

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

RESIDENT/HUMANITARIAN COORDINATOR

Mr. Thomas Gurtner

REPORTING PROCESS AND CONSULTATION SUMMARY

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

No AAR conducted while agencies and clusters have been consulted during the consolidation and revision phases.

- 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

The report was not discussed with the HCT. However OCHA CERF Focal points engaged discussion with Agencies during the compilation and the review of the report

- 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 draft was shared with recipient agencies for their validation and shared with the HC for his endorsement.

I. HUMANITARIAN CONTEXT

| TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$) | | |
|--|--|-------------------|
| Total amount required for the humanitarian response: 137,805,940 | | |
| Breakdown of total response funding received by source | Source | Amount |
| | CERF | 3,501,682 |
| | COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable) | N/A |
| | OTHER (bilateral/multilateral) | 41,176,014 |
| | TOTAL | 43,677,696 |

| TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$) | | | |
|--|---------------|----------------|------------------|
| Allocation 1 – date of official submission: 18-Jun-14 | | | |
| Agency | Project code | Cluster/Sector | Amount |
| UNICEF | 14-RR-CEF-092 | Health | 181,814 |
| UNICEF | 14-RR-CEF-093 | Nutrition | 188,481 |
| UNICEF | 14-RR-CEF-094 | WASH | 1,000,038 |
| UNHCR | 14-RR-HCR-027 | Multi-sector | 1,056,090 |
| IOM | 14-RR-IOM-030 | Shelter/CCCM | 875,275 |
| WHO | 14-RR-WHO-042 | Health | 199,984 |
| TOTAL | | | 3,501,682 |

| TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$) | |
|--|------------------|
| Type of implementation modality | Amount |
| Direct UN agencies/IOM implementation | 1,903,774 |
| Funds forwarded to NGOs for implementation | 1,347,901 |
| Fund forwarded to Red Cross/Crescent | 135,913 |
| Funds forwarded to government partners | 114,094 |
| TOTAL | 3,501,682 |

HUMANITARIAN NEEDS

The upsurge of violence in the Central African Republic (CAR) in December 2013, after a year of political turmoil, has had a significant impact on neighbouring countries, in particular on Chad, which is hosting the largest number of people fleeing violence in CAR. In May 2014, the situation in CAR was far from stabilizing; displacement to Chad continued and the government of Chad announced the closure of the border with CAR.

The humanitarian community estimated that by December 2014, the number of people returning from CAR and requiring humanitarian assistance in Chad will reach 150,000. From December 2013 to May 2014, the numbers of people requiring assistance grew exponentially, as additional people (over 65,000 persons since January 2014) moved across the Chad-CAR border. Indeed, Chad received twice the number of people expected. By late May, according to IOM and HCR, more than 110 000, Chadian returnees and 18 000 CAR refugees have been driven from their homes and livelihoods in CAR

People from CAR arrived in southern Chad in conditions of extreme vulnerability, traumatized and in very poor health conditions due to injury, malnutrition and infectious diseases, after having walked for weeks without any assistance. Many of them had witnessed or had been victims of violence and atrocities, thus requiring immediate life-saving assistance, including shelter, medical care, food and psychosocial support.

The number of people living in temporary sites requiring multi-sector assistance continued to increase. As of 27 May, more than 62,500 people were sheltered in temporary sites, including more than 58,000 in the south and about 4,500 in the outskirts of N'Djamena (Zafaye site). Even a further increase of new arrivals was expected (at least some 2,000 Chadian nationals in Cameroon) which demanded the urgent provision of transport assistance to facilitate the decongestion of transit sites and the relocation to the newly identified site Djacko. In addition, reports from humanitarian actors indicated that more than 10,000 people were living in host communities in different villages in the regions of Logone Oriental and Mandoul, along the border with CAR, and have joined the existing refugee camps and communities.

In early March 2014, the Government agreed that returnees would be able to stay in temporary sites for up to one year, requiring an urgent scale up of the response, including facilities and services provided. To accommodate those in need, the Government identified three long-term sites where Chadian returnees will be relocated: Zafaye in the outskirts of N'Djamena, Gaoui Danamadja in Logone Oriental and Maingama in Moyen Chari). Considerable work was, however, required to prepare these camps to the minimum standards.

The returnee population in the transit sites (Doyaba, Doba, Gore, Sido) which had originally been designed to host returnees for five days, had become overcrowded. While the Government had originally encouraged Chadian returnees to move quickly back to their areas of origin in Chad, it became increasingly evident that the majority of the returnees – many of whom had been in CAR for years, if not generations - had lost all family links in Chad and were therefore unable to reintegrate. There was an urgent need of more shelters and their quick installation on the new long-term sites was critical in view of the rainy season. During this period access to sites and villages became a challenge and many of them were inaccessible. Access roads to and at the new sites were also required as well as infrastructure for registration and profiling.

The risk of WASH related diseases and cholera outbreak was considered very high in the rainy season (Mai-September in the south). The WASH conditions in most the sites were not up to the standards and required accelerating the implementation of activities ensuring access to safe drinking water and sanitation facilities. This was further aggravated by the situation of epidemics in neighbouring localities in Cameroon. Already, WASH related diseases are among the major causes of health centre attendance. Besides, according to nutrition partners, despite global acute malnutrition (GAM) prevalence in almost all the sites were above the emergency thresholds of 15%, the nutritional situation was still critical and even lethal for children when combined with poor quality water intake, inadequate sanitation and hygiene practices.

The public health infrastructure was already overstretched with insufficient health personnel and limited financial resources. It has been further negatively affected by the influx from CAR. Health centres located in areas hosting returnees could not cope with increasing numbers of returnees and new arrivals. Immediate funding was needed to provide emergency life-saving health care to 40 000 persons including returnees and host communities. Immediate priorities were to increase the availability of essential drugs; to conduct medical screenings upon arrival and refer the most critical cases to hospitals; to provide vaccination to children; and to improve access to treatment of moderately and severely malnourished people.

II. FOCUS AREAS AND PRIORITIZATION

The CERF funding was requested to urgently prepare the long-term sites of Maingama and Danamadja in order to quickly move returnees to “organised” (vs spontaneous) locations, where they could be provided with appropriate services, including - as a matter of priority - the preparation of the water and sanitation infrastructure, the provision and setting up of tents, and the establishment of basic services as well as case management of malnutrition and health care. Furthermore, as the Government decided that over 2,000 Chadian returnees coming from CAR through Cameroon should settle in Moundou where a new site (Djako) is also under preparation.

