RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS NIGERIA UNDERFUNDED EMERGENCY ROUND II 2014

RESIDENT/HUMANITARIAN COORDINATOR	Mr. Daouda Toure

REPORTING PROCESS AND CONSULTATION SUMMARY

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

An After Action Review of the CERF allocation was conducted by OCHA with Sector Leads, program officers and reporting officer on 2 December 2015. This included a brief recap of project activities, technical issues and challenges, in addition to lessons learned particularly from the multi-sectoral project, and the added value of complimentary funds.

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 final version of the RC/HC was shared with CERF recipient agencies and sector coordinators for review.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: US$ 93,000,000		
Breakdown of total response funding received by source	Source	Amount
	CERF	3,546,645
	COUNTRY-BASED POOL FUND (*if applicable*)	
	OTHER (bilateral/multilateral)	12,624,174
	TOTAL	16,170,819

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 1 September 2014			
Agency	Project code	Cluster/Sector	Amount
UNICEF	14-UFE-CEF-131	Health	348,168
UNICEF	14-UFE-CEF-132	Water, Sanitation and Hygiene	1,300,000
UNICEF	14-UFE-CEF-133	Child Protection	352,311
UNFPA	14-UFE-FPA-038	Health	223,457
UNFPA	14-UFE-FPA-039	Sexual and/or Gender-Based Violence - Protection	285,378
UNHCR	14-UFE-HCR-037	Protection	550,063
IOM	14-UFE-IOM-038	Protection	250,000
WHO	14-UFE-WHO-067	Health	237,268
TOTAL			3,546,645

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	2,728,686
Funds forwarded to NGOs for implementation	293,739
Funds forwarded to government partners	524,220
TOTAL	3,546,645

HUMANITARIAN NEEDS

In 2014, the humanitarian needs in Nigeria had increased steadily due to the activities of the Boko Haram-related conflict in the North-East of Nigeria. By the end of December 2013, the conflict had displaced a large number of people into camps and host communities in the three worst affected states of Borno, Yobe and Adamawa, which had been under a state of emergency. In order to develop a better understanding of the humanitarian situation in the North-East, the Government of Nigeria and the HCT carried out a joint assessment in May 2014. The report of the assessment indicated that an estimated 646,693 IDPs were displaced across the six states of the North-East region. These states included the three states under the state of emergency. The majority of the displaced people were women and children, while close to 90% of the IDPs were hosted in host communities. With the increasing influx of IDPs in the host communities, most of the host communities equally became vulnerable due to overstretched facilities.

The report of the joint assessment identified key sectors but prioritized WASH, Protection and Health as the most critical sectors that needed urgent humanitarian attention. In the area of WASH, most of the communities had limited access to safe water and sanitation services. Boreholes and unprotected hand dug wells were the main sources of drinking water and were shared by the IDPs and host communities. Due to limited access, IDPs and host communities were forced to use water from streams and open water points for drinking and household use. IDPs were also faced with inadequate sanitation facilities in both camps and host communities thereby forcing most of the IDPs to indulge in open defecation and open waste disposal which further exposed them to risk of disease outbreak.

Access to health care remained a big challenge in both camps and host communities. The IDPs continued to face limited access to basic health care services. This was particularly critical because of the overwhelming majority of IDPs were children and women. While the IDPs were in essence sharing the health facilities with the host communities, in most of the areas of displacement, the health facilities had been constrained with inadequate staffing and insufficient supplies. The facilities were on the whole insufficient for the increased population. In addition, inadequate access to clean water and sanitation services was found to compromise the health status of the displaced people thereby exposing them to waterborne diseases. Diarrhoea was the most prevalent disease among the IDP and host communities, while malaria was prevalent especially among women and children. While distributions of mosquito nets had taken place, the challenges of persistent and further displacements due to the conflict continued to expose children and pregnant/ lactating mothers to malaria.

Following the abduction of over 300 Chibok schoolgirls and attacks leading to civilians' death, protection issues continued to aggravate in Yobe, Adamawa and Borno states. There were reported cases of brutality, violence, rape and gender-based violence, while civilian males, including boys, were forcibly recruited into armed groups. The insurgents targeted schools, clinics and public health centres. Overcrowding was reported in IDP camps, placing existing humanitarian services under severe strain. In the face of abuse and violence, families, communities and government did not have the required capacity and mechanism to ensure adequate protection for the IDPs. Humanitarian actors faced significant challenges in having full access to civilians who had been kidnapped and held hostage by insurgents, the proved too great to provide the necessary response. With increasing needs and significant gaps in funding, the level of vulnerability for IDPs in camps and host communities increased as basic supplies had been reduced and life-saving services had declined in quality or in some cases stopped altogether.

The December 2013 HNO for Nigeria projected 509,823 children under 5 suffering from severe acute malnutrition (SAM) and 3,753,392 suffering from moderate acute malnutrition (MAM) for 2014 across 24 of the 36 states of Nigeria. The majority of these projected cases were in the northern Sahelian region, which includes the states of Borno and Yobe, targeted by the CERF UFE window. In 2014, UNICEF and partners projected 80,763 children under 5 in Borno, Yobe and Adamawa, would suffer SAM of which 60% were targeted with treatment. The conflict situation, which had affected food security productivity in the targeted states, could escalate the nutrition status. Improved access to safe water, sanitation and health with the planned interventions would help improve the situation.

II. FOCUS AREAS AND PRIORITIZATION

The prioritization of sectors and geographical areas for CERF underfunded window was based on the 2014 HNO. Additional information was elicited from the May 2014 joint assessment and other needs assessments that were conducted by various sectors across the NE.

To strengthen protection interventions, UNHCR, UNFPA and IOM prioritized the following activities:

- Improve access to protection and assistance to displaced people and host communities.
- Expand Emergency Psychosocial support for conflict-induced displaced population in Maiduguri camps.
- Promote community-based psychosocial support and strengthen referral mechanisms for protection caseload among the displaced population.
- Identify and train 10-15 camp managers and other support groups in Psychosocial First Aid (PFA).

- These actions were planned to target and benefit 10,000 IDPs (women, children, the elderly and other vulnerable groups) living in Maiduguri metropolis camps.

To respond to the health needs of the affected people, WHO, UNFPA and UNICEF prioritized the following activities:

- Strengthen national capacity for prevention and response to SGBV.
- Strengthen community-based psychosocial support for boys, girls and families affected by ongoing insurgency in Borno and Yobe states.
- Reinforce preparedness and emergency response to epidemic-prone diseases in the high risk states.
- Address access to emergency reproductive health services in insecurity-affected states.
- Strengthen emergency primary health care services through convergence interventions in the two states.
- Increase reach with a WASH life-saving response for IDPs and host communities in the North-East.

UNICEF prioritized the following activities for WASH in Yobe and Borno States:

- Increase access to safe water and sanitation and hence prevent outbreaks of waterborne diseases such as cholera, measles, malaria and other diarrhoeal diseases.

The planned interventions were implemented through partnerships with NGOs, State Emergency Management Agencies (SEMAs) and the Red Cross. Partnership with NGOs, Nigerian Red Cross and SEMAs ensured improved capacity for rapid humanitarian response.

III. CERF PROCESS

Prioritization for the CERF underfunded window was done by the Humanitarian Country Team (HCT), with technical input and support from the Inter-Sector Working Group. Using the report of the joint Government and HCT assessment of May 2014, the HCT prioritized WASH, Protection and Health for the CERF UF window. These sectors were equally prioritized during the mid-year review of the Strategic Response Plan in June 2014 as sectors needing more humanitarian attention. The HCT also prioritized Borno and Yobe states as geographical areas of intervention for the CERF UF. The two states had been worst hit by the activities of the insurgents and carried the highest burden of displacement including increased humanitarian needs. As at the time the application was submitted to the CERF secretariat, Borno and Yobe had limited presence of NGO partners, humanitarian access was difficult and the government had limited capacity to effectively respond to the scale of the humanitarian crisis in the states. As at June 2014, Borno and Yobe states had 257,694 and 76,354 registered IDPs respectively, which constituted 21 and 8 per cent respectively of the total state populations.

The priorities were based on the following assessments and information.

Protection: The influx of IDPs as a result of the insurgency and counter insurgency, emergence of new makeshift camps especially in Damboa and Gwoza in Borno state and limited access to basic humanitarian assistance greatly increased the protection needs of the IDPs. There were reported cases of gender-based violence (GBV), unaccompanied children, rape and adoption. Most of the victims had little or no support. Protection interventions were therefore designed to provide psychosocial support to the IDPs and host communities, build capacity of health workers to manage SGBV and care for rape survivors. It also included capacity-building support to the military and police on civilian protection in emergencies.

WASH: Access to WASH services had become increasingly scarce due to the activities of Boko Haram. IDPs in host communities were reportedly practicing open defecation whilst those that fled into the forest had limited access to WASH services. The report of the May 2014 assessment in the North-East indicated a growing number of IDP camps with challenging water and sanitation situations. In both camps and host communities, most IDPs had limited access to safe water for drinking and domestic use. Specifically, in host communities IDPs relied on streams and unprotected water sources, which posed additional challenges for and burden on vulnerable IDP women and girls. With the rains, open waste disposal further exposed the displaced people to waterborne diseases.

Health: With continuous movement and settlement of IDPs, camps and host communities became overcrowded thereby increasing the risk of disease outbreaks such as cholera, measles and meningitis. The outbreak of cholera in August 2014 in Biu camp in Borno state sent early warning signals to the humanitarian community that the cholera outbreak might spread rapidly to other camps. In order to prevent possible outbreaks of cholera and other diseases, the health sector proposed to develop and strengthen surveillance mechanisms through an early warning system, and to orient health workers to ensure early detection and timely response to disease epidemics. The need to strengthen surveillance also came out clearly as one of the recommendations of the Humanitarian Needs Assessment conducted by UNOCHA and partners in the North-East in May 2014.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR[1]									
Total number of individuals affected by the crisis:									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Health	105,328	228,240	333,568	94,006	219,061	313,067	199,334	447,301	646,635
WASH	39,038	29,802	68,840	30,000	17,203	47,203	69,038	47,005	116,043
Protection	11,195	14,391	25,586	9,955	5,257	15,212	21,150	19,648	40,798

[1] *Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.*

BENEFICIARY ESTIMATION

Health

WHO

- The project targeted men, women and children in four Local Government Areas (LGAs) in Borno and Yobe states, 80% of whom are IDPs and 20% host communities. Effective preparedness and response to epidemic-prone disease outbreaks through an early warning system was established, which detected outbreaks of cholera in 11 IDP camps and some host communities in Maiduguri. It recorded 1039 cases and 18 deaths amongst adults and children, and also recorded measles in one IDP camp with 40 cases and 2 deaths amongst children. A total of 252,044 IDPs and persons in host communities were reached in these four LGAs.

UNICEF

- A total of 194,591 people (103,562 females and 91,029 males) were reached with primary health care services, out of which 89,972 were children under 18 years (43,670 females and 39,302 males) through the health posts provided in the IDP camps and through the UNICEF-supported health facilities that are located in host communities. UNICEF is able to ensure that there is no double counting as these are specific activities but UNICEF is not in a position to ensure that there is no double counting in the overall number of beneficiaries reached in the health sector.

