



**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

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

RESIDENT/HUMANITARIAN COORDINATOR

Mr. Fodé Ndiaye

REPORTING PROCESS AND CONSULTATION SUMMARY

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

Since the implementation of the response started, OCHA has regularly asked partners to update a matrix related to the state of implementation of activities, as well as geographical location of activities. On February 26, CERF-focal points from all agencies concerned met to kick off the reporting process and establish a framework. This was followed up by submission of individual projects and input in the following weeks, as well as consolidation and consultation in terms of the draft for the report.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES NO

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

YES NO

The CERF Report has been shared with Cluster Coordinator and recipient agencies.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 53,047,888		
Breakdown of total response funding received by source	Source	Amount
	CERF	5,181,281
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	N/A
	OTHER (bilateral/multilateral)	N/A
	TOTAL	5,181,281

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 23-June-2014			
Agency	Project code	Cluster/Sector	Amount
UNFPA	14-RR-FPA-028	Health	198,201
WHO	14-RR-WHO-043	Health	547,540
WFP	14-RR-WFP-041	Nutrition	611,325
WFP	14-RR-WFP-040	Food Security	1,900,958
UNHCR	14-RR-HCR-028	Multi-sector	1,227,257
IOM	14-RR-IOM-031	Multi-sector	696,000
TOTAL			5,181,281

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	4,194,697
Funds forwarded to NGOs for implementation	813,714
Funds forwarded to government partners	172,870
TOTAL	5,181,281

HUMANITARIAN NEEDS

Since May 2013 when a state of emergency was declared in three states in northern Nigeria on 14 May 2013, the region of Diffa has experienced an influx of refugees and returnees, primarily from Borno and Yobe states. This put pressure on resources and structures already stretched due to the fact that the region had been experiencing floods (the latest in November 2013), chronic food insecurity (according to the "Enquête de la vulnérabilité", in November 2013 moderate or severe food insecurity affected 40.5 per cent per cent of the rural population in the region), and malnutrition (the level of malnutrition was registered at 12.3 per cent). The first arrivals in April / May 2013 were estimated at 6,000 people. During the following months, the number of arrivals increased to about 37,000, as confirmed by the authorities of Niger in November 2013. At that time, agencies responded through CERF-funding directed at conflict-related displacement as well as using funds from other donors. In the Strategic Response Plan for 2014, a total planning figure for refugees all over Niger was set at 62,270, including the 37,000 arrivals registered in Diffa for 2013.

In the first months of 2014, a new increasing influx was recorded by the NGO International Rescue Committee, which was monitoring the situation for UNHCR. It could thus be observed that between January and June 2014, 23,434 people fleeing violence in northern Nigeria were registered in the region of Diffa. The peak of these arrivals was reached in March, when 12,000 new arrivals were registered. This figure was well beyond the initial planning figures used to estimate the needs for Diffa, which was set at 12,000 new arrivals during all of 2014. It was this sudden increase in influx that led to the CERF Rapid Response application. A joint inter agency needs assessment mission was carried out from 22 to 28 April 2014. The report identified new needs well beyond the actual capacities. The sectors prioritised for the emergency response included: food, shelter and non-food items, as well as water and sanitation, health, education and protection.

II. FOCUS AREAS AND PRIORITIZATION

At the time of the application, 84,669 food-insecure people were reported in Diffa, of which 2,258 or 1.6 percent per cent of the food insecure population were categorized as severely food insecure and 82,411 (38.9 percent per cent) moderately food insecure. Food needs/gaps for the food insecure (cereals, pulses, oil and salt) were estimated at 25,222 tonnes. As for the seed needs (cereals, pulses), they amounted to 195 tonnes. The humanitarian response capacity on the ground at the time was not adequate to meet the needs resulting from the new arrivals from Nigeria. Agencies were implementing programmes and activities planned before the new arrivals, based on the planning figure of 12,000 new arrivals over 2014.

Based on the findings of the joint inter-agency needs assessment mission mentioned above, the operations for the various sectors were outlined as follows:

UNHCR:

- community-based health assistance;
- shelter and non-food items (NFIs) support at the household level (in coordination with IOM);
- WASH at the community and household levels;
- strategic communication to maintain peaceful coexistence in emergency context; and
- Information management and security for the benefit of the whole humanitarian community.

IOM:

- life-saving assistance to displaced people in Diffa, such as emergency temporary shelters to 1,500 households (7 persons per household);
- basic and specific relief NFIs urgently required for the response effort such as blankets, sleeping mats, kitchen sets, jerry cans, hygienic kits, mosquito kits, clothes, and other essential items to the affected populations and host families targeting at least 1,500 Households.
- Cash for asset to at least 1,500 of the most vulnerable households in order to improve their livelihood.

WFP:

- Emergency food assistance as a result of the high number of refugees and displaced persons from Nigeria.

WHO and UNFPA:

- emergency access to basic and referral health care,
- Provision of Reproductive Health; HIV/AIDS and measles vaccination. .

III. CERF PROCESS

After the Joint Inter Agency Needs Assessment Mission to Diffa in late April, and after recommendations by the Inter Cluster to the Humanitarian Country Team, it was suggested that the CERF Rapid Response allocation should be utilized to save lives, mitigate the risks of increased vulnerability among affected populations, and ensure the continuation and required scaling-up of ongoing actions. Agencies of the United Nations, primarily concerned by the CERF (UNICEF, WFP, UNHCR, IOM, WHO, FAO, UNFPA) conducted two technical meetings, on May 21 and 28 respectively, to discuss and agree upon focus areas of prioritisation for the CERF allocation. Clusters involved in this CERF application kept constant dialogue with respective government counterparts, to ensure alignment with agreed priorities. The mechanism established to coordinate the emergency response in Diffa included OCHA, UNHCR, and the local government, through the “Secrétaire General” of the Governor office. A community based approach, aiming to target in a combined and balanced way the needs of host population, returnees and refugees, was deemed very important, to minimize security risks and manage socio-political sensitivities

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 30,000				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Health	37,981	33,789	71,770
	Nutrition	9,506	9,281	18,787
	Food Security	15,176	14,817	29,993
	Multi-sector	30,000	20,000	50,000

BENEFICIARY ESTIMATION

UNFPA and WHO reached 71,770 people through their health interventions. In addition, UNHCR reached some 50,000 as opposed to the planned 30,000, because they rather than referring to influx numbers prefers to refer to a planning figure for those who receive assistance especially in terms of protection activities. This figure stands at 50,000. We believe that in view of the non-verified displaced population figures and the fact that we currently have no access to the population on Lake Chad, this planning figure is an accurate reflection of the population which was assisted by the organization. WFP reached close to the target of 30,000 individuals and IOM reached 24,000 through its projects.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	14,400	37,981
Male	15,600	33,789
Total individuals (Female and male)	30,000	71,770
Of total, children <u>under</u> age 5	9,300	14,495

CERF RESULTS

WHO and UNFPA health sector interventions managed to fulfil their goals and original expected outcomes, through reaching their goals at the percentage originally set out or more, thus providing emergency access to basic and referral health care, Reproductive Health; HIV/AIDS and measles vaccination.

