila Regional Health Directorate, representing Ministry of Public Health at Regional level. This Medical care services continued until the end of the year. In 2014, thanks to additional funding received from CERF, 16 villages and cities have implemented gender-based violence activities, namely, Moudeina, Bandikao, urban Goz Beida, Djarangali, Magrane, Ablelaye, Tiero, Doroti, Koutoufou, Amdam, Haouich, Kerfi, Dogdoré, Louboutigue, Karo and Adé. All the 16 health centers and 2 hospitals located in the above mentioned locations were provided with medical support to treat the confirmed GBV cases.

Five staff with different fields of expertise were recruited by the NGOs for the implementation of the project, namely, an Administrator, a Medical Coordinator, a Paramedical worker, a Psychosocial worker and a Midwife. The implementation of the activities has continued with the received additional funding.

A total of 90 care providers were trained to ensure the care of disclosed and referred cases of GBV in health centers. 102 cases of GBV were identified, clinically supported and referred to the specialized structures to receive legal and security support.

B/ ADES Achievements

As part of the achievements of the ADES, 35 judges and auxiliary officers of the judicial police and social workers, and 31 members of the local communities were trained on counselling and referral of survivors of GBV. Additionally, 23 care providers were trained to take into account legal aspects when offering care to GBV survivors.

9 listening centers were established to ensure privacy for survivors of GBV while providing them with counselling services. With the Screening work done by community members trained on the detection and prevention of GBV, 18 GBV cases were identified and referred for psychological and legal support by APLFT. Among these cases, 3 were cases of denial of resources, 6 cases were sexual assault, 7 were cases of physical violence, one case of forced marriage and one case of rape.

C/ APLFT Achievements

To achieve the objectives, the activities undertaken by APLFT have included the training of 46 judicial authorities, police officers and traditional authorities including one woman. The training focused on legal support to GBV survivors.

11 focal points were recruited to sensitize population on gender and human rights and GBV. They were then deployed in villages and returnees' sites of Gassire, Kibougou, Gouroukoun, Koloma, Sanur, Ganachour, Habilé 1, Habilé 2, Habilé 3, Aradib 1 and Aradib 2.

21 focus groups discussions were conducted with communities and enabled to identify 68 cases of gender-based violence. 42 of these cases were referred and received legal support.

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

The difference between the planned number of survivors and the number supported is due to the fact that despite efforts to sensitize traditional and religious leaders including associations leaders, it was found a low reporting of cases. Cultural and religious barriers explain this weakness. Efforts are being pursued by the government as a result of strong advocacy by UNFPA for more cases of GBV to report. Indeed legislative measures are ongoing adoption (Law prohibiting child marriage, revision of the Criminal Code, the decree implementing the law on the promotion of SR).

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): If 'NO' (or if GM score is 1 or 0): The Gender Marker for this project is 2b. The project addressed critical GBV problems that exist within the returnees settlements around the refugees' camps. On the one hand the communities have been trained (equally men and women) to detect and refer cases of GBV. On the other hand the capacity of care providers (equally men and women), police and judicial authorities has been strengthened for the integrated management of cases of GBV. The project focused on disadvantaged groups such as girls and women because of their social status. The awareness sessions and the services offered were designed to restore their right.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
The achievements were monthly monitored and recorded by the implementing partners. In addition to the implementing partners monitoring, UNFPA has organized four field supervisions to ensure the effective implementation of the project.	EVALUATION PENDING <input type="checkbox"/>
In addition, as part as the ongoing final evaluation of the sixth cooperation program between Chad and UNFPA (2012-2016), this project will be evaluated in 2015.	NO EVALUATION PLANNED <input type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNFPA	5. CERF grant period:	25/04/14 – 31/12/14
2. CERF project code:	14-UFE-FPA-009	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Improving access to Reproductive Health (RH) services to the conflict-affected populations in the East (Ouaddai, Wadi-Fira, Ennedi, Sila) and South (Logone Oriental, Nya-Pende, Moyen Chari, Grande Sido) of Chad		
7. Funding	a. Total project budget:	US\$ 747,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 223,000	▪ NGO partners and Red Cross/Crescent: US\$ 81,603
	c. Amount received from CERF:	US\$ 223,000	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	171,250	163,614	The increased number of beneficiaries is due to the changes that occurred in the project areas target. Initially the project was designated to cover the Eastern part of the country but due to the arrival of refugees and returnees from Central African Republic, the target area was extended to cover Southern part of the country. In addition to COOPI which covers Eastern part, Another National NGO CSSI was identified and contracted to implement the same activities in the South. Several monitoring missions were conducted in Ouaddai, Wadi Fira, Ennedi and the Sila in the East, and Logone Oriental, Moyen-Chari in the South. It is clear from the reports of the monitoring missions organized that in the South, the project reached 184,881 people including 49,260 women of childbearing age, 8,583 pregnant women and 8,320 deliveries. In the East 13,480 pregnant women visited maternal health services 9,456 of them gave birth in health facilities and 12,789 women apply one of the modern methods of family planning.
b. Male	137,000	522,818	
c. Total individuals (female + male):	308,250	686,432	
d. Of total, children <u>under</u> age 5	N/A		
9. Original project objective from approved CERF proposal			
iii) Increase access to and use of primary health services with an emphasis on immunization, HIV / AIDS, SGBV, reproductive health in the regions affected by crises.			
10. Original expected outcomes from approved CERF proposal			
Ensure availability and use of reproductive health services to conflict affected population (refugees and returned)			
Expected indicators were			
<ul style="list-style-type: none"> - % of health facilities without stock out; - % of health facilities with PMTCT and VCT, - % of reported cases of GBV (gender disaggregated) - % of Identified GBV cases received medical treatment - % Prevalence rate of family planning. 			

