



## ANNUAL REPORT ON THE USE OF CERF GRANTS IN NIGER FOR THE FOOD CRISIS AND THE IMPACT OF THE LIBYA CRISIS

<b>COUNTRY</b>	<b>NIGER</b>
<b>RESIDENT/HUMANITARIAN COORDINATOR a.i</b>	<b>Guido CORNALE</b>

### I. SUMMARY OF FUNDING IN 2011 – US\$

<b>Funding</b>	<b>1. Total amount required for the humanitarian response</b>		215,926,795 <sup>1</sup>	
	<b>2. Breakdown of total response funding received by source</b>	2.1 CERF		15,736,845
		2.2 COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)		100,376,762
		2.3 OTHER (Bilateral/Multilateral)		56,731,262
		2.4 TOTAL		172,844,869
	<b>3. Breakdown of funds received by window</b>	<input checked="" type="checkbox"/> Underfunded		5,988,195
		1. First Round		
		2. Second Round		5,988,195
		<input checked="" type="checkbox"/> Rapid Response		9,748,650
	<b>4. Please provide the breakdown of CERF funds by type of partner</b>	4.1 Direct UN agencies/IOM implementation		15,047,493
		4.2 Funds forwarded to NGOs for implementation		606,702
		4.3 Funds forwarded to government partners		4,000
		4.4 TOTAL		15,736,845

<sup>1</sup> The total sum for rapid response was \$9,748,650.

## II. SUMMARY OF BENEFICIARIES PER EMERGENCY – LIBYAN CRISIS

<b>Total number of individuals affected by the crisis</b>	<b>Individuals</b>	2,415,811
<b>Total number of individuals reached with CERF funding</b>	<b>Female</b>	698,899
	<b>Male</b>	753,858
	<b>Total individuals (Female and male)</b>	1,452,757
	<b>Of total, children <u>under 5</u></b>	325,617

## III. Geographical Areas of Implementation

Since February 13, 2011, Libya has faced socio-political crises and violence leading to a massive migration to Niger through the northern departments of Bilma and Arlit in the Agadez region. Due to the limited capacity of the Government in the region, UN agencies, in particular IOM, WFP and UNICEF were requested by the Government to support its efforts by providing humanitarian response through various projects. The proposed relief operation aimed to:

- Provide emergency humanitarian aid to migrants in distress, via transit facilities at the borders of Niger. This aid included: food assistance, transportation from Dirkou to Agadez (or to the original locations of migrants).
- Ensure the primary and referral healthcare as well as life-threatening disease prevention for migrants returning from Libya.
- Reduce the risk of infection of STI/HIV/AIDS among youth aged 15 to 24 and migrants from three communes (Tanout, Ollelewaand Gangara) in the department of Tanout.
- Provide water and sanitation services, which complied with minimal standards.
- Ensure safe and prompt access to Dirkou for humanitarian aid workers (NGOs, UN, donor representatives, the Government and media).

For food security activities, geographic targeting was based on the household vulnerability assessment, the 2011/2012 final evaluation of the agricultural campaign, recent nutrition studies, and the Integrated Phase Classification map; conditional/unconditional food assistance was provided in target communes within the eight regions of Niger (Agadez, Diffa, Dosso, Maradi, Niamey, Tahoua, Tillabéri and Zinder). For livestock distribution, Agadez, Diffa, Tahoua, Tillabéri and Zinder, which were most-affected by animal loss in 2010, were targeted.

Nutrition projects were implemented countrywide with a priority on areas with a high prevalence of acute malnutrition and high population density. The most-affected regions were Tillabéri, Tahoua and the periphery of Niamey. For blanket supplementary feeding activities, geographic targeting was based primarily on nutrition indicators, focusing on regions where the global acute malnutrition (GAM) rate exceeded the 15 per cent 'critical' threshold among children under 5, or where the prevalence of GAM was within the emergency threshold of 10-14 per cent with the possibility of significant deterioration due to aggravating shocks. Tillabéri region was prioritized for preventative nutrition interventions early on, in the light of a particularly high prevalence of acute malnutrition – the highest in Niger, at the time. The proposed relief operation aimed to:

- Save the lives of children under 5 year-olds affected by severe acute malnutrition in food insecure regions in Niger, by ensuring the availability of, and access to quality treatment, as they were at a higher risk of death than their well-nourished peers.
- To stabilize and prevent acute malnutrition in children under 2 years-old.
- Restore and reinforce livestock based livelihoods and a livestock based way of life in agro-pastoral and pastoral zones.

- Save the lives of populations living in Agadez, Tahoua, Tillabéri and Zinder by reducing attack and case fatality rates due to malaria, cholera and measles outbreaks, acute respiratory infections, and outbreaks linked to floods.
- Create and restore community assets in the areas affected by recurring shocks and vulnerability so as to improve the food consumption of the affected population, whose food security has been adversely affected by seasonal shocks.
- To ensure safe and reliable humanitarian access in Niger and the region.

In 2011, the cholera epidemic and floods were identified as the main WASH risks, and the chosen priority area of implementation was the region of Tillabéri, which has been affected by cholera outbreaks since March 2011, with two main phases (April and June 2011), 838 cases being reported, and a total of 33 deaths<sup>2</sup>. The outbreak has been spreading quickly in areas surrounding the Kollo district and required an urgent response to avoid an increase in 20 affected villages in the districts of Kollo, Niamey II, Tera and Say and to assist flood-affected communities in the Tillabéri region.

For the health sector, the outbreaks control activities took place mainly in the Tillabéri region, which has notified 70 per cent of the 2,426 cholera cases reported in Niger in 2011 and in Maradi region. In 2012, Tillabéri was the only region which notified the 236 cholera cases reported by the country. Medical care for migrants from Libya was organized in Agadez in both transit centres of Agadez city and Dirkou.

#### IV. Process and Consultation Summary

- I) Was the CERF report discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators?  
 YES  NO

Remarks:

- II) Was the final CERF report shared for review with in-country stakeholders (i.e. the CERF recipient agencies, cluster/sector coordinators and members and relevant government counterparts)?  
 YES  NO

It was shared with the concerned cluster lead agencies and with the Government of Niger (CERF Advisory Group member).

<sup>2</sup>WHO cholera outbreak monitoring report, Niamey, 29 August 2011.

## V. ANALYSIS

### 1. The humanitarian context

In many parts of Niger, extreme weather events, including drought and floods, have continued to negatively impact agricultural activities, with 80 per cent of the agro-pastoral population relying on a single rainy season for crop cultivation and pasture renewal. The rainfall recorded by 31 August 2011 was frightening, oscillating between 300 and 680 millimetres, showing a cumulative rain deficit of 85 per cent of stations surveyed, compared with the 2010 season, and a 58 per cent deficit of stations as far as the mean from 1971 to 2000 was concerned.

In October 2011, the Ministry of Agriculture expressed deep worries over the results of the 2010/2011 agro-pastoral campaign. Consequently, Niger's early warning system (SAP) has been reporting growing food insecurity. In the light of this forthcoming difficult situation, the prime minister called for international assistance in August followed by the President of Niger's request during the General Assembly meeting in September in New York. This situation has been significantly undermining the pastoralists' resilience capacities. Herders from the affected zones will then be seriously-affected and will again deal with animal feeding problems, which will surely undermine efforts deployed for the renewal of their traditional livestock production, which is their basic food security support and livelihood asset. The overall implication of the situation with regard to pastoralists was multidimensional, resulting in the forced sale of animals at very low prices just to avoid death and starvation as well as dwindling trade between cereals and animals.

The country has not yet fully recovered from the 2010 crisis, which has reduced the resilience of rural populations, especially among small farmers and herders who have been unable to reconstitute their stocks.

