



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
CAMEROON
RAPID RESPONSE
CONFLICT-RELATED DISPLACEMENT
(NIGERIAN REFUGEES)**

RESIDENT/HUMANITARIAN COORDINATOR

Ms. Najat Rochdi

REPORTING PROCESS AND CONSULTATION SUMMARY

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

The After Action Review meeting was held on 21 May 2014, with the participation of colleagues from UNHCR, UNICEF, OCHA and WFP. Due to several urgent competing demands linked to the Central African Republic refugee crisis, some colleagues who were invited had been unable to attend the meeting, but provided input at a later date. Following the AAR, WHO, UNDP, Public Concern, UNFPA, FAO and IFRC were consulted.

- 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 report was shared with all members of the Humanitarian Country Team, which includes UN agencies and IOM, NGOs, the Red Cross and Red Crescent movement, donors and the Government counterpart, the Director of Civil Protection.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: \$11,135,042		
Breakdown of total response funding received by source	Source	Amount
	CERF	2,988,794
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	N/A
	OTHER (bilateral/multilateral)	1,020,235
	TOTAL	4,009,029

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 01-Aug-13			
Agency	Project code	Cluster/Sector	Amount
UNICEF	13-CEF-079	Multi-sector	803,926
UNHCR	13-HCR-043	Multi-sector	839,843
WFP	13-WFP-035	Health-Nutrition	561,545
WHO	13-WHO-043	Health	783,480
TOTAL			2,988,794

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	\$2,631,839
Funds forwarded to NGOs for implementation	\$248,212
Funds forwarded to government partners	\$108,743
TOTAL	2,988,794

HUMANITARIAN NEEDS

The political and security crises in neighboring countries have significantly impacted Cameroon. Over the last year and a half, the country has been subject to massive movements of people fleeing insecurity mostly from Chad, Central African Republic (CAR) and Nigeria. Since early 2013, neighboring Nigeria has seen a rise in insurgent violence in the northeast of the country, with numerous attacks perpetrated by Boko Haram and other groups labelled as “terrorist” by the Nigerian Government. Faced with the increasing insecurity, in May 2013, Nigeria's president declared a state of emergency in the three states of Borno, Yobe and Adamawa which border the northern regions of Cameroon. Subsequently, confrontations between the Nigerian army and Boko Haram groups resulted in an influx of citizens fleeing from insecurity from Nigeria to Cameroon. The main arrival points of these people were the departments of Mayo Tsanaga, Mayo

Sava and Logone and Chari in Cameroon, located closest to the affected Nigerian states of Adamawa, Yobé and Borno where confrontations were the most intense. The first massive displacement was recorded on 16 June 2013 in Zhelevet in the health district of Koza, where nearly 3,323 refugees arrived and occupied a church and a primary school.

In response to the new displacements, the United Nations agencies, together with regional authorities, carried out a joint assessment mission on 20 June 2013 in order to agree on the best and most effective way to provide humanitarian assistance to the refugees. It was estimated that the number of refugees crossing into Cameroon would reach 10,000 and this was the planning figure used by UN Agencies in the preparation of their response operations. By 15 July 2013, UNHCR had pre-registered 3,320 refugees. Furthermore, an estimated 6,000 more refugees were waiting to be registered in the Far North Region. Of these new arrivals, more than half were women (54%), including 2 per cent pregnant and/or lactating women, and 26 per cent were children under five years. In order to accommodate these refugees and provide them with adequate assistance and protection, the Government provided a site in the Minawao village, located 130 km from the Nigerian border, with a capacity to host 10,000 refugees.

The majority of refugee arrivals were first hosted by local communities who shared with them their meagre resources, such as food and firewood. However, this put an increasing strain on the local population who were already vulnerable. The north of Cameroon is situated in the Sahel belt, an area recurrently affected by natural disasters such as droughts and flooding. The North and Far North Regions where the refugees arrived are considered to be the poorest regions in the country with an incidence of poverty that is above the national average of 39.9 per cent. The influx of refugees into Cameroon during the lean season in 2013 impacted on access to basic services and, in addition to the existing food and nutrition insecurity crisis in the north of the country, put more pressure on resources of host communities. For these reasons, the UN Country Team (UNCT) identified the need to rapidly put in place a multi sectorial response to mitigate the different risks and save the lives of affected refugee populations.

II. FOCUS AREAS AND PRIORITIZATION

Prior to the CERF request, 3,323 Nigerian refugees had been pre-registered by UNHCR in Zhelevet, Touroua, Moudougoua and Vekret localities in the Far North Region. Authorities reported that an additional group of 8,128 refugees had crossed into Cameroon's Mayo Sava Division and Logone and Chari Sub-Divisions. This led partners to establish a planning figure of 10,000 beneficiaries.

Government capacities to support the response to this crisis were limited. The joint assessment mission undertaken by Government and UN agencies confirmed that immediate humanitarian assistance to the refugees was needed to ensure protection, access to essential services to meet basic needs, and dignified living conditions in line with international standards. Immediately following the joint needs assessment, humanitarian partners launched a number of response activities. However, despite these efforts it was clear that important gaps remained. The UN Agencies involved (UNHCR, UNICEF, WFP, WHO) identified areas where CERF funding could kick start life-saving activities to address priority needs, identified as follows:

Shelter and NFIs: Many of the refugees left their homes and arrived in Cameroon with little or no personal items or assets. Living conditions at border entry points were precarious, with refugees being accommodated in hangars, churches and schools, or some with host families, relying on the charity of local communities to survive. For security reasons and for effective provision of assistance, there was a need to relocate refugees to the designated site of Minawao, 130 km from the border, where they would be provided with shelter and access to basic services.

Water, Sanitation and Hygiene (WASH): The assessment mission found that access to drinking water was inadequate (open wells, poor water quality). Similarly, access to latrines was very limited (two latrines at a school, two near the church, and some local latrines were built). In order to reduce mortality and morbidity at community level due to water, poor hygiene and sanitation related diseases, there was a need to ensure adequate access to potable water and sanitation facilities to refugees located in Minawao camp and promote good hygiene and sanitation practices.

Protection: There was a need to register and provide documentation to undocumented refugees. In order to reduce the risk of, and respond to, trauma, abuse, violence and discrimination against refugees (in particular children) in camps, there was a need to create secure and child friendly spaces in the refugee camps.

