

**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: US\$ 33,000,000 | | |
| Breakdown of total response funding received by source | Source | Amount |
| | CERF | US\$ 4,228,719 |
| | COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable) | 0 |
| | OTHER (bilateral/multilateral) | US\$ 15,019,197 |
| | TOTAL | US\$ 19,247,916 |

| TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$) | | | |
|--|---------------|-------------------------------------|------------------|
| Allocation 1 – date of official submission: 14-Feb-14 | | | |
| Agency | Project code | Cluster/Sector | Amount |
| IOM | 14-RR-IOM-004 | Protection/Human Rights/Rule of Law | 349,998 |
| WFP | 14-RR-WFP-005 | Food | 1,531,209 |
| UNHCR | 14-RR-HCR-004 | Multi-sector | 499,937 |
| UNICEF | 14-RR-CEF-007 | Protection/Human Rights/Rule of Law | 349,355 |
| UNICEF | 14-RR-CEF-008 | Water and sanitation | 998,636 |
| WHO | 14-RR-WHO-006 | Health | 199,984 |
| UNICEF | 14-RR-CEF-009 | Health | 299,600 |
| TOTAL | | | 4,228,719 |

| TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$) | |
|--|-----------------------|
| Type of implementation modality | Amount |
| Direct UN agencies/IOM implementation | US\$ 2,997,599 |
| Funds forwarded to NGOs for implementation | US\$ 879,102 |
| Funds forwarded to government partners | US\$ 352,018 |
| TOTAL | UD\$ 4,228,719 |

HUMANITARIAN NEEDS

The eruption of clashes between armed groups (ex-Seleka and anti-Balaka) in Central African Republic (CAR) at the end of 2013, resulted in rising levels of violence and human rights abuses and violations and triggered massive displacement of the population. Houses have been looted and burned, forcing the population to seek refuge in health centres, churches and mosques, schools and also in the airport of the capital, Bangui. Continued violence targeting civilian populations, including Chadian nationals, has pushed the Chadian authorities to rescue their nationals in CAR,

In early 2014, the influx in Chad of more than 45,000 people including Chadian nationals, CAR refugees and Third Country Nationals fleeing increased conflict and violence in CAR crated an unexpected additional strain on the humanitarian situation of the country requiring a rapid response from the humanitarian community. According to IOM, from 21 December 2013 until the 31 January 2014, 44,448 people from CAR, evacuated by air or arriving by road, have been registered in Chad, out of which 15,075 evacuees have been registered in N'Djamena and 29,373 in other main entry points in Southern Chad (3,855 in Doba, 3,698 in Gore, 6,898 in Mbitoye, 8,113 in Sahr, and 6,809 in Sido).

Many returnees arrived destitute, having left back all their belongings, and they were facing urgent needs in transit centres or even in already impoverished host villages. The situation was even more complex for Chadian returnees who hadn't had any bond with Chad for several generations. The strategic priority of the government, supported by the UN, was to promptly resettle returnees in host community villages and to use transit centres only as temporary solutions. However, for the majority of returnees the process of relocation to areas of origin took longer than planned, thus they had to remain longer in transit centres. The living conditions of returnees in these camps have been gradually deteriorating. Water, sanitation, and medical services were inadequate and space very limited.

The majority of the returnees were women and children. To address the specific protection needs, unaccompanied or separated children (UASC) were registered and identified at the entry points in Chad as well as in transit centres (fewer cases) and referred to the Children's Directorate of the Ministry of Social Action. Many children had been sent to Chad ahead of their parents for their own protection; most of them were arriving as separated and in some cases unaccompanied children. In January 2014, field evaluation conducted by UNICEF and the Ministry of Social Action revealed the presence of 387 unaccompanied minors and 239 separated children in need of family tracing and reunification services. Girls are most exposed to abuse and exploitation due to lack of a protective family and disruption of the traditional community protection system.

The host villages and transit centres along the border were neither capable to provide safe drinking water at minimum recommended standards nor they had adequate water and sanitation infrastructures to meet the needs of the affected population. The provision of sanitation services represented a critical need as people were practicing open defecation while at the same time relying on surface water for drinking. Over the last week of January, diarrhoea represented 35% of the 6,256 consultations registered in Sido, Doyaba, Bitoye and Doba (an increase of 20% in comparison to the previous week).

On 3 January 2014 the government of Chad launched an appeal to the international community to complement national efforts in providing relief assistance to returnees from CAR.

In February 2014 the situation in CAR was far from stabilizing, with uninterrupted arrivals being reported along the border, and an increasing number of returnees. Many more were expected to return to Chad over the course of 2014. In such conditions, the caseload of returnees from CAR was unpredictable and it was expected that their number will reach 150,000 persons by the end of the year 2014. The current number of returnees from CAR is estimated at 97 000 persons (HNO 2016)

II. FOCUS AREAS AND PRIORITIZATION

A multi-sector initial rapid assessment led by OCHA from 28 December 2013 until 3 January 2014, followed by donors' assessment from 13-15 January 2014, both conducted in N'Djamena and in southern Chad, highlighted the presence of pockets of vulnerability in transit sites and host villages, as 80 per cent of people fleeing CAR were women and children. These assessments revealed humanitarian priorities for an integrated emergency response composed of Wash, Food Security, Health and Protection covering 50,000 people, of which 35,000 women and 8,500 children under five

Lifesaving emergency WASH interventions were required. UNICEF and partners aimed to provide emergency WASH assistance to 40,000 vulnerable persons including 25,000 women and 2,500 children under 5 in transit centres, entry points and host communities through coordinated provision of equitable, adequate and sustained safe drinking water, sanitation and hygiene education.

Food security was prioritized as one of the main sector for the Rapid Response intervention of the humanitarian community. The people who fled CAR had few or no food resources, as they were forced to flee their homes with little advance warning. Most were unable to leave the transit centres in the short term and most of them required assistance. As the Government intended to empty the transit centres within the near-term and to transfer returnees to their village of origin in Chad, it was decided to prioritize food assistance rather than agricultural production support. Daily full food rations had to be provided. In light of the high rates of global acute malnutrition that preliminary surveys shown in the transit sites and due to the fragile condition of the returnees, it was also important to complement food assistance with prevention and treatment activities of moderate acute malnutrition, to stabilize their nutritional status.

Health activities targeted the most vulnerable groups such as children and women. WHO, UNICEF and partners ensured that the affected population could access critical health care, including a strong reproductive health component. The activities have been implemented in seven transit centres, to strengthen health service delivery through deployment of additional staff, provision of drugs and medical supply.

Protection activities targeted girls, boys and women, as well as the psychosocial needs of children in the returnee sites which have not been met due to lack of funding and technical capacity. Children friendly spaces and animators are required. CERF funding focused in addressing the lifesaving needs of returnee and migrant children especially boys and girls separated from their families during the conflict in CAR. Moreover on-going registration of returnees, identification and referral of cases of concern (medical cases, unaccompanied and separated children, CAR nationals seeking asylum, Third Country Nationals (TCNs) , refugees, etc.), onward transportation assistance to community of origin in Chad and profiling (to optimize mid-term assistance) need to continue and reinforced. . Furthermore IOM ensured data collection and analysis to optimize rapid and adequate response programming.

Even though the existing infrastructure and services have partially absorbed the new populations, UNHCR and its partners put emphasis to protection activities and provision of basic services needs to be address a quick and comprehensive response to the needs of the newly-arrived refugees

III. CERF PROCESS

Following multiple needs assessments in which the government have been fully involved, and as recommended by the Humanitarian Coordinator and the HCT, the inter-cluster (ICC) group met to discuss priority needs and interventions. It was agreed with the government to create a Task Force in charge of elaborating a joint emergency response plan to assist an estimated caseload of 150,000 returnees (including refugees and Chadian migrants) from CAR. Main NGOs participated in the ICC meetings and all relevant stakeholders have been engaged on the preparation of the emergency response plan.

Considering the scarcity of government and humanitarian stakeholders resources, the Humanitarian Coordinator and the UN Country Team agreed to apply for a CERF Rapid Respond Grant and narrowed the focus of the assistance to returnees on urgent needs across five key sectors: Food Security, WASH, Protection, Health and the Multi sector for refugees over a period of two-month.

The Health cluster projects prioritization process involved all clusters members including NGOs. During the prioritization meeting, the following needs were identified for CERF Funding: i) Reinforcement of medical staff in the transit centres; ii) Provision of essentials drugs and supply; iii) Routine Immunization for Children; and iv) Measles Immunization Campaign. Based on the critical interventions identified, the cluster decided for a joint WHO/UNICEF submission: WHO: Technical support/ Staffing/ Drugs & Supply; UNICEF: Technical support/ Immunization; IRC (NGO): Services Delivery; and Government (MoH): Service Delivery.

The WASH cluster projects prioritization process involved all clusters members including NGOs; interventions were designed for each transit centres. UNICEF identified partner organizations already providing initial response on the ground to benefit from CERF additional support as implementing partners. To maximize the impact of the intervention, WASH activities were implemented in complementarity with other on-going health and nutrition interventions.

Protection cluster prioritization process took into account the urgent need for transit centres management, child protection issues and Gender Based Violence (GBV) component; UNICEF, OIM and CARE International and the Government benefited from the allocation with the following responsibility: OIM: Registration, Profiling and Transfer to transit centres; UNICEF: Technical support/ child protection including psychosocial and care for Unaccompanied/ Separated Children; CARE: Service Delivery; and Government: Service Delivery.

IV. CERF RESULTS AND ADDED VALUE

| 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 |
| | Protection/Human Rights/Rule of Law | 51,590 | 47,623 | 99,213 |
| | Food | 22,950 | 22,050 | 45,000 |
| | Multi-sector | 6,000 | 4,500 | 10,500 |
| | Water and sanitation | 25,000 | 15,000 | 40,000 |
| | Health | 28,000 | 12,000 | 40,000 |

BENEFICIARY ESTIMATION

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 coordinators and lead agencies, the risk of double counting has been minimized by considering only the highest number of beneficiaries in the case of more than one project implemented in the same geographical area within the same cluster/sector.

| TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING | | |
|--|---------|-------------------|
| | Planned | Estimated Reached |
| Female | 35,000 | 51,590 |
| Male | 15,000 | 47,623 |
| Total individuals (Female and male) | 50,000 | 99,213 |
| Of total, children <u>under</u> age 5 | 8,500 | 8,000 |

CERF RESULTS

- **People arriving from CAR have been registered CAR and they have been assisted with emergency support.** 99,213 individuals out of 106,646 (93 per cent) including returnees and TCN were registered by IOM allowing humanitarian actors to provide with the necessary psycho-social, medical, shelter, food, protection and Wash support . 100 per cent of those claimed CAR nationals were referred to UNHCR. 805 TCNs were assisted to return to their countries of origins while 28,989 returning Chadian migrants were transported to their preferred destination in the country; More over 2,625 shelter were provided to accommodate 10,500 refugees and persons at risk of statelessness among the returnees from CAR. CERF also allowed the establishment of Data Tracking Matrix regularly shared with the humanitarian communities to guide response planning
- **45,000 returnees have been assisted through cash and voucher transfers in the South (Gore, Bitoye, Doba, Sahr and Sido).** This alternative to food distribution enabled the returnees to buy the food and other essentials items they urgently need covering a period of 60 days.
- **To prevent a further deterioration in the nutritional status of returnees,** WFP also performed Blanket Supplementary Feeding (BSF) activities by providing Plumpy'Doz to 4,362 children aged 6-23 months. Plumpy'Sup was distributed through the sites' health centres, to 1,296 children as Targeted Supplementary Feeding (TSF) for the treatment for moderate acute malnutrition (MAM). As results the Prevalence of acute malnutrition rate among children under 5 (weight-for-height as percentage) have been reduced from 14.5 per cent to 8 per cent.
- **Emergency Health care is provided to more than 40,000 persons.** These services enabled 15,000 children to receive consultation and treatment. Health centres in Doyaba, Moundou, Doba and N'Djamena have been provided with essential drugs and IEHK kit enabling them to treat 30,000 persons. Measles vaccination was carried out in the south and N'Djamena and has covered 89 per cent (33,020 vaccinated out of 37,000 targeted) of targeted population among which 8,000 children under 5. Moreover six technical staff were deployed to support health intervention in Doyaba(2), Doba(2), Moundou(2) and three Nurses deployed in Doyaba(1), Moundou(1) and Doba(1)
- **Water and sanitation facilities were provided for approximately 40,000 persons in the transit sites and host communities.** This enabled provision of clean water to 46,497 persons including returnees and host communities based on emergency standards (18 lt/person/ day and 25 lt/person/day) and temporary latrines for 10,340 persons. The services were essential for preventing these vulnerable populations contracting waterborne diseases such as cholera and acute diarrheal that are associated with the rainy season and poor hygiene.
- **Identified unaccompanied and separated children were assisted with psycho-social support and family tracing and reunification.** Psychosocial support activities benefited 35,000 returnee children through the setup of 7 child friendly spaces in returnee communities. Family tracing and reunification support was provided for 1,050 children while 570 of them have been reunified with their families. Five awareness raising campaigns on children's rights and prevention of GBV were conducted in the returnee sites and within host communities. CERF Allowed establishment of a strong Family Tracking and Reunification (FTR) mechanism during the onset of the emergency as well as a child protection coordination mechanism and trained implementing partners to reach more children and communities

CERF's ADDED VALUE

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

YES PARTIALLY NO

With the CERF commitment, agencies engaged the available resources and stocks to deliver emergency assistance prior to CERF disbursement. This enabled UNICEF and WHO to quickly deploy emergency health kits, nutrition complements and drugs to respond to the most urgent need of the targeted population.

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

YES PARTIALLY NO

Through CERF funding support, cases management for malaria, Diarrhoea and Infections have been improved through the supply of essential drugs, medical equipment. (See project results tables for details). Moreover, medical screening, emergency shelter and wash facilities were provided to returnees upon their arrival.

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

YES PARTIALLY NO

ECHO and BPRM have been engaged with partners to address needs in complementarity with the CERF.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

With the CERF allocation, a common analysis was done to identify the critical needs that need to be addressed by the humanitarian community in a way to prevent depletion of efforts to non-priority sectors.

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

The add value of the CERF was to engage government and donors to address the gap not covered by CERF

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 |
| Level of detailed information in proposals requested by CERF for a new crisis is often not yet available at that time. This may delay the delivery of the response on the ground | CERF to consider the reality in the field (Challenges, constraints, means) during the approval process and especially when requesting additional detailed information prior to the approval. | CERF |

| TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u> | | |
|---|---|--------------------|
| Lessons learned | Suggestion for follow-up/improvement | Responsible entity |
| Due to the high staff turnover, some agencies' staff responsible for the CERF are not familiar with CERF procedures and rules. As a result, proposals and reports are often delayed. | Agencies to keep their CERF focal point trained or informed on CERF rules and guidance | HC |
| | Head of Agencies to ensure that proposal and report are compliant with CERF guidelines and submitted on time. | Agencies |
| | OCHA to regularly brief UN and NGO staff of the CERF process, procedures and rules | OCHA |
| Joint approach has been a successful and wise strategy for efficiency, cost effectiveness and resource mobilisation. However, collaboration between agencies during the implementation, monitoring and reporting phases are sometime very difficult | Submission or reporting on CERF joint project has to be coordinated by both agencies. | HC /Agencies/ OCHA |

VI. PROJECT RESULTS

| TABLE 8: PROJECT RESULTS | | | |
|---|--|--------------------------|---|
| CERF project information | | | |
| 1. Agency: | WHO | 5. CERF grant period: | 14 Feb 2014 – 30 Apr 2014 |
| 2. CERF project code: | 14-RR-WHO-006 | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing |
| 3. Cluster/Sector: | Health | | <input checked="" type="checkbox"/> Concluded |
| 4. Project title: | Emergency Health Care to conflict affected population in Transit Centres in Chad | | |
| 7. Funding | a. Total project budget: | US\$ 791,800 | d. CERF funds forwarded to implementing partners: |
| | b. Total funding received for the project: | US\$ \$ 399,968 | ▪ <i>NGO partners and Red Cross/Crescent:</i> |
| | c. Amount received from CERF: | US\$ 199,984. | ▪ <i>Government Partners:</i> |
| | | | US\$ 0 |
| | | | 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 age 5</u> | 8,000 | 8,000 | |
| 9. Original project objective from approved CERF proposal | | | |
| <p>The main objective is to Reduce Morbidity (Malaria, Diarrhea, 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, Diarrhea, Infections through the supply of essential drugs, medical equipment, and the support for the deployment of additional health workers Screen and refer patients to health centers and hospitals. Supply drugs and medical equipment to health facilities in affected area Measles Immunization campaign targeting children 6months to 14 years | | | |
| 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% Diarrhea proportional Morbidity is 5% Measles Coverage > 95% among children 9 months to 15 years | | | |
| 11. Actual outcomes achieved with CERF funds | | | |
| <ul style="list-style-type: none"> Procurement and distribution of IEHK kit for free of charge treatment in health facilities: Doyaba, Moundou, Doba and Ndjamena for 30000 persons Procurement and distribution of lab reagent in Health facilities for laboratory diagnosis: Doyaba, Moundou, Doba | | | |

| | |
|---|---|
| <ul style="list-style-type: none"> Deployment of technical staff to support intervention: 6 Paramedics in Doyaba(2), Doba(2) and Moundou(2), 3 Nurses in Doyaba(1), Moundou(1) and Doba(1) | |
| 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): Gender Marker Code is 2a (CHD-14/H/64997/R)</p> <p>If 'NO' (or if GM score is 1 or 0): Screening and case management which benefited for both men and women, girls and boys</p> | |
| 14. Evaluation: Has this project been evaluated or is an evaluation pending? | EVALUATION CARRIED OUT <input type="checkbox"/> |
| <p>The project was monitored through supervision mission (2) by an Epidemiologist from the WHO country office. Doyaba and Doba health centres were visited by the mission.</p> <ul style="list-style-type: none"> Doyaba and Doba 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 centre Epidemiological data were collected on a daily basis in health facilities and transmitted on a weekly basis to health district and to national level. | 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: | 15.01.2014-14.07.2014 |
| 2. CERF project code: | 14-RR-IOM-004 | | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded |
| 3. Cluster/Sector: | Protection/Human Rights/Rule of Law | | | |
| 4. Project title: | Emergency humanitarian assistance to persons in Chad fleeing the crisis in the CAR | | | |
| 7. Funding | a. Total project budget: | US\$ 6,165,300 | d. CERF funds forwarded to implementing partners: | |
| | b. Total funding received for the project: | US\$ 953,562 | <ul style="list-style-type: none"> ▪ NGO partners and Red Cross/Crescent: US\$ 0 ▪ Government Partners: US\$ 0 | |
| | c. Amount received from CERF: | US\$ 349,998 | | |
| 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 | 1,200 | 27,344 | The influx of evacuees during the project duration was much greater than expected. However, IOM has managed to register 53,933 from 15 January to 14 July 2014. | |
| b. Male | 800 | 26,589 | | |
| c. Total individuals (female + male): | 2,000 | 53,933 | | |
| d. Of total, children <u>under</u> age 5 | 350 | 8,198 | | |
| 9. Original project objective from approved CERF proposal | | | | |
| To provide immediate and life-saving assistance to extremely vulnerable returnees and TCNs fleeing the current fighting in the Central African Republic and arriving in Chad. | | | | |
| 10. Original expected outcomes from approved CERF proposal | | | | |
| <p>Outcome 1: Returnees and TCNs from CAR arriving in deplorable state receive immediate lifesaving support including psychosocial support and referrals to relevant practitioners. Indicators:</p> <ul style="list-style-type: none"> • % of returning Chadian migrants and TCNs are registered • % of critically distressed psychosocial • Voluntary onward transportation to transit centers and/or community of origin, in a dignified and humane manner, is being facilitated for willing arriving migrants within 5 days of arrival at Points of Entry/Transit Centres. <p>Outcome 2: CAR nationals and Unaccompanied And Separated Children are identified and referred to relevant partners in a timely and systematic fashion. Indicators:</p> <ul style="list-style-type: none"> • % of those seeking asylum are referred to UNHCR • % of Unaccompanied and Separated Children are referred to Ministry of Social Action. • SOPs are developed, coordinated, adopted and implemented by relevant partners. | | | | |

| | |
|---|---|
| <p>Outcome 3: The humanitarian response is optimized thanks to the DTM and profile of the returnees and TCNs. Indicators:</p> <ul style="list-style-type: none"> • Total number of returnees and TCNs from CAR have been profiled and entered into the database • Results have been analysed and reported on. • Weekly and monthly reports are shared with the humanitarian partners. | |
| 11. Actual outcomes achieved with CERF funds | |
| <p>Outcome 1</p> <p>93% of returning Chadian migrants and TCNs were registered with IOM by 14 July 2014 (53,933 individuals registered out of 106,646 evacuees).</p> <p>100% of registered returning Chadian migrants and TCNs received medical check upon their arrival, including psychosocial treatments. Psychosocial activity such as board games, artistic activity and football games were organised especially for children in the targeted sites.</p> <p>IOM facilitated 295 TCNs to return to their countries of origins; namely Cameroon, Sudan, Nigeria, Congo, Senegal, Mali, Ivory Coast and DRC by air or by ground transportation. All individuals who were staying in Moundou were transported to other sites as the site was closed on 24 April 2014.</p> <p>Outcome 2:</p> <p>100% of CAR claimed nationals were referred to UNHCR for further assistance.</p> <p>62 unaccompanied minors were identified by IOM during the profiling exercise and they were referred to the Ministry of Social Action.</p> <p>SOPs were developed and IOM always coordinated with UNICEF and Ministry of Social Action in case IOM identified unaccompanied minors.</p> <p>Outcome 3:</p> <p>53,933 returning Chadian migrants and 295 TCNs were registered and their data was entered into the IOM database system. 50.7% were women, 49.3% were men and of which, 15% were children under 5 years old. 92% claimed that they lost their Chadian national ID cards.</p> <p>The initial profiling of 1,256 evacuees in Gaoui, Sido, Doba, Doyaba, Gore and Mbitoye was published on 14 June 2014 and it was circulated among the relevant governmental institutions and humanitarian community. The identified needs are access to livelihoods, education, re-issuing national ID cards and protection supports, such as trauma healing and creation of children friendly spaces.</p> <p>Frequent database update was shared with humanitarian communities through OCHA. Upon request, detailed database, which included names and size of the family were shared with concerned agency for further assistance, such as WFP for food distribution.</p> | |
| 12. In case of significant discrepancy between planned and actual outcomes, please describe reasons: | |
| The number of evacuee influx to Chad was more than expected. However, IOM had already established enough capacity to respond to the greater number of evacuees (53,933 individuals) and as a result, the project achieved more numbers of beneficiaries than the planned number. | |
| 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): Gender Marker 2a. (CHD-14/S-NF/67203/R)</p> <p>If 'NO' (or if GM score is 1 or 0): All the activity under this project provided equal treatment for both men and women. The registration results shows that 52% of the total registered returning Chadian migrants are women and IOM has employed female staff members to respond to a women's specific needs so that female returning Chadian migrants could consult IOM easily.</p> | |

| | |
|--|---|
| 14. Evaluation: Has this project been evaluated or is an evaluation pending? | EVALUATION CARRIED OUT <input type="checkbox"/> |
| Since the registration of returning Chadian migrants are still on-going so as profiling and psychosocial support, IOM has decided not to conduct an evaluation of the project. The impact of the CAR crisis response, especially registration, and onward transportation will be evaluated globally sometimes the end of 2014. | EVALUATION PENDING <input type="checkbox"/> |
| | NO EVALUATION PLANNED <input checked="" type="checkbox"/> |

TABLE 8: PROJECT RESULTS

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|---|---|--------------------------|---|
| CERF project information | | | |
| 1. Agency: | WFP | 5. CERF grant period: | [14.02.2014– 14.08.2014] |
| 2. CERF project code: | 14-RR-WFP-005 | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing |
| 3. Cluster/Sector: | Food | | <input checked="" type="checkbox"/> Concluded |
| 4. Project title: | Emergency Assistance to people fleeing conflict in Central African Republic | | |
| 7. Funding | a. Total project budget: | US\$ 18,010,132 | d. CERF funds forwarded to implementing partners: |
| | b. Total funding received for the project: | US\$ 9,660,059 | ▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 109,172 |
| | c. Amount received from CERF: | US\$ 1,531,209 | ▪ <i>Government Partners:</i> 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 | 22,950 | 22,950 | Under this EMOP, WFP provided unconditional general food voucher based assistance to 45,000 vulnerable people fleeing conflict from CAR. These returnees were either located in government recognized camps in southern Chad, or in their villages of return/integration. Original beneficiary figure in CERF only represented 45% of target figure of the EMOP under this activity. |
| b. Male | 22,050 | 22,050 | |
| c. Total individuals (female + male): | 45,000 | 45,000 | |
| d. Of total, children <u>under</u> age 5 | 13,500 | 4,362 | In the returnee sites, WFP also performed Blanket Supplementary Feeding (BSF) activities by providing Plumpy'Doz to 4,362 children aged 6-23 months, to prevent a further deterioration in their nutritional status. Plumpy'Sup was distributed through the sites' health centres, to 1,296 children as Targeted Supplementary Feeding (TSF) for the treatment for moderate acute malnutrition (MAM). The number of beneficiaries reached for both BSF and TSF was below targeted figures due delays caused by lack of resources to purchase nutrition commodities, long lead times for nutrition commodities after WFP received the resources and lack of or low capacity of cooperating partners in the area. WFP purchased all commodities planned underneath the CERF project. |
| 9. Original project objective from approved CERF proposal | | | |
| The main objective of this CERF component requested by WFP will be saving lives and strengthening the food security of the new returnees from Central African Republic in Southern Chad, as well as treating acute malnutrition and avoiding a deterioration of the nutritional status of children in the transit sites. The expected outcomes center on adequate food consumption of households over the assistance period, with special attention paid to families with children under two. | | | |
| 10. Original expected outcomes from approved CERF proposal | | | |
| <ul style="list-style-type: none"> - Numbers of beneficiaries of WFP food rations, by category, age group and gender, as % of planned figures - US\$ of voucher distributed, by beneficiary category, as % of planned distribution - Prevalence of mid upper arm circumference among children under two - Recovery, default, non-response and death rates in the supplementary feeding centres. | | | |

11. Actual outcomes achieved with CERF funds

Cash and voucher transfers part of the planned distributions were to be carried out WFP partner counterparts for transfers in Southern Chad in Gore, Bitoye, Doba, Sahr and Sido. Cash and voucher transfers started in February 2014, carried out for 60 days.

| | | |
|-------------------|---------------|---------|
| Voucher transfers | 45,000 people | 60 days |
|-------------------|---------------|---------|

Outcomes for the nutrition component:

| Activity/Outcome | Targets | results | Source |
|--|---------------|---------|--|
| Treatment of moderate acute malnutrition (MAM) default rate (%) | Less than 15% | 5.7% | Health Center Report |
| MAM treatment Mortality rate (%) | Less than 3% | 0 | Health Center Report |
| MAM treatment non- response rate | Less than 15% | 0 | Health Center Report |
| MAM treatment recovery rate | Over 75% | 94.3% | Health Center Report |
| Prevalence of acute malnutrition among children under 5 (weight for height as a %) | 8% | 14.5% | Cooperating partner nutrition screening report |

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

The Targeted Supplementary Feeding performance indicators were in line with SPHERE standards, though there had been a slight degradation of recovery, default and non-response rates since the initial measurement of these indicators in July 2014. This degradation was probably due to the fact that the initial measurement only considered a limited number of children as not all health centres were active at that time. Latest results are still in line with those obtained amongst Chadian children benefiting from the TSF intervention under the PRRO. On the other hand the prevalence of MUAC among children under 5 improved significantly since initial screenings were carried out by Partners in March 2014 (from 15 to 7 per cent according to the latest round of screenings carried out in November 2014).

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): Gender Marker code is 2a. (CHD-14/F/65561/R)
 If 'NO' (or if GM score is 1 or 0):

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

| | |
|--|---|
| No formal evaluation of the EMOP took place. Given the duration of the project, no external or internal evaluation was planned. However, continuous monitoring was undertaken and informational indicators were collected. | EVALUATION CARRIED OUT <input type="checkbox"/> |
| | EVALUATION PENDING <input type="checkbox"/> |
| | NO EVALUATION PLANNED <input checked="" type="checkbox"/> |

TABLE 8: PROJECT RESULTS

| CERF project information | | | |
|---|--|--------------------------|---|
| 1. Agency: | UNHCR | 5. CERF grant period: | 18-Juin 2014 – 31 August |
| 2. CERF project code: | 14-RR-HCR-004 | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing |
| 3. Cluster/Sector: | Multi-sector | | <input type="checkbox"/> Concluded |
| 4. Project title: | Support to the Government of Chad for the documentation of newly arrived returnees and the assistance and protection to those that are identified as refugees within returnees (evacuated returnees by the government) | | |
| 7. Funding | a. Total project budget: | US\$ 29,575,263 | d. CERF funds forwarded to implementing partners: |
| | b. Total funding received for the project: | US\$ | ▪ NGO partners and Red Cross/Crescent: US\$ 499,937 |
| | c. Amount received from CERF: | US\$ 499,937 | ▪ Government Partners: UNHCR US\$ |
| 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 | 6,000 | 6,000 | The project has been implemented like planned, and reached 10,500 Chadian Returnees. |
| b. Male | 4,000 | 4,500 | |
| c. Total individuals (female + male): | 10,000 | 10,500 | |
| d. Of total, children <u>under</u> age 5 | 2,500 | 2,500 | |
| 9. Original project objective from approved CERF proposal | | | |
| <p>1/ The objective of this emergency response project will be to provide timely emergency support, protection and assistance to address immediate life-saving needs of the estimated 5,000 refugees among the returnees from CAR as well as for 5,000 persons at risk of statelessness among the returnees from CAR. The project activities will be implemented in N'Djamena and in the South: Gore, Sido, Sarh, Doba, Mbitoye.</p> <p>2/ Most importantly, UNHCR will work closely with the Chadian Government and IOM to provide technical support during the registration process in N'Djamena and in the South. UNHCR hereby ensures that refugees and other persons of concern to UNHCR among the returnees are quickly identified and assisted.</p> <p>3/ This assistance will be provided in the camps and host villages, through the provision of life-saving services and protection, especially around monitoring, GBV and peaceful co-existence. Even though some activities and services can be absorb within existing structures, services, etc., it is crucial that UNHCR does not jeopardise on-going activities in the already existing five camps in the south and that subsequently, capacities are strengthened.</p> <p>4/ Furthermore, UNHCR support the Government of Chad in the issuance of documents to 2nd and 3rd generation Chadians to reduce the risk of statelessness.</p> <p>5/ Apart from the refugees that are identified with the returnees, UNHCR obviously continues to assist refugees from CAR who are arriving on their own from CAR to Chad, as described in refugee contingency plan developed by UNHCR and partners; and provides protection and basic services in five camps as well as in host villages.</p> | | | |

| | |
|---|---|
| 10. Original expected outcomes from approved CERF proposal | |
| <p>1/ Level of individual documentation increased All PoC will receive a valid identity document Capacity development supported 100% of persons of concern registered on an individual basis</p> <p>2/ Quality of Registration and profiling improved Registration data updated on a continuous basis</p> <p>3/ Risk of GBV reduced and quality of response improved Number of community based committees/groups working on GBV prevention and response Number of awareness raising campaigns on GBV prevention and response</p> <p>4/ Peaceful co-existence with local communities promoted Number of campaigns conducted</p> <p>5/ Population has sufficient basic and domestic items Every household is receiving support in NFI according to standards</p> <p>6/ Logistics and supply is optimized to serve operational needs All PoC are transferred to the respected sites/villages on time.</p> <p>7/ Health Status of the population improved 100% of PoC have access to essential drugs provided</p> | |
| 11. Actual outcomes achieved with CERF funds | |
| <p>a) The preliminary development works (site clearing and demarcation 720 ha of deep bush, earthworks, construction of 5 kilometres of secondary access roads etc.) of the two new temporary sites of Danamadja and Maingama allocated by the government to accommodate Chadians without family links. The preliminary development works are essential and prerequisite to the construction of the emergency shelters.</p> <p>b) The provision of 3,000 emergency shelters planned, 2625 shelters provided, including plastic sheet supply on the new sites of Danamadja and Maingama, to accommodate 10,500 Chadians returnees and other people, returnees relocated from the precarious transit centers of Doba, Doyaba, and Sido.</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): Gender marker code is 2a. (CHD-14/MS/66200/R) If 'NO' (or if GM score is 1 or 0): 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. The implementing partners generated narrative and financial reports that will allow UNHCR to produce a final report for the usage of the funding</p> | |
| 14. Evaluation: Has this project been evaluated or is an evaluation pending? | EVALUATION CARRIED OUT <input type="checkbox"/> |
| The initial proposal did not plan a specific evaluation for this project. | 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: | 01.04.2014 - 30.08.2014 |
| 2. CERF project code: | 14-RR-CEF-007 | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing |
| 3. Cluster/Sector: | Protection | | <input checked="" type="checkbox"/> Concluded |
| 4. Project title: | Child Protection: Protect boys and girls against the negative impacts of humanitarian crises in Chad. | | |
| 7. Funding | a. Total project budget: | US\$ 2,516,400 | d. CERF funds forwarded to implementing partners: |
| | b. Total funding received for the project: | US\$ 699,179 | <ul style="list-style-type: none"> NGO partners and Red Cross/Crescent: US\$46,795 |
| | c. Amount received from CERF: | US\$ 349,355 | <ul style="list-style-type: none"> Government Partners: Ministry of Social Affairs: US\$6,504 |
| 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 | 12,500 | 16,000 | Number of beneficiaries changed due to the continued influx of returnees and refugees from CAR during the project implementation period. 54% of the total number of returnees was vulnerable children below the age of 17 years requiring UNICEF's response and support. |
| b. Male | 10,000 | 19,000 | |
| c. Total individuals (female + male): | 22,500 | 35,000 | |
| d. Of total, children <u>under</u> age 5 | 2,500 | 2,500 | |
| 9. Original project objective from approved CERF proposal | | | |
| Protect Girls, Boys and Women affected by Crises in Chad (Ndjamena, Logone occidentale (Doba, Bitoye, Gore, Basao), Moyen Chari (Doyaba et Sido), Am timan) against abuses and violence. | | | |
| 10. Original expected outcomes from approved CERF proposal | | | |
| Output 1: Returnee children have access to family tracing services <ul style="list-style-type: none"> 400 children are documented and traced 300 children are reunified with their families Output 2: Psychosocial needs of girls and boys are addressed <ul style="list-style-type: none"> 15 child friendly spaces are set up in returnee communities 15,000 returnee children have access to psychosocial support activities. 4,000 adolescent girls receive hygiene kits 4 Awareness raising campaigns on child rights and prevention of GBV | | | |
| 11. Actual outcomes achieved with CERF funds | | | |

| | |
|---|--|
| <p>Output 1: Returnee children have access to family tracing services</p> <ul style="list-style-type: none"> • 1,050 children (338F 712M) documented and benefited from family tracing and reunification • 570 children (132F 438M) reunified with their families <p>Output 2: Psychosocial needs of girls and boys are addressed</p> <ul style="list-style-type: none"> • 7 child friendly spaces set up in returnee communities • 35,000 returnee children have access to psychosocial support activities • 5,000 adolescent girls receive hygiene kits • 5 awareness raising campaigns on child rights and prevention of GBV in the returnee sites and host communities were conducted. • 12 child protection coordination meetings at national and field level were held | |
| <p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p> | |
| <p>The project reached more beneficiaries than earlier envisaged due to continued repatriation of returnees and refugees fleeing the conflict from CAR crisis. While the project envisaged documenting and tracing only 400 children, by September 2014 a total of 1,053 UASC had been identified and registered. This included 44 unaccompanied children (3F 41M) associated with the armed group Seleka. Subsequently 570 family reunifications were conducted (132F 438M) superseding the 300 reunifications that were earlier planned. Besides the demographics, the establishment of a strong FTR mechanism during the onset of the emergency, the existence of reinforced social infrastructure i.e. government of Chad social delegates, a child protection coordination mechanism and trained implementing partners enabled the programme to reach more children and communities.</p> | |
| <p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p> | <p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> |
| <p>If 'YES', what is the code (0, 1, 2a or 2b): Gender Marker is 2a.(CHD-14/P-HR-RL/66529/R) If 'NO' (or if GM score is 1 or 0): The project took into account the gender needs of boys and girls during project implementation. Age and gender sensitive recreation materials were procured and recreation activities took into account the needs of boys and girls. The needs of adolescent boys and girls were put into consideration and hygiene kits girls were distributed to 5000 adolescent girls. Recruitment of animators at the child friendly spaces took into consideration gender sensitivity linked with care needs of boys and girls especially the role models each gender plays in the development of children.</p> | |
| <p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p> | <p>EVALUATION CARRIED OUT <input checked="" type="checkbox"/></p> |
| <p>An evaluation of the emergency child protection response with specific emphasis on in country response capacity in the field of separated and unaccompanied minors was conducted prior to commencement of this project. Evaluation of existing community mechanisms in the southern regions of Chad was conducted by one of the principal partners, namely CARE Canada. Findings revealed an existing potential for community based child protection mechanisms at grassroots level and that community child protection structures require technical and financial support to efficiently function and provide quality services to vulnerable children.</p> | <p>EVALUATION PENDING <input type="checkbox"/></p> |
| | <p>NO EVALUATION PLANNED <input type="checkbox"/></p> |

TABLE 8: PROJECT RESULTS

| CERF project information | | | |
|--|--|--------------------------|---|
| 1. Agency: | UNICEF | 5. CERF grant period: | 05 Mar 2014 – 05 Sept 2014 |
| 2. CERF project code: | 14-RR-CEF-008 | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing |
| 3. Cluster/Sector: | WASH | | <input checked="" type="checkbox"/> Concluded |
| 4. Project title: | Integrated water sanitation and hygiene service provision to vulnerable conflict affected population in Transit Centers in Chad. | | |
| 7. Funding | a. Total project budget: | US\$ 3,433,500 | d. CERF funds forwarded to implementing partners: |
| | b. Total funding received for the project: | US\$ 2,148,956 | ▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 43,985 |
| | c. Amount received from CERF: | US\$ 998,636 | ▪ <i>Government Partners:</i> US\$ 345,515 |
| 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 | 8,000 | 8,000 | |
| 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 centers. People affected by violent conflict in CAR (returnees repatriated from CAR). | | | |
| 10. Original expected outcomes from approved CERF proposal | | | |
| Output1. 40,000 persons have access to and use safe drinking water Indicators <ul style="list-style-type: none"> 100% of people in transit in centers sites and entry points have access to safe drinking water in quality and quantity (20 L/pers/day and 0 ecoli/100 ml of water) (85% of these persons are women and children) 1 water management committee is trained and operational for each center/site (a total of 7 committees for 7 centers) Output2. 40,000 persons use gender friendly sanitation facilities Indicators <ul style="list-style-type: none"> 100% of people use or share 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 shower for women/men built in the transit center and entry points. 1 committee for hygiene and sanitation is trained and operational for each center sites (a total of 7 committees for 7 centers) | | | |
| 11. Actual outcomes achieved with CERF funds | | | |
| Working with partners, UNICEF was able to provide timely essential WASH services for approximately 60,000 persons in seven transit centers (Zafay, Doba, Gore, Bitoye, Doyaba, Sido et Salamat) and in four new relocation sites (Danamadja, Djako, Kobitey and Maigama) to enable vulnerable populations to avoid contracting waterborne diseases such as cholera and acute diarrhea that | | | |

| | |
|---|---|
| <p>are associated with the rainy season and poor hygiene.</p> <p>In order to meet the needs of the displaced/returnee populations and strengthen the resilience of the host communities affected by the emergency, a functional WASH activity package - including construction of new water supply facilities, rehabilitation or extension of existing facilities, construction of sanitation facilities, hygiene promotion and distribution of WASH kits - has been put in place and adapted to the specific vulnerabilities of the communities.</p> <p>The bulk of the funding was used to construct WASH infrastructure and hygiene promotion in the transit centers and new relocation sites.</p> <p>To provide safe drinking water, 37 new boreholes have been constructed, including 31 boreholes equipped with hand pumps and 6 boreholes equipped with motorized pumps, bladders/tanks and 6 taps for each small water supply network are constructed, 6 existing boreholes are rehabilitated in returnees and displaced sites. The water point committee was trained to conduct water quality surveys and measure hygiene properties around water points. More than 46,497 returnees/displaced persons have been reached and now have access to minimum emergency standards of clean water (15l/person/day for clean water and 0 ecoli/100 ml of water), for an overall coverage of 100% of the project target.</p> <p>Regarding sanitation construction and hygiene promotion, a total of 517 temporary latrines, 245 temporary showers, 6 laundry areas and 4 garbage pits were built and are now functional in all the sites, reaching 10,340 persons (standards: 20 persons/cabin) who now have access to shared latrines and bathing rooms for an overall coverage of 56% and 100% coverage of awareness on good hygiene practices. UNICEF developed a partnership for camp management (Red Cross and Secadev) and for a local association (SID, IRC and CELIAF) for hygiene and sanitation promotion activities, and for management, maintenance and repair of water points.</p> <p>Another portion of the funding was used to purchase NFIs for vulnerable groups that had to be relocated to the transited sites and relocation sites. Some 1,050 tarpaulins of 4x50 m, 2,500 tarpaulins of 4 x 5 m, 700 basic family water kits and 2,000 pots have been ordered, distributed for shelters, latrines, schools and areas for children.</p> | |
| <p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p> | |
| <p>Low coverage for sanitation is due to the following factors:</p> <ul style="list-style-type: none"> • Lack of space for latrine construction • The design for the latrines was planned for the initial response but more returnees remain in the sites than foreseen • The design of latrine infrastructure is not adapted to flooding and sandy areas, which caused most latrines to collapse • The revising of standards from 50 persons per cabin to 20 persons per cabin which increases needs • Lack of a clear site plan for infrastructure implementation and lack of coordination | |
| <p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p> | <p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> |
| <p>If 'YES', what is the code (0, 1, 2a or 2b): Gender Marker Code is 2a (CHD-14/WS/66878/R) If 'NO' (or if GM score is 1 or 0):</p> | |
| <p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p> | <p>EVALUATION CARRIED OUT <input type="checkbox"/></p> |
| <p><u>Using routine surveys:</u></p> <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 collapse latrine) Relocation and change of superstructure of the latrines from plastic sheeting to local materials. | <p>EVALUATION PENDING <input type="checkbox"/></p> <p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p> |

TABLE 8: PROJECT RESULTS

| CERF project information | | | |
|--|--|--------------------------|---|
| 1. Agency: | UNICEF | 5. CERF grant period: | 01/02/2014 – 31/7/2014 |
| 2. CERF project code: | 14-RR-CEF-009 | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing |
| 3. Cluster/Sector: | Health | | <input checked="" type="checkbox"/> Concluded |
| 4. Project title: | Emergency health care to conflict affected population in transit centers in Chad | | |
| 7. Funding | a. Total project budget: | US\$ 4,968,000 | d. CERF funds forwarded to implementing partners: |
| | b. Total funding received for the project: | US\$ 1,101,414 | ▪ NGO partners and Red Cross/Crescent: US\$ 229,212 |
| | c. Amount received from CERF: | US\$ 299,600 | ▪ 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 | |
| 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><u>General objective:</u> Reduce Morbidity (Malaria, Diarrhea, and Acute Respiratory Infections) and Mortality Rates among affected population, specifically Children and women</p> <p><u>Specific objectives:</u></p> <ul style="list-style-type: none"> ▪ Screen patients and refer them to health centers and hospitals ▪ Transport essential drugs and medical equipment to health facilities in affected area, and support the recruitment of additional health workers ▪ Strengthen routine immunization for children 0-11 months ▪ Measles Immunization campaign targeted children from 6 months to 14 years | | | |
| 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% ▪ Diarrhea proportional Morbidity is < 5% ▪ Measles Coverage > 95% among children 9 months to 15 years | | | |
| 11. Actual outcomes achieved with CERF funds | | | |
| <ul style="list-style-type: none"> ▪ During the period of the implementation of the project, more than 15,000 children attended outpatient department for | | | |

| | |
|---|---|
| <p>consultation and received treatment. There were zero death reported, which corresponds to less than 1 death/day/10,000 people.</p> <ul style="list-style-type: none"> • Measles Coverage among children 6 months to 15 years: 89% (33,020 vaccinated out of 37,000 targeted); among which 8,000 children under 5. | |
| 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): Gender code is 2a. (CHD-14/H/66175/R)</p> <p>Special attention was given to the quality of maternal health interventions</p> | |
| 14. Evaluation: Has this project been evaluated or is an evaluation pending? | EVALUATION CARRIED OUT <input type="checkbox"/> |
| No evaluation planned but regular monitoring was carried out jointly by UNICEF and the MoH. | 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 |
|-------------------|---------------------------------|--------|----------------------------|---|--------------|--|------------------------------------|--|--|
| 14-RR-WFP-005 | Food Assistance | WFP | IHDL | Yes | INGO | \$65,503 | 15-Mar-14 | 1-Mar-14 | As per project proposal , activities with implementing partners started accordingly. |
| 14-RR-WFP-005 | Food Assistance | WFP | FLM | Yes | INGO | \$43,669 | 15-Mar-14 | 1-Mar-14 | |
| 14-RR-CEF-009 | Health | UNICEF | CSSI | Yes | INGO | \$123,021 | 21-May-14 | 21-May-14 | |
| 14-RR-CEF-009 | Health | UNICEF | ALIMA | Yes | INGO | \$31,927 | 14-Jul-14 | 14-Jul-14 | |
| 14-RR-CEF-009 | Health | UNICEF | ADES | Yes | NNGO | \$29,865 | 24-Jul-14 | 24-Jul-14 | |
| 14-RR-CEF-009 | Health | UNICEF | IRC | Yes | INGO | \$44,399 | 8-Aug-14 | 8-Aug-14 | |
| 14-RR-CEF-007 | Child Protection | UNICEF | IHDL | Yes | INGO | \$46,795 | 1-Jun-14 | 1-Jun-14 | |
| 14-RR-CEF-007 | Child Protection | UNICEF | Ministry of Social Affairs | Yes | GOV | \$6,504 | 1-Jun-14 | 1-Jun-14 | |
| 14-RR-CEF-008 | Water, Sanitation and Hygiene | UNICEF | SECADEV | Yes | NNGO | \$19,090 | 28-Aug-14 | 28-Aug-14 | |
| 14-RR-CEF-008 | Water, Sanitation and Hygiene | UNICEF | Terre verte Celiaf | Yes | NNGO | \$24,896 | 17-Jul-14 | 17-Jul-14 | |
| 14-RR-CEF-008 | Water, Sanitation and Hygiene | UNICEF | DRAS Salamat | yes | GOV | \$6,892 | 13-Mar-14 | 13-Mar-14 | |
| 14-RR-CEF-008 | Water, Sanitation and Hygiene | UNICEF | DRH Sarh | yes | GOV | \$78,947 | 17-Mar-14 | 17-Mar-14 | |
| 14-RR-CEF-008 | Water, Sanitation and Hygiene | UNICEF | CNEA/MHRU | yes | GOV | \$30,191 | 25-Apr-14 | 25-Apr-14 | |
| 14-RR-CEF-008 | Water, Sanitation and Hygiene | UNICEF | DRH Moundou | yes | GOV | \$158,709 | 28-Apr-14 | 28-Apr-14 | |
| 14-RR-CEF-008 | Water, Sanitation and Hygiene | UNICEF | DRH CO Ndjamen | yes | GOV | \$70,775 | 25-Apr-14 | 25-Apr-14 | |
| 14-RR-HCR-004 | Multi-sector refugee assistance | UNHCR | ADES | yes | NNGO | \$449,937 | 14-Jul-14 | 14-Apr-14 | |

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

| | |
|-------|---|
| ADES | ASSOC POUR ACTION DE DEV SOCIAL & HUMANITAIRE |
| 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 Santé et Environnement |
| CAR | Central African Republic |
| CCCM | Camp Coordination and Camp Management |
| CNLS | Comité National de Lutte contre le Sida |
| CRT | Croix Rouge Tchadienne |
| DRH | Direction Regionale de l'Hydraulique |
| DRAS | Direction Regionale de l'Action Sociale |
| DTM | Data Tracking Matrix |
| GoC | Government of Chad |
| GVB | Gender Based Violence |
| HIV | Human Immunodeficiency Virus |
| IDP | internally displaced person |
| IOM | International Organization for Migration |
| LWF | Fédération Luthérienne Mondiale Tchad |
| SID | Secours Islamique de Développement |
| UASC | Unaccompanied and Separated Children |