- Through the following process
- ✓ Recruitment of national Midwives
- ✓ RH Supplies and commodities procured distributed
- ✓ Emergency Obstetric Care (EMOC) norms and standard disseminated

11. Actual indicators achieved with CERF

All concerned health facilities have offered PMTCT and VCT services and have yielded the following results:

- 20,476 pregnant women reached with maternal health services, 11,400 safe deliveries services birth were assisted
- No stock out registered in these health facilities during the period;
- 68 identified GBV cases were referred and received medical services.
- The contraceptive prevalence rate at the end of the project is 22% while at national level is 5%

For the achievements of these objectives, two (02) NGOs have been identified as partners and the IP agreements were signed between UNFPA and these partners. These two NGOs are COOPI and CSSI. Both NGOs worked in close collaboration with public health facilities, which have played an important role in achieving the results. Example of the service offered include: PMTCT, VCT, Family Planning, antenatal care and delivery. These public structures were also involved in monitoring the implementation of project activities.

In order to increase the availability and quality of emergency obstetric and neonatal care, to contribute actively to the reduction of maternal and neonatal mortality, and especially to ensure the strengthening of health systems to prevent the morbidity and excess mortality in humanitarian crisis situations, UNFPA's Eastern Regional Office has used the following strategies for interventions:

- Strengthening the capacity of implementing partners to continue offering maternal and child health services including family planning, obstetric fistula prevention and medical management of cases of gender-based violence.
- Provision of reproductive health Minimum Initial Service Package (MISP), (EmonC) Emergency Obstetric and neonatal care and clinical management of Gender Based Violence (GBV). The project was entrusted to COOPI in the East and in the South, to CSSI. The capacity-building activities were well conducted in both parts of the country. 12 community leaders and 12 traditional chiefs were sensitized on the concept of the prevention and detection of obstetric fistula. In Eastern part of the country, training activities covered all regions namely, Ouaddaï, Wadi Fira, the Sila, Ennedi and Tibesti.
- In the annual work plans that were signed with the two Implementing Partners, a training package was included to reach 96 service providers. At the end of the project, it was found that 112 service providers have been trained. This shows that the training project was achieved above the expectations. The training sessions have been both theoretical and practical, enabling participants to better master the skills. This also allows a relevant intervention on the ground, in health facilities for the benefit of populations seeking solutions for their well being. Overall, the following are the number of community workers and services providers benefited from the training conducted by COOPI and CSSI:
 - ✓ 35 Service providers trained on MISP
 - ✓ 32 Service Providers trained on EmonC
 - ✓ 15 care providers trained on the clinical management of the GBV
 - ✓ 12 community leaders trained on the prevention and detection of obstetric fistula
 - ✓ 18 members of the community trained on community sensitization campaigns

Moreover, and as follow up to the trainings to assess and support capacity of the trained service providers, supervision missions took place 4 field supervision Ouaddaï, Wadi-Fira, Ennedi, Logone Oriental, Nya-Pende, Moyen Chari, Grande Sido. The mission teams assessed the capacity of the health centers in relation to support for obstetric and neonatal complications.

- Concerning provision of service in the South, 6,996 pregnant women visited maternal health services of whom, 1,944 pregnant women gave birth in health facilities and 2,820 women apply one of the modern methods of family planning. In the East 13,480 pregnant women visited maternal health services including 9,456 who gave birth in health facilities and 12,789 women are applying one of the modern methods of family planning. All together, this make a total of 20,476 pregnant women who visited maternal health services. Out of this number, 11,400 delivered in health facilities and 15,621 apply one of the modern methods of family planning. It should be noted also that those women were also benefited from awareness raising sessions and received reproductive health information that covered Antenatal Care, giving birth in health facilities and especially the benefit of family planning.