Food and Nutrition: When refugees first arrived they relied on food from the local population. The nutritional status of children under five years and pregnant and lactating women was of concern. In order to prevent a deterioration of the nutrition situation of the refugees, there was a need to provide general food distributions for a period of six months, and provide Targeted Supplementary Feeding to malnourished children under five and pregnant and lactating women.

Health: The refugees, who were mostly women, children and elderly persons, arrived in Cameroon in very poor physical conditions. Almost all the refugee children were not immunized. Many diseases were observed (malaria, gastroenteritis, diarrhea, various bronco-pulmonary infections). The beginning of the raining season combined with promiscuity and precarious living conditions increased the

already high risk of disease outbreaks occurring (polio, cholera, malaria, measles). The Mokolo health district where these populations were located was one of the health districts most affected by the cholera outbreaks of 2010 and 2011. The nearest health facilities were under-equipped and did not have sufficient drugs and basic medical material. The refugees did not have bed nets for malaria prevention. In order to reduce mortality and morbidity among the refugee population, there was a clear need to provide emergency free primary health care services, strengthen epidemiological surveillance and mitigate the risk of outbreaks mainly measles, poliomyelitis and cholera. There was also a need to provide curative care to those refugees living with HIV/Aids, and to raise awareness and mitigate vulnerability to HIV infection through community-based sensitization.

Assistance was to be targeted at refugees located in the Minawao camp, as stipulated by the Government of Cameroon.

III. CERF PROCESS

At the time of the CERF request, there was no Humanitarian Country Team (HCT) in place in Cameroon as it had not traditionally been a humanitarian context. For the same reason, Cameroon did not have a Strategic Response Plan (SRP), consolidated appeal or other such humanitarian planning framework in 2013. Therefore, the CERF planning and prioritization process was carried out by the UNCT, in particular the ad hoc inter agency emergency group composed of UN humanitarian agencies, and based on the results of two joint assessment missions.

Following the submission of the June 2013 joint assessment mission report to the Resident Coordinator (RC) and the UNCT, the RC immediately convened a meeting with UN humanitarian agencies to evaluate the situation and agree on a common approach for response. The meeting ended with a recommendation to continue monitoring the situation since the threshold for the number of refugees to trigger an emergency response was not yet reached. UN agencies were encouraged to start humanitarian assistance to the refugees with their available resources and capacities in line with the division of labour in the inter agency contingency plan and in accordance with their respective mandates. Sectoral coordination mechanisms were activated at the field level, with the participation of international NGOs and implementing partners, such as FAIRMED, the International Federation of the Red Cross and Red Crescent societies (IFRC), the Cameroon Red Cross (CRC), International Medical Corps (IMC), and International Relief and Development (IRD). Several meetings were held to monitor the situation with an obligation to provide a weekly report to the RC and UNCT.

A second joint assessment mission between the UN system and the Government conducted two weeks later led to a better appreciation of the magnitude of the situation. It also allowed partners to have a more accurate estimate of the expected number of people affected and their urgent needs. During the UNCT meeting on 2 July, it was recognized that the situation on the ground was rapidly evolving and the decision was taken to start preparing a CERF grant application. Based on the available information, the UN Heads of Agencies agreed on the priority sectors to be covered by the rapid response interventions, which were: Food, Nutrition, Health, WASH, Protection, Non Food Items, and Education¹.

Agencies with cluster/sector lead responsibilities² were requested to organize sector meetings in order to prioritize the sector's interventions for the response. For example, in the WASH sector an active coordination mechanism exists in the Far North region, which includes UN agencies, Government and NGOs. Members of the platform (UNICEF, Red Cross, UNHCR, local NGOs) involved in rapid response met at the start of the Nigerian refugee crisis to identify and prioritize activities, agree on the different technical components of the response taking into consideration the socio economic and cultural environment and identify the main implementation partner. As a result, UNICEF was designated to lead the response in the WASH sector in coordination with other partners. In the area of Protection, a working group led by UNHCR and UNICEF was activated in Maroua and Garoua. Based on field reports, members of the working group mapped out the needs and actors, and identified and updated priority activities.

Consideration for gender and protection concerns was an integral part of the design and implementation of project activities. For example, in the WASH sector gender-sensitive sanitation facilities were installed. Concerning food distributions, these took place in secure locations, during daylight, involving local security authorities and will follow standard operating procedures that include sensitization, establishment of complaint mechanisms, post-distribution monitoring, numbered and/or magnetized ration cards in order to mitigate risks and ensure protection, especially for women.

¹ Education activities were subsequently dropped from the CERF request as they were found to not meet the "life-saving" criteria; however, UNICEF carried out education activities for Nigerian refugees using its own funds.

² These were UNICEF, UNHCR and WHO. UNFPA was also involved in the development of the initial submission. However, due to organisational regulations regarding minimum CERF grants, UNFPA ended up withdrawing from the CERF submission and contributed to the response using their own funds.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: Up to 21,482 ³				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Multi-sector	18,465	5,753	24,218
	Food security-Nutrition	1,283	1,307	2,590
	Health	7,123	4,104	11,227

BENEFICIARY ESTIMATION

The number of refugees expected was 10,000 as per UNHCR projections. Cameroonian authorities recorded 12,482, but in the end only 7,332 of these were registered by UNHCR by 30 April 2014 and of those 3,069 (1,499 female and 1570 male) were settled in Minawao camp. All refugees in the camp received support from CERF funding. In addition, 21,149 people in host communities (16,966 female and 4,183 male) were also covered through outreach activities in HIV, child protection, WASH and health interventions.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	5,423	18,465
Male	4,577	5,753
Total individuals (Female and male)	10,000	24,218
Of total, children <u>under</u> age 5	2,600	4,844

CERF RESULTS

The CERF funds enabled the UN system in Cameroon to respond to the influx of Nigerians refugees in a timely and efficient manner and provide life-saving assistance, ensuring that the target population had access to appropriate food, nutrition, WASH, health, HIV, and protection interventions. As little other external funding was mobilized for this emergency, the collective results are almost entirely thanks to CERF funding. Without the allocation it would not have been possible to provide an adequate emergency response to these populations in precarious conditions.

Overall, the target outcomes were achieved in each sector although due to unforeseen circumstances a no-cost extension was required to do so. The projects were focused on providing assistance to refugees in the Minawao camp, and CERF-funded activities were supposed to come to an end by January 2014. However, by the end of December 2013, only 2,183 refugees were hosted in the camp, less than a quarter of those anticipated. Activities had not reached the number of beneficiaries expected and commodities and stocks remained unused. At this time, the recipient agencies requested a no-cost extension for a further four months until the end of May 2014.

