

Peacebuilding Fund Project Progress Report (Updated template October 2022)



**PEACEBUILDING
FUND** 

PROJECT OVERVIEW

Thank you for taking the time to complete the PBF Progress report. For projects with more than one recipient, please consult among co-recipients prior to filling out the form to ensure collaboration on the responses. You can generate a print out of the blank form by clicking on the *print* icon on the top right corner of the page. If you have any questions or require technical assistance in filling out the form, please send an email to keshni.makoond@un.org

Click Next below to start

» Report Submission

Type of report *

- Semi-annual
 Annual
 Final
 Other

Date of submission of report *

2022-11-16

Name and Title of Person submitting the report *

Dr DOUBA EPEE Emmanel, Emergency Preparedness and Response Team Lead, WHO Cameroon

Name and Title of Person who approved the report *

Mr. Abdel Rahmane Diop, Chief of Mission, IOM Cameroon and Dr. Phanuel Habimana, Resident Representative, WHO Cameroon

Have all fund recipients for this project contributed to the report? *

- yes
 no

Did PBF Secretariat or the PBF Focal point in the resident coordinator office review the report? *

If there is no PBF secretariat in country, please select "Not applicable". If there is a PBF secretariat, you should normally ensure that they have an opportunity to review.

- yes
 no
 Not Applicable

Any additional comment from the PBF Secretariat/ RCO Focal point on this report

» Project Information and Geographical Scope

Is this a cross-border or regional project? *

- yes no

Please select the geographical region in which the project is implemented

- Asia and the Pacific Central & Southern Africa East Africa
 Europe and Central Asia Global Latin America and the Caribbean
 Middle East and North Africa West Africa

Country of project implementation *

- Angola Burundi Cameroon
 Central African Republic Chad Congo, The Democratic Republic
 Gabon Lesotho Rwanda
 Zimbabwe Other, Specify

Project Title

*

- 00119720: Appui à la participation des femmes et des jeunes aux initiatives de consolidation de la paix, de renforcement des mécanismes de cohésion sociale et du vivre ensemble
- 00119721: Est/Adamaoua/Nord : réduction des tensions/conflits liés à l'utilisation des ressources naturelles pour les activités agro-pastorales
- 00129531: Leveraging community participation in local governance for effective conflict prevention and resolution in the Littoral and West regions affected by the North-West and South-West crisis in Cameroon
- 00129532: Peace through Health: peacebuilding and violence reduction in communities in the Far-North, through inclusive health and social interventions
- 00119722: Projet secrétariat : appui à la coordination et au suivi des projets du fonds pour la consolidation de la paix
- 00130027: Renforcement de la coexistence Pacifique durable et l'autonomisation des jeunes déplacés dans les communes des régions de l'Ouest et du littoral au Cameroun
- 00125641: Renforcement de la participation des mécanismes communautaires et du rôle des défenseuses des droits humains au processus de consolidation de la paix dans les Régions du Nord-ouest et du Sudouest Cameroun
- 00119719: Stabilisation et relèvement des communautés affectées par la crise sécuritaire à l'Extrême-Nord
- 00112785: Strengthening capacities in support of peaceful electoral processes and social cohesion
- Other, Specify

Project Start Date

*

2021-12-02

Project end Date

*

2023-06-01

Has this project received an extension?

*

- YES, Cost Extension
- YES, No Cost Extension
- YES, Both Cost and No Cost extensions
- NO, No Extensions

Will this project be requesting an extension? *

- YES, Cost Extension
- YES, No Cost Extension
- YES, Both Cost and No Cost extensions
- NO, No Extensions

Is funding disbursed either into a national or regional trust fund? *

- yes
- no

Recipients

Is the lead recipient a UN agency or a non UN entity? *

- UN entity
- Non-UN Entity

Please select the lead recipient *

- UNDP: United Nations Development Programme
- UNICEF: United Nations Children's Fund
- OHCHR: Office of the United Nations High Commissioner for Human Rights
- UNWOMEN: United Nations Entity for Gender Equality and the Empowerment of Women
- UNHCR: United Nations High Commissioner for Refugees
- UNFPA: United Nations Population Fund
- FAO: Food and Agriculture Organization
- WFP: World Food Programme
- UNHABITAT: United Nations Human Settlements Programme
- UNESCO: United Nations Educational, Scientific and Cultural Organization
- UNEP: United Nations Environment Programme
- ILO: International Labour Organization
- WHO: World Health Organization
- PAHO/WHO
- UNCDF: United Nations Capital Development Fund
- UNODC: United Nations Office on Drugs and Crime
- UNOPS: United Nations Office for Project Services
- UNIDO: United Nations Industrial Development Organization
- ITC: International Trade Centre
- UNDPO
- Other, Specify

Are there other recipients for this project? *

- No other recipients
- Yes, other UN recipients only
- Yes, other non-UN recipients only
- Yes, both UN and non-UN recipients

Please select other UN recipients recipients *

- UNDP: United Nations Development Programme IOM: International Organization for Migration
- UNICEF: United Nations Children's Fund
- OHCHR: Office of the United Nations High Commissioner for Human Rights
- UNWOMEN: United Nations Entity for Gender Equality and the Empowerment of Women
- UNHCR: United Nations High Commissioner for Refugees UNFPA: United Nations Population Fund
- FAO: Food and Agriculture Organization WFP: World Food Programme
- UNHABITAT: United Nations Human Settlements Programme
- UNESCO: United Nations Educational, Scientific and Cultural Organization
- UNEP: United Nations Environment Programme ILO: International Labour Organization
- WHO: World Health Organization PAHO/WHO
- UNCDF: United Nations Capital Development Fund UNODC: United Nations Office on Drugs and Crime
- UNOPS: United Nations Office for Project Services
- UNIDO: United Nations Industrial Development Organization ITC: International Trade Centre
- UN Department of Peace Operations Other, Specify

Implementing Partners

To how many implementing partners has the project transferred money to date?