WFP food-security sector interventions reached the planned 30,000 beneficiaries through food assistance in the Diffa region for 3 months. Due to lower prices, WFP was able to purchase extra pulses to complete the food basket for an additional 3 months for the same number of beneficiaries. For nutrition, WFP reached the number of planned beneficiaries, but a planned Post Distribution Monitoring (PDM) exercise for December to evaluate the outcomes of the project objectives, did not take place due to the deterioration of the security situation. However, the exercise will take place once the security situation allows.

Within the multisector for refugees, through CERF funds **IOM** was able to provide life-saving assistance to displaced persons coming from Nigeria, enabling them to live in dignity, under shelters and with adequate non-food items. Furthermore, children received appropriate clothing, and women, older people and people with reduced mobility received blankets. This assistance contributed to the protection of several pregnant and lactating women, as well as to the protection of children against malaria and other diseases such as acute respiratory infections, which is the most mortal disease for children of less than five years in Niger. **UNHCR** achieved most of the planned goals, except for the outcomes: (i) 100 per cent of persons of concern for whom data disaggregated by sex/age/location is available, and (ii) 100 per cent of refugees registered and documented, only partially achieved. This was due to the continuous influx of displaced people during the implementation period, the fact that displaced population was spread throughout more than 150 sites, parts of which were established during the implementation period, and the fact that a survey conducted in the Diffa Region revealed that only 18 per cent of the total displaced population in the Region had identity documents. Since around 80 per cent of the displaced persons were not in possession of ID documents, special procedures had to be conceived to determine the nationality of the displaced in order to prevent statelessness.

CERF's ADDED VALUE

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

YES PARTIALLY NO

The CERF allocation allowed for a fast emergency response to the targeted population, although some delays were observed mostly due to security-constraints. For example, CERF funds enabled UNFPA to quickly acquire and deliver, within 2 weeks, reproductive health kits to population in need, particularly in the Lake Chad Islands, where no partner was operating at the time. Moreover, CERF funds enabled WFP to carry out a rapid response in the Diffa region, where the number of food insecure was rapidly growing, due to the increasing number of displaced persons fleeing the violence in northern Nigeria.

b) Did CERF funds help respond to time critical needs¹?

YES PARTIALLY NO

Without the CERF funding, WFP would not have been able to distribute life-saving food and nutrition assistance to the displaced and host populations. The already high malnutrition rates would have continued to rise and the depletion of already scarce food stocks in the region would have led the population to turn to negative coping strategies and selling of their assets. With CERF funds, 12,650 persons living within Lake Chad Islands, previously without access to any kind of basic services, have been reached through mobile boat clinics offering pre-natal and birth-services, vaccination, sexually transmissible infections treatment and sensitization on reproductive health issues.

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

YES PARTIALLY NO

In addition to CERF funds and in order to reinforce UNFPA interventions, particularly within Lake Chad islands, more than US\$100,000 in additional funds has been mobilized from the UNFPA Headquarters. The receipt of CERF funding complemented other donor funding to respond to the needs in the Diffa region and also set the stage for a WFP regional emergency operation (EMOP) for the crisis in northern Nigeria. CERF funds have promoted the mobilization of other funding to implement other complementary existing projects (PRM) in Diffa region.

¹ Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

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

YES PARTIALLY NO

In order to better monitor the implementation of CERF activities, OCHA made periodic updates which serve at humanitarian meetings in order to avoid duplication and reinforce collaboration. In certain case, CERF funds have promoted the mobilization of other funding to implement other complementary existing projects (PRM) in Diffa region.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Monitoring and evaluation	The CERF Secretariat could consider adding components to the reporting format with independent monitoring and evaluation exercises which could help the HCT and HC to better measure the impact of the grant, this complementing the PAF and making monitoring even more regular.	CERF Secretariat.

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
A lot of back and forth between the CERF Secretariat and Agencies in the application process.	More clarity in sectorial prioritisation and adherence to guidance	Agencies specific.
Fragmentation of response	Focus on a limited number of projects.	Inter Cluster and Individual lead agencies

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	WHO UNFPA	5. CERF grant period:	01.07.14 – 31.12.14
2. CERF project code:	14-RR-WHO-043 14-RR-FPA-028	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Health		
4. Project title:	Emergency health response to basic health needs of population affected by the Nigerian crisis in the Diffa region		
7. Funding	a. Total project budget:	US\$ 1,950,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ UNFPA: 542,201 US\$ WHO: 622,540	<ul style="list-style-type: none"> ▪ NGO partners and Red Cross/Crescent: US\$ 30,000 (from UNFPA) ▪ Government Partners: US\$ 22,870 (from UNFPA)
	c. Amount received from CERF:	US\$ 745,741 (WHO: 547,540)	
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 UNFPA - WHO</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	15,900	16,089 – 21,892	With CERF funds UNFPA directly reached 30,464 persons (16,089 females and 14,375 males). The additional funds mobilized (US\$89,000 from UNFPA Headquarters, and US\$300,000 from the EU) enabled UNFPA to reach 59,790 additional beneficiaries.
b. Male	14,100	14,375 – 19,414	
c. Total individuals (female + male):	30,000	30,464 – 41,306	
d. Of total, children <u>under</u> age 5	7,200	5,821 – 8,674	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> • Provide access to primary and referral health care people affected by the Nigeria crisis in the Diffa regions • Deliver emergency priority reproductive health interventions and clinical management for victims of VBG 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Immunization coverage against measles in children 6 months to 15 years over 90 per cent • Daily under five mortality rate of less than 2/10.000 • Timeliness and completeness of weekly epidemiological notifications for Diffa region above 90 per cent • Number of health facilities without disruption of essential drugs • At least 80 per cent of pregnant women deliver project beneficiaries in acceptable hygienic conditions • At least 80 per cent of health staff trained in DMU health Minimum Initial Service Package (MISP) for reproductive Health in Crisis Situations, • 100 per cent of SGBV victims reported are supported medically within 72 hours 			
11. Actual outcomes achieved with CERF funds			
<p>The effective immunization coverage against measles was 91 per cent . Given the extremely low pre-existing immunization coverage for measles in displaced populations from northern Nigeria and the</p>			

increased risk of measles linked to promiscuity in population movements, an immunization campaign against measles was conducted for children between 6 months and 14 years of age in Diffa region, with funding from the CERF. This immunization campaign has targeted children from refugees, returnees and the host population.

The daily mortality rate in children under 5 years was 0.3 / 10,000 children.