The lower than expected number of refugees in the Minawao camp was due to multiple factors. Although Cameroonian authorities recorded 12,482 Nigerians crossing into Cameroon, UNHCR had only registered 7,332 Nigerian refugees by the end of April 2014. Of

³ 12,482 Nigerians recorded by Cameroon authorities and approximately 9,000 people in local communities who hosted those refugees who did not transfer to the camp.

these, 2,446 were transferred on a voluntary basis to Minawao refugee camp, and another 623 joined the camp by their own means, giving a total of 3,069 refugees living in Minawao camp by 28 May. Some Nigerians did not wish to be identified as refugees and avoided being registered by UNHCR. Partners also encountered reluctance on the part of many refugees to relocate to the camp. Many Nigerian refugees share family and cultural ties with host communities, meaning they preferred to stay with host families in border villages, also to be closer to their families remaining in Nigeria. In the Logone and Chari Division where many of the refugees settled, they found opportunities to earn a living in agricultural and fishing and did not wish to move to the camp. Furthermore, in Cameroon local village chiefs gave the refugees plots of land to encourage them to remain in the border villages, believing that this would attract humanitarian and development aid to the villages. Ongoing sensitization efforts were required by the Government, UNHCR and partners to encourage the refugees to move to Minawao camp. Finally, some Nigerian refugees spontaneously returned to Nigeria or moved further inland to Maraoua and Kousseri.

These unforeseen difficulties in relocating the planned number of 10,000 refugees to the Minawao site meant that Agencies had to modify their strategies in terms of beneficiaries. For example, UNICEF and WHO extended their assistance to host communities. However, Government regulations on the provision of food distributions meant that these could only take place in the Minawao camp and not in the host community. Therefore, WFP was obliged to extend the period of its planned assistance. Instead of general food distributions for 5,550 Nigerian refugees for a period of 180 days, WFP reached 2,590 people for 270 days. The commodities purchased with CERF funds continue to be used to feed refugees in Minawao camp.

Another factor in contributing to the need for a no-cost extension was that partners faced some challenges with procurement and development of the site which caused small delays. The development of the camp and the relocation of the refugees started in July 2013. However, the site had to be developed from scratch and UNHCR could only order the construction materials and NFIs once CERF funds had been received in September. International procurement and delivery took time which resulted in some delays in implementation. Distributions were also slightly delayed due to procurement times. Efforts were made to initiate assistance as quickly as possible, with loans of food and medical stocks from other operations. This process required approval from donors and the transfer of commodities from sites in the East to the Far North region of Cameroon.

Despite these challenges, with the no-cost extension recipient agencies were able to achieve significant results. Minawao camp was established and provided protection and assistance for up to 3,069 refugees during the 10-month CERF grant period and up until today. All refugee families are accommodated in individual shelters and their physical safety has been ensured by a police post in the camp. No security incidents were reported in the camp during the period. Those living in the camp had access to essential services to meet their basic needs. Access to clean drinking water was above SPHERE standards, with an average of 16.2 litres of water available per day per person (SPHERE standard is 15 litres per person per day). Refugees were provided with food during the process of relocation and throughout their time at Minawao camp. Rates of acute malnutrition amongst children under five decreased from 11.9 per cent in the October screening to 2.1 per cent in the March screening.

No water-borne epidemics or disease outbreaks were recorded during the period, thanks to various achievements in the WASH and health sectors. All refugees living in Minawao camp had access to wash kits and hand washing kits at the entrance/exit of latrine, which helped in the adoption of good hygiene practices. With the slow influx of refugees in Minawao, it was agreed to construct individual latrines for each household. These latrines were progressively shared by refugee households as their number increased. A health post was constructed in the camp and 10,087 instances of illness/disease were treated amongst the refugee population of which 690 were children. Psychosocial support was provided to families, women and unaccompanied children. Child friendly spaces established in Minawao site enabled 657 children to learn and play in a physically safe area. The children of Minawao and of the neighbouring village Gadala had the opportunity to engage in recreational and educational activities together twice a week.

CERF project activities benefited not only the refugees in Minawao camp but also members of the host communities. Local health infrastructure was supported to the benefit of both populations. All governmental health facilities in borders health districts where refugees were hosted were supplied with essential drugs for free treatment. The Mokolo district hospital and attached health centres received 1000 HIV PEP kits, while the Gadala health centre in the village near Minawao camp received support for its nutrition centre and the installation of a borehole and gender-sensitive latrine. Some 94 children under five and 98 pregnant and lactating women received treatment for malnutrition there during the project period, with a 100% recovery rate.

In total, 9,000 long-lasting impregnated bed nets were distributed to refugees in the camp and to refugee and host families in the border areas, for the prevention of malaria. Furthermore, ten cholera kits were distributed in high risk districts and these have been particularly helpful in the management of a cholera outbreak which started in March 2014: 178 cholera cases have so far been treated in the Far North region. Thanks to CERF funding, two preventive measles vaccination campaigns were carried out, the first within the camp and the second outside, and several routine polio vaccination campaigns benefitted both refugee children and those in host communities. Finally, 770 peer educators in youth groups in and out of Minawao camp were trained to serve as community-based educators on HIV/Aids in Minawao, Mokolo and Maroua. This group mobilized 9,840 people in the community of which 1,000 were tested for HIV.

CERF funds helped to kick-start an important relief effort for Nigerian refugees which continues to this day. Due to increased insecurity in the neighbouring Nigerian state of Borno and a recent spate of Boko Haram attacks there, the number of Nigerian refugees in Cameroon has doubled since May. From 1 May to 21 June, 8,205 new Nigerian refugees were registered by UNHCR, bringing the total to 15,087. In addition, Cameroon authorities have recorded another 9,095 who have not yet been verified by UNHCR. Authorities and UNHCR are currently discussing with these new arrivals to persuade them to transfer to Minawao camp, where they will receive the protection and assistance they need. So far, approximately 3,000 have indicated willingness to move to the camp and transfers will begin in the coming days.