UNFPA

- The main focus of the project was the provision of sexual and reproductive health care to IDPs and host communities. 27 reproductive health (RH) kits have been provided to health facilities in Borno and Yobe States. Based on the catchment population of the assisted health facilities, the number of people who can be served by the RH kits, and taking into account referral systems, the project created access to SRH for a total population of 200,000 people (age and sex breakdown is given in the table). Primary health facilities serving different IDP camps and communities have been focused for beneficiaries' estimation to avoid double counting.

WASH

UNICEF

- The issue of double counting has been addressed by ensuring that partners work in different geographical areas. Thus different IDP groups were supported by different partners. For example, the two NGOs engaged in the WASH response work in different locations: Oxfam works in Maiduguri while Caritas Nigeria works in Damaturu. Also, where multiple interventions take place - e.g. water supply, sanitation, and hygiene - the population of the beneficiary IDPs are counted once.

- As there were other humanitarian actors in the project area, the coordination of sector activity responses resulted in the complementarity of actions in a number of locations. For example, where IDPs had already received hygiene kits from some actors, basic water kits were distributed to complement the hygiene kits, or where water supply already existed, latrines were constructed to complement them. This resulted in savings that allowed partners to reach more IDPs than originally planned. The practicality of the situation on the ground necessitated this approach. Also the hygiene education messages broadcasted through the radio stations covered the entire IDP and host community populations of Maiduguri and Damaturu.

PROTECTION

UNICEF (Child Protection)

- The main focus of the project was psychosocial support, which was provided in child friendly spaces (CFSs) to 10,165 children (4050 girls, 6115 boys). Each child friendly space (CFS) maintains daily records of the number of children attending and newly-participating children. These are consolidated by the supervisors (12), supported by the two consultants recruited under the project. UNICEF then collates data across the two project states. The validity of the beneficiary numbers was checked through regular monitoring visits (24) and ad hoc spot checks, during which head counts were undertaken to compare with CFS records. This project provided a service which is distinct from all other agencies implementing projects under the CERF funding. Therefore, there is no possibility of double counting for the number of beneficiaries reached.

UNFPA

- The GBV prevention and response intervention had primary beneficiaries and indirect beneficiaries. It reached 9,932 beneficiaries for direct interventions. These include vulnerable women and girls who received dignity kits, beneficiaries sensitized on GBV prevention and response, survivors who received clinical management of rape, and community sensitizers trained and equipped for community sensitization. Age and sex breakdown is given in the above table. The rape survivors and the community sensitizers were among those who also benefited from the sensitization and distribution of dignity kits and thus are counted only once. Both the 56 health workers trained in the clinical management of rape and the wider communities in the target areas are considered as indirect beneficiaries, and thus are not included into the figure.

IOM

- 12,339 people were reached, consisting of 5,326 children under 18, and 7,013 adults. 7,036 were female and 5,303 were male. These people benefited from at least one of the psychosocial activities delivered under the project. A higher percentage than initially anticipated was female. Participation in activities was recorded at each session by the mobile teams, and consolidated and cross-checked for double counting by the team leaders and project coordinator where a person participated in multiple activities. The beneficiary numbers were checked and monitored through regular field visits and ad hoc spot checks.

UNHCR

- Interventions reached 1,350 IDP households in Yobe and Borno states. This includes 8,100 individuals of 5,300 female and 2,800 males. 3,000 of the total beneficiaries are children.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING[2]

	Children (< 18)	Adults (≥ 18)	Total
Female	155,561	272,433	427,994
Male	133,961	241,521	375,482
Total individuals (Female and male)	289,522	513,954	803,476

[2] *Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors.*

CERF RESULTS

HEALTH

WHO

- Diarrhoeal kits including 6 IDDK basic module, 34 IDDK infusion module, 20 IDDK support module and 20 IDDK support module were procured and distributed to 21 health facilities in the four target LGAs in Yobe and Borno states. Each module contains supplies for management of up to 100 patients. In addition, 400 cholera test kits were distributed to 22 health facilities. A total of 24,900 doses of broad spectrum antibiotics and analgesics were distributed to 20 IDP camps.
- Capacity of 87 surveillance officers (epidemiologists and disease surveillance and notification officers) was built in surveillance through early warning systems in humanitarian emergency settings. The trained surveillance officers conducted daily surveillance and register reviews in IDP camp clinics and the target PHCs in host communities. Weekly supportive supervision was conducted by WHO cluster consultants, and a weekly epidemiological report on epidemic-prone diseases was shared with all stakeholders
- An outbreak of cholera was detected and confirmed within 24 hours through the established early warning system. Cumulatively, 1039 cases with 18 deaths were recorded from 11 IDP camps and surrounding host communities. The case fatality rate was reduced from 6.4% at the beginning of the outbreak to 1.7% at the end of the outbreak. This achievement was due to effective case management and the availability of cholera treatment kits, medicines, supplies and cholera test kits already prepositioned before the outbreak started. This facilitated detection and prompt response, thereby preventing delay in diagnosis and commencement of appropriate treatment. In addition, an outbreak of measles was also detected and controlled in NYSC IDP camp in Maiduguri. A total of 40 cases with 2 deaths were recorded among children under 5. Cumulatively, 346 children at risk were vaccinated with the measles vaccine.
- Security challenges impeded access to some of the targeted LGAs, such as Chibok and Biu, which caused some delay in project implementation in these LGAs. However, following intensified military operations, access eventually improved.

UNICEF

- The procurement and distribution of 150 emergency health kits to the 20 health facilities that were supported (17 in Borno and 3 in Yobe States), as well as 40,000 safe delivery kits, 116 midwifery kits (drugs) and 143 midwifery kits (renewable), ensured that these health centres were better equipped to provide basic emergency MNCH services. However, because of the ongoing insurgency and military operations, access to the two health facilities in Biu and Chibok LGAs was not possible and the emergency health kits intended for Biu and Chibok were deployed to the clinics in the IDP camps in Maiduguri Metropolitan Council and used to provide services for the IDPs there, some of whom were from the displaced communities in these two LGAs. This also affected the number of pregnant women and children under 5 reached with long lasting insecticide nets (LLINs): 43,702 LLINs have so far been distributed for use by pregnant women and children under 5, which is slightly lower than the planned total of 50,000. The remaining nets are being distributed in the newly-established IDP camps in Borno State.
- The Ante-Natal Care (ANC) attendance was planned to reach 65% of pregnant women but only 53% could be reached. The reason for this is the dynamic nature of the population and the frequent displacements that have resulted in a lower frequentation of the health centres in the more insecure areas. This also affected the number of women, girls, boys and men reached with improved MNCH services. A total of 194,591 people (103,562 females and 91,029 males) were reached with primary health care services, out of which 89,972 were children under 18 (43,670 females and 39,302 males). This is lower than 250,000 initially planned for. They were reached through the health clinics provided in the IDP camps and through supported health facilities.
- Coordination for emergency primary health care (PHC) service delivery was strengthened through providing support to partner coordination meetings, and conducting integrated supportive supervision (ISS). The ISS visits enabled identification of gaps in PHC in collaboration with partners, which could then be addressed. This support was instrumental in building the capacity of PHCDA to coordinate the health emergency response at the state level (Borno and Yobe). Four sessions of quarterly ISS were conducted in the supported health facilities instead of six as a result of the insecurity in southern Borno, which made some areas accessible.

UNFPA

- 27 kits containing 262 cartons of reproductive health supplies, equipment and drugs had been provided to IDP camp clinics and host community health facilities. These included supplies necessary for the provision of essential reproductive health services including safe delivery, management of survivors of sexual violence, treatment of STIs, and HIV prevention.
- 37 frontline health workers had also been trained on the minimum initial service package on reproductive health in humanitarian settings to ensure appropriate and principled service provision.

- Access to local populations and communities was a challenge in the implementation and effective monitoring of the programme.

WASH

UNICEF

- Hygiene education messages were aired through radio stations in Maiduguri and Damaturu for about 32 days. In Damaturu, Radio Sunshine was able to air hygiene messages for close to twice as long as the planned 32 days. The airing of hygiene messages in Maiduguri was used to address the suspected cholera outbreak in the town, which occurred after the proposal had been prepared. The radio broadcast covered the entire IDP and host community populations of Maiduguri and Damaturu. The airing of hygiene messages was complemented with community dialogues with IDPs, and the orientation of religious and traditional leaders for the promotion of key household hygiene practices in their interactions with community members.
- A total of 6,109 households benefitted from the family hygiene and dignity kits while 5,000 households benefitted from the basic family water kits. About 20,000 people benefitted from 360 emergency latrines and 16 blocks of 5-compartment ventilated improved (VIP) latrines constructed using largely local materials. Separate latrines were constructed for women and men. About 77,200 people also benefited from the 65 rehabilitated water systems and the construction of 20 hand pump boreholes. IDP volunteers were involved in the service delivery activities.
- UNICEF supported the establishment of WASH in emergency working groups in Borno and Yobe States, which resulted in the strengthened coordination of WASH interventions. The coordination of sector stakeholders on the ground enabled the maximization of the CERF contribution in reaching larger number of IDPs.
- Overall, 116,705 IDPs and host community members were estimated to have benefitted from the project, of whom 60% were women and children and 40% men and adults. Approximately 38% of the beneficiaries were IDPs living in camps while 62% consisted of IDPs and host community members living in the host communities.

PROTECTION

UNICEF (Child Protection)

- As planned, the project provided psychosocial support services to children who had been displaced or otherwise affected by the conflict. The project reached and improved the psychological well-being of 10,165 children (6,115 boys and 4,050 girls). While the number of beneficiaries reached falls short of the 20,000 envisaged, given that the security situation significantly deteriorated and access was extremely limited for the first five months of the project in the four target LGAs (Potiskum and Damaturu in Yobe, Bayo and Kwaya Kusa in Borno), the number reached is significant. A total of 20 trainers were trained in Borno and Yobe, who cascaded the training to 124 community volunteers (35 females and 89 males) in the four target LGAs, to provide psychosocial support in 60 child friendly spaces. Based on the results of the project, additional funding was secured to enable all of the child friendly spaces to continue functioning for a further 12 months.

IOM

- IOM rapidly expanded the Psychosocial Support Programme, establishing three mobile teams to reach a total of 12,339 people in Maiduguri with targeted psychosocial support, and referrals where necessary (12 referrals to the neuropsychological hospital made in total). The establishment and training of psychosocial mobile teams resulted in the speedy identification of the psychosocial needs of the displaced population in Maiduguri camps, and immediate response in the form of lay counselling, focus group discussions, recreational activities and follow up sessions, as well as referrals.
- 112 recreational activities were conducted (designed with the participation of affected people, and in consultation with a national NGO, Playback Nigeria, to ensure cultural sensitivity and effectiveness); 263 focus group discussions were held on topics led by the participants; 102 outreach activities were conducted, including family visits (for those separated across camps) and follow up visits where required. 12 cases received consistent follow up. 598 people received lay counselling.
- 50 people, including the 15 members of the PSS mobile teams and 35 camp managers/coordinators and relevant stakeholders, received training in the provision of emotional and practical support, as well as PFA and Do-No-Harm, through the relevant IASC guidelines for MHPPS and camp management.