In total 43 000 persons including returnees and some host communities were targeted in Maingama, Danamadja, Kobiteye, Djako and Zafaye sites for assistance with the CERF funding

The following need assessments were carried out during the first half of the year:

Joint assessment of education situation in Logone Oriental, Mandoul and Moyen Chari, 13 to 16 February 2014, UNICEF/Min of Education/ Civil Society Organisations, assessment of pastoralist situation in Logone Oriental, Mandoul and Moyen Chari, March 2014, PPF/FAO/COOPI, joint mission on returnees sites in the South of Chad, 31 March to 3 April 2014, ADES, Chadian Red Cross, SECADEC, joint mission/complementary registration in Sido site (Moyen Chari), 30 May to 7 June 2014, IOM, WFP and MSF, joint multi-sector assessment in Kouno, 7 June 2014, OCHA/Alerte Sante/Alima

The findings of these assessments revealed that returnees living in the temporary and transit sites and those living in host communities in the southern villages are lacking access to basic services and need urgent assistance. These newly created sites (Danamadja and Maingama) are facing challenging gap in WASH sector especially in Hygiene and sanitation. With this gap and considering the rainy season starting in May in the south, the risk of WASH related diseases and cholera outbreak is considered significant in most of the sites and host communities. This is further aggravated by the situation of epidemics in neighboring localities in Cameroon while in the same time the host communities are well lacking of adequate access to safe drinking water and sanitation facilities. This situation is critically dangerous and even lethal for children when combined with poor quality water intake, inadequate sanitation and hygiene practices. It is therefore necessary to avoid such dangerous situation in Danamadja and Maigama new sites.. UNICEF and partners have ran frequent screening in most of sites and results consistently shows high rate of Global Acute Malnutrition (see graph below). For e.g, GAM rate was as high as 24% in Mbaibokum, 20% in Doba, 17% in Bitoye or 15% in Doyaba. These figure are well above emergency threshold of 15%. The situation is worse among the nomadic population in some transit sites (Doyaba and Gore).

Reports also revealed that many of the migrants have fled under very hazardous conditions and have witnessed or have been the victims of violence and atrocities. They have had to deal with the loss of loved ones, family separation, the extraordinary levels of violence displayed, and the complete breakdown of community support systems. Most of them were living in makeshift shelters which do not provide protection from the elements and have already been destroyed by rains and the elements without any capacity to replace them. With the rainy season, the health and well-being of those in the transit sites will mostly depend on access to shelter. Its became very urgent to assist and protect populations residing in displacement situations and to make all efforts to find durable solutions

III. CERF PROCESS

The HCT led by the HC decided to request a CERF rapid response grant of US\$ 3.5 million for , providing immediate life-saving assistance to vulnerable returnees in the new sites.. The HCT prioritized the following sectors: Shelter/Camp Coordination Camp Management (CCCM) – US\$ 1.9 million, WASH – US\$ 1 million, Health and Nutrition – US\$ 0.6 (for the two sectors). This decision was made following several needs assessments conducted by cluster members and sectorial analysis required to prepare the CAR crisis Operational Response Plan., Considering the urgent need to prepare new long-term sites, the HCT decided to implement the CERF funded projects in the period of three months.

Two strategic objectives have been identified for this allocation:

1. To urgently prepare the long-term sites in order to quickly move returnees to “organised” locations, where they can be provided with appropriate assistance.

2. To provide emergency assistance to new incoming returnees.

Furthermore, the HCT also decided that registration and profiling activities, with a very reduced budget (not exceeding US\$ 150,000) should also be prioritized as they contribute to a more efficient and adequate response.

Consequently, life-saving interventions prioritized for CERF funding were identified through consultations within clusters/sectors and through the ICC.

In April 2014 the government of Chad has developed a "Global Response Plan to Assist Chadian Returnees from CAR," covering the period May to December 2014 to improve the response to the needs of people fleeing violence in CAR. In addition all clusters have reassessed the needs and reviewed sectoral analysis already included in the Chad 2014 Humanitarian Response Plan (HRP) to ensure that the humanitarian activities implemented by humanitarian stakeholders are aligned with the Government's Plan. From that an operational plan was prepared to scale up the response to the impact of the CAR crisis which highlight the critical gaps to be implemented within three months out of which the priority activities for CERF were identified. Gender marker in the HRP was considered for the submitted projects for the CERF allocation.

During the implementation phase, special attention was given to ensure gender equity by collecting gender disaggregated data on the detection and treatment of children suffering from SAM. UNHCR already uses Age, Gender and Diversity Mainstreaming (AGDM) in their projects and this was applied for this CERF allocation.

IV. CERF RESULTS AND ADDED VALUE

The total number of beneficiaries was calculated by adding up the beneficiary details provided by the concerned UN Agencies in the same cluster/sector. Based on the consultation with the respective cluster leads the risk of double counting has been minimized by considering only the highest number of beneficiaries in the cases of more than one project implemented in the same geographical area within the same cluster/sector.

| TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR | | | | |
|--|-----------------------|---------------|-------------|--------------|
| Total number of individuals affected by the crisis: 150,000 | | | | |
| The estimated total number of individuals directly supported through CERF funding by cluster/sector | Cluster/Sector | Female | Male | Total |
| | Health | 28,000 | 12,000 | 40,000 |
| | Nutrition | 25,500 | 13,500 | 39,000 |
| | WASH | 25,000 | 15,000 | 40,000 |
| | Multi-sector | 10,000 | 15,000 | 25,000 |
| | Shelter/CCCM | 11,835 | 7,597 | 19,432 |

BENEFICIARY ESTIMATION

| TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING | | |
|--|---------|-------------------|
| | Planned | Estimated Reached |
| Female | 28,000 | 30,445 |
| Male | 15,000 | 13,987 |
| Total individuals (Female and male) | 43,000 | 44,432 |
| Of total, children <u>under</u> age 5 | 10,000 | 10,125 |