CERF's ADDED VALUE

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

YES PARTIALLY NO

UN Agencies had already started to respond to the refugee influx at the time of the CERF request. However, activities were limited due to lack of funds. The arrival of CERF funding enabled recipient agencies to rapidly scale up the assistance provided. CERF funds allowed recipient agencies to immediately place international orders for the goods required, such as construction materials, food, medicines and other equipment. Although international procurement took time, knowing that CERF funds were to be disbursed meant that recipient agencies could mobilize their emergency stocks and borrow from other operations in order to immediately respond to the needs. CERF funds facilitated rapid transportation of bed nets, drugs, food and other life-saving goods to the affected areas. As another example, they helped to address potential public health threats such as HIV by raising awareness among the refugees and strengthening the capacity of the Mokolo district to perform HIV testing.

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

YES PARTIALLY NO

CERF funds enabled agencies to immediately provide the assistance that was necessary to minimise loss of life and prevent deterioration in the nutritional, physical and mental health state of the refugees who had arrived in Cameroon already vulnerable. The CERF Funds were critical in ensuring supplies for Health, Nutrition and WASH responses. The timely arrival of commodities, medicines, insecticide bed nets, WASH kits and equipment helped in responding quickly to needs of the refugees and preventing outbreaks of diseases and epidemics such as cholera which often occur under these conditions. Refugees that arrived in Cameroon sick and malnourished were provided with immediate first aid, curative health activities and targeted supplementary feeding. Basic needs for clean drinking water, food, shelter, protection, sanitation and health would not have been met without CERF funds.

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

YES PARTIALLY NO

Both UNHCR and WHO committed their own organisational funds to the projects, an additional \$970,235 in the case of UNHCR and \$50,000 in the case of WHO. However, no other donors provided funding for the Nigerian refugee response. More generally, the UN system mobilization around the CERF-funded projects has boosted local and international NGOs to support interventions. Many other partners in the field have also responded to the Nigerian refugee emergency, namely UNFPA, Plan Cameroon, the Cameroon Red Cross, IFRC, and IMC. In addition to its CERF project, UNICEF mobilised its own resources to provide education activities for Nigerian refugees.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

CERF improved coordination both in the planning and implementation phases. In the preparation of the CERF submission, UN agencies and partners undertook two joint assessment missions with Government counterparts to develop a shared analysis of the situation. Then the UN agencies involved in the response came together to jointly identify the priority needs and develop the CERF submission. Although coordination mechanisms were in place for the nutrition response and the 2012 flood crisis, the CERF reinforced coordination mechanisms at regional level for refugees. An inter-agency emergency group was created and weekly coordination meetings were held with the participation of national NGOs (ACEEN, Public Concern), international NGOs (Plan Cameroon, Red Cross, IMC), and UN agencies (UNICEF, WHO, WFP, UNHCR) in the far North region to monitor implementation and ensure good information-sharing amongst actors. In addition, sectoral coordination was also strengthened, with regular

⁴ Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

meetings taking place on protection (chaired by UNHCR), health (WHO), and wash (UNICEF). The regional nutrition/ health sector established with the Sahel crisis remained active and regular coordination meetings and interagency missions were organized. Even beyond the lifetime of the CERF projects, these monthly coordination meetings have continued under the co-leadership of WHO and the Regional Health Delegation.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
It became clear during project implementation that conditions on the ground were different from anticipated; however, it took a long time for this information to travel from the field teams, to Heads of Agencies, to the RC and HCT. Also, during the reporting process, information was revealed that should have been communicated to the RC/HCT and CERF Secretariat much earlier on.	Communication must be strengthened throughout CERF project implementation. Recipient Agencies should provide regular updates to the RC and HCT on the status of project implementation, and highlight any differences in expected implementing conditions (such as changes in expected beneficiary numbers). OCHA has a role to play in reminding or prompting Agencies to do so. Also, any challenges encountered, or changes to planned implementation, should be reported immediately and discussed frankly in the HCT to avoid any surprises at the end of the project period.	Recipient Agencies, OCHA
Out of the planned 10,000 refugees, only around a quarter of these (2,600) were present in the camp during most of the project implementation period. Partners significantly underestimated the reluctance of Nigerian refugees to transfer to Minawao camp or even to be registered as refugees.	Assistance strategies for refugees must take into account their strong preference for remaining in host families near the border and their reluctance to move to Minawao camp. Although the Government did not authorise Agencies to deliver assistance outside the camp (as it did not want to encourage refugees to remain in host communities) in exceptional circumstances this may necessary. With the infiltration of Boko Haram elements in border communities and the offensive launched by the Cameroonian army to repel Boko Haram outside its territory, moving refugees away from combat zones to the designated camp becomes ever more necessary and urgent. Sensitization efforts should focus on the security risk, and should include not just refugees themselves but also local village chiefs to deter them from encouraging the refugees to stay in the villages.	UN Agencies, local authorities
The monitoring and follow up of the situation by the local administrative authority (Governor) creates a strong commitment among local governmental structures	Local governmental institutions should take advantage of such situations to ensure correct follow-up and monitoring of the situation to give correct information to high authorities	Local governmental institutions UN Agencies
The prepositioning of drugs and emergency material at regional level improved timely response	Promote local prepositioning of drugs and materials at regional level	UN Agencies
Regular coordination meeting and exchange of information amongst UN partners present in far North helped reduce overlapping	Maintain the UN and NGO coordination meetings that were established in the region for rapid, concerted and better planning and intervention in emergencies	UN agencies, NGO

interventions and have been very helpful in the management of another crisis (Floods in Begue palam).		
Administrative procedures sometimes caused delays in procurement or project implementation.	Relook at Agency administrative procedures to make them better adapted to emergency situations and to ensure rapid delivery of assistance.	UN agencies
Monitoring is essential to improve the quality of interventions, avoid misunderstanding among partners and mitigate poor or incorrect implementation of subcontracts	Ensure an adequate presence of agencies and personnel in the field to monitor activities.	UN agencies
Collaboration with the government services in the field is very important for the achievements of objectives	Bring on board the ministerial departments right from project inception and enable them to play an active role during implementation	Heads of Agencies / Ministerial departments
Existence of active contracts/good partnerships with local NGOs facilitated the rapid response to refugee crisis.	Identify local organizations and establish standby agreements with them for rapid response in case of emergencies	UN agencies International NGO