The June 2011 National Nutrition Survey<sup>3</sup> showed a national prevalence of Global Acute Malnutrition (GAM) of 12.3 per cent (above the alert threshold) for children under five, and a prevalence of 1.9 per cent for Severe Acute Malnutrition (SAM). Since 2005, the prevalence of acute malnutrition among children in Niger has always been above the alert level (10 per cent) with few regions exceeding the emergency level of 15 per cent. From January to December 2011 a total of 299,358 cases of SAM were admitted for treatment, against 330,000 admissions in 2010.

Massive returns of migrant workers from Libya and Côte d'Ivoire (246,866) coincided with the seasonal returns of workers. This resulted in a loss of remittance income and increased household food demand. The purchasing power among poor agro-pastoral and pastoral households has decreased dramatically, particularly in Tahoua region, where remittances were critical to household livelihoods.

The health situation was characterized by the prevalence of potentially epidemic diseases such as meningitis, cholera, measles and malaria. According to the National Health Information System supported by WHO, in 2011, meningitis affected 1,204 people causing 145 deaths, 2,426 cases of cholera including 60 deaths and 10,568 measles cases including 42 deaths. Malaria has remained the leading cause of morbidity in Niger, which in the same period, affected more than two and a half million people, causing 2,610 deaths. The low immunization coverage, the overall malnutrition rate, a lack of access to clean water and to basic health services have significantly increased the risk for the outbreak of diseases and infant mortality rates, which is the highest in the world, (167/1000 according to UNICEF)<sup>i</sup>. Regarding the situation of HIV / AIDS, although Niger has one of the lowest prevalence rates in the sub-region (0.7 per cent) 52.28 per cent of people living with HIV are women, according to statistics released in 2010.

During the Libyan crisis, over 200,000 returnees crossed into Niger, fleeing insecurity; following three days of difficult land travel over desert in overcrowded trucks, migrants arrived in Dirkou – 600 kilometres from the Libyan border in the Tenere desert of Agadez region. Migrants arrived with nothing, and were provided with life-saving relief in Dirkou while waiting for as long as a month for an armed convoy to transport them to Agadez, which was a further 627 kilometres away.

Access to the area was difficult: Agadez is afflicted by high insecurity, further-exacerbated by weapons trafficking during the Libyan crisis. Moreover, the hostile desert environment, extreme temperatures and difficult aerologic conditions posed additional challenges to safe and reliable humanitarian access.

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<sup>3</sup> National Institute of Statistics, 2011.

## **2. Provide brief overview of CERF's role in the country**

The applications reviewed by the Humanitarian Country Team (HCT) and clusters were aimed at responding to the many and unexpected humanitarian challenges outlined above, in a timely manner. The needs analysis of the Common Humanitarian Action Plan 2011 highlighted the need to support the rehabilitation of people coming out of the acute food and nutrition crisis of 2010. UN partners had implemented early activities to prevent the situation from deteriorating further, which could have led to a food crisis during the 2012 lean season, which could have also started earlier. The proposed early activities were public and community works (CFW and FFW) in food-deficit and vulnerable areas identified by the Early Warning System and WFP's Vulnerability and Mapping unit Rapid assistance with animal feeds for drought-affected zones to secure herders livelihoods means; the protection of zones with high fodder production from bush fire hazards through cash for work; close control of animal diseases and strategic animal de-stocking as well as blanket feeding.

The operation considered the specific needs and vulnerabilities of different target groups: vulnerable women were prioritized for assistance and target labour-constrained households benefited from unconditional support. Sensitization campaigns encouraged the active participation and decision-making of women in local management committees. The nutrition ration took into account the particular micronutrient deficiencies and needs of women and children in Niger. Women in Niger were overwhelmingly primary caregivers, and thus received training on preparing special nutrition commodities and best feeding practices. Women were prioritized for registration to receive assistance, and pregnant/lactating women were also screened for malnutrition, and referred for treatment as necessary. Some responses consisted in implementing a set of interventions aimed at saving the lives of at least 58, 000 children under 5 years old affected by acute malnutrition (UNICEF); providing life saving rations through targeted food distribution to help affected populations ride out the lean season; improving the environmental sanitation and reducing the prevalence and mortality of waterborne and water-related diseases among disadvantaged populations. With the return of over 200,000 migrants from Libya, the reception capacity of the transit area of returnees was exceeded (in Dirkou located 1300 kilometres north of Niamey). Unplanned urgent needs in health, Wash and feed should be covered. UNHAS was requested by the HCT to provide flights to Dirkou to allow the deployment of assessment, assistance, and monitoring missions to NGOs, UN, donor representatives, and government counterparts as necessary for humanitarian activities. In order to respond to the humanitarian emergency, UNHAS Niger extended flight services to Dirkou, providing safe and efficient humanitarian access.

## **3. What was accomplished with CERF funding**

With the support of CERF funding, and in collaboration with other partners (NGOs, Government), IOM, WHO and UNICEF assisted approximately 160,000 migrants returning from Libya by:

- Providing medical consultations to 6,372 migrants (5,778 male, 307 female and 287 children) and 2,788 from local populations in Dirkou.
- Supporting immunization campaigns for 19,083 persons (age:1-29 years) against meningitis and 4,636 children against measles.
- Providing 26,236 meals and water distributed to vulnerable migrants, over an expected three days per person (the ration was renewed every three days until departure) in Arlit, Dirkou, Agadez and Niamey for a total of 11, 906 beneficiaries (11236 men, 519 women, 151 child under 5).
- Providing 19,247 hygiene kits (each containing washing powder, soap, and towel) were distributed to migrants in Dirkou, Arlit, Niamey (every three day) for a total number of 8,396 beneficiaries.
- Support to 10,631 Nigeriens and Third Country Nationals (TCNs) with overland transportation by road from Dirkou and Arlit to Agadez. 6173 Nigerien returnees were supported with road transportation from Agadez, Niamey to their locality of origin. To 1009 TCNs with consular assistance. 1169 Third Country Nationals (TCNs) by bus/air transportation to their country of origin.
- Improving migrants' access to drinking water through the construction of four new taps at the centre connected to the public water supply network. While the piping construction was going on, migrants were supplied from two out of six poly tanks installed at the centre and filled up by a cistern from the water supply network.
- Improving sanitation through the construction of eight additional toilets and eight bathing areas in the transit centre of Dirkou. Twelve community relays and four technicians also facilitated hygiene education sessions with migrant groups to inform them on household water treatment and behaviours for reducing

the risks of epidemic outbreaks, with specific attention to hand washing with soap. Household kits including jerry cans, buckets, water purification tablets etc., were given to migrants. Chlorine tablets were used to disinfect water supplies at the household level and at the distribution points (water tanks).

- Contributing to avoid drinking water shortage among migrants on their way to Agadez in the desert by rehabilitating and disinfecting two existing large diameter wells and all traditional wells in the shallow aquifer of Dirkou.

Using funds made available to UNICEF through CERF funding, 43,656 cartons of Ready to Use Therapeutic Food (RUTF) were procured, distributed, making it possible to offer treatment to 58,632 children aged 6 – 59 months who were affected by severe acute malnutrition, thereby contributing to a total caseload of 299,358 cases treated in 2011.

The overall quality of care was in line with international standards (SPHERE standards): all performance indicators were better than the minimum threshold. The recovery rate was as high as 84 per cent (the minimum acceptable rate was 75 per cent), the death rate was only 1.5 per cent (the maximum acceptable was 10 per cent), and the defaulter rate was as low as 5.2 per cent, against a maximum acceptable set of 15 per cent. For health activities, CERF funding has directly saved lives by providing treatment for diseases and the control of epidemics and significantly-reducing the case fatality rate of cholera.

The CERF underfunded and rapid response windows have been instrumental in allowing WFP to ensure a timely response from the moment that a looming food crisis was detected. Particularly, CERF funding allowed for the rapid scale-up of cash-for-work activities: from 1,200 households (8,400 individuals) originally planned, to an expanded caseload of 42,928 households (300,496 individuals). Cash for work projects were selected in collaboration with communities and local authorities, and included the rehabilitation of land, water conservation, and building disaster-mitigation assets. The operation considered the specific needs and vulnerabilities of different target groups: vulnerable women were prioritized for assistance and target labour-constrained households benefited from unconditional support as necessary. Sensitization campaigns encouraged the active participation and decision-making of women in local management committees.