CERF RESULTS

- Emergency assistance was provided to 44 432 persons including returnees, host communities and 10,125 children under 5. The CERF funding enabled partners to provide assistance to returnees and host communities affected by the CAR crisis addressing critical gaps in Shelter, Health, Nutrition, Wash and to refugees through a multi sector assistance. All sectors supported by CERF funding provided assistance and have increased their response activities in Maingama, Danamadja, Kobiteye, Djako and Zafaye sites allowing for moving of population from transit centres little by little to these temporary sites.
- Health care provided to 30 000 persons (returnees, host communities). Gore district hospital and Health centres in Danamadja and Maigama were provided with 3 IEHK 20111 to support free of charge treatment in these health facilities, Danamadja (Logone Oriental) and, Maingama (Moyen Chari) health centers received two f Diarrhoeal kit 2009: to cover 15,000 persons. Through CERF funding support, cases management for malaria, Diarrhoea and Infections have been improved through the supply of essential drugs and medical equipment (see project results tables for details).
- Malnutrition-related mortality and morbidity of children under five years of age were reduced through improved access to quality health services. 1 800 severe acutely malnourished children (100%) have received adequate treatment and those presenting complications were referred to local health structures while 12,000 pregnant and lactating mothers benefited cure and care during 3 months. This was sustained by exhaustive monthly nutrition screening in all 3 sites (Danamadja, Maingama and Djako). As a result, the therapeutic care cure rate was improved to 75 per cent, the therapeutic care defaulter rate <15 per cent and the therapeutic care mortality rate of <10.
- Water and sanitation facilities were built on the sites from which over 40 000 including 35 000 returnees and 5000 host populations benefited from WASH facilities and services in Danamadja, Djaki, Maingama, Kobitey and Djako. These persons were provided with safe drinking water bringing the ratio between 18 lit/persons/ day and 25 lit/persons/day taking into account all interventions by the different partners which above the standards (15 L/pers/day).
- 15 000 returnees were accommodated in 3 000 emergency shelters built in Maingama and Danamadja. The Shelter/CCCM cluster and its partners also managed to prepare the site of Djako providing shelter to 1,923 returnees newly arrived from Cameroon and Congo. The CERF funding enabled IOM to continue the registration of returnees in all sites, which provided accurate data to the entire humanitarian community for their response planning. In total, 19,432 returnees were registered and screened by IOM disaggregated by age, gender and type of assistance provided (1,923 returnees in Djako, 6,677 in Kobiteye, 1,967 in Sido and 8,865 in Doyaba).

The initial target were 43 000 beneficiaries while the 44 432 as the assistance was extended to new returnees transported from Cameroon and Congo that have been sheltered in the new site of Djako in August. In consultation with the HCT, It was agreed that the CERF resource to be used for the transportation and registration of new arrivals as requested by the government of Chad.

CERF's ADDED VALUE

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

YES PARTIALLY NO

With the CERF approvals, agencies were able to use their existing resources and stocks to start assisting the population prior to CERF disbursement.

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

YES PARTIALLY NO

Critical needs identified in shelter and WASH have been addressed with the CERF funds timely providing shelter to 15 000 returnees and drinking water to 40 000 persons including host communities.

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

YES PARTIALLY NO

Following the CERF allocation, ECHO provided additional funding to improve assistance and address additional gaps in Maingama and Sido.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

The Shelter/CCCM cluster was activated in country in May 2014 and this CERF allocation provided an opportunity for this cluster to improve coordination amongst partners. Moreover, a coordination group was set up to coordinate and prepare the site of Djacko for the arrival of 5 000 returnees from Cameroon and Congo as requested by the government. ?

As priority activities for this CERF allocation derived from the CAR crisis operational plan initially prepared with clusters, the monitoring including CERF component was also done through the ICC which enables extensive discussion and consultation within the ICC on integrated activity based approach toward this CERF allocation.

This CERF allocation strengthened decision making process within the HCT when the Government of Chad has officially requested support from the humanitarian community to transport and assist thousands of Chadian returned stranded in Cameroon and Congo. As result quick decision was made to support Chadian government efforts in this and to use the CERF fund for the transportation and registration of these persons by IOM.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

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.).

V. LESSONS LEARNED

| TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u> | | |
|---|---|--|
| Lessons learned | Suggestion for follow-up/improvement | Responsible entity |
| Weak/poor communication/connection with WHO and UNHCR Agency CERF focal point at HQ level with the country team | Request Agency focal points at HQ level to liaise closely with their country team during the all process to provide guidance and additional support when needed | CERF / Agency focal points at HQ level |

| TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u> | | |
|---|--|---------------------------|
| Lessons learned | Suggestion for follow-up/improvement | Responsible entity |
| NGOs implementing partners engagement need to be improved | Review the allocation process to strengthen clusters roles and NGOs engagement in the allocation process | HCT/OCHA |
| Too much administrative work at agency level before transferring funds to implementing partners delayed the implementation of activities. | Agencies to improve their disbursement processes. | Agencies |

VI. PROJECT RESULTS

| TABLE 8: PROJECT RESULTS | | | |
|--|--|--------------------------|---|
| CERF project information | | | |
| 1. Agency: | UNICEF | 5. CERF grant period: | 03.07.14 – 02.01.15 |
| 2. CERF project code: | 14-RR-CEF-092 | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded |
| 3. Cluster/Sector: | Health | | |
| 4. Project title: | Emergency health care to conflict-affected population in transit centres in Chad | | |
| 7. Funding | a. Total project budget: | US\$ 2,756,891 | d. CERF funds forwarded to implementing partners: |
| | b. Total funding received for the project: | US\$ 299,600 | ▪ NGO partners and Red Cross/Crescent: US\$ 115,957 |
| | c. Amount received from CERF: | US\$ 181,814 | ▪ 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 | 28,000 | 28,000 | N/A |
| b. Male | 12,000 | 12,000 | |
| c. Total individuals (female + male): | 40,000 | 40,000 | |
| d. Of total, children <u>under</u> age 5 | 8,000 | 8,000 | |
| 9. Original project objective from approved CERF proposal | | | |
| <p>The main objective is to Reduce Morbidity (Malaria, Diarrhoea, and Acute Respiratory Infections) and Mortality Rates among affected population specifically for Children and women</p> <p>Specific Objectives:</p> <ul style="list-style-type: none"> To improve case management for malaria, Diarrhoea, Infections through the supply of essential drugs, medical equipment, and the support for the deployment of additional health workers Screen and referred patients to health centres and hospitals. Supply drugs and medical equipment to health facilities in affected area | | | |
| 10. Original expected outcomes from approved CERF proposal | | | |
| <ul style="list-style-type: none"> Crude Mortality Rate is < 2 death/day/ 10,000 Malaria proportional Morbidity is < 10% Diarrhoea proportional Morbidity is 5% | | | |