<p>These awareness sessions have covered the South as well as the East of the country. Mobile caravans were organised and continued in the Ennedi region.</p> <p>In the clinical management of the SGBV, 68 cases have been supported. There were no survivors identified in the South.</p> <p>UNFPA has provided all health facilities in the South and the East with Reproductive Health Kits based on the distribution plan established:</p> <ul style="list-style-type: none"> For the South : The hospitals of Bongor, Lai, Kelo, Moundou, Doba, Gore, Koumra, Sarh; The health centers of Danmadji, Dosseye and Beureuh; For the East: Regional Hospital of Abeche, the district hospital of Goz-Beida, district hospital of Amdam; Health centers of Abhmat El Badawi and Jabal . <p>10 staffs were recruited including 6 midwives, two international doctors, a senior nurse and a supervisor of community health activities. EmonC advocacy materials were developed and disseminated for strengthen field interventions. In this regards, 4 supervision missions were conducted in selected locations to assess level and impact of services and recommend necessary reponse actions.</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p> <p>Concerning GBV, despite efforts to sensitize traditional and religious leaders including association leaders, it was found a low reporting of cases. Cultural and religious barriers explain this weakness. Efforts are being pursued by the government and local NGOs, as a result of a strong advocacy by UNFPA for more cases of GBV to be reported. Indeed legislative measures are being adopted or are underway for adoption . This include theLaw prohibiting child marriage; revision of the Criminal Code; the decree implementing the law on the promotion of SR.</p>	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p>If 'YES', what is the code (0, 1, 2a or 2b If 'NO' (or if GM score is 1 or 0): Gender Marker code is 2a. The project design, implementation and evaluation took into account the comparative needs of women and men in the family planning component, STI prevention, including HIV, prevention of transmission from mother to child HIV and the sexual and reproductive health services.</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input checked="" type="checkbox"/></p>
<p>As part as the ongoing final evaluation of the sixth cooperation program between Chad and UNFPA, this project will be evaluated</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNHCR	5. CERF grant period:	[04.04.14 – 31.12.14]
2. CERF project code:	14-UFE-HCR-009	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multi-sector		<input checked="" type="checkbox"/> Concluded
4. Project title:	Transfer, set up and life-saving protection and assistance for Sudanese refugees in Kerfi		
7. Funding	a. Total project budget:	US\$ 7,205,372	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 7,205,372	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$1,024,712
	c. Amount received from CERF:	US\$ 2,000,720	▪ <i>Government Partners:</i> US\$ n/a
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	7,000	7,000	Originally, it was envisaged to relocate around 10,000 refugees from Abgadam and from the villages at the border to the site Kerfi. At the same time, the site Kerfi was set-up to assist a planning figure of 10,000 and later, for 5,000. During a go & see visit by refugee leaders to Kerfi, refugee leaders noticed opportunities for relocation, such as enhanced security and more space than in Abgadam. This has allowed the pre-registration of many candidates for transfer. Unfortunately, under the influence of a leader who was not part of the mission, refugees changed their minds at the last moment and opted to stay in Abgadam and in villages. Thus, even though only 1,193 refugees have relocated to Kerfi, the office is making strong efforts to encourage refugees to relocate, with a strong support/determination also by the government. While some refugees remained in Abgadam, existing life-saving services continued in Abgadam.
b. Male	3,000	3,000	
c. Total individuals (female + male):	10,000	10,000 (The site Kerfi was originally planned to be set up for a planning figure of 10,000, which was later on corrected to 5,000. In addition, 5,000 refugees were assisted in Abgadam under this funding (total population: 31,481 as of 31/12/2014). A total of 1,193 refugees are currently in Kerfi. Local communities in Kerfi also received assistance through the integration approach of embedding refugees in existing villages.	
d. Of total, children <u>under age 5</u>	2,500	2,500	
9. Original project objective from approved CERF proposal			
1/ Provision of timely emergency support, protection and assistance to address immediate life-saving needs of the estimated 10,000 refugees, who will be relocated from villages along the border and from Ab Gadam to Kerfi. 2/ Relocating communities away from the border is crucial for security and for accessibility reasons. Once the rainy season will start, assistance to those communities will be at risk. Unlike in 2013, insecurity in neighboring Sudan will also have a limited impact on the refugees.			

3/ Integrating refugee communities into existing villages and communities and strengthening the capacity of national authorities to define how to integrate refugees into existing local government structures (schools, health center, etc.). Kerfi is an excellent opportunity to further assist and support social services of the government, which will benefit both, the refugee and the host community and will promote further integration, peaceful-co-existence, and an increased resilience of the population.

4/ Enhancing livelihood opportunities, through e.g. the flourishing market in Kerfi, as this will promote self-reliance, enhance food security and resilience amongst the refugee and host community and subsequently, reduce and target assistance.

5/ Ensuring equitable and timely access to Emergency Primary Health Care
Provision of emergency medical supplies through the NGO ADES.

10. Original expected outcomes from approved CERF proposal

1/ Logistics and supply is optimized to serve operational needs

All PoC are transferred to the respected sites/villages on time (before rainy season)

2/ Potable Water increased

Average of 12 litres of potable water available per person per day

3/ Shelter kits distributed

100 per cent of PoC have adequate shelter

4/ Population lives in satisfactory hygiene conditions

50 of persons of concern per drop-hole in communal latrine.

5 / Population has sufficient basic and domestic items

Every household received support in NFI according to standards

6/ Health status of the population improved

100 per cent of PoC have access to essential drugs

11. Actual outcomes achieved with CERF funds

1/ Logistics / Transfer operation

The transfer of refugees began in February 2014 and ended in June 2014. A total of 13 convoys were organized with an average of 75 people transferred by each convoy. This slow pace of relocation was due to the fact that the distance between Abgadam and Kerfi is around 265km and the road is completely decrepit and in need of rehabilitation. The means of transport used for this operation are 7-TN trucks with a maximum carrying capacity of 40 people. A total of three trucks including two for adults and one for luggage were mobilized for this purpose. Seven light vehicles were used by the partners, who were involved in the relocation. A transit site was set-up in Sarafbourgou to pause during transfer and provide a place to rest and hot meals. Two hot meals were offered for each convoy. Furthermore, funds received were used to purchase fuel and lubricants and spare parts for the repair of vehicles.

Set up of the site Kerfi

UNHCR has been working with the Government of Chad, the local authorities, partners, and with the refugee and host community leadership on setting up the site Kerfi, which – differently to refugee camps – is linked and embedded in an existing village and subsequently, existing national infrastructure. Prevention of additional camps aims to strengthen the integration of refugees in the local communities and to assure that there are strong linkages with existing basic services.