With CERF contribution, 164 metric tons of Plumpy Sup were procured internationally and arrived in February 2012. Beginning in March, 59,420 moderately acute malnourished children under 5 years-old would be treated in nutrition feeding centres. A preliminary registration exercise was conducted in Tillabery region and registered 34,254 children 6-23 months and 12,657 lactating women. The tonnage purchased would kick start the operation and benefit registered children for nearly two months, and lactating women for nearly four months. The provision of critical assistance would prevent the fragile nutrition situation of children under 2 years-old from deteriorating significantly during the lean season, when access to basic food commodities is severely constrained. In 2012, WFP would implement a longitudinal impact study to evaluate the impact of the intervention in Tillabery.

The CERF contribution allowed WFP/UNHAS to continue to provide safe, reliable, and efficient air transportation to humanitarian staff and goods and to carry out medical and security evacuations as required in October and November 2011. With CERF funding, 2,419 passengers benefited from 272 hours of safe, efficient air services – and seven mt of cargo were transported.

#### **4. An analysis of the added value of CERF to the humanitarian response**

##### **a) Did CERF funds lead to a fast delivery of assistance to beneficiaries? If so how?**

YES  NO

The total number of SAM cases planned for 2011 (200,000) was exceeded by almost 100,000 cases. The CERF grant made it possible for the nutrition partners in Niger to continue service delivery without delay due to the stock out of RUTF and essential drugs, despite the fact that the number of cases managed by the system was significantly higher than the planned caseload.

CERF funds made it possible to provide safe drinking water to migrants at arrival and during their stay in the IOM-managed centre of Dirkou, through direct distribution from water trucking while four additional new water sources were built.



CERF funding under the rapid response window allowed WFP to launch vital cash for work and blanket supplementary feeding activities to support severely vulnerable target groups prior to the 2012 crisis lean season. Funding allowed for the timely international procurement of special nutrition commodities. Moreover, CERF funding ensured safe and reliable access for humanitarian workers in the region to ensure timely and continued provision of assistance, including for assessment, distribution and monitoring.

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

YES  NO

2011 brought strong evidence showing that food security only partially determined acute malnutrition, and the number of children treated for SAM was beyond expectations. As a consequence, supplies planned to cover the entire year quickly became insufficient. The CERF grant made it possible to procure additional supplies of Ready to Use Therapeutic Food (43,656 cartons of RUTF and required medicines), for the adequate treatment of 58,632 children aged 6 – 59 months affected with SAM, therefore preventing any stock out of essential supplies. Blanket supplementary feeding in Tillabery region (where the prevalence of global acute malnutrition was highest, affected 14.8 per cent of children under 5, including 22.6 per cent of children aged 6-23 months) – would be implemented as of March 2012, prior to the onset of the lean season. Additional contributions received would allow the expansion and sustainability of the activity until August. In parallel, 59,420 children under 5 receiving treatment for moderate acute malnutrition would be able to complete their treatment.

It was predicted that the fodder deficit would have a tremendous impact on herder's livelihoods as in 2010 by important animal losses during the lean season. Funding would be contributed with the donation of Belgium and Sweden to put roughly 5, 000 tons of animal feed in the most-affected pastoral zones on the market in April, which was critical. The rehabilitation of the two water sources on the way to Agadez has been of critical importance to migrants on their way to Agadez (through the desert). The direct distribution of water through water trucking in the Dirkou centre was also time-critical.

Until the extension of UNHAS flights to Dirkou, plans to respond to the needs of incoming returnees and other migrants were delayed by limited access to the area. The 627 kilometre route from Agadez city to Dirkou was otherwise only accessible by land, requiring military escorts – of which there was only one military escort organized per month by the Government for two day trips. Limited access was further-complicated by hostile terrain. Without CERF funding, the timely access of humanitarian workers to the highly-insecure region would not have been assured.

**c) Did CERF funds result in other funds being mobilized?**

YES  NO

CERF funds were timely in terms of filling a critical gap when there was no other possibility to sustain service delivery without compromising the quality or discontinuing treatment due to therapeutic supply stock outs. It made it possible to continue saving lives while taking the time required for resource mobilization. Although funding negotiations were initiated with other donors.

For animal feed, CERF was the trigger for mobilizing funds with Belgium and Sweden. 5000 tons were mobilized with the contribution of CERF funds or 40 per cent.

Through CERF, WFP was able to maintain and extend flight services in Niger and the region, allowing high profile missions as well as technical missions, which gathered enough information to lobby for the needs of the affected populations.

**d) Did CERF improve coordination amongst the humanitarian community?**

YES  NO

Nutrition activities have been designed and implemented in coordination with the Nutrition cluster, and as part of the Joint UNICEF/WFP Nutrition Action Plan. As per the partnership agreement between WFP, UNICEF and the Government, WFP provided commodities, trained health and NGO partner staff, and financed the registration of beneficiaries as well as nutritional screening. With the support of UNICEF, caregivers were trained on the preparation of Super Cereal plus and best feeding practices for infant and young children

during distribution, and pregnant/lactating women and children were screened for acute malnutrition and referred for treatment if necessary. Technical support to government counterparts and NGO partners was provided to enhance monitoring and management, and WFP provided training in food management and handling for government counterparts.

For the implementation of both nutrition and cash-for-work activities, WFP has expanded partnerships with local and international NGOs, government counterparts, donors, and micro-finance organizations. Coordination within clusters has been strengthened. For the health sector, the implementation of CERF activities has been discussed and coordinated through the Health cluster meetings involving the Government, the UN and NGOs.

- VI. The expansion of services came at the request of the User Group. Services were used by the entire humanitarian community, requiring extensive coordination – managed by WFP. The CERF process was discussed between the clusters during the HCT meeting. The information was also shared with the Government during the meeting of national committee on food security. Specifically to the food security cluster, eight NGO members of the Food Security cluster were involved in the project implementation.



## VI. LESSONS LEARNED

LESSONS LEARNED	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
The existence of a large network of severe acute malnutrition treatment sites made it possible to reach and treat a high number of children affected with severe acute malnutrition.	The Government is to continue efforts to fully-integrate the management of severe acute malnutrition into health facilities <sup>4</sup> by providing relevant resources to health centres, CERF grant enabled the implementation of those activities.	Ministry of Health/Nutrition Directorate
The quality of treatment was better in treatment sites where an NGO was providing technical and to some extent, financial support.	The Government should issue directives to ensure ownership of treatment of SAM by civil servants, in order to guarantee the quality of care even if there is no supporting partner <sup>5</sup> . Relevant resources to health centres provided by CERF grant enabled the quality of treatment in the centres supported by UNICEF.	Ministry of Health / Nutrition Directorate
Weekly admission of new cases of SAM countrywide made it possible to monitor progress and ensure adequate supplies management.	The Government to continue ongoing effort in this respect. <sup>6</sup> CERF grant enabled the implementation of those activities and now the Government is considering this centre into its planning process.	Ministry of Health/Nutrition Directorate
Working in close collaboration with the communal authorities was essential to be able to respond to the most pressing needs and to equip the IOM managed transit site with water, hygiene and sanitation infrastructures in a timely manner.	Enhance coordination between different humanitarian actors including government actors for the successful implementation of emergency activities.	WASH cluster
Implementing WASH activities is a very long process, and it is crucial not to underestimate the time needed for the preparation of activities such as the feasibility studies, the preparation of technical documents to consult the firms etc.	Funds have to be made available as soon as possible to allow for the timely implementation of WASH activities.	UNICEF
To ensure controlling the cholera outbreak, the correct medical care is not enough. We must also ensure awareness, to change behaviours and to ensure the provision of drinking water, to avoid new contaminations. A close collaboration between the Health and WASH clusters is essential.	Ensure communication for behavioural changes, treating drinking water and provide drinking water.	Health and WASH clusters
If possible, activities must be carried out in support and not as a substitute to national authorities. This reinforces the sustainability of benefits and ownership.	Ensure that local authorities are involved in the planning and implementation of the activities.	Humanitarian community
By the end of 2011 and early 2012 WFP faced delays in the timely clearance of commodities in Cotonou.	In order to mitigate risks of port congestion and ensure the timely clearance and arrival of international shipments during the peak of the 2012 crisis, WFP has opened additional supply corridors. The forward purchase facility for	WFP

<sup>4</sup> It remains unclear how this relates to the CERF.