This rate is lower than the rate recommended by SPHERE standards, which is 2 / 10,000. This was possible due to the fact that health care was free in health services offered to refugees from Nigeria and all vulnerable people. In addition, the good immunization coverage has contributed to prevented outbreaks of measles

In December 2014, the timeliness of weekly epidemiological notifications for Diffa region was 92 per cent and the completeness was 96 per cent

CERF project has contributed to strengthen the epidemiological surveillance through 50 Centres de Santé Intégrés (CSI) of the Diffa region: 20 CSI for the Mainé Health District, 13 CSI for the Nguigmi Health District and 17 CSI for the Diffa Health District.

Thus, at the end of the implementation of the CERF project in December 2014, the timeliness of the weekly epidemiological notifications increased from 74 per cent in June 2014 to 92 per cent in December 2014. The completeness increased from 80 per cent in June 2014 to 96 per cent in December 2014.

This performance has contributed to early detect the cholera epidemic which was declared in the Diffa health district on 8 December 2014. In total, on 31 December 2014, the system allowed to report 291 cholera cases including 17 deaths (CFR 5.8 per cent). This epidemic was controlled in the month of January 2015.

Number of health facilities without disruption of essential drugs

For the supply of drugs, CERF project has targeted 9 CSI in the Diffa region, providing health care for refugees and the 3 districts hospitals (Maine, Diiffa and Nguigmi). The 9 CSIs are the following: (1) HD Diffa: Gueskerou, Bande, Bosso, Baroua, Chétimari; (2) HD Nguigmi: Kabalewa, , Ngalewa and (3) HD Mainé: Maine, Tam.

All the 9 CSI in the Diffa region providing health care for refugees and the 3 districts hospitals (Maine, Diiffa and Nguigmi) have no disruption in medicines for management of common diseases.

The drugs supplies are: 5 Kits Complets Inter Agency Emergency Health kit- IEHK 2011, 5 Interagency Diarrheal Disease kit-IDDK 2009, Complete kit, 2 Kits Complets Italian Emergency Kit A, Traumatological profile, 1 Kit Complet Italian Emergency Kits "Kit B" Supply Support For Kit A, antimalarial drugs 37500 Rapid diagnostic tests for malaria, 5000 Rapid diagnostic tests for malaria

Support the coordination of emergency health interventions in the Diffa region

- 85 per cent of pregnant women beneficiaries of the project delivered in acceptable hygienic conditions and were attended by skilled health personnel
- 100 per cent of the staff involved in birth activities from 9 health facilities (Nguigmi, Ngalewa, Barwa, CHR Diffa, Maine Soroa, Bosso, Toumour, Kablewa, and Chetimari) have reinforced their capacity in Minimum Initial Service Package (MISP) for reproductive Health in Crisis Situations,
- 100 per cent of SGBV victims reported (26) are supported medically within 72 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 NO

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

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
The project has not been evaluated but monitoring during the implementation helped adjust to the increased needs in the field and fine-tune strategies. In addition, data related to project activities is monthly collected by Health canters supported, consolidated by the Field Technical Assistant and transmitted to UNFPA and WHO.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

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CERF project information			
1. Agency:	WFP	5. CERF grant period:	23.06.14 - 22.12.14
2. CERF project code:	14-RR-WFP-041	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project title:	Assistance to vulnerable host populations, refugees and displaced persons in the Diffa region as a result of the escalating border tensions with Nigeria		
7. Funding	a. Total project budget:	US\$ 11,200,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 611,325	▪ NGO partners and Red Cross/Crescent: US\$ 82,401 *
	c. Amount received from CERF:	US\$ 611,325	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	9,432	9,506	Male/Female figures based on Niger gender percentages estimations.
b. Male	9,208	9,281	
c. Total individuals (female + male):	18,640	18,787	
d. Of total, children <u>under</u> age 5	8,245	7,081	
9. Original project objective from approved CERF proposal			
<p>The overall objective of WFP's response is to save lives and protect livelihoods in emergencies. WFP and UNICEF have developed a combined nutrition response in Niger, and UNICEF is fully funded till the end of 2014. Due to the lack of resources to provide assistance to the new influx from Nigeria, this CERF funding will support WFP in reducing malnutrition among host population, refugee and displaced children aged 6-23 months and pregnant and lactating women in the Diffa region.</p> <p>Following the evaluation in the Diffa region in 2013, WFP recorded an alarming malnutrition rate well above over 10 per cent with continuous aggravating factors as a result of the continuous influx of refugees and displaced persons in the region. Health centers near the border report that 30 per cent of new admissions in health centers are from Nigeria.</p>			
10. Original expected outcomes from approved CERF proposal			
Outcome indicators:			
<ul style="list-style-type: none"> - Proportion of target population who participate in an adequate number of distributions <ul style="list-style-type: none"> • This participation indicator aims to measure the degree of participation of children 6-23 months in the NS-PAMM activity by accounting for the number of distributions that child receives. WFP considers that the child must receive two-thirds (66 per cent) of distributions planned to be considered adequate. The target for this indicator is that at least 66 per cent of the target population (8,245) of children 6-23 months receives at least 3 distributions. - (treatment of MAM:) <ul style="list-style-type: none"> • The Semi-Quantitative Evaluation of Access and Coverage (SQUEAC) methodology will be used to estimate the percentage of children with Moderate Acute Malnutrition (MAM) covered by WFP's supplementary feeding programme for the treatment of MAM. The coverage target for this programme, which is in line with WFP's targets established in the 2014-2017 Strategic Results Framework, is that at least 50 per cent of children with MAM are covered by WFP's supplementary feeding programme. 			

<p>- (Nutritional Supplement for the prevention of acute malnutrition and mortality):</p> <ul style="list-style-type: none"> For the NS-PAMM activity this indicator will be measured through WFP's Post-Distribution Monitoring exercise. The indicator aims to measure the degree of accuracy in which eligible children 6-23 months of age have been targeted and included in the programme. The target for this programme is that at least 70 per cent of eligible children are enrolled in the activities. 	
11. Actual outcomes achieved with CERF funds	
<p>WFP planned a Post Distribution Monitoring (PDM) exercise for December to evaluate the outcomes of the project objectives, which did not take place due to the deterioration of the security situation. However, the exercise will take place once the security situation allows.</p> <p>The government together with WFP carried out a joint needs assessment mission in Diffa (November 2014) to evaluate the food security and nutrition situation in areas affected by the displacement from northern Nigeria. The main outcomes of the needs assessment indicate that children from refugee and displaced households were affected by malnutrition more than children from host populations. Global acute malnutrition (GAM) rates for children in returnee households stood at 28.2 per cent (0.2 per cent severely and 28 per cent in moderate) and 28.1 per cent of children in refugee households (3.6 per cent severely and 24.5 per cent in moderate).</p> <p>Malnutrition rates according MUAC (measurement of mid-upper arm circumference) screening showed that children in Goudoumaria and N'Guigmi communes were the most affected by severe malnutrition (8.8 per cent and 6.9 per cent respectively). With the exception of the Chétimari commune, the level of global acute malnutrition exceeds the emergency threshold of 15 per cent in all areas where the evaluation took place.</p> <p>As a result of the recent security events that took place in the region in February, the situation on the ground has changed and a new needs assessment is planned for May/June 2015.</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 or 2b): 2b</p> <p>If 'NO' (or if GM score is 1 or 0): Please describe how gender equality is mainstreamed in project design and implementation</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
WFP has not been able to carry out a project evaluation due to security concerns.	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

