

Annex 1. Terms of Reference



*UNICEF West and Central Africa Regional Office
Independent Assessment (IA)
Of UNICEF's Response to the Nigeria+ Crisis,
2015-6*

TERMS OF REFERENCE – FINAL – 2 JUNE 2016

I. BACKGROUND

Following increasing attacks on civilians and massive displacement across the four countries in the Lake Chad basin, UNICEF began to scale up its humanitarian response in the beginning of 2015 in northeast Nigeria in Borno, Yobe and Adamawa, the Diffa region of Niger, the Lake region in Chad and the Far North in Cameroon. In April 2015, UNICEF declared Nigeria+ a Level 2 (L2) humanitarian emergency.

With a sharp increase in continued attacks, over 1.4 million children displaced by September 2015, and UNICEF's challenges and limitations in reaching planned targets for the response, the decision was made to extend the L2 emergency response until the end of 2015. Given the continued and increasing need of the displaced populations living in the four affected countries, and UNICEF's challenges in ensuring an adequate and effective response to women and children in the region, the decision was made at the end of 2015 to further extend the L2 for Nigeria+ Crisis in 2016.

II. RATIONALE

As of April 2016, UNICEF will reach a one-year mark in UNICEF's humanitarian response in the four countries affected by the Nigeria+ Crisis. As the crisis and humanitarian response are not anticipated to diminish in 2016, but in fact mostly likely worsen and require further scale-up, a focused independent assessment will take place to evaluate what works, what does not, why, and to learn lessons in the response to the crisis in the 4 countries and to lay out concrete management recommendations to address potential barriers in order to achieve fuller coverage of humanitarian assistance for women and children in the response.

III. PURPOSE AND OBJECTIVES

Purpose: The purpose of the independent assessment is learning, and to some extent accountability, in order to apply corrective measures and to inform the scale-up of services to affected populations in Nigeria + L2 emergency countries.

Objectives: The objectives of this independent assessment are twofold:

To assess the effectiveness, relevance, coverage, efficiency, timeliness, coordination, and gender and equity of UNICEF's humanitarian response to date.

To use findings of this AI to propose corrective measures, including improving current responses and scale up.

IV. INTENDED USE & USERS

The findings and recommendations will be used to propose corrective measures, address potential bottle necks and barriers to the response, in coordination with potential users, at country, regional and HQ levels.

To contribute to global knowledge, and in line with UNICEF's Evaluation Policy, the final report and management response will be uploaded into UNICEF evaluation database making it accessible throughout the organization.

The primary users of the assessment are the 4 UNICEF COs involved in the crisis responses (Nigeria, Cameroon, Chad and Niger), WCARO, UNICEF HQ and the government in the respective countries.

A secondary tier of users may include non-UNICEF partners, including implementing and inter-agency partners, CBOs, donors and other critical stakeholders.

The assessment report will be shared with these stakeholders at UNICEF's discretion. The CO may consider creating a short narrative of the assessment report available for external partners.

V. SCOPE

This assessment will examine UNICEF's humanitarian response in the four affected countries, Nigeria, Chad, Niger & Cameroon, from April 2015 to April 2016, focusing on humanitarian results in key areas of programme interventions.

Each of the main affected regions in the four countries in the Lake Chad Basin will be the main geographic scope of the assessment including the Lake region in Chad, Borno State Nigeria, the Extreme Far North in Cameroon and Diffa region in Niger. Other affected areas in all countries, in particular Yobe and Adamawa in Nigeria, will be covered remotely through phone or Skype calls and secondary analysis of existing data. The team undertaking the assessment is encouraged to propose any other innovative approaches to reach and gather information as part of the assessment in the other affected geographic areas.

As an integral component of UNICEF's humanitarian results, the assessment will also take into account the availability and management of supplies, human and financial resources and partnerships. It will also consider the availability of security assets, advice and support provided by UNICEF to facilitate security assessments, security access and programme delivery in the four countries.

As described the above under purpose and objectives, the criteria that will be assessed includes effectiveness, relevance, coverage, efficiency, timeliness, coordination, and gender and equity.

VI. INDEPENDENT ASSESSMENT QUESTIONS

The criteria covered include effectiveness, relevance, coverage, efficiency, timeliness, coordination, and gender and equity. Given the purpose is learning, it also expected that the independent assessment will identify promising practices and, what worked and what did not work.

The independent assessment will seek to answer the following key questions concerning UNICEF's humanitarian response in each of the four countries. Further sub-questions are expected to be elaborated as a result of the preliminary desk review and included in the Inception Report.

Effectiveness: To what extent UNICEF's response in the four countries has been effective? To which extent has the response to-date achieved its expected results? Why? What are the main barriers and bottlenecks that hinder the achievement of the planned results? How and what was provided from the RO and HQ to support COs, including quality and quantity? (Human resources, funding, tools? others)

Relevance: To which extent has the response been relevant and met the needs of the affected populations?

To which extent the COs have had the required operational capacity (human resources, funding, and access) to respond to the needs of the affected populations?

To which extent has the response met the needs of the most vulnerable among the affected populations? (i.e. unaccompanied or separated children, children in detention, children associated with armed groups)? To what extent did the interventions reach all affected areas?

Coverage: What is the coverage of UNICEF's response? How adequate is the coverage to date? What were the main reasons that UNICEF's response has provided or has failed to provide major population groups with assistance and protection, proportionate to their need?

To what extent have the interventions reached the affected populations, including those hard to reach and those who are the most vulnerable (i.e. unaccompanied or separated children, children in detention, children associated with armed groups)? Why?

To what extent the different categories of affected populations (refugees, IDPs, returnees, host families) have been assisted? How did UNICEF advocate for the effective and equitable access to the assistance for all affected populations?

Efficiency: To what extent the UNICEF response plan & strategies have been efficient?

How successfully were financial, human, technical and material resources / inputs converted to outputs, i.e. results on the ground for affected populations? (How well and effectively the resources have been used to achieve expected outputs and outcomes?)?

To what extent the funding, supply and human support was sufficient in reaching and meeting the needs of the affected population?

Timeliness: To what extent has RO and HQ provided timely support needed to the COs, and if not, why not? What were the bottle necks for not being able to provide timely support?

Coordination: What has worked well and what has worked less well in terms of coordination?

Coordination in country i.e. the level of collaboration, communication and support between the main offices and field offices, coordination within the country teams)

Coordination between CO and RO, coordination amongst COs, coordination with HQ?

To what extent have responses coordinated in planning, implementation and monitoring been functional, focused on results?

Gender and equity: To which extent gender and equity dimensions were integrated in the response planning, implementation, monitoring and reporting?

What are the gender & equity dimensions of the humanitarian crisis and has UNICEF adequately addressed these as part of its response?

To what extent has UNICEF integrated gender and equity in the planning, implementation, monitoring and reporting in each sector response?

VII. METHODOLOGY AND APPROACH

As an independent assessment focused on facilitating rapid learning for improvement, it is essential that it will follow a participatory, interactive approach with major stakeholders in order to strengthen its validity, promote feedback and ensure ownership, buy-in and utilization of the results. An approach that examines and cross-references various available sources, including triangulation to reach conclusions and validate findings will be employed, and may include and not be limited to the following:

Systematic review of existing documents for understanding of the planning and response and the context, and including desk review of key documentary evidence sources using document review tools, as necessary;

Systematic secondary analysis of programme data/statistics (including existing national monitoring outputs, CO section collated information and Humanitarian Performance Monitoring outputs);

In situ direct-observations (e.g., sites, service delivery points);

Key informant interviews (by phones and face to face) and focus group discussions; interviews will not only concern in country selected key informants, but also HQ and RO level. Thus, in addition to visits in countries, another visit will also take place collect data through key informants, existing data analysis, as well as delivering a debriefing meeting after the data collection and analysis at all levels is completed.

Rapid data collection among beneficiaries (i.e., semi-structured interviews and/or focus group discussions among purposively sampled subset of the affected population) or other methods, as appropriate (where security restrictions permit).

Standard relevant information sources that should be drawn upon include:

Rapid assessments / needs assessments reports

Humanitarian Situation Reports (SitReps)

Maps, Dashboards

Humanitarian Needs Overview (HNO) documents

Humanitarian Response Plans (HRPs)

CO Response Plans

Internal REMT documentation (Note for the Record, etc.)

Funding information

HR data (OSM)

Supply data

Various reports: e.g. trip reports, ETF meeting reports, ORS, cluster reports 2015

It is expected that 10 days will be spent in each country. Data analysis should go concurrently with the data collection, in such a way that a summary debriefing is provided to each of the four country offices at the end the data collection in each country.

A larger regional debrief will take place following the completion of field visits to each of the four countries, in which preliminary findings and recommendations will be shared across countries as well as regional office and HQ to foster cross-fertilization and further validation and consensus building.

During field visit, any critical issues that may require immediate attention will be communicated to the RO and the CO along with the assessment management steering committee to take the necessary action, and priority action should be taken on these by the respective CO, WCARO or HQ.

VIII. MANAGEMENT AND GOVERNANCE

Steering committee: Given the independent nature of the assessment the PM&E section through the M&E unit will manage it in coordination with the relevant sections and stakeholders at all levels. All stakeholders will be engaged through the establishment of a steering committee including Emergency section, PM&E section, Evaluation Office in HQ, EMOPS, HATIS, and one focal point from each CO. Their role will not lead to influencing the independence of the assessment, but rather foster the adherence to UNICEF's standards, quality, policies and procedures. This group will be led by the Regional Chief M&E and convened at the critical phases of the assessment, and will commit to review the key deliverables and participating to key tasks:

Contribute as appropriate to the selection of the assessment team.

Meetings as required to review progress, on-boarding of consultants, debriefings by consultants.

Review of deliverables (inception reports, preliminary and final reports)

Help frame key messages that needs to go back to the RO and COs as results of the preliminary findings of the assessment in the field.