<sup>5</sup> Ibid.

<sup>6</sup> Ibid.

	the Sahel region has also been activated, and special nutrition commodities have already been procured.	
Challenge: UNHAS Niger operated a single aircraft in 2011 to respond to both ongoing interventions as well as the Libyan crisis. Access to a second back-up aircraft in Entebbe, Uganda, did provide some additional support. However, the operation effectively manned one aircraft, which at times posed difficulties to the continuity of services in the event of technical difficulties.	Now in 2012, with the deteriorating humanitarian situation in Niger, UNHAS is again required to drastically expand services – including additional locations, increased frequency, and enhanced MedEvac capacity. The agency has thus planned for a second aircraft in country to support activities through the height of the crisis.	UNHAS/WFP
WFP has a pool of technically competent potential partners (NGOs, MFIs) in each region that on the basis of: i) WFP's partner evaluation exercise; ii) recommendations from WFP sub-offices working closely in the field in coordination with partners; and iii) the quality of partner project proposals. For MFIs, risk analysis is performed by the treasury unit of WFP's legal unit.	The availability of this partner pool has significantly reduced the time needed to launch new cash and food distributions.	WFP
Recognition of the importance of safeguarding/protecting or restoring the livelihoods of vulnerable households as important criteria for CERF allocation by the humanitarian community.	Well explained in the CERF document "life-saving criteria" and all partners recognize that the CERF component builds the bridge between emergency activities and early recovery.	Humanitarian community
Considering CERF as a fund to be shared by all agencies may lead to the implementation of the project and delay the process.	To set up priorities among stakeholders and to retain the most important ones.	Humanitarian community

## ANNEX I. INDIVIDUAL PROJECT RESULTS BY AGENCY

UNICEF - NUTRITION						
CERF PROJECT NUMBER	11-CEF-054-A	Total Project Budget	\$24,129,000 <sup>7</sup>	Beneficiaries		Gender Equity
				Targeted	Reached	
PROJECT TITLE	Emergency nutrition for child survival in Niger: scaling up and improving the quality of management of acute malnutrition among children under 5	Total Funding Received for Project	\$ 21,097,106	Individuals	13,000	13,632
				Female	6,350	6,157
				Male	6,650	7,475
				Total individuals (Female and male)	13,000	13,632
				Of total, children under 5	13,000	13,632
				TOTAL	13,000	13,632
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 749,996			Girls and boys had equal access to treatment.
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES			MONITORING AND EVALUATION MECHANISMS	
Contribute to reducing morbidity and mortality due to severe acute malnutrition among children aged 6 – 59 months.		Supply of therapeutic food and essential drugs <ul style="list-style-type: none"> <li>▪ Procurement of 9,452 cartons of RUTF for 13,632 children under five</li> <li>▪ Procurement of essential drugs for all these cases A screening plan developed jointly by WFP and UNICEF will cover almost all areas of health of seven regions most-affected by acute malnutrition for the duration of the lean season.</li> <li>▪ 13632 children were treated for SAM.</li> <li>▪ 10000 children 6 to 59 months were treated against moderate acute malnutrition.</li> </ul>			Weekly follow up of new admissions in treatment centres and monthly reports, on performance indicators.	
					Frequent reports from implementing NGO partners on their activities.	

<sup>7</sup> The revised CAP indicates, \$20,223,000.

**UNICEF - NUTRITION**

CERF PROJECT NUMBER	11-CEF-062	Total Project Budget	\$24,129,000	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Ensuring adequate care to the excess caseload of severe acute malnutrition among children aged 6 – 59 months in Niger	Total Funding Received for Project	\$ 21,097,106	Individuals	42,000	45,000	This project ensured equal access to treatment for both girls and boys.
				Female	20,160	21,658	
				Male	21,840	23,342	
				Total individuals (Female and male)	42,000	45,000	
				Of total, children under 5	42,000	45,000	
				TOTAL	42,000	45,000	
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 1,950,000				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES					MONITORING AND EVALUATION MECHANISMS
Save lives of at least 42,000 children under 5 affected by severe acute malnutrition in food insecure regions in Niger, by ensuring the availability of, and access to quality treatment, as they are at higher risk of dying than their well-nourished peers.		At least 42,000 children under 5 benefited from quality management of severe acute malnutrition. <ul style="list-style-type: none"> <li>▪ Procurement and distribution of 29,124 cartons of Ready to Use Therapeutic Food (RUTF) for treatment severe acute malnutrition.</li> <li>▪ Performance indicators are in line with internationally established SPHERE standards; 45,000 children 6 to 59 months were treated against moderate acute malnutrition.</li> </ul>					Weekly monitoring of new admission of SAM cases.  Monthly supervision reports.

**UNICEF - WASH**

CERF PROJECT NUMBER	11-CEF-025	Total Project Budget	\$ 3,450,000	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Assistance to Dirkou migrants from Libya by providing water and sanitation minimum requirements standards.	Total Funding Received for Project	\$ 226,443	Individuals	65,000	65,000	New water sources as well as existing sources that were rehabilitated were accessible equally to men, women, girls and boys.  Separate latrines and bathing areas have been constructed for men and women.  All equipment has been distributed to heads of households, either women or men.
				Female	650	650	
				Male	64,350	64,350	
				Total individuals (Female and male)	65,000	65,000	
				Of total, children under 5	780	780	
TOTAL	65,000	65,000					
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 176,443				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>Reinforce and extend existing water supply system.</p> <p>Rehabilitate and disinfect two existing large diameter wells and all traditional wells in the shallow aquifer in Dirkou.</p> <p>Provide migrants with household Kits including jerry cans, buckets, water purification tablets etc</p> <p>Construct eight additional pit latrines in the transits centres in Dirkou.</p>		<p>Supply of safe water to migrants in IOM managed camp in Dirkou.</p> <ul style="list-style-type: none"> <li>■ Four new bore holes constructed and equipped with hand pumps.</li> <li>■ 330,541 litres of safe water distributed through water tracking system.</li> <li>■ Three local pump repairmen have been trained on pump maintenance.</li> <li>■ A set of pump spare parts provided to the commune.</li> </ul> <p>Rehabilitation and disinfection of two large diameter wells on the way to Dirkou - Agadez Dirkou is 750 km away from Agader in the desert and there are only two large diameter wells on the way that have been rehabilitated to provide potable water to migrants on their way to Agadez:</p> <ul style="list-style-type: none"> <li>■ Rehabilitation of two wells (Espoir and Anhour).</li> <li>■ Disinfection of the two well-located between Dirkou and Agadez</li> </ul> <p>Provision of Household kits and water treatment product "Aquatabs" to migrants.</p> <ul style="list-style-type: none"> <li>■ 2000 buckets of 30 l distributed to migrants in Dirkou.</li> <li>■ 2000 buckets of 20 l distributed to migrants in Dirkou.</li> <li>■ 4000 buckets of 4 l distributed to migrants in Dirkou.</li> </ul> <p>Basic sanitation and hygiene facilities constructed.</p> <ul style="list-style-type: none"> <li>■ Eight pit latrines constructed.</li> <li>■ Two washing areas constructed.</li> <li>■ 60 sensitization sessions organized, 30 trash bin provided<sup>8</sup>.</li> </ul>				<p>The IOM field staff, in collaboration with the local NGO AIP/Takkayt, monitored the project implementation on the ground and a final evaluation workshop enabled all stakeholders to share lessons learnt as well as aspects to be improved.</p> <p>The main lesson learnt was that having the local communal traditional authorities involved in the implementation of the project, as well as the collaboration with a locally-based NGO, greatly contributed to the success of the project.</p>	

<sup>8</sup> In addition to these activities, the outcomes of these projects need to be indicated.