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	15.07.2013 – 28.05.2014
2. CERF project code:	13-CEF-079	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multi-sector		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency response to Nigerian refugees in the Far North region of Cameroon		
7. Funding	a. Total project budget:	US\$ 3,500,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 803,926	▪ NGO partners and Red Cross/Crescent: US\$ 90 208
	c. Amount received from CERF:	US\$ 803,926	▪ Government Partners: US\$ 66 593
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	5,423	18,465	The number of refugees expected was 10,000 as per UNHCR estimates but only 3,069 refugees were living in the camp by the end of the CERF project (1,499 female and 1,570 male). All these refugees received support from the CERF funding. Apart from them, 21,149 people (16,966 female and 4,183 male) were also covered through outreach activities in HIV, child protection and Health interventions in host communities.
b. Male	4,577	5,753	
c. Total individuals (female + male):	10,000	24,218	
d. Of total, children <u>under</u> age 5	2,600	4,844	
9. Original project objective from approved CERF proposal			
The main objective is to ensure that the affected target population has access to appropriate WASH, health, HIV and protection interventions. Specific objectives include:			
WASH			
<ul style="list-style-type: none"> • Ensure adequate access to potable water and sanitation facilities to refugees located in Minawao camps based on SPHERE standard. • Reduce mortality and morbidity at community level due to water, poor hygiene and sanitation related diseases. • Promote hygiene among 1000 families through basic water family and hygiene kits distribution. 			
Health/HIV & AIDS			
<ul style="list-style-type: none"> • Provide curative care to the refugee population. • Reduce the risk of disease in the vulnerable groups through vaccination campaign. • Mitigate the risks of transmission of HIV from pregnant women to their babies and ARV treatment for HIV positive mothers. • Provide emergency ARV treatment to those exposed to HIV infection. • Raise awareness and mitigate vulnerability to HIV infection through local radios and community based sensitization activities among displaced youth/adolescents and other groups. 			
Protection			
<ul style="list-style-type: none"> • Create secure and child friendly spaces in the refugee camps based on principles and action points agreed globally. • Reduce the risk and respond to trauma, abuse, violence and discrimination against refugee population (in particular children) in refugee camps. • Provide birth certificates to undocumented refugee children who are born within or outside the legal time set. 			
10. Original expected outcomes from approved CERF proposal			
The affected target population has access to appropriate WASH, health, HIV, education and protection services.			

WASH

Outcome: refugees in refugee camp have access to potable water, adequate latrines and adopt good hygiene practices

Indicators:

- The Ratio of number of person/number of latrine is conform to sphere standard;
- Average quantity of water available per day per person is conform to sphere standard;
- All population living in camps have access to wash kits including hand washing kits at the entrance/exit of latrine;
- 90% of families used basic family water and hygiene kits provided;
- Number of waste pits available.

Health/ HIV & AIDS

- 100% of children affected by childhood current illnesses are treated.
- 100% pregnant women are treated for malaria
- 100% of children aged 9-59 months are vaccinated against measles
- At least 80% of affected children receive their vaccines
- PEP kit are available both at the camp dispensary and at the nearest health facility for emergency HIV management
- HIV supplies and commodities are available both in the camp dispensary and in the referral health facility for testing care and treatment in line with national norms and standards
- All pregnant women are offered HIV testing in the camp dispensary and referred when necessary
- Youth and adolescents in the camp benefit from HIV sensitization activities

Protection

- All children have access and use a functional friendly spaces which adopted the integrated protection approach
- All cases of abuse, violence, trauma, and discrimination identified, addressed and reported
- At least 50% of the affected families received psychosocial support

11. Actual outcomes achieved with CERF funds

WASH

- An average of 1 latrine for 34 person is being used in the camp through the disposal of 92 latrines and 80 showers including the 50 latrines and 50 showers built with CERF fund.
- An average of 16.2 litres of water available per day per person (Standard=15l/person/day); Also 578 school children (393 boys and 185 girls) in hosted community have access to potable water.
- All population living in refugee site (3,069) have access to wash kits and hand washing kits at the entrance/exit of latrine;
- Adequate management of waste with the existence of 20 dust bins and 5 waste pits
- In addition to the above, the health centre of Gadala in charge of refugees has the minimum wash package (a borehole for provision potable water and gender sensitive latrine).
- No water borne epidemic has been registered during the period
- Adoption of goods hygiene practice by 479 families sensitized who received :
 - o 750 basic water family kit ;
 - o 760 hygiene kits;
 - o 640 kettles and 582 child pots;
 - o Distribution of 90 cartoons of 48 soap to families of 3,069 refugees

Health/ HIV & AIDS

- 690 (145%) of children in Minawao Camp affected by with childhood current illnesses are treated (malaria, diarrhoea, respiratory tract infections)
- 100% of pregnant women in the Minawao Camp are treated for malaria
- 12,453 out of 16,400 (76%) pregnant women were given IPT for malaria prevention
- 100% pregnant women are given ferrous and folic acid to prevent anaemia
- A preventive vaccination campaign was organized in Tulum and Gadala health areas of the Mokolo Health district. The final results shows that 12111/12141 (99, 8%) children 9 months to 15 years were vaccinated against measles out of which 805 children in the Minawao camp.
- Routine EPI activities are organized in the health centre and in the village located more than 5 km from the health centre by the health staff and the community involvement. In 2013, coverages for the health district were as follows: Polio 3 (103%): Penta 3 (103%), Measles (87%) and TT2+ (80%). Between January and April 2014 coverage was as follows: Polio 3 (93%): Penta 3 (95%), Measles (87%) and TT2+ (70%).
- 643 (100%) children under 5 received Oral Polio Vaccine (OPV) at every round of Local Immunization days against poliomyelitis of July, October and December 2013 in Minawao camp, and 68,878 children under 5 received OPV at every round of local of national vaccination days against Poliomyelitis;
- 4,000 Insecticides treated nets were acquired. LLINs were distributed to families along the border and in the refugee camp.