| | |
|---|---|
| <ul style="list-style-type: none"> Assisted delivery > 95% | |
| 11. Actual outcomes achieved with CERF funds | |
| <ul style="list-style-type: none"> Crude Mortality Rate : 0.4 death/day/10,000 Malaria proportional Morbidity is < 31% Diarrhoea proportional Morbidity is 3% Assisted delivery by qualified personnel = 92% | |
| 12. In case of significant discrepancy between planned and actual outcomes, please describe reasons: | |
| The high malaria proportional morbidity reported (31%) is mainly due to the fact that it was the period of high transmission of malaria in the southern part of the country that reported globally an increase of malaria cases in 2014. | |
| 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) if 'NO' (or if GM score is 1 or 0): Gender Marker is 2a : Special attention was given to the quality of maternal health interventions | |
| 14. Evaluation: Has this project been evaluated or is an evaluation pending? | EVALUATION CARRIED OUT <input type="checkbox"/> |
| N/A | EVALUATION PENDING <input type="checkbox"/> |
| | NO EVALUATION PLANNED <input checked="" type="checkbox"/> |

TABLE 8: PROJECT RESULTS

| CERF project information | | | |
|---|--|--------------------------|---|
| 1. Agency: | UNICEF | 5. CERF grant period: | 01.06.14 – 30.11.14 |
| 2. CERF project code: | 14-RR-CEF-093 | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing |
| 3. Cluster/Sector: | Nutrition | | <input checked="" type="checkbox"/> Concluded |
| 4. Project title: | Sustaining Emergency Integrated Management of Severe Acute Malnutrition in transit sites in Chad | | |
| 7. Funding | a. Total project budget: | US\$ 7,100,000 | d. CERF funds forwarded to implementing partners: |
| | b. Total funding received for the project: | US\$ 0 | ▪ NGO partners and Red Cross/Crescent: US\$ 136,233 |
| | c. Amount received from CERF: | US\$ 188,481 | ▪ Government Partners: US\$ 31,781 |
| 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 | 13,500 | 13,500 | |
| b. Male | 13,500 | 13,500 | |
| c. Pregnant and lactating women | 12,000 | 12,000 | |
| d. Total | 39,000 | 39,000 | |
| 9. Original project objective from approved CERF proposal | | | |
| <p>The objective of the intervention is to reduce malnutrition-related mortality and morbidity in children under five years of age through improved access to quality health service; the project aim at providing early treatment to expected 1,800 severe acutely malnourished children and to provide cure and care to 12,000 pregnant and lactating mothers during 3 months of the year 2014</p> <p>This proposed project will focus on the following areas:</p> <ol style="list-style-type: none"> 1. Monthly active screening by MUAC and case referral of severe acutely malnourished children 2. Treatment of severe acute malnutrition 3. Control of co-morbidity and co-mortality factors for malnutrition (Diarrhoea, Malaria, Acute Respiratory Infection) in 9 returnees sites 4. Delivery of antenatal and post natal care including the psychosocial support to lactating mother | | | |
| 10. Original expected outcomes from approved CERF proposal | | | |
| <ol style="list-style-type: none"> 1. Exhaustive monthly nutrition screening in all sites: 03 2. Malnourished children detected and put under treatment: 90% 3. Therapeutic care cure rate >75% 4. Therapeutic care defaulter rate <15% 5. Therapeutic care mortality rate <10% 6. Children 0-6 months exclusively breastfeed: 50% (in the sites) 7. Children >6 months till 24 months breastfeed: 80% (in the site) | | | |
| 11. Actual outcomes achieved with CERF funds | | | |

| | |
|---|---|
| 1. Exhaustive monthly nutrition screening in all sites: 3 2. Malnourished children detected and put under treatment: 100%. All children in the refugee sites suffering from SAM were detected and received treatment. 3. Therapeutic care cure rate >75% Moyen Chari: 92% Logone Oriental: 86% 4. Therapeutic care defaulter rate <15% Moyen Chari: 5% Logone Oriental: 6% 5. Therapeutic care mortality rate <10% Moyen Chari: 0% Logone Oriental: 2.4% 6. Children 0-6 months exclusively breastfeed: the indicator will be measured through the ongoing DHS/MICS survey. 7. Children > 6 months till 24 months breastfeed: the indicator will be measured through the ongoing DHS/MICS survey. | |
| 12. In case of significant discrepancy between planned and actual outcomes, please describe reasons: | |
| N/A | |
| 13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code? | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| If 'YES', what is the code (0, 1, 2a or 2b): 2b If 'NO' (or if GM score is 1 or 0): Gender Marker code is 1: Special attention was given to ensure gender equity by collecting gender disaggregated data on the detection and treatment of children suffering from SAM. | |
| 14. Evaluation: Has this project been evaluated or is an evaluation pending? | EVALUATION CARRIED OUT <input type="checkbox"/> |
| N/A | EVALUATION PENDING <input type="checkbox"/> |
| | NO EVALUATION PLANNED <input checked="" type="checkbox"/> |