It is expected that at HQ level, the representative from EO, EMOPS and PD will coordinate a summary of inputs from the HQ stakeholders to the deliverables for incorporation at the regional level.

Executive sponsor of the IA: The Regional Director, Manuel Fontaine, serves as executive sponsor for this assessment and ensures clear communications to the countries concerned by this assessment, and will keep them engaged during the process of design to the implementation phase. He will be responsible for ensuring a consistent management response to the findings and recommendations issued from the assessment, and with assistance from the regional Chiefs of Sections. He will approve the report before its release and dissemination.

Quality Assurance: In addition to the quality assured by the steering committee, it is proposed that the Regional Research & Evaluation Committee (R&EC) reviews the inception and preliminary report. Thus, the president, Felicité Tchibindat and two other members yet to be selected will be engaged to contribute to the quality assurance of the assessment.

Ethical Considerations: This assessment is considered very minimal risk and will not be subject to an ethical review committee approval. However, the UNICEF COs will seek the approval of relevant government entities before the data collection. Each individual to be interviewed will be asked to provide verbal consent to participating in interviews and focus groups. No name will be taken from any individuals during and after interviews. The interviewees' confidentiality will be warranted.

IX. KEY TASKS AND EXPECTED DELIVERABLES

It is expected that the consultancy will require an estimated 190 working days to complete, inclusive of a desk review, drafting of an inception report, field visits to each of the four countries by 2 international consultants supported by 1 national consultant in-country, drafting preliminary findings and writing the final assessment report. It is anticipated that the consultants will make field visits to the affected regions in each of the four countries for a duration of approximately 10 days/each, if security situation permits visiting affected regions. Security clearance from UNDSS will be required before starting any field visit.

Expected results will include debriefs with senior management and emergency staff in each of the affected COs, with the remote participation of regional office focal points and HQ. Following the completion of visits to all four countries, the consultants will share summary preliminary findings across all four countries in a broader forum at the Regional Office. The final result of the assessment will be a final report with management recommendations that will feed into a management response plan.

X. BUDGET AND PAYMENTS TIMELINE

The budget will include all travel for 6 consultants (2 international and 4 national) and a daily rate for an estimated, combined 190 days. It is estimated that the total budget for this assessment will be: US\$ 150,000.

Table 2: Expected deliverables payment timetable

Expected Deliverables	Language	Estimated Workdays Required (to be discussed)	Tentative Completion Date	Payment Schedule
Output 1: Review of existing documentation and draft inception report	English	14	June 2016	
Output 2: Interviews, focus groups, direct observations, rapid data collection among beneficiaries, and other data collections modalities; review of existing documents and secondary analysis of programme data/statistics; summary debriefings. Remote interviews with RO and HQ colleagues.	English and French	139	July-August 2016	
				30%

Output 3: Participatory regional debrief workshop sharing preliminary findings from CO field visits	English and French	5	August 2016	
Output 4: Draft report & final report	English	18	August 2016	40%
Output 5: Final report	English	14	August 2016	30%
Total		190		

XI. TEAM COMPOSITION & REQUIRED QUALIFICATIONS

The assessment will be guided by a team of consultants to cover the 4 countries. The team will be led by one Senior Team Leader with broad experience in evaluating emergency and supported by 2 mid-level consultant Team Members, and by 4 mid-level national Team Members, one per country. The inclusion of national or regional consultant for capacity building purposes and for contextualization of the findings. The role of the national consultants consists of assisting the team with in country data collection, analysis, and assisting with debriefing. They will also review the draft report.

Required qualifications and experience, Senior Consultant – International:

Masters, PhD or Advanced degree in related subject area (Public Health, Social Services, Sociology)

At least 10-15 years progressively responsible experience including evaluative and analytical work on humanitarian performance at an organization or interagency level for an organization comparable to UNICEF

Knowledge of current evaluative and analytical literature on the humanitarian sector in general;

Exposure to UNICEF's humanitarian work

Excellent English and French speaking and writing skills

Excellent and proven research skills including development and application of analytical frameworks and tools and production of analytical papers

Excellent interviewing capacity

Excellent facilitation skills

Desirable: strong knowledge of gender issues and analysis in humanitarian contexts

Required qualifications and experience, for Team Member – International or national:

Masters or Advanced degree in related subject area (Public Health, Social Services, Sociology, etc.);

At least 5-8 years progressively responsible experience including evaluative and analytical work on humanitarian performance at an organization or interagency level for an organization comparable to UNICEF;

Significant knowledge of current evaluative and analytical literature on the humanitarian sector in general;

Excellent English and French speaking and writing skills;

Strong knowledge of results-based management and monitoring concepts;

Good knowledge of the local context, including institutions and people would be an asset;

Very good interviewing and facilitation skills

Desirable: strong knowledge of gender issues and analysis in humanitarian contexts

Required qualifications and experience, Mid-Level Consultant –national:

Masters or Advanced degree in related subject area (Public Health, Social Services, Sociology, etc.);

At least 5-8 years progressively responsible experience including evaluative and analytical work on humanitarian performance at an organization or interagency level for an organization comparable to UNICEF;

Significant knowledge of current evaluative and analytical literature on the humanitarian sector in general;

Excellent English and French speaking and writing skills;

Strong knowledge of results-based management and monitoring concepts;

Good knowledge of the local context, including institutions and people would be an asset;
Very good interviewing and facilitation skills
Desirable: strong knowledge of gender issues and analysis in humanitarian contexts

XII. PROPOSAL SUBMISSIONS

The total cost for the consultancy will be composed of following elements to be specified

Daily rate of fee and number of days

Costs related to 1 visit to Regional Office in Dakar, Senegal (including DSA, tickets, any other costs)

Costs related to 1 visit to Nigeria including internal travel to affected regions during 2 weeks (including DSA, tickets, any other costs related to this visit)

Costs related to 1 visit to Cameroon including internal travel to affected regions during 2 weeks (including DSA, tickets, any other costs)

Costs related to 1 visit to Chad including internal travel to affected regions during 2 weeks (including DSA, tickets, any other costs)

Costs related to 1 visit to Niger including internal travel to affected regions during 2 weeks (including DSA, tickets, any other costs)

Costs related to the collection and treatment of data

Costs related to management of the assessment

Annex 2. Evaluation Matrix

Evaluative Criteria and Focus	Questions	Data Sources
1. EFFECTIVENESS	To what extent UNICEF's response in the four countries has been effective?	
Results to this date	To which extent has the response to-date achieved its expected results? Why?	<ul style="list-style-type: none"> • KII with UNICEF Programme, Emergency and M&E staff at FO, CO, RO level; relevant UN Agencies staff; national and international partner NGOs; CBOs, local administrations and Governmental counterparts; members of the affected populations; Survey with former staff (as possible) • Structured Review of: Programme and planning documents, Humanitarian Performance Monitoring Results Data (SitReps and Dashboards); M&E reviews and studies; Country Office Annual Reports, documents on lessons learned • Focus group discussion
	Are planned targets based on situation analysis, and updated according to new information as it becomes available?	
Strengths, weaknesses and bottlenecks	What are the main factors, both internal factors within UNICEF's control and external factors outside its control – that explain why UNICEF was or was not able to successfully achieve the expected results (e.g., adoption of innovative strategies, timely mitigation of implementation bottlenecks, problems experienced in shifting from development to relief; main contextual or internal organizational barriers that hinder the achievement of the planned results)?	<ul style="list-style-type: none"> • KII with UNICEF Programme, Emergency and Operations staff at CO and RO level. • Structured Review of: Programme and planning documents, Humanitarian Performance Monitoring Results Data (SitReps and Dashboard); minutes of internal meetings. • Focus Group Discussion
Unintended consequences	What unintended consequences, either positive or negative, has UNICEF's response engendered?	<ul style="list-style-type: none"> • KII with UNICEF Programme, Emergency and Operations staff at FO, CO and RO level. • Structured Review of: Programme documents, SitReps, media stories, minutes of internal meetings • Direct observations • Focus Group Discussion
Support from RO and HQ	How and what was provided from the RO and HQ to support COs, including quality and quantity? (Human resources, funding, tools? others)	<ul style="list-style-type: none"> • KII with UNICEF staff at HQ, RO and CO level. • Structured Review of: HR surge plans and tracking matrixes; funding documents and updates; supply plans and tracking matrixes, emergency meeting minutes.

2. RELEVANCE	To which extent has the response been relevant and met the needs of the affected populations?	
Type and quality of capacity to deliver on the ground	To which extent did the COs have had the required operational capacity (human resources, funding, and access, supplies) to respond adequately to the needs of the affected population?	<ul style="list-style-type: none"> • KII with UNICEF Programme, Emergency, Operations and Security staff at CO and RO level. • Structured Review of Response plans and surge (HR, Supply, funding) plans.
Ability to access and respond to most vulnerable groups' needs	To which extent has the response met the needs of the most vulnerable among the affected population? (i.e. pregnant girls, child mothers, unaccompanied or separated children, children in detention, children associated with armed groups)?	<ul style="list-style-type: none"> • KII with UNICEF Programme and Emergency staff at FO and CO level; relevant UN Agencies staff; national and international partner NGOs; CBOs, local administrations and Governmental counterparts; members of the affected population • Structured Review of Programme and planning documents, SitReps, M&E reviews and studies; External/internal and interagency needs assessments (HNO/SRP etc.); Regional Strategies & Plans (Child Protection, Advocacy/Communications • Focus Group Discussion
	How has the feedback from affected population been gathered?	
	Once / If gathered, how has this feedback from affected population been incorporated into planning documents?	
Alignment with International Community response plan	To which extent has the response been aligned with the internal/external interagency needs assessments?	<ul style="list-style-type: none"> • Review of HNO/SRP as well as other Emergency Preparedness and Response Plans (EPRP) • KII with UNICEF Programme and Emergency staff at FO and CO level; relevant UN Agencies staff; national and international partner NGOs; CBOs, local administrations and Governmental counterparts; members of the affected population
Alignment with Governments' strategies and plans	To what extent has the UNICEF response been aligned with the various Government's emergency response plans (where available)?	<ul style="list-style-type: none"> • KII with UNICEF Programme staff; Governmental counterparts; UN Agencies. • Strategic Review of: Main strategic planning documents (UNICEF, UN and Governments)
3. COVERAGE	<i>What is the coverage of UNICEF's response? How adequate is the coverage to date?</i>	
Assessments/ Targeting	To what extent and how were affected population systematically and accurately identified, targeted and reached?	<ul style="list-style-type: none"> • KII with UNICEF Programme and Emergency staff at FO and CO level; relevant UN Agencies staff; national and international partner NGOs; CBOs, local administrations and Governmental counterparts; beneficiaries. • Structured Review of: Assessment reports, SitReps. HPM dashboards and related materials, Maps and GIS materials/documents (OCHA, UNHCR, Clusters;
	To what extent and how were the different categories of affected population (refugees, IDPs, returnees, host families and surrounding communities, children	