UNFPA

- 5,000 female dignity kits were procured and distributed with the support of the project. Out of 4,000 kits dispatched to Borno State, 3,000 were distributed to target beneficiaries through 14 supported health facilities, while 1,000 were distributed to target IDPs residing in camps within Maiduguri. The distribution of the kits was accomplished alongside identification and registration of IDPs. This enabled a focus on the most vulnerable women and young girls.

- The capacities of 56 health care workers were strengthened to clinically manage and treat rape survivors. As a result, 151 survivors of sexual violence accessed services on CMR.
- 83 community volunteers (consisting of CSO and government agencies) had been trained to undertake 100 sessions of community sensitizations that reached about 4,932 persons (including women, men, young persons and children). The increased number of persons reached for the community sensitization initiative is as a result of the vigorous mobilization of target beneficiaries through the use of community leaders and opinion leaders in collaboration with government partners.
- Access to local populations and communities was a challenge in the implementation of the programme. The silence and sensitivity around sexual violence is also a major obstacle for reporting and treatment. It is important that future planning of projects integrates identification and mobilization of SV survivors as a key component, in order for them to access treatment.

UNHCR

- The CERF project targeted identification and distribution of basic household and hygiene items to very vulnerable IDPs in Yobe and Borno states. The implementation reached 8,100 individuals made of up of 3,300 women. Provision of basic domestic and hygiene items targeting vulnerable populations mitigated exposure to the risk of SGBV among the women and restored dignity to 1,350 IDP households, and served as an accompanying protection intervention in the selected communities. There was no significant discrepancy between planned activities and implemented activities. UNHCR remained within the planned activities and targets even though there are additional needs as the situation is rapidly evolving and displacement increasing in these locations.
- The intervention also increased the capacity of 166 data collectors to effectively define the vulnerability factors and identify the vulnerable IDPs for the profiling/registration exercise. As a result, reliable and quality data relating to IDPs in Borno and Yobe state was produced. In addition, people with specific needs were referred onwards and the required support rendered to them.

CERF's ADDED VALUE

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

HEALTH

WHO Yes

- The CERF fund was used to establish an early warning system and built capacity of surveillance officers, which facilitated early detection of outbreaks of cholera and measles in IDP camps.
- The diarrhoeal kits, cholera test kits, medicines and supplies procured and prepositioned in IDP camps and PHCs provided an opportunity for the early commencement of treatment, which led to a significant reduction in the case fatality rate during the outbreak response.

UNICEF Yes

- The CERF fund was used to procure supplies and equipment that were critical in providing emergency services to the IDPs and host communities as well as training health workers who could then be rapidly deployed to improve the capacity of the health facilities to deliver services.
- Once the supplies and equipment had been ordered using the CERF funds UNICEF was able to borrow some of these supplies and equipment from other programmes whilst waiting for delivery, which enabled IDPs and host communities to receive PHC immediately.

UNFPA Yes

- RH: The funding helped to scale up the response to meet the minimum initial service package for reproductive health in humanitarian settings (MISP). It also helped to fill in critical service gaps.
- It closed gaps for funding and ensured an accelerated and sustained response to the protection needs of vulnerable women and girls.

WATER, SANITATION AND HYGIENE

UNICEF Yes

- The CERF fund was very timely as the humanitarian situation was rapidly deteriorating, including a suspected cholera outbreak that occurred at approximately the same time. The availability of CERF funds enabled the WASH sector to quickly respond to the situation.

PROTECTION

UNICEF Yes

- Once the security situation allowed for access, the programme was rapidly implemented and beneficiaries were quickly reached.

IOM Yes

- The CERF funds allowed IOM to rapidly expand the Psychosocial Support Programme to reach a total of 12,339 people in Maiduguri with targeted psychosocial support, and referrals where necessary (12 referrals made in total). The establishment and training of psychosocial mobile teams resulted in the speedy identification of the psychosocial needs of the displaced population in Maiduguri camps, and an immediate response in the form of lay counselling, focus group discussions, recreational activities and follow up sessions, as well as referrals.

UNFPA Yes

- The initiatives supported by the project enabled wider reach and better response to the growing protection needs of IDPs. It complemented existing funding support and helped to speed up response time.
- The funds enabled the operation of a continuum of provision of services, and improved the capacity of the beneficiary population to access information and services to mitigate the impact of displacement.
- The funds also contributed to the strengthening of the capacity of national actors to prevent and respond to GBV, especially rape. In addition, GBV education and sensitization activities enabled community action to utilize indigenous mechanisms to prevent SGBV.

UNHCR Yes

- UNHCR was able to collect reliable and credible data of persons with special needs in 30 LGAs in Borno and Yobe states. This enabled a wider reach in communities, and improved access to protection assistance and coordinated and integrated life-saving NFI and other assistance for the most vulnerable communities.

b) Did CERF funds help respond to time critical needs[1]?
YES ☒ PARTIALLY ☐ NO ☐

HEALTH

WHO Yes

- As stated earlier, the fund helped in the early reporting and detection of the outbreak of epidemic-prone diseases (cholera and measles) in IDP camps, and facilitated the prompt response that led to the early containment of outbreaks and prevented further spread of the outbreaks, reducing morbidity and mortality.

UNICEF Yes

- As described above the CERF funds were used to provide urgent emergency health services including supporting deliveries in camps. Without these funds the emergency integrated measles campaigns that were conducted in the IDP camps at the outset of the outbreak would have been difficult, and time would have been lost mobilising resources.

[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.).

UNFPA Yes

- The funds helped to address the essential reproductive health needs of vulnerable women among IDPs and host communities. Women in situations of constant mobility or the extreme restriction of mobility as a result of safety concerns may lack the capacity to assure health care providers whether their basic reproductive health needs are being met.

WASH

UNICEF Yes

- The time-critical need for hygiene education and the chlorination of the water supply as part of the containment of/response to the suspected cholera outbreak helped to check the spread of the disease and saved lives.

PROTECTION

UNICEF (Child Protection) Yes

- Provision of psychosocial support to children and families strengthens the protective environment for children against serious violations of their rights such as abduction, recruitment and sexual violence that were affecting those communities, and enables their welfare and wellbeing to be monitored. However, the delay in implementation of the programme meant that this critical support took longer to reach the beneficiaries than originally envisaged.

IOM Yes

- The CERF funds helped in supporting vulnerable populations to better cope with a distressing time, putting in place a system of response to early warning signals (referral pathways) that contributed to reducing post-crisis recovery times and increasing the capacity of national actors to provide emergency psychosocial support.

UNFPA Yes

- The funds helped to address essential protection, dignity and reproductive health needs of vulnerable women, both among IDPs and in host communities. Women in situations of constant mobility or extreme restriction of mobility as a result of safety concerns may lack the capacity to assure health care providers whether their dignity, protection and basic reproductive health needs are met.

UNHCR Yes

- CERF funds enabled improved access to protection assistance through referral mechanisms and coordinated and life-saving NFI and other assistance for displaced communities. Profiling of the most vulnerable IDP communities that covered most communities (30 in total) enabled strengthening of the protective environment and collection of reliable data that enhanced provision of assistance.

c) Did CERF funds help improve resource mobilization from other sources?
YES ☒ PARTIALLY ☐ NO ☐

HEALTH

WHO Yes

- The CERF fund was an entry point for the response to the humanitarian emergency in the North-East. It was used for the initial phase of the response before additional funds were mobilized from USAID (USD 3.3 M) to scale up interventions in reproductive health and surveillance in Yobe, Borno and Adamawa states.

UNICEF Yes

- The CERF fund was used to provide emergency primary health care services for the IDPs in the camps, which contributed significantly to the reduction of morbidity and mortality among the IDPs. The model developed using CERF funds was used to mobilise funds from USAID (USD1,453,039) for scaling up the health interventions for IDPs living in both camps and host communities.

UNFPA Yes

- CERF funds contributed to further fund mobilization for UNFPA's humanitarian operation in the North-East. UNFPA utilized the CERF grant and other ongoing interventions to leverage additional funding. During the period a grant was received from USAID. This grant is for a wider response package with a total budget of USD3.39 million.

WASH

UNICEF Yes

- CERF funds paved the way for provision of other funds. The CERF-funded response highlighted the response that needed to be provided, and the inadequacy of available resources. Funds were later received from the USAID (OFDA) (USD680,000) and ECHO (USD610,021.79).

PROTECTION

UNICEF (Child Protection) Yes

- CERF funding allowed the community-based psychosocial support model to be expanded to LGAs. The expansion enabled the community-based model to be further tested, demonstrating its effectiveness in rapidly reaching large numbers of children in conflict-affected communities. The results assisted in securing USD 2,029,346 funding to continue the programme in all four LGAs and to expand the programme in both Borno and Yobe States to reach an additional 120 communities.

IOM Yes

- Following the CERF funds, which allowed the mobile teams to be quickly established and operational, additional resources were mobilised through Germany (USD 480,301) and France (USD 181,466) in order to expand IOM psychosocial support in the North-East. This enabled the programme to further expand into Adamawa State, where a massive influx of IDPs arrived early this year.

UNFPA Yes

- CERF funds contributed to further fund mobilization for UNFPA's humanitarian operation in the North-East. UNFPA utilized the CERF grant and other ongoing interventions to leverage additional funding. During the period a grant was received from USAID. The grant is for a wider response package with a total budget of USD3.39 million.

UNHCR Yes

CERF helped UNHCR to get further funding from ECHO, amounting to USD $500,000. The activities encouraged other donors to provide additional funding in areas not covered by CERF and to further expand on some of the CERF activities.

d) Did CERF improve coordination amongst the humanitarian community?
YES ☒ PARTIALLY ☐ NO ☐

HEALTH

WHO Yes

- Coordination among the health sector partners was enhanced through the CERF projects. The three projects in the health sector run by WHO, UNFPA and UNICEF were delivered in a coordinated manner targeting the same PHCs in four LGAs in Yobe and Borno states, and delivering different interventions according each agency's area of comparative advantage. Coordination meetings were also held to monitor progress in implementing the projects.

UNICEF Yes

- The CERF was used to support the monthly health sector meetings among organizations providing health interventions at the state level (Borno and Yobe), which contributed to improved coordination and partnership among the various actors.

UNFPA Yes

- The grants supported improved coordination and collaboration among humanitarian actors, including government partners and NGOs. Implementation coordination platforms required partners to provide progress reports that outlined performance, challenges, best practices and lessons learnt. This helped eliminate duplication, reinforce learning and strengthen cooperation among key actors.

WASH

UNICEF Yes

- With the initiation of CERF-funded WASH activities, other actors started to come into the project area. This enabled UNICEF to initiate WASH sector coordination activities in Borno and later in Yobe State that did not exist at the time of the CERF proposal.

PROTECTION

UNICEF No

- There were no child protection partners operating at the time the CERF proposal was developed and implemented.

IOM Yes

- With different agencies operating under the CERF funds, activities were able to be coordinated from the outset as use of the funds was planned among the agencies, requiring coordination to avoid overlap. Having personnel on the ground has enabled ongoing active engagement with sector partners and other humanitarian stakeholders. Information gathered by the psychosocial mobile teams has been shared as appropriate to inform other actors in the response.