**UNICEF - WASH**

CERF PROJECT NUMBER	11-CEF-054B	Total Project Budget	\$ 3,450,000	Beneficiaries			Gender Equity
				Targeted	Reached <sup>9</sup>		
PROJECT TITLE	Fight against the spread of cholera in 20 affected villages in the districts of Kollo, Niamey II, Tera and Saye and assist flood-affected communities in the region of Tillaberi	Total Funding Received for Project	\$ 392,262	Individuals	29,180	65,000	
				Female	12,820	650	
				Male	11,180	64,350	
				Total individuals (Female and male)	29,180	65,000	
				Of total, children under 5	5,180	780	
				TOTAL	29,180	65,000	
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 392,262				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES					MONITORING AND EVALUATION MECHANISMS
<p>Systematic treatment of water sources in the top 20 cholera- affected villages.</p> <p>Rehabilitation of potable water supply sources.</p> <p>Development of improved knowledge and behaviours. .</p>		Implementation has just started.					

<sup>9</sup> These figures refer to project 12 CEF 025. Since this project is ongoing there is no need to provide figures.



**FAO - FOOD SECURITY**

CERF PROJECT NUMBER	11-FAO-043	Total Project Budget	\$ 28,477,900	BENEFICIARIES			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Emergency assistance to vulnerable herders affected by 2011 fodder deficit	Total Funding Received for Project	\$ 3,561,538	Individuals	66,000	66,000	At least 20 per cent of the assistance will go to female-headed households.
				Female	34,000	34,000	
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 700,000	Male	32,000	32,000	
				Total individuals (Female and male)	66,000	66,000	
				Of total, children under 5	12,000	12,000	
				TOTAL	66,000	66,000	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
Secure small herders livelihood and their animal product in Tillabéri and Tahoua.		<p>Contract negotiations and signature</p> <ul style="list-style-type: none"> <li>▀ Identification and negotiation with five local and international NGOS.</li> <li>▀ Preparation of letter of agreement including reception, transportation, storage and sales of animal feeds.</li> </ul> <p>Animal feed purchase:</p> <ul style="list-style-type: none"> <li>▀ Bid preparation and international tender launched.</li> <li>▀ Bidders' offer under analysis for adjudicators selection.</li> <li>▀ 1250 tons of animal feeds will be distributed in the pick of the lean season in April.</li> </ul>				The national livestock expert based in Niamey is the main one responsible for monitoring and evaluation. He is supported by the heads of office of Tahoua and Zinder.	

**FAO - FOOD SECURITY**

CERF PROJECT NUMBER	11-FAO-033	Total Project Budget	\$ 28,477,900	Beneficiaries		Targeted	Reached	Gender Equity
				Individuals	505,125	505,125		
PROJECT TITLE	Assistance for vulnerable pastoralists' households livelihood rehabilitation	Total Funding Received for Project	\$ 4,867,582	Female	257,614	257,614	Priority was given to female-headed pastoralist households with or without young infants less than 5 years old.	
				Male	247,511	247,511		
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 260,0000	Total individuals (Female and male)	505,125	505,125	Over 70 per cent of selected beneficiaries were women.	
				Of total, children under 5	101,025	101,025		
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL				ACTUAL OUTCOMES			MONITORING AND EVALUATION MECHANISMS	
Restore and reinforce livestock based livelihoods and livestock based way of life in agro-pastoral and pastoral zone.				<p>Purchase and distribute 25,000 goat breeds to vulnerable pastoralist household:</p> <ul style="list-style-type: none"> <li>▀ Sensitization and information of stakeholders on project objectives and beneficiary identification criteria.</li> <li>▀ Identification of Goats beneficiaries (NGOs were committed to identifying the 5000 beneficiaries in 10 departments all located in pastoral and agro pastoral zones: (VSF-B, Masnat, Tadress, Adkoul, Aren, Facpad, Karkara and Samaritan's purse).</li> <li>▀ Purchase of goats through market bid underway.</li> </ul> <p>Provision of 2.1 million doses of vaccines and 500,000 de-worming drugs</p> <ul style="list-style-type: none"> <li>▀ Delivery underway for 2,100,000 doses.</li> <li>▀ Delivery underway for 500,000 de-worming drugs.</li> </ul> <p>Pastoralists field schools are operational</p> <ul style="list-style-type: none"> <li>▀ Training 35 facilitators on pastoralist field school approach from 11 NGOs (Masnat, Adkoul, Jemed, Aren, VSF-B, CESAO, CAPONG, Tadress, Karkara, Timidria and FNEN Daddo) and technical services from Ministry of livestock.</li> <li>▀ Selection of 10 sites for pastoralist fields school implementation.</li> <li>▀ Implementation phase of the approach on the selected sites.</li> </ul>			<p>The national livestock expert based in Niamey is the main one responsible for the monitoring and evaluation. He is supported by the heads of office of Tahoua and Zinder.</p> <p>Frequent trips to covered areas to ensure that activities were undertaken according to the project's work plan and its objectives.</p>	

**WHO - HEALTH**

<b>CERF PROJECT NUMBER</b>	11-WHO-031	<b>Total Project Budget</b>	\$ 889,000	<b>Beneficiaries</b>		<b>Targeted</b>	<b>Reached</b>	<b>Gender Equity</b>  The project beneficiaries were migrants from Libya and the local population of Dirkou and Agadez, attending the regional hospital. Women, girls, boys and men received care by taking into account their specific needs. For example, children received immunization against measles, pregnant women received obstetric and gynaecology care.
				<b>Individuals</b>	60,000	88,754		
<b>PROJECT TITLE</b>	Emergency health response to the humanitarian consequences of the Libyan crisis in Niger	<b>Total Funding Received for Project</b>	\$ 539,715	<b>Female</b>	10,000	2,192		
				<b>Male</b>	50,000	84,424		
				<b>Total individuals (Female and male)</b>	60,000	88,754		
				<b>Of total, children under 5</b>	2,500	2,138		
<b>STATUS OF CERF GRANT</b>	<b>Completed</b>	<b>Amount disbursed from CERF</b>	\$ 494,835	<b>TOTAL</b>	<b>60,000</b>	<b>88,754</b>		