TABLE 8: PROJECT RESULTS

| CERF project information | | | |
|--|---|--------------------------|---|
| 1. Agency: | UNICEF | 5. CERF grant period: | 03.07.14 – 02.01.15 |
| 2. CERF project code: | 14-RR-CEF-094 | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing |
| 3. Cluster/Sector: | WASH | | <input checked="" type="checkbox"/> Concluded |
| 4. Project title: | Emergency water, sanitation and hygiene intervention for Central African returnees and host communities in Southern Chad. | | |
| 7. Funding | a. Total project budget: | US\$ 14,668,500 | d. CERF funds forwarded to implementing partners: |
| | b. Total funding received for the project: | US\$ 3,998,467 | ▪ NGO partners and Red Cross/Crescent: US\$ 425,440 |
| | c. Amount received from CERF: | US\$ 1,000,038 | ▪ Government Partners: US\$ 82,313 |
| 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 | 25,000 | 25,000 | N/A |
| b. Male | 15,000 | 15,000 | |
| c. Total individuals (female + male): | 40,000 | 40,000 | |
| d. Of total, children <u>under</u> age 5 | 10,000 | 10,000 | |
| 9. Original project objective from approved CERF proposal | | | |
| Reduce mortality and morbidity associated with water, sanitation and hygiene services among affected population living in the transit centres. People affected by violent conflict in CAR (returnees repatriated from CAR). | | | |
| 10. Original expected outcomes from approved CERF proposal | | | |
| Output 1: 40,000 persons have access to and use safe drinking water | | | |
| <ul style="list-style-type: none"> ➤ 100% of people on sites and have access to safe drinking water in quality and quantity (15 L/pers/day and 0 ecoli/100 ml of water) ➤ 1 water management committee is trained and operational for each Centre ➤ 25,000 people from host communities have access to safe drinking water in quality and quantity (15 L/pers/day and 0 ecoli/100 ml of water) | | | |
| Output 2: 40,000 persons use gender friendly sanitation facilities | | | |
| <ul style="list-style-type: none"> ➤ 100% of people used own or shared latrines in sites, household level ➤ 100% of women and girls who report satisfaction with the location, design, and privacy of latrines ➤ 500 separated latrines and 500 constructed and or rehabilitated at returnees Settlements ➤ 1 committee Sanitation and hygiene committee set up and trained in each site | | | |

11. Actual outcomes achieved with CERF funds

The planned activities were implemented by the partners below:

- IRC for the sites Ndjako and Maigama
- SECADEV for the sites Danamadja, Kobitey and Mbaibokoum
- CRT Tchad for the extension site of Maigama
- SID for Zafay
- Regional Hydraulic delegation Mondou for Djako

In order to complete the needs and GAP in the new and old displaced/returnee sites and host communities, construction of new boreholes, construction of sanitation facilities, hygiene promotion and distribution of WASH kits and sensitization for cholera prevention, and assurance of sustainable services for safe drinking water, sanitation and hygiene facilities through infrastructure management/maintenance has been put in place and adapted to the specific vulnerabilities of the communities.

The details of actuals results are below:

1- 40,000 persons have access to and use safe drinking water

13,019 additional persons have access to and use safe drinking water through the construction of 20 new boreholes, of which 17 equipped with hand pump and 3 equipped with motorized pump and small water supply system.

- 10 boreholes in Maigama for 5,000 returnees.
- 3 boreholes with hand pump and 2 small water supply systems in Kobitey for 4,898 returnees and one borehole for 500 members of the host community.
- 1 borehole with hand pump and 1 water supply system in Djako for 1,621 returnees and 2 boreholes with hand pump for 1,000 members of the host communities.

Access to sustainable safe drinking water has been assured by the management and maintenance of the existing water infrastructure and by providing gasoline for the generator that operates on the small water supply system, benefiting 40,941 persons.

- 35,376 returnees in the sites Zafaye, Djako, Kobitey, Danamadja and Maigama
- 5,565 persons from host communities around the sites Djako, Kobitey and Baibokoum (provision of gasoline).

Water quality surveys have systematically been organized at the water point and household level. Now the standard norms 15l/pers/day and 0 ecoli/100ml are respected in the different target sites. The ratio varies between 18 lit/persons/ day and 25 lit/persons/day taking into account all interventions by the different partners.

47 water committee management teams and 14 artisan repairers have been trained and are operational in the different sites. They will assure the maintenance and reparation of broken hand pumps, replacement of pipes etc...

2- 40,000 persons use gender friendly sanitation facilities

To date, 587 emergency latrines and 365 emergency showers have been constructed in the sites Djako, Danamadja, Kobitey, and Maigama, providing services to 29,350 returnees. 239 other emergency latrines are currently being constructed in Maigama and Kobitey, which will provide services to an additional 11,950 returnees. 100 emergency latrines and 57 shower were kept clean and emptied systematically in the Zafay site to maintain a permanent access to 4,252 returnees. The average ratio per cabin for all the sites targeted was 30 persons taken into account all latrines constructed by the different partners. 40 hygiene and sanitation committees were trained and are operational in the targeted sites.

In addition, for waste management, 17 washing areas and 5 garbage pits have been constructed and 12 others washing areas and 25 garbage pits are currently being constructed in Maigama and Djako sites. 500 garbage and 40 sanitation kits have been distributed in Zafaye, Maigama and Djako sites. 6,828 household benefited from the distribution of WASH hygiene kits in Danamadja, Kobitey, Djako and Zafay.

40,941 persons of which 35,376 returnees in the sites Zafaye, Djako, Kobitey, Danamadja and Maigama and 5,565 persons from host communities around the sites Djako, Kobitey and Baibokoum have been reached by hygiene promotion campaigns and Cholera prevention. One day a week was reserved to healthiness activities for each site. Each site could organize world hand washing day on 15 October 2014.

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

| | |
|--|---|
| N/A | |
| Concerning sanitation facilities, the immediate and short term objective (norm 50 persons/ cabin) was respected, but the long term objective of 20 persons / cabin has not been reached due to lack of funding and feasibility (space, maintenance etc...) | |
| 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): If 'NO' (or if GM score is 1 or 0): Gender Marker Code is 2a. | |
| 14. Evaluation: Has this project been evaluated or is an evaluation pending? | EVALUATION CARRIED OUT <input checked="" type="checkbox"/> |
| <ul style="list-style-type: none"> • More focus on integrated approach with inter-sectorial activities • Monitoring and harmonisation of hygiene messages and activities • Harmonisation of hygiene messages and approaches implemented by different actors • No respect for norms in infrastructure development and drainage which resulted in stagnant water around the source • Conception of latrine design adapted to flood areas, high water table levels and sandy areas • Lack of cleaning and maintenance of emergency latrine (drain filled latrines, cleaning and reparation of collapsed latrine) • Relocation and change of superstructure of the latrines from plastic sheeting to local materials • Lack of availability of building materials near sites (bricks) • Bad allotment and location of infrastructure (more than 500 m of beneficiaries: Maigama) • Contamination of water point • Geological characteristic difficulties with digging pit | EVALUATION PENDING <input type="checkbox"/> |
| | NO EVALUATION PLANNED <input type="checkbox"/> |