UNFPA Yes

- The grants supported improved coordination and collaboration among humanitarian actors, including government partners and NGOs. Implementation coordination platforms required partners to provide progress reports that outlined performance, challenges, best practices and lessons learnt. This helped eliminate duplication, reinforce learning and strengthen cooperation among key actors.

UNHCR Yes

- The programme enabled a wide coverage multi-partner assessment of the most vulnerable populations, reaching populations in 15 LGAs in Borno and 15 in Yobe (total 30 LGAs), most of which had not yet been reached due to security reasons. This was possible through working with NEMA, SEMA, NRCS and host community leaders, and resulted in the collection of reliable and credible data that will enhance planning for providing assistance to the most affected communities.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
There is a need to improve the flexibility of the CERF programming framework to ensure that major rapid changes in the humanitarian context are taken into consideration	Programming framework to include the intention to take into consideration the fact that project locations and beneficiary focus (e.g. IDPs vs returnees) can be changed during CERF grant period in line with a change in the dynamics of the humanitarian situation.	CERF Secretariat
Common understanding of the purpose and intent of CERF should be promoted.	Ensure outreach at all levels for countries preparing CERF applications.	CERF Secretariat, agency HQs
Flexibility to respond to the changing needs of the target population, especially in terms of location	To allow more flexbility in the implementation of the CERF in terms of geographical coverage, especially as the population starts to move haphazardly back to their communities. Need to consider plans focusing on IDPs rather than geographical areas.	CERF Secretariat

Capacity building is critical	Allow capacity building, especially of government partners, to be included in the CERF proposals.	CERF Secretariat
The rapidly-changing security situation affects timely acess to populations, leading to ad hoc, unprecedented population movements.	Increased flexibility of CERF programming to absorb rapid changes.	CERF Secretariat
The humanitarian situation is still evolving and needs flexibility, especially in target locations.	There is need to allow some flexibility in terms of project location	CERF Secretariat

ABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Conduct a CERF guidelines familiarization training	Conduct a CERF guidelines familiarization training	HCT
Be more decisive about sector allocations	Decide as early as possible on sector allocations and stick to them, so that sectors are able to plan in the very short time frame based on a known overall sector budget, as last minute changes creates many problems.	HCT
Strengthened capacity for project coordination through conducting regular project review meetings with all stakeholders and government staff.	Regular project review meetings to be held with government, other implementing partners and affected people to promote ownership, and accountability, and to ensure project implementation is effectively and efficiently coordinated among the various partners.	HCT
The rapidly-changing security situation affects timely access to populations, leading to ad hoc, unprecedented population movements.	Increased flexibility of CERF programming to absorb rapid changes.	CERF Secretariat
The CERF prioritization process should be based on needs, and in line with the purpose and intent of CERF.	A mechanism such as sector coordinator defences of proposed sectoral use of CERF funds to the HCT could be used, to inform their decisions on prioritization and allocations.	HCT
CERF prioritization process should be based on needs backed up with evidence.	There is a need to conduct a multi-sectoral assessment that will provide information on the humanitarian needs in all states.	HCT

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF	5. CERF grant period:	22.10.14 – 30.06.15
2. CERF project code:	14-UFE-CEF-131	6. Status of CERF grant:	☐ Ongoing ☒ Concluded
3. Cluster/Sector:	Health		
4. Project title:	Emergency Primary Health Care Services through Convergence Intervention in two North-Eastern States of Nigeria		

7.Funding			
	a. Total project budget:	US$ 12,982,247	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US$ 2,192,592	▪ *NGO partners and Red Cross/Crescent:*
	c. Amount received from CERF:	US$ 348,168	▪ *Government Partners:* US$ 348,168

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*			*Reached*		
	Female	*Male*	*Total*	*Female*	*Male*	*Total*
Children (< 18)	50,000	50,000	100,000	43,670	39,302	82,972
Adults (≥ 18)	75,000	75,000	150,000	59,892	51,727	111,619
Total	125,000	125,000	250,000	103,562	91,029	194,591

8b. Beneficiary Profile

Category	*Number of people (Planned)*	*Number of people (Reached)*
Refugee		
IDPs	165,000	137,987
Host population	85,000	56,604
Other affected people		

Total (same as in 8a)	250,000	194,591
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	Not all the targeted IDPs were reached, due partly to the limited access to the two health facilities in Biu and Chibok LGAs as a result of the ongoing insurgency and military operations during the period under review. The emergency health kits intended for these LGAs were deployed to the clinics in the IDP camps in Maiduguri Metropolitan Council and used to provide services for the IDPs there, some of whom were from displaced communities in the two LGAs. 194,591 people were reached including those reached by the clinics within the IDP camps. Not all the IDPs in Biu and Chibok LGAs relocated to MMC, some moved out of Borno State to other states up to as far as FCT while some were initially trapped in their communities and couldn't move out or be reached during the project period. The dynamic nature of the population and the frequent displacements resulted in a situation in which there is a lower number of IDPs in the camps than anticipated.	

CERF Result Framework			
9. Project objective	Provide emergency primary health care services through convergence interventions for 250,000 IDPs and host communities in two North-East states of Nigeria		
10. Outcome statement	Increase the proportion of pregnant women that are delivered by skilled health personnel and immunize 80% of children under 5 that are in IDP camps,		
11. Outputs			
Output 1	22 health facilities equipped to provide emergency basic MNCH services		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	% ANC attendance	65%	53%
Indicator 1.2	Number of pregnant women and children under 5 that have received LITNs	50,000	43,702
Indicator 1.3	Number of health care workers trained	44	44
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Distribute LLITNs and anti-malarials to identified health facilities in 4 LGAs	State Ministry of Health (SMOH) and State Primary Health Care Development Agency (SPHCDA)	State Ministry of Health (SMOH) and State Primary Health Care Development Agency (SPHCDA)
Activity 1.2	Distribute emergency health kits	SMOH, SPHCDA and UNICEF	SMOH, SPHCDA and UNICEF
Activity 1.3	Train HCWs on EMONC	SMOH and UNICEF	SPHCDA and UNICEF
Output 2	250,000 women, girls, boys and men reached with improved MNCH service delivery		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of children reached with emergency PHC services	50,000	50,000

Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Operate health clinics to provide emergency PHC services in IDP camps	SMOH, SPHCDA and UNICEF	SMOH, SPHCDA and UNICEF
Output 3	Strengthen LGA coordination for emergency PHC service delivery		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of Integrated Supportive Supervision (ISS) visits conducted	6	4
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Support the conduct of ISS visits to identified HFs	SMOH, SPHCDA and UNICEF	SMOH,SPHCDA and UNICEF

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Output 1: 22 Health Facilities Equipped to Provide Emergency Basic Emergency MNCH Services

The procurement and distribution of 150 emergency health kits to the 20 health facilities being supported (17 in Borno and 3 in Yobe State) as well as 40,000 safe delivery kits, 116 midwifery kits (drugs) and 143 midwifery kits (renewable), ensured that these health centres were better equipped to provide basic emergency MNCH services. However, because of the ongoing insurgency and military operations, access to the two health facilities in Biu and Chibok LGAs was not possible so the emergency health kits intended for Biu and Chibok were deployed to the clinics in the IDP camps in Maiduguri Metropolitan Council and used to provide services for the IDPs there, some of whom are from the displaced communities in these two LGAs. This also affected the number of pregnant women and children under 5 reached with long-lasting insecticide nets (LLINs). 43,702 LLINs have so far been distributed for use by pregnant women and children under 5, which is slightly lower than the planned total of 50,000. The remaining nets are being distributed in the newly-established IDP camps in Borno State.

Output 2: 250,000 women, girls, boys and men reached with Improved MNCH Service Delivery

53% of pregnant women attended Ante-Natal Care (ANC), against the planned target of 65%. The reason for this is the dynamic nature of the population and the frequent displacements, which resulted in a lower number of women being able to visit the health centres in the more insecure areas. This also affected the number of women, girls, boys and men reached with improved MNCH services. A total of 194,591 people (103,562 females and 91,029 males) out of which 89,972 were children under 18 years (43,670 females and 39,302 males) were reached with primary health care services, through the health clinics provided in the IDP camps and through the supported health facilities. This is lower than 250,000 initially planned for.

Output 3: Strengthened LGA Coordination for Emergency PHC service delivery

Coordination for emergency primary health care (PHC) service delivery was strengthened through supporting coordination meetings between partners, and conducting Integrated Supportive Supervision (ISS). The ISS visits enabled the identification of gaps in PHC in collaboration with partners, which could then be addressed. This support was instrumental in building the capacity of SPHCDA to coordinate the health emergency response at the ctate level (Borno and Yobe). Four sessions of quarterly Integrated Supportive Supervision were conducted in the supported health facilities instead of six as a result of the insecurity in southern Borno, which was not accessible to humanitarian partners.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
The project was designed based on the needs identified during a rapid assessment conducted among stakeholders, including the IDPs and members of the host population. The implementation and monitoring of the project was headed by the government in close collaboration with the representatives of the affected population through the camp coordination committee and the health facility management committee, while UNICEF provided technical support.	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
No evaluation was done. However, field level monitoring and supervision activities were carried out by staff based in the UNICEF Bauchi and Maiduguri offices. Abuja provided technical support for the field monitoring and supervision activities.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF	5. CERF grant period:	23.10.14 – 30.06.15
2. CERF project code:	14-UFE-CEF-132	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Water, Sanitation and Hygiene		☒ Concluded
4. Project title:	WASH Life-Saving Response for IDPs in the North-East		

7.Funding				
	a. Total project budget:	US$ 19,400,790	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 3,138,881	▪ *NGO partners and Red Cross/Crescent:*	US$ 293,729
	c. Amount received from CERF:	US$ 1,300,000	▪ *Government Partners:*	US$ 180,393

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*			*Reached*		
	Female	*Male*	*Total*	*Female*	*Male*	*Total*
Children (< 18)				39,038	30,000	69,038
Adults (≥ 18)				29,802	17,203	47,005
Total	20,000	10,000	30,000	68,840	47,203	116,043

8b. Beneficiary Profile

Category	*Number of people (Planned)*	*Number of people (Reached)*
Refugees		
IDPs	19,500	44,044
Host population	10,500	71,999[2]
Other affected people		

[2] IDPs and host community population.