<b>OBJECTIVES AS STATED IN FINAL CERF PROPOSAL</b>	<b>ACTUAL OUTCOMES</b>	<b>MONITORING AND EVALUATION MECHANISMS</b>
Ensure the primary and referral healthcare as well as life-threatening disease prevention for migrants returning from Libya in Niger.	<p>Primary and referral healthcare as well as life-threatening disease prevention for migrants returning from Libya to Niger.</p> <ul style="list-style-type: none"> <li>■ Provision of drugs and medical supplies to health centres for medical and surgical care to migrants from Libya                             <ul style="list-style-type: none"> <li>○ Supply of six Interagency Emergency health Kits 2006, 2 Italian Emergency Kit A &amp; B, trauma profile and two Interagency Diarrhoeal Disease Kit 2006 to Agadez referral hospital, Assamaka, Dirkou and Aéroport II (Niamey) health centres.</li> </ul> </li> <li>■ Providing support in human resources to deliver critical healthcare.                             <ul style="list-style-type: none"> <li>○ Recruitment of two medical doctors (one assigned to Dirkou health centre providing consultation, immediate management and referral of migrants just arrived in Niger and a public health doctor for coordinating health interventions to migrants in Niamey).</li> <li>○ Number of medical consultations made by the doctor in Dirkou: 6,372 migrants (5,778 male, 307 female and 287 children) and 2,788 from local populations. The main pathologies are: acute respiratory infections (3,590 cases); psycho-social support injuries and wounds (1,251 cases); malaria (726 cases); digestive diseases (786 cases); diarrhoea (767 cases), measles (206 cases) injuries and wounds (160 cases); scorpion bites (32 cases), tuberculosis (14 cases); HIV/AIDS (five cases), moderate acute malnutrition (30 cases), severe acute malnutrition (14 cases).</li> </ul> </li> <li>■ Providing preventive measures and malaria treatment for highly-vulnerable migrants.                             <ul style="list-style-type: none"> <li>○ Provision of 5,000 long-lasting insecticidal nets (LLINs) to migrants for malaria prevention and 1,800 Malarone® (Atovaquone/proguanil) tablets for malaria prophylaxis.</li> <li>○ Provision of 10 Supplementary Malaria modules (IEHK 2006) to Agadez referral hospital for the management of severe and complicated malaria.</li> </ul> </li> <li>■ Support vaccination campaign against meningitis and measles.                             <ul style="list-style-type: none"> <li>○ Supporting immunization campaign of 19,083 persons (age: 1-29 years) against meningitis and 4,636 children against measles.</li> </ul> </li> <li>■ Early detection of measles outbreaks and faeces-borne diseases and to avoid their spread among migrant and local populations.</li> </ul>	<p>Monitoring and evaluation consisted of:</p> <p>Weekly monitoring of the epidemiological situation through early warning systems implemented.</p> <p>Analysis of weekly, monthly and end of project.</p> <p>Supervision of mid-term and project completion for verification indicators.</p> <p>Monitoring and evaluation have been made by the WHO Country Office staff.</p>

	<ul style="list-style-type: none"><li>○ An early warning system for the early detection of outbreaks of measles, meningitis, cholera and malaria was implemented in the Agadez region.</li><li>■ Strengthening referral systems for critical cases to be sent to Niamey hospital.<ul style="list-style-type: none"><li>○ Number of medical evacuations made by doctors in Dirkou, to Agadez referral hospital: 13 cases including eight from injuries.</li><li>○ Number of medical consultations made for Libyan migrants in Niamey health centres and hospitals: 36 cases (13 severe malaria, eight acute respiratory infections, two renal failures, five serious road accidents, two cases of bullets in the chest and the spine, one complicated delivery, one HIV/AIDS and tuberculosis). Some of these cases were directly evacuated from Tunis or Cairo.</li></ul></li><li>■ Other activities<ul style="list-style-type: none"><li>○ Supporting the immunization campaign of 5,331 children under 5 against poliomyelitis.</li></ul></li></ul>	
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**WHO - HEALTH**

CERF PROJECT NUMBER	11-WHO-054	Total Project Budget	\$ 1,562,525	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Emergency rapid response to prone epidemic diseases in Niger.	Total Funding Received for Project	\$ 1,184,927	Individuals	80,000	80,000	
				Female	40,000	40,000	
				Male	40,000	40,000	
				Total individuals (Female and male)	80,000	80,000	
				Of total, children under 5	20,000	20,000	
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 927,927	TOTAL	80,000	80,000	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
To save lives among the populations of Agadez, Tahoua, Tillaberi and Zinder by reducing attack and case fatality rates due to malaria, cholera and measles outbreaks, acute respiratory infections, and outbreaks linked to floods.		<p>To save lives among the populations of Agadez, Tahoua, Tillaberi and Zinder by reducing attack and case fatality rates due to malaria, cholera and measles outbreaks, acute respiratory infections, and outbreaks linked to floods.</p> <ul style="list-style-type: none"> <li>■ Providing essential medicines and rapid diagnostic tests for management and rapid confirmation of outbreaks.                             <ul style="list-style-type: none"> <li>○ Supplying two interagency emergency health Kits 2006, two interagency diarrhoeal disease kit 2006 to the Tillaberi region.</li> </ul> </li> <li>■ Support epidemic and rumour investigations of outbreaks for adequate rapid response                             <ul style="list-style-type: none"> <li>○ Support two epidemic investigations of cholera outbreaks in the Tillaberi region.</li> </ul> </li> </ul>					

**WHO - HEALTH**

WHO - HEALTH							
CERF PROJECT NUMBER	11-WHO-053	Total Project Budget	\$ 122,250	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Lutte contre la propagation des IST/VIH/SIDA chez les jeunes de 15 à 24 ans (filles et garçons) et migrants dans trois communes du département de Tanout (Région de Zinder)	Total Funding Received for Project	\$ 116,023	Individuals	47,000	47,000	
				Female	22,000	22,000	
				Male	25,000	25,000	
				Total individuals (Female and male)	47,000	47,000	
				Of total, children under 5	30	30	
				TOTAL	47,000		
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 116,013				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
To reduce the risk of infection of STI/HIV/AIDS among at least 50 per cent of youth aged 15 to 24 and the migrants of three communes (Tanout, Ollelewaand Gangara) in the department of Tanout.		<ul style="list-style-type: none"> <li>■ Increase the knowledge of youth aged 15 to 24 and migrants in all aspects of STIs/HIV/AIDS.                             <ul style="list-style-type: none"> <li>○ Meeting with, and involving local authorities, religious and health leaders, the community to inform them about starting the project and identifying 40 young leaders (male and female) in charge of carrying out awareness-raising sessions and training them in activities of STIs/HIV/AIDS management.</li> </ul> </li> <li>■ Encouraging youth aged 15 to 24 and migrants to accept condom use during intercourse.                             <ul style="list-style-type: none"> <li>○ Ongoing activities.</li> </ul> </li> <li>■ Encouraging youth aged 15 to 24 and migrants to be tested for STI/HIV                             <ul style="list-style-type: none"> <li>○ 112 voluntary and anonymous screenings have been made.</li> </ul> </li> <li>■ Ensure healthcare support for at least 50 people living with HIV/AIDS in the three communes of the Department of Tanout.                             <ul style="list-style-type: none"> <li>○ Two people were receiving ARV therapy.</li> </ul> </li> </ul>					



**WFP - COORDINATION AND SUPPORT SERVICES**

CERF PROJECT NUMBER	11-WFP-056	Total Project Budget	\$ 6,368,258	BENEFICIARIES			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Provision of humanitarian air services in Niger and the region	Total Funding Received for Project	\$ 5,344,184	Individuals			
				Female			
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 499,999	Male			
				Total individuals (Female and male)	1,600 passengers monthly	2,419 passengers	
				Of total, children under 5			
				TOTAL			
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES					MONITORING AND EVALUATION MECHANISMS
<p>To provide efficient air services to humanitarian agencies in Niger.</p> <p>To carry out medical and security evacuations.</p> <p>To respond in a fast, efficient and flexible manner to the needs of the humanitarian community.</p>		<ul style="list-style-type: none"> <li>• Reduced delays in the delivery/coordination of humanitarian assistance related to road insecurity/poor infrastructure.</li> <li>• Reduced delays in the organization of field missions to the regional capitals of Niger.</li> <li>• Full utilization of contracted hours.</li> <li>• 100 per cent response to medical and security evacuations.</li> <li>• Actual reached with CERF Funds                             <ul style="list-style-type: none"> <li>○ 272 hours were successfully operated.</li> <li>○ 2,419 passengers successfully transported (in addition to 7 metric tons).</li> </ul> </li> </ul>					<p>Based on the actual number of flights successfully operated and the number of humanitarian workers transported.</p>