<ul style="list-style-type: none"> • The district hospital in Mokolo district is benefiting from HIV supplies and is now able to perform HIV testing. 1000 PEP kits were distributed to the Mokolo district Hospital and attached health centres. • 70 supervisors were trained who in turn trained 770 peer educators of the youth group in and out of the refugee camp who now serve as community based educators for their peers in Minawao, Mokolo and Maroua. This group mobilized 9840 people in the community amongst which 1000 were tested for HIV. • HIV awareness raising messages broadcasted in local radio in Mokolo reaching out to refugees in the camps for HIV risk mitigation and prevention. 	
<p>Protection</p> <ul style="list-style-type: none"> • 657 children use functional child friendly spaces which adopted the integrated protection approach • Nine forums are functional, organized by age and led by local facilitators. Children of Minawao and Gadala are also organized in fora leading activities two times per week (Wednesday and Saturday). • 2583 persons involved in communities awareness activities on violence prevention and peace building. • 53 unaccompanied children received psychosocial support 46 cases of abuse, violence, trauma, and discrimination identified, addressed and reported • Two child protection committees have been set up in the camp and two child protection committees Gadala and Gawar. The members of these committees have been trained on child protection issues and community mobilization. Child protection Committees are actively involved in the detection of cases of abuse and violence referred to the social worker. Each week child protection committees organized sensitization for parents and children by members. • 62 affected families and 40 women received psychosocial support • Home visit, peer support group and focus group discussion are regularly held 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): If 'NO' (or if GM score is 1 or 0): In WASH project design, gender-sensitive latrines were planned and constructed for refugees. The management committee for WASH infrastructure includes the active participation of both women and men. Both men and women were selected, trained and supported as volunteers for community sensitization activities and promotion of good water, sanitation and hygiene practices.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
An evaluation of WASH response is planned in the Minawao camp in order to improve the situation.	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNHCR	5. CERF grant period:	[01.08.2013 – 28.05.2014]
2. CERF project code:	13-HCR-043	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multi sector		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency response to Nigerian influx in Cameroon		
7. Funding	a. Total project budget:	US\$ 3,704,863	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,810,078	▪ NGO partners and Red Cross/Crescent: US\$ 157,500
	c. Amount received from CERF:	US\$ 839,843	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	5,423	1,499	<p>According to national authorities, because of deadly activities of Boko Haram in the north-eastern region of Nigeria, 12,482 Nigerians, mostly women, children and older persons were forced to flee to Cameroon. UNHCR registered 7,332 persons. As of 28 May 2014, Minawao Camp was hosting 3,069 refugees, of whom 2,446 had been transferred on a voluntary basis to Minawao camp. The additional 623 refugees includes people who joined the camp by their means and new-borns.</p> <p>It has to be noted that many Nigerian refugees share family and cultural ties with host communities, which has meant that some refugees have opted for living within host communities. In the Logone and Chari Division where most of the refugees are yet to be transferred to the Minawao refugee camp, refugees have found an opportunity to pursue their traditional activities in agricultural and fishing zones and are not intending to settle in the Minawao camp.</p> <p>After waiting in vain for few weeks for relief items, some Nigerians spontaneously returned to Nigeria. Others were reported to have moved to Maraoua and Kousseri further inland.</p> <p>The group described here is composed of Nigerian refugees who were effectively transferred to the Minawao camp where they benefited from the multi-sectoral assistance, including the international protection. However, all the Nigerian refugees in the Far North benefited from the international protection provided by UNHCR through various activities that required intensive human and logistical resources. From May 2013 to April 2014, the administrative authorities registered 12,482 Nigerian refugees in the Far North (divisions of Mayo Tsanaga, Mayo Sava and Logone-et Shari). UNHCR teams undertook regular border monitoring missions to assess their protection needs and risks while advocating for asylum to prevent any refoulement. Despite security and logistical challenges UNHCR pre-registered 7,332 while other did not register for several reasons even when already sensitized by UNHCR teams on protection issues and the advantage to join the Minawao Camp. Those who decided to not register nor join the camp stayed within host communities along the border but continued to benefit from continuous protection monitoring and assistance provided by UNHCR in collaboration with administrative authorities. UNHCR kept its capacity to</p>
b. Male	4,577	1,570	
c. Total individuals (female + male):	10,000	3,069	
d. Of total, children <u>under</u> age 5	2,600	685	

			relocate and provide them with multi-sectoral assistance at the Minawao Camp at any time they would express their wish to join the camp.
9. Original project objective from approved CERF proposal			
<p>This project aims to improve the overall living conditions of about 10,000 Nigerian refugees through the under-listed objectives:</p> <ul style="list-style-type: none"> • Provide international protection, basic needs and essential services to Nigerian refugees in the camp of Minawao in collaboration with the government and partners and ensure that the living conditions of refugees meet basic humanitarian standards; • Ensure the physical safety of refugees; • Mitigate the risks of and respond to sexual and gender-based violence 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Number of known cases of refoulement reduced to zero; • Reception conditions of refugees meet minimum standards; • 100% of Person of concern (PoC) registered on an individual basis; • 100 % of households live in adequate dwellings; • 100% of household needs for basic and domestic items met; • Individual/family shelter support provided for vulnerable persons • General site operation sustained 			
11. Actual outcomes achieved with CERF funds			
<p>UNHCR, in collaboration with national authorities and partners, provided international protection, basic needs (NFIs,) and essential services to ensure that living conditions of Nigerian refugees settled in the Far North region are in line with humanitarian standards. UNHCR pre-registered on an individual basis 7,332 Nigerian refugees. This was followed by a transfer from different locations (Zhelevet, Touroua, Moudougoua and Vekret); of 2,446 refugees to the Minawao camp located to 130 km from the Zhelevet side of the border, 30 km from Mokolo and 85 km from Maroua while 623 refugees spontaneously joined the camp. The development of the camp included the set-up of 31 community tents and 300 family tents, the construction of 200 standard shelters, an administrative block, a health post, a security post, a parking for vehicles, offices for partners and all United Nations agencies involved in the management of the camp. Ten class rooms, one bore hole, 120 toilets and 94 bathrooms were constructed. All refugee families were accommodated in individual shelters. The physical safety of refugees was ensured by a post of police availed by the Cameroonian government at Minawao camp. No security incident was reported in the camp. Border monitoring to assess the situation of Nigerian refugees and address protection issues was carried out; No incident of refoulement was recorded. Refugees were provided with food upon during the process of relocation and upon arrival at Minawao camp.</p>			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
<p>While the number of 3,069 Nigerian refugees living in Minawao camp at the reporting time is lower than the expectation of 10,000 refugees, worth is mentioning that 12,482 were identified and registered by administrative authorities as Persons of Concern to UNHCR in the Far North region in Cameroon. UNHCR monitored regularly, assessed, identified their protection needs and risks and profiled and registered 7,332 individuals among them in three divisions. The remainders were not willing to register because of their mobility and integration within the hosting communities but continued to enjoy the international protection through advocacy, monitoring and sensitization to avoid any refoulement or human right abuse. The figure of 3,069 related to those who were relocated to the camp where they received multi-sectoral assistance in addition to the security and international protection provided to all.</p>			
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): N/A If 'NO' (or if GM score is 1 or 0): Assistance took into account the specific needs of women, girls, boys and men. The specific needs of women were taken into account in all sectors in a cross-cutting manner both at the design and implementation level in order to reduce sexual and gender-based violence (SGBV). For instance all women of child-bearing age were provided with monthly hygienic kits including soap and sanitary napkins. In the camp, latrines and toilets are gender sensitive with 2 cabins; one for men and another for women. Women heads of household and nursing women are considered as people with specific needs and as such their needs were taken into account.</p>			
14. Evaluation: Has this project been evaluated or is an evaluation pending?			EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
Due to the current CAR emergency, only a financial audit was carried out at 2013 year end. This audit declared the project management "unqualified". Such a positive statement represents positive signs of			EVALUATION PENDING <input type="checkbox"/>

good management practices in contrast to "Qualified" which refers to projects pinned in a process of mismanagement of funds; the project implementation mentioned "Unqualified" can be perceived as well-managed.