Total (same as in 8a)	30,000	116,043
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The population situation in the project area has been rather dynamic. Since the commencement of the project the total IDP population has increased from about 650,000 to about 1.5 million, with Maiduguri alone presently recording about one million IDPs. The greatest increase in the population happened during the project period, resulting in grossly increased needs. Savings made from the almost 20% depreciation of the local currency, a change in the hygiene kit type, and reduced freight were used to procure additional supplies and services for the benefit of more IDPs than earlier planned. For example, many more IDPs were reached with family hygiene and dignity kits and emergency latrines. Efforts were made to reduce double counting by ensuring that partners worked in different locations. Thus different IDP groups were supported by different partners. For example, the two NGOs engaged in the WASH response worked in different locations: Oxfam worked in Maiduguri while Caritas Nigeria worked in Damaturu. Also, where multiple interventions took place - e.g. water supply, sanitation, and hygiene - the population of the beneficiary IDPs is counted once rather than an aggregate for all interventions. However, as there were other humanitarian actors in the project area, the coordination of sector response activities resulted in the complementarity of actions in a number of locations. For example where IDPs had already received hygiene kits from some actors, basic water kits were distributed to complement the hygiene kits, or where water supply already exists, latrines were constructed to complement them, etc. This resulted in savings that allowed partners to reach more IDPs than originally planned. The practicality of the situation on the ground necessitated this approach. Also the hygiene education messages broadcasted through the radio stations covered the entire IDP and host community populations of Maiduguri and Damaturu. UNICEF supported the establishment of WASH in Emergency Working Groups in Borno and Yobe States, which resulted in the strengthened coordination of WASH interventions. The coordination of sector stakeholders on the ground enabled maximization of the CERF contribution in reaching a larger number of IDPs while maintaining accepted standards (Nigerian standards for WASH in Emergency), and the quality of interventions.	

CERF Result Framework			
9. Project objective	Deliver coordinated and integrated life-saving assistance to people affected by emergencies.		
10. Outcome statement	5,000 households affected by conflict in the North-East region of Nigeria had improved access to life-saving water and sanitation services by August 2015.		
11. Outputs			
Output 1	Hygiene practices promoted among affected population, including school children.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	No. of days hygiene messages were aired	32	32
Indicator 1.2	No. of households reached by volunteers	5,000	6,109 HHs
Indicator 1.3	No. of households provided with hygiene kits	5,000	6,109 HHs
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Air 265 spots of hygiene education messages on electronic media for 32 days	UNICEF/Borno FRCN and Sunshine Damaturu	UNICEF/Borno FRCN (Peace FM), Borno Radio Television (BRTV), and Radio Sunshine Damaturu
Activity 1.2	Promote hygiene in affected households and schools using volunteers	Oxfam, Caritas, UNICEF/RUWASAs	Oxfam, Caritas, UNICEF/RUWASAs
Activity 1.3	Provide 5,000 households with hygiene kits	Oxfam, Caritas, UNICEF/RUWASAs	Oxfam, Caritas, UNICEF/RUWASAs
Output 2	250 household latrines and 10 3-compartment ventilated improved pit latrines for IDP camp locations (separate for women/girls and men/boys) constructed		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	No. of local artisan teams trained	20	50
Indicator 2.2	No. of household latrines constructed	250	360
Indicator 2.3	No. of 3- compartment ventilated improved latrines with special provision for disabled access	10	16
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Provide one-day latrine construction orientation for 20 local artisans teams	Oxfam, Caritas, UNICEF/RUWASAs	Oxfam, Caritas, UNICEF/RUWASAs
Activity 2.2	Construct 250 household latrines	Oxfam, Caritas, UNICEF/RUWASAs	Oxfam, Caritas, UNICEF/RUWASAs
Activity 2.3	Construct 10 3-compartment ventilated improved latrines	UNICEF/RUWASAs	UNICEF/RUWASAs
Output 3	100 water sources including boreholes, dug-wells, pumps, and aprons rehabilitated and disinfected		

Output 3 Indicators	Description	Target	Reached
Indicator 3.1	No. of water sources rehabilitated	100	85 (65 rehabilitated plus 25 new boreholes)
Indicator 3.2	No. of local mechanics provided orientation on Village Level Operation & Maintenance (VLOM)	20	34
Indicator 3.3	No. of affected households provided with basic water kits	5,000	5,000
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Rehabilitate pumps, aprons, and disinfect 100 water sources	Oxfam, Caritas, UNICEF/RUWASAs	Oxfam, Caritas, UNICEF/RUWASAs
Activity 3.2	Provide one-day village level operation and maintenance (VLOM) of hand-pumps orientation to local mechanics	UNICEF/RUWASAs	UNICEF/RUWASAs
Activity 3.3	Provide 5,000 affected households with basic water kits	Oxfam, Caritas, UNICEF/RUWASAs	Oxfam, Caritas, UNICEF/RUWASAs

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Output 1: Hygiene practices promoted among affected population including school children

In Yobe, Radio Sunshine was able to air hygiene messages for two months (close to twice the 32 days planned). The airing of hygiene messages in Borno was also used to address the suspected cholera outbreak in Maiduguri that occurred after the proposal had been prepared. The radio broadcast covered the entire IDP and host community populations of Maiduguri and Damaturu. The airing of hygiene messages was complemented by community dialogues with IDPs and the orientation of religious and traditional leaders for the promotion of key household hygiene practices.

Savings made from the almost 20% depreciation of the local currency, a change in the hygiene kit type, and reduced freight were used to procure additional supplies and services for the benefit of more IDPs than originally planned.

Output 2: 250 household latrines and 10 3-compartment ventilated improved pit latrines for IDP camp locations (separate for women/girls and men/boys) constructed

360 household latrines were constructed using zinc sheets and tarpaulin materials for the superstructure. Of the 81 latrines constructed in Damaturu, some were constructed in public places, including schools, open fields, and markets. Apart from the household latrines, 16 blocks of 5-compartment ventilated improved pit latrines (VIP) were also constructed.The savings made from the depreciation of the local currency allowed for a considerable increase in the number of latrines constructed against the total number planned.

Output 3: 100 water sources including boreholes, dug-wells, pumps, and aprons rehabilitated and disinfected

The last-minute change of budget from US$1.5 million to US$1.3 million resulted in a reduction of the budget for water sources, which was reflected in the budget but not in the results table. US$1.5 million would have provided 100 water sources, which should have been reduced to 70 water points with the budget reduction. However, it was possible to provide/rehabilitate 85 water points in Borno and Yobe States. These comprised 42 hand pumps, 4 solar, and 39 motorized boreholes. 47 of the water points were in Maiduguri while 38 were in Yobe state as a result of savings made from the depreciation of the local currency.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:
The plan for the project was informed by the report of the joint multi-agency 2014 Humanitarian Needs Assessment, which consulted IDPs on their needs through the use of questionnaires, focus group discussions, and key informant interviews. During the implementation of the project, some IDPs volunteers were trained to participate in the delivery of hygiene messages, distribution of family hygiene and dignity kits and basic family water kits, construction of latrines, and operation and maintenance of water schemes.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
No evaluation was done. However field-level monitoring and supervision activities were carried out by staff based in the UNICEF Bauchi and Maiduguri offices. In addition, a standby partner staff based at the Abuja UNICEF Office provided technical support for the field monitoring and supervision activities. Project management meetings were held in Abuja and Maiduguri to ensure that project results were achieved.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF	5. CERF grant period:	22.10.14 – 30.06.15
2. CERF project code:	14-UFE-CEF-133	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Child Protection		☒ Concluded
4. Project title:	Community-based psychosocial support for boys, girls and families affected by the ongoing insurgency in Borno and Yobe States		

7.Funding			
	a. Total project budget:	US$ 4,320,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US$ 2,459,441	▪ *NGO partners and Red Cross/Crescent:*
	c. Amount received from CERF:	US$ 352,311	▪ *Government Partners:* US$ 218,891

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*			*Reached*		
	Female	*Male*	*Total*	*Female*	*Male*	*Total*
Children (< 18)	10,000	10,000	20,000	4,050	6,115	10,165
Adults (≥ 18)	2,000	1,000	3,000	70	192	262*
Total	12,000	11,000	23,000	4,120	6,307	10,427

8b. Beneficiary Profile

Category	*Number of people (Planned)*	*Number of people (Reached)*
Refugees		
IDPs		
Host population	20,000	10,165
Other affected people	3,000	262
Total (same as in 8a)	23,000	10,427

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	Following the development of the proposal, the security situation in the North-East worsened significantly at the end of 2014. Access to Bayo and Kwaya Kusar LGAs in Borno and to Yobe became extremely limited. This was exacerbated by the travel restrictions imposed before and after the elections (around the date originally set and during the delayed elections). We therefore experienced delays in being able to set up the child friendly spaces and psychosocial support programme in the target LGAs. Therefore, while all originally envisaged components of the programme were implemented during the reporting period and the programme was up and running as per the original proposal, the delay in implementation affected the number of months that the programme could run and therefore the numbers of children that were reached, especially bearing in mind that it takes a number of months to gain the trust and buy in of local communities and parents to send their children to the programme. Further, in some sites in Yobe, parents stopped sending their children to the programme following bomb alerts at a number of the CFS sites. It must also be noted that the original programme design envisaged having a 6 to 8 week turnover of children on the PSS programme. However, the ongoing attacks in all of the programme areas perpetuated the distress experienced by children and their families and hampered recovery. This means that a rigid, time-limited intervention for children could not be implemented. To meet the needs of the target beneficiaries, children were given continued access to PSS support and child friendly spaces. However, this limited the beneficiary reach. The programme is now up and running and funds have been secured to continue to deliver the PSS programme in the four target LGAs. Therefore, it is expected that the original target will be reached within three months of the end of the programme. *In addition, approximately 2,195 parents were reached with PSS through CFS who attend the sessions with their young children. Support included parenting sessions for parents and caregivers. While there is a robust system for capturing the number of children reached, the system for documenting the numbers of parents/caregivers reached with PSS services through the CFS is still being developed, so disaggregated and verifiable data is not available.

CERF Result Framework			
9. Project objective	To provide psychosocial support services to children and families affected by the ongoing insurgency in Borno and Yobe States.		
10. Outcome statement	Improved psychosocial wellbeing of boys, girls and families displaced and in conflict- affected communities.		
11. Outputs			
Output 1	To contribute to the improved psychosocial status of children, families and communities affected armed conflict in Borno and Yobe States		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of trainers trained in psychosocial support and psychological first aid, desegregated by gender.	10 male + 10 female	20 trainers (13 male, 7 female) trained in Yobe and Borno.