TABLE 8: PROJECT RESULTS

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CERF project information			
1. Agency:	WFP	5. CERF grant period:	23.06.14 - 22.12.14
2. CERF project code:	14-RR-WFP-040	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food Security		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency assistance to refugees, displaced persons and vulnerable host population in the Diffa region.		
7. Funding	a. Total project budget:	US\$ 27,200,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$1,900,958	▪ NGO partners and Red Cross/Crescent: US\$ 27,233*
	c. Amount received from CERF:	US\$ 1,900,958	▪ Government Partners:
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	15,180	15,176	Male/Female figures based on Niger gender percentages estimations.
b. Male	14,820	14,817	
c. Total individuals (female + male):	30,000	29,993	
d. Of total, children <u>under age 5</u>	N/A	N/A	
9. Original project objective from approved CERF proposal			
The overall objective of WFP's assistance is to save lives and respond to emergencies. CERF funding will support WFP in its project objective to improve food consumption and coping mechanisms for the host families and refugee and displaced persons in the Diffa region.			
10. Original expected outcomes from approved CERF proposal			
<p>Food consumption score</p> <ul style="list-style-type: none"> The Household Food Consumption Score (FCS) is used as a proxy indicator for household food security and is designed to reflect the quantity and quality of beneficiaries' diet. This programme aims to reduce the prevalence of poor food consumption of targeted households by 80 per cent. <p>Coping strategy index</p> <ul style="list-style-type: none"> The Coping Strategy Index (CSI) is an indicator used to compare the hardship faced by households by measuring the frequency and severity of the behaviours adopted by households when faced with food shortages. The strategies are divided into two types: strategies that affect food consumption and strategies that affect the livelihood of the beneficiary household. This programme aims to reduce or stabilize the CSI of 80 per cent of targeted households. 			
11. Actual outcomes achieved with CERF funds			
<p>The government together with WFP carried out a joint needs assessment mission in Diffa (November 2014) to evaluate the food security and nutrition situation in areas affected by the displacement from northern Nigeria. WFP planned a Post Distribution Monitoring (PDM) exercise for December to evaluate the outcomes of the project objectives, which did not take place due to the deterioration of the security situation. However, the exercise will take place once the security situation allows.</p> <p>WFP was able to reach its planned 30,000 beneficiaries through food assistance in the Diffa region for 3 months. Due to extra purchase of pulses as a result of price changes, WFP was able to use the extra pulses to complete the food basket for an additional 3 months for the same number of beneficiaries.</p>			

A needs assessment was carried out in November 2014. The main outcomes of the needs assessment indicate that among a sampling of some 160,000 people (70,000 host population and 90,000 refugee and returnee) that the proportion of food insecure households (severe and moderate) is higher within host populations (53.6 per cent) returnees (25.9 per cent) and refugees (20.5 per cent). Analysis show that in the areas affected by population movements, the prevalence of food insecurity is higher in rural areas (60 per cent) than urban areas (40 per cent).

As a result of the recent security events that took place in the region in February, the situation on the ground has changed and a new needs assessment is planned for May/June 2015.

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

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

YES NO

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

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

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

EVALUATION CARRIED OUT

WFP has not been able to carry out a project evaluation due to security concerns.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNHCR	5. CERF grant period:	01.06.14 – 30.11.14
2. CERF project code:	14-RR-HCR-028	6. Status of CERF grant:	<input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> Concluded
3. Cluster/Sector:	Multi-sector		
4. Project title:	Protection and assistance to refugees and other persons of concern living in the Diffa region		
7. Funding	a. Total project budget:	US\$ 10, 947, 888	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,123, 847	▪ NGO partners and Red Cross/Crescent: US\$ 650, 000
	c. Amount received from CERF:	US\$ 1,227,257	▪ Government Partners: US\$ 150, 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	14,400	30,000	<p>The Action was based on a planning figure of 30,000 displaced persons. The first phase of the registration process of the displaced population firstly consisted of consolidating all the existing lists (Regional Directorate of Civil Status of Diffa, Community Action Committee, IRC NGOs). On the basis of these, UNHCR has established in September a consolidated data base which comprises 120,000 persons that have been used for field verification by the Regional Directorate of Civil Status Registration Diffa (DREC). Therefore the government decided at the end of September to set the estimated number of displaced persons at 105,000. This is a substantial increase since August 2014 when the government's estimation was 70,000 persons only. UNHCR however rather than referring to influx numbers prefers to refer to a planning figure for those who receive assistance especially in terms of protection activities. This figure stands at 50,000. We believe that in view of the non-verified displaced population figure and that fact that we currently have no access to the population on Lake Chad this planning figure is an accurate reflection of the population currently being assisted by the organization.</p>
b. Male	15,600	20,000	
c. Total individuals (female + male):	30,000	50,000	
d. Of total, children <u>under</u> age 5	9,300	15,550	
9. Original project objective from approved CERF proposal			
<ol style="list-style-type: none"> 1- Ensure refugees and other persons of concern are duly registered and issued with documentation so that they can avail themselves of their rights; 2- Ensure protection of children; 3- Respond to sexual and gender-based violence (establish the emergency referral and response system); 4- Provide shelter to the displaced and basic relief items; 5- Improve hygiene conditions and health conditions in the communities receiving the influx; 6- Maintain peaceful coexistence between the displaced and their hosts; 7- Maintain stability in the region. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • number of known cases of <i>refoulement</i>: target or expected outcome: 0 case of <i>refoulement</i> 			

- 100 per cent of persons of concern for whom data disaggregated by sex/age/location is available
- 100 per cent of refugees registered and documented
- 100 per cent of returnees documented, and assisted with reintegration package, target: 500 households
- 100 per cent of identified cases (children including UAMs, women, Persons with Specific needs) that received adapted assistance (legal, medical, psychosocial, economical)
- 100 per cent of new arrivals rapidly oriented and assisted in Relief centres (in the areas covered by the Relief Centres)
- 100 per cent of targeted households who have access to shelters solutions which meet agreed technical and performance standards
- 100 per cent of constructed/rehabilitated sanitary facilities/latrines properly used and maintained clean
- number of persons for whom access to basic services (health in particular) is improved through community-targeted interventions, target: minimum 4000 persons
- Number of persons (focal points from the community) trained on good hygiene practices and waste management issues, target: 100

11. Actual outcomes achieved with CERF funds

1. number of known cases of refoulement: target or expected outcome: 0 case of refoulement

During the reporting period no case of refoulement has been registered.