In terms of partners, the planning and organisation of the new site was developed by UNHCR in collaboration with the Commission Nationale d'Accueil et de Reinsertion des réfugiés (CNARR). For the health sector, the NGO Centre de Support en Santé Internationale (CSSI) is responsible for the coordination of health activities. Support will hereby be given to the district hospital. Hebrew Immigrant Aid Society (HIAS) organised the welcome of the communities in Kerfi and provides the hot meals and runs the women center, child friendly space and is the partner for community mobilization in Kerfi. Association pour le Développement Economique et Social (ADES) implements different activities in the area of WASH. The Lutheran World Federation (LWF) is the partner for shelter and other temporary structures. Most of these partners have provided assistance in Abgadam and Kerfi. Once assistance phased out in Abgadam, assistance was transferred to Kerfi Site.

2/ Water

To cover the water needs of refugees during the relocation, a tank was prepared for water tracking. Subsequently, a water bladder was installed at the Sarafbougou transit site with taps to cover water needs. At the site of Kerfi, a total of eight boreholes were constructed and maintained, and special structures were constructed to avoid stray animals on the water points. A supervisor and a technician were recruited for the supervision of water activities. A total of eight water management committees were established and two trainings were conducted to train the committees on community outreach and technical skills. To ensure the quality of the water supplied to the population, two chlorine pots were purchased for the treatment of water. An average of 12 litres of potable water available per person per day is available for refugees and local populations in Kerfi and in Abgadam.

3/ Shelters

Two transit sites were built. One in Sarafbougou and one in Goz Amir. In Kerfi, a reception center was constructed with various compartments for screening of the refugees (medical screening, protection interviews, etc.). A total of eighteen compartmentalized hangars were constructed to temporarily accommodate 80 families or 400 persons. A total of six shelters were built for DPHR (Chadian Police) staff that ensures security at the site. In addition, 30 shelters were built for people with special needs and two stores for the storage of materials and kits. Also, a total of 380 construction kits were distributed to households to enable them to build their own shelters. A staff has been hired to oversee construction activities and the distribution of construction kits. In Abgadam, 28 kilometers of access roads were constructed to assure live saving delivery of services and production. Hence, 100 per cent of PoC have adequate shelter in Kerfi and in Abgadam.

4/Sanitation Hygiene

Structures of hygiene and sanitation are in place at the transit sites and in Kerfi site. A total of 164 latrines are in place which 146 latrines being family latrines and 18 being public latrines. A total of ten refuse pits are built. In addition, awareness campaigns have been organized across six sessions with the refugee community and the local communication. Two WASH sensitization sessions were also conducted for the Water committees in Kerfi.

5/ NFIs

Upon arrival in Kerfi, refugee families received NFIs, which were systematically distributed. A total of 567 mats, 569 blankets, 550 jerry cans, 838 4x5m tarpaulins, 362 kitchen sets, 600 mosquito nets, and 6,349 pieces of soap got distributed. A total of 87 50x4 m rolls of canvas were distributed, which was used for various purposes.

6/Health

During the relocation, a medical team equipped with material and essential drugs joined the convoys and treated patients, if needed. Another medical team screened the families upon arrival, consisting of a nurse and a midwife. After the end of the relocation, the medical screening site at the reception center in Kerfi was transferred to the Kerfi health center to improve the quality of services offered by the health center, which provides services, to refugees and to the local population. UNHCR's strategy is to support the existing health center of Kerfi staff with drugs and equipment to enable refugees and the local community to access health services. Services to refugees by the health center are paid by UNHCR. Therefore, 100 per cent of the population has access to essential drugs. Complex cases are referred to Goz Beida-district hospital with medical and dietary management. UNHCR also assisted in the rehabilitation of the health center by constructing a room for delivery, a pharmacy, two sheds and one hangar for vaccination activities. In Abgadam, all refugees have received first aid at the health center (attendance rate 1.3 per cent). The mortality rate among children under 5 years is: 0.3/1000/month.

7/ Education

At Kerfi site, a total of 261 refugee children are enrolled in public schools. No additional school was built at the site, as the refugees are using the existing national structures, yet UNHCR and partners are rehabilitating the existing infrastructure, adding additional class rooms, and recruited additional teachers. A total of 246 students (149 boys and 107 girls) are enrolled in primary and 5 students in secondary. A total of 2 buildings consisting of 6 rooms were finalized and 300 benches/tables were constructed. Teachers are also recruited in order to strengthen the teaching staff of the school.

8/ Livelihood

To enhance the socio-economic integration of refugees, livelihood activities were established, especially in the area of agriculture and

income-generating activities, both, in Abgadam and Kerfi. A total of 12,284 tons of seeds and 200 agricultural tools were distributed to families in Kerfi. A total of 10 sets of agri-food processing have also been distributed. Various groups were trained in nice training sessions on agricultural techniques, breeding and accounting. In Abgadam, a total of 320 persons of 40 groups received funds and business training as part of an income generating project, implemented by LWF.

9/Community Services

In Kerfi, UNHCR's partner HIAS is responsible for all activities in regard to Sexual and Gender Based Violence, Child Protection, Assistance to Persons with Specific Needs and Community Outreach. A total of 569 persons in Kerfi and 5,122 persons in Abgadam were sensitized on SGBV prevention and adequate response. A total of 340 persons in Kerfi and 2,406 persons in Abgadam were sensitized on children's' rights. A total of 1,211 persons with specific needs received non-cash assistance.