	who in conflict-affected areas who did not flee) assisted?	External/internal and interagency needs assessments) <ul style="list-style-type: none"> • Direct Observations
Ability to enhance Access to services	To what extent and how did the interventions reach all affected areas?	<ul style="list-style-type: none"> • KII with UNICEF Programme and Emergency staff at FO and CO level; relevant UN Agencies staff; national and international partner NGOs; CBOs, local administrations and Governmental counterparts; beneficiaries. • Structured Review of: Programme and planning documents, SitReps, M&E reviews and studies. • Direct Observations • FGD
Strengths, weaknesses and bottlenecks	What were the main reasons that UNICEF's response has provided or has failed to provide affected population with assistance, proportionate to their needs?	<ul style="list-style-type: none"> • KII with UNICEF Programme and Emergency staff at FO and CO level; relevant UN Agencies staff; national and international partner NGOs; CBOs, local administrations and Governmental counterparts; members of the affected populations (host communities, refugees, families) • Structured Review of: Programme and planning documents, SitReps, M&E reviews and studies.
Identifying solutions	How successfully were barriers to reaching affected populations been identified and overcome?	<ul style="list-style-type: none"> • KII with UNICEF Programme and Emergency staff at FO and CO level; relevant UN Agencies staff; national and international partner NGOs; CBOs, local administrations and Governmental counterparts; beneficiaries. • Structured Review of: Programme and planning documents, SitReps; M&E reviews and studies.
4. EFFICIENCY	<i>To what extent have the UNICEF response plan & strategies been efficient?</i>	
Availability and utilization of resources	To what extent was each of the following: -Financial resources -Human resources -Supply inputs a) Managed in such a way as to facilitate the response's expected outputs and outcomes on the ground for affected populations? b) Commensurate with the emergency level declared?	<ul style="list-style-type: none"> • KII with UNICEF Programme, Emergency and Operations staff at FO, CO and RO level; KII with national and international partner NGOs; CBOs, local administrations and Governmental counterparts; beneficiaries. • Structured Review of: Programme and planning documents, VISION reports on budget expenditure, funding, supply flow and HR surge, emergency meeting minutes, Operational Staffing Matrix (OSM); Funding reports (Insight); U-Reports • Direct observations • INEE and Sphere Standard

	c) Sufficient in reaching and meeting the needs of affected populations?	
Capacity Development	In what ways have local capacity (i.e., government, civil society and other partners) and the quality of local staffing been supported and developed by UNICEF's response activities?	<ul style="list-style-type: none"> • KII with UNICEF staff at FO and CO level, and HR staff; Governmental counterparts and partner NGOs. • Structured Review of: Capacity building documentation, training materials, reports.
Innovation	To what extent have innovative or alternative modes of delivering on the response been explored and exploited to lower costs and/or maximize results?	<ul style="list-style-type: none"> • KII with UNICEF Programme and Operations staff at FO, CO and RO level. • Structured Review of: SitReps, programme and planning documents; Funding reports (Insight) • Direct observations
	Is there a more cost effective alternative way to achieve the intended results?	<ul style="list-style-type: none"> • KII with other development partners operating in the same areas as UNICEF • Structured Review of efficiency sections in reports produced by other humanitarian partners operating in the same areas as UNICEF
5. TIMELINESS	<i>To what extent has RO and HQ provided timely support needed to the COs, and if not, why not?</i>	
Factors that favoured or prevented a timely response	To what extent have supplies directly procured by or funded by UNICEF (and procured by government counterparts and implementing partners) reached the intended beneficiaries in a timely manner?	<ul style="list-style-type: none"> • KII with UNICEF Programme, Emergency and Operations Staff at CO, RO and HQ level. • Structured Review of Response plans, supply and HR surge plans and updates, funding documents and updates, emergency meeting minutes • Focus Group Discussion
	What were the main factors that <u>prevented</u> UNICEF from providing a timely response to the crisis (e.g., technical support, supply provision, surge, RUTF, ...)?	
	What were the main factors that <u>enhanced</u> the timeliness of UNICEF response to the crisis (e.g., L-2 fast-track procedures, technical support, supply provision, surge, RUTF, ...)?	
	What efforts were taken to overcome identified timeliness bottlenecks?	
6. COORDINATION	<i>What has worked well and what has worked less well in terms of coordination?</i>	
In-country Coordination	What has worked well and what has worked less well with regard to coordination in country i.e. the level	<ul style="list-style-type: none"> • KII with UNICEF Programme, Operations and Emergency staff at FO, CO and RO level.

	of collaboration, communication and support between the main offices and field offices, coordination within the country teams)?	<ul style="list-style-type: none"> • Structured Review of: Programme and planning documents; emergency and other internal meetings minutes, relevant email exchanges.
UNICEF Internal Coordination	What has worked well and what has worked less well with regard to coordination between CO and RO, amongst CO themselves as well as between CO/RO and HQ?	<ul style="list-style-type: none"> • KII with UNICEF Programme, Operations and Emergency staff at CO, RO and HQ level. • Structured Review of: Programme and planning documents; emergency and other internal meetings minutes, relevant email Exchange
Quality of UNICEF Internal Coordination	To what extent have responses coordinated in planning, implementation and monitoring been functional/focused on results?	<ul style="list-style-type: none"> • KII with UNICEF Programme, Emergency and M&E staff at CO, RO and HQ level. • Structured Review of: Response and monitoring plans, programme and planning documents; emergency and other internal meetings minutes
Coordination with Other Development partners	What type of PCA were established by UNICEF as part of the response?	<ul style="list-style-type: none"> • KII with UNICEF Programme, Emergency and M&E staff at CO, RO and HQ level. • Structured Review of: CPA, Response and monitoring plans, programme and planning documents; emergency and other internal meetings minutes; Terms of Reference of Regional and Country Level emergency working groups/ task forces
	What are the factors that made a PCA particularly instrumental to the fulfilment of UNICEF program objectives ?	
	How long have partnership agreements taken to put in place? And what (if any) bottlenecks have there been in the process?	
Knowledge dissemination	How effective have information and knowledge management been harnessed to ensure that the most up-to-date and relevant information possible is shared amongst UNICEF staff and partners who need it most, so as to guide the response?	<ul style="list-style-type: none"> • KII with UNICEF Programme and M&E staff at FO, CO and RO level. • Structured Review of: Knowledge management and dissemination plans, initiatives and documents
	What are the factors the obstructed or prevented the dissemination?	
7. GENDER AND EQUITY	To which extent gender and equity dimensions were integrated in the response planning, implementation, monitoring and reporting?	
Quality of gender and equity perspective	What are the gender & equity dimensions of the humanitarian crisis?	<ul style="list-style-type: none"> • KII with UNICEF Programme and Emergency staff at FO and CO level; relevant UN Agencies staff; national and international partner NGOs. • Structured Review of: Specific sections of programme and planning documents, SitReps and gender/equity related analysis and studies.
	How has UNICEF adequately addressed gender and equity as part of its response?	

		<ul style="list-style-type: none"> • Direct Observation • Focus Group Discussion
Inclusion of gender and equity in program documents and implementation	To what extent has UNICEF integrated gender and equity in the planning, implementation, monitoring and reporting in each sector response?	<ul style="list-style-type: none"> • Structured Review of: Specific sections of programme and planning documents, SitReps and gender/equity related analysis and studies.
	To what extent have the interventions reached the affected populations, including those hard to reach and those who are the most vulnerable (i.e. adolescent girls, pregnant women, unaccompanied or separated children, children in detention, children associated with armed groups)?	<ul style="list-style-type: none"> • KII with UNICEF Programme and Emergency staff at FO and CO level; partner NGOs and CBOs. • Structured Review of: Specific sections of programme and planning documents (Country Office Annual Reports, Country Office Integrated Response Plans, Regional Strategies and Plans). • Assessments, communication and advocacy materials SitReps and gender/equity related analysis and studies • UNICEF Programme and Emergency staff at FO and CO level; beneficiaries. • Programme and planning documents, SitReps, surveys and studies.
Advocacy	How did UNICEF advocate for the effective and equitable access to the assistance for all affected populations?	<ul style="list-style-type: none"> • KII with UNICEF Programme and Communications staff. • Structured Review of: Advocacy materials and initiatives

Annex 3. Nigeria+ Crisis IA Methodology

1. Design

The IA was based on a mixed-methods design with a predominant use of qualitative methods. Such design appears justified for two main reasons. Firstly, the exploratory nature of the assessment: given the volatility of the context and the need for adapting the humanitarian response to a continuously evolving scenario, the focus of this IA was not on testing the assumptions underlying the different interventions but rather to understand what really worked and what did not on the ground once those interventions were underway). Secondly, this IA focused on understanding the organizational processes as well as the political and cultural dynamics that affected humanitarian response the most in each of the four affected countries.

Consistent with the UNICEF need for actionable and time-relevant recommendations on how to strengthen its humanitarian response to the Nigeria+ Crisis in the future, the IA pursued a utilization-focused and management-oriented approach. Given the different groups of stakeholders involved in the humanitarian response (UNICEF HQ, RO, CO and FO, as well as government counterparts, international and local organisations, affected populations and donors), the IA was also grounded on a participatory and interactive approach, as attested, inter alia, by the careful adaptation of data collection tools to different audiences' needs and interests (see Annexes 2 through 10).

Rather than conducting surveys and interviews in silos, the IA team made the greatest possible effort to compare, contrast and triangulate findings yielded from the use of different data collection methods. As a result, opportunities for collective reflection (both within and outside of UNICEF) were identified by the IA team during and after each of the four country missions (e.g., through the use of offline group discussions among CO staff on some of the preliminary findings). Besides enhancing the validity of the IA findings, these interactions were likely to promote ownership as well as buy-in and utilization of the results, already during the field mission.

Gender considerations were taken into account throughout the IA process. Most interviews with women were led, to the largest extent possible, by the female team member with the help of a female translator.

2. Sampling Strategy

For each of the four affected countries, all UNICEF chiefs of sections as well as all emergency focal points at CO and all programmatic officers in FO were interviewed (either once or twice). Likewise, Emergency specialists at RO and HQ were interviewed.

With respect to governmental counterparts, as many representatives as possible from the following agencies were interviewed, as shown in the table below (Table 2).

Table 2: Government Counterparts

National/Federal	Regional/Local
National/Federal Emergency Agency	Emergency Agency (State branch)
Ministry of Health	State Ministry of Health
Ministry of Water	Rural Water and Sanitation Agency
Ministry of Social Affairs, Welfare (MSAWD),	State Ministry of Social Affairs, Welfare Development
Ministry of Education	State Ministry of Education

With respect to the expected beneficiaries, a three-stage sampling strategy was used recommended.

First stage

The list of sites in each country where UNICEF humanitarian response is underway (the list will represent the IA sampling frame in each country) was stratified. As the crisis in one country is quite different from that of another (e.g., while most beneficiaries in Nigeria are IDPs, Chad beneficiaries include IDPs, refugees and returnees), the strata were not always directly comparable across countries.

In a country like Nigeria, for instance, sites were divided in the three strata based on their specific status: IDP camps, sites outside of IDP camp (host communities and non-recognized camps) and newly accessible areas.

Second stage

For each one of the three strata a different sampling strategy was proposed:

IDP camps: a purposeful sample of at least three IDP camps was initially identified for data collection in each country. The sample included:

- the largest camp in the targeted region (defined by the number of IDPs living there),
- the average camp (a camp where UNICEF intervenes in at least 4 sectors);
- the least performing camp (based on both the feedback provided by UNICEF CO and FO staff as well as other relevant data available, including health and/or malnutrition rates);

Sites outside of IDP camps: a purposeful sample of host communities and non-recognized camps where UNICEF's interventions were concentrated in at least 3 of 5 programmatic sectors (education, health, nutrition WASH, child protection and child protection) were identified and visited.

Newly accessible area¹: a purposeful sample of newly accessible areas was identified:

- one site with a strong NGO presence

¹ One way to gather information on inaccessible areas will to include a few questions on the situation that new IDPs or persons in newly accessible areas could answer about the situation before they were displaced or before the areas was accessible respectively.

- one site established within a hard-hit area and where IDPs are coming back or being sent back

It must be noted that, as the focus of this Independent Assessment was on the response to the L-2 crisis (from April 2015 to July 2016), most data collection focused on those sites where UNICEF response was underway during this timeframe.

Table 3. Summary of data collection sites (Camps, Host Communities, Newly Accessible Areas) *

Country	Region/State	Camps	Host Communities	Newly Accessible Areas *	Number of Sites
Nigeria	Yobe and Borno State	6 (IDP)	7	1	14
Chad	Lake region	1 (Refugees) 3 (IDP spontaneous)	3	1	8
Cameroon	The Extreme Far North	2 (Refugees) 3 (IDP)	4	1	10
Niger	Diffa region	3 (Refugees) 2 (IDP)	6	1	12
Total		20	20	4	44

* The number of sites visited during the field mission might need to be adjusted due to security and unexpected logistical issues .

The choice of the exact data collections sites in each of the four countries was made in agreement with the UNICEF CO and RO. CO will assist with the country mission logistics. Furthermore, the IA team did make sure to receive security clearance by UNICEF in compliance with the security regulations applicable to the Agency staff.

Third stage:

Once the sites to visit were identified, the IA team collected data from a mixed (convenience and purposeful) sample of respondents either demanding or offering services in the areas falling under UNICEF mandate in each of them (Table 4).

Table 4: Sampling: third stage

Sectors	Supply side	Demand side
	The IA team will interview a purposeful sample of local authorities and professional staff involved in the delivery of UNICEF programs in each of the sites. This will include the following individuals:	A purposeful sample of people seeking assistance from UNICEF programs in different areas will be interviewed either individually or as part of larger focus group discussion. This will include:
General	-the camp chairman or traditional leader -Government Representative (where applicable) -Volunteers	
Health and Nutrition	-the health staff (doctors, nurses and sensitizers)	- youth females or pregnant women or women with children exiting the health clinic or the weekly nutrition screening
Education	-Headmasters and teachers	A convenience sample of children (male and female) attending children-safe activities/fun day or schools
WASH	-WASH Committee members or individuals tasked with the management of water points or sanitation facilities	A convenience sample of Community members collecting water from tanks or water pump will also be interviewed and children
Social Protection	-Social Worker/volunteers (local community members in CFS)	A convenience sample of children

Table 5. IA Sample of beneficiaries: The Nigeria Example (number of communities: 10)

Country	Region/State	Programmatic Areas	Respondents on the	Respondents on the Demand Side	Total
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			Supply Side		
Nigeria	Yobe and Borno State	Health	KII with 3 staff x 10 sites= 30	KII with 4 women x 4 sites=16	46
		Nutrition	KII with 2 staff x 8 sites= 16	KII with 5 women attending the screening centre x 6 sites= 30 + 1 FGD with 6 women attending screening centre x 4 sites= 24	70
		Education	KII with 1 Head Master + FGD of 6 teachers x 4 sites= 25	1 FGD with 6 male students/6 female students x 4 sites= 48	73
		Wash	KII with 1 volunteer x 8 sites= 8	KII with 6 (female and children) fetching water or using school facilities x 3 sites =18	26
		Child Protection	KII with 1 social worker or social protection volunteer x 4 sites=4	1 FGD with 6 children playing at the child safe place x 3 sites= 18	22
Total			83	154	237

3. Data Collection

Several data collection tools will be utilised as part of this IA, in order to expand the range of information gathered, as well as the analysis and triangulation capacities. In light of the limited timeframe of the exercise and the contextual challenges expected working in the region (security, access, logistics), the information collected will be mainly qualitative. Few and basic quantitative data will be gathered at field level when feasible and suitable.

a) Structured Review of program documents

The IA team will ensure the completion of a structured review of the relevant program documents made available by UNICEF RO and CO either before or during the fieldwork (Box 2). The review will also include a selected number of specialized papers and reports identified by the IA team through Internet searches.

Box 1. Desk Review: Sample of documents

1. Rapid assessments / needs assessments reports
- 1.** Humanitarian Situation Reports (SitReps)
- 2.** Maps, Dashboards
- 3.** Humanitarian Needs Overview (HNO) documents
- 4.** Humanitarian Response Plans (HRPs)
- 5.** CO Response Plans
- 6.** Internal REMT documentation (Note for the Record, etc.)
- 7.** Funding information
- 8.** HR data (OSM)
- 9.** Supply data
- 10.** Various reports: e.g. trip reports, ETF meeting reports, ORS, cluster reports 2015
- 11.** Monitoring tools, reports and analyses.
- 12.** Partnership agreements, information and statistics.
- 13.** Internal Audit reports relevant for the country and/or the context.
- 14.** NFRs,
- 15.** Email exchanges
- 16.** VISION outputs

All these documents will be reviewed to provide background information and ideas eventually contributing to the interview, analysis and triangulation phases of the exercise. In particular, all bits of information and data addressing the different IA questions will be coded and grouped together, thanks to the use of a qualitative data analysis software (MAXQDA).

b) Mini Survey for UNICEF Staff working in Cameroun, Chad, Niger and Nigeria

Before arriving in country, the IA team will administer a mini-survey to relevant CO and FO staff. These will include all Chiefs of Sections and Emergency Focal Points at CO and all the Program Officers at FO. The mini-survey (Annex 2) will allow the IA team to gain a preliminary understanding of how the CO humanitarian response as a whole is faring against the seven IA criteria. The mini-survey findings will also be instrumental in the development of the semi-structured interviews, scheduled with CO and FO during the four country missions (more details provided below).

c) Semi-structured Key Informant Interviews (KII)

c.1) Semi-structured KII with UNICEF Staff in HQ and RO

KIIs will be undertaken by the IA team (jointly or separately) with all UNICEF staff at HQ and RO who have been most directly involved with the activation of the Level 2 response and its consequent planning and implementation. Senior managers, emergency unit staff, emergency focal points from programmatic units, and key operations staff (HR, supply) will be interviewed. The main aim of these initial interviews is to gain a broad understanding of the dynamics of the response as well as of the role that HQ and RO played in the related planning and implementation. The items discussed in the course of such KII will directly borrow from the longer list of evaluation questions presented in Table 2 (Annex 3). The interviews will also allow clarifying specific programmatic issues and questions stemming from the structured desk review and the mini-survey.

c.2) Semi-structured KII with staff from Implementing partners in State or regional capital as well as in the field (Annex 4)

KIIs will be undertaken by the IA team (jointly or separately) with at least one implementing partner in each of the UNICEF five programmatic sectors.

c.3) Semi-structured KII with staff from other UN agencies and bilateral donors (Annex 5)

KIIs will be undertaken by the IA team (jointly or separately) with at least 4 UN agencies and bilateral donors implementing partner in each of the UNICEF five programmatic sectors. These will include the following: OCHA, UNFPA, UNHCR, WFP, WHO, as well as USAID and DFID.

c.4) Semi-structured KII with in-country government officials both in national and state/region capital (Annex 6)

KIIs will be conducted with the representatives of the agencies (both at the national/federal and regional/state level) who are the most directly involved in the management and delivery of the government's response to the humanitarian response *(for a detailed list of the sample of government officials whom this survey will be used with, see Table 2)*.

c.5) KII with a sample of the affected population looking for services within and outside of IDP camps in any of UNICEF key sectors (Annex 7).

In order for the IA team to gain a more insightful understanding of how the humanitarian response is perceived by the affected population groups who are expected to benefit from it (men, women, pregnant women, children), the IA team will try to conduct a number of purposefully selected people in each of sites visited during the mission in each of the four crisis-affected countries. If and when allowed by local security conditions, the administration of this tool will allow collecting contextually-relevant data on five different aspects of the humanitarian response:

2. General landscape (key actors and current developments)
3. Access to services and related information
4. Perceived quality of services
5. Rapport with humanitarian actors
6. Degree feedback on interventions and situation have been sought
7. Unexpected outcomes and coping strategies

Besides contributing to programmatic learning, the KII findings will serve the accountability purpose of this assignment in that they will allow the IA team to triangulate the information provided by the service providers and partners on the effectiveness and equity of the activities on the ground. Findings from different types of KIIs will be tabulated in matrixes to strengthen evidence of specific findings and trends, and utilised during the analysis and triangulation phase.

c.6) KII with professional staff providing services to the affected population within and outside of the IDP camps in any of UNICEF key sectors (Annex 8)

In order not to disrupt the schedule of the staff working on UNICEF-sponsored programs (both in IDP camps and host communities), these interviews will generally tend to be shorter in duration and will aim at gathering information on the current state and recent trends of health, nutrition, health and WASH in the community where data collection takes place. The interview will also expect to explore the good practices adopted by the staff to improve the quality of their services or mitigate the challenges faced on the job.

d) Direct observation (field mission)

The IA team will visit CO, FO as well as IDP camps, refugee camps and host communities in the four crisis-affected countries to assess different aspects of the UNICEF response. The IA team will specifically look at the type and quality of UNICEF response in the following programmatic areas: child protection, education, health, nutrition and WASH.

While conducting direct observation in each site, the IA team will specifically look for a selected number of factors included in a Field Observation Checklist. The checklist, to be finalized before the field mission starts, will include the following:

1. Compliance with the CCC and the SPHERE standards for each of the five program sectors taken into consideration
2. Humanitarian personnel's characteristics (perceived skills knowledge, attitude to the affected population);
3. Interactions with other partners/ government officials/ implementing partners;
4. Non-verbal behaviour;
5. Physical surroundings.
6. Availability of services

As part of the direct observation, the IA team will record videos or take pictures in data collection sites, if security will allow it and the consent of the subjects who would show in the videos and/or pictures in questions is obtained beforehand.

When direct observation will not be feasible, tools currently used by UNICEF, such as RapidPro or UReport already experimented in the Nigeria and Cameroon CO, might also want to be used to collect data in remote areas.

e) Focus Group Discussions (FGD)

Depending on the timing of field visits and the security situation in the visited communities and camps, the IA team will try to organise Focus Group Discussions (FGD) or other suitable formats of discussion group with selected categories of stakeholders (IDPs, returnees, women at nutritional centres, school children, teachers, etc.). Simple interview guidelines will guide the conduct of these discussions (Annex 9). Information gathered through this method

will contribute to the identification and understanding of trends, dynamics and problems. Together with findings from the KIIs, they will support the triangulation and analysis phases.

The IA team expects to be able to conduct at least 20 FGD across all four countries during the field work (Table 7).

Table 7: Draft List of FGD (by type of participants)

Country	Number of FGD per country (by type of affected population)								Total
	Female Youth in host communities	Male Youth in host communities	Female Youth in IDP Camp	Male Youth in IDP Camp	Mothers attending health services	Mothers attending CMAM services	Teachers in IDP camps	Children in Child safe place	
Nigeria	✓	✓	✓		✓	✓	✓	✓	7
Chad	✓		✓		✓	✓			4
Niger	✓			✓	✓	✓	✓		5
Cameroun	✓	✓		✓	✓	✓			4
	4	2	2	2	4	4	2	1	20

4. Ethical Considerations and Data Security

This IA is considered very minimal risk and will not be subject to an ethical review committee approval. However, the UNICEF CO may seek the approval of relevant government entities before data collection. Each individual to be interviewed will be asked to provide verbal consent to participating in interviews and focus groups. In the case of focus group discussions with children, their own consent as well as that of their case workers or caregivers will be sought. They will be made aware that no name will be taken from any individuals during and after interviews. The interviewees' confidentiality will be warranted. They will also be made aware that they could withdraw from the interview or focus groups, any time, refuse to respond to any of the questions, and that this will not by any mean affect one way or the other their access to available services. The security of the data collected by the IA will be guaranteed at all times though the use of encryption software. All e-mail and phone communications among team members as well as all texts of the interviews, pictures and videos will not be accessible by any third party. In case the phone and computers used during the mission will be confiscated, the IA-related data stored in them will be password-protected and not visible. Data collected in the field will be stored in a secure location at the end of each day of work.

Furthermore, the IA will follow the newly revised UNEG norms and standards, the professional evaluation and ethical standards currently in use by International Development Evaluation Association (IDEAS) and the American Evaluation Association (AEA), and lastly, the principles included in the [UNICEF procedure for ethical standards in research, evaluation, data collection and analysis](#).

5. Data Analysis

The findings generated during both primary data collection and the analysis of secondary will be systematically analysed. Given the exploratory nature of the IA, analysis will not start at the end of the data collection but it will be conducted in parallel to fieldwork. The continued review and comparison in real time of findings drawn from different methods by the various members of the IA team will ensure that some context-specific preliminary conclusions on the current state of the humanitarian response be shared with the UNICEF staff in the four IA countries during the debriefing meeting (scheduled on the last day of each country mission). Such triangulation is all the more relevant as it will allow strengthening the robustness of inferences yielded by the IA team while also encouraging a more in-depth reflection and review in case of divergence across findings drawn from the use of different methods.

The analysis of the qualitative data will be conducted through the use of an advanced analysis software package (MAXQDA). All interviews and focus group discussions will be in either English or French or the respondent's local language (translators will assist during the conduct of the KII or FGD with members of the affected populations) and coded according to the major thematic questions addressed by this IA. For example, when the segment of an interview or focus group discussion will clarify an issue related to "timeliness", it will be coded as "timeliness". Such analysis will be particularly useful as it will help compare in a structured manner all the responses sharing the same code and, as a result of that, lead to two different results:

- In case of recurring patterns among responses, the analysis will allow drawing lessons learned on a specific aspect of the humanitarian response; and
- In case of diverging findings across certain coded segments, the analysis will encourage the IA team to review the accuracy of the corresponding data and conduct some follow-up data collection, as needed.

While each of four IA country's response is influenced by unique factors both at the national and sub-national levels, the IA team will make an effort to identify as much as possible those factors that have appeared to have influenced the response positively or negatively in more than one country. As a result, a comparative table included in the final report will provide a snapshot of:

- how well each country's response has fared against each of the IA criteria; and
- what are the factors that seem to have influenced UNICEF humanitarian response to the Nigeria+ crisis the most?

Such factors will also be ranked based on the number of countries in which they have been observed. Factors will be categorized as positive or negative. Example: a "++++ factor" will be a factor that has affected the response positively across all four countries; a " - - factor" will be a factor that has affected the response negatively in two of the four countries.

In light with the human rights-based and gender-sensitive approach adopted by this IA, all evaluation data will be disaggregated by sex, ethnicity, age, disability, etc. to the largest extent possible.

Annex 4. Effectiveness Tables (by country)

Effectiveness of the Nigeria+ Crisis Response by country (April 2015-July 2016)

4.1. TABLE CHAD

	June 2015			December 2015				August 2016		
CHILD PROTECTION	Target	Results	%	Target	Results	%	CHILD PROTECTION	Target	Results	%
# and % children enrolled in psycho-social activities	2,000	951	48	2,000	2,008	100	Number of children have access to psychosocial support in child-friendly places	22,000	12,261	56
# of conflict affected children referred to specialist support services where required	-	-	-	-	-	-	-	-	-	-
# and % of separated children in emergencies reunified	300	187	62	300	530	177	Number of unaccompanied and separated children that have access to family tracing and reunification services	2,360	658	28
# of separated and unaccompanied children identified	-	-	-	-	-	-	-	-	-	-
Number of school-aged children in conflict areas accessing mine risk education	107000	73	0%	107000	73	0	Number of People in conflict areas accessing mine risk education	19,250	7,333	38
EDUCATION							EDUCATION			
Number and % of children who received learning materials	-	-	-	-	-	-	-	-	-	-
# and % of school-aged children including adolescents reached by schools	14,200	8160	56	14,200	9,306	66	Number of affected school-age children having access to education	95,600	52,292	55
HEALTH							HEALTH			
# and % population with access to health care facilities stocked with emergency supplies and drugs for next month (adjust if UNICEF contribution is only specific medicines)	-	-	-	-	-	-	-	-	-	-
# and % of children 6 - 59 months and 6mo-	-	-	-	-	-	-	Number of children 6-59 months	246,000	347,409	141

15y vaccinated for measles							vaccinated against measles			
# and % of children 9mo-15y immunized against measles	82,677	3,974	5	82,677	17,434	21		-	-	-
# and % of families receiving 2 ITNs	120,240	300	0	120,240	13,640	11		-	-	-
# of conflict affected pregnant women and children under 5yrs that have received LITNs	-	-	-	-	-	-		-	-	-
% of children 6-59 months in the affected areas receiving vitamin A supplement in the past 6 months	21,344	17,004	80	21,344	31,873	149		-	-	-
-	-	-	-	-	-	-	HIV/AIDS			
-	-	-	-	-	-	-	Number of pregnant women that have access to HIV and AIDS screening services and prevention of mother-to-child transmission services	40,000	12,803	32
-	-	-	-	-	-	-	NFI			
							Number of internally displaced persons received non-food items and shelter kits	50,000	29,161	58
NUTRITION							NUTRITION			
# and % of exits from therapeutic care by children 6 - 59 months who have recovered.	N.A.	75%	93		75	87		-	-	-
# Children <5 screened using MUAC	-	-	-	-	-	-		-	-	-
Number and % targeted children 6-59 months with Severe Acute Malnutrition admitted to therapeutic care for specified period of time.	9,215	7,201	78	9,215	13,082	142	Nb of children 6-59 months with Severe Acute Malnutrition (SAM) admitted for therapeutic care and benefitting from promotion of nutrition practices	176,900	94,924	54
	-	-	-	-	-	-	Number of children aged 6 to 59 months receive vitamin-A supplementation and deworming	140,000	121,167	87
	-	-	-	-	-	-	Number of Health Centres with an integrated nutrition program	543	560	103
WASH							WASH			
	-	-	-	-	-	-		-	-	-

Number of school-aged children in conflict areas accessing mine risk education	-	-	-	-	-	-	-	-	-	-
EDUCATION							EDUCATION			
Number and % of children who received learning materials	60,000	5,720	10	21,492	8,720	41	-	-	-	-
# and % of school-aged children including adolescents reached by schools	90,000	3,067	3%	21,942	8,720	41	# of school-aged girls and boys (7-14 years) with continued access to formal and non-formal education in Diffa	20,000	9,095	45
HEALTH							HEALTH			
# and % population with access to health care facilities stocked with emergency supplies and drugs for next month (adjust if UNICEF contribution is only specific medicines)	53,013	10,783	20	53,913	38,839	72	-	-	-	-
# and % of children 6 - 59 months and 6mo-15y vaccinated for measles	-	-	-	-	-	-	-	-	-	-
# and % of children 9mo-15y immunized against measles	300,000	254,664	85	300,000	254,664	85	# of children age between 9 months and 14 years vaccinated against measles in Diffa	100,000	411,794	412
# and % of families receiving 2 ITNs	-	-	-	-	-	-	-	-	-	-
# of conflict affected pregnant women and children under 5yrs that have received LITNs	-	-	-	-	-	-	-	-	-	-
% of children 6-59 months in the affected areas receiving vitamin A supplement in the past 6 months	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	In supported health districts - # of children and women who have access to life-saving interventions	40,000	64,124	160
HIV/AIDS										
# and % HIV positive pregnant women continuing to receive ARVs for PMTCT				315	45	14				
NUTRITION							NUTRITION			
# and % of exits from therapeutic care by	-	-	-	17,148			-	-	-	-

<i>children 6 - 59 months who have recovered.</i>										
<i># Children <5 screened using MUAC</i>	-	-	-	-	-	-	-	-	-	-
<i>Number and % targeted children 6-59 months with Severe Acute Malnutrition admitted to therapeutic care for specified period of time.</i>	22,865	10,297	45	24,438	16,674	68	# of children under-five with severe acute malnutrition admitted into therapeutic feeding programme	14,338	7,740	54
							# of Health Centres with an integrated nutrition program	51	50	98
WASH							WASH			
<i># and % of population provided with sanitation or hygiene kits or key hygiene items</i>	200,000	100,424	50	184,752	155,839	84	# of people affected by the crisis in Diffa having access to hygiene kits and sensitization activities	305,931	268,884	88
<i># and % of target population provided access to appropriately designed toilets</i>	100,000	1,600	2	20,000	8,565	43	# of people affected by the crisis in Diffa with access to sanitation infrastructure	71,495	36,200	51
<i># and % people with access to safe water</i>	25,000	2,000	8	25,000	5,367	21%	# of men, women, girls, boys affected by the crisis in Diffa who have improved access to drinking water	20,000	68,346	342
<i># of conflict affected persons benefiting from hygiene promotion messages</i>	-	-	-	-	-	-	# of conflict affected persons benefiting from hygiene promotion messages	1,100,000	322,511	29
<i># of malnourished children admitted for SAM and benefiting from WASH minimum package</i>										

4.3. TABLE CAMEROUN

	June 2015			December 2015				August 2016		
CHILD PROTECTION	Target	Results	%	Target	Results	%	CHILD PROTECTION	Target	Results	%
<i># and % children enrolled in psychosocial activities</i>	20,000	7,223	36	20,000	58,129	291	Nb of children accessing psychosocial support through Child friendly spaces or ETAPES	65,000	29,094	45

# of conflict affected children referred to specialist support services where required	-	-	-	-	-	-	Nb of unaccompanied and separated children receiving interim care and follow-up	3,650	504	14
# and % of separated children in emergencies reunified	-	-	-	-	-	-	-	-	-	-
# of separated and unaccompanied children identified	-	-	-	-	-	-	-	-	-	-
Number of school-aged children in conflict areas accessing mine risk education	-	-	-	-	-	-	-	-	-	-
EDUCATION							EDUCATION			
Number and % of children who received learning materials	56,250	7,400	13	56,250	39,899	71	Number of children benefiting from teaching and learning supplies	99,900	24,212	24
# and % of school-aged children including adolescents reached by schools	-	-	-	-	-	-	Number of children with access to education	48,600	24,767	51
HEALTH							HEALTH			
# and % population with access to health care facilities stocked with emergency supplies and drugs for next month (adjust if UNICEF contribution is only specific medicines)	-	-	-	-	-	-	-	-	-	-
# and % of children 6 - 59 months and 6mo-15y vaccinated for measles	-	-	-	-	-	-	-	-	-	-
# and % of children 9mo-15y immunized against measles	-	-	-	-	-	-	Number of children 6-59 months vaccinated against measles	-	2,446	-
# and % of families receiving 2 ITNs	-	-	-	-	-	-	-	-	-	-
# of conflict affected pregnant women and children under 5yrs that have received LITNs	-	-	-	-	-	-	-	-	-	-
% of children 6-59 months in the affected areas receiving vitamin A supplement in the past 6 months	-	-	-	-	-	-	-	-	-	-
NUTRITION							NUTRITION			
# and % of exits from therapeutic care by children 6 - 59 months who have recovered.	-	-	-	-	-	-	-	-	-	-
# Children <5 screened using MUAC	-	-	-	-	-	-	-	-	-	-
	842	257	31	842	1,261	150		1,000	424	42

Number and % targeted children 6-59 months with Severe Acute Malnutrition admitted to therapeutic care for specified period of time.							Number of children <5 with Severe Acute Malnutrition admitted to therapeutic care			
WASH							WASH			
# and % of population provided with sanitation or hygiene kits or key hygiene items	-	-	-	-	-	-	Number of households receiving hygiene kits with key hygiene messages	15,000	5,665	38
# and % of target population provided access to appropriately designed toilets	-	-	-	-	-	-	-	-	-	-
# and % people with access to safe water	-	-	-	-	-	-	-	-	-	-
# of conflict affected persons benefiting from hygiene promotion messages	-	-	-	-	-	-	-	-	-	-
# of malnourished children admitted for SAM and benefiting from WASH minimum package	-	-	-	-	-	-	-	-	-	-

4.4. Table Nigeria

	June 2015			December 2015				August 2016		
CHILD PROTECTION	Target	Results	%	Target	Results	%	CHILD PROTECTION	Target	Results	%
# and % children enrolled in psycho-social activities	53,000	38,299	72	53,000	65,301	123	# of conflict affected children reached with psychosocial support	436,201	125,212	29
# of conflict affected children referred to specialist support services where required				500	206	41	# of conflict affected children referred to specialist support services where required	200	2,991	1496
# and % of separated children in emergencies reunified	1727	28	2	1727	719	42	# of separated and unaccompanied IDP children reunified with families or placed in alternative care arrangements	8,355	2,549	31

# of separated and unaccompanied children identified	2000	225	11	2000	1678	84	-	-	-	-
EDUCATION							EDUCATION			
Number and % of children who received learning materials		30,943	9	362,095	94,397	26	# Conflict affected school aged children reached with pedagogic materials	571,353	146,588	26
# and % of school-aged children including adolescents reached by schools	181,048	38,045	21	181,048	216,885	120	# of separated and unaccompanied IDP children reunified with families or placed in alternative care arrangements	8,355	2,549	31
HEALTH							HEALTH			
# and % population with access to health care facilities stocked with emergency supplies and drugs for next month (adjust if UNICEF contribution is only specific medicines)	392,034	122,209	31		696,811	178	# of conflict affected people reached with emergency PHC services	4,267,534	2,432,478	57
# and % of children 6 - 59 months and 6mo-15y vaccinated for measles	-	-	-	-	-	-	-	-	-	-
# and % of children 9mo-15y immunized against measles	-	-	-	-	-	-	-	-	-	-
# and % of families receiving 2 ITNs	-	-	-	-	-	-	-	-	-	-
# of conflict affected pregnant women and children under 5yrs that have received LITNs	387,034	25,453	7	387,034	39,489	10	-	-	-	-
% of children 6-59 months in the affected areas receiving vitamin A supplement in the past 6 months							-	-	-	-
NUTRITION							NUTRITION			
# and % of exits from therapeutic care by children 6 - 59 months who have recovered.		75%	80	75%	82%		-	-	-	-
# Children <5 screened using MUAC	347,501	46,643	13	347,501	357,881	103	-	-	-	-
Number and % targeted children 6-59 months with Severe Acute Malnutrition admitted to therapeutic care for specified period of time.	75,859	14,617	19	75,859	84,012	111	# Children <5 with SAM admitted to therapeutic feeding programmes	398,188	74,978	19
WASH							WASH			
# and % of population provided with sanitation or hygiene kits or key hygiene items	-	-	-	-	-	-	-	-	-	-
# and % of target population provided access to appropriately designed toilets	87,381	33,142	38	87,381	76,283	87	# of conflict affected people benefitting from	1,033,547	141,298	14

Annex 5. List of people contacted during the field missions

UNICEF WCARO, Dakar

Skype, 7 October 2016
Mr. Manuel Fontaine, Regional Director, UNICEF WCARO
Dakar, 10 October 2016
Ms. Shameza Abdalla, Emergency Specialist, UNICEF WCARO
Ms. Cairn Verhulst, Emergency Specialist HPM, UNICEF WCARO
Mr. Patrick Konan Nguessan, Emergency Specialist IM, UNICEF WCARO
Ms. Cecile Marchand, CPiE Specialist, UNICEF WCARO
Ms. Francesca Bonomo, EiE Specialist, UNICEF WCARO
Dakar, 11 October 2016
Mr. Francois Bellet, WASH Specialist, UNICEF WCARO
Ms. Julie Gauthier, WASH Specialist Cholera, UNICEF WCARO
Mr. Raoul Koty, Regional Change Management, UNICEF WCARO
Philip van der Graaf, Supply Specialist, UNICEF WCARO
Jean Cedric Meeus, Chief Supply, UNICEF WCARO
Ms. Lizz Frost Yocum, C4D in Emergency Specialist, UNICEF WCARO
Anne-Celine Delinger, Nutrition Specialist, UNICEF WCARO
Dakar, 12 October 2016
Ms. Patricia Hoorelbeke, Nut. Officer, ECHO Dakar (former UNICEF WCARO)

NIGERIA MISSION

2 September, Abuja
Mr. Anisur Rahman Siddique, Chief C4D, UNICEF Abuja
Mr. Yobuk , Health Specialist, USAID Abuja
Mr. Michael Zanardi, Chief Supply, UNICEF Abuja
3 September, Abuja
5 September, Abuja
Ms. Jolly Uday Shah, Emergency Specialist, UNICEF Abuja
Dr. Garba Safiyanu, Health Specialist Polio, UNICEF Abuja
Mr. Julien Graveleau, WASH Cluster Specialist, UNICEF Abuja
Mr. Mohammed Mizra, Human Resources Specialist, UNICEF Abuja
Mr. Dominic Stolarow, Emergency Manager, UNICEF Abuja
6 September, Abuja
Beverly Chawaguta, Supply & Logistics Specialist, UNICEF Abuja
Mr. George Van Vulpen, WASH Coordinator, Oxfam Abuja
Ms. Meriam Asibal, Public Health Promotion Coordinator, Oxfam Abuja
Mr. Yinka Afolabi, Humanitarian Program Manager, Oxfam Abuja
Mr. Anil Raghuvanshi, CP in Emergency Specialist, UNICEF Abuja
Mr. Shakoor Muhammad, Education Specialist (Manager EiE and SSI), UNICEF Abuja
Toby , Communication Specialist, UNICEF NYHQ
Dr. Omotola Bamidele, Nutrition Specialist, UNICEF Abuja
8 September, Maiduguri
Mr. Lonis Salihu, WASH Specialist, UNICEF Borno
Mr. Edward Teru, Immunization Recorder, Health Clinic, Gubio Camp
Ms. Lydia Abomay, Clinical Coordinator, Health Clinic, Gubio Camp
Teachers Group (41), School, Gubio Camp

Mr. Musa Kyari, Focal Person, Nigerian Red Cross, Gubio Camp
Mr. Hassan Babagana, Sanitation Spec., Nigerian Red Cross, Gubio Camp
Men Group (11), Host Community, outside Gubio Camp
FGD with 9 IDP boys (11-17 years of age)
FGD with 11 IDP girls (11-18 years of age)
9 September, Maiduguri
Ms. Zara BUKAR, Clinician, Anti-natal section, Clinic Post A, Muna Camp
Ms. Elisabeth Adamu, Immunization Recorder, Clinic Post A, Muna Camp
Ms. Maria Aji, Routine Immunization Provider, Clinic Post A, Muna Camp
Mr. Kyari Bukar, SW, CFS and Case Management Responsible, Muna Camp
Mr. Tijjani Lumami, Clinic Coordinator, Clinic Post A, Muna Camp
10 September, Maiduguri
Mr. Issiaka Abdou, Emergency Coordinator Borno, MSF France
Mr. Simon Taylor, Head, Maiduguri Sub-Office, OCHA
Mr. Sebastian Weber, Humanitarian Affairs Officer, OCHA Maiduguri
Ms. Eveline Viehboeck, Civil-Military Coordination Officer, OCHA Maiduguri
11 September, Maiduguri
Ms. Gerida Birukila, C4D Specialist, UNICEF Borno
Ms. Esther Emmanuel, Action Against Hunger Borno
Mr. Simon,, Action Against Hunger Borno
Mr. Stanford, Tonderayi Action Against Hunger Borno
Mr. Chester Shaba, Education Specialist, UNICEF Borno
13 September, Maiduguri
UNDSS Advanced Security Training, Discussion and Observations
14 September, Maiduguri
Ms. Hajja Bintu Marte, Camp Clinic Coordinator, Dalori Camp
Ms. Nana Gadzama, Clinic Coordinator, Dalori Camp
Ms. Grace Philimo – Clinic Warden, Dalori Camp
Ms. Alima Aba moussa – Clinic Dispenser, Dalori Camp
FGD, 5 CMAM mothers with SAM children. Dalori Camp Clinic
Mr. Noah , PWC Consultant, Dalori Camp & Bama LGA
Mr. Abdul Rahman Adamu, VCM Case Management, SCI-CHAD, Dalori Camp
Mr. Saleh Modu, VCM CFS, MoWA, Dalori Camp
Ms. Yagana Liman, VCM CFS, MoWA, Dalori Camp
Mr. Sanoussi Manga, CP Case Worker, SCI-CHAD, Dalori Camp
Caroline Aloyo, CP Specialist, UNICEF Borno
15 September, Maiduguri
FGD, 5 local women, Gwange Dispensary, MMC
Mr. Malam Idrissa Hassan, IDP, Gwange community, MMC
Ms. Maimuna Aba, Clinic Coordinator, Mashamari Clinic, MMC
Mr. Mohammed Yakubu Alkali, Surveillance VCM, Sandakyarimi Camp
Mr. Musta Bukar, School Principal, Sandakyarimi Camp
Ms. Zeinab Modu, Deputy Clinic Coordinator, Abba Ganaram Clinic, MMC
16 September, Maiduguri
FGD, 9 mothers with children at CMAM programme, Ngomari Clinic, Jere
FGD, 7 mothers with children at CMAM programme, Ngomari Clinic, Jere
Dr. Anastase Butsure, Emergency Nutrition Specialist, UNICEF Borno
17 September, Maiduguri
Mr. Frank Ndaie, Chief of Field Office, UNICEF Borno
Mr. Ifeanyi Maduanusi, Nutrition Officer, UNICEF Borno
18 September, Damaturu
Sgt. Musa Aminu, Nigerian Army, Security, Pompamari Camp

FGD, 5 Army teachers, Pompamari Camp School
FGD, 8 IDP boys, Kasesa Camp
19 September, Fune LGA, Yobe State
Mr. Sale Mussa Teza, Sanitary Assistant, Dogonkuka A Clinic
Mr. Sani Shaibu, Health Assistant, Dogonkuka A Clinic
Ms. Zainab Mohammed, Health Assistant, Dogonkuka A Clinic
Ms. Lami Auta, Nutrition Focal Point Damagum MCH
Mr. Adamu Sabo, Cool Chain Officer, Damagum MCH
Ms. Sheba Bonnet, Cash Transfer Officer, ACF/AAH Damagum
Mr. Adan Amsa, Technical Assistant WASH, ACF/AAH Damagum
Mr. Mohammed Savo, Cash Assistant, ACF/AAH Damagum
Ms. Alhieri Pita, Cash Assistant, ACF/AAH Damagum
Mr. Abba Mamman, Nutrition Assistant, ACF/AAH Damagum
Mr. Mohammed Alaji Abdullai, Com. Mob. Ass. WASH, ACF/AAH Damagum
Ms. Salome Tika, Hospital In-charge, Ngelzarma MCH/Hospital
20 September, Potiskum LGA, Yobe State
Mr. Ibrahim Madu Mohammed, Head Master, Kara School
FGD, 10 IDP children (7 boys, 3 girls), Kara School
Mr. Hargo Dahiru, Head Master Primary, Dorawa School
Ms. Fatima Ousma, Principal JSS, Dorawa School
Mr. Ahmed Ismailia, Deputy Principal JSS, Dorawa School
Ms. Blessing Jimmy Agbojo, Case Worker, COOPI Potiskum
Ms. Saratu Mohammed Kolu, Case Worker, COOPI Potiskum
21 September, Damaturu, Yobe State
Mr. Moidu Aisami, Head Master, Kukareta Camp School
Mr. Iwara Ibiang, Warrant Officer Nigerian

CHAD MISSION

06 October 2016 in N'Djaména
M. BELEM Emile, Assistant Representative. UNHCR
M. Mij'A Tchirund Germain, Nutrition Specialist, UNHCR
Mrs. YOKO FUJIMURA, Head of Programme, IOM
07 October 2016 at Bol Hospital
M. Charles MAYANGA NATEUFALLET, Bol Government Hospital Director
M. ABOUDEGA MALLOUM Chief Pediatrician, MSF
M. KAMAL ALI, Nutrition Focal Point
07 October 2016 in Yakoua
M. NGUENABAYE THOMAS, Primary School Director
M. KOINAN TITINGAR, Health Promotion Supervisor, MSF
2 FGD with 10 Female IDPs each (Total : 20 IDP)
KII with one Female IDPs with 4 children
KII with 1 Male IDP
1 FGD with 12 male IDPs
08 October 2016 in Liwa
MAHAMAT DJIBRO, Préfet of LIWA
NDJEGOLREOU KODJI-ON-BE, Supervisor of classroom construction (SICAD construction company)
YANKAL BELNDOUM, Primary Education Didactic Inspector
Dr KODMAN MALLAH MARDOCHEE, Medical District Chief
FGD with 9 IDP boys (11-17 years of age)

FGD with 11 IDP girls (11-18 years of age)
09 October 2016 in Magui
Meeting with 4 of the site's traditional authorities
3 Female Displaced at the water pump
1 FGD with 10 male displaced children (10-16 years of age)
1 FGD with 13 female displaced children (10-13)
09 October in Tchoukoutelia
Representative of Chef de Canton
In Charge of the Health Centre (licensed nurse)
2 Household visits (7 and 8 members respectively)
10 Octobre 2016 à Dar-es-Salam
MALLOUM SANI, Primary School Teachers (Refugee) CP1
MOUSSA MAHAMAT, Primary School Teachers (Refugee) CP1
GASSAH YODAS, Middle School Teachers (Refugee) CP1
FGD with two group of young female refugees
FGD with 13 male displaced/refugees between 7 and 17 years of age
KII with 3 school teachers (2 refugees + 1 national qualified teacher recruited by the Red Cross)
10 October 2016 in Darnaim
Cheick MAHAMAT HASSANE Chef de village
MAHAMAT ALI ADRAMAN Marabout du Site
TAHIR AL BILALI GASSARA, Primary School Guard
FGS with 3 women refugees
KII with IMC Nutrition officer+ 1 Community Relay
2 Household interviews in Dar el Naim
Community meetings (male and caregivers+ children) in Dar El Naim (camp number 3)
10 October 2016 in Kousserie
ABDOULAYE MAHAMAT MOUSSA, Special Army protection force
MAHAMAT CHOUKOU, Merchant
KII with young female IDP (13 years of age)
KII with Army guy based in Kousserie
KII with 3 local host community member
10 October 2016 in Kafia
MALLOUM MAHAMAT, community representative for the borehole maintenance
KII with 3 local community members
GD with 10 female IDPs living there for more than 2 years
11 Octobre 2016 à Bagassola
IBRAHIM ABDI SHIRE, UNICEF Chief of Bureau, MAO
JEAN LUBOYA, Nutrition Specialist, UNICEF
HISSEIN OUMAR HISSEIN Protection Officer, UNICEF
IDRISS ALLARAMADJI DEZEH Consultant Protection, UNICEF
HISSEIN ADOUM ABDOULAYE Consultant Wash, UNICEF
KAGNDOH DJASTA Consultant Education, UNICEF

NIGER MISSION

Niamey, 13 October 2016
Ms. Viviane Van Steirteghem, Representative, UNICEF Niger
Niamey, 14 October 2016
Ms. Rakia Husseni, Monitoring, Evaluation and Management, CCH Niamey
Ms. Caroline Nanzer, M&E Off./Food Security Cluster Coordinator, WFP

Ms. Amina Suraya, Programme Assistant, School Feeding, WFP
Mr. Dieudonne Bamouni, Country Director, OCHA
Mr. Pierre Camara, Head of Programs, UNHCR
Ms. Marzia Vigliaroni, Chief of Office, COOPI
Niamey, 15 October 2016
Mr. Mahaboubou Ibrahim, Program Director, OXFAM Novib
Mr. Elliott Messeiller, Project Development Officer, ACTED
Mr. Olivier Fabre, Chief of Finance, ACTED
Mr. Ely Keita, Country Director, SCI
Mr. Emmanuel Tamba, Head of Programmes, SCI
Niamey, 16 October 2016
Mr. Bien-Aime Johnson, Resident Representative, Plan International
Mr. Osmane Lalo, Project Coordinator, CARE
Diffa, 17 October 2016
Mr. Hassane Hamza, Representative of the Primary Education Regional Delegation
Mr. Praman Salah, Agent, Representative of the Hydraulics Regional Delegation
Mr. Mamadou Elli Ibrahim, Representative of the Primary Health Regional Delegation
Ms. Baimou Asman, Representative of the Child Protection Regional Delegation
Mr. Issaelh Alah Tanko, Office Head, <i>Cellule de Coordination Humanitaire</i> (CCH)
Mr. Issoufou Mahamadou, Diffa Governor
Diffa, 18 October 2016
Ms. Bibata Abdou Doro, Education Specialist, UNICEF Diffa
Mr. Assoumana Abarchi, Psychologist, CFS Garim Wanzam, COOPI
Diffa, 19 October 2016
Ms. Zeinab Ausman, Responsible, CFS Kindjandi, SCI
Ms. Falmata Horta, Volunteer, Kindjandi CFS, SCI
Ms. Falmata Hammani, Volunteer, Kindjandi CFS, SCI
Ms. Kellu Abatja, Volunteer, Kindjandi CFS, SCI
Ms. Hasna Mai Bankar, Animator, Kindjandi CFS, COOPI
Mr. Ousman Alikanta, Nutrition Nurse, Kindjandi CMAM, SCI
Mr. Badamessi Balarabu, Coordinator, Kindjandi HC
Mr. Alio Boubacar, CMAM Supervisor Quality, SCI
Mr. Ali Mamadou Chetima, Director, Assaga 2 School, COOPI
Ms. (Idriss notes), Animator, Assaga CFS, COOPI
Ms. (Idriss notes), Animator, Assaga CFS, COOPI
Diffa, 20 October 2016
Mr. Tidjani Bidi, Animator, CFS Kuble Igre, COOPI
FGD, School Children (~25), XXXXX School, COOPI
Ms. Bintou Kolo, Animatrice, CFS XXXXX, COOPI
Ms. Makita Laminou, Responsible, CFS XXXXX, COOPI
Diffa, 21 October 2016
Mr. Mohamed Ali, WASH Specialist, UNICEF Diffa
Niamey, 24 October 2016
Mr. David Kerespars, Country Representative, ECHO Niger
Mr. Fode Ndaye, Resident Coordinator/Humanitarian Coordinator, UN Niger
Ms. Fati Seyni, EiE Specialist/Education Cluster Coordinator, UNICEF Niger

CAMEROON MISSION

October 31

Arrival in Yaoundé
November 1-2
KII with UNICEF staff at CO, including: Country Representative Deputy Representative Chief of Emergency and Field Offices Chief of CP and CP Specialist Chief of Health Chief of Nutrition Chief of PME
November 3
Travel to Maroua: Meetings with UNICEF staff at FO and government partners
November 4
<i>Minawao Camp</i>
2 KII with Camp Coordinator and his assistant
5 KII with the CP PCA Local Coordinator and 4 Social Workers
1 KII with the coordinators' Supervisor
1 KII with 1 Female activity coordinator
1 KII with member of a community-based Child Protection Committee
1 FGD with 9 activity coordinator (5 male and 4 female)
1 FGD with 14 children participating in the local Child-friendly Space
1 KII with 1 Female activity coordinator
! FGD with 7 teachers (from Nigeria) + 1 FGD with 7 teachers (from Cameroon)
1 FGD with 10 teachers (from Cameroon)
November 5
<i>Maroua (CNTI Unit)</i>
2 KII with Red Cross Nurse and Female Ward Facilitator
6 KII with 6 mothers of children admitted into the CNTI (nutritional centre)
1 KII with OCHA Local Representative
<i>Mora (MSF CMAM)</i>
1 KII with Deputy Health District Chief
1 KII with 2 MSF doctors
4 KII with 4 nutritional assistants
8 KII with 10 mothers of children admitted into the CMAM (6: IDP; 4: local)
1 KII with District School Inspector
November 6
<i>Zamai (Centre de Santé/NCTI)</i>
8 KII with mothers of children seeking care
2 KII with nurses
<i>Zamai IDP Site</i>
1 FGD with 8 mothers
1 HH Interview (Father, Mother and 3 children under the age of 5)
Direct observations (WASH)
November 7
<i>Baigai (Baigai I School)</i>
1 KII with School Director
1 FGD with 14 girls
2 FGD with 8 and 9 boys
3 KII with 3 teachers

November 8
<i>Mokolo (Hospital)</i>
1 KII District Chief
1 FGD with 5 CMAM Community Volunteers
1 FGD with 3 Health agents benefiting from a UNICEF training
1 FGD with 9 women of children admitted into the CMAM
2 KII with ALIMA Project Coordinators
2 KII with 2 nutritional coordinator
1 KII with Community Radio Manager
<i>Zamai</i>
1 FGD with 8 girls participating into a child-friendly space
1 FGD with 10 boys participating into a child-friendly space
<i>Zandai</i>
3 KII with Child-friendly spaces “activity coordinators” + 1 KII with Local Supervisor
3 FGD: 2 with 8+ 11 boys and 1 with 9 girls
<i>Maroua</i>
4 KII with CP PCA Director and local coordinators
November 9
<i>Meme (Igawa)</i>
1 FGD with 9 girls attending the Child-friendly space
1 FGD with 8 boys attending the Child-friendly space
2 KII with 1 female “activity coordinator” and 1 male “activity coordinator”
1 KII with local Community-based Child Protection Committee
<i>Biwana School</i>
1 FGD with 9 girls
1 KII with 1 teacher
<i>Sultanat School</i>
1 KII with Director
1 FGD with 9 girls
1 FGD with 10 boys
1 KII with 1 teacher
November 10
Travel back to Yaoundé
November 11
Meeting with partners (AAH, OCHA and UNHCR)+ Debriefing at UNICEF CO
November 12
Departure