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WFP	5. CERF grant period:	13.08.2013 – 28.05.14
2. CERF project code:	13-WFP-035	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food Security and nutrition		<input checked="" type="checkbox"/> Concluded
4. Project title:	Food and nutrition assistance to Nigerian refugees		
7. Funding	a. Total project budget:	US\$2,030,179	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 561,545	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$504
	c. Amount received from CERF:	US\$ 561,545	▪ <i>Government Partners:</i> US\$0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. <i>Female</i>	3,020	1,283	Due to external constraints beyond WFP's control, WFP was not able to reach the planned beneficiaries within the given timeframe. From an initial planning figure of 5,500 beneficiaries, only 2,590 people had been relocated to the Minawao camp by the last food distribution on 9 May (at 28 May there were 3,069 refugees in the camp), and due to security constraints, food distributions could only take place in the Minawao camp, and not in the host community, where many refugees are located.
b. <i>Male</i>	2,530	1,307	
c. <i>Total individuals (female + male):</i>	5,550	2,590	
d. <i>Of total, children under age 5</i>	1,443	596	
9. Original project objective from approved CERF proposal			
<p>General objectives: Respond to the sudden crisis created by the influx of Nigerian refugees in the Far-North region with immediate life-saving emergency distributions to beneficiaries.</p> <p>Specific objectives:</p> <ul style="list-style-type: none"> • Provide GFD to 5 550 Nigerian refugees for a period of 180 days. • Provide targeted supplementary feeding for 195 pregnant and nursing (PNW) women over a period of 90 days and 243 children under five for 60 days. <p>The PRRO pursues WFP strategic objectives 1 (Save life and protect livelihoods in emergency) and 3 (Reduce risk and enable people, communities and countries to meet their own food and Nutrition needs) and will contribute to Millennium Development Goals, 1, 3, 4 and 5.</p>			
10. Original expected outcomes from approved CERF proposal			
<p>Outcome</p> <ul style="list-style-type: none"> - Enhance maternal nutritional status for pregnant and nursing women through a targeted supplementary feeding programme. - Reduced acute malnutrition in targeted groups of refugee children and women. - Food distributed in sufficient quantity and quality to targeted women and children under five - Food distributed timely in sufficient quantity and quality to Nigerian refugees in the camp. <p>Indicators</p> <ul style="list-style-type: none"> - Rate of acute malnutrition among pregnant /nursing women and children under five is less than 12 %; - Admission rate at nutritional centers; (>90%); - Recovery rate of children and women treated for malnutrition; (100%); - Average length of enrolment in supplementary feeding; - Actual beneficiaries having received WFP GFD as a percentage of planned beneficiaries (by category, age group, and gender); - Actual quantity of food distributed through GFD as a percentage of planned distributions. 			