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

Since Sept 2013, the Government of Chad (HCR, partners and others) has been urging Sudanese refugees living in Abgadam to relocate to Kerfi. As of end of 2014, a total of 1,193 refugees are living in Kerfi. Due to heavy rains from June to October the resulting lack of access to Abgadam and its surrounding, logistical limitations and budgetary constraints, UNHCR limited its assistance in Abgadam as of 1 June.

Originally, it was envisaged to relocate around 10,000 refugees from Abgadam and villages at the border to be transferred to Kerfi site. After the first go & see visit by refugee leaders, it was understood that the site was more spacious and that it was safer. Unfortunately, under the influence of a leader who was not part of the mission, refugees changed their minds at the last moment and opted to stay in Abgadam and in villages.

Secondly, it was also believed that Abgadam camp will never close. UNHCR & partners eventually decided to limit and decrease services in Abgadam and subsequently hoped that this will make refugees agree to be transferred to a site which offers assistance. This was not the case.

It is also worth mentioning that the approach of assistance in Kerfi differs to the full-fledge assistance approach of Abgadam. As the site is embedded and linked to the village Kerfi, many existing national structures, such as the school and the hospital were reinforced and strengthened yet remained below standard of the "refugee assistance" of Abgadam camp.

In spite of many sensitization campaigns by the Government and UNHCR, the majority of refugees opposed the transfer to Kerfi. A total of around 30,000 stayed in Abgadam and around 9,000 stayed at villages around the border.

The government of Chad is still very concerned about the actual situation and urges refugees to relocate to Kerfi. In February 2015, it was communicated to UNHCR, that refugees will have to move by March 2015.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?

YES x NO

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

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

Gender Marker code is 2a: The overall goal for UNHCR programmes is to promote gender equality and the rights of all persons of concern regardless of sex, age or personal background. The overall aim of Age, Gender and Diversity Mainstreaming (AGDM) is to advance gender equality and rights of all persons of concern of all ages. The 2011 AGD (Age, Gender, Diversity) policy puts together the principles of the AGD approach and supports the AGD mainstreaming and targeted actions which have been implemented since 2006. The policy underlines the importance of gender equality, the community-based approach, and partnerships for successful implementation of AGD. UNHCR operations activities incorporate an age, gender and diversity perspective using a rights- and community-based approach. The strategy is complemented by targeted action to empower discriminated groups, facilitate equitable outcomes for all and promote gender equality. To achieve this, an operational strategy has been developed which comprises of a multi-functional team approach with partners, participatory assessments with women, girls, boys and men of concern.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

The projects funded by CERF are within UNHCR activities, which are monitored and reported

EVALUATION PENDING

as per usual UNHCR policy and practice. AGDM (age, gender and diversity mainstreaming) assessments are also used on a regular basis to address needs using a participatory, rights and community-based approach, in the design, implementation, monitoring and evaluation of UNHCR's programmes, and activities.

NO EVALUATION PLANNED x

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS				
CERF project information				
1. Agency:	IOM	5. CERF grant period:	[15.04.14 – 31.12.14]	
2. CERF project code:	14-UFE-IOM-010	6. Status of CERF grant:	<input type="checkbox"/> Ongoing	
3. Cluster/Sector:	Protection		<input checked="" type="checkbox"/> Concluded	
4. Project title:	Provision of life saving psychosocial assistance and reinforcement of community-based protection mechanisms targeting returnees from Libya, Sudan and Nigeria			
7. Funding	a. Total project budget:	US\$ 500,000	d. CERF funds forwarded to implementing partners	US\$ 0
	b. Total funding received for the project:	US\$ 349,996	<input type="checkbox"/> NGO partners and Red Cross/Crescent:	US\$ 0
	c. Amount received from CERF:	US\$ 349,996	<input type="checkbox"/> Government Partners:	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>	
a. Female	1,700	2,011	The project exceeded the targeted number of individuals by 963 because there were more individuals who were interested in participating this project and 3,963 individuals were referred by local communities.	
b. Male	1,300	1,952		
c. Total individuals (female + male):	3,000	3,963		
d. Of total, children <u>under</u> age 5	1,500	1,960		
9. Original project objective from approved CERF proposal				
To provide life-saving psychosocial assistance to extremely vulnerable Chadian Returnees fleeing the current tribal fighting in Darfur, Chadian Returnees previously detained in detention centers throughout Libya and Chadians arriving along the Nigerian border due the escalating violence between the Nigerian army and Boko Haram, and to their community of origin.				
To ensure protection, care and well-being of vulnerable returnees from Libya, Sudan and Nigeria are provided with the critically needed humanitarian aid and protection needs from violence, abuse, and exploitation.				
10. Original expected outcomes from approved CERF proposal				

Outcome 1: Returnees from Sudan, Libya and Nigeria, as well as their community of origin receive lifesaving psychosocial support

Indicators:

- per cent of psychosocial activities ensuring equal participation of both returnees and community of origin members
- per cent of psychosocial activities ensuring equal participation and access of men and women
- 3000 returnees and community members will receive psychosocial support (either through individual counseling, recreational activities, information campaigns, or support provided to “groupements”)
- per cent of beneficiaries expressing satisfaction with the psychosocial intervention

Outcome 2: Community-based protection mechanisms are strengthened within the communities hosting Returnees from Libya, Sudan and Nigeria.