TABLE 8: PROJECT RESULTS

| CERF project information | | | |
|--|--|--------------------------|---|
| 1. Agency: | UNHCR | 5. CERF grant period: | 01.06.14 – 30.11.14 |
| 2. CERF project code: | 14-RR-HCR-027 | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing |
| 3. Cluster/Sector: | Multi-sector/CCCM | | <input checked="" type="checkbox"/> Concluded |
| 4. Project title: | Emergency shelter assistance for Chadian Returnees arriving from CAR | | |
| 7. Funding | a. Total project budget: | US\$ 2,684,593 | d. CERF funds forwarded to implementing partners: |
| | b. Total funding received for the project: | US\$ 2,684,593 | ▪ NGO partners and Red Cross/Crescent: US\$ ADES 806,184 |
| | c. Amount received from CERF: | US\$ 1,056,090 | ▪ Government Partners: US\$ n/a |
| 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 | 10,000 | 10,000 | n/a |
| b. Male | 15,000 | 15,000 | |
| c. Total individuals (female + male): | 25,000 | 25,000 | |
| d. Of total, children <u>under age 5</u> | 3,000 | 3,000 | |
| 9. Original project objective from approved CERF proposal | | | |
| The objective of this emergency response project will be to provide timely emergency shelters to address immediate life-saving needs of the estimated 15,000 Chadian returnees (3,000 households) from CAR. The project activities will be implemented in the South in the two new sites of Danamadja and Maingama | | | |
| 10. Original expected outcomes from approved CERF proposal | | | |
| 720 hectares of site cleared, 5 kilometers of secondary road constructed and 3,000 households receive emergency shelter | | | |
| 11. Actual outcomes achieved with CERF funds | | | |
| <p>1/ With the given CERF funds, prior to the construction of live saving emergency shelter for Chadian returnees without links in southern Chad, around 720 ha was cleared at Maigama and Danamaja sites, by partner ADES.</p> <p>2/ With the given CERF funds, a total of 5 kilometres of secondary access roads were constructed in Maingama and Danamadja sites. In total, 50 km of secondary access roads were constructed.</p> <p>3/ With given CERF funds, a total of 3,000 emergency shelters in Maingama and Danamdha were constructed by the partner organisation ADES to accommodate 15,000 Chadians returnees without links. Most of them previously stayed at the transit sites in Doba, Doyaba, and Sido and urgently had to be relocated to the returnee sites allocated by the government of Chad. In total, 5,553 emergency shelters were constructed, plus 203 brick-made shelters for persons with specific needs and 250 family tents provided at early stage of the response.</p> | | | |

| | |
|---|---|
| 12. In case of significant discrepancy between planned and actual outcomes, please describe reasons: | |
| n/a | |
| 13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code? | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| <p>If 'YES', what is the code (0, 1, 2a or 2b): If 'NO' (or if GM score is 1 or 0): Please describe how gender equality is mainstreamed in project design and implementation</p> <p>Gender marker Code is 2a: The overall goal for UNHCR programmes is to promote gender equality and the rights of all persons of concern regardless of sex, age or personal background. The overall aim of Age, Gender and Diversity Mainstreaming (AGDM) is to advance gender equality and rights of all persons of concern of all ages. The 2011 AGD (Age, Gender, Diversity) policy puts together the principles of the AGD approach and supports the AGD mainstreaming and targeted actions, which have been implemented since 2006. The policy underlines the importance of gender equality, the community-based approach, and partnerships for successful implementation of AGD. UNHCR operations activities incorporate an age, gender and diversity perspective using a rights- and community-based approach. The strategy is complemented by targeted action to empower discriminated groups, facilitate equitable outcomes for all and promote gender equality. To achieve this, an operational strategy has been developed which comprises of a multi-functional team approach with partners, participatory assessments with women, girls, boys and men of concern.</p> | |
| 14. Evaluation: Has this project been evaluated or is an evaluation pending? | EVALUATION CARRIED OUT <input type="checkbox"/> |
| <p>If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.</p> <p>The projects funded by CERF are within UNHCR activities, which are monitored and reported as per usual UNHCR policy and practice. AGDM (age, gender and diversity mainstreaming) assessments are also used on a regular basis to address needs using a participatory, rights and community-based approach, in the design, implementation, monitoring and evaluation of UNHCR's programmes, and activities.</p> <p>UNHCR has developed a common mechanism for implementation with the introduction of the Results Framework and Focus in 2009. Since 2011, UNHCR aligned planning, implementation and reporting formats around common objectives for the delivery of protection and solutions. The Results-Based Management (RBM) helps ensure that all organizational processes support the achievement of the right results in as effective and efficient manner as possible. The activities in the south are monitored by our three offices: Sub-Office in Gore, Field Office in Maro and Field Office in Haraze.</p> | EVALUATION PENDING <input type="checkbox"/> |
| | NO EVALUATION PLANNED <input checked="" type="checkbox"/> |

TABLE 8: PROJECT RESULTS

| CERF project information | | | |
|--|---|--------------------------|---|
| 1. Agency: | IOM | 5. CERF grant period: | 18.06.14 – 17.12.14 |
| 2. CERF project code: | 14-RR-IOM-030 | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing |
| 3. Cluster/Sector: | Shelter/CCCM | | <input checked="" type="checkbox"/> Concluded |
| 4. Project title: | Emergency life-saving assistance to migrants having fled the Central African Republic to Chad | | |
| 7. Funding | a. Total project budget: | US\$ 16,249,164 | d. CERF funds forwarded to implementing partners: |
| | b. Total funding received for the project: | US\$ 1,041,561 | ▪ NGO partners and Red Cross/Crescent: US\$ 0 |
| | c. Amount received from CERF: | US\$ 875,275 | ▪ Government Partners: US\$ 0 |
| Results | | | |
| 8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age). | | | |
| <i>Direct Beneficiaries</i> | <i>Planned</i> | <i>Reached</i> | <i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i> |
| a. Female | 9,390 | 11 835 | Only 1,923 Chadians returnees (6,000 were expected) that had fled CAR and were stranded in Cameroun and Congo Brazzaville were transported by IOM to the site of Djako near Moundou. Therefore, in coordination with Humanitarian Country Team (HCT), the resources were partially re-allocated to be used for registration and the distribution of plastic sheets for shelter for the returnees relocated by the GoC from Doba to the site of Kobiteye in August 2014. |
| b. Male | 8,610 | 7,597 | |
| c. Total individuals (female + male): | 18,000 | 19,432 | |
| d. Of total, children <u>under</u> age 5 | 2,880 | 3,005 | |
| 9. Original project objective from approved CERF proposal | | | |
| The provision of emergency life-saving assistance to cover the critical gaps in services through coordinated mechanisms and provide for the new and existing returnees having fled the violence in CAR in camp and out of camp settings in Chad. | | | |
| 10. Original expected outcomes from approved CERF proposal | | | |
| Outcome 1: The CCCM/Shelter cluster, humanitarian community and local authorities are supported with accurate information regarding priorities, vulnerable and at risk persons to support decision taking (18,000 returnees). <u>Indicators</u> | | | |
| 1.1 Number of returnees registered and screened by IOM disaggregated by age, gender and areas and type of assistance to be provided | | | |
| 1.2 Percentage of critical medical and protection cases among those identified and provided with the necessary services including referral to specialized agencies/entities | | | |
| Outcome 2: Chadian returnees at existing transit sites, areas of return, and new arrivals from CAR via third countries, once screened are supported to reach lifesaving assistance at longer term sites, or to reach self-help support mechanisms (12,000 | | | |