11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> The following outcomes were achieved with the CERF support: The CERF funds have enabled WFP Cameroon to respond to the influx of refugees from Nigeria in an efficient manner, assisting nearly all the beneficiaries in the Minawao camp for a period of seven months. Consequently, the contribution allowed WFP to mitigate food insecurity amongst the refugees. The CERF funding has enabled the WFP to achieve many of the targeted objectives, especially in the context of enhancing the nutritional status for the targeted pregnant and nursing women and children under five. The rate of acute malnutrition decreased from 11.9 % (October screening) to 2.1 % (March screening) amongst children under five, well beyond the WFP target of reducing MAM to less than 12 % amongst children under five in the targeted areas. Under the nutrition assistance, a bi-monthly ration consisting of Super Cereal, oil and sugar were distributed to pregnant and nursing women, while children under five received Plumpy sup - some 94 children under five and 98 pregnant and nursing women received nutritional food assistance in the Gadala health center, close to the Minawao Camp in the Far-North region. General food distributions have consistently been carried out on a monthly basis, with the exception of a short break in April, due to commodity shortfalls. Out of a total 5,550 targeted beneficiaries, 2,590 received food for a period of seven months. A total of 237,311 metric tons of food was distributed, representing 46.67% of the planned quantity. WFP assisted fewer beneficiaries than planned, and consequently the tonnage distributed also differed from initial figures. The food basket was complete throughout the period of assistance and the quantity of food distributed was in proportion to the assisted beneficiaries, except for some shortages in salt after the month of January. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>Due to external constraints beyond WFP's control, WFP was not able to reach its planned targets within the given timeframe of the CERF allocation. From an initial planning figure of 5,500 beneficiaries, only 2,590 people had been relocated to the Minawao camp by the last food distribution on 9 May (at 28 May there were 3,069 refugees in the camp), and due to security constraints, food distributions could only take place in the Minawao camp, and not in the host communities, where many refugees are located.</p> <p>Despite major efforts, WFP food assistance only reached 47% of the targeted beneficiaries with 46% of the planned tonnage, and as of June 2014, food distributions with commodities purchased with the CERF allocation are still ongoing in the Minawao camp, and WFP estimates that an additional food distribution round is necessary for a full implementation of the project. A new wave of Nigerian refugees has arrived in Cameroon since 1 May. Between 1 May and 16 June 2014, UNHCR has registered an additional 7,930 new refugees in the area, and it is expected that the population in Minawao camp will increase. Of the new arrivals, 3,000 have indicated willingness to transfer to the camp. Also, through further negotiation with the Government, WFP is hoping to reach those refugees living outside of the camp who are in need of assistance. WFP estimates that all commodities will be fully distributed at the beginning of August.</p> <p>The Cameroon Red Cross (CRC) was not used as an implementing partner as planned. Originally, WFP had budgeted \$45 315 as a sub-grant to the CRC for food distributions. However, when it came time to project implementation, coordination with UNHCR led to a more effective arrangement for distributions. UNHCR identified the NGO Public concern for food distributions, and a tripartite agreement was signed under which UNHCR would support the costs of distributions and transport of food from Maroua to Minwao, while WFP was responsible for providing the food and its transportation and handling from Douala to Maroua. The amount to be allocated to CRC for distributions was eventually reassigned to cover unexpected additional costs in transport. Due to the rainy season and the impracticality of certain roads, the cost of transportation of food stocks from Douala to Maroua rose and these costs were able to be covered with CERF funds.</p>	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): 2a If 'NO' (or if GM score is 1 or 0):	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
A Joint Assessment Mission (JAM) is planned for August 2014.	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WHO	5. CERF grant period:	14.01.14 – 28.05.14
2. CERF project code:	13-WHO-043	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Medical Assistance to Nigerian Refugees in Cameroon		
7. Funding	a. Total project budget:	US\$ 1,900,000	d. CERF funds forwarded to implementing partners: <ul style="list-style-type: none"> ▪ NGO partners and Red Cross/Crescent: US\$ 0 ▪ Government Partners: US\$ 42,150
	b. Total funding received for the project:	US\$ 833,480	
	c. Amount received from CERF:	US\$ 783,480	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	5,423	7,123	The total number of beneficiaries is 11,227 compared to the 10,000 initially planned because many refugees were living in host communities and were not in the refugee camp. Some interventions like immunization and curative care were therefore extended to local communities in order to reach refugees within the communities.
b. Male	4,577	4,104	
c. Total individuals (female + male):	10,000	11,227	
d. Of total, children <u>under</u> age 5	2,600	3,600	
9. Original project objective from approved CERF proposal			
<p>The objective of this project is to reduce the morbidity and mortality of affected populations through the organization of emergency care, mitigating the risk of potential outbreaks.</p> <p>The specific objectives are:</p> <ul style="list-style-type: none"> • Mitigate the risk of occurrence of outbreaks mainly Measles, Polio, cholera and malaria and others water borne diseases; • Ensure case management of common ailments and chronic conditions. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • 3,500 children between 9 months-15 years are immunized against measles; • All the 2 600 children under five years are vaccinated against poliomyelitis; • 5000 Insecticides treated nets are distributed to affected populations; • All displaced populations receive care in health facilities and care units; • 30 000 posters and sensitization material are produced and distributed on cholera risk awareness, and basic hygiene measures; • Weekly information is available for decision-making. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> • 3,500 children between 9 months-15 years were immunized against measles; • 3,600 under five years children were vaccinated against Polio; • 5,000 Insecticide Bed Net were distributed to affected population; • A Health post has been constructed in the refugee camp and will continue delivery health services to them • 10,087 instances of illness/disease were treated amongst the refugee population; • All governmental health facilities were supplied with essential drugs for free treatment in borders health districts where refugees were reported in the community; 			

<ul style="list-style-type: none"> • 10 cholera kits were distributed in high risk districts and have been particularly helpful in the management of a cholera outbreak which started in March 2014: 92 cholera cases were treated in the far north region among which 6 deaths occurred; • 40,000 posters were produced and distributed in refugees camp and all the districts sharing borders with Nigeria; • 22 weekly epidemiological bulletins were produced and shared with humanitarian actors to support decision making. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): Most of the refugees are women and children. Interventions are provided to refugees irrespective of their sex, religion and ethnicity.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>No external evaluation of the project was carried out. However, WHO conducted an internal lessons learned review and noted the following:</p> <p>Sociocultural link between refugees and hosting communities made it difficult to relocate the 10 000 expected refugees to the refugee camp.</p> <p>Extension of services to the local community favoured the delivery of health services to refugees living in the host community;</p> <p>The no-cost extension given by CERF really helped the different Agencies to achieve more results and reach more beneficiaries</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner*	Comments/Remarks
13-WHO-043	Health	WHO	Ministry of Public Health	Yes	GOV	\$42,150	14-Jan-14	14-Jan-14	These funds supported the cost of the Measles campaign
13-WFP-035	Food Assistance	WFP	SAILD	No	NNGO	\$504	21-Oct-13	1-Oct-13	Amount paid to the NGO covers monitoring nutrition activities
13-HCR-043	Multi-sector refugee assistance	UNHCR	Public Concern	Yes	NNGO	\$157,500	28-Jun-13	25-Sep-13	The first disbursement to partner was done with UNHCR's own funds through a letter of mutual intent to sign an agreement between UNHCR and Public Concern (PC) to speed up the implementation of the project.
13-CEF-079	Water, Sanitation and Hygiene	UNICEF	ACEEN (Association Camerounaise pour l'Education Environnementale)	No	NNGO	\$56,216	30-Oct-13	21-Oct-13	Activities started based on signature of agreement between ACEEN and UNICEF before transfert of funds
13-CEF-079	Water, Sanitation and Hygiene	UNICEF	Ministry of Water Resources and Energy	NO	GOV	\$15,436	13-Nov-13	21-Oct-13	
13-CEF-079	Protection	UNICEF	ALDEPA	No	NNGO	\$33,992	5-Dec-13	5-Dec-13	
13-CEF-079	Health	UNICEF	Ministry of Public Health, Ministry of Youth affairs and Civic education	No	GOV	\$51,157	29-Nov-13	1-Nov-13	

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ARV	Antiretroviral drug
CAR	Central African Republic
CERF	Central Emergency Relief Fund
CRC	Cameroon Red Cross
EPI	Expanded Program on Immunization
GFD	General food distribution
HCT	Humanitarian Country Team
HIV	Human Immunodeficiency Virus
IFRC	International Federation of Red Cross and Red Crescent societies
IMC	International Medical Corps
IPT	Intermittent preventive treatment
IRD	International Relief and Development
JAM	Joint Assessment Mission
LLIN	Long-lasting impregnated nets
MAM	Moderate Acute Malnutrition
NFI	Non-food items
NGO	Non-Governmental Organisation
OPV	Oral Polio Vaccine
PEP	Post-Exposure Prophylaxis
PNW	Pregnant and nursing women
PoC	Person of Concern
PRRO	Protracted Relief and Recovery Operation
RC	Resident Coordinator
SGBV	Sexual and gender-based violence
SRP	Strategic Response Plan
UN	United Nations
UNCT	United Nations Country Team
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organisation