WFP - NUTRITION							
CERF PROJECT NUMBER	11-WFP-062	Total Project Budget	\$45,890,106	Beneficiaries	Targeted	Reached	Gender Equity
				Individuals	59,420	59,420	
PROJECT TITLE	Improve nutritional status of children under 5 in Niger	Total Funding Received for Project	\$ 11,184,680	Female	29,711	29,711	The target supplementary feeding treats malnourished children under 5 and malnourished pregnant/lactating women – considering the specific micronutrient deficiencies of women and children. Through CERF funding, WFP was able to procure commodities for the treatment of acute malnutrition in children.
				Male	29,709	29,709	
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 699,999 <sup>10</sup>	Total individuals (Female and male)	59,420	59,420	
				Of total, children under 5	59,420	59,420	
				TOTAL	59,420	59,420	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>To reduce the level of acute malnutrition among children under 5.</p> <p>Target</p> <p>At least 75 per cent of target children under 5 are treated.</p> <p>More than 75 per cent of children under 5 in the target supplementary feeding programme recover from malnutrition after two months of treatment.</p> <p>The default and death rate in the target supplementary feeding programme were maintained at &lt;15 per cent and &lt; 3 per cent respectively.</p>		<p><b>Note on progress of activity</b></p> <ul style="list-style-type: none"> <li>CERF funding has been critical for mitigating shortfalls and maintaining targeted supplementary feeding activities during a period of increasingly fragile food and nutrition security.</li> <li>Through the CERF contribution, WFP procured 164 metric tons of Supplementary Plumpy for the treatment of moderately acute malnutrition among under 5 year-olds. Commodities were expected to arrive in December, however long delays in the timely clearance of commodities at the Cotonou port of Benin meant that tonnage did not arrive in Niger until February. WFP has since opened additional supply corridors in order to mitigate the risks of port congestion in 2012.</li> <li>Commodities were dispatched to nutrition feeding centres for March activities. In March, 107,370 children 6-59 months were assisted – of whom 59,420 were supported thanks to CERF contributions.</li> </ul>				<p>Post distribution monitoring.</p> <p>Monthly monitoring statistics from nutrition feeding centres.</p> <p>National nutrition survey.</p>	

<sup>10</sup> From CAP underfunded.

**WFP - FOOD SECURITY**

CERF PROJECT NUMBER	11-WFP-070	Total Project Budget	\$ 70,451,631	BENEFICIARIES		Gender Equity
				Targeted	Reached	
PROJECT TITLE	Saving lives, reducing malnutrition, and protecting the livelihoods of vulnerable populations	Total Funding Received for Project	\$ 42,750,684	Individuals	216,391	216,391
				Female	108,300	108,300
				Male	108,091	108,091
				Total individuals (Female and male)	216,391	216,391
				Of total, children under 5	51,541	51,541
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 2,330,000	TOTAL	36,099 (cash)	216,391 (ongoing)
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				Monitoring and Evaluation Mechanisms
<p>To create and restore community assets in the areas affected by recurring shocks and vulnerability so as to improve the food consumption of the affected population whose food security has been adversely affected by seasonal shocks.</p> <p><u>Target</u> Household food consumption score &lt;28 for 30 per cent of targeted populations.</p> <p>Coping strategy index (CSI &lt; 9) among households targeted.</p> <p>Cash distributed to households targeted with CFW.</p> <p>Community asset developed/rehabilitated.</p> <p>At less 40 per cent of women participating in CFW.</p>		<ul style="list-style-type: none"> <li>▪ \$1.6 million in direct cash transfers to be provided to 216,391 persons in 2012.</li> <li>▪ The original CERF proposal requested \$ 3.5 million for both food and cash-for-work activities; upon request from CERF, the proposal was revised to \$ 2.3 million. In the meantime, additional resources were secured for food-for-work activities. Therefore, cash activities were prioritized for CERF funds; through the contribution, WFP was able to provide \$ 1.6 million in direct cash transfers.</li> <li>▪ During the same time, WFP drastically scaled up livelihood/resilience and nutrition activities in response to early warning indicators, predicting a sharp deterioration in food security linked to high food prices, agriculture and pasture deficits, and insecurity in the sub-region. In 2012, WFP scaled up cash-for-work to assist 315,000 beneficiaries, of whom an estimated 216,391 were assisted thanks to a timely contribution from CERF. CERF funding was critical for the rapid scale-up of cash-for-work activities.</li> <li>▪ Through cash-for-work, WFP has supported severely food insecure persons and communities in rural areas, contributing to improved food consumption in the short-term, all the while building the productive assets of households and communities to be better positioned to cope with food security shocks. The cash provided allowed beneficiaries to access food on the local markets; the transfer value is calculated to cover 80 per cent of the basic food requirements of households, based on an average household size of seven. All the while, project activities supported the recovery of land and the prevention of soil erosion; the rehabilitation of infrastructure, including roads to improve access to local markets; and water conservation, critical to better preserve rainwater to allow for agricultural production during the harvest period, as well as off-season irrigated gardening and livestock feeder long after the rains have gone.</li> <li>▪ A post-distribution monitoring exercise in May 2012 will make it possible to evaluate the impact of interventions on the food security and coping capacity of households, and the impact on community assets.</li> </ul>				Post-distribution monitoring.

WFP - NUTRITION						
<b>CERF PROJECT NUMBER</b>	11-WFP-071	<b>Total Project Budget</b>	\$ 45,890,106	<b>Beneficiaries</b>		<b>Gender Equity</b>
<b>PROJECT TITLE</b>	Saving lives, reducing malnutrition, and protecting the livelihoods of vulnerable populations	<b>Total Funding Received for Project</b>	\$ 11,184,680	<b>Individuals</b>	46,911	46,911
				<b>Female</b>	31,497	31,497
				<b>Male</b>	15,414	15,414
				<b>Total individuals (Female and male)</b>	46,911	46,911
				<b>Of total, children under 5</b>	34,254	34,254
<b>STATUS OF CERF GRANT</b>	Ongoing	<b>Amount disbursed from CERF</b>	\$ 1,019,596	<b>TOTAL</b>	<b>46,911</b>	<b>46,911</b>
<b>OBJECTIVES AS STATED IN FINAL CERF PROPOSAL</b>		<b>ACTUAL OUTCOMES</b>				<b>MONITORING AND EVALUATION MECHANISMS</b>
<p>To contribute to the prevention of a deterioration in the nutrition status of children 6-23 months through the provision of a food supplement to at least 95 per cent of the target group in the Tillaberi region, where the prevalence of malnutrition is at a critical level.</p> <p><u>Target</u> Nutritional status of assisted children maintained at an acceptable level. Extension of malnutrition among the target age group is prevented.</p> <p>Children aged 6-23 months have access to supplementary food during the most critical period of the year.</p> <p>At least 75 per cent of caregivers at the distribution site are sensitized on the use and preparation of food commodities distributed and other child survival topics.</p> <p>Regional authorities and target communities are empowered in running nutritional interventions.</p>		<p><b><u>Note on progress of activity</u></b></p> <ul style="list-style-type: none"> <li>CERF funding allowed for the pre-emptive international procurement of special nutrition products for the prevention of acute malnutrition. Through the contribution, WFP procured 385 mt of super cereal plus for the prevention of malnutrition among children aged 6-23 months, and 369 mt of super cereal for lactating mothers. Long delays in the timely clearance of commodities at Cotonou port of Benin meant that tonnage did not arrive in time to launch the activity in January as indicated in the original CERF proposal, but rather the activity was launched in Tillaberi end March under WFP PRRO. WFP has since opened additional supply corridors in order to mitigate risks of port congestion in 2012.</li> <li>In the meantime, a targeted emergency operation was launched to meet the acute, but temporary food security and nutrition needs during the April-September lean season. Blanket supplementary feeding activities (and corresponding funding/commodities) were shifted to the EMOP from April 2012.</li> <li>Under the March distribution cycle, WFP assisted 34,254 children 6-23 months, and 12,657 lactating mothers thanks to the CERF contribution; in April/May, the caseload for the Tillaberi region was expanded and 105,533 children and 31,425 mothers were provided with critical nutrition support; overall, 237,162 mothers and children across Niger were assisted through the April distribution cycle.</li> <li>A post-distribution monitoring exercise in May/June 2012 will make it possible to evaluate the impact of interventions.</li> </ul>				<p>Longitudinal impact study.</p> <p>Post-distribution monitoring.</p> <p>National nutrition survey.</p>