returnees).

Indicators

2.1 Number of Chadian returnees in transit sites with below standard shelter and dwindling humanitarian assistance that are placed out of harms way with transportation assistance into longer term sites in the South

2.2 Number of Chadian returnees arriving from CAR via third countries en route since the start of the crisis that are put out of harms way with transportation assistance into durable solutions.

Outcome 3

Vulnerable new returnees are provided with emergency shelter assistance to meet basic needs while screened and referred towards existing mid-term and durable solutions (6,000 returnees).

Indicators

3.1 Number of households provided with emergency shelter assistance upon arrival.

11. Actual outcomes achieved with CERF funds

Outcome 1:

As CCCM/Shelter cluster co-lead, IOM supported the humanitarian community and local authorities with accurate information regarding priorities (through 3W map, site factsheets, shelters map, daily statistics, etc.) for vulnerable and at risk persons to support decision making. In addition, as no national NGO had been officially assigned by the Government of Chad (GoC) for the site of Djako, IOM has been operating as a site manager and has therefore been co-leading coordination meetings with local authorities and OCHA.

In total, 19,432 returnees were registered and screened by IOM disaggregated by age, gender and type of assistance to be provided (1,923 returnees in Djako, 6,677 in Kobiteye, 1,967 in Sido and 8,865 in Doyaba). IOM registered all new arrivals in Djako (returnees from Cameroon and Congo Brazzaville) as well as all returnees transported from Sido and Doyaba transit sites to the temporary site of Maigama. SECADEV, a Chadian NGO assigned by the GoC as site manager for Kobiteye, did the first registration of returnees that arrived from Doba transit site, but requested technical assistance from IOM as many cases of fraud were observed. In total IOM registered 6,677 individuals in Kobiteye, with each screened household (in Djako and Kobiteye) also receiving one ID badge. 21 unaccompanied minors (UM) in Djako were also referred to UNICEF.

Outcome 2:

In total, 10,832 Chadian returnees from the transit sites of Doyaba and Sido in the region of Moyen Chari were screened and transported by IOM with buses (and cargo for luggage) to the temporary site of Maigama under this project. 8,865 returnees were delocalized from Doyaba -a site now closed- and 1,967 from Sido.

Outcome 3

With CERF funding, IOM built 416 shelters (family and individuals shelters) in the site of Djako near Moundou for 1,923 stranded returnees who had fled CAR and who were in Cameroon and Congo Brazzaville. IOM as Djako's site manager, installed lights in the site in order to reduce gender based violence risks.

The initial project had foreseen a higher number of returnees from Cameroon and Congo Brazzaville, however the actual number of returnees was far less than expected. As a result, 900 tarps from Djako were relocated and transported to Kobiteye near Goré in order to provide emergency shelter assistance to 4,750 returnees relocated by the GoC from the site of Doba, (plastic sheets/tarps were used for the construction of 300 shelters). Furthermore 125 tarps were distributed to the returnees in the site of Djako to rehabilitate their shelters in line with a needs assessment done on site.

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

Only 1,923 Chadians returnees (6,000 were expected) that had fled CAR and were stranded in Cameroon and Congo Brazzaville were transported by IOM to the site of Djako near Moundou. Therefore, in coordination with Humanitarian Country Team (HCT), the resources were partially re-allocated to be used for registration and the distribution of plastic sheets for shelter for the returnees relocated by the GoC from Doba to the site of Kobiteye in August 2014. Furthermore, as no Chadian NGO has been assigned by the GoC up to date, IOM has to ensure the interim which represent significant responsibilities as well as additional costs (maintenance of lights, rubbish, security, etc...).

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

YES NO

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

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

| TABLE 8: PROJECT RESULTS | | | |
|---|--|--------------------------|---|
| CERF Project Information | | | |
| 1. Agency: | WHO | 5. CERF Grant Period: | 02 Jul 2014 – 30 Sept 2014 |
| 2. CERF Project Code: | 14-RR- WHO-042 | 6. Status of CERF Grant: | <input type="checkbox"/> Ongoing |
| 3. Cluster/Sector: | HEALTH | | <input checked="" type="checkbox"/> Concluded |
| 4. Project Title: | <i>Emergency Health Care to conflict affected population in Transit Center in Chad</i> CHD 14-H/64997/122 | | |
| 7. Funding | a. Total project budget: | US\$ \$791,800 | d. CERF funds forwarded to implementing partners: <ul style="list-style-type: none"> • NGO partners and Red Cross/Crescent: US\$ 0 • Government Partners: US\$ 0 |
| | b. Total funding received for the project: | US\$ 199,984 | |
| | c. Amount received from CERF: | US\$ 199,984 | |
| 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 | 28,000 | 28,000 | N/A |
| b. Male | 12,000 | 12,000 | |
| c. Total individuals (female + male): | 40,000 | 40,000 | |
| d. Of total, children <u>under 5</u> | 8,000 | 8,000 | |
| 9. Original project objective from approved CERF proposal | | | |
| <p>The main objective is to Reduce Morbidity (Malaria, Diarrhoea, and Acute Respiratory Infections) and Mortality Rates among affected population specifically for Children and women in Danamadja and Maigama transit centre</p> <p>Specific Objectives:</p> <ul style="list-style-type: none"> • To improve case management for malaria, Diarrhea, Infections through the supply of essential drugs, medical equipment, and the support for the deployment of additional health workers • Screen and referred patients to health centers and hospitals. • Supply drugs and medical equipment to health facilities in affected area | | | |
| 10. Original expected outcomes from approved CERF proposal | | | |
| <ul style="list-style-type: none"> • Crude Mortality Rate is < 2 death/day/ 10,000 • Malaria proportional Morbidity is < 10% • Diarrhoea proportional Morbidity is 5% • Assisted delivery > 95% | | | |
| 11. Actual outcomes achieved with CERF funds | | | |
| <p>Achieved outcomes</p> <ul style="list-style-type: none"> • Crude Mortality Rate is 0,1 death/day/ 10,000 • Malaria proportional Morbidity is 8% • Diarrhoea proportional Morbidity is 2% • Assisted delivery is 80% Because a few pregnant women still give birth in the camps | | | |

| | |
|---|---|
| Activities carried out | |
| <ul style="list-style-type: none"> • Procurement and distribution of IEHK kit 2011 (3) for free of charge treatment in health facilities: Danamadja Maigama health centers and Goré district hospital for 30000 persons • Procurement and distribution of Diarrhoeal kit 2009 (2) in health facilities : Danamandja and, Maigama health center to cover 15,000 persons • Salary for International Epidemiologist for 15 days • Deployment of technical staff to support intervention: 6 Paramedics in Danamadja (3 Nurses) and Maigama (3 nurses) • Fuel for ambulance: referrals to Danamadja, Maigama and districts hospital • Fuel for field visit • Supervision monitoring and evaluation | |
| 12. In case of significant discrepancy between planned and actual outcomes, please describe reasons: | |
| N/A | |
| 13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code? | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| <p>If 'YES', what is the code (0, 1, 2a, 2b): GM code is 2a</p> <p>Gender Marker Code is 2a: From the design of project, beneficiaries of this project were both girls and boys under five years, boys, girls, men and women in the transit center.</p> | |
| 14. M&E: Has this project been evaluated? | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| <p>The project was evaluated through supervision mission (2) by an Epidemiologist from the WHO country office. Danamadja and Maigama health centres were visited by the mission. Key findings include:</p> <ul style="list-style-type: none"> • Danamadja and Maigama health centers were well-equipped and functioning. • 100 per cent of patient in receiving centres for medical cases were properly and free supported • No drugs products were out of stock in all visited health centres; • Referrals to Danamadja, Maigama and districts hospital were properly doing • 70 women were properly assisted for delivery • Epidemiological data were collected on a daily basis in health facilities and transmitted on a weekly basis to health district and to national level. | |

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

| CERF Project Code | Cluster/Sector | Agency | Implementing Partner Name | Sub-grant made under pre-existing partnership agreement | Partner Type | Total CERF Funds Transferred to Partner US\$ | Date First Installment Transferred | Start Date of CERF Funded Activities By Partner* | Comments/Remarks |
|-------------------|-------------------------------|--------|--|---|--------------|--|------------------------------------|--|--|
| 14-RR-CEF-092 | Health | UNICEF | ACF (Action Contre la Faim) | Yes | INGO | \$60,647 | 20-Oct-14 | 18-Jun-14 | |
| 14-RR-CEF-092 | Health | UNICEF | Centre de Support en Santé Internationale (CSSI) | Yes | NNGO | \$55,310 | 18-Nov-14 | 18-Jun-14 | |
| 14-RR-CEF-093 | Nutrition | UNICEF | IRC | Yes | INGO | \$136,233 | 29-Oct-14 | 20-Aug-14 | |
| 14-RR-CEF-093 | Nutrition | UNICEF | CSSI | Yes | GOV | \$31,781 | 25-Nov-14 | 18-Jun-14 | |
| 14-RR-CEF-094 | Water, Sanitation and Hygiene | UNICEF | Delegation de l'Hydraulique | No | GOV | \$82,313 | 20-Aug-14 | 20-Aug-14 | |
| 14-RR-CEF-094 | Water, Sanitation and Hygiene | UNICEF | RED CROSS | Yes | RedC | \$135,913 | 20-Apr-14 | 20-Aug-14 | |
| 14-RR-CEF-094 | Water, Sanitation and Hygiene | UNICEF | IRC | No | INGO | \$23,761 | 8-Aug-14 | 8-Aug-14 | |
| 14-RR-CEF-094 | Water, Sanitation and Hygiene | UNICEF | SID | No | NNGO | \$17,813 | 20-Aug-14 | 20-Aug-14 | |
| 14-RR-CEF-094 | Water, Sanitation and Hygiene | UNICEF | SECADEV | Yes | NNGO | \$246,847 | 21-Aug-14 | 21-Aug-14 | |
| 14-RR-CEF-094 | Water, Sanitation and Hygiene | UNICEF | Terre Verte/CELIAF | No | NNGO | \$1,106 | 16-Dec-14 | 16-Dec-14 | |
| 14-RR-HCR-027 | Camp Management | UNHCR | ADES | Yes | NNGO | \$806,184 | 11-Jul-14 | 14-Apr-14 | The Partner used others UNHCR funds to start the activities. |

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

| | |
|-------|---|
| ACORD | Association de Coopération et de Recherche pour le Développement) |
| ADES | ASSOC POUR ACTION DE DEV SOCIAL & HUMANITAIRE |
| AFDI | Agriculteurs français et développement international (Afdi) travaille auprès de l'Atader - Association tchadienne des acteurs du développement rural -, fédération d'organisations paysannes. |
| AGD | Age Gender Diversity |
| AIDS | Acquired Immune Deficiency Syndrome |
| APLFT | Association pour la Promotion des Libertés Fondamentales au Tchad |
| ARV | Anti-Retro Viraux |
| BASE | BUREAU D'APPUI EN SANTE ET ENVIRONNEMENT |
| CAR | Central African Republic |
| CCCM | Camp Coordination and Camp Management |
| CNLS | Comité National de Lutte contre le Sida |
| CRT | Croix Rouge Tchadienne |
| GoC | Government of Chad |
| GVB | Gender Based Violence |
| HIV | Human Immunodeficiency Virus |
| IDP | internally displaced person |
| IOM | International Organization for Migration |
| PLWHA | People living with HIV/AIDS |
| LWF | Fédération Luthérienne Mondiale Tchad |
| | |