Indicator 1.2	# of community volunteers trained to deliver PFA & psychosocial support to boys and girls in the conflict-affected communities.	60 male, 60 female	124 community volunteers (35 females, 89 males) trained in Borno (Bayo & Kwaya Kusar) and Yobe (Potiskum & Damaturu)
Indicator 1.3	# of community volunteers and supervisors who are recorded as delivering psychosocial services to boys, girls and affected communities.	140 (120 CV & 20 supervisors)	118 (106 community volunteers & 12 supervisors)
Indicator 1.4	# of boys and girls participating in structured and recreational activities	10,000 boys, 10,000 girls	10,165 children (4,050 girls, 6,115 boys)
Indicator 1.5	# of support supervision and monitoring visits conducted by state, local consultants & UNICEF.	20 monitoring visits	24 monitoring visits were conducted within the reporting period
Indicator 1.6	# of boys & girls referred for specialized psychosocial support and mental health services	200 (100 boys, 100 girls)	Specialised psychosocial support and mental health services remained extremely limited during the reporting period. This indicator depended on the establishment of these services. No child requiring specialized psychosocial support was referred to services.
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Conduct training of 20 trainers of trainers for Yobe State to train community-based volunteers to provide psychosocial support and psychological first aid to boys, girls and women in Yobe State.	UNICEF & National Human Rights Commission	UNICEF & National Human Rights Commission
Activity 1.2	Train 120 community volunteers in psychological first aid & psychosocial support in the 4 LGAs of Borno & Yobe States.	UNICEF & National Human Rights Commission	UNICEF, National Human Rights Commission, Ministry of Women Affairs and Social Development
Activity 1.3	Support community volunteers to deliver psychosocial support to boys, girls and families affected by the ongoing insurgency.	UNICEF	UNICEF
Activity 1.4	Conduct structured and recreational activities to boys and girls that are culturally appropriate, to enable them to return to normalcy.	UNICEF & Ministry of Women Affairs & Social Development	UNICEF & Ministry of Women Affairs & Social Development
Activity 1.5	Support follow up and monitoring of psychosocial support activities by the state official, local consultants, zonal office and national office in the 4 LGAs.	UNICEF & Ministry of Women Affairs & Social Development	UNICEF & Ministry of Women Affairs & Social Development

Activity 1.6	Strengthen the referral mechanism for boys, girls and family members who require more specialized support.	UNICEF & Ministry of Women Affairs & Social Development	UNICEF & Ministry of Women Affairs & Social Development

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Outcome 1: To contribute to the improved psychosocial status of children, families and communities affected by the armed conflict in Borno and Yobe States

The PSS intervention is community-based in design and approach. The project was initiated through a robust community consultation process to secure the buy-in of the community leaders and members. This approach ensures community ownership helped to address the initial reluctance to send children to the programme due to the volatile security situation. The community members participated in the planning stage through identification of appropriate persons to serve as volunteers, and also helped in designating suitable locations in which the child friendly spaces should be established. To promote ownership, the community leaders monitored the operation of CFS in their communities.

50 key community leaders and service provides participated in a workshop in Yobe that provided orientation on the importance of the PSS intervention and their roles in supporting the implementation of the programme. Community circles were also initiated in Yobe State, attached to the CFS, to provide space for the communities to interact with supervisors and community volunteers, discuss challenges, provide feedback on programme implementation and enhance their roles in supporting their children's recovery.

This community engagement helped resolve challenges faced in the programme. The CFS in some communities in Yobe experienced bomb alerts. Subsequently many parents stopped their children from attending the programme. Community leaders and parents/caregivers were engaged by programme staff to identify how to improve security measures around the CFS spaces, which instilled confidence in many of the parents to allow their children to start attending the CFS again.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
While the project was not evaluated, UNICEF staff from the zonal office and the country office carried out regular onsite monitoring of the child friendly spaces in the IDP camps and the communities in order to assess implementation and the quality of the service being delivered under the CERF grant. These visits were carried out by the PSS specialist and the Chief of Child Protection, in conjunction with our partners. Regular discussions were held with the community volunteers, supervisors, consultants and Ministry counterparts on issues and challenges emerging from these visits.	EVALUATION PENDING ☐ NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNFPA	5. CERF grant period:	22.10.14 – 30.06.15
2. CERF project code:	14-UFE-FPA-038	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Health		☒ Concluded
4. Project title:	Addressing access to emergency reproductive health services in insecurity-affected states of Borno and Yobe		

7. Funding

a. Total project budget:	US$ 1,637,555	d. CERF funds forwarded to implementing partners:	
b. Total funding received for the project:	US$ 1,083,366	▪ *NGO partners and Red Cross/Crescent:*	US$ 33,089
c. Amount received from CERF:	US$ 223,457	▪ *Government Partners:*	US$ 7,120

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*			*Reached*		
	Female	*Male*	*Total*	*Female*	*Male*	*Total*
Children (< 18)				61,480	54,520	116,00
Adults (≥ 18)				44,520	39,480	84,000
Total	50,337	62,920	113,257	106,000	94,000	200,000

8b. Beneficiary Profile

Category	*Number of people (Planned)*	*Number of people (Reached)*
Refugee		
IDPs	73,617	160,000
Host population	39,640	40,000
Other affected people		
Total (same as in 8a)	113,257	200,000

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	Due to the rapid increase in the number of internally displaced persons (IDPs) and the improved access to affected areas, UNFPA was able to reach a total of 200,000 IDPs and host community people.

CERF Result Framework			
9. Project objective	The overall objective of the project is to reduce morbidity and mortality among IDPs and host communities in the Boko Haram conflict-affected States of Borno and Yobe.		
10. Outcome statement	Improved sexual and reproductive health services for the IDPs and host communities in prioritized LGAs in Borno and Yobe States.		
11. Outputs			
Output 1	Increased access to sexual and reproductive health services		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of IDPs and host community members reached with free sexual and reproductive health services and information.	113,257 people	200,000
Indicator 1.2	# of women who utilize clean and safe delivery services	2,517 pregnant women	4,000
Indicator 1.3	# of survivors of sexual violence treated in assisted health care facilities	1,258 survivors of SGBV	151
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of reproductive health kits	UNFPA	UNFPA
Activity 1.2	Distribution of reproductive health services to selected health care facilities	Nigerian Red Cross Society	Nigerian Red Cross Society
Activity 1.3	Provision of free sexual and reproductive health services	State Ministries of Health	State Ministries of Health
Output 2	Capacity building for the implementation of the minimum initial service package for reproductive health in crisis settings		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of health care workers trained on the minimum initial service package for reproductive health in humanitarian settings	30 health care workers	37
Indicator 2.2	# of communities sensitized on key SRH issues and on the prevention of GBV and HIV and management of consequences	25 communities	25
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Training on minimum initial service package for reproductive health in humanitarian situations (MISP) for frontline health workers	UNFPA	UNFPA
Activity 2.2	Community sensitization on sexual and reproductive health and the availability of free SRH services	UNFPA	UNFPA/ State Ministry of Health

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Output 1: Increased access to sexual and reproductive health services

- The rapid increase of the number of IDPs and the improved access to affected areas, UNFPA was able to reach with a total of 200,000 IDPs and host community people.
- The number of survivors of sexual violence treated in assisted health facilities is 151. This is low compared to the planned 1,258. There are several factors contributing to this. First, the stigma and cultural taboos about the issue may have reduced service utilization. Secondly, access to some of the affected communities was constrained due to the ongoing hostilities. Thirdly, with the relative reduction of attacks on civilians it is possible that the incidence of sexual violence has gone down.
- The intervention initially focused Damaturu LGA in Yobe due to its hosting of a significant caseload of IDPs at the time of the project design. However, following the improvement in security most of the IDPs returned to their LGAs. Access to these LGAs also improved early this year. As a result, in consultation with the State Authorities the intervention was extended to Potiskum, Bade, Fika, Fune, and Gashua, which are high-burdened LGAs.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

The project design was largely based on the recommendations of the Humanitarian Needs Assessment (OCHA, May 2014), which included focus group discussions and interviews with IDPs. Consultations were held with key stakeholders, who provided valuable advice on content and targeting. Communication with communities, including targeted community sensitization and mobilization sessions, was also part of the intervention. Monthly reports from the health facilities helped in tracking implementation and utilization of services. A review of implementation was also conducted to assess utilization, enhance transparency and accountability, and receive feedback from frontline health workers who were close to the affected communities and thus receive feedback on regular basis. Project trainings and supportive supervision also ensured that implementation was based on a human rights-based approach and guided by humanitarian principles.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
Evaluation was not included in the sub-project. However, monitoring and supportive supervision systems were put in place to track performance.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNFPA	5. CERF grant period:	22.10.14 – 30.06.15
2. CERF project code:	14-UFE-FPA-039	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Sexual and/or Gender-Based Violence - Protection		☒ Concluded
4. Project title:	Strengthening national capacity for prevention of and response to SGBV		

7.Funding				
	a. Total project budget:	US$ 959,327	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 470,378	▪ *NGO partners and Red Cross/Crescent:*	US$ 47,365
	c. Amount received from CERF:	US$ 285,378	▪ *Government Partners:*	US$ 6,057

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*			*Reached*		
	Female	*Male*	*Total*	*Female*	*Male*	*Total*
Children (< 18)	3,000	500	3,500	2,250	409	2,659
Adults (≥ 18)	2,000	1,500	3,500	6,880	393	7,273
Total	5,000	2,000	7,000	9,130	802	9,932

8b. Beneficiary Profile

Category	*Number of people (Planned)*	*Number of people (Reached)*
Refugees		
IDPs	5,000	7,946
Host population	2,000	1,986
Other affected people		
Total (same as in 8a)	7,000	9,932

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	Improved mobilization by implementing partners resulted in an increased number of persons that participated in the community sensitization, and awareness-raising activities attracted a lot more participation than planned. This contributed to an increase in the numbers of persons reached with messages on the prevention of and response to SGBV.

CERF Result Framework			
9. Project objective	Strengthen the capacity of community actors (health workers, religious leaders, family relatives) to prevent and manage SGBV.		
10. Outcome statement	The project contributed to the reduction of mortality and morbidity amongst women and girls by facilitating the prevention of, healing and recovery from SGBV.		
11. Outputs			
Output 1	Enhanced community capacity to prevent SGBV.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of community sensitization sessions conducted	100	100
Indicator 1.2	# of community actors trained	100	86
Indicator 1.3	# of people reached with SGBV sensitization	3,000	4,932
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Identify and conduct training for community volunteers to undertake advocacy and community sensitizations on prevention of and response to SGBV.	FBOs/Community actors	NRCS
Activity 1.2	Conduct community sessions in communities of focus.	FBOs/Community actors	Community volunteers
Output 2	Enhanced capacity of health workers to treat and manage rape cases.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of health care workers with capacity to treat and manage rape survivors	80	56
Indicator 2.2	# of rape cases treated (this project will train the health workers. The actual clinical management service is linked to the separate sexual and reproductive health project)	375 (30% of total caseload of women of reproductive age who are at risk of sexual violence)	151
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Organize workshops for 80 health workers on the clinical management of rape	FMOH/SMOH	SMOH/WHO
Output 3	Improved access to services for young girls, and dignity kits for women		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	# of pregnant women, lactating mothers and adolescent girls who receive dignity (female hygiene) kits	5,000	5,000
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Procurement of 5000 dignity kits	UNFPA	UNFPA
Activity 3.2	Distribution of dignity kits to health care facilities	NEMA/ NRCS	NEMA/NRCS

Activity 3.3	Provision of dignity kits to vulnerable women and young girls	SMOH/NRCS	NRCS

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Outcome 1: Enhanced community capacity to prevent SGBV

The total number of persons reached exceeded the planned number because of the improved mobilization of the community to participate in the community sensitization and awareness raising activities on SGBV. Implementing partners were able to galvanize the participation of members of host communities and IDPs for the series of sensitization on SGBV activities. This contributed to exceeding the planned target.

Outcome 2: Enhanced capacity of health workers to treat and manage rape cases.
The project planned to train 80 doctors and nurses on the clinical management of rape. The training was hindered by the prevailing insecurity and movement challenges for health workers. To mitigate the challenges, two rounds of trainings were conducted in Kaduna during March 2015 for 56 health workers drawn from health facilities in the target areas.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

IDPs and host community members were involved in the planning and implementation of activities to ensure commitment, ownership and implementation. Consultations were held with key stakeholders and they provided valuable advice on content, targeting and timing especially for activities that included community mobilization. In addition, government partners were also involved and were part of the project implementation team, not only to improve accountability, participation and transparency but also to improve the possible sustainability of the project's strategic directions post-intervention. Project training initiatives integrated the core principles of a survivor- and human rights-based approach, based on the guiding principles.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
Evaluation was not included into the sub-project. However, monitoring and supportive supervision systems were put in place to track performance.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNHCR	5. CERF grant period:	27.10.14 – 30.06.15
2. CERF project code:	14-UFE-HCR-037	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Protection		☒ Concluded
4. Project title:	Improved access to protection and assistance to displaced people and host communities		

7.Funding

a. Total project budget:	US$ 5,473,649	d. CERF funds forwarded to implementing partners:	
b. Total funding received for the project:	US$ 581,930	▪ *NGO partners and Red Cross/Crescent:*	US$ 31,306
c. Amount received from CERF:	US$ 550,063	▪ *Government Partners:*	

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*			*Reached*		
	Female	*Male*	*Total*	*Female*	*Male*	*Total*
Children (< 18)	2,000	1,000	3,000	2,000	1,000	3,000
Adults (≥ 18)	3,300	1,800	5,100	3,300	1,800	5,100
Total	5,300	2,800	8,100	5,300	2,800	8,100

8b. Beneficiary Profile

Category	*Number of people (Planned)*	*Number of people (Reached)*
Refugees		
IDPs	8,100	8,100
Host population		
Other affected people		
Total (same as in 8a)	8,100	8,100
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		

CERF Result Framework			
9. Project objective	Deliver coordinated and integrated life-saving assistance to people affected by emergencies		
10. Outcome statement	Ensure recovery and safe access of displaced populations in the targeted area, including women, children, elderly and those in vulnerable basic human rights and protection situations		
11. Outputs			
Output 1	Vulnerability profiling of IDPs in host communities in Borno and Yobe States		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of IDPs profiled with disaggregated data	10,000	10,000
Indicator 1.2	Number of persons (NGOs/IDPs/host communities/agencies) trained on the profiling and referral mechanism	100	166
Indicator 1.3	Number of profiling checklist per state developed	2	2
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Organise 1 training workshop each for data collectors and community social workers for Borno and Yobe States.	UNHCR	UNHCR
Activity 1.2	Profiling exercise conducted in six LGAs of Borno and Yobe States	UNHCR	UNHCR/NRCS
Activity 1.3	Establish referral mechanism	UNHCR	UNHCR
Output 2	Improved protection of identified very vulnerable Households at risk of exploitation (SGBV) through delivery of basic household and domestic items as an accompanying measure to existing protection interventions in selected communities in local communities.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of vulnerable households registered on an individual basis with minimum set of data required	1,350	1,350
Indicator 2.2	# of vulnerable households receiving basic household and domestic items	1,350	1,350
Indicator 2.3	# of vulnerable persons at risk who receive basic domestic and hygiene items	8,100	8,100
Indicator 2.4	# of vulnerable women receiving sanitary materials	4,000	4,000
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Registration/profiling and identification of the most at risk women and children in selected communities	NRCS	NRCS
Activity 2.2	Establish referrals with psychosocial/SGBV response mechanisms	UNHCR	UNHCR
Activity 2.3	Procurement and distribution of basic domestic/hygiene items	UNHCR	UNHCR

Activity 2.4	Distribution of basic domestic/hygiene items	NRCS	NRCS

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Output 1: Vulnerability Profiling of IDPs in host communities in Borno and Yobe States

The CERF project targeted identification and distribution of basic household and hygiene items to very vulnerable IDPs in Yobe and Borno States. The implementation reached 8,100 individuals, including 4,000 women. Provision of basic domestic and hygiene items targeting the vulnerable population mitigated the exposure to SGBV risk among the women, and restored dignity to 1,350 IDP households. There was no significant discrepancy between planned activities and implemented activities. UNHCR remained within the planned activities and targets even though there are additional needs as the situation is rapidly evolving and displacement increasing in these locations.

Output 2: Improved protection of identified very vulnerable households at risk of exploitation (SGBV) through delivery of basic household and domestic items as an accompanying measure to existing protection interventions in selected communities in local communities

50 data collectors were trained by UNHCR on profiling/registration. The training increased the capacity of the participants to effectively define the vulnerability factors and identify the vulnerable IDPs for the profiling/registration exercise. As a result, reliable and quality data relating to IDPs in Borno and Yobe States was produced. In addition, people with specific needs were referred and the required support rendered to them.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Profiling was conducted in conjunction with the local community leaders, IDPs and the host community. The IDPs were involved in the profiling and distribution of the basic household and hygiene items. The state authorities (State Emergency Management Agency- SEMA and National Emergency Management Agency – NEMA) were also involved in the planning and implementation.

The feedback from the beneficiaries showed that they are satisfied with the project from the selection process to the quality and quantity of assistance provided. Though they highlighted that not all their needs were met but the assistance received alleviated their sufferings and impacted positively on their coping abilities. IDP women in particular highlighted the positive impact of the solar lanterns on their security and safety including providing light at night and also providing energy for recharging their phones, which helped them to communicate and be aware of news and incidents.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
The project evaluation shows that population is living in improved conditions as compared to the initial state at the time of displacement, as a result of the basic household and domestic needs being met. The level of vulnerability is reduced as basic and domestic needs are met, hence reduced involvement in negative coping behaviours, and minimized protection risk.	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	IOM	5. CERF grant period:	22.10.14 – 30.06.15, No Cost Extension until 30.09.15
2. CERF project code:	14-UFE-IOM-038	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Protection		☒Concluded
4. Project title:	Expanding emergency psychosocial support for conflict-induced displaced population in Maiduguri camp		

7.Funding			
	a. Total project budget:	US$ 1,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US$ 1,000,000	▪ *NGO partners and Red Cross/Crescent:*
	c. Amount received from CERF:	US$ 250,000	▪ *Government Partners:*

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*			*Reached*		
	Female	*Male*	*Total*	*Female*	*Male*	*Total*
Children (< 18)	1,500	500	2,000	2,895	2,431	5,326
Adults (≥ 18)	4,500	3,500	8,000	4,141	2,872	7,013
Total	6,000	4,000	10,000	7,036	5,303	12,339

8b. Beneficiary Profile

Category	*Number of people (Planned)*	*Number of people (Reached)*
Refugees		
IDPs	10,000	12,339
Host population		
Other affected people		
Total (same as in 8a)	10,000	12,339

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The discrepancy between the planned number and the actual number of males reached through psychosocial support intervention was due to the fact that men tend not to seek support as it is considered a weakness. In addition, during the day, men have been observed to spend more time out of camp, seeking livelihoods or for other purposes, while women tend to spend more time in the camp with their children.

CERF Result Framework			
9. Project objective	To contribute to the improved psychosocial status of victims of conflict-induced displacement living in displacement camps in Maiduguri, including their immediate families and communities		
10. Outcome statement	Displaced populations in the targeted area, including women, children, elderly and those in vulnerable situations who have returned to their ordinary life		
11. Outputs			
Output 1	The psychosocial conditions of conflict-affected populations living in Maiduguri displacement camps and vulnerable individuals, including identification of available social health and psychosocial activities		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of displaced population including children, youth and elderly in need of psychosocial support	10,000	12,339
Indicator 1.2	Number of social health and psychosocial activities available to the IDPs and their communities	200	809 sessions held
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Recruitment of psychosocial mobile team to identify psychosocial needs of displaced population in Maiduguri camps	IOM	IOM
Activity 1.2	Conduct mapping of social health and psychosocial activities available in the IDP community	IOM and independent organization to be identified	IOM
Output 2	Increased capacity of target populations to identify and support individuals to cope with crisis-related mental health and psychosocial difficulties		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of PSS mobile team, including camp managers trained in the provision of emotional and practical support as well as PFA and Do-No-Harm, through the relevant IASC guidelines for MHPSS and camp management	15	50 (including the 15 members of PSS mobile teams and 35 camp managers/coordinators and relevant stakeholders)
Indicator 2.2	Number of individuals and families provided with basic emotional and practical support	10,000	12,339
Indicator 2.3	Number of recreational activities conducted	200	112
Indicator 2.4	Number of information sessions and discussion groups for the population	50	263
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Select and train 2 PSS mobile teams (each team comprising 5 social workers) on psychologically aware provision of humanitarian assistance	IOM and independent organization to be identified	IOM, in collaboration with MoH and MOWSDA

Activity 2.2	Provision of basic emotional and practical support to individuals and families	IOM and independent organization to be identified	IOM
Activity 2.3	Develop culturally appropriate recreational activities at the camp	IOM and independent organization to be identified	IOM, in collaboration with Playback Nigeria organization
Activity 2.4	Conduct community information sessions and discussion groups targeting in particular vulnerable populations as identified by the report of the rapid assessment	IOM and independent organization to be identified	IOM
Output 3	Increased access to culturally-sensitive MHPSS services in target populations		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of individuals provided with focused psychosocial support	10,000	12,339
Indicator 3.2	Number of outreach activities conducted by PSS mobile teams	25	102, including family visit and follow up
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Provide counselling to individuals referred by PSS mobile team or other institutions/organizations (counselling activities to be performed by the counsellor)	IOM	IOM
Output 4	Appropriate referral to specialized psychosocial health services		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Number of individuals referred to specialised services	20	12 cases referred to neuropsychiatric hospital, 598 individual received lay counselling
Indicator 4.2	Number of individuals followed up in the community with focused psychosocial support and education sessions offered to them	20	12 cases on follow up
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Provide counselling to individuals referred by PSS mobile team or other institutions/organizations (counselling activities to be performed by the national psychologist)	IOM	IOM
Activity 4.2	Refer individuals in need of specialized MH care to the appropriate health institutions within the community and Maiduguri city.	IOM	IOM, in collaboration with Neuropsychiatric Hospital in Maiduguri

Activity 4.3	Continue protection for the people in need of specialized care in the community, including support to the family, and psychosocial support.	IOM	IOM

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Output 1: The psychosocial conditions of conflict-affected populations living in Maiduguri displacement camps and vulnerable individuals, including identification of available social health and psychosocial activities

During the course of project implementation, as more agencies started to provide psychosocial support activities, especially for children, such as UNICEF and Save the Children establishing child friendly spaces, the IOM project focused less on recreational activities for children and more on psychosocial support activities for the general population, such as focus group discussions, lay counselling and outreach for family visits. In addition to that, during project implementation, IOM scaled up to add one more mobile team, and a dedicated referral team was created.

Output 2: Increased capacity of target populations to identify and support individuals to cope with crisis-related mental health and psychosocial difficulties

Because of this shift in focus, which responded to evolving needs and gaps on the ground, the project exceeded some of the initial target indicators, for example the number of information sessions and discussion groups for the population, the number of outreach activities conducted and number of people trained in PFA and Do-No-Harm rules. Due to the lack of proper mental health systems in place, criteria for referral were established in order to avoid the unnecessary medicalization of cases that might be in need of psychological support, but not necessarily psychiatric care.

Output 3: Increased access to culturally-sensitive MHPSS services in target populations

The psychosocial programme is underpinned by the understanding that effective support needs to be couched within the cultural framework of the population to be served. In order to ensure this is reflected in programming, the knowledge and nuances of local staffing, and of IDP beneficiaries, was carefully incorporated into the response design at every stage. The participation of the affected populations shaped the recreational activities (112 activities), content of focus group discussions (263 held), and targeted livelihoods activities, resulting in increased access to culturally sensitive MHPSS services for target populations. In addition, IOM collaborated with a national NGO, Playback Nigeria, to deliver culturally appropriate messaging and awareness raising on mental health issues, as well as to contribute to the design of appropriate recreational activities. In total, 12,339 people received focused psychosocial support.

Output 4: Appropriate referral to specialized psychosocial health services

A specialised referral team examined cases identified for possible medical support. A total of 12 cases were referred to the neuropsychiatric hospital, and 598 individual received lay counselling.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

During the implementation phase, the programme took into account accountability to the affected population, starting with the identification of specific psychosocial needs and responses to be implemented, through a continuous conversation with the IDPs. In addition, for every activity organized, recreational activities, focus group discussions or sensitization had been done in consultation with the IDPs, including the community and traditional leaders. Moreover, within the component of capacity building, community, traditional and youth leaders were involved.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
- An evaluation of the overall psychosocial programme is planned for the first quarter of 2016. Monitoring and reporting activities have been carried out as follows: - A reporting tool has been established on a monthly basis through the implementation phase, in order to better monitor the progress and challenges of the mobile team activities and in order to identify workable solutions over specific issues identified while carrying out psychosocial support-focussed non-specialized activities. - Participation in relevant sector working group meetings, specifically: protection, child protection, SGBV and MHPSS at the federal level, but also at the field level (where applicable). In addition, continuous conversations with NGO partners were carried out. - Field visits were made in order to monitor the actual activities. - Workshops with the teams were organized on a monthly basis for better supervision of team activities. - Close monitoring of the budget was made to track project expenses.	EVALUATION PENDING ☒ NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WHO	5. CERF grant period:	30.10.14 – 30.06.15
2. CERF project code:	14-UFE-WHO-067	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Health		☒ Concluded
4. Project title:	Strengthening preparedness and emergency response to epidemic-prone diseases through early warning systems among IDPs and host communities in North-East Nigeria		

7.Funding

a. Total project budget:	US$ 1,205,000	d. CERF funds forwarded to implementing partners:
b. Total funding received for the project:	US$ 237,268	▪ *NGO partners and Red Cross/Crescent:* US$ 0
c. Amount received from CERF:	US$ 237,268	▪ *Government Partners:* US$ 0

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*			*Reached*		
	Female	*Male*	*Total*	*Female*	*Male*	*Total*
Children (< 18)				178	184	362
Adults (≥ 18)	123,828	127,854	251,682	123,828	127,854	251,682
Total	123,828	127,854	251,682	124,006	128,038	252,044

8b. Beneficiary Profile

Category	*Number of people (Planned)*	*Number of people (Reached)*
Refugees		
IDPs	164,700	165,062
Host population	86,982	86,982
Other affected people		
Total (same as in 8a)	251,682	252,044

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The project targeted mainly adults, however, 362 children were reached in the course of the cholera and measles outbreak response.

CERF Result Framework			
9. Project objective	The overall objective of the project is to improve surveillance and response to disease epidemics in IDP camps and host communities through an early warning system		
10. Outcome statement	Improved surveillance and response to disease epidemics		
11. Outputs			
Output 1	Orientation of workers on surveillance and outbreak response in a humanitarian emergency setting		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of health workers trained in disease surveillance and outbreak response, disaggregated by gender	16	87
Indicator 1.2	Number of supportive supervisory visits conducted	6	24
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Training of health workers in active surveillance and epidemic control measures	WHO	WHO
Activity 1.2	Monthly supportive supervision	WHO/SMOH	WHO/SMOH
Output 2	Availability of medicines and supplies		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of health facilities stocked with lifesaving medicines and other medical supplies	22 health facilities in the 4 LGA	22 health facilities in the 4 LGA and 20 IDP camps
Indicator 2.2	Number of health facilities with cholera diagnostic kits	22 PHCs	22 PHCs
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Pre-position of medicine and other medical supplies such as diarrhoeal kits	WHO	WHO
Activity 2.2	Provision of cholera and other diagnostic kits	WHO	WHO
Output 3	Prompt case detection through the early warning system		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of cases reported	All epidemics	Cholera and measles outbreaks
Indicator 3.2	Number of timely and completed reports received	24 reports	24 weekly reports and 62 cholera sitreps
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Data management	WHO	WHO
Activity 3.2	Reports and feedback	WHO	WHO

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Output 1: Orientation of workers on surveillance and outbreak response in a humanitarian emergency setting

The capacity of 87 surveillance officers from Borno and Yobe States was increased in surveillance in a humanitarian emergency setting through early warning systems. The training was expanded to include all the surveillance officers covering all LGAs in the two states due to the fact that a threat in one LGA is a threat to all as outbreaks do not have geographical boundaries. The capacity building resulted in early detection and reporting of the outbreak of measles and cholera in IDP camps within 24 hours of reporting of the index case. This provided an opportunity for early outbreak response thereby averting high morbidity and mortality.

Cumulatively, 1039 cases of cholera with 18 deaths were recording in 11 IDP camps and surrounding communities while the measles outbreak affected only one IDP camp. During the cholera response the initial case fatality rate of 6.4% was reduced to 1.7% at the end of the outbreak. This achievement shows that the case management and infection prevention and control measures were effective.

Output 2: Availability of medicines and supplies

A total of 6 IDDK basic module, 34 IDDK infusion module, 20 IDDK support module and 20 IDDK support module were procured and distributed to 22 health facilities in the four target LGAs in Yobe and Borno States. Each module contains supplies for management of up to 100 patients. In addition, 400 cholera test kits were distributed to 22 health facilities. A total of 24,900 doses of broad spectrum antibiotics and analgesics were distributed to 20 IDP camps.

The prepositioned medicines and supplies including the diarrhoeal kits came in handy during the outbreak response. It closed the gap of delay in the response which led to the improved outcome of patient management with an ultimate reduction in mortality.

Output 3: Prompt case detection through early warning system

As described above, the early warning system outbreak improved the surveillance system. Daily active surveillance and register review was conducted in the IDP camp clinic and PHCs in host communities. As a result, the abnormal occurrence of a disease condition was identified and notified early enough for a prompt response. This facilitated early reporting of the recorded outbreaks of measles and cholera and early treatment, thereby limiting the spread of the outbreak to other camps and surrounding communities. The weak integrated disease surveillance and response (IDSR) was also strengthened through the early warning system. In addition, the supportive supervision strengthened the health workers' ability to report any unusual event recorded in the health facilities to the next level for proper investigation and subsequent response, with immediate effect. Rumours of disease outbreaks from the communities were also effectively managed.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

The health needs of the target population were informed by the OCHA multi-sectoral assessment in 2014, which involved interviews and focus group discussions with the IDPs. Additional, a rapid health needs assessment was conducted by WHO during the course of the project implementation, involving interviews with the IDPs and key informants. Gaps in the response were identified and addressed accordingly.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
No evaluation was planned at the outset. However, the project was monitored through weekly supportive supervision as opposed the initially planned monthly supervision. This was due to re-deployment of WHO cluster consultants from inaccessible LGAs to the project LGAs. Data on epidemic-prone diseases were collected and analysed on a weekly basis. The report was shared with all stakeholders, while feedback was given to the surveillance officers.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner*	Comments/Remarks
14-UFE-CEF-131	Health	UNICEF	Ministries of Borno and Yobe States	No	GOV	$348,168	16-Nov-14	31-Dec-14	
14-UFE-CEF-132	Water, Sanitation and Hygiene	UNICEF	Oxfam	Yes	INGO	$155,981	27-Feb-15	1-May-15	
14-UFE-CEF-132	Water, Sanitation and Hygiene	UNICEF	Caritas	Yes	NNGO	$137,748	27-Feb-15	1-May-15	
14-UFE-CEF-132	Water, Sanitation and Hygiene	UNICEF	2 State Rural Water and Sanitation Agencies	No	GOV	$138,467	18-Nov-14	18-Nov-14	Working with National/ Sub-national partners is guided by the Signed WASH Annual Work Plan (2014-15) signed with the Government of Nigeria
14-UFE-CEF-132	Water, Sanitation and Hygiene	UNICEF	Ministry of Inter-Governmental Affairs, Maiduguri / Yobe State Primary Health Care (For Radio Stations)	No	GOV	$41,926	18-Nov-14	18-Nov-14	Funds were passed through the Ministry of Inter-Governmental Affairs, Maiduguri and Yobe State Primary Health Care to the Radio Stations instead of through the Ministry of Information due to change in arrangement at UNICEF field office level to work through certain focal government establishments for each State
14-UFE-CEF-133	Child Protection	UNICEF	National Human Rights Commission Yobe	No	GOV	$95,809	25-Nov-14	9-Dec-14	
14-UFE-CEF-133	Child Protection	UNICEF	Ministry of Women Affairs and Social Development Borno	No	GOV	$123,082	26-Jan-15	10-Feb-15	
14-UFE-FPA-038	Health	UNFPA	Red Cross	Yes	RedC	$33,089	27-Mar-15	2-Apr-15	

14-UFE-FPA-038	Health	UNFPA	State Ministry of Health/ State Ministry of Women Affairs & Social Development	Yes	GOV	$7,120	26-Mar-15	2-Apr-15	
14-UFE-FPA-039	Protection	UNFPA	State Ministry of Health/ State Ministry of Women Affairs & Social Development	Yes	GOV	$6,057	3-Mar-15	10-Mar-15	
14-UFE-HCR-037	Protection	UNHCR	NRCS	Yes	RedC	$31,306	25-Mar-15	1-Apr-15	
14-UFE-FPA-039	Protection	UNFPA		Yes	RedC	$47,365	27-Mar-15	2-Apr-15	

ANNEX 2: ABBREVIATIONS

BRTV	Borno Radio & Television
CERF	United Nations Central Emergency Response Fund
FBO	Faith-based organizations
FRCN	Federal Radio Corporation of Nigeria
GBV	Gender-based violence
IDPs	Internally Displaced Persons
IOM	International Organization for Migration
LGAs	Local Government Areas
MH	Mental Health
MHPSS	Mental Health and Psychosocial Support
MISP	Minimum Initial Service Package for reproductive health in humanitarian settings
MoH	Ministry of Health
MoWASD	Ministry of Women Affairs and Social Development
NEMA	National Emergency Management Agency
NRCS	Nigerian Red Cross Society
PFA	Psychological First Aid
PSS	Psychosocial
RH	Reproductive Health
RUWASA	Rural Water Supply and Sanitation Agency
SEMA	State Emergency Management Agency
SGBV	Sexual and gender-based violence
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
VIP	Ventilated Improved Pit
VLOM	Village Level Operation & Maintenance
WASH	Water, Sanitation & Hygiene
WHO	World Health Organization