Indicators:

- per cent increase in sense of solidarity, and trust in the ability of the community.
- per cent increase in community involvement in addressing protection issues (# of protection committee meetings)
- # of vulnerable individuals identified and referred to support services.

11. Actual outcomes achieved with CERF funds

The project has made major advances to strengthen the mechanism for community protection through the training of 27 committees in the three locations of Faya, Tissi and N’Gouboua. These committees have been created with the aim of ensuring protection, monitoring and tracking of vulnerable persons and referral to psychosocial support and direct counseling services in their localities. The members of the committees have been trained on the basics of protection, children’s rights and safety, family safety, and the right to humanitarian services. Direct psychosocial support activities have included the identification and mapping of women’s groups and their training in active listening, facilitation of focused exchanges group, and the dissemination of key messages on social cohesion. These activities, developed after the trainings, benefited communities in Faya, N’Gouboua and Tissi, reaching more than the target beneficiaries. Specifically the project achieved the following results:

- 3,963 returnees from Sudan, Libya and Nigeria, and members of the receiving communities were involved in a psychosocial needs assessment conducted in Faya, N’Gouboua and Tissi through referral from targeted communities.
- 3,963 returnees and members of the receiving communities received different forms of psychosocial support..
- Training of 27 protection committees totaling 231 Beneficiaries (48 males, 183 females)
- Direct Individual counseling for 48 beneficiaries, all females.
- Recreational activities in Faya, N’Gouboua and Tissi, reaching a total of 2,387 (1247 male, 1140 female).
- 134 Sessions of 42 groups that covered social cohesion and experience sharing among the community, reaching, 108 male, 1,189 female with a total of 1,297 beneficiaries.

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

While the targeted number of committees was 30, IOM has managed to establish 27 committees as some of the committees in N’Gouboua were merged due to the illiteracy of participants. However, the total number of beneficiary has exceeded the target of 3,000 as respective communities referred 3,963 individuals who were interested in this project. It led to more sense of trust and solidarity between the host community and the returnees addressing more vulnerable female and children among the communities.

Through the donation from the Government of Japan, IOM constructed a women’s centre in Tissi which offered a place for beneficiaries, from this project, to organize meetings to discuss information sharing and protection mechanisms which assisted 27 committees members are already capable of provide primary assistance for community members in need.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): Gender Marker code is 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 <input type="checkbox"/>
<p>If evaluation has been carried out, please describe relevant key findings here and attach 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.</p> <p>Official evaluation of the project could not be carried out within the project duration as there were some delays in organizing activities on ground due to staffing. However, IOM has monitored the further activities of assisted 27 committees via phone and continue mentoring their activities.</p>	<input type="checkbox"/> EVALUATION PENDING <input type="checkbox"/> NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WFP	5. CERF grant period:	[01.04.14 – 31.12.14]
2. CERF project code:	14-UFE-WFP-013	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Food		
4. Project title:	PRRO200289 – Food assistance to refugees and vulnerable populations affected by malnutrition and recurrent food crisis		
7. Funding	a. Total project budget:	US\$ 147,359,351	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 55,891,347	▪ NGO partners and Red Cross/Crescent: US\$ 49,015
	c. Amount received from CERF:	US\$ 799,997	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	73,950	67,549	There is a difference between the planned and actual beneficiaries due to the following reasons; monitoring of markets showed that the prices of food commodities had gone up in the implementation area which compelled WFP to raise the voucher value from USD 9 to USD 11 per person per month. Secondly, to enhance coordination and complementarity with other partners, WFP reached less beneficiaries because they already were receiving assistance from other partners as well.
b. Male	71,050	64,900	
c. Total individuals (female + male):	145,000	132,449	
d. Of total, children <u>under</u> age 5	6,387	5,834	
9. Original project objective from approved CERF proposal			
The main objective of this CERF component requested by WFP will be saving lives and strengthening the food security of vulnerable Chadian population in the Sahelian belt			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Numbers of beneficiaries of WFP food rations, by category, age group and gender, as per cent of planned figures Quantities of food distributed, by commodity and beneficiary category, as per cent of planned distribution US\$ of cash/voucher distributed, by beneficiary category, as per cent of planned distribution 			
11. Actual outcomes achieved with CERF funds			
<p>WFP distributed over USD 220,000 in Cash/Vouchers to 24,450 (98 per cent) beneficiaries and 324 MT of pulses to 108,000 (90 per cent) beneficiaries in the Sahelian belt of Chad.</p> <p>The results from the National Food Security Assessment (NFSA) carried out in November 2014 seem to indicate that governmental and humanitarian efforts to reduce food insecurity in Chad are contributing to a positive evolution at this level. According to these assessments the prevalence of global food insecurity in 2014 in Chad as a whole is half of the value which prevailed in 2011 (42</p>			

percent versus 20 percent).	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
There was a slight discrepancy in beneficiary numbers reached which has been explained above.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): If 'NO' (or if GM score is 1 or 0): Gender Marker Code is 2a: In order to inform WFP's program design decisions, post distribution reports mainstreamed gender aspects. For example, the latest post distributions reports exercises revealed that the proportion of households where females make decisions over the use of cash, voucher or food seemed to be very high in Chad (70 percent of beneficiary households of seasonal assistance) and amongst central African refugees (81 percent), being only slightly lower amongst Sudanese refugees (60 percent).</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
The post distribution monitoring report has been drafted and is currently under review. Report will be shared with CERF once completed at the end of February.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