**IOM - PROTECTION**

CERF PROJECT NUMBER	11-IOM-017	Total Project Budget	\$ 117,150,000	Beneficiaries		Targeted	Reached	Gender Equity
				Individuals				
PROJECT TITLE	Humanitarian assistance, including evacuation assistance, to migrants affected by the crisis in Libya stranded in Niger	Total Funding Received for Project	\$ 97,953,242	Female		15,00	519	The beneficiaries of this project were the most vulnerable returnees in need of assistance. The majority of the returnees were male; particular attention was given to women, children and elderly. Necessary disposal were taken in coordination with UNICEF and the regional direction of the protection of women and children to provide them with the necessary protection (separate tents and shelters, toilets, psychosocial support).
				Male		8000	11,236	
				Total individuals (Female and male)		9500	11,755	
				Of total, children under 5		500	151	
				TOTAL		10,000	11,906	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 2,574,869					
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES						MONITORING AND EVALUATION MECHANISMS
<p>Emergency humanitarian assistance is provided to stranded migrants in coordination with partners, via transit facilities at the Niger borders.</p> <p>Target beneficiaries are evacuated in close coordination with relevant governments, implementing partners and other stakeholders.</p>		<p>Emergency humanitarian assistance is provided to stranded migrants in coordination with partners, via transit facilities along Niger's borders.</p> <ul style="list-style-type: none"> <li>Three reception/transit centres already established were improved and refurbished in Niamey, Arlit and Dirkou to improve transit conditions of migrants. 3,169 most vulnerable returnees were targeted with particular attention given to women, children and the elderly, who were accommodated in the centre.</li> <li>26,236 meals and water distributed to vulnerable migrants, over an expected three days per person (the ration was renewed every three days until departure) in Arlit, Dirkou, Agadez and Niamey for a total of 11,906 beneficiaries (11236 men, 519 women, 151 children under 5).</li> <li>19,247 hygiene kits (each containing washing power, soap, towels) were distributed to migrants in Dirkou, Arlit, Niamey (every three days) for a total number of 8,396 beneficiaries.</li> <li>192 jerry cans were procured and distributed to the most-vulnerable migrant returnees in need. Medical assistance was provided to migrants in needs. Some 3,407 migrants received medical assistance, while those in need of special medical care were referred to the local health centre or, in cases of medical evacuation, for referral to the hospital in Agadez (two medical evacuations organized from Dirkou to Agadez).</li> </ul> <p>Target beneficiaries were evacuated in close coordination with relevant governments, implementing partners and other stakeholders.</p> <ul style="list-style-type: none"> <li>10,631 Nigerians and TCNs were provided with overland transportation by road from Dirkou and Arlit to Agadez.</li> <li>6,173 Nigerian returnees were provided with road transportation from Agadez, Niamey to their locality of origin.</li> <li>1009 Third Country Nationals (TCNs) were registered, and provided with consular assistance.</li> <li>1169 Third Country Nationals (TCNs) were provided repatriated by bus/air to their country of origin.</li> </ul>						<p>Joint assessment missions (UN/Government) were organized on the border (Dirkou), in Agadez to ascertain humanitarian needs and capacity on the ground to cope with increasing flows from Libya, review modalities for the evacuation of migrants towards Agadez and to reinforce shelter standards and care.</p> <p>Monitoring missions on-site visits, and interviews with beneficiaries) to monitor progress activities and response planning.</p> <p>Regular reporting.</p> <p>Assessment covering return patterns, returnees' profiles and the impact on returnee communities, administration of a questionnaire to collect data about the basic profile of the returnees.</p> <p>Field assessment visits to the most-affected return communities to determine the social and economic impact resulting from mass returns.</p>

## ANNEX 2. CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS – NATIONAL AND INTERNATIONAL NGOS AND GOVERNMENT PARTNERS

CERF PROJECT CODE	CLUSTER/ SECTOR	AGENCY	IMPLEMENTING PARTNER NAME	PARTNER TYPE	TOTAL CERF FUNDS TRANSFERRED TO PARTNER US\$	DATE FIRST INSTALLMENT TRANSFERRED	START DATE OF CERF FUNDED ACTIVITIES BY PARTNER	Comments/ Remarks
11-FAO-033	Food security	FAO	VSF Belgique	INGO	49252	29/02/2012	01/02/2012	Due to financial capacity of the partner, they start just after signing the LoA.
			Samaritan's purse	INGO I	23571	29/02/2012	01/02/2012	idem
			Karkara	NNGO	15081	29/02/2012	01/02/2012	idem
			AREN	NNGO	10049	29/02/2012	01/02/2012	idem
			Masnat	NNGO	15395	29/02/2012	01/02/2012	idem
			Tadress	NNGO	10555	29/02/2012	01/02/2012	idem
			Facpad	NNGO	14120	29/02/2012	01/02/2012	idem
11-FAO-043	Food security	FAO	Masnat	NNGO	13750	29/05/2012	15/03/2012	In order to avoid misuse of the funds, it will be released two weeks before the placement of animal feeds
			Samaritan's purse	INGO	13750	29/05/2012	15/03/2012	Idem
			Adkoul	NNGO	13750	29/05/2012	15/03/2012	Idem
			Karkara	NNGO	13750	29/05/2012	15/03/2012	Idem
			AREN	NNGO	13750	29/05/2012	15/03/2012	Idem
			Ministere de l'elevage	Government (Livestock services)	4000	29/05/2012	15/03/2012	Idem
11-WFP-071	Food Security	WFP	World Vision	INGO	116 649	20/12/2011	05/12/2011	
11-WFP-071	Food Security	WFP	Yarda Niger	NNGO	16 998	20/12/2011	05/12/2011	
11-WFP-071	Food Security	WFP	SICR Kokari	NNGO	31 778	20/12/2011	05/12/2011	
11-WFP-071	Food Security	WFP	Asusu	NNGO	8061	20/12/2011	05/12/2011	
11-IOM-017	Protection	IOM	Central and local authorities, and RED Cross		2 574 869	08 /06/ 2011	1/06/2011	



11-WHO-031	HEALTH	WHO			889 000	01/07/2011	15/06/2011	
11-CEF-025	WASH	UNICEF	Catholic Relief Service (CRS)	INGO	125 991	26/07/2011	25/07/2011	Delayed
11-CEF-025	WASH	UNICEF	OXFAM GB	INGO	38 911	25/07/2011	25/07/2011	
11-CEF-054-B	WASH	UNICEF	IRD	NGO	68 278	Not yet started	Not yet started	Delayed

### ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AIDS	Acquired Immune Deficiency Syndrome
AIP/Takkayt	National NGO
ARV	Antiretroviral Therapy
CAPONG	National NGO
CESAO	Centre d'Etudes Economiques et Sociales de l'Afrique de l'Ouest
CFW	Cash for Work
CRS	Catholic Relief Service
DFID	Department for International Development (UK)
FAO	Organisation des Nations Unies pour l'alimentation et l'agriculture
FFP	Food For Peace (USAID)
FFW	Food for Work
FNENE Daddo	National NGO
GAM	Global Acute Malnutrition
GAM	Global Accurate Malnutrition
HCT	Humanitarian Country Team
HIV	Human Immuno Virus
IEHK	Interagency Emergency Health Kit
INGO	International non Governmental Organization
IOM	International Organization for Migration
IRD - US	International Relief and Development – United States
LLIN	Long lasting Insecticidal Nets
MedEvac	Medical Evacuation
NGO	Non-Governmental Organization
OFDA	Office of U.S. Foreign Disaster Assistance
Oxfam GB	Oxfam Grande Bretagne
RUTF	Ready to Use Therapeutic Food
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SAP	Système d'Alerte Précoce
SICR Kokari	National NGO
STI	Sexually Transmitted Infections
TCN	Third Country Nationals
UN	United Nations
UNHAS	United Nations Humanitarian Air Services
UNICEF	United Nations Children's Fund
VSF-B	Vétérinaires Sans Frontières Belgique
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization