



**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

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

RESIDENT/HUMANITARIAN COORDINATOR

Mr. Fodé Ndiaye

PART 1: COUNTRY OVERVIEW

I. SUMMARY OF FUNDING 2012¹

TABLE 1: COUNTRY SUMMARY OF ALLOCATIONS (US\$)		
Breakdown of total response funding received by source	CERF	24,609,716
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (<i>if applicable</i>)	0
	OTHER (Bilateral/Multilateral)	400,566,615
	TOTAL	425,176,331
Breakdown of CERF funds received by window and emergency	Underfunded Emergencies	
	<i>First Round</i>	0
	<i>Second Round</i>	0
	Rapid Response	
	Drought	15,933,118
	Malian Refugees	4,937,917
	Cholera	1,099,770
	Floods	2,638,911

II. REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please confirm that the RC/HC Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.
YES ☒ NO ☐
- b. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies, cluster/sector coordinators and members and relevant government counterparts)?
YES ☒ NO ☐
- The Report was drafted in collaboration with programs managers of recipient agencies and shared with the clusters coordinators and the humanitarian country team for additional inputs.

¹Does not include late 2011 allocation.

PART 2: CERF EMERGENCY RESPONSE – MULTIPLE EMERGENCIES (UNDERFUNDED ROUND II 2011)

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: (CAP 2011)		215,926,795
Breakdown of total response funding received by source	Source	Amount
	CERF	5,988,195
	OTHER (Bilateral/Multilateral)	210,321,449
	TOTAL	216,309,644

Table 2: CERF Emergency Funding by Allocation and Project (US\$)			
Allocation 1 – Date of Official Submission: 25 August 2011			
Agency	Project Code	Cluster/Sector	Amount
FAO	11-FAO-033	Agriculture	2,600,000
UNICEF	11-CEF-054-A	Health-Nutrition	749,996
UNICEF	11-CEF-054-B	Water and Sanitation	392,262
WFP	11-WFP-056	Coordination and Support Services UNHAS	499,998
WFP	11-WFP-062	Health-Nutrition	699,999
WHO	11-WHO-054	Health	929,927
WHO	11-WHO-053	Health	116,013
Sub-total CERF Allocation			5,988,195
TOTAL			5,988,195

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of Implementation Modality	Amount
Direct UN agencies/IOM implementation	4,138,195
Funds forwarded to NGOs for implementation	1,850,000
Funds forwarded to government partners	0
TOTAL	5,988,195

Throughout the year 2011, extreme weather events, including drought and floods, continued to negatively impact agricultural activities in many parts of Niger, as 80 per cent of the predominantly agro-pastoral population relies on a single rainy season for crop cultivation and pasture renewal. The rainfall recorded by 31 August 2011 was frightening, as it oscillates between 300 and 680 mm, which shows a cumulative rain deficit in 85 per cent of stations surveyed, compared to 2010 season, and a deficit 58 per cent of stations as far as the mean from 1971 to 2000 is concerned.

In October 2011, the Ministry of Agriculture expressed deep worries over results of the 2010-2011 agro-pastoral campaign. Consequently, Niger's early warning system (SAP) reported growing food insecurity. In the light of the forthcoming difficult situation, the Prime Minister called for an international assistance in August followed by the president of Niger during the General Assembly meeting in September in New York.

This situation significantly undermined the pastoralists' resilience capacities. The affected zones were then seriously affected and animal feeding problems which surely undermined efforts deployed for the renewal of their traditional livestock production which was their basic food security support and livelihood asset. The overall implication to the pastoralist's situation was multidimensional with immediate effect (forced animal sales at very low prices just to avoid death and starvation, the deterioration of terms of trade cereals vs. animals etc.).

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

Meanwhile, the National Nutrition Survey² conducted in June 2011 showed a national prevalence of Global Acute Malnutrition (GAM) of 12.3 per cent (above the alert threshold) for children under age 5, 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 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 dramatically decreased particularly in Tahoua region, where remittances are critical to household livelihoods. In addition, due to the Libyan crisis over 200,000 returnees crossed into Niger fleeing insecurity in overcrowded trucks and arriving in Dirkou, a village located 600 km from the Libyan border in the Tenere desert of Agadez region. Migrants arrived with nothing, and were provided life-saving relief in Dirkou.

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 has affected 1,204 people causing 145 deaths, whereas 2,426 cases of cholera were reported and confirmed, including 60 deaths. In addition, 10,568 measles cases were reported, including 42 deaths. Malaria remained the leading cause of morbidity in Niger hitting at the same period more than 2.5 million people, causing 2,610 deaths. The low immunization coverage, the overall malnutrition rate, the lack of access to clean water and to basic health services have significantly increased the risk of outbreaks of diseases and increasing infant mortality rates, which are the highest in the world (167/1000 according to UNICEF)ⁱ. Regarding HIV/AIDS, the Niger has one of the lowest prevalence rates in the sub-region (0.7 per cent). According to statistics released in 2010, 52.28 per cent of people living with HIV are women.

Throughout 2011, access to the northern area was difficult as Agadez was afflicted by high insecurity, further exacerbated by weapons trafficking during the Libyan crisis. Moreover, the hostile desert environment, extreme temperatures and difficult aerologic conditions pose additional challenges to safe and reliable humanitarian access.

It is in that challenging context that the humanitarian country team through the Humanitarian Coordinator requested additional Funds from the CERF Rapid Response and Underfunded windows to allow them providing required lifesaving assistance to the vulnerable populations.

II. FOCUS AREAS AND PRIORITIZATION

Since 13 February 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 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 their 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 and transportation from Dirkou to Agadez (or to the original locations of migrants).

² National Institute of Statistics, 2011.

- Ensure the primary and referral health care as well as life threatening diseases prevention for migrants returning from Libya
- Reduce the risk of infection of sexually transmitted infections (STIs)/HIV/AIDS among the youth aged 15 to 24 and the migrants of three communes (Tanout, Ollelewaand Gangara) in the department of Tanout.
- Provide water and sanitation services complied with minimal standards.
- Ensure a safe and prompt access to Dirkou for humanitarian aid workers (NGOs, UN, donor representatives, the Government and media).

Geographic target for food security activities was based on the household vulnerability assessment, the 2011-2012 final evaluation of the agricultural campaign, nutrition studies as well as the Integrated Phase Classification map. Thanks to the funds received from CERF, Food aid assistance was provided to targeted 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 were the most affected by animal loss in 2010 and therefore, FAO activities in those regions were reinforced through additional funds received from CERF.

Nutrition projects were implemented countrywide with a priority on areas of 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 GAM rate exceeds the 15 per cent 'critical' threshold among children under age 5, or where the prevalence of GAM is within the emergency threshold of 10-14 per cent with expectation of a significant deterioration due to aggravating shocks. Tillabéri region was prioritized for preventative nutrition interventions early on in light of the particularly high prevalence of acute malnutrition – the highest in Niger, at the moment.

Cholera epidemic and floods were identified as main WASH risks for Niger in 2011, and the chosen priority area of implementation was the region of Tillabéri which has been affected by cholera outbreaks since March 2011. During two main phases (April and June 2011), 838 cases have been reported, including 33 deaths³. The outbreak spread 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.

For the health sector, the outbreaks control activities took place mainly in Tillabéri region, which notified 70 per cent of the 2,426 cholera cases reported in Niger in 2011 and secondarily in Maradi region. The medical care for migrants from Libya was organized in Agadez in both transit centers of Agadez city and Dirkou.

III. CERF PROCESS

All the applications were reviewed by Humanitarian Country Team and clusters and were aimed to respond timely to various and unexpected humanitarian challenges outlined above. 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 further deterioration of the situation that may lead to a food crisis during the 2012 lean season which was supposed to start earlier.

The proposed early activities were implemented through the community work (Cash For Work and Food For Work) in vulnerable areas as identified by the Early Warning System and WFP, and the Vulnerability and Mapping unit. Rapid assistance was also provided through the distribution of food for animals in the drought affected zones etc. The operation considers the specific needs and vulnerabilities of different target groups. Thus, vulnerable women were prioritized for assistance, and targeted labour-constrained households benefited from unconditional support as necessary. 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 remained overwhelmingly the primary caregivers and, thus, received training on preparation of special

³ WHO cholera outbreak monitoring report, Niamey, 29 August 2011.

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 accordingly.

Some of the responses consisted of implementing a set of interventions aimed at saving the lives of at least 58,000 children under age 5 affected by acute malnutrition (UNICEF); providing lifesaving rations through targeted food distribution to help affected populations ride out the lean season; improving the environmental sanitation and to reduce the prevalence and mortality of waterborne and water-related diseases among disadvantaged populations.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
<i>Total number of individuals affected by the crisis:</i> 895,193				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Agriculture	286,100	274,300	560,400
	Coordination and Support Services - UNHAS	22,236	23,933	46,169
	Food	47,659	46,108	93,767
	Health-Nutrition	2,327	2,328	4,655

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	717,903	809,216
Male	706,460	717,903
Total individuals (Female and male)	1,424,363	1,600,184
Of total, children under 5	119,235	148,351

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

YES ☒ PARTIALLY ☐ NO ☐

1. The total number of SAM cases expected in 2011 (200,000) was exceeded by almost 100,000 cases. This CERF grant made it possible for the nutrition partners in Niger to continue service delivery without delay due to stock out of ready to use therapeutic food (RUTF) and essential drugs, despite the fact that the number of cases managed by the system was way higher than the planned caseload.
2. CERF funds enabled the provision of safe drinking water to migrants at arrival and during their stay in the IOM-managed centre of Dirkou, through direct distribution from water trucks while four new water sources were built.
3. CERF funding through 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 lean season.
4. Funding allowed for the timely international procurement of special nutrition commodities.
5. Moreover, CERF funding ensured safe and reliable access for humanitarian workers to the region to ensure timely and continued provision of assistance, including assessment, distribution and monitoring.

b) Did CERF funds help respond to time critical needs⁴?

YES ☒ PARTIALLY ☐ NO ☐

1. Following the good harvest at the end of 2010 and good food security situation, it was expected that prevalence of acute malnutrition, hence the number of children aged 6 – 59 months needing SAM treatment, would be significantly reduced. Based on this assumption, the Nutrition Cluster estimated a total caseload of 200,000 children aged 6 – 59 months affected by SAM in 2011.
2. The year 2011 brought strong evidence showing that food security is only partly a determinant of acute malnutrition, and the number of children treated for SAM was way beyond expectations. As a consequence, supplies planned to cover the entire year quickly became insufficient. This CERF grant made it possible to procure additional supplies of RUTF (12,155 cartons of RUTF and required medicines), for the adequate treatment of 17,531 children aged 6 – 59 months affected with SAM, therefore preventing any stock out of essential supplies.
3. Blanket supplementary feeding in Tillabery region (where prevalence of GAM is highest, affecting 14.8 per cent of children under age 5, including 22.6 per cent of children 6 - 23 months) – will be implemented as of March 2012, prior to the onset of the lean season. Additional contributions received will allow the expansion and sustainability of the activity until August. In parallel, 59,420 children under age 5 receiving treatment for moderate acute malnutrition will be able to complete their treatment.
4. It was predicted that the fodder deficit might have tremendous impact on herder's livelihoods as in 2010 by important animal losses during the lean season. Altogether with the donation from Belgium and Sweden, the funds received from CERF contributed provided some 5,000 tons of animal food in the most affected pastoral zones during April 2011, which was a critical period.
5. The rehabilitation of the two water sources on the way to Agadez had been of critical importance to migrants on their way to Agadez (through the desert). The direct distribution of water through the water truck in the Dirkou Centre was also time critical.
6. Until the extension of UNHAS flights to Dirkou, plans to respond to the needs of incoming returnees and other migrants were delayed by the limited access to the area. The 627 km route from Agadez city to Dirkou was otherwise only accessible by land, requiring military escort – 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, timely access of humanitarian workers to the highly insecure region would not have been assured.

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

YES ☒ PARTIALLY ☐ NO ☐

1. The present CERF grant came timely to fill a critical gap when there was no other possibility to sustain service delivery without compromising the quality or discontinuing treatment due to therapeutic supplies stock out. Though this cannot be seen as seed money per se, it made it possible to continue saving life while taking required time for resource mobilization. During that period, funding negotiations were initiated with the Japanese, French and Spanish governments, DFID and USAID OFDA, as well as Food for Peace (FFP).
2. For animal's food, CERF was the trigger for the mobilisation of funds with Belgium and Sweden. 5,000 tons were mobilized with the contribution of CERF funds (40 per cent).
3. 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 ☒ PARTIALLY ☐ NO ☐

1. Additional stock of RUTF purchased through CERF's Underfunded window was made available to the entire pool of stakeholders involved in the management of SAM through the Nutrition Cluster. Adequate availability of therapeutic supplies helped making the collaboration between stakeholders more effective.
2. 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

⁴ 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).

Government, WFP provides commodities, trains health and NGO partner staff, and finances registration of beneficiaries as well as nutritional screening.

3. With UNICEF support, 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.
4. For 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 the CERF activities has been discussed and coordinated through the Health Cluster meetings involving the Government, UN and NGOs.
5. The expansion of services came at the request of the UNHAS User Group. UNHAS Services were used by the entire humanitarian community, requiring extensive coordination, which was managed by WFP.
6. The CERF process was discussed between the clusters during the humanitarian country team meeting.
7. 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 are involved in the project implementation.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
It is essential that directives governing the use of the CERF funds allow an organization to use the funds to restore its emergency stockpile. In this way, aid is delivered more quickly, without waiting to order and receive articles, and assistance operations are more effective.	Specify clearly in the guidelines that this process is allowed to ensure agencies who own operational response capabilities to evaluate the possibility to make them available while the requests for CERF funds are being approved.	CERF secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
Existence of a large network of SAM treatment sites made it possible to reach and treat a high number of children affected with SAM.	Government to continue efforts to fully integrate management of SAM into health facilities by providing relevant resources to health centres. The CERF grant enabled the implementation of those activities.	Ministry of Health / Nutrition Directorate
Good coordination of interventions with WFP and clear distribution of roles and responsibilities between the two agencies made interventions complementary and more efficient.	This good practice is to be maintained	UNICEF and WFP
Existence of a large network of SAM treatment sites made it possible to reach and treat a high number of children affected with SAM.	Government to continue efforts to fully integrate management of SAM into health facilities.	Ministry of Health / Nutrition Directorate
Quality of treatment was better in treatment sites where an NGO was providing technical and to some extent financial support.	Government should issue directives to ensure ownership of treatment of SAM by civil servants in order to guarantee quality of care even if there is no supporting partner.	Ministry of Health / Nutrition Directorate

Weekly admission of new cases of SAM countrywide made it possible to monitor progress and ensure adequate supplies management.	Government to continue ongoing effort in this respect.	Ministry of Health / Nutrition Directorate
Quality of treatment was better in treatment sites where an NGO was providing technical and to some extent financial support.	Government should issue directives to ensure ownership of treatment of SAM by civil servants in order to guarantee quality of care even if there is no supporting partner. 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.	Government to continue ongoing effort in this respect. CERF grant enabled the implementation of those activities and now Government is considering these centres in 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 timely equip the IOM managed transit site with water, hygiene and sanitation infrastructures.	Enhance coordination between the different humanitarian actors including government actors for a 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 feasibility studies and preparation of technical documents to consult firms.	Funds have to be made available as soon as possible to allow for the timely implementation of WASH activities.	UNICEF
To ensure the control of a cholera outbreak, the correct medical care is not enough. We must also ensure awareness, to change behavior and ensure the provision of drinking water, to avoid new contaminations. A close collaboration between the Health and WASH clusters is essential	Ensure communication for behaviour change, treat drinking water and provide drinking water	Health and WASH Clusters
If possible, activities must be carried out in support and not in substitution of the 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
In the end of 2011 and early 2012, WFP faced delays in the timely clearance of commodities at Cotonouport of Benin.	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 the Sahel region has also been activated, and special nutrition commodities have already been procured.	WFP

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 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 Legal Unit.	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 livelihoods of vulnerable households as important criteria for CERF allocation by the humanitarian community.	Well explained in the CERF document "lifesaving criteria" and all partners recognise that CERF component builds the bridge between emergency activities and early recovery.	Humanitarian community
Considering CERF as a cake to be shared by all agencies leads to project rejection and delays the process.	To set up priorities among stakeholders and to retain most important.	Humanitarian community

VI. PROJECT RESULTS

TABLE 8:RESULTATS PROJET				
CERF Project Information				
1. Agency:		FAO	5. CERF Grant Period:	November 11- June 12
2. CERF project code:		11-FAO-033 (11-FAO-043)	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:		Food security, livestock and agriculture based livelihoods		<input checked="" type="checkbox"/> Concluded
4. Project Title:		Emergency assistance to vulnerable herders affected by 2011 fodder deficit		
7.Funding	a. Total project budget:		US\$ 24,129,000	
	b. Total funding received for the project:		US\$ 21,097,106	
	c. Amount received from CERF:		US\$ 749,996	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		257614	286100	Priority was given to women head of pastoralist households with or without young infant of less than 5 years old.
b. Male		247511	274300	
c. Total individuals (female + male):		505125	560400	Over 70% of selected goat's beneficiaries are women headed households
d. Of total, children <u>under</u> 5		101025	112080	
9. Original project objective from approved CERF proposal				
Restore and reinforce livestock-based livelihood and livestock-based way of life in agro pastoral and pastoral areas.				
10. Original expected outcomes from approved CERF proposal				
<div>1. Increase animal capital density and improved the nutritional status and incomes in target areas: 5,000 small herders 'households have renewed with their traditional animal production activity;</div> <div>2. Improved animal health in target areas: 700,000 small ruminants belonging to 87,500 small pastoralists 'households are vaccinated and de-wormed.</div> <div>3. 5,000 vulnerable household return to a livestock-based livelihood and a livestock-based way of life;</div>				
<div>1. Purchase and distribution of 25 000 goats breeds to vulnerable pastoralist household;</div> <div>2. 25,000 goats have been distributed to 5,000 households;</div> <div>3. 600 tons of animal feed distributed to beneficiaries for goat supplementation over a 5 months period; the quantity</div>				

distributed per household was 120 kg;

4. all the goats were vaccinated against small ruminants plague, pasteurellosis and anthrax before donation
5. 25,000 goats were de-wormed in two periods with 300mg albendazole drugs bolus
6. 25,000 goats were monitored over a 3 months period during which any disease suspicion was treated. Reported increase rate ranges from 12 to 24%;
7. Provision of 2.1 million doses of vaccines and 500,000 de-worming drugs
8. 700,000 doses of each of the following vaccines (small ruminant plague, pestovac and carbovac) were made available for use during the national vaccination campaign 2012-2013;
9. 250,000 doses of Albendazole 300 mg and 250,000 doses of albendazole 2500 mg were made available to the Ministry in charge of Livestock Services for internal and external parasitism treatment. Those de-worming drugs were distributed in departments of Gouré, Tchirozérine, Mainé Soroa, Diffa, Abalak, Tchintabaradene, Ouallam Filingué and Tera. To be in line with the Government of Niger (GON privatization policy of the animal health sector, dewormings drugs were sold at the subsidized price of \$0.3 per 300 mg albendazole bolus and \$0.6 per 2500 mg albendazole bolus. Resources were deposited on a bank account at FOSEL (Fonds de Sécurisation de l'Élevage) .

Pastoralists field schools are operational

1. 35 facilitators were trained on the Pastoralist field School (PFS) approach coming from 11 NGOs (Masnat, Adkoul, Jemed, Aren, VSF-B, CESA, CAPONG, Tadress, Karkara, Timidria and FNEN Daddo) and technical services from Ministry of livestock. These facilitators played a major role in the selection of the 10 sites for PFS implementation, supervision of community exchanges meetings on major pastoralism issues on each site and research of alternative collective solutions to be considered.
2. 10 PFS sites were made operational (2 in Abalak, 2 in Tchintabaradene, Two in Filingué, two in Tera and 2 in Tchirozérine)
3. At least 4 to 6 monthly meetings were organized to assess the response given per each member;

Key issues discussed during the meetings include: Animal health care (foot and mouth disease, pasteurellosis and anthrax), lice infection, animal feeding in period of severe fodder deficit, strategic destocking to prevent. Animals' deadweight loss, range management and improvement, Multi-nutritive blocs production and stocking as an alternative to transhumance movement. Actions to address these constraints were discussed, and corrective measures were taken and implemented.

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

While calculating the number of beneficiaries, it is estimated that at least half the households flock will be vaccinated and de-wormed. The difference of 55275 beneficiaries comes from the fact that some of households animals flock were vaccinated before the start of the project vaccination, and only de-worm by the thus increasing the total number of beneficiaries.

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

YES ☒ NO ☒

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

If 'NO' (or if GM score is 1 or 0): Girls and boys had equal access to treatment.

14. M&E: Has this project been evaluated?

YES ☐ NO ☒

N/A

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	11 Oct 2011 – 30 June 2012
2. CERF project code:	11-CEF-054-A	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Emergency Nutrition for child survival in Niger: Scaling up and improving the quality of management of acute malnutrition among children under age 5.		
7. Funding	a. Total project budget:	US\$ 24,129,000	
	b. Total funding received for the project:	US\$ 21,097,106	
	c. Amount received from CERF:	US\$ 749,996	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	6,350	7,917	N/A
b. Male	6,650	9,614	
c. Total individuals (female + male):	13,000	17,531	
d. Of total, children <u>under 5</u>	13,000	17,531	
9. Original project objective from approved CERF proposal			
Contribute to reduce morbidity and mortality due to SAM among children aged 6 – 59 months.			
10. Original expected outcomes from approved CERF proposal			
The present CERF grant (Underfunded Emergency Window) was requested to achieve the following outputs:			
1. 17,531 children under age 5 benefited from quality management of SAM (9,614 boys and 7,917 girls). This project is designed to provide access to treatment to children affected by SAM countrywide through a network of more than 898 centers of treatment of SAM, as prevalence of acute malnutrition is above alert level on national average in seven out of eight regions.			
2. Performance indicators in 80 per cent of treatment centers, including 50 per cent of treatment centers not supported by external technical assistance are in line with the SPHERE standards.			
3. Nutrition interventions carried out by various stakeholders are efficient and better coordinated.			
11. Actual outcomes achieved with CERF funds			
Using funds made available to UNICEF through this grant, 12,155 cartons of RUTF and required medicines were procured and distributed. This ensured the adequate treatment of 17,531 children aged 6 – 59 months (7,917 girls and 9,614 boys) affected by SAM, therefore contributing to the total caseload of 299,358 cases treated in 2011 and 368,746 cases treated in 2012 in Niger.			
The overall quality of care was in line with international standards (SPHERE standards): All performance indicators were better than the minimum acceptable. Recovery rate was as high as 84 per cent (minimum acceptable is 75 per cent), Death rate was only			

<p>1.5 per cent (maximum acceptable is 10 per cent), and defaulter rate is as low as 5.0 per cent, against a maximum acceptable set at 15 per cent.</p> <p>As far as the coordination of interventions and stakeholders is concerned, the Nutrition Cluster continued to be an effective platform for joint planning and experience sharing between stakeholders. It also provided an opportunity for technical updates and strategic discussions. The 2012 Nutrition Emergency Plan was discussed and jointly designed by all stakeholders under the umbrella of the Nutrition Cluster. However, further efforts need to be made to strengthen nutrition coordination platforms at the regional level.</p>	
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 type="checkbox"/> NO <input checked="" 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): Girls and boys had equal access to treatment.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
N/A	

TABLE 8: PROJECT RESULTS

CERF Project Information				
1. Agency:	UNICEF		5. CERF Grant Period:	11 Oct 2011 – 30 June 2012
2. CERF project code:	11.CEF054-B		6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	WASH			<input checked="" type="checkbox"/> Concluded
4. Project Title:	Fight against the spreading 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			
7. Funding	a. Total project budget:		US\$ 3,450,000	
	b. Total funding received for the project:		US\$ 366,608	
	c. Amount received from CERF:		US\$ 392,262	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		12,820	47,659	As the epidemic was spreading quickly, the CERF funds were used to respond to the needs of a larger number of beneficiaries on a shorter period. More funding was subsequently received from other partners to cover the cover the rest of the time period.
b. Male		11,180	46,108	
c. Total individuals (female + male):		29,180	93,767	
d. Of total, children <u>under</u> 5		5,180	18,715	
9. Original project objective from approved CERF proposal				
Fight against the spreading 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.				
10. Original expected outcomes from approved CERF proposal				
1. Systematic treatment of water sources in the top 20 cholera affected villages. 2. Rehabilitation of potable water supply sources. 3. Development of improved knowledge and behaviours.				
11. Actual outcomes achieved with CERF funds				
<p>In addition to the cholera epidemic in 2011 the CERF funding was used to assist flood victims and fight cholera epidemic in 2012 in the region of Tillaberi. As a matter of fact, while the application was submitted to the CERF Underfunded window to fight cholera epidemic in 2011, UNICEF and the other members of the WASH Cluster were already mobilized to tackle the spread of the epidemic, using other available resources.</p> <p>The incidence of the epidemic went up to about hundred and fifty cases per week to reach a total number of cases of 5,285 cases for the year 2012. Therefore, the country was again at high risk, and the CERF funding was to be used to fight the epidemic in the region of Tillabery in 2012.</p> <p>This was done by providing the Ministry of Public Health with water treatment products, disinfectants and equipment for household level use. Therefore following products have been provided to the Minister of Public Health to enable better tackling of the epidemic in the affected area of the region of Tillaberi:</p> <ul style="list-style-type: none"> 2,925 barrels of 25 kilograms each of hypochlorite; 				

- 6,664 liters of bleach for water source treatment and disinfection of cholera affected households;
- 10,000 bags of water treatment “PUR”;
- 3,000,000 of AQUATABS tablets;
- 9,780 litres of Cresyl for toilet disinfection.

UNICEF also worked with the Ministry of Hydraulic and Environment through its regional Directorate in Tillabery to rehabilitate 31 water sources in the most affected villages in the four Districts of Tillaberi, Say, Tera and Kollo. A total of 69,767 people (34,839 females and 34,928 males) benefited from this activity by having access to a reliable potable water source.

UNICEF also worked with the NGO ANIMAS SUTURA to carry out sensitization activities in the region of Tillabery to educate households on how to apply water treatment.

Due to the combination of these activities in conjunction with proper care of cholera cases in the area, the spread of the epidemic has been stopped and the number of cases drastically reduced towards the end of the year. Since the 50th week of 2012, the incidence of cholera has dropped to 0 cases. This situation has been maintained up to date in country.

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 ☐ NO ☒

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

If ‘NO’ (or if GM score is 1 or 0): Women are typically responsible for fetching water at the river, ensuring that water was not contaminated was essential to protect them and their families from cholera.

14. M&E: Has this project been evaluated?

YES ☐ NO ☒

N/A

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	WFP	5. CERF Grant Period:	1 Oct 2011 – 31 Dec 2011
2. CERF project code:	11 WFP 056	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Coordination and Support Services UNHAS		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Provision of Safe, Efficient and Sufficient Air Transport Services to the Humanitarian Community in Niger and within the Sub-Region (SO 107340)		
7. Funding	a. Total project budget:	US\$17,655,691	
	b. Total funding received for the project:	US\$17,477,973	
	c. Amount received from CERF:	US\$ 499,998	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female			Total passengers transported per month – see also Outcomes below.
b. Male			
c. Total individuals (female + male):	3,600	4,655	
d. Of total, children <u>under</u> 5			
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> To provide efficient air services to humanitarian agencies (UN and NGOs, including humanitarian donor missions such as ECHO and DFID) in Niger; To carry out medical and security evacuations; To respond in a fast, efficient and flexible manner to the needs of the humanitarian community. 			
10. Original expected outcomes from approved CERF proposal			
Reduced delays in the delivery/coordination of humanitarian assistance related to road insecurity/poor road infrastructure; Reduced delays in the organization of field missions (monitoring, assessment) to the regional capital of Niger (departing Niamey, Tahoua, Agadez, Maradi, Zinder, Diffa, and Dirkou) ; full utilization of contracted hours; 100 percent response to medical and security evacuations			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> 100 percent response to medical and security evacuations; 1,551 passengers transported monthly in the region; 80 per cent aircraft occupancy rate; 7 mt of food or non-food items transported per month; 100 per cent utilization of contracted hours. 			

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"/>
If 'YES', what is the code (0, 1, 2a, 2b): 0 If 'NO' (or if GM score is 1 or 0):	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
European Commission for Humanitarian Aid and Civil Protection carried out an external audit of UNHAS Niger at the end of 2011. This audit was conclusive and confirmed the need for the operation as well as the operational choice.	

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:		WFP		5. CERF Grant Period:
2. CERF project code:		11-WFP-062		6. Status of CERF grant:
3. Cluster/Sector:		Health and Nutrition		
4. Project Title:		Saving Lives, Reducing Malnutrition and Protecting Livelihoods of Vulnerable Populations (PRRO 200051)		
7. Funding	a. Total project budget:		US\$320,390,655	
	b. Total funding received for the project:		US\$168,524,762	
	c. Amount received from CERF:		US\$ 699,999	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female				
b. Male				
c. Total individuals (female + male):		28,638	28,638	
d. Of total, children <u>under</u> 5		28,638	28,638	
9. Original project objective from approved CERF proposal				
To improve the nutritional status of children under age 5 through targeted supplementary food (SFP) distribution. Specifically, to reduce the level of acute malnutrition among children under age 5				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none"> At least 75 per cent of the targeted children under age 5 are treated in the SFP; More than 75 per cent of children admitted in the targeted supplementary feeding programme recover from malnutrition after two months of treatment (monthly statistics); The default and death rate in the targeted supplementary feeding programme are maintained at < 15 percent and < 3 percent respectively. 				
11. Actual outcomes achieved with CERF funds				
<ul style="list-style-type: none"> 100 per cent of the targeted children under age 5 (28,638) were treated in the SFP; Some 87.1 per cent of children admitted in the targeted supplementary feeding programme recovered from malnutrition after two months of treatment (monthly statistics); The default and death rate in the targeted supplementary feeding programme were 4.9 per cent and 0.1 per cent, respectively. 				
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): 1</p> <p>If 'NO' (or if GM score is 1 or 0): The activity targets children who are usually brought to the programme by their mothers. WFP and partners endeavour to ensure distributions are efficiently carried out to avoid long waiting times for the women who are bringing their children. During distributions, messages on health, nutrition and hygiene are also given to women to improve both theirs and their families' well-being.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
N/A	

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:		WHO	5. CERF Grant Period: 6 Oct 2011 – 30 June 2012	
2. CERF project code:		11-WHO-054	6. Status of CERF grant: <input type="checkbox"/> Ongoing	
3. Cluster/Sector:		Health	<input checked="" type="checkbox"/> Concluded	
4. Project Title:		Emergency rapid response to prone epidemic diseases in Niger		
7. Funding	a. Total project budget:		US\$ 1,562,525	
	b. Total funding received for the project:		US\$ 255,000	
	c. Amount received from CERF:		US\$ 929,927	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		400.000	425.000	N/A
b. Male		400.000	415.000	
c. Total individuals (female + male):		800.000	840.000	
d. Of total, children <u>under 5</u>		160.000	150.000	
9. Original project objective from approved CERF proposal				
Save lives in Agadez, Tahoua, Tillabéri and Zinder populations by reducing outbreaks of malaria and cholera as well as acute respiratory infections and flood-related morbidity and lethality.				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none">• Provide essential drugs and the rapid diagnostic tests for management and rapid confirmation of outbreaks• Support recycling and the supervision of health workers on the management of epidemics of cholera, malaria and measles• Support investigations of the epidemic alerts for appropriate response				
11. Actual outcomes achieved with CERF funds				
<ul style="list-style-type: none">• Supplied and provided medicines and essential inputs for the medical care of the epidemics of cholera, malaria and measles: 5 Inter-agency emergency health kits (IEHK 2006), 5 Inter-agency kits for diarrheal diseases (IDDK 2009), 50 basic Kits and 50 additional kits for the treatment of malaria respectively in health centres and hospitals, 150,000 treatments of therapeutic combination for the treatment of malaria;• Supplied and provided equipment of resuscitation for 2,000 children with respiratory infections acute;• Supplied and provided rapid diagnostic tests: 8,000 for cholera and 120,000 for malaria;• Supported capacity building of 80 (35 women and 45 men in epidemiological surveillance) health personnel for epidemic control and supported for cholera, malaria and measles patients;• Supported the system of reference/cross-reference for serious and complicated cases in the districts of Fillingue and Tchintabaraden;• Supported weekly epidemiological monitoring (and daily outbreaks) of main epidemic-prone diseases (collection, analysis and				

dissemination of notifications); <ul style="list-style-type: none"> • Conducted 4 field missions of epidemiological investigation, 5 field missions of supervision; • Printed and distributed 1,000 protocols on the integrated disease surveillance and response and the international health regulations (IHR 2005); • Cholera fatality rate maintained from 2.5 per cent in 2011 to 2.1 per cent in 2012 (compared with that of 1,971, which was 25 per cent); • Controlled 3 cholera and 3 measles outbreaks. 	
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"/>
If 'YES', what is the code (0, 1, 2a, 2b): 1 If 'NO' (or if GM score is 1 or 0): The data were disaggregated by sex and age. Throughout the implementation process, specific needs of women and men were considered (for example, women pregnant for malaria, taking account of the increased risk of contamination of cholera for women working at the edge of the River Niger, the recycling of male and female staff).	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
N/A	

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:		WHO	5. CERF Grant Period:	7 Oct 2011 – 30 September 12
2. CERF project code:		11-WHO-053	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:		Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:		Reducing the risk of infection of STI /HIV/AIDS among children aged 15 to 24 (girls and boys) and migrants in the 3 communes of the Department of Tanout (Zinder Region)		
7. Funding	a. Total project budget:		US\$ 122,150	
	b. Total funding received for the project:		US\$ 0	
	c. Amount received from CERF:		US\$ 116,013	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		22,000	25,894	
b. Male		25,000	29,229	
c. Total individuals (female + male):		47,000	55,123	
d. Of total, children <u>under</u> 5		30	25	
9. Original project objective from approved CERF proposal				
Reduce the risk of infection by the STI/HIV/AIDS for at least 50 per cent of young people aged 15-24 years and migrants of three communes (Tanout, Ollelewa and Assi) of Tanout Department.				
10. Original expected outcomes from approved CERF proposal				
1. At least 50 per cent of the young people of 15 to 24 years and migrants from the communes of Tanout, Ollelewa and Assi, are informed on the risks and prevention of STIs/HIV/AIDS;				
2. At least 20 per cent of youth aged from 15 to 24 years and targeted migrants of three Commons in Tanout Department accept the use of condoms during sexual relations;				
3. At least 15 per cent of youth aged 15-24 years and migrants of three migrants Commons of Tanout Department agree to be detected for the IST/HIV/AIDS;				
4. At least 50 people living with HIV are supported.				
11. Actual outcomes achieved with CERF funds				
1. Among young people aged 15-24 years: 10.640 (which 4.405 6.120 girls and boys, or 118 per cent of the initial target which was 8,960 have benefited from the caravan of awareness, 1,372 (of which 505 boys and 867 girls, or 15.3 per cent) have been screened for HIV and AIDS. Among the 1,372 detected, 9 (1 boy and 8 girls, or 0.66 per cent) were found HIV positive and				

<p>assisted. On the other hand, 24,075 young (of which 14,589 boys and girls 10,240, or 81 per cent of the initial target) have benefited from community relays (IEC/BCC) behaviour change Communication;</p> <p>2. In total: 17,000 (including 7,500 9,500 girls and boys) have benefited from the caravan of awareness, 4,459 (including 1,683 2,776 girls and boys) have been screened for HIV and AIDS. Among the 4,459 detected, 46 (16 boys and 30 girls, or 1.03 per cent) were found HIV positive assisted. Furthermore, 38,123 people (including 21,729 boys and girls 16,394), benefited from community relays of Communication for changes of behaviour (IEC/BCC),</p> <p>3. Provided medical and nutritional support to 170 people living with HIV (PLHIV) which 55 detected</p> <p>4. Supported free distribution of 28,800 condoms through the community relay, the health centres and sex workers;</p> <p>5. Organized field missions of information, raised awareness- and advocated the administrative authorities, health, religious and community leaders on the risks and prevention of STIs/HIV/AIDS;</p> <p>6. Distribution of 2,758 kits of protection for the prevention of blood exposure accidents;</p> <p>7. Organized a workshop for consultation of stakeholders on the review of achievements.</p>	
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): 1</p> <p>If 'NO' (or if GM score is 1 or 0): The data was disaggregated by sex and age. Throughout the implementation process, specific needs of women and men were considered (for example, pregnant women and women working at the edge of the River Niger whom are more prone to the increased risk of contamination of cholera were checked for cholera).</p>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p><u>Recommendation from the evaluation:</u></p> <ul style="list-style-type: none"> • Continue and intensify voluntary testing in different villages and municipalities of Tanout and Belbedji; • Create the conditions and mechanisms for a better full support of old and new cases detected; • Provide the laboratory and reagents for the Health District of Tanout for better monitoring of patients; • Capacity building for all health workers of Tanout Department to make operational all the health centres; • Capacity building for all physicians in the Tanout Department to ensure a better monitoring and support to people living with the HIV/AIDS, access to care etc.; • Advocate for the National Assembly and the political authorities for a greater awareness of the situation and allocation for required needs. 	

PART 2: CERF EMERGENCY RESPONSE – DROUGHT (RAPID RESPONSE 2011 AND 2012)

I. HUMANITARIAN CONTEXT

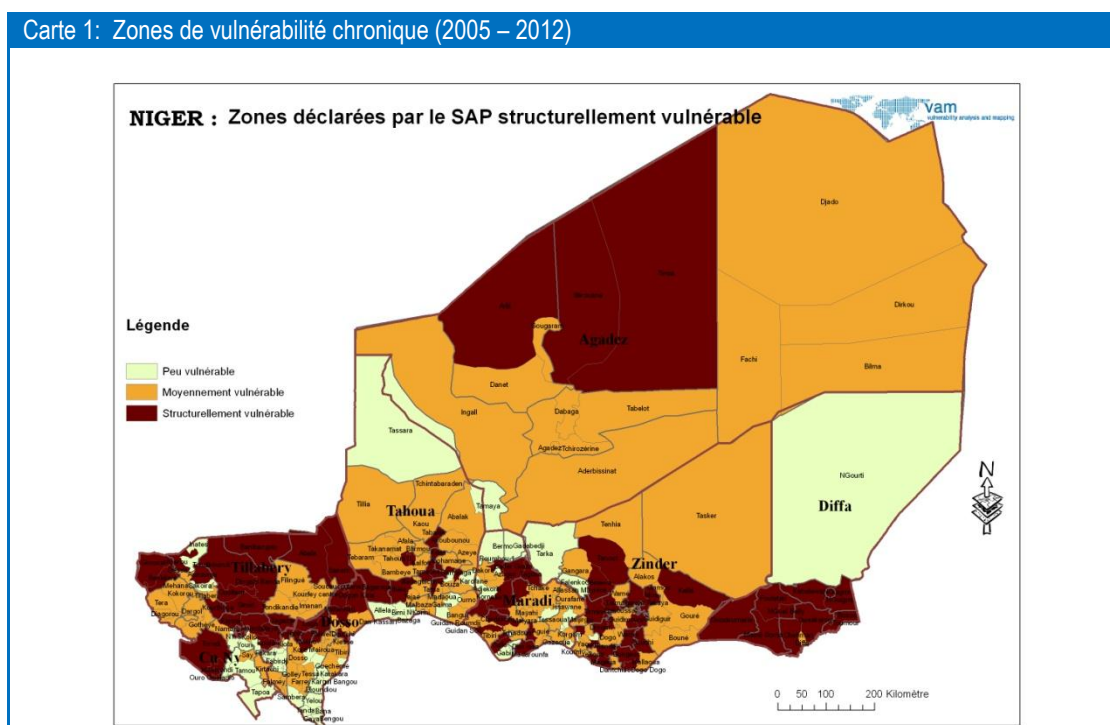
TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
<i>Total amount required for the humanitarian response:</i>		490,000,000
Breakdown of total response funding received by source	Source	Amount
	CERF	21,934,550
	OTHER (Bilateral/Multilateral)	0
	TOTAL	21,934,550

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – Date of Official Submission: 25 October 2011			
Agency	Project Code	Cluster/Sector	Amount
FAO	11-FAO-043	Agriculture	700,000
UNICEF	11-CEF-062	Health-Nutrition	1,950,000
WFP	11-WFP-070	Food	2,331,836
WFP	11-WFP-071	Health-Nutrition	1,019,596
Sub-total CERF Allocation			6,001,432
Allocation 2 – Date of Official Submission: 23 March 2012			
FAO	12-FAO-019	Agriculture	2,412,896
WFP	12-WFP-030	Food	12,520,222
WFP	12-WFP-031	Coordination and Support Services - UNHAS	1,000,000
Sub-total CERF Allocation			15,933,118
TOTAL			21,934,550

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of Implementation Modality	Amount
Direct UN agencies/IOM implementation	20,271,349
Funds forwarded to NGOs for implementation	9,322,216
Funds forwarded to government partners	10,000
TOTAL	21,934,550

Insufficient and uneven rainfall across the Sahel during the 2011 rainy season (June-October) prompted the government of Niger to alert its humanitarian partners of an impending food and nutrition crisis as early as August 2011. The agro-pastoral season closed with a cereal deficit of 692,000 tons, and a fodder deficit of over 10 million tons of dry matter, which corresponds to 50 per cent of the livestock needs. In November, the Government early warning system identified 6,980 villages (58 per cent of the country total) vulnerable to food insecurity. In January 2012, the results of the National

Vulnerability Survey provided a clear picture of the actual magnitude of the crisis, with 4.1 million people affected by moderate food insecurity and 1.3 million affected by severe food insecurity. This survey estimated that, by April 2012, over 6.4 million people would be classified as severely (3.5 million) or moderately (2.9 million) food insecure as illustrated in the following map:



This new crisis hit against a background of chronic food insecurity and persistently high rates of child malnutrition. At the household level, the low level of resiliency was demonstrated by an earlier than usual out migration of severely food insecure families towards urban areas. Contrary to the normal pattern of seasonal migration of male workers only to urban areas and neighbouring countries in search of daily wage opportunities, this year women and children also leaving the rural areas, which is also having a negative effect on school attendance. The vulnerability study also found that in December 2011 families were demonstrating the same negative coping mechanisms employed at the height of the 2010 crisis, such as selling remaining household assets, skipping meals and borrowing food on credit. In addition, the effects of the Libyan conflict, which forced the return of over 200,000 Niger migrants, have further increased the vulnerability of the host communities, while depriving them of remittances migrant workers.

The Nutrition Cluster estimated the expected caseload of SAM at 393,737 children under age 5 for 2012. The July 2012 National Nutrition Survey confirmed the crisis with a GAM rate estimated at 14.8 per cent (very close to emergency level). In Diffa, Maradi, Tillabéri and Zinder regions, prevalence of GAM exceeded 15 per cent. Young children (aged 6 – 23 months) are more affected by acute malnutrition in Niger. In this age group, the survey revealed a prevalence of 22.9 per cent against 10.2 per cent for their older peers. From January to December 2012, a total of 368,746 SAM cases of SAM were treated, against 299,358 admissions in 2011 and exceeding the 330,000 cases treated during the 2010 nutrition crisis. This high admission rate is likely due to improved active screening and to the existence of an operational functioning network of about 900 therapeutic feeding centres through the country.

The persistently high rate of chronic malnutrition – with a stunting prevalence in June 2012 at 46 per cent – reveals a complex nutritional problem which goes beyond the effects of food insecurity alone. It is now acknowledged by all stakeholders that case management of acute malnutrition must be associated with recovery and development actions addressing the basic and underlying causes of malnutrition.

Also, insecurity in northern Mali and Nigeria has further exacerbated the fragile situation in Niger as displacement of more than 50,000 refugees from Mali has put an additional burden on the food stocks of households and communities, the traditional movement of pastoralists has been disrupted and there has been a loss of economic opportunities and remittances.

The health situation of Niger remained characterized by the prevalence of diseases with epidemic potential such as meningitis, cholera, measles and malaria. The consequences of the prevalence of the diseases with epidemic potential were compounded by the weakness of immunization coverage, the failure of vaccines used for routine immunization of children,

the nutritional status of children and the difficulties of access to health care. While 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 published in 2010. Agadez and Diffa regions are those that are most affected by this scourge with a respective seroprevalence of 1.7 per cent and 1.6 per cent.

In addition, Niger suffers from cyclical natural disasters, particularly floods and droughts, which affect the lives and livelihoods of high numbers of vulnerable communities in the country. While flooding has so far had a limited impact in 2011, torrential rain from July 2012 caused massive flooding in several regions, affecting more than 500,000 people and caused deaths and destroyed thousands of private houses and public infrastructures. Currently, Some 50,000 people, including 3,094 Niger returnees, have sought refuge in Niger, following violence in Northern Mali. Most of the refugees have settled in the areas affected by food insecurity and cholera epidemics.

It is in that context and due to the new crisis and emergencies that the UN Agencies, through the HC/RC requested funds from the CERF in order to provide required humanitarian support to the population affected by new crisis in 2012.

II. FOCUS AREAS AND PRIORITIZATION

Agriculture:

1. With the funds received from the CERF, planned activities were implemented by the FAO in Tillabéri and Tahoua, the most affected regions by the pastoral deficit, agricultural deficit and malnutrition. The departments concerned were those of Tera (municipality of Tera, Kolman and Mehanna and Gothèye), Department of Tillabéri (Dessa common Ettillaberi common) Department "Ayrourou (Ayerou municipality), and in the region of Tahoua Department (commune de Tilla) Telford, Tassara Department (municipality of Tassara), Department of Tchintabaradene (Commons, Kao and Tchintabaradene).
2. Assistance aimed to support 55,555 small ruminants with a daily feed complement of 250 g per day per animal over a three months period. The assistance targeted households with five small ruminants or less. At least, 20 per cent of the assistance went to women heads of household.
3. The most critically affected and targeted zones were the department of N'Guigmi, the northern part of Gouré, Tanout and Abalak, the northern part of Tillaberi region and the southern part of Tchirozerine.

Health and Nutrition:

1. The overall activities implemented under CERF support aimed to save lives of at least 42,000 children under age 5 affected by SAM in food insecure regions (Tillabéri and Tahoua).
2. The projects targeted both male and female children from 6 to 23 months without any discrimination. WFP's Enhanced Commitment to Women (ECW) was adopted to ensure that the specific concerns of women are addressed and that WFP food aid be distributed in the most gender-sensitive way possible. All efforts were made to ensure that women are the primary recipients of food aid. By ensuring that most of the food goes directly to women, being the primary care provider, women's role as manager of the family's resources was strengthened and the profile of women within the society was raised. Families of the Blanket Feeding targeted children benefited of other assistance such as Food for Work and Cash For Work that were carried out in the same geographical locations and during the same period.
3. In view of the fact that Tillaberi region had the highest GAM rates at national level (14,8 per cent) at the nutritional survey of June 2011, combined with the very poor harvest in this region, it was decided by the Government and the Humanitarian Country team to undertake a nutritional survey in Tillaberi (and not a nationwide survey), to follow up the situation and to better target vulnerable communes with early measures to avoid future deteriorations. This survey in Tillaberi revealed a GAM rate of 13,1 per cent.

Food Security:

1. Food For Work activities were implemented in Tillaberi region, which has been hardly hit by the failure of the harvest, and where food markets were smaller and less integrated. Cash For Work activities were implemented in some departments of Tahoua region where WFP already experienced cash programmes, and where markets have proven to be able to respond to an increased demand.

2. Cash transfers allowed assisting severely food insecure beneficiaries over six months in the urban peripheries of Agadez, Tillaberi, and Tahoua. In these areas, cash transfers allowed for a cost effective and timely response to the crisis.

Coordination and Support Services:

1. The vast distances and the undeveloped road infrastructure in Niger make air travel the only option for the humanitarian actors to access the beneficiary populations. However, there are still no safe and reliable air service providers present in the country that meet safety standards to be able to transport humanitarian workers to remote beneficiary sites. Moreover, security remains an issue in Niger. Road travel is extremely dangerous, especially in the northern part of the country. Travel in convoy is compulsory from Niamey to the two regional capitals of Tahoua and Agadez. Al-Qaeda in the Islamic Maghreb continues to present a threat in the region.
2. As of today WFP/UNHAS is the only safe air service for the whole humanitarian community in Niger, linking Niamey to Tahoua, Agadez, Maradi, Diffa, Dirkou and Zinder. WFP/UNHAS's role remains crucial for implementation of the humanitarian response during the Sahel crisis and refugee/returnee response.

III. CERF PROCESS

1. Under the Humanitarian coordinator's leadership, all the applications were reviewed against criteria defined by Humanitarian Country Team and clusters and were aimed to respond timely to various and unexpected humanitarian challenges outlined above.
2. Throughout the process, OCHA played its secretariat role by supporting the HC in organizing cluster, intercluster and HCT meetings to prioritize projects which were submitted to the CERF secretariat for funding.
3. The government counterpart and the entire humanitarian communities were informed by the HC accordingly.
4. Responses consisted in implementing a set of interventions aimed at saving the lives; providing lifesaving rations through targeted and vulnerable areas to help affected populations; improving the environmental sanitation and to reduce the prevalence and mortality of waterborne and water related diseases among disadvantaged populations.
5. Priority was given to Women, children under age 5 and other categories of vulnerable population in the most vulnerable areas

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
<i>Total number of individuals affected by the crisis: 958 651</i>				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Agriculture	311,900	299,050	610,950
	Coordination and Support Services - UNHAS			7,500
	Food	127,232	126,919	253,951
	Health-Nutrition	42,285	43,965	86,250

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING

	Planned	Estimated Reached
Female	559,218	663,066
Male	541,134	491,397
Total individuals (Female and male)	1,107,082	1,163,539
Of total, children <u>under</u> 5	733,673	779,018

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

YES ☒ NO ☐

1. 11,000 small vulnerable pastoralists' households were assisted with a total of 66,000 people among which 34,000 were females and 12,000 were children under age 5.
2. 2,800 vulnerable households were identified by the FAO for the recapitalization of livestock in the regions of Tahoua and Tillabéri .
3. Livelihoods of the most vulnerable households were restored and protected through the provision of agricultural inputs: 1,000 tons of rain fed crops seeds (millet, sorghum, and cowpea) and 2,500 tons of animal feed to small herders', in crisis-affected areas (notably Tillabéri and Tahoua regions) in Niger.

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

YES ☒ NO ☐

1. The CERF Rapid Response window allowed WFP to implement critical intervention. A contribution of US\$12.57 million from which US\$10.26 million was distributed as cash transfers allowed to assist an average of 184,121 severely food insecure beneficiaries over six months in the urban peripheries of Agadez, Tillabéri, and Tahoua. In these areas, cash transfers allowed for a cost effective and timely response to the crisis. These urban areas were targeted for the high prevalence of severe food insecurity, and do not otherwise benefit from pre-emptive labour-based cash and food for work activities. Targeted households were new beneficiaries who have been affected by the unfolding crisis and required life-saving support during the lean season.
2. Thanks to the screening efforts and to the early detection of children suffering from acute malnutrition, medical complications that can lead to death were avoided. CERF funding allowed an early implementation of activities, before other resources were made available.

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

YES ☒ NO ☐

1. Funds raising effort was done with many donors, including ECHO, OFDA, DFID, Several bi-laterals including Japan, France, Denmark, Sweden, Spain and several NatComs.

Did CERF improve coordination amongst the humanitarian community?

YES ☒ NO ☐

1. The project funded under Agriculture, Food security , Nutrition and Health sectors contributed to support the Government's plans of support to vulnerable household affected by 2011 agro-pastoral deficit especially in the regions of Tillabéri, Tahoua and Agadez.
2. Funds allocated by UN Agencies to NGOs implementing partners (CONCERN, ACTED, Samaritan's Purse, AREN, Masnat , Mooriben) allowed to reach the most vulnerable population in the most vulnerable and remote areas.

3. A partnership between the Ministry of Health, UNICEF, WFP and NGOs has been formed to address problem of malnutrition in the country. The "nutrition cluster" chaired by the Nutrition Direction of the MOH meet regularly to discuss advancement of the nutrition interventions.
4. WFP/UNHAS User Group in Niger composed of UN agencies, NGOs and donor organizations were initiated. The group defined the requirements and priorities in terms of air transport, and monitored the quality of the service in order to provide guidance to the UNHAS Management. On behalf of all users, WFP effectively managed UNHAS operations and humanitarian agencies benefit from UNHAS's services to transport humanitarian cargo throughout the remote areas.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
It is essential that directives governing the use of the CERF funds allow an organization to use the funds to restore its emergency stockpile. In this way, aid is delivered more quickly, without waiting to order and receive articles, and assistance operations are more effective.	Specify clearly in the guidelines that this process is allowed to ensure agencies who own operational response capabilities to evaluate the possibility to make them available while the requests for CERF are being approved	CERF secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
Working in close collaboration with the Communal authorities was essential to be able to respond to the most pressing needs and to timely equip the IOM managed transit site with water, hygiene and sanitation infrastructures.	Enhance coordination between the different humanitarian actors including government actors for a 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 feasibility studies, preparation of technical documents to consult firms etc.	Funds have to be made available as soon as possible to allow the timely implementation of WASH activities.	UNICEF
To ensure the control of a cholera outbreak, the correct medical care is not enough. We must also ensure awareness to change behaviour and ensure the provision of drinking water to avoid new contaminations. A close collaboration between the Health and WASH clusters is essential	Ensure communication for behaviour change, treat drinking water and provide drinking water	Health and WASH Clusters
If possible, activities must be carried out in support and not in substitution of the national authorities. This reinforces	Ensure that local authorities are involved in the planning and implementation of the activities	Humanitarian community

the sustainability of benefits and ownership.		
In the end of 2011 and early 2012 WFP faced delays in the timely clearance of commodities at Cotonouport of Benin.	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 the Sahel region has also been activated, and special nutrition commodities have already been procured.	WFP
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 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 Legal Unit.	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 livelihoods of vulnerable households as important criteria for CERF allocation by the humanitarian community	Well explained in the CERF document "lifesaving criteria" and all partners recognise that CERF component builds the bridge between emergency activities and early recovery	Humanitarian community
Considering CERF as a cake to be shared by all agencies lead to project rejection and delay the process	To set up priorities among stakeholders and to retain most important	Humanitarian community

VI. PROJECT RESULTS

TABLE 8: RESULTATS PROJET for 11-FAO-043			
CERF Project Information			
1. Agency:	FAO	5. CERF Grant Period:	November 11- June 12
2. CERF project code:	11-FAO-043	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Food security, livestock and agriculture based livelihoods		
4. Project Title:	Emergency assistance to vulnerable herders affected by 2011 fodder deficit		
7. Funding	a. Total project budget: b. Total funding received for the project: c. Amount received from CERF:		US\$ 28,477,900 US\$ 3,561,538 US\$ 700,000
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	34,000	35,751	The competitive bid for the purchase of the animal feed allowed to retain the tendered with the lowest price per ton. The final financial offer per ton being lower than the projected one helped to buy more quantities of animal feed and thus reach more beneficiaries
b. Male	32,000	33,648	
c. Total individuals (female + male):	66,000	69,399	
d. Of total, children <u>under</u> 5	12000	126,168	
9. Original project objective from approved CERF proposal			
Secure small herders livelihood and their animal product in Tillabéri and Tahoua.			
10. Original expected outcomes from approved CERF proposal			
1250 tons of animal feed (6 % of the Government request) are bought and made available through 5 NGOs and technical services to 11111 small pastoralists households in regions of Tahoua and Tillabéri			
Supply of 1314.4 metric tons of animal feed A total of 1314.4 tons were distributed to men and women small animal herders in selected areas. Additional 64.4 tons were purchased giving a realization rate of 105%. Acquired animal feed is composed of: <ul style="list-style-type: none"> • 330 mt of cotton seed cake • 984.4 mt of wheat bran These quantities of animal feed were distributed at a subsidized price of 4 000 and 5 000 F CFA per 50 kg bag of wheat bran and cottonseed cake respectively. Distribution was carried out by NGOs and government livestock services. FAO signed a letter of agreement with followings partners: regions of Tillabéri (AREN and Samaritans purse and livestock services) and of Tahoua (Adkoul and Masnat. and livestock services): each women and men animal herder was allowed to buy only 3 bags of 50 kg, list of beneficiaries were			

<p>prepared and kept for control by the partners. A great part of received animal feed was shared with family members and neighbours, thus increasing the number of beneficiaries.</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>Call for competitive bid for the purchase of the animal feed allowed to retain the tenderer with the lowest bid offer. The final financial offer per ton being lower than the projected one helped buy more quantities of animal feed thus reaching more beneficiaries.</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 checked="" type="checkbox"/></p>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): Girls and boys had equal access to treatment.</p>	
<p>14. M&E: Has this project been evaluated?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>N/A</p>	

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	7 Dec 2011 – 6 June 2012
2. CERF project code:	11-CEF-062	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Ensuring adequate care to the excess caseload of SAM among children aged 6 – 59 months in Niger.		
7. Funding	a. Total project budget:	US\$ 24,129,000	
	b. Total funding received for the project:	US\$ 21,097,106	
	c. Amount received from CERF:	US\$ 1,950,000	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	20,160	21,658	N/A
b. Male	21,840	23,347	
c. Total individuals (female + male):	42,000	45,005	
d. Of total, children <u>under 5</u>	42,000	45,005	
9. Original project objective from approved CERF proposal			
The overall objective of this CERF grant is to contribute to the nutrition emergency response with the aim of ensuring adequate treatment to at least 42,000 children aged 6 – 59 months affected by SAM in Niger, as they are at higher risk of dying than their well-nourished peers.			
10. Original expected outcomes from approved CERF proposal			
Save lives of at least 42,000 children under age 5 affected by SAM in food insecure regions in Niger, by ensuring availability of, and access to quality treatment, as they are at higher risk of dying than their well-nourished peers.			
11. Actual outcomes achieved with CERF funds			
<p>The CERF funds allowed UNICEF to provide and distribute 31,204 cartons of RUTF. These supplies ensured the adequate treatment of 45,005 children aged 6 – 59 months affected with SAM (compared to 42,000 children as per the proposal).</p> <p>Overall, from January to May 2012, 115,491 children suffering from SAM were treated in Niger. The CERF contribution allowed to provide care to almost 40 per cent of these children.</p> <p>The overall quality of care was in line with international standards (SPHERE standards): All performance indicators were better than the minimum acceptable. Recovery rate was as high as 85 per cent (minimum acceptable is 75 per cent), lethality rate was only 1.5 per cent (maximum acceptable is 10 per cent), and defaulter rate was as low as 4.7 per cent, against a maximum acceptable rate of 15 per cent.</p>			
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 type="checkbox"/> NO <input checked="" 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): This project ensured equal access to treatment to both girls and boys.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
N/A	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	WFP	5. CERF Grant Period:	1.11.2011 – 30.6.2012
2. CERF project code:	11-WFP-070	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Saving lives, reducing malnutrition and protecting the livelihoods of vulnerable populations affected by shocks (PRRO 200051)		
7. Funding	a. Total project budget:	US\$ 320,390,655	
	b. Total funding received for the project:	US\$ 168,524,762	
	c. Amount received from CERF:	US\$ 2,331,836	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	34,814	49,865	WFP provided assistance through cash for work activities in the region of Taoua (total 45,241 beneficiaries) and blanket supplementary feeding activities (total 54,390 children under 2) in the region of Tillabery through CERF financing 11 WFP 070. The blanket supplementary feeding activities were originally planned through financing under CERF project 11 WFP 071. The change was due to an internal advance financing (AF) being secured against the CERF contribution and an administrative oversight in matching the contribution with the AF. Food for work activities were not undertaken as planned with CERF financing 11 WFP 070 as cereals needed for the activity were not immediately available locally at the time and there was an urgent gap in cash for work requirements.
b. Male	34,747	49,766	
c. Total individuals (female + male):	69,561	99,631	
d. Of total, children <u>under 5</u>	16,568	64,483	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> • Prevent the deterioration of the food security status of vulnerable rural populations with the development of the 2012 lean season through early measures. • To create and restore community assets in the areas affected by recurring shocks and vulnerability; and improve the food consumption of the affected population, whose food security have been adversely affected by seasonal shocks. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Household food consumption score <28 for 30% of targeted populations • Coping strategy index (CSI < 9) amongst households targeted with CFW and FFW • USD 777,603 distributed to 5,157 households targeted with CFW in Tahoua and 1,255 mt of cereals provided to 4,780 households targeted with FFW in Tillabery • Community asset developed/rehabilitated • At least 40% of women participating in CFW and FFW 			
11. Actual outcomes achieved with CERF funds			

<ul style="list-style-type: none"> Household food consumption score <28 for 37.8% of targeted populations Coping strategy index 0.4 amongst households targeted with CFW USD 969,557 distributed to 6 463, households targeted with CFW in Tahoua Support to the rehabilitation of 10,949 ha of land Some 35% of women participated in CFW <ul style="list-style-type: none"> Global Acute Malnutrition (GAM) rate among BSF beneficiaries dropped from 17.6% to 11.8% between the first and second post distribution monitoring (PDMs) (June and September/October 2012 respectively). Some 728 metric tons (mt) of fortified blended food (super cereals) was provided to 54.390 children under 2 years in the region of Tillabery for over two months; Some 86.4% of the caretakers at the distribution sites were sensitized on the use and preparation of the food commodities distributed and other child survival topics; At the regional level, the regional committees for the prevention and management of crises manage and coordinate the activity together with all stakeholders including local communities and leaders, local health and education structures. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
Please see note under 8 Direct Beneficiaries above.	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO
<p>If 'YES', what is the code (0, 1, 2a, 2b): 0</p> <p>If 'NO' (or if GM score is 1 or 0):</p> <p>WFP targeted 40% women's participation in food /cash for work activities. Sensitization campaigns at the village level encouraged women's participation in project activities. Some 54% of women participated in cash/food for asset activities. Food management committees and cash management and complaints committees were operational for C/FFA and TSF activities and although men outnumbered women in leadership positions, those women in leadership positions were reportedly very active. The modification of post-distribution monitoring surveys will allow for expanded reporting against gender indicators in 2013.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:		WFP	5. CERF Grant Period:	1.12.2011 - 31.5.2012
2. CERF project code:		11-WFP- 071	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:		Health and Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project Title:		Saving lives, reducing malnutrition and protecting the livelihoods of vulnerable populations (PRRO 200051)		
7. Funding	a. Total project budget:		US\$ 320,390,655	
	b. Total funding received for the project:		US\$ 168,524,762	
	c. Amount received from CERF:		US\$ 1,019,596	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		22,125	15,506	WFP provided assistance through cash for work activities in the region of Taoua through CERF financing 11-WFP-071. The blanket supplementary feeding activities which were originally planned under this project were assisted through financing under CERF project 11-WFP-070. The change was due to an internal advance financing (AF) being secured against the CERF contribution and an administrative oversight in matching the contribution with the AF.
b. Male		22,125	15,476	
c. Total individuals (female + male):		44,250	30,982	
d. Of total, children <u>under 5</u>		44,250	6,912	
9. Original project objective from approved CERF proposal				
<p>To contribute to the prevention of the deterioration in the nutritional status of children 6 to 23 months through the provision of a food supplement to at least 95 percent of the target group in the Tillaberi region where the prevalence of malnutrition is at the critical level (GAM \geq 15% z-score or 10 – 14% with aggravating factors such as severe food insecurity)</p> <p>The funds from this CERF project will contribute to the purchase of 531 metric tons (mt) of fortified blended food (Super Cereal Plus) for 44,250 children under 2 years in the region of Tillaberi. The provision of this commodity will prevent children in this age group from falling into acute malnutrition by lack of nutritionally adequate food due to a particularly bad harvest season and an earlier lean season. These commodities are provided during the most critical period of the lives of the beneficiaries to avoid unnecessary and preventable death.</p>				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none"> • Nutritional status of 44,250 children aged 6 to 23 months is maintained at an acceptable level • Extension of malnutrition amongst the targeted age group is prevented; • Children 6 – 23 months (44,250) have access to supplementary food during the most critical period of the year; • At least 75 percent of the caretakers at the distribution sites are sensitized on the use and preparation of the food commodities distributed and other child survival topics; • Regional authorities and the targeted communities are empowered in running nutritional interventions. 				

11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> Household food consumption score <28 for 37.8% of targeted populations Coping strategy index 0.4 amongst households targeted with CFW \$664,000 distributed to 4,426 households targeted with CFW in Tahoua Support to the rehabilitation of 7,498 ha of land Some 35% of women participated in CFW 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
Please see note under 8 Direct Beneficiaries above.	
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): 1</p> <p>If 'NO' (or if GM score is 1 or 0):</p> <p>WFP and partners endeavour to minimize the burden that retrieving BSF rations could place on mothers and caretakers. For example, BSF rations were distributed once a month, distribution sites were located close to beneficiaries' villages, and distributions were conducted in an orderly fashion to minimize the amount of time required by the beneficiaries at the distribution sites.</p> <p>According to PDM results, on average, 53% of beneficiaries spent less than one hour travelling to and from the BSF distribution site, and approximately 67% of beneficiaries reported spending two hours or less at the distribution site before receiving their ration. During distributions, messages on health, nutrition and hygiene are also given to women to improve both theirs and their families' well-being.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS					
1. Agency:		FAO		5. CERF Grant Period:	23 March – 20 Oct 2012
2. CERF project code:		12- FAO – 019 NIG-12/A/46650/123; \$1,213,213 NIG-12/A/46652/123; \$1,198,078		6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:		<u>Food security, livestock and agriculture based livelihoods</u>			<input checked="" type="checkbox"/> Concluded
4. Project Title:		Emergency assistance to vulnerable pastoralist households livelihood affected by the fodder deficit; Emergency assistance to agricultural households victims of the 2011 food crisis			
7. Funding	a. Total project budget:			US\$ 23,344,200	
	b. Total funding received for the project:			US\$ 3,495,462	
	c. Amount received from CERF:			US\$ 2,412,896	
Results					
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).					
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:	
a. Female		277,900	374,490	The agricultural component registered 26,500 additional households beneficiaries compared to the work plan, this is due to the purchase of 265 tons of millet seeds on top of the planned quantities, coming from savings made due to lower prices than planned (only for millet seeds).	
b. Male		267,050	210,690		
c. Total individuals (female + male):		544,950	585,180		
d. Of total, children <u>under 5</u>		545,000	585,180	For the livestock component, the number of beneficiaries decreased by 9 820 due to high prices of animal feed resulting in a decrease in the quantities purchased.	
9. Original project objective from approved CERF proposal					
Restore and protect livelihoods of the most vulnerable households through the provision of agricultural inputs: 1,000 tons of rainfed crops seeds (millet, sorghum, and cowpeas) and 2,500 tons of animal feed to small herders in areas affected by the crisis (including Tillabery and Tahoua in Niger)					
10. Original expected outcomes from approved CERF proposal					
<ul style="list-style-type: none">• The production capacity of 490,000 vulnerable (men, women and children) is strengthened to cultivate 70,000 hectares during the rainy season, expecting to produce 35,000 tons of cereals;• Animals deaths due to hunger are reduced in herds in particular for small ruminants belonging to 55,000 people in the most affected areas of Tillabery and Tahoua.					
11. Actual outcomes achieved with CERF funds					
CERF contributed for 1,051 tons of improved good quality seeds (965 tons of millet and 86.4 tons of cowpeas) making 27 per cent of the FAO' 2012 assistance in seeds of rain fed crop to the Government. This contribution allowed to assist 96,500 vulnerable households a total of 675,500 people including 189,000 men, 351,000 women and 135,000 children. The CERF contribution allowed to cover vulnerable areas of the Tillabéri region in particular the departments of Balleyara, Ohara, Filingue, Abala, Tera, Gothèye, Tillabéri and Kollo and the 1st District of the Niamey region. This distribution, made at the right time, allowed to have a generalization and homogenization of crop growth across the departments of Niger and has revived hope to vulnerable farmers. Crop vegetation					

was abundant in all fields following the good recorded rainfall.

Good production results from the effects and supply of quality seed of early-maturing varieties with high yields. Seeds were very well received by recipients, enthusiasm has been registered everywhere with a strong involvement of the agriculture technical services, a strong mobilization of communities, municipal administrative and customary authorities. Some municipalities had exceptional production as was the case of the municipality of Simiri (Ouallam), where CERF assistance was carried out.

This operation has improved the productivity of the agricultural systems through the introduction of improved varieties and induced additional household production, improving household food coverage by an average three months (two to four months depending on the locations of the Niger). Some producers claim covering feeding need of their households for more than a year.

The CERF funds helped to put at the disposal of the small herders in targeted areas, 2,054 tons of animal feed including 754 tons wheat bran and 1,300 tons of cotton seed cake as follows:

Department Areas	cotton seed cake (tons)	wheat bran (tons)	Total (tons)
Abalak	300	154	454
Tchintabaradene	200	100	300
Téra	400	250	650
Tillabéri	100	100	200
Filingué	200	100	300
Ouallam	100	50	150
Total	1300	754	2054

These inputs have been delivered in the regions of Tahoua and Tillabéri. The departments concerned are those of Tera (municipality of Tera, Kolman and Mehanna and Gothèye), Department of Tillabéri (Dessa common Etillaberi common) Department "Ayourou (Ayerou municipality), and in the region of Tahoua Department (commune de Tilla) Telford, Tassara Department (municipality of Tassara), Department of Tchintabaradene (Commons, Kao and Tchintabaradene). These feeds were available to small herders at moderate prices, that allowed to assist 45,180 people beneficiaries. It has been made available to herders 2,054 tons of feed instead of 2,500t planned to reach the number of expected beneficiaries (55,000). This is due hiking prices of animal fed of more than 200,000 CFA FRANCS per ton.

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

The difference of 26,500 additional households beneficiaries compared to the of the planned agricultural component, is due to the purchase of 265 tons more of millet seeds mainly due to the lack of Cowpea seeds which amounts have been reduced to 86.4 tons instead of 300 tons planned to buy the surplus of 265 tons in millet at a lower price than the Cowpea.

Regarding the support to herders, the prices trend of animal feed was above those projected in the project plan. This explains the difference between the plan and the achievements.

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

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

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

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

The project agricultural activities are assessed in a comprehensive manner by the Directorate of agricultural statistics of the Ministry of Agriculture. The relevant observations include:

Profile of households beneficiaries:

On the basis of the results of the study, we note that 93 per cent of beneficiaries households surveyed are led by men and 7 per cent by women with an inter-regional disparity. However, this proportion of recipient households headed by women is strong in the region of Tahoua (48 per cent).

In terms of marital status of the Head of household there are 95 per cent of married, 1 per cent of divorces and 4 per cent for widowers or widows.

In relation to the average age of Heads of recipient households surveyed, it is an average of 47 years and not exceeding 60 years. Average age is 45 years in households headed by men and 49 years for those headed by women;

The overall average size of households is 9.40 people. However, it is of 10.60 people for households headed by men and 6.67 for household headed by women. The number of wives per household averaged 1.4. And each beneficiary household average 3.60 children less than 18 years old out of which 2.3 are less than 5 years old.

The possession of livestock per beneficiary household in average consists of 2.20 large ruminants (GR), 4.20 small ruminants (PR) and poultry (V) 3.30. Among households headed by men, it consists of 2.20 GR, 5.80 PR and 4.2 v While the livestock possession of households headed by women, is made up of 2 PR;

The cultivated land by beneficiary household is an average of 10.30 ha of which 4.20 ha used by women. On the other hand, when a woman is head of household, crop land area possessed by women is more important with an average 5.33 ha;

The average duration of food stock is 4.40 months by beneficiary households. Among households headed by men, this number is 5.60 months, while in women headed household, it is 2.67.

In recipient households, seeds were received by the head of household, be it man or woman. Regarding the use of seed of millet, sorghum and cowpea, the decision always comes from the head of household, which, by definition, ensure management.

Access to crops depending on gender:

In general, the results of the study indicate that in the majority of cases, men carried out harvest of millet, sorghum and Cowpea, however, during this operations:

- Only women carried out harvest in some cases for millet and Cowpea;
- Both men and women (21 per cent) in several cases harvested together millet, sorghum in Cowpea.

For the management of stocks of millet, sorghum and cowpea, the results of the survey reveal that it is delivered by the head of household, being man or woman. It is also the case for sale, donation and any other crop use.

These gender-related aspects are dealt with in annex report: "Crop assessment and impact of recipient households in the wet season 2012 emergency seed" study on behalf of FAO by the Directorate of agricultural statistics of the Ministry of Agriculture.

Impact evaluation:

Yields from improved seeds of millet, sorghum and Cowpea distributed are better respectively by 127 per cent, 122 per cent and 264 per cent compared to local seeds. Cereal food coverage in household induced thanks to the support of the project is on average 3 months ranging from 2 to 4 months depending on the locations.

Almost 88 per cent of households surveyed, say that support in seeds was beneficial and 50 per cent feel that the assistance contributed to an improvement in the households food coverage, followed by other spending (23 per cent), the improvement of family income (19 per cent) and the quality of the food (8 per cent).

Several observations including the study on the safety of seed systems in Niger, carried out in 2012 by FAO, in collaboration with Catholic Relief Service (CRS), Qatar Charity and the Ministry of Agriculture, have shown the adoption of improved varieties distributed by mass selection by farmers demonstrating appreciation in quality, early maturing, and the yields of these varieties.

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:		WFP	5. CERF Grant Period: 1 April – 30 Sep 2012	
2. CERF project code:		12-WFP-030	6. Status of CERF grant: <input type="checkbox"/> Ongoing	
3. Cluster/Sector:		Food	<input checked="" type="checkbox"/> Concluded	
4. Project Title:		Emergency Operation - Saving lives and preventing acute malnutrition for crisis-affected populations in Niger (EMOP 200398)		
7. Funding	a. Total project budget:		US\$ 233,511,866	
	b. Total funding received for the project:		US\$ 163,306,597	
	c. Amount received from CERF:		US\$ 12,520,222	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		92,419	92,419	WFP reached the total number of planned beneficiaries
b. Male		91,972	91,972	
c. Total individuals (female + male):		184,121	184,121	
d. Of total, children <u>under 5</u>		43,855	43,855	
9. Original project objective from approved CERF proposal				
<ul style="list-style-type: none">• In line with the 2008-2013 WFP Strategic Plan, targeted cash transfers will contribute to Strategic Objective 1, to “save lives and protect livelihoods in emergencies.” The CERF rapid response window will allow WFP to implement this time critical intervention.• A contribution of US\$12.57 million allow for US\$10.26 million in cash transfers to assist an average of 184,121 severely food insecure beneficiaries over 6 months in the urban peripheries of Agadez, Tillaberi, and Tahoua. In these areas, cash transfers will allow for a cost effective and timely response to the crisis.• These urban areas are targeted for the high prevalence of severe food insecurity and do not otherwise benefit from pre-emptive labour-based cash and food for work activities.• Targeted households are new beneficiaries who have been affected by the unfolding crisis and require life-saving support during the lean season.				
10. Original expected outcomes from approved CERF proposal				
<p>Targeted food-insecure households received a monthly unconditional transfer of CFA 32,500 per household (for an average of 7 people per household) for five months in urban areas of Taoua, Tillabery and Agadez regions. These transfers were carried out using mobile phone transfers (in Agadez the mobile phone was used for the first month, and for the remaining three months cash was transferred to beneficiaries directly through IMFs). In the rural areas of Maradi, Taoua, Tillabery, Diffa and Zinger regions, households received a monthly unconditional transfer of CFA 32,500 per household (for an average of 7 people per household) for four months through IMFs.</p> <p><u>Food consumption score >28 for 70% of targeted populations:</u></p> <p>The indicator is a composite score based on dietary diversity, food frequency, and relative nutritional importance of different food items.</p> <p><u>Coping strategy index <10:</u></p> <p>The coping strategy index calculates the frequency and severity of coping strategies implemented by households – allowing evaluation of the impact of food insufficiency and of interventions, as well as providing indications of future vulnerability.</p> <p><u>Dietary Diversity Score >4 for 70 per cent of targeted populations:</u></p>				

Dietary diversity is a qualitative measure of food consumption that reflects household access to a variety of foods, and considers the number of different food groups consumed in the household regularly during week.	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> Food consumption score >28 for 74.5 per cent of targeted populations. Coping strategy index: 1.1. Dietary Diversity Score >4 for 53.7 per cent of targeted populations. 	
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): 1</p> <p>If 'NO' (or if GM score is 1 or 0):</p> <ul style="list-style-type: none"> 100 per cent of entitlements under cash transfer activities were issued in women's names. The percentage of women actually collecting their cash entitlements at distribution sites varies. 91 per cent of cash transfer recipients being women. Women are in the majority in village management and complaints committees for cash transfers. WFP studies showed that cash distributed to women increased women's participation in household decision-making. Sensitization campaigns at the village level encouraged women's participation in project activities. Cash transfer activities were found to better empower women with regards to improving their decision making power. Post distribution monitoring (PDM) results (October 2012) showed that in 28 per cent of households receiving cash transfers decision making was shared between the head of household and spouse, compared to 11 per cent in households receiving targeted food assistance. 	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
There is a draft report (which should be finalized in March 2013) by WFP and NGO partners evaluating urban cash transfers during May-September 2012: 'Document de Capitalisation – <i>Projet de transfer de cash dans les villes de Tillabery; Tahoua et Agadez.</i> '	

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	PAM	5. CERF Grant Period:	1 May 2012 – 31 Oct 2012
2. CERF project code:	12-WFP-031	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Coordination and Support Services UNHAS		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Provision of Humanitarian Air Services in Niger and in the Region (SO 200316)		
7. Funding	a. Total project budget:	US\$ 10,034,591	
	b. Total funding received for the project:	US\$ 11,080,132	
	c. Amount received from CERF:	US\$ 1,000,000	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female			Total passengers transported per month – see also Outcomes below.
b. Male			
c. Total individuals (female + male):	7,200	9,346	
d. Of total, children <u>under 5</u>			
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> In 2012, a rapid expansion in humanitarian air services was required to respond to the complex crisis unfolding in Niger linked to the deteriorating food and nutrition crisis and the sudden onset emergency linked to the recent influx of Malian refugees and Niger returnees into vulnerable communities of Tillaberi and Tahoua regions. The vast distances and the undeveloped road infrastructure in Niger make air travel the only option for humanitarian actors to access the beneficiary populations. However, there are still no safe and reliable air service providers present in the country that meet safety standards to be able to transport humanitarian workers to remote beneficiary sites. Moreover, security remains an issue. Road travel is extremely dangerous, especially in the northern part of the country. Travel in convoy is compulsory from Niamey to the two regional capitals of Tahoua and Agadez. Al-Qaeda in the Islamic Maghreb continues to present a threat in the region. As of today WFP/UNHAS is the only safe air service for the whole humanitarian community in Niger, linking Niamey to Tahoua, Agadez, Maradi, Diffa, Dirkou and Zinder. WFP/UNHAS's role is crucial for implementation of the humanitarian response during the Sahel crisis and refugee/returnee response. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> 100 per cent response to medical and security evacuations; Number of passengers transported against planned target: At least 1,200 passengers monthly in the region monthly; Aircraft occupancy rate of 75 per cent; Tonnage of food or non-food items transported against requested or planned quantities (target: seven mt of non-food items per month); 100 per cent utilization of contracted hours. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> 100 per cent response to medical and security evacuations; 1,557 passengers transported monthly in the region; 70 per cent aircraft occupancy rate; 5 mt of food or non-food items transported per month; 			

<ul style="list-style-type: none"> 125 percent utilization of contracted hours. 	
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"/>
If 'YES', what is the code (0, 1, 2a, 2b): 3 (Not specified) If 'NO' (or if GM score is 1 or 0):	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
WFP Aviation quality audit in September 2012	

PART 2: CERF EMERGENCY RESPONSE – MALIAN REFUGEES (RAPID RESPONSE 2012)

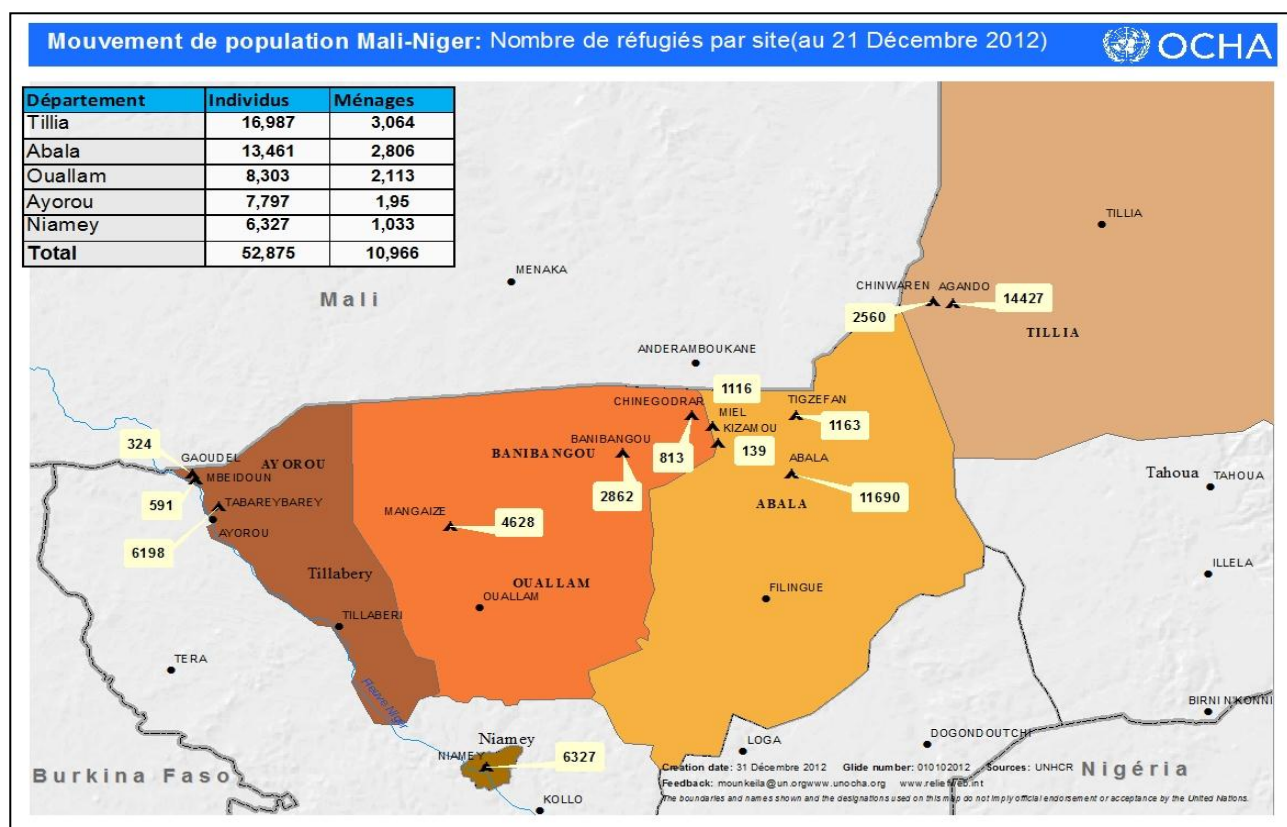
I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
<i>Total amount required for the humanitarian response:</i>		
Breakdown of total response funding received by source	Source	Amount
	CERF	4,937,917
	OTHER (Bilateral/Multilateral)	0
	TOTAL	4,937,917

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – Date of Official Submission: 23 March 2012			
Agency	Project Code	Cluster/Sector	Amount
UNHCR	12-HCR-023	Multisector	2,000,000
UNICEF	12-CEF-031	Water and Sanitation	996,555
UNICEF	12-CEF-032	Protection/Human Rights/Rule of Law	181,365
UNICEF	12-CEF-033	Health-Nutrition	130,540
WFP	12-WFP-032	Food	996,790
WHO	12-WHO-029	Health	632,667
Sub-total CERF Allocation			4,937,917
TOTAL			4,937,917

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of Implementation Modality	Amount
Direct UN agencies/IOM implementation	4,583,486
Funds forwarded to NGOs for implementation	334,431
Funds forwarded to government partners	20,000
TOTAL	4,937,917

Since January 17, 2012, following the armed conflict in northern Mali, a significant number of malian refugees and nigerien returnees crossed the border of Niger and came in in Tillaberi and Tahoua regions. They have settled in makeshift camps or in host families in bordering villages (Cinegodar, Mangaize, Ayorou, Abala and others) where solidarity of local population was remarkable. Please see the location of refugee's camps in the map below:



These situations came when Niger was facing a major food and nutrition crisis. Among all the Niger regions, Tillabéri and Tahoua were the most affected.

The humanitarian emergency caused by the displacement of refugees from Mali and Niger returnees into Tillabéri and Tahoua regions was unfolding within the context of an acute food access and malnutrition crisis facing Niger and the greater Sahel sub-region in 2012 resulting from a series of compounded economic, security and climate shocks.

Refugees and returnees have generally arrived with few or no assets and essentially no means of subsistence.⁵ Meanwhile, the influx of displaced populations has placed an additional burden on receiving communities of Tillabéri and Tahoua regions that were beyond their resilience and coping abilities. Host communities were already in an extremely fragile food security and nutrition situation. It was projected that more than one in four persons in Tillabéri region were severely food insecure by the April onset of the lean season.⁶

Rapid assessments indicated that household food stocks among receiving communities were exhausted, food availability was variable and local cereal banks have few if any remaining physical stocks.⁷

Interagency missions for Initial Rapid Assessment (IRA), using the IASC tools for health, nutrition and WASH sectors, have been conducted in early march 2012, in the districts of Tillabéri, Filingué and Tchintabaraden. The findings of these missions were very bad and argued for urgent action to save lives

⁵ IOM/OCHA/UNICEF/WFP/WHO/local authorities. February 2012. *Rapport de mission d'évaluation de la situation humanitaire à Sinégodar suite à l'arrivée massive de déplacés consecutive à l'attaque rebelle contre la localité d'Aderboukane au Nord-Est du Mali*. Niamey, 14 February 2012. *Mission multisectorale de suivi et évaluation de la situation des réfugiés/retournés du Mali – site de Sinégodar*.

⁶ SAP/INS/WFP/EU/FAO/UNDP/UNICEF/CILSS/FEWS-Net. 2011. *Evaluation conjointe de la vulnérabilité à l'insécurité alimentaire des ménages en milieu rural et urbain*. Niamey

⁷ IOM/OCHA/UNICEF/WFP/WHO/local authorities. February 2012. *Rapport de mission d'évaluation de la situation humanitaire à Sinégodar suite à l'arrivée massive de déplacés consecutive à l'attaque rebelle contre la localité d'Aderboukane au Nord-Est du Mali*. Niamey, 14 February 2012. *Mission multisectorale de suivi et évaluation de la situation des réfugiés/retournés du Mali – site de Sinégodar*.

According to surveys conducted in 2011 on household food insecurity and nutritional status of children aged 6 to 59 months, Tillabéri region had the highest rates of food insecurity (35,4 per cent) and GAM (14.8 per cent).

Throughout 2012, the epidemiological situation in the region of Tillabéri also remained worrying. Since March 2011, the region faced a cholera outbreak along the Niger River. Of the 2,426 cholera cases recorded in 2011, only Tillabéri has notified 70 per cent, with a case fatality rate of 1.6 per cent. In 2012, Tillabéri was the only region to report more cholera cases.

While the Government has appealed for emergency assistance for refugees, returnees and host populations in the four affected districts, it has also requested equal treatment for all displaced families, whether from Mali or from Niger, as well as for host communities.

II. FOCUS AREAS AND PRIORITIZATION

Populations located in the districts bordering Mali were the most affected, particularly in the region of Tillabéri and Tahoua in the departments of Ouallam and Filingue, Tillabéri and Telford and Tchintabaraden in the Tahoua region. The Government with the support of the UNHCR have installed the refugees in camps of Ayourou, Mangaze and Abala.

Among host communities, targeting of severely vulnerable households was in line with the gender sensitive criteria elaborated in cooperation with partners, specifically: female-headed households particularly those with a high dependency ratio and who were labor-constrained; households with low or no cereal stocks or with few or no productive assets, who have exhausted their resilience capacity; households dependent on vulnerable livelihoods; indebted households; households with malnourished children; and households hosting refugees or returnees. Household targeting criteria were further refined in 2012 based on the Household Economy Approach (HEA) outcome analysis which builds scenarios of the potential effects of shocks on different livelihood groups; WFP and Save the Children worked on developing this approach in Niger.

III. CERF PROCESS

1. The entire projects proposal were discussed through the clusters and approved by the Humanitarian coordinator.
2. Consultation were made with the government counterparts, throughout the technical structures, such as the National commission for eligibility, the national cell for coordination of food aid assistance, the departments of Health at Ministerial level and regional levels, etc.
3. The emergency operation included a relief component for refugees, returnees, and vulnerable host communities affected by the recent insecurity in northern Mali.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
<i>Total number of individuals affected by the crisis: 38,811</i>				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Food	18,823	19,988	38,811
	Health	20,990	17,920	38,910
	Health-Nutrition	18,823	19,988	38,811
	Multisector	400	380	780
	Protection/Human Rights/Rule of Law	18,823	19,988	38,811
	Water and Sanitation	18,823	19,988	38,811

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	16,200	18,823
Male	13,800	18,281
Total individuals (Female and male)	30,000	38,811
Of total, children <u>under 5</u>	4,600	5,200

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

YES ☒ PARTIALLY ☐ NO ☐

1. The CERF funding allowed making a quick response to refugees and returnees from the Northern part of Mali through the provision of food, medical care, drinking water points, the construction of latrines and the provision of NFI.
2. These interventions also helped to protect refugees, returnees and host communities from the spread of a cholera epidemic in the two regions which were already affected by this disease as well
3. The CERF funding was used to support the organization of two mass campaigns for the screening of acute malnutrition, allowing an early identification of cases. 1,855 children were detected and received timely treatment for acute malnutrition.
4. Through the CERF funding, UNICEF as the lead for the Protection Cluster and child protection related issues in emergencies in close collaboration with UNHCR and other partners provided immediate protection responses to issues related to violence, exploitation and abuse of children. While there have not yet been reported cases of violence, strategies and activities have been developed to ensure the identification of potential cases and support to victims. In addition, many children and adolescents have reported to have witness the various combats and are in needs of psychosocial support to overcome their trauma. NFIs such as clothing and lamp torches were distributed to reinstall dignity but as a mean to reduce risks of sexual violence in particular against women and girls
5. In coordination with partners, WFP distributed a full monthly food ration to severely food insecure households. Acute malnourished children were screened by partners in the field and referred to nutrition feeding centres to be assisted through targeted supplementary feeding activities.

b) Did CERF funds help respond to time critical needs⁸?

YES ☒ PARTIALLY ☐ NO ☐

1. The CERF funds allowed recipients agencies to meet the multiple and urgent constraints faced by the Malian refugees and Niger returnees. Indeed, given the multiplicity of needs against limited available resources, the funds allowed to meet the most urgent needs of refugees, returnees and host communities in the following sectors: (i) domestic basic (NFIs), (ii) emergency shelter needs, (iii) the development of the sites (site planning), (iv) water ,sanitation and health, (v) the Protection including monitoring, security and registration (level 1 and 2) and (vi) the Camp Management and Camp Coordination (CMCC) as well as the free food distribution
2. Also the CERF funding enabled first refugee site water supply of Mentés by Water trucking (20,000 l per day for three months) and the realization of two drilling in the primary school and the college of Mangaize, Ouallam Department, Tillabéri region for.
3. The funds allowed to meet the urgent needs, include psychosocial support and supplies of clothes that were not supported by other sectors. Through CERF, the protection fund was able to distribute clothes to 30,000 households and build four friends spaces of the children in the camp of Abala, while supporting other partners (World Vision and Plan Niger) technically in other camps.
4. Thanks to the screening efforts and to the early detection of children suffering from acute malnutrition, medical complications that can lead to death were avoided. CERF funding allowed an early implementation of activities, before other resources were made available

⁸Time-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).

5. Through CERF, WFP was able to continue to cover critical food needs of severely vulnerable and affected refugees, returnees, and host communities during the first month under the new emergency operation. CERF funding allowed for the procurement of 814 MT of cereals, 162 MT of pulses, and 33 MT of oil.

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

YES ☒ PARTIALLY ☐ NO ☐

1. The funding allowed the mobilization of additional resources from other partners of the WASH Cluster, such as OXFAM, Plan Niger and CRS. The CERF funding helped to initiate protection activities in Ayourou camps for a period of six months.
2. UNICEF was able to mobilize other funds including the Australian government to continue the activities in the field.

d) Did CERF improve coordination amongst the humanitarian community?

YES ☒ PARTIALLY ☐ NO ☐

1. From the beginning of the crisis, the Government asked for support from the international community to provide equal assistance to both the Malian refugees and nationals of Niger who have fled to Niger. In parallel to the UNHCR Flash Appeal that was intended to assist refugees from Mali, the UN humanitarian actors equally supported the host communities as well as returnees and refugees.
2. The Health Cluster, in collaboration with UNHCR, organized medical assistance and shared the roles and responsibilities. An emergency health kit has been provided by WHO and MSF-Switzerland provided health assistance to populations in Sinegodar and Mangaize camps. Through the CERF funding, WHO supported the health authorities to delivery basic health services to people affected by the crisis in four health districts (Tillabéri, Filingué, Ouallam and Tchintabaraden).
3. The food security response was implemented and coordinated with WFP, the Government, and international and national partners. As a preliminary response to the emergency, WFP initiated provision of lifesaving food under its existing Protracted Relief and Recovery Operation 20051 (PRRO).
4. This CERF funding which was used to implement nutrition activities in the refugee camps greatly contributed to position nutrition as an important issue in the HCR contingency plan.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
It is essential that directives governing the use of the CERF funds allow an organization to use the funds to restore its emergency stockpile. In this way, aid is delivered more quickly, without waiting to order and receive articles, and assistance operations are more effective.	Specify clearly in the guidelines that this process is allowed to ensure Agencies who own operational response capabilities to evaluate the possibility to make them available while the requests for CERF are being approved	CERF secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
Lessons learned relating to the mode of nomadic area assistance or assistance must be adapt to Malian formed in large parts of nomads living with their livestock and outside the usual camps	Development of orientation support	UNHCR Niger
The relocation of the nomadic Malian refugees to official camps has been a success because the nomads are not used to live in a confined space	Share the implementation strategy and the major problems for capitalization	UNHCR Niger
Lessons learned from the experience and methods of intervention implementation and operational partners	More autonomy for partners	UNHCR Niger/IP
Good organization and pragmatism of the WASH cluster allowed to organize and combine efforts and meet WASH needs of refugees and hosting communities	UNHCR should ensure the sustainability of the sites before allowing the achievement of permanent structures at high costs	UNHCR
The collaboration with the national decentralized services allowed to complete the work in standards and in a short time and the delivery of the NFI	Ensure decentralized national services to ensure the follow-up of the management committees to ensure sustainability works.	Government/ Decentralized services
Due to the security limitation some sites were not assisted	Partners efforts should be stepped up to reach the landlocked populations.	WASH Cluster

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNHCR	5. CERF Grant Period:	18 April - 1 December 2012
2. CERF project code:	12-HCR-023	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multisector		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Protection and Assistance of Malian refugees in Niger		
7. Funding	a. Total project budget: b. Total funding received for the project: c. Amount received from CERF:		US\$ 2,000,000 US\$ 13,900,874 US\$ 2,000,000
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	16,200	18,823	N/A
b. Male	13,800	18,281	
c. Total individuals (female + male):	30,000	38,811	
d. Of total, children <u>under</u> 5	4,600	5,200	
9. Original project objective from approved CERF proposal			
Ensure the well-being of Malian refugees in Niger			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • People at risk are identified and supported. • Access to the territory is guaranteed and the risk of discharge are reduce. • Registration on the individual basis is made. • The relocation of new refugees in the camps is made. • Refugees have access to essential and service needs database. 			
11. Actual outcomes achieved with CERF funds			
<u>Access to the territory:</u> 1. The border between Mali and Niger is extremely permeable. Thanks to UNHCR advocacy, the Government has granted, without restriction, asylum to the refugees from Mali. 2. The UNHCR has organized 10 training on international protection, prevention and response to SGBV for the security personnel on the border, local authorities and implementing partners. <u>Registration:</u> 1. Malian refugees to Niger were granted asylum on Prima facie basis. In the Tillabéri region, registration was led by the national			

<p>NGO CADEV under the supervision of the UNHCR and the Government of the Niger through the National commission for eligibility.</p> <ol style="list-style-type: none"> Level 2 registration was conducted in all camps (Tabareybarey, Abalá, Mangaize) and sites in the region of Tillaberi and Niamey urban community. Data, including the bio basic information and picture for each refugee were collected. Certificates of refugees with photo containing basic bio information were issued for each Member of the families aged at least of 18 years. A mechanism for continuous recording has been implemented taking into account the criteria of age and gender. 	
<p><u>Prevention and responses SGBV (gender-based violence):</u></p> <ol style="list-style-type: none"> Capacity-building was provided to the implementing partners, the Government, local authorities on various concepts related to the different types of violence based on gender, the causes, consequences, prevention, strategies and responses SGBV, collected information and interview techniques with SGBV victims led. SGBV working group, including members of multisectoral team, implementation partners and the Government was established in Niamey and in the camps. Monthly coordination meetings were held in Niamey and in the camps. Community working group (refugee women, men, girls and boys) aimed to to prevent and provide required SGBV responses in all sectors has been implemented in all the camps. SGBV prevention and responses strategy was developed and being implemented. Standard operating procedures and reporting system have been implemented to monitor cases of SGBV. Notwithstanding the existences of the required the structures, women are still not willing to relate cases of SGBV thus reducing the impact of the activities of SGBV. This can be explained inter alia by by lack of education, traditional practices harmful (marriage early, domestic violence, etc.) The few cases of SGBV reported received assistance (medical, psychological, legal, material) adequate. 	
<p><u>Relocation and Infrastructures:</u></p> <ol style="list-style-type: none"> The relocation of refugees spontaneously installed in a flood zone in Mangaize District has been effective. Refugees located along the border in Northern Ayourou were transferred to the camp of Tabareybarey. In these two camps, emergency facilities have been built and 1,000 additional tents have been installed to cover the additional needs in Abala, Mangaize and Tabareybarey, refugees camps. Supplied NFI including tarpaulins have been received and distributed to cover a portion of the needs in terms of shelter and emergency infrastructure. Structures to protect kitchens upwind areas have been built in Abala refugees camp through the managing partner of the camps. 	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>N/A</p>	
<p>13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): In 2012, UNHCR's activities funded by the CERF were part of a new emergency operation and as such they were not planned and were not part of the CAP Niger 2012. Though UNHCR's activities were not rated through the IASC Gender Marker code, UNHCR emergency standards provided for fair protection and assistance to men and women equally.</p>	
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0):</p>	

14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
N/A	

TABLE 8: PROJECT RESULTS

CERF Project Information				
1. Agency:	UNICEF		5. CERF Grant Period:	24 April – 23 October 2012
2. CERF project code:	12-CEF-031		6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	WASH			<input checked="" type="checkbox"/> Concluded
4. Project Title:	Assistance to Niger Returnee Nationals from Mali			
7. Funding	a. Total project budget:		US\$ 3,343,660	
	b. Total funding received for the project:		US\$ 931,360	
	c. Amount received from CERF:		US\$ 996,555	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		20,163	16,796	This data is only for WASH activities.
b. Male		19,837	13,942	
c. Total individuals (female + male):		40,000	29,802	
d. Of total, children <u>under 5</u>		9,523	7,011	
9. Original project objective from approved CERF proposal				
<p>The strategic objectives of the operation are to:</p> <ul style="list-style-type: none"> Ensure the access to safe and reliable drinking water and sanitation facilities to the returnee people from Mali through emergency interventions. Prevent displaced people group from Mali and their host communities from cholera epidemic outbreak or other water related disease epidemic. Improve living conditions of Returnee Nationals and their host communities, especially health state and mortality/morbidity rates of the targeted communities by protecting vulnerable displaced people and their hosts from water and sanitation related diseases. Provide Returnee Nationals with minimum equipment including sheltering equipment, Household kits, hygiene kits and water transport, treatment and storage equipment and products. 				
10. Original expected outcomes from approved CERF proposal				
<p>The overall outcome is to provide reliable and safe drinking water in sufficient quantity and quality to an expected 15,000 Niger returnee nationals and their host communities (an estimated 25,000 individuals).</p> <p>At the end of the operation, the following results will be achieved:</p> <ul style="list-style-type: none"> The public water supply systems in affected areas are able to meet the potable water needs of an influx of about 15,000 Niger returnee nationals in addition to their host community's resident inhabitants (an estimated 25,000 individuals). Sanitation is improved in and around the returnee transit camps as well as in the host villages. 				

<ul style="list-style-type: none"> No epidemic outbreak notified in affected villages as well as in transit camps. From available statistics regarding displaced people from Mali, it is estimated that out of 15,000 direct beneficiaries, 4,200 of them will be children under the age of five years old. The operation will pay special attention to meeting equally the needs of women, girls, boys and men. 	
11. Actual outcomes achieved with CERF funds	
<ol style="list-style-type: none"> 11,337 people, including 5,782 women, 5,555 men and 2,199 children under age 5 gained access to safe drinking water thanks to the construction of a mini water distribution system with a water tower and five fountains in the refugee camps of Abala, in the Filingué department of the Tillabéry region. 5,725 people, including 3,286 women, 3,375 men and 1,111 children under age 5 gained access to safe drinking water thanks to the construction of a mini water distribution system with a water tower and four fountains in the refugee camp of Agando, in the Tillia department of the Tahoua region. Four wells were constructed on the site of Chinwaren / Tichachit, in the Tillia department of the Tahoua region, providing water for 7,935 people, including 5,237 women, 2,698 men and 1,539 children under age 5. 27 latrines blocks were constructed on the refugee camps of Agando and Chinwaren / Tichachit, in the Tillia department of the Tahoua region. 13,660 people, including 8,523 women, 6,073 men and 2,650 children under age 5 were reached by sensitization activities on water, hygiene and sanitation in the refugee camps of Agando and Chinwaren / Tichachit, in the Tillia department of the Tahoua region. 4,565 people including 2,497 women, 2,068 men and 2,328 children gained access to drinking water during three months through water trucking in the refugee site of Mentés in the department of Tassara, Tahoua region. Two boreholes with hand pumps were installed in the primary and middle schools of Mangaize, in the department of Ouallam of the Tillabéry region, ensuring access to water for 1,097 pupils coming from the refugee camps, including 431 girls and 666 boys. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
In some places, mini water distribution systems were constructed instead of boreholes because other partners had already provided access to drinking water to some parts of the camps (for instance Abala).	
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, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): From available statistics regarding displaced people from Mali, it is estimated that out of 15,000 direct beneficiaries, 4,200 of them will be children under age 5. The operation will pay special attention to meeting equally the needs of women, girls, boys, and men.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
N/A	

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:		UNICEF	5. CERF Grant Period:	3 May – 2 November 2012
2. CERF project code:		12-CEF-032	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:		Protection		<input checked="" type="checkbox"/> Concluded
4. Project Title:		Ensuring the protection of women and children affected by the Crisis in Mali		
7. Funding	a. Total project budget:		US\$ 556,400	
	b. Total funding received for the project:		US\$ 201,365	
	c. Amount received from CERF:		US\$ 181,365	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		5,000	15,823	The planned number of refugees (30,000) increased significantly to reach 50,000. As a result, the emergency response was adapted to accommodate a higher number of beneficiaries.
b. Male		1,000	10,410	
c. Total individuals (female + male):		12,500	27,233	
d. Of total, children <u>under 5</u>		6,500	1,203	
9. Original project objective from approved CERF proposal				
The overall objective of the CERF component of the child protection response is to ensure the protection from violence, exploitation and abuse of 12,500 children who have returned to Niger due to the conflict in Mali.				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none">All identified separated and non-accompanied girls and boys are reunified with their families.6 child friendly spaces are created for psychosocial support and recreational activities and at least 2.000 children have benefited from psychosocial support and recreational activities.Communities are aware on emerging child protection issues and committees for the prevention and identification of victims of violence and exploitation are set up and are active.Victims and persons at risks from violence are identified and provided with appropriate support.NFIs are procured and distributed.				
11. Actual outcomes achieved with CERF funds				
The CERF contribution was used to reach populations living in the Abala refugee camp, which according to UNHCR data has an estimated population of 18,683 people (or 3,350 households), including 10,150 females. The following outcomes were achieved:				
<ul style="list-style-type: none">30 children separated from their family and unaccompanied were identified and their family connection was established. These				

<p>children have not been sent back to Mali because of prevailing insecurity in the country.</p> <ul style="list-style-type: none"> • Four child-friendly spaces were established and a total of 2,804 children aged 2 to 17 years-old, including 1,461 girls and 1,343 boys received psychosocial support. • A Child Protection Committee was established in each camp, and is composed of male and female beneficiaries. Sensitization activities were conducted to raise awareness of these committee members on the importance of child protection. • Gender-based violence sensitization activities were conducted in the camps through the Child Protection Committees, as well as through mass information campaigns (group discussions, movie screenings followed by debates). 3,000 households considered "at risk" received clothing in order to minimize gender-based violence risks. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
The planned number of refugees (30,000) increased significantly to reach 50,000. As a result, the emergency response was adapted to accommodate a higher number of 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, 2b): 2a</p> <p>If 'NO' (or if GM score is 1 or 0):</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
N/A	

TABLE 8: PROJECT RESULTS

CERF Project Information				
1. Agency:	UNICEF		5. CERF Grant Period:	July to December 2012
2. CERF project code:	12-CEF-033		6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Nutrition			<input checked="" type="checkbox"/> Concluded
4. Project Title:	Reduce morbidity and mortality due to severe acute malnutrition among young children in the community of returnees from Mali and refugees			
7. Funding	a. Total project budget:		US\$ 130,540	
	b. Total funding received for the project:		US\$122,002.68	
	c. Amount received from CERF:		US\$ 130,540	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		756	890	The planned number of refugees (30,000) increased significantly to reach 50,000. As a result, the emergency response was adapted to accommodate a higher number of beneficiaries.
b. Male		819	965	
c. Total individuals (female + male):		1575	1855	
d. Of total, children <u>under 5</u>		1575	1855	
9. Original project objective from approved CERF proposal				
The overall objective of this CERF proposal is to contribute to reduce morbidity and mortality due to severe acute malnutrition among young children in the community of returnees from Mali and refugees, by ensuring availability of, and access to quality treatment, as they are at higher risk of dying than their well-nourished peers.				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none"> At least 1,575 children under five benefited from quality management of severe acute malnutrition Performance indicators are in line with internationally established SPHERE standards 				
11. Actual outcomes achieved with CERF funds				
<ul style="list-style-type: none"> 1,855 children suffering from acute malnutrition were screened and recieved adequate treatment Two mass campaigns were organized for the screening of acute malnutrition 				
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:				
Early detection of acute malnutrition allowed to reduce the duration of treatment for children, therefore leading to the treatment of a higher number of children.				
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"/>

If 'YES', what is the code (0, 1, 2a, 2b): 2a If 'NO' (or if GM score is 1 or 0):	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
N/A	

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:		WFP	5. CERF Grant Period:	1 April – 30 Sep 2012
2. CERF project code:		12-WFP-032	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:		Food		<input checked="" type="checkbox"/> Concluded
4. Project Title:		Emergency Operation - Saving lives and preventing acute malnutrition for crisis-affected populations in Niger (EMOP 200398) Assistance to Refugees and Internally Displaced Persons Affected by Insecurity in Mali (200438)		
7. Funding	a. Total project budget:		US\$233,511,866 (EMOP 200398) US\$31 884 258 (EMOP 200438 Ner)	
	b. Total funding received for the project:		US\$163,306,597 (EMOP 200398) US\$14,568,492 (EMOP 200438 Ner)	
	c. Amount received from CERF:		US\$996,790	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		20,163	20,163	
b. Male		19,837	19,837	
c. Total individuals (female + male):		40,000	40,000	
d. Of total, children <u>under 5</u>		9,523	9,523	
9. Original project objective from approved CERF proposal*				
The overall objective of the CERF component of the child protection response is to ensure the protection from violence, exploitation and abuse of 12,500 children who have returned to Niger due to the conflict in Mali.				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none">All identified separated and non-accompanied girls and boys are reunified with their families.6 child friendly spaces are created for psychosocial support and recreational activities and at least 2.000 children have benefited from psychosocial support and recreational activities.Communities are aware on emerging child protection issues and committees for the prevention and identification of victims of violence and exploitation are set up and are active.Victims and persons at risks from violence are identified and provided with appropriate support. NFIs are procured and distributed.				
11. Actual outcomes achieved with CERF funds				
The CERF contribution was used to reach populations living in the Abala refugee camp, which according to UNHCR data has an				

<p>estimated population of 18,683 people (or 3,350 households), including 10,150 females. The following outcomes were achieved:</p> <ul style="list-style-type: none"> • 30 children separated from their family and unaccompanied were identified and their family connection was established. These children have not been sent back to Mali because of prevailing insecurity in the country. • Four child-friendly spaces were established and a total of 2,804 children aged 2 to 17 years-old, including 1,461 girls and 1,343 boys received psychosocial support. • A Child Protection Committee was established in each camp, and is composed of male and female beneficiaries. Sensitization activities were conducted to raise awareness of these committee members on the importance of child protection. <p>Gender-based violence sensitization activities were conducted in the camps through the Child Protection Committees, as well as through mass information campaigns (group discussions, movie screenings followed by debates). 3,000 households considered “at risk” received clothing in order to minimize gender-based violence risks.</p>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
See above 11.	
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): 1</p> <p>If 'NO' (or if GM score is 1 or 0): Both men and women participated in food management committees in the refugee camps and sites. In addition to these committees, however, there were refugee committees focusing exclusively on the needs of women and youth reportedly active in these camps and sites. Sensitization campaigns at the village level encourage women's participation in project activities.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
See above 11.	

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:		WHO	5. CERF Grant Period:	24 April - 31 Oct 2012
2. CERF project code:		12-WHO-029	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:		Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:		Emergency rapid response to basic health needs of populations of four health districts hosting Malian refugees and affected by the food crisis in Tillabéri and Tahoua regions (Niger)		
7. Funding	a. Total project budget:		US\$ 1,420,700	
	b. Total funding received for the project:		US\$ 788,032	
	c. Amount received from CERF:		US\$ 632,667	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		28,600	32,000	N/A
b. Male		26,400	27,500	
c. Total individuals (female + male):		55,000	59,500	
d. Of total, children <u>under 5</u>		10,505	12,300	
9. Original project objective from approved CERF proposal				
<div>1. Support the provision of primary health care and emergency reference to populations of four districts (Tillabéri, Ouallam and Filingue Tchintabaraden) affected by the influx of refugees and returnees as well as the food deficit.</div> <div>2. Ensure the control of epidemic-prone diseases in refugees and returnees' sites as well as in the surrounding areas in the four districts.</div>				
10. Original expected outcomes from approved CERF proposal				
<div>1. Provide (IEHK 2011, IDDK, reproductive health) emergency health kits to health facilities of the four districts.</div> <div>2. Support three mobile clinics for health coverage of sites located in areas of Ayourou (Tillabéri), Abala (Filingue) and Telford (Tchintabaraden).</div> <div>3. Support the implementation of the minimum emergency device for reproductive health in crisis situations, including care obstetric and neonatal emergency, the treatment of sexually transmitted infections, prevention and support for violence based on the gender and the reduction of transmission of HIV.</div> <div>4. Support health care to reference/cross-reference for serious and complicated cases.</div> <div>5. Support the medical complications of severe acute malnutrition through the provision of equipment and medicines.</div> <div>6. Support the collection, analysis and dissemination of critical information on the health of the populations in four districts (including epidemiological surveillance of epidemic-prone diseases and dracunculiasis).</div> <div>7. Support the rapid confirmation of outbreaks by the provision of rapid diagnostics (malaria, meningitis and cholera).</div> <div>8. Capacity building and formative supervision of health personnel in support of the medical complications of SAM, epidemiological surveillance, and reproductive health.</div>				

9. Support vaccination against measles and polio in the sites of the refugees/returnees.	
10. Monitoring, evaluation and coordination of emergency health response.	
11. Actual outcomes achieved with CERF funds	
1. Supplied and provided emergency health kits (3 IEHK 2011, 3 IDDK, 3 health health reproductive Kits) to the health structures of Tillabery and Tahoua regions. 2. Supported quick confirmation of outbreaks by the provision of rapid diagnostics (malaria, meningitis, cholera). 3. Supported two weekly mobile clinics for refugees in areas not covered by Telford (Tchintabaraden Health District). 4. Supported the implementation of the minimum emergency reproductive health in four districts. 5. Supported the system of reference/cross-reference for serious and complicated cases in the districts of Fillingue and Tchintabaraden. 6. Supplied equipment and drugs for the management of medical complications of SAM. 7. Supported the collection, analysis and dissemination of critical information on the health of the populations in four districts (Fillingue, Tillaberi, Ouallam and Tchintabaraden). 8. Capacity building provided to 76 health in epidemiological surveillance personnel. 9. Capacity building provided to 16 health workers in the management of the medical complications of SAM. 10. Supported vaccination against measles (11,000 children from 6 months to 14 years) and polio (6,080 children under age 5) in the sites of the refugees/returnees. 11. Mortality rate of children under age 5 (0.96 deaths per 10,000 children per day) reduced (less than 2/10,000). 12. Supported Coordination of health emergency to returnees and refugees outside the camps.	
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"/>
If 'YES', what is the code (0, 1, 2a, 2b): 2a If 'NO' (or if GM score is 1 or 0):	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
N/A	

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

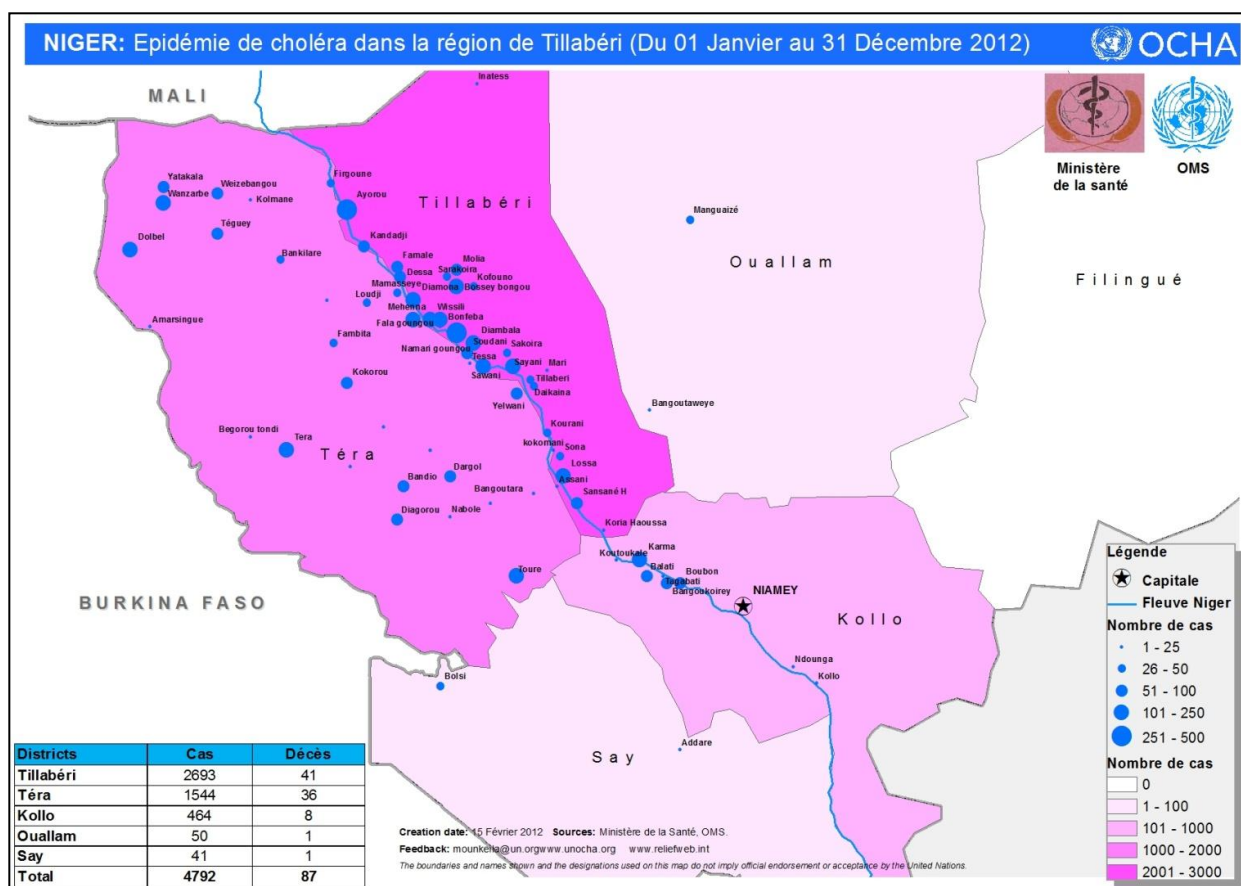
I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
<i>Total amount required for the humanitarian response:</i>		490,000.000
Breakdown of total response funding received by source	Source	Amount
	CERF	1,099,770
	OTHER (Bilateral/Multilateral)	0
	TOTAL	1,099,770

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – Date of Official Submission: 21 August 2012			
Agency	Project Code	Cluster/Sector	Amount
UNICEF	12-CEF-100	Water and Sanitation	450,184
WHO	12-WHO-059	Health	649,586
Sub-total CERF Allocation			1,099,770
TOTAL			1,099,770

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)	
Type of Implementation Modality	Amount
Direct UN agencies/IOM implementation	549,586
Funds forwarded to NGOs for implementation	550,184
Funds forwarded to government partners	0
TOTAL	1,099,770

In Niger, Cholera remained as endemic and epidemic since 1971 (9,284 cases/2,333 deaths, case-fatality of 25.1 per cent), with devastating outbreaks. It is in the year 2012 that Niger has reported the largest number of cases after the 1971 outbreak. Indeed, since the beginning of the year, the health facilities of the country reported 5,285 cases including 110 deaths, or 2.1 per cent of lethality, above the acceptable threshold of 1 per cent according to WHO standards, reflecting a failure in the quality of support, mainly in Tillabery and Tahoua regions. The situation is illustrated by the following maps:



In Tillabéri region, which is the most affected, 91 per cent of confirmed cases and 71 per cent of deaths were recorded. In this region, the epidemic mainly affects the bordering districts of the River Niger which are Tillabéri (2,664 cases/38 deaths), Tera (1,185 cases/33 deaths), Kollo (458 cases/8 deaths) and Say (41 cases/1 death).

According to the Health cluster, an estimated 27 districts remained at risk of epidemic in 2012. Those are the ones bordering of the Niger River in the West, the *Maggia* West Central, the *Goulbi* Maradi and Lake Chad in the far east of the country.

The usual cholera epidemic raging in Niger has been compounded in 2012 by the arrival of thousands of Malian refugees. In addition, the rainy season has contributed to the rapid expansion of this epidemic among the communities located along the Niger River.

II. FOCUS AREAS AND PRIORITIZATION

In addition to 27 districts of Niger which remained at risk of epidemic in 2012, required humanitarian assistance was oriented to the most affected regions of Tillabéri and Tahoua, especially in the districts of Tillabéri, Tera, Kollo, Sayas well as to the ones bordering of the Niger River in the West, the *Maggia* West Central, the *Goulbi* Maradi and Lake Chad in the far east of the country.

Refugees' camps and the Town of Niamey were also considered as priority areas. Implementation partners, through the WASH and Health clusters ensured the geographical coverage of the affected and at high risk areas for cholera.

III. CERF PROCESS

The entire projects proposals were discussed through the clusters and approved by the Humanitarian coordinator. Required consultation

were made with the government counterparts, throughout the technical structures, such as the departments of Health at Ministerial and regional levels, etc.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
<i>Total number of individuals affected by the crisis: 59,908</i>				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Health	27,858	26,765	54,623
	Water and Sanitation	3,171	2,114	5,285
Total		31,029	28,879	59,908

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	13,495	31,029
Male	9,545	28,879
Total individuals (Female and male)	23,040	59,908
Of total, children <u>under 5</u>	2,415	11,470

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

YES ☒ PARTIALLY ☐ NO ☐

1. Water treatment products and disinfectants procured with the CERF funding have enabled the Ministry of Public Health to timely and widely tackle the cholera epidemic and prevent its spread to other regions in 2012. With these supplies in hands the Ministry has also been able to provide minimum hygiene kits to flood victims thus limiting the spread of the epidemic among these vulnerable populations.
2. The rehabilitation of water sources in the affected areas has granted access to potable water sources to these communities, therefore keeping them from using the river water that was the main source of contamination of the disease. The availability of potable water sources reinforced with hygiene sensitization messages throughout the affected communities helped stop the progression of the epidemic. None of the beneficiary villages of the rehabilitation have recorded new cases of cholera since these activities started. All concerned villages have notified a drastic decline in the incidence of the disease to reach zero case in a short period of time.
3. Through the funds received from the CERF, 2,000 people affected with cholera received adequate treatment in regularly disinfected treatment centers, thanks to the provision of five cholera treatment kits provided by UNICEF.
4. WHO Supplied and provided medicines and essential inputs for the medical care of cases of cholera: 4 Interagency kits of emergency health (IEHK 2011), 20 Interagency Kits for diarrhoeal diseases (IDDK 2009).

b) Did CERF funds help respond to time critical needs⁹?

YES ☒ PARTIALLY ☐ NO ☐

1. Thanks to the availability of CERF funds, affected communities benefitted from a timely access to supplies and the spread of the epidemic outside the region of Tillaberi was prevented. Field staff were equipped to promptly respond to the needs of affected communities.
2. 6,092 households in the 40 target villages considered at risk of contamination received water treatment products, water sources were disinfected THROUGH Unicef4sprogram funded by the CERF.
3. WHO Constructed 10 blocks of showers/toilets with ventilated pits, 5 integrated health Centres for Tillaberi health and the extension of drinking water supply systems for 4 health centres (BONFEBA, NAMARI GOUNGOU & DIOMANA).

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

YES ☒ PARTIALLY ☐ NO ☐

1. While CERF activities were being implemented, UNICEF managed to secure a US\$600,000 grant from ECHO. This allowed reinforcing activities in all high risk departments of the region of Tillaberi. The combination of these efforts allowed limiting the impact and eventually stopping the epidemic in the region of Tillaberi.

d) Did CERF improve coordination amongst the humanitarian community?

YES ☒ PARTIALLY ☐ NO ☐

1. The supplies made available to implementing partners thanks to the CERF funds reinforced the scheme and content of the coordination within the WASH Cluster. It helped to establish a cholera sub group with periodic meetings to share project activities progress identify bottlenecks and challenges and propose solutions.
2. WHO, as a leader of the health Cluster supported health intervention and all activities within the health centres. While UNICEF as the leader of the WASH Cluster coordinated various WASH related activities.
3. Health and WASH activities were implemented in support of the Ministry of public health and the Ministry of hydraulics, in collaboration with the who, UNHCR, development partners implement, regional health authorities, the authorities of the hydraulics, the committees of departmental and regional outbreak management and local communities.
4. The WASH Cluster has developed a methodological guidance for the implementation of the response to the cholera that inspired the activities of the joint response plan.
5. In addition, a decentralized coordination structure has been developed in coordination with the regional and departmental authorities (with focal points designated by Department) to guide the response and to ensure that resources and the implementation of actions are immediately in the places

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
It is essential that directives governing the use of the CERF funds allow an organization to use the funds to restore its emergency stockpile. In this way, aid is delivered more quickly, without waiting to order and receive articles, and	<p>Spécifier clairement dans les directives que ce processus est autorisé afin d'assurer que les agences qui ont des capacités opérationnelles propres de réponse évaluent la possibilité de les mettre à disposition si une demande CERF est en cours d'acceptation/de réalisation</p> <p>Specify clearly in the guidelines that this process is allowed to ensure Agencies who own operational response capabilities to</p>	CERF secretariat

⁹Time-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).

assistance operations are more effective.	evaluate the possibility to make them available while the requests for CERF are being approved	
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TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
The involvement of community leaders in the planning of activities was remarkable.	Include this clause in all contracts with the implementing partners.	Implementing partners
The collaboration between the ministries of water and public health was key to ensure access to drinking water prevention and response to cholera	Strengthen the exchange of information on cholera between the two departments.	Public Health Directors and all concerned regions
The treatment of water at the household level was very effective	Ensure the availability of equipment for the treatment of water in the affected communities	Heads of the integrated health centres
Collaboration between health and WASH Clusters has enabled the effective management and monitoring of cholera cases	Participate in the meetings of the two clusters during epidemic periods and share reports	Cluster coordinators

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:	UNICEF		5. CERF Grant Period:	16 Aug 2012 – 15 Feb 2013
2. CERF project code:	12 –CEF -100		6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	WASH			<input checked="" type="checkbox"/> Concluded
4. Project Title:	Rapid emergency response for the cholera epidemic in Niger			
7. Funding	a. Total project budget:		US\$ 1,984,210	
	b. Total funding received for the project:		US\$ 1,161,482	
	c. Amount received from CERF:		US\$ 420,742	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		6,728	27,858	The difference between planned and reached beneficiaries comes from the fact that planned beneficiaries are the expected number of cholera cases to be treated, while reached beneficiaries are people who received hygiene kits and water treatment products in areas affected by cholera.
b. Male		4,772	26,765	
c. Total individuals (female + male):		11,500	54,623	
d. Of total, children <u>under 5</u>		2,415	11,470	
9. Original project objective from approved CERF proposal				
Contribute to the reduction of mortality and morbidity related to cholera and reduce risk of contamination for populations living along the Niger river.				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none"> Population affected by cholera receives adequate treatment in cholera treatment centers. Population at risk of cholera receives access to improved drinking water sources, to sanitation facilities and to hygiene promotion measures in compliance with minimum international standards. 				
11. Actual outcomes achieved with CERF funds				
<ul style="list-style-type: none"> 2,000 people affected with cholera received adequate treatment in regularly disinfected treatment centers thanks to the provision of five cholera treatment kits. 6,092 households in the 40 target villages considered at risk of contamination received water treatment products, water sources were disinfected, as well as households where cholera cases occurred. <p>The cholera epidemic has stopped at the end of December 2012 (week 50), with zero cholera case recorded since then.</p>				
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:				
The difference between planned and reached beneficiaries comes from the fact that planned beneficiaries are the expected number				

of cholera cases to be treated, while reached beneficiaries are people who received hygiene kits and water treatment products in areas affected by cholera.	
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, 2b): 2b If 'NO' (or if GM score is 1 or 0):	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
N/A	

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:		WHO	5. CERF Grant Period:	7 Sep 2012 - 8 Feb 2013
2. CERF project code:		12-WHO-059	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:		Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:		Emergency response to the outbreak of cholera in Niger		
7. Funding	a. Total project budget:		US\$ 3,374,385	
	b. Total funding received for the project:		US\$ 246,862	
	c. Amount received from CERF:		US\$ 649,586	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		6,727	3,171	
b. Male		4,773	2,114	
c. Total individuals (female + male):		11,500	5,285	
d. Of total, children <u>under</u> 5		0	0	
9. Original project objective from approved CERF proposal				
General objective: Reduce morbidity and mortality due to the cholera outbreak in Niger.				
<u>Specific objectives :</u>				
<ul style="list-style-type: none">• Ensure the proper management of the cases of cholera through the supply of medicines and essential inputs, capacity building of health personnel, supervision of activities and the management of cholera treatment centres (CTC), processing units of cholera (UTC) and the oral re-hydration Centres (CRO).• Ensure early diagnosis of cases of cholera by providing laboratory products and the rapid diagnostic tests• contribute to the reduction of new infections from the CTC, UTC and CRO.				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none">• Ensure the supply of medicines and essential inputs for the medical care of cases of cholera (20 IDDK 2009, 4 IEHK 2011).• Ensure the supply inputs for laboratory and rapid diagnostic tests of cholera (250 boxes of Tests for cholera and 1000 units of transport medium).• Ensure capacity building in medical care as well as in daily notification of cholera cases for the staff (60 people) and diagnosis of cholera laboratory personnel (20 people).• Ensure regular assessments, and supervision, organization, rehabilitation and equipment of CTCs, processing UTCs and the CROs.• Support the active research for cases of cholera in communities, daily notification, epidemiological investigations and cross				

border monitoring. <ul style="list-style-type: none"> • Support the redeployment of additional health staff in the CTCs and processing UTCs. • Produce and distribute technical guides and protocols for the diagnosis and treatment of cholera. • Support the coordination of the activities of medical management of cholera. 	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> • Supplied and provided medicines and essential inputs for the medical care of cases of cholera: four Interagency kits of emergency health (IEHK 2011), 20 Interagency Kits for diarrhoeal diseases (IDDK 2009). • Supplied and provided 2,500 diagnostic tests for cholera and transport of 1,000 samples to the laboratory for confirmation. • Provided capacity building for 45 health workers in health supports of cholera and correct the case notification. • Provided capacity building for 20 personnel of laboratory for diagnosis of cholera in laboratory. • Support for cholera cases active research in the communities, daily notification, epidemiological investigations and cross-border monitoring. • Supported the development of a national and regional contingency (Tillabéri) related to cholera. • Construction of 10 blocks of showers/toilets with ventilated pits, 5 integrated health Centres for Tillabéri health and the extension of drinking water supply systems for 4 health centres (BONFEBA, NAMARI GOUNGOU & DIOMANA). • Implemented WASH capacity in the entire health centres of Tillabéri health District. • Supported raise awareness for cholera eradication in 4 communes and 20 villages of Tera health district (Region of Tillabéri). • Organized an awareness workshop for 25 traditional chiefs and religious leaders on the prevention of cholera. • Supported 2 epidemiological investigations and supervision missions in Tillabéri Regions. • Produced and distributed 500 technical guides and protocols for the diagnosis and treatment of cholera. • Developed and validated the contingency plan for the fight against cholera in the Tillabéri region. 	
1. Supported coordination of the activities of health management of cholera cases.	
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"/>
If 'YES', what is the code (0, 1, 2a, 2b): 2a If 'NO' (or if GM score is 1 or 0):	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
N/A	

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

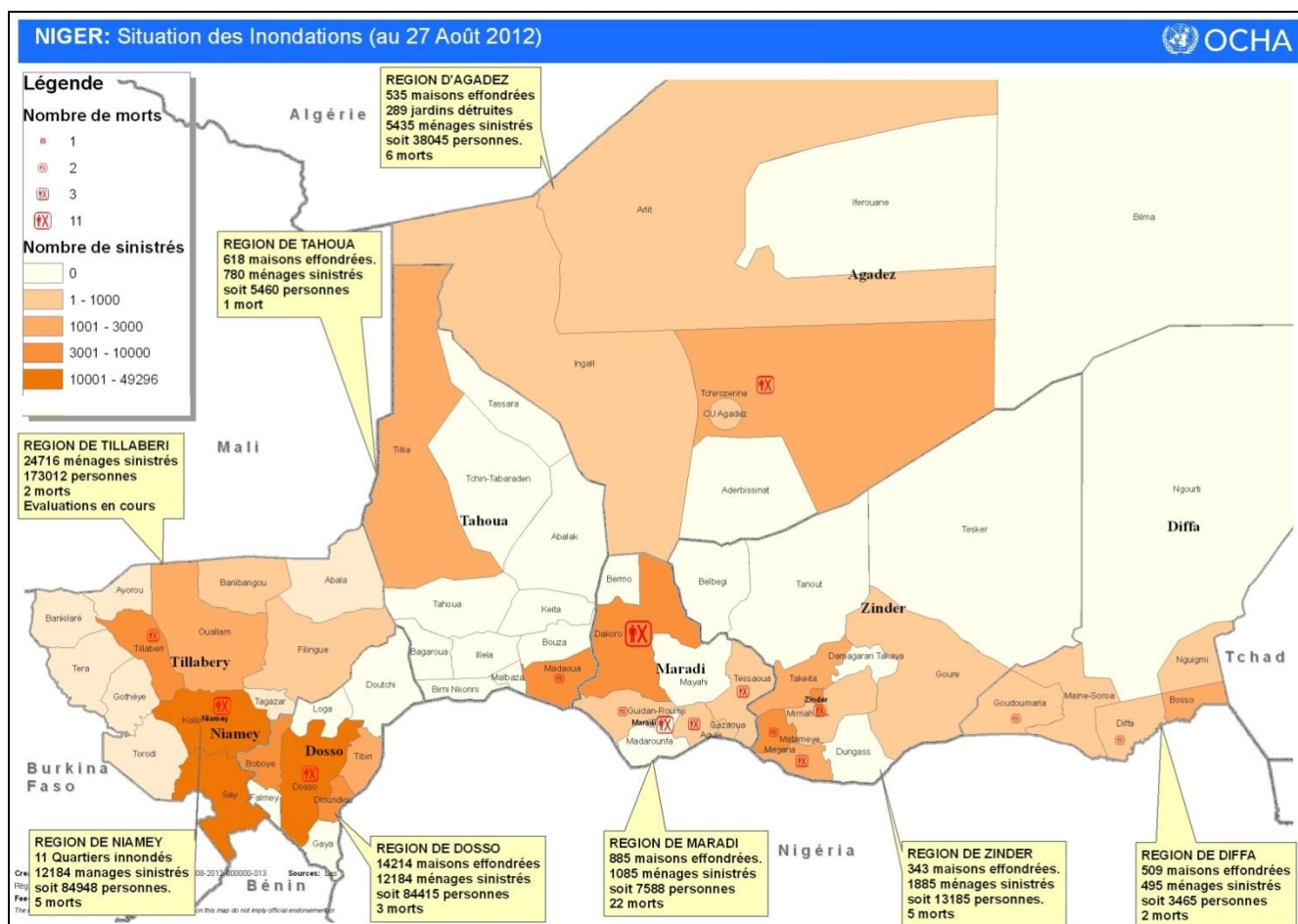
I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
<i>Total amount required for the humanitarian response:</i>		490,000.000
Breakdown of total response funding received by source	Source	Amount
	CERF	2,638,911
	OTHER (Bilateral/Multilateral)	0
	TOTAL	2,638,911

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – Date of Official Submission: 17 September 2012			
Agency	Project Code	Cluster/Sector	Amount
UNDP	12-UDP-011	Economic Recovery and Infrastructure	359,170
UNICEF	12-CEF-115	Shelter and non-food items	1,212,830
UNICEF	12-CEF-116	Water and Sanitation	367,010
WHO	12-WHO-071	Health	699,901
Sub-total CERF Allocation			2,638,911
TOTAL			2,638,911

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of Implementation Modality	Amount
Direct UN agencies/IOM implementation	2,178,750
Funds forwarded to NGOs for implementation	340,000
Funds forwarded to government partners	120,161
TOTAL	2,638,911

From mid-July 2012, Niger had an exceptional rainfall causing unprecedented floods, practically in all regions of the country. According to data provided by the authority of the basin of the Niger (ABN), the flooding of the Niger River, which crosses the city of Niamey was over all the records recorded since 1929 (maximum of 618 cm corresponding to a flow of 2,451 m³ by a second). Other floods were recorded in December 2012 in Niamey and Diffa due to Komadougou and Niger rivers.



By the end September 2012, reports from the Government and humanitarian partners revealed a total number of 525,471 affected people in all the regions, with 39,034 houses collapsed and 81 deaths. The most affected regions were Tillabéri (179,740 affected people and 2 deaths), Dosso (123,855 affected people and 6 deaths), Zinder (87,049 affected people and 30 deaths). See the affected zone in the following map:

As a result, the damage caused by these floods increased the needs of WASH, Health and Early recovery clusters. Also, the humanitarian situation in the flood-affected areas remained serious while the humanitarian partners (UN Agencies and NGOs) joined their efforts to the Government's by providing required lifesaving assistances.

Difficulties accessing drinking water caused a spike in water-borne diseases, especially in areas prone to flooding. Niger experiences flooding every year during the rainy season due to the lack of water drainage infrastructures and water retention systems, and is hit by cholera epidemics resulting most often from contaminated well water. Provision of required NFI, rehabilitation of latrines, water points and the promotion of hygiene were considered as the crucial activities to prevent the spread of waterborne diseases.

The CERF-rapid response window allocated US\$2,6 million to UNDP (\$359,170 for 200,000 people expected), WHO (\$579,740 for 200,000 planned beneficiaries) and UNICEF (\$1,239,840 for 115,000 planned).

II. FOCUS AREAS AND PRIORITIZATION

Priority areas were as follows:

1. All regions, especially the most affected regions :Tillabéri ,Dosso and zinder Zinder
2. Districts of Tillabéri ,Tera , Kollo , Say as well as the ones bordering the Niger and Komadougou Rivers, the Maggia West Central, the Goulbi Maradi and Lake Chad in the far east of the country
3. Refugees' camps and the Town of Niamey and Diffa were also considered as priority areas.

- Implementation partners, through the WASH and Health clusters ensured the geographical coverage of the affected and at high risk areas for cholera.

III. CERF PROCESS

- The entire projects proposals were discussed through the clusters and approved by the Humanitarian coordinator.
- Required consultation were made with the government counterparts, throughout the technical structures, such as the departments of Health at Ministerial and regional levels, department of hydraulic, etc

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
<i>Total number of individuals affected by the crisis: 299 191</i>				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Economic Recovery and Infrastructure ¹⁰	0	0	0
	Health	90,000	65,000	155,000
	Shelter and non-food items	54,208	44,352	98,560
	Water and Sanitation	158,600	140,591	299,191

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	418,104	302,808
Male	380,278	249,943
Total individuals (Female and male)	798,382	552,751
Of total, children <u>under 5</u>	38,000	34,000

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

YES ☒ PARTIALLY ☐ NO ☐

The rapid rehabilitation of four human motor pumps, renovation of 20 wells collapsed due to flooding and the construction of 67 latrine (26 blocks of two cabins) and five blocks of three cabins allowed to establish a reliable system of access to drinking water and therefore to ensure prevention of cholera cases which were already in the region neighbouring Tillabéri.

¹⁰ A No-cost extension for an additional three-months was requested due to changes in Governmental structures for coordination of disaster responses. In February, UNDP was requested by the Office of the Prime Minister to work directly with the Ministry of Health. The NCE was rejected by the CERF secretariat due to the fact that timely implementation was not possible. Therefore, the project was not implemented and the funds returned to the CERF secretariat.

b) Did CERF funds help respond to time critical needs¹¹?

YES ☒ PARTIALLY ☐ NO ☐

The first interventions in terms of responding to the urgent needs of drinking water for populations affected by the floods were the distribution of drinking water treatment products (tablets of Aquatabs).

Based on turbid characteristics of the water during flood, CERF funding timely and adequate allowed required response related to access to drinking water through the rehabilitation of existing and damaged infrastructure and prevented the outbreak of an epidemic of cholera and other diarrhoeal diseases or related to water in especially in the Dosso and Tillabéri regions.

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

YES ☒ PARTIALLY ☐ NO ☐

CERF funding has helped the implementing partners (NGOs Plan Niger), through the rehabilitation and construction of infrastructure in Dosso region to make a more detailed assessment of the damage caused by floods and launch calls for additional funds to strengthen the resilience of the affected communities.

d) Did CERF improve coordination amongst the humanitarian community?

YES ☒ PARTIALLY ☐ NO ☐

The availability of CERF funds helped to strengthen the cooperation between the WASH Cluster and the administrative and technical government authorities.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
It is essential that directives governing the use of the CERF funds allow an organization to use the funds to restore its emergency stockpile. In this way, aid is delivered more quickly, without waiting to order and receive articles, and assistance operations are more effective.	Specify clearly in the guidelines that this process is allowed to ensure Agencies who own operational response capabilities to evaluate the possibility to make them available while the requests for CERF are being approved	CERF secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
The early signing of stand-by agreements with the development implement partners before the crises can	The establishment of stand-by agreements with implementing partners.	UNICEF

¹¹Time-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).

provide a quick response and save more lives.		
The development of data collection tools adapted to the context of Niger as well as the upstream of emergencies, would provide information early in the evaluations and would limit the time for the preparation of the assessment mission	Organize trainings and workshops to create and disseminate standard sectoral data collection tools (MIRA), adapted to the context of the country and used by all stakeholders in the country (NGO, UN Agencies, Government and local authorities).	OCHA/ HC
Durable solutions must be found to avoid that every year, the same populations are affected	The Government, with the support of the humanitarian community must invest more resources in disaster risk management and emergency preparedness	HC-RC/ OCHA/Government

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:	UNDP		5. CERF Grant Period:	CANCELLED
2. CERF project code:	12-UDP-011		6. Status of CERF grant:	<input checked="" type="checkbox"/> Ongoing
3. Cluster/Sector:	<u>Early recovery and infrastructure</u>			<input type="checkbox"/> Concluded
4. Project Title:	<u>emergency rehabilitation of social and health centres affected by the floods in Niger</u>			
7. Funding	a. Total project budget:		US\$ 7,000,000	
	b. Total funding received for the project:		US\$ 359,170	
	c. Amount received from CERF:			
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		100.096	0	A No-cost extension for an additional three-months was requested due to changes in Governmental structures for coordination of disaster responses. In February, UNDP was requested by the Office of the Prime Minister to work directly with the Ministry of Health. The NCE was rejected by the CERF secretariat due to the fact that timely implementation was not possible. Therefore, the project was not implemented and the funds returned to the CERF secretariat.
b. Male		99.904	0	
c. Total individuals (female + male):		200.000	0	
d. Of total, children <u>under 5</u>		38.000r	0	
9. Original project objective from approved CERF proposal				
General objective: <ul style="list-style-type: none"> Rehabilitation of social and Health public infrastructures that were affected by the floods in 2012 to ensure the continuity of emergency care provided by health services supported by WHO. Specific objectives: <ul style="list-style-type: none"> Build temporary sites for urgent health care; Renovation of integrated health centres affected by the floods in 2012. Renovation of health centres affected by floods in 2012. 				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none"> Purchase and installation of 18 temporary tents for the continuity of health care during the rehabilitation of the health centres Rehabilitation of 10 Health centres in Niamey, Tillaberi and Dosso, Zinder health districts Rehabilitation of 3 health centres with maternity hospitals to take into account problems related to pregnancy; Rehabilitation of 10 latrines affected by floods(which 5 will be reserved for the use of women) Rehabilitation of 10 water tanks of 10.000 litres capacity to be installed in the health centres during rehabilitation; 				
11. Actual outcomes achieved with CERF funds				

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a, 2b): If 'NO' (or if GM score is 1 or 0):	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input type="checkbox"/>

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	27 Aug 2012 – 27 Feb 2013
2. CERF project code:	12-CEF-115	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	NFI/Shelter		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Ensure access to non-food-items and shelter to victims of floods in Niger		
7. Funding	a. Total project budget:	US\$ 3,300,000	
	b. Total funding received for the project:	US\$ 1,432,830	
	c. Amount received from CERF:	US\$ 1,212,830	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	58,505	54,208	N/A
b. Male	41,495	44,352	
c. Total individuals (female + male):	100,000	98,560	
d. Of total, children <u>under 5</u>	28,571	28,148	
9. Original project objective from approved CERF proposal			
Improve the humanitarian situation of flood-affected populations in Niger by ensuring they receive NFIs and tarpaulins to meet their basic needs.			
10. Original expected outcomes from approved CERF proposal			
100,000 people affected by floods in the regions of Dosso, Niamey and Tillabery receive NFIs (hygiene and household kits and shelter materials) to cover their basic needs.			
11. Actual outcomes achieved with CERF funds			
1. 98,560 flood-affected victims (approx. 14,080 households) in the regions of Dosso, Niamey and Tillabery receive NFIs (hygiene and household kits and shelter materials) to cover their basic needs. 2. Based on the satisfaction survey carried out by UNICEF implementing partners, OXFAM and ACTED, 99% of affected households confirmed that the content of the kits they received were adapted to their needs. 3. CERF funding also allowed UNICEF to replenish its contingency stocks which was initially secured to respond to other emergencies, including the refugee crisis and the expected overflow of the River Niger in December 2012.			
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
If 'NO' (or if GM score is 1 or 0): Gender was taken into account during the detailed assessments carried out during the implementation of the response. The specific needs of women and girls (protection, SGBV and abuse) were prioritised, in particular when collective shelters were erected.	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
See joint satisfaction survey carried out by OXFAM and ACTED.	

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:		UNICEF	5. CERF Grant Period:	27 Aug 2012 – 26 Feb 2013
2. CERF project code:		12-CEF-116	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:		WASH		<input checked="" type="checkbox"/> Concluded
4. Project Title:		Improve access to drinking water, hygiene promotion and communication for victims and people at risk of cholera and floods.		
7. Funding	a. Total project budget:		US\$ 606,544	
	b. Total funding received for the project:		US\$ 343,007	
	c. Amount received from CERF:		US\$ 343,007	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		8,776	17,245	The difference between planned and reached beneficiaries is due to the fact that latrines were constructed not only for communities (public latrines) but also in schools where one latrine is used by between 46 and 167 pupils.
b. Male		6,224	16,910	
c. Total individuals (female + male):		15,000	34,155	
d. Of total, children <u>under 5</u>		4,286	6,871	
9. Original project objective from approved CERF proposal				
The main objective of the project is to improve the humanitarian situation of the population affected by floods in Niger. More specifically, the objective is to ensure that populations in areas affected by floods have an improved access to drinking water, to sanitation facilities and to hygiene promotion measures, in compliance with minimum international standards.				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none">Water points rehabilitated or constructed.Sanitation facilities rehabilitated.Number of persons reached by hygiene promotion activities.				
11. Actual outcomes achieved with CERF funds				
Thanks to this CERF contribution, a total of 34,155 people benefitted from the following interventions: <ul style="list-style-type: none">3,067 people gained access to safe drinking water thanks to the rehabilitation of four boreholes equipped with hand pumps.15,163 people gained access to water through the rehabilitation of 20 wells.15,449 gained access to proper sanitation through the construction of 26 blocks of community latrines in 10 villages.461 pupils and 15 teachers gained access to proper sanitation through the construction of blocks of latrines in 5 schools.				
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:				
The difference between planned and reached beneficiaries is due to the fact that latrines were constructed not only for communities				

(public latrines) but also in schools where one latrine is used by between 46 and 167 pupils.	
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, 2b): 2b If 'NO' (or if GM score is 1 or 0):	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
N/A	

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	WHO	5. CERF Grant Period:	1 Oct 2012 - 30 March 2013
2. CERF project code:	12-WHO-071	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Emergency Health response to floods in Niger		
7. Funding	a. Total project budget:	US\$ 3,374,385	
	b. Total funding received for the project:	US\$ 896,448	
	c. Amount received from CERF:	US\$ 699,901	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	100,904	90,000	
b. Male	99,096	95,000	
c. Total individuals (female + male):	200,000	185,000	
d. Of total, children <u>under 5</u>	38,000	34,000	
9. Original project objective from approved CERF proposal			
<u>General objective:</u> Reduce the morbidity and mortality related to the health targets flood consequences.			
<u>Specific objectives:</u> <ol style="list-style-type: none"> Support free access to the health care of the populations affected by the floods; Ensuring epidemiological surveillance and early detection of epidemics on the sites for relocation of the people affected by floods; Reduce the health risks related to floods. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Ensure the supply of medicines and essential inputs for the medical care of common illnesses (8 IDDK 2009, 9 IEHK 2011, malaria); Support the Organization of fixed and mobile teams for the medical care of those affected on the home sites; Ensure immunization against measles for 64,000 children aged from 6 months to 14 years who are accommodated in sites for relocation of affected people after the floods; Ensure monitoring and early detection of diseases with epidemic potential sites; 			

<ul style="list-style-type: none"> • Ensure epidemiological investigations and rapid confirmation of outbreaks; • Ensure the monitoring and evaluation of the intervention. 	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> • Supplied and provided medicines and essential inputs for health support of common diseases: 92011 Interagency emergency health kits (IEHK 2011), 8 interagency diarrhoeal diseases Kits (IDDK 2009), 60,000 therapeutic combinations of artemisinin combination therapies for the treatment of malaria in children as well as 20 reproductive health kits N ° 1; • Supplied and provided biological tests for confirmation of malaria (15,000 tests) and cholera (2000 tests); • Supported the Organization the fixed and mobile teams for the medical care of those affected on the sites (Niamey, Dosso and Diffa); • Supported vaccination of measles for 51,000 children aged from 6 months to 14 years; • Supported weekly epidemiological surveillance and early detection of diseases with epidemic potential in the affected sites; • Supported capacity building of 30 health personnel for the management of common diseases including the medical care of the complications of acute malnutrition; • Supported epidemiological investigations; • Undertaken Four tasks of supervision and monitoring (different and Dosso, Niamey, Tillaberi). 	
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"/>
If 'YES', what is the code (0, 1, 2a, 2b): 2a If 'NO' (or if GM score is 1 or 0):	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
N/A	

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

Code Du Projet CERF	Groupe Sectoriel/ Secteur	Agence	Non Du Partenaire	Type De Partenaire	Total Des Fonds Du CERF Transfères Au Partenaire US\$	Date Du Premier Versement	Date A Laquelle Le Partenaire A Debuté Les Activités Financées Par Le CERF	Commentaires/Remarques
12-CEF-116	WASH	UNICEF	Plan Niger	NNGO	341,500	12/12/2012	15/12/2012	Les activités ont commencé par des missions d'évaluation détaillée de la situation de l'approvisionnement en eau des communautés victimes des inondations dans la région de Dosso suivie par un diagnostic précis des actions urgentes à entreprendre.
12-CEF-032	Protection	UNICEF	HELP	INGO	73,786	26/07/12	01/08/12	Les activités ont démarré bien avant la construction des hangars pour abriter les espaces amis des enfants. Le partenaire a déployé des animateurs pour faire des activités structurées en plein air et des porte-à-porte au sein des familles pour le suivi des enfants vulnérables
11-CEF-054-B	WASH	UNICEF	Direction Regionale Hydraulique Tillabéry	Government	60,762	4/06/2012	15/06/2012	For 31 water sources rehabilitation
11-CEF-054-B	WASH	UNICEF	Direction Regionale Santé Tillabéry	Government	18,856	5/06/2012	5/06/2012	Health workers capacity building
11-FAO-033	Food security	FAO	VSF Belgique	INGO	49252	29/02/2012	01/02/2012	activity started upon signature of Letter of Agreement (LoA)

			Samaritan's purse	INGO	23571	29/02/2012	01/02/2012	activity started upon signature of LoA
			Karkara	NNGO	15081	29/02/2012	01/02/2012	activity started upon fund reception
			AREN	NNGO	10049	29/02/2012	01/02/2012	activity started upon fund reception
			Masnat	NNGO	15395	29/02/2012	01/02/2012	activity started upon fund reception
			Tadress	NNGO	10555	29/02/2012	01/02/2012	activity started upon fund reception
			Facpad	NNGO	14120	29/02/2012	01/02/2012	activity started upon fund reception
			Adkoul	NNGO		29/02/2012	03/02/2012	activity started upon fund reception
12-FAO-019	SA	FAO	Samaritan's purse	INGO	4980	29/02/2012	5/03/2012	
			Karkara	NNGO	9300	29/02/2012	8/03/2013	
			AREN	NNGO	8050	29/02/2012	10/03/2012	
			Tadress	NNGO	10555	29/02/2012	15/03/2012	
			Facpad	NNGO	14120	29/02/2012	14/03/2012	
			PFP	NNGO	1500	5/3/2012	8/03/2012	
			ASB	IINGO	8000	5/3/2012	30/04/2012	
12-CEF-115		UNICEF	ACTED	INGO	21.500	12/11/2012	27/08/2012	Le partenaire a financé les

	NFI/Abris		OXFAM CRS					distributions sur fonds propres avant que l'UNICEF ne le rembourse, une fois les fonds CERF reçus et les procédures internes de paiement accomplies.
12-CEF-100	WASH	UNICEF	Solidarités	INGO	84,084	16/01/2013	16/01/2013	Réhabilitation et désinfection de points d'eau
12-CEF-100	WASH	UNICEF	Animas Sutura	NNGO	96,312	10/12/2012	10/12/2012	Sensibilisation et distribution aquatab
11-WFP-056	Coordination and Support Service	WFP	N/A	N/A	0		N/A	No funds transferred to partner.
11-WFP-062	Health and Nutrition	WFP	ADN Kamna	NNGO	903.14	09/ 2012	06/2012	
			Agir Ensemble Contre la Pauvrete	NNGO	105.87	06/ 2012	03/2012	
			Appui pour un Dev Pastoral	NNGO	135.67	07/ 2012	03/2012	
			Aquaculture et Developpement	NNGO	812.96	09/2012	03/2012	
			Association Nigerienne pour le Developpement	NNGO	605.61	04/2012	03/2012	
			Association pour la Promotion de la SP Niger	NNGO	1 625.02	04/2012	03/ 2012	
			CARITAS	INGO	65.22	03/ 2012	06/2012	
			Centre de Sante Integre	NNGO	3 906.63	03/2012	05/ 2012	
			Croix Rouge Nigerienne	NNGO	803.58	05/2012	03/2012	

			Hilfe Zur Selbst Hilfe Ev	INGO	785.60	12/2012	03/2012	
			International Relief and Development	INGO	716.87	09/ 2012	03/2012	
			Islamic Relief Services	INGO	222.78	09/ 2012	03/2012	
			AGHAZ	NNGO	65.76	08/2012	04/ 2012	
			Femmes & Enfants en Detresse	NNGO	2,311.52	08/2012	04/2012	
			Reseau au Developpement Integre	NNGO	183.29	05/2012	03/2012	
			Plan Niger	NNGO	1,779.11	05/2012	03/ 2012	
			Sante Education Developpement	NNGO	1,614.84	06/2012	03/2012	
			Save the Children	INGO	993.82	05/ 2012	03/2012	
			World Vision International	INGO	2,568.43	09/2012	03/2012	
11-WFP-070	Food	WFP	World Vision	INGO	139,971	01/ 2012	11/2011	
			ABC Ecologie	NNGO	5,429.45	11/2012	04/2012	
			Croix Rouge Nigerienne	NNGO	.845.63	07/2012	03/12	
			Darul Karul Kharat	NNGO	95,950.79	07/2012	06/2012	
			Humanitaire	INGO	22.713.55	May-2012	May-12	

			sans Frontieres					
			Islamic Relief Services	INGO	9.28 ¹²	November-2012	June-12	
			Epicentre	INGO	52.15	September-2012	May-12	
			Sante Education Developpement	NNGO	10,675.08	June-2012	Mary-12	
			Le Defi	NNGO	5,375.27	September-2012	June-12	
			Medecins du Monde - France	INGO	25.09	June-2012	March-12	
			Act for People in Need	INGO	822.94	May-2012	March-12	
			Agir Ensemble Contre La Pauvrete	NNGO	112.69	June-2012	March-12	
			Appui pour un Developpement Pastoral	NNGO	266.53	May-2012	April-12	
			Aquaculture et Developpement	NNGO	4,703.28	August-2012	March-12	
			Association Nigerienne pour le Developpement	NNGO	759.43	May-2012	April-12	
			Association pour la Promotion de la Sante Publique au Niger	NNGO	4,699.46	May-2012	April-12	

¹² The partner received more but the total was a total of contributions from different donors including this \$9.8 from CERF.

			Association pour la Redynamisation de l'Elevage au Niger	NNGO	1,304.63	July-2012	May-12	
			CARITAS	INGO	2,390.88	April-2012	March-12	
			Centre de Sante Integre	NNGO	16,649.60	March-2012	June-12	
			Concern	INGO	2,584.11	March-2012	May-12	
			Croix Rouge Nigerienne	NNGO	779.70	May-2012	March-2012	
			Enfants Sans Frontieres	INGO	516.09	May-2012	March-12	
			French Red Cross	INGO	3,637.63	May-2012	March-12	
			Groupe d'Appui au Developpement Durable	INGO	4,382.81	June-2012	March-12	
			International Relief and Development	INGO	904.71	March-2012	March-12	
			Les Filles Servantes du Christ	NNGO	404.29	June-2012	March-12	
			AGHAZ	NNGO	132.81	August-2012	April-12	
			Association pour le Bien Etre	NNGO	444.74	July-2012	May-12	
			Avance pour le Developpement	NNGO	1,512.23	June-2012	May-12	

			du Niger					
			Femmes & Enfants en Detresse	NNGO	1,308.57	August-2012	April-12	
			Reseau du Developpement Integre	INGO	1,554.04	June-2012	April-12	
			Save the Children	INGO	5,010.42	May-2012	March-12	
			World Vision	INGO	3,528.78	September-2012	March-12	
			Thiebon	NNGO	785.74	June-2012	April-12	
11-WFP-071 ¹³	Health and Nutrition	WFP						Partners IMFs and thus not NNGO, INGO or government and not included in table
12-WFP-031	Coordination and Support Service	WFP	N/A	N/A	0	N/A	N/A	No funds transferred to partner
12-WFP-030	Food	WFP	ACH	INGO	117,421	June 2012	June 2012	
			Save the Children	INGO	44,539	June 2012	June 2012	
12-WFP-032	Food	WFP		NNGO	13,440.82	November 2012	April 2012	
				NNGO	6,364.55	January 2012	February 2012	
				INGO	184.35	August 2012	June 2012	
				INGO	22,392.79	January 2012	February 2012	

¹³ As indicated in the project sheet, the blanket supplementary feeding activities were originally planned through financing under CERF project 11 WFP 071. The change was due to an internal advance financing (AF) being secured against the CERF contribution and an administrative oversight in matching the contribution with the AF.

				NNGO	48,796.21	July 2012	June 2012	
				INNGO	2,273.17	August 2012	June 2012	
				NNGO	4,038.74	June 2012	March 2012	

ANNEX 2: 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
CMCC	Camp Management and Camp Coordination
CRS	Catholic Relief Service
CTC	Cholera Treatment Center
DFID	Department for International Development (UK)
ECW	Enhanced Commitment to Women
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
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
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 Hygien
WFP	World Food Program
WHO	World Health Organization