PROJECT RESULTS			
CERF Project Information			
1. Agency:	WHO	5. CERF Grant Period:	04/04 /2014 to 31/12/2014
2. CERF Project Code:	14-UF-WHO-012	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	HEALTH		<input checked="" type="checkbox"/> Concluded
4. Project Title:	<i>Emergency medical intervention for saving lives of severely malnourished child CHD 14/H/64981/122</i>		
7. Funding	a. Total project budget: US\$ 789,072		d. CERF funds forwarded to implementing partners: ▪ NGO partners and Red Cross/Crescent: US\$125,000 ▪ Government Partners: US\$22,500
	b. Total funding received for the project: us 399,703		
	c. Amount received from CERF:399,703		
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	109,000	109,000	N/A
b. Male	56,000	56,000	
c. Total individuals (female + male):	165,000	165,000	
d. Of total, children <u>under 5</u>	44,200	44,200	
9. Original project objective from approved CERF proposal			
Provide life-saving health interventions to severely malnourished children in the regions of Chad affected by food crisis in Sahel belt and increase access to primary health care for under-five children and pregnant women so as to decrease mortality and morbidity rates			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Reduced case fatality rates related to severe malnutrition in health facilities by better management of medical complication Improved referral system for medical complications of severe acute malnutrition to Nutrition Therapeutic Centers Strengthened capacity of health workers for IMCI Strengthened capacity of health of DHT for monitoring the health and nutritional programs 100 per cent of malnourished children in receiving centers for medical complications are properly supported Reduced case fatality rates from over 10 per cent to under 5 per cent of mortality related to severe malnutrition in health facilities by better management of medical complication 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> Reduced case fatality rates from over 10 per cent to under 5 per cent of mortality related to severe malnutrition in health facilities 44,200 malnourished children in receiving centers for medical complications are properly supported Health facilities from 3 regions of the Sahel :DSR Guera, DSR Kanem), DSR Barh El Gazel were supplied pediatric kits and laboratory products for the treatment of medical complications related to malnutrition 			

<ul style="list-style-type: none"> • Procurement and distribution of paediatric kits of medical care of acute under-nutrition • Provide logistic support (mobile clinic) for urgent cases transfer in district hospitals and outreach activities for nomadic • Support referral system of severe malnourished children with medical complication and pregnant women to district hospital • Salary for International specialists in nutrition and paediatrics for 1 month • Salary for National nutritionist for 9 months • Salary for 3 Paramedics for MoH mobile clinics for 9 months • Per diem for Community Health Workers (CHW) for MoH outreach activities of Kanem, Bahr El Gazal and Guera • Signing of a memorandum with ACF • Fuel for ambulance • Fuel for field visit • Supervision monitoring and evaluation 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0)</p> <p>Gender Marker code is 2 a: Charge screening and case management which benefited for both men and women, girls and boys</p> <p>From the design of project, beneficiaries of this project are both girls and boys under five years suffering from severe malnutrition. CERF fund allowed a free of charge screening and case management of severe malnutrition, that contribute to improve gender equity for use of health services</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Monitoring & Evaluation realised throughout supervision missions and weekly epidemiological data collection and analysis to monitor outcome achievement • The project was evaluated through supervision mission by a nutrition specialist from the WHO country office. Key findings include: <ul style="list-style-type: none"> • 100 per cent of CNT (Nutrition therapeutic centres) were well-equipped and functioning in all health districts; • 100 per cent of malnourished children in receiving centres for medical complications are properly supported • No drugs and laboratory products were out of stock in all visited health districts; • Nutrition and epidemiological data were collected on a daily basis in health facilities and transmitted on a weekly basis to health district and to national level. • ACF established a (1) mobile clinic during the lean period in the DS Nokou 	