The UNHCR organized training on international protection for Niger security forces highlighting in particular the importance of refugee rights, access to the territory and the civil and humanitarian aspect of asylum.

Through its protection implementing partner, IRC, UNHCR has established a community-based border monitoring system in the Diffa region to prevent the risk of refoulement. It works with 111 community focal points and 8 protection monitoring officers from a local NGO partner: one in Goudoumaria, one in Maine, one in Bosso, one in Gueskerou, one in Diffa, one in Kablewa and Toumour and one for the Lake Chad Islands. The ANDDH (*Association Nationale de Defense des Droits de l'Homme*) protection monitoring officers work in close cooperation with the local authorities, the CAC and other community structures who work in close relationship with the security forces.

As the border is widespread and littered by porous crossing points, monitoring is not limited to the official crossing points but also includes the host communities who report on new arrivals to the competent agents. The operational mechanism is as follow: the community focal points inform the ANDDH monitoring officers about new arrivals; the ANDDH officers "register" the households and transmit the compiled information to IRC.

Interviews are also carried out through protection monitoring with refugees and displaced people in order to evaluate refoulement risks during influx on Niger territory.

2. 100 per cent of persons of concern for whom data disaggregated by sex/age/location is available / 100 per cent of refugees registered and documented

A community pre-registration mechanism was set up as an early warning system for rapid information transfer to protection teams in order to activate response in terms of protection services and material assistance. In every village there are focal points that have a phone. All phones are integrated into a pool system. The aim of this mechanism is also to generate weekly and monthly trends on the movements, as well as in the areas of high concentration of population displacement.

UNHCR uses figures of the community pre-registration system with precaution and has also appealed to all actors to do the same in order to avoid inflating the figures. The community pre-registration system records the incoming population on Niger territory but not to and from movements. For instance returns to Nigeria (namely the Kano State) or the secondary movement within the Diffa region or elsewhere in Niger (for example, the regions of Tahoua and Zinder).

The official registration and documentation system consist in two phases:

- ✓ 1ST phase - census of all the displaced population:

Before the effective start of this phase, important preliminary work and exchanges have been conducted between the authorities and UNHCR to ensure the success of this operation and resolve all technical and logistical issues.

The first phase of the census of the displaced population consisted at the first stage of consolidating all the existing lists (Regional Directorate of Civil Status of Diffa, Community Action Committee, IRC NGOs). On the basis of these, UNHCR has established in September a consolidated data base which comprises 120,000 persons that have been used to field verification by the Regional Directorate of the Civil Status.

The census started at the end of July and because of the permanent influx of displaced population from Nigeria this exercise is continuous. UNHCR signed an agreement with the Governorate of the Diffa Region, including for the census. The Regional Directorate of Civil Status Registration Diffa (DREC) is realizing the census with UNHCR's significant support. All the tools for information gathering have been validated by the authorities.

Operationally, the realization of the census face important logistical and security constraints: the displaced population is spread on more 150 villages and islands of the Lake Chad, on an area of 28.000 km with just one road; for security reason the access to the Lake Chad is very restricted. The result of the census is as follow :

N°	RUBRIQUE	VALEURS	OBSERVATIONS
1	Nombre de sites parcourus	128	Jusqu'au 11 février 2015
2	Nombre de familles	16,760	Comprend les familles polygames
3	Nombre d'individus	105,583	Ratio de 6.3 par famille
4	Effectif des Refugiés	63,941	Soit 60.56 per cent des personnes déplacés
5	Effectif des Retournés	41,642	Soit 39.44 per cent des personnes déplacés
6	Proportion des Enfants	47 per cent	Sur l'ensemble des déplacés
7	Proportion des Femmes	37 per cent	Sur l'ensemble des déplacés
8	Proportion des Hommes	16 per cent	Sur l'ensemble des déplacés

✓ 2nd phase - registration/documentation of the displaced population:

Humanitarian actors have frequently expressed their legitimate need for reliable and accurate demographic data on the displaced in the region of Diffa. At the end of May 2014, UNHCR reinforced its team with the arrival of a Registration Data Base Manager recruited specifically for Diffa registration. Reliable data which is equally validated by our national counterpart is a prerequisite for solid planning and implementation. At this level, considerable work and important discussions are being conducted continuously with the Regional Directorate of Civil Status Registration of Niamey and the National Eligibility Commission to consensually adopt practical arrangements for the verification of field data. On the part of the UNHCR, the entire organization in connection with the registration process on the ground is already set but the Office is relying on the authorities to perform and finalize the field verification first. Provision of documentation can only start thereafter.

It has not been possible to conduct the whole official registration and documentation process within the reporting period. The delay is also due to a composition of the displaced population from Nigeria, which constitutes a mixed influx of Nigerian refugees, Nigerien citizens that have been living in Nigeria for economic reasons and third country nationals that have been living in Nigeria. Since around 80 per cent of the displaced persons are not in possession of ID documents, special procedures had to be conceived to determine the nationality of the displaced in order to prevent statelessness. A study on nationality laws and practices in Nigeria and Niger combined with a survey on the nationality of the displaced has been commissioned by UNHCR to have a solid basis for advising and supporting the Nigerien authorities in designing and setting up a registration procedure with safeguards that prevent statelessness. A multitude of Nigerien and Nigerian government actors had to be consulted in order to design and set up these

special procedures, which caused delays in the implementation of the official registration and documentation process.

In order to determine the nationality of the displaced and to deliver identity documents, competent authorities need to install or strengthen their presence in Diffa :

- A representation of the Nigerian Embassy is necessary to deliver identity documents to Nigerian citizens without documentation
- Mobile courts are necessary to confirm the nationality of persons claiming to be Nigerien citizens without proof of nationality
- The National Commission of Eligibility for the Refugee Status (attached to the Ministry of Interior) is necessary to provide refugee cards to Nigerians who wish to ask for asylum in Niger. UNHCR supported its installation during the reporting period.

The National Commission of Eligibility for the Refugee Status is realizing the registration process on the basis of the list prepared by the Regional Directorate of Civil Status Registration Diffa (DREC) during the global census.

At the end of the year 2014, 24,548 individuals have been officially registered :

	Ménages	Hommes	Femmes	Personnes
Réfugiés	3.008	6.748	5.445	12.193
Retournés	3.458	6.732	5.512	12.244
Autres nationalités	20	36	20	56
Familles d'accueil	55	37	18	55
Total				24 548

3. 100 per cent of returnees documented, and assisted with reintegration package, target: 500 households

UNHCR Niger signed in March 2014 a partnership agreement (for 8 months) with the Social Safety Net Cell (Cellule des Filets Sociaux - Prime Minister Cabinet) for cash-assistance project for 4000 refugees households, returnees and locals (20 per cent). The project consisted of the disbursement of 10.000 FCFA per month to each eligible family in line the funding from the World Bank which works for the same agency in other regions of Niger.

In order to start the project, UNHCR Niger funded the installation of an office in Diffa where the Filets Sociaux' previously did not have any operation. The implementation consisted of:

- The opening of an office and the recruitment of a multifunctional team of 15 members;
- Procurement of assets including two vehicles, 6 motorcycles, one 30 KVA generator and other office materials;
- The implementation of a feasibility study and beneficiaries assessment;
- Targeting of the beneficiaries;
- Awareness campaigns towards the beneficiaries, regional and local authorities and other stakeholders;
- The set-up of a mechanism of payment including the selection at the national level of an institution of microfinance (IMF).

The installation process of the Social Safety Net Cell in Diffa took longer than originally planned as well as the identification of the beneficiaries. The first cash transfer began at the beginning of October and continued until the end of the year. The partnership UNHCR/ Social Safety Net Cell is ongoing in 2015 with the renewal of the agreement for the current year.

4. 100 per cent of identified cases (children including UAMs, women, Persons with Specific needs) that received adapted assistance (legal, medical, psychosocial, economical)

During the reporting period, 100 per cent of identified vulnerable persons (children including UAMs, women, persons with specific needs) were identified and documented. Specific support was given according the different contexts. The support provided included, among others, psychosocial support for separated children, integration into learning centers for orphaned children, medical care for the chronically ill, or payment of water bills for hundreds of visually impaired located in Maine Soroa. Several persons have also been referred to other structures such as those in urgent need of food (WFP) or cases of family reunification (ICRC). It should however be noted that no cases of SGBV have been identified, which means that the identification mechanism

should be further improved. Various training sessions organized during the month of August aimed at improving the system for identification and collection of information. Similarly, regarding SGBV, much work remains to be done on the Lake Chad islands as concerns the increase in cases of young girls practicing survival sex. The out-camp context poses real operational and security challenges that still need to be addressed to improve the protection of displaced in the region of Diffa.

Sensitization and training were organized to strengthen the protection mechanism.

The regional and communal authorities, traditional leaders, members of the security forces and technical services of Diffa region were briefed on international protection and UNHCR's activities in the region. The UNHCR protection implementing partners, IRC, has trained local monitors on protection concepts. Moreover, IRC has established 78 protection committees in Diffa region (each committee is composed of 6 persons including 2 women and one adolescent). A training of the protection committees on their role and responsibilities have been realized in September as well as for the community focal points of IRC.

During the month of August a 3-day training session on reinforcing capacity was organized for State and non-State actors on the concepts of Sexual and Gender Based Violence, the referral system of survivors as well as management and treatment tools of SGBV cases. Furthermore, a 5-day training for the staff IRC was organized.

A Joint assessment of service aptitude and structures of support for survivors of SGBV and the risk of sexual and gender-based violence in the Diffa region and within displaced communities (Bosso, Maine Soroa at Kablewa and Diffa) was conducted from the 12th to 14th August 2014 by UNHCR and IRC. After these training and evaluation, a working group SGBV was instituted in Diffa.

5. 100 per cent of new arrivals rapidly oriented and assisted in Relief centers (in the areas covered by the Relief Centers)

The construction of the relief centers was realized in Maine Soroa and Bosso. In Bosso, new works were necessary after the damages caused by the rainy season. Land to construction the third relief center in Diffa central district area was available at the end of the year. Important negotiations to obtain land were necessary with the authorities.

The continuous influx of newly displaced needed a review of their current reception capacity limited to about 72 seats.

With the constant influx of displaced population the relief centers of Maine Soroa and Bosso, it has not been possible to use the relief center as it was originally planned. Vulnerable persons and persons with specific needs have been prioritized to stay at the level of the relief center before the humanitarian actors worked on individual solutions.

6. 100 per cent of targeted households who have access to shelters solutions which meet agreed technical and performance standards

A call for a local tender for the purchase of shelter kits was issued in Niamey during the month of May. The process was completed in the first half of June 2014, after the screening of proposals. Three different suppliers were selected in the different sectors of kit materials. Apart from plastic sheeting and canvas, all other items were procured locally.

1,500 households have received shelter kits. Some 750 additional canvases have been distributed to reinforce the shelter for the most vulnerable households during the rainy season. During August, and after the new influx, 1,000 supplementary plastic sheeting were distributed to 1,000 newly arrived households.

The targeting of these people was carried out by the UNHCR protection partner IRC who alerted the Luxemburg Red Cross and the UNHCR for rapid provision of plastics sheeting. It should be noted here that the Luxemburg Red Cross (UNHCR implementing partner for shelter) on its part were also able to mobilize additional resources for 1,000 emergency shelters kits.

Shelter distribution activities were coordinated with IOM.

During the month of September, the process for the construction of about 1,000 transitional banco shelters began at Maine Soroa, Bosso and Kablewa. The delay in the construction of transitional shelter is partly due to on-going negotiations on urban planning and community planning (vulnerability) with the local authorities. The technical services of the State are supportive but close and regular monitoring remains essential.

The deteriorating situation in northeast Nigeria during the month of August and the significant influx of the population has inevitably resulted in increased shelter needs. These needs become even more imperative as the absorption capacity of the local population declines over time.

In terms of NFIs, a strong coordination mechanism has been set up with the IOM during the preparation of this CERF Fund.

In June, in accordance with the UNHCR contingency plan, an emergency stockpiling (NFIs) for contingency has been set up for a

total caseload of 5,000 households (3,000 through the support of CERF Funds). 1050 the total emergency stockpiling of NFIs was available in Diffa in July and the other part from the UNHCR stockpile of Accra arrived during the month of September. With the constant influx of new forcibly displaced, the majority of the kits have been distributed immediately upon arrival at Diffa. Hygiene kits for women were distributed jointly with NFI Kits.

In view of the lengthy procedures and their impact on our response capacity, UNHCR worked on other ways to streamline assistance. Until beginning of September 2014, UNHCR managed NFI distributions directly. In order to reduce operational costs and to speed up the distribution flow, UNHCR signed a sub-agreement with the NGO, CARE International. At the end of September, CARE handled distributions of assistance. A warehouse for NFI kits storage was installed on a location provided by the local authorities. CARE received 5 trucks to dispatch NFI kits to persons in need in the Diffa region.

CARE is a well-established NGO in the Diffa, Zinder and Maradi regions of Niger. In this regard, CARE has the relevant experience to source, for the time being from Kano (Nigeria), in order to speed up the NFI procurement. In close cooperation with CARE, UNHCR established a local sourcing system for NFIs through cash or voucher distributions. The first NFI Fairs have been realized at the end of the year.

7. 100 per cent of constructed/rehabilitated sanitary facilities/latrines properly used and maintained clean

During the reporting period, different hygiene infrastructures were built :

- ✓ 500 family latrines for Nigerian refugees, returnees and host population
- ✓ 30 public semi-durable latrines in 12 communities of the municipalities of Diffa, Mainé Soroa, Bosso and Kablewa including schools and Healthcare centers

In parallel, four sites for solid waste management have also been identified and the construction works started mid-October.

100 per cent of constructed/rehabilitated sanitary facilities/latrines are used and maintained clean

8. number of persons for whom access to basic services (health in particular) is improved through community-targeted interventions, target: minimum 4000 persons

Buildings were built to improve the working conditions of the CACs which have become orientation locations for the displaced populations. The Community Action Committee are playing a key role in terms of pre-registration, targeting of beneficiaries, facilitation of the work of humanitarian workers.

Power cuts affecting the Diffa region accentuate the vulnerability of health facilities. Access to energy, in particular, poses serious problems with regards to the storage of drugs and vaccines as well as receiving patients overnight. This impacts both the quality and use of services by users. For health centers in Diffa, the ability to provide proper medical care has become even as currently they also care for the displaced population. UNHCR's through its implementing partner ACTED implemented a pilot energy project including the installation of photovoltaic equipment at seven Integrated Health Centers (Diffa, Toumour, Bosso, Barwa, Kablewa, Mainé and Tam). It also covers the supply of fuel to 5 school canteens hosting the displaced children (DewaKargueri, Kablewa, Bosso, Barwa and Yebi). Reinforcing the basic social services for all (the displaced population and host population) is a priority for UNHCR in Diffa region. In this regard, improved access to energy is essential.

There is no quantitative survey on the number of persons using the community services but all the population using the health center and the CAC offices should easily be over 4,000.

In terms of health intervention UNHCR launched a partnership with the local NGO APBE. This NGO signed an official agreement with the sanitary authorities. The NGO worked :

- as a support to the local Health Center when their capacities were overstretched due to the increase of their caseload as well health emergency response in case of new influx. Support was realized to the health centres of Bosso, Maine, Kablewa, Chetimari, Lada et Diffa through the supplying of drugs and material and additional staff. This intervention allowed limiting the impact of the functioning of the public health centres. The exact number of consultations by the NGO at the health centre level is estimated to be more than 2,000. APBE was also involved in the management of the cholera outbreak with the other health partners.

- through the setup of a health mobile clinic especially to respond to the new arrivals in the area of Maine Soroa, Gagamari, Chetimari, areas which registered important influx in August. The health mobile clinic realized more than 1,500 consultations.

Through the health mobile clinic the NGO realized the medical screening of the refugees relocated to the camp of Sayam Forage.

Both at the level local Health Center and through the mobile clinic health, the main diseases registered were respiratory infection, malaria and diarrhoea.

The NGO also closely worked with the protection partner IRC to ensure the sanitary care of person with specific needs in the Diffa region. The NGO also ensured the referrals to medical cases from the first level of health care (camp health structure or state-led CSI -Centre de Santé intégré) to the superior appropriate health structure at the regional (Diffa Hospital). Referrals were realized with the service of an ambulance.

9. Number of persons (focal points from the community) trained on good hygiene practices and waste management issues, target: 100

Training of trainers was carried out for 22 WASH focal points spread over the Diffa region. These trainers then trained 5 assistants to reinforce community implementation of the mechanism. A total of a 105 focal points from the community have been trained on good hygiene practices and waste management issues.

Trainers particularly focused on:

- ✓ Hygiene good practice
- ✓ Sanitation challenges in the community
- ✓ Community mobilisation and sensitization for hygiene promotion

Maintain peaceful coexistence between the displaced and their hosts (no mention as an outcome)

Just like ACTED is providing a mapping service available to all humanitarian actors, the NGO, Search for common Ground (SFCG) is playing the same role in the area of communication. During the month of May 2014, a communication strategy specific to the context of Diffa was jointly elaborated by the NGOs and the External Relations Section of UNHCR. The communication strategy outlines three goals: to enable displaced and the indigenous people know and understand the various interventions; to ensure smooth and regular flow of information in order to adjust the approaches and render assistance more effective; and to promote peaceful coexistence and integration between the host and displaced communities. Based on these three goals SFCG has made an analysis of community radio during the month of May (media landscape, audience survey, radio management).

In July 2014 SFCG signed an agreement with five radio stations partners: three community radio stations namely Lake Bosso Radio, Radio Monbio of Kablewa and Radio Mangari of Mainé Soroa; the state-owned ORTN Radio; and a private station Radio Anfani. In July, staff members of the various community radio stations were training on the basis of identified needs. Several programs on peaceful coexistence have been produced (in French, Hausa and Kanuri languages) and broadcasted on the 5 radio stations. So far, each radio has broadcasted the produced programs 32 times (16 times in French, 8 in Hausa and 8 in Kanuri). As with the mapping, further efforts are expected from the humanitarian actors to step up their use of the services provided by SFCG.

During the reporting period SFCG organized 18 sessions of participatory theatre show in 18 locations which were attended by more than 5,400 people. The choices of themes that were staged are based on the information researched upon prior to each performance. The actors usually circulate in the villages and through formal and informal exchanges with the population identify sensitive and educative subjects on which to conceive the drama. The problems of peaceful coexistence and food distribution are some of the recurrent themes.

Also, in this out-of-camp context with irregular access to populations, changes were made at the level of staffing of the NGO to strengthen its presence in the field and consequently its ability to provide feedback about the disintegration of particular cohesion to be able to react more quickly through communication.

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

Outcomes 100 per cent of persons of concern for whom data disaggregated by sex/age/location is available and 100 per cent of refugees registered and documented.

Humanitarian actors and the authorities have frequently expressed their legitimate need for reliable and accurate demographic data on the displaced in the region of Diffa. At the end of May 2014, UNHCR reinforced its team with the arrival of a Registration Data Base Manager recruited specifically for Diffa registration. Reliable data which is equally validated by our national counterpart is a prerequisite for solid planning and implementation. At this level, considerable work and important discussions are being conducted continuously with the Regional Directorate of Civil Status Registration of Niamey and the National Eligibility Commission to consensually adopt practical arrangements for the verification of field data. Both structures have been supported to increase their capacity. On the part of the UNHCR, the entire organization in connection with the registration process on the ground is already set but the Office is relying on the authorities to perform their field work.

Add to this, in a context in which displaced population is spread on more than 150 sites, in a territory of the size of Belgium, with no road and high security risks, the target of 100 per cent of persons registered and documented is ambitious. To this it's necessary to add that a survey conducted in the Diffa Region revealed that only 18 per cent of the total displaced population in the Diffa Region has ID documents. Since around 80 per cent of the displaced persons are not in possession of ID documents, special procedures had to be conceived to determine the nationality of the displaced in order to prevent statelessness. A study on nationality laws and practices in Nigeria and Niger combined with a survey on the nationality of the displaced has been commissioned by UNHCR to have a solid basis for advising and supporting the Nigerien authorities in designing and setting up a registration procedure with safeguards that prevent statelessness. A multitude of Nigerien and Nigerian government actors had to be consulted in order to design and set up these special procedures, which caused delays in the implementation of the official registration and documentation process.

In 2015, the level 3 registration will be realized for all refugees. The system is already set up in the camp of Sayam Forage. The biometry system will allow limiting the case of frauds. Outside the camps, as far as possible, all the displaced population will be identified. UNHCR will realize a monitoring and a quality control of this important activity.

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

If 'NO' (or if GM score is 1 or 0): The funded activities deals with SGBV prevention as such it actively promotes gender equality and the protection of women. In terms of SGBV prevention/response, the out-of-camp context necessitates reinforcing existing mechanisms and strategies. The Joint assessment conducted by UNHCR and IRC (12th to 14th August 2014) resulted in a number of recommendations that have been implemented in the second half of 2014. This includes the strengthening of links between protection and livelihood activities for women victims of SGBV or those at risk; improving legal support; boosting the situation of victim safety by working with the Security and Defense Forces(FDS); reinforcing the capacity building of all actors (state and non-state) for the identification of cases of SGBV; continuing to improve the system of referencing and documentation of cases detected; and strengthening existing psychological support (UNICEF and the NGO COOPI) by stationing a mobile psychologist at Diffa.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
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If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information				
1. Agency:	IOM		5. CERF grant period:	07.01.14 - 12.31.14
2. CERF project code:	14-RR-IOM-031		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Shelter and NFIs			
4. Project title:	To be pre-populated			
7. Funding	A. Total project budget:	USD 696,000	D. CERF funds forwarded to implementing partners:	
	B. Total funding received for the project:	USD 696,000	■ NGO partners and Red Cross/Crescent: USD 24, 080	
	C. Amount received from CERF:	USD 696,000	■ Government Partners: USD 0	
Results				
8. Total number of <u>direct profits</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
<i>Direct Profits</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant note between planned and reached profits, please describe package:</i>	
A. Female	12,600	13,500	It is clear from this table that the CERF funding has allowed us to reach 13500 women against 12600, 10535 men against 8400, 4606 children against 3150. Just to explain that the results are largely met with an increase in the expected number previously planned. This increase can be explained by the mass influx of displaced persons from Nigeria due to the repeated attacks of the sect Boko Haram.	
B. Male	8,400	10,535		
C. Total individuals (female + male):	21,000	24,035		
D. Of total, children under age 5	3,150	4,606		
9. Original project objective from approved CERF proposal				
To address the emergency humanitarian and protection needs of newly displaced people including affected host families in Diffa, arising from the violence in Nigeria, through the provision of shelters repair kits in local material, basic relief items.				
10. Original expected outcomes from approved CERF proposal				
Outcome: Emergency , humanitarian and protection needs for the affected displaced people and host families is provided				
Indicators				
<ul style="list-style-type: none"> ➤ 4,000 Of people interviewed and profiled ; ➤ 13,535 Of targeted affected households who have access to emergency shelters ; ➤ 10,500 Of affected profits receive essential relief items such as, sleeping mats, kitchen sets, jerry cans, hygienic kits, mosquito nets, used clothes, shoes, flashlights. 				
11. Actual outcomes achieved with CERF funds				
<ul style="list-style-type: none"> ➤ 13,500 Women are supported in non-food items and emergency shelters; ➤ 10,535 Men are supported in non-food items and emergency shelters ; ➤ 4,606 Children receive assistance in second hand dresses and shoes; ➤ 36 Young volunteers of the Red Cross and student in professional training center in Diffa participating in training sessions in making emergency shelters. 				
12. In case of significant note between planned and actual outcomes, please describe reasons:				
This significant difference between the expected results and those achieved can be explained by the mass influx of displaced persons from Nigeria following the repeated attacks of the sect Boko Haram throughout the Komadougou Yobe River.				
13. Are the CERF funded activities part of a CAPE project that applied year IASC Gender Marker code?				YES <input checked="" type="checkbox"/> NO. <input type="checkbox"/>

If 'YES', what is the code (0, 1, 2a or 2b): 2a If 'NO' (gold if GM score is 1 or 0):	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
Field missions organized jointly with the partner have revealed gaps in the areas covered, and to make the necessary adjustments for a better geographical coverage with the funds available. The security situation which prevails at this moment in Diffa region has not allowed us to carry out the assessment for this time, but as soon as the situation stabilize we are going to be able to make it.	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner*	Comments/Remarks
14-RR-FPA-028	Health	UNFPA	Niger Red Cross	Yes	RedC	\$30,000	1-Sep-14	15-Aug-14	The implementing partner begin to implement activities before funds transfer under his own funds
14-RR-FPA-028	Health	UNFPA	Minister of Health	Yes	GOV	\$22,870	1-Sep-14	15-Oct-14	
14-RR-IOM-031	Shelter & NFI	IOM	Niger Red Cross	Yes	RedC	\$17,175	1-Oct-14		multiple dates of intervention
14-RR-IOM-031	Shelter & NFI	IOM	CFPT	No	NNGO	\$5,660	1-Sep-14	1-Nov-14	
14-RR-IOM-031	Shelter & NFI	IOM	CISP	No	INGO	\$1,245	18-Jul-14	1-Sep-14	
14-RR-HCR-028	Multi-sector refugee assistance	UNHCR	Governorate of Diffa	No	GOV	\$50,000	23-Sep-14	23-Sep-14	Date First Installement Transferred : 23/09/14
14-RR-HCR-028	Protection	UNHCR	International Rescue Committee	Yes	INGO	\$250,000	28-Mar-14	1-Jul-14	Date First Installement Transferred: 28/03/14. Le fond CERF est venu completer le financement du HCR.
14-RR-HCR-028	Water, Sanitation and Hygiene	UNHCR	Luxembourg Red Cros	Yes	RedC	\$400,000	25-Jul-14	25-Jul-14	Date First Installement Transferred : 25/07/14
14-RR-HCR-028	Multi-sector refugee assistance	UNHCR	Social Safety Net Cell	No	GOV	\$100,000	20-Jul-14	20-Jul-14	Date First Installement Transferred : 20/07/14
14-RR-WFP-041	Food Assistance	WFP	Croix Rouge Nigérienne	No	NNGO	\$27,233	8-Aug-14	1-Jul-14	
14-RR-WFP-040	Food Assistance	WFP	Samaritan Purse	No	INGO	\$82,401	20-Oct-14	20-Oct-14	

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical order)

AAR	After Action Review
CCH/Cabinet PM	Cellule de coordination humanitaire
CERF	Central Emergency Response Fund
CISP	Comitato Internazionale per lo Sviluppo dei Popoli
HCT	Humanitarian Country Team
IOM	International Organization for Migration
NFI	Non Food Items
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
RC/HC	Resident Coordinator /Humanitarian Coordinator
UNHCR	United Nations High Commissioner for Refugees