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	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/Remarks
14-UFE-WFP-013	Food Assistance	WFP	Acted	yes	INGO	\$49,015	24-Jul-14	23-Jun-14	Partners are able to begin distributions before receiving the funds because after WFP signs the contract with them, they begin. They do not need to wait for the disbursements of funds.
14-UFE-WHO-012	Health	WHO	ACF	Yes	INGO	\$125,000	15-May-14	30-May-14	
14-UFE-WHO-012	Health	WHO	MOH	Yes	GOV	\$22,500	15-Jun-14	15-Jun-14	
14-UFE-CEF-026	Health	UNICEF	ADES	Yes	NNGO	\$45,588	24-Jul-14	1-Jul-14	pre-financing by the partner
14-UFE-CEF-026	Health	UNICEF	MOH	Yes	GOV	\$17,301	23-Jun-14	1-Jul-14	
14-UFE-CEF-027	Child Protection	UNICEF	Ministry of Social Affairs	Yes	GOV	\$161,714	15-May-14	1-Jun-14	
14-UFE-CEF-027	Child Protection	UNICEF	IHDL	Yes	NNGO	\$45,095	15-May-14	1-Jun-14	
14-UFE-CEF-025	Nutrition	UNICEF	BASE	Yes	NNGO	\$12,209	1-Aug-14	1-Sep-14	
14-UFE-CEF-025	Nutrition	UNICEF	MOH	Yes	GOV	\$432	1-Aug-14	1-Sep-14	
14-UFE-CEF-028	Water, Sanitation and Hygiene	UNICEF	ACTED	Yes	INGO	\$281,276	3-Jul-14	4-Jul-14	
14-UFE-CEF-028	Water, Sanitation and Hygiene	UNICEF	Ministry of infrastructures and hydraulique Kanem	No	GOV	\$59,794	4-Aug-14	4-Aug-14	
14-UFE-CEF-028	Water, Sanitation and Hygiene	UNICEF	IAS	Yes	INGO	\$443,172	12-Sep-14	12-Sep-14	
14-UFE-CEF-028	Water, Sanitation and Hygiene	UNICEF	Oxfam Intemon	Yes	INGO	\$233,634	12-Sep-14	12-Sep-14	
14-UFE-CEF-028	Water, Sanitation and Hygiene	UNICEF	AFDI	Yes	NNGO	\$69,322	14-May-14	14-May-14	
14-UFE-CEF-028	Water, Sanitation and Hygiene	UNICEF	IHDL	Yes	NNGO	\$59,793	7-Nov-14	7-Nov-14	
14-UFE-CEF-028	Water, Sanitation and Hygiene	UNICEF	Consortium Abdkouda	Yes	NNGO	\$41,761	7-Jun-14	7-Jun-14	

14-UFE-FAO-006	Livelihoods	FAO	BCI		NNGO	\$63,674	19-Dec-14	1-Oct-14	pre-financing by the partner
14-UFE-FPA-008	Protection	UNFPA	COOPI	Yes	INGO	\$17,227	1-Jul-14	1-Jul-14	
14-UFE-FPA-008	Protection	UNFPA	APFLP	Yes	NNGO	\$13,777	1-Jul-14	1-Jul-14	
14-UFE-FPA-009	Health	UNFPA	COOPI	Yes	INGO	\$40,800	25-Apr-14	25-Apr-14	
14-UFE-FPA-009	Health	UNFPA	CSSI	Yes	NNGO	\$40,803	25-Apr-14	25-Apr-14	
14-UFE-HCR-009	Multi-sector refugee assistance	UNHCR	LWF	Yes	INGO	\$559,405	24-Apr-14	15-Jan-14	The Partner used others UNHCR funds to start the activities.
14-UFE-HCR-009	Multi-sector refugee assistance	UNHCR	ADES	Yes	NNGO	\$435,307	24-Jun-14	5-Jul-14	
14-UFE-HCR-009	Multi-sector refugee assistance	UNHCR	HIAS	Yes	INGO	\$30,000	24-Apr-15	15-May-14	
14-UFE-FAO-005	Livelihoods	FAO	AGRO ACTION	Yes	NNGO	\$29,605	12-Jun-14	12-Jun-14	
14-UFE-FAO-005	Livelihoods	FAO	CADR	Yes	NNGO	\$69,292	16-Jun-14	16-Jun-14	
14-UFE-FAO-005	Livelihoods	FAO	ACTED	Yes	INGO	\$56,742	6-Jun-14	6-Jun-14	
14-UFE-FAO-005	Livelihoods	FAO	ONDR-CE	Yes	GOV	\$34,539	9-Jun-14	9-Jun-14	
14-UFE-FAO-005	Livelihoods	FAO	PU AMI	Yes	INGO	\$57,236	25-May-14	25-May-14	
14-UFE-FAO-005	Livelihoods	FAO	BCI	Yes	NNGO	\$34,539	25-Jun-24	25-May-14	
14-UFE-FAO-005	Livelihoods	FAO	ACF	Yes	INGO	\$56,249	17-Jun-14	17-Jun-14	
14-UFE-FAO-005	Livelihoods	FAO	ACORD	Yes	INGO	\$40,677	22-Oct-14	22-Oct-14	
14-UFE-FAO-005	Livelihoods	FAO	ONDR NE	Yes	GOV	\$21,356	22-Jun-14	22-Jun-14	
14-UFE-FAO-005	Livelihoods	FAO	OXFAM GB	Yes	INGO	\$56,742	22-Jun-14	22-Jun-14	

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ADES	Association pour le Développement Economique et Social
ACF	Action Contre la Fin
AGD	Age Gender Diversity
ANC	Antenatal Care
CHW	Community Health Workers
CNARR	Commission Nationale d'Accueil et de Réinsertion des réfugiés
CNT	Nutrition therapeutic centres
COOPI	Cooperazione Internazionale
CSSI	Centre de Support en Santé Internationale
DSR	Direction Sanitaire Regionale
EMOC	Emergency Obstetric Care
ENSA	Enquête Nationale sur la Sécurité Alimentaire
GBV	Gender Based Violence
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HIAS	Hebrew Immigrant Aid Society
IGA	Income Generating Activities
IMCI	Integrated Management of Childhood Illness
IOM	International Organization for Migration
LWF	Lutherian World Fundation
MAM	Moderate Acute Malnutrition
MISP	Minimum Initial Service Package
NFSA	National Food Security Assessment
OCHA	Office for the Coordination of Humanitarian Affairs
OPV	Oral Polio Vaccine
PoC	People of Concern
SAM	Severe Acute Malnutrition
SGBV	Sexual Gender Based Violence
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Organization
RUTF	Ready-to-Use Therapeutic Food