4

Please list all of the project's implementing partners and the amounts (in USD) transferred to each to date

Please select the type of organisation which best describes the type of implementing partner *

- National youth CSO
- National women's CSO
- Other National CSO
- Subnational youth CSO
- Subnational women's CSO
- Other subnational CSO
- Regional CSO
- Regional Organisation
- International NGO
- Governmental entity
- Other

Other, Please specify

National NGO

What is the name of the Implementing Partner *

DEMTOU HUMANITAIRE

What is the total amount (in USD) disbursed to the implementing partner to date *

9000

Briefly describe the main activities carried out by the Implementing Partner *

Please limit your response to 175 words

Data collection on the location, available services and capacities of health service providers in Far North region, around the three key DDR sites and in areas where ex-associates are estimated to be based in highest numbers in local communities.

Please list all of the project's implementing partners and the amounts (in USD) transferred to each to date

Please select the type of organisation which best describes the type of implementing partner *

- National youth CSO
- National women's CSO
- Other National CSO
- Subnational youth CSO
- Subnational women's CSO
- Other subnational CSO
- Regional CSO
- Regional Organisation
- International NGO
- Governmental entity
- Other

Other, Please specify

Community-based organizations

What is the name of the Implementing Partner *

SYDEL

What is the total amount (in USD) disbursed to the implementing partner to date *

60000

Briefly describe the main activities carried out by the Implementing Partner *

Please limit your response to 175 words

- **Implementation of community projects including reconstructions and rehabilitations of community infrastructure that respond to needs identified through community diagnostic and action plans.**
- **Implementation of livelihoods activities for youth selected through community diagnostic and action plans.**

Please list all of the project's implementing partners and the amounts (in USD) transferred to each to date

Please select the type of organisation which best describes the type of implementing partner *

- National youth CSO
- National women's CSO
- Other National CSO
- Subnational youth CSO
- Subnational women's CSO
- Other subnational CSO
- Regional CSO
- Regional Organisation
- International NGO
- Governmental entity
- Other

Other, Please specify

Community-based organization

What is the name of the Implementing Partner *

CADEPI

What is the total amount (in USD) disbursed to the implementing partner to date *

30000

Briefly describe the main activities carried out by the Implementing Partner *

Please limit your response to 175 words

- Implementation of community projects including reconstructions and rehabilitations of community infrastructure that respond to needs identified through community diagnostic and action plans.

Please list all of the project's implementing partners and the amounts (in USD) transferred to each to date

Please select the type of organisation which best describes the type of implementing partner *

- National youth CSO
- National women's CSO
- Other National CSO
- Subnational youth CSO
- Subnational women's CSO
- Other subnational CSO
- Regional CSO
- Regional Organisation
- International NGO
- Governmental entity
- Other

Other, Please specify

Community-based organization

What is the name of the Implementing Partner *

APPAA

What is the total amount (in USD) disbursed to the implementing partner to date *

30000

Briefly describe the main activities carried out by the Implementing Partner *

Please limit your response to 175 words

- Implementation of livelihoods activities for youth selected through community diagnostic and action plans.

Does the project have an active steering committee? *

- yes
- no

If yes, please indicate how many times the Project Steering Committee has met over the last 6 months? *

1

*

Please provide a brief description of any engagement that the project has had with the government over the last 6 months? Please indicate what level of government the project has been engaging with?

Please limit your response to 275 words

The project steering committee, based in the Far North region and chaired by the project's assigned focal point from the Governor's Service met for the first time during the reporting period, following extensive consultations with the focal point to ensure full regional government ownership. For the first meeting that took place on 19 October, the Governor's Service sent all invitations to relevant sectoral ministries, and following this it was specified that future meetings will take place on a bimonthly basis. A key result from this government engagement in the project, is that the Governor's service has advocated to take the lead on their own training initiative for local health officials, forming targeted areas on the legal framework for health authorities in order to strengthen governance to the benefit of the projects impacts. The next Project Steering Committee is scheduled for 30th November 2022.

Financial Reporting

» Delivery by Recipient

Please enter the total amounts in US dollars allocated to each recipient organization

Please enter the original budget amount, amount transferred to date and estimated expenditure by recipient.

*Please make sure you enter the correct amount. All values should be entered in **US Dollars***

Recipients <i>Please enter the total budget as is in the project document in US Dollars</i>	Total Project Budget (in US \$) <i>Please enter the total amount transferred to each recipient to date in US Dollars</i>	Transfers to date (in US \$) <i>Please enter the approximate amount spent to date in US dollars</i>	Expenditure to date (in US \$) <i>Please enter the approximate amount spent to date in US dollars</i>	Implementation rate as a percentage of total budget (calculated automatically)
WHO: World Health Organization	1273300 *	509320 *	469995 *	36.91 %
IOM: International Organization for Migration	1288743.4 *	515497.36 *	241014.89 *	18.7 %

TOTAL	2562043.4	1024817.36	711009.89	27.7 5%

The approximate implementation rate as percentage of total project budget based on the values entered in the above matrix is **27.75%**. Can you confirm that this is correct? *

Correct Incorrect

» Gender-responsive Budgeting

Indicate what **percentage (%)** of the budget contributes to gender equality or women's empowerment (GEWE)? *

34.62

The dollar amount of the budget contributing to Gender Equality and Women's Empowerment (GEWE) based on percentage entered above and total project budget is **US \$ 886979.43**. Can you confirm that this is correct? *

Correct Incorrect

Amount expended to date on efforts contributing to gender equality or women's empowerment is **US \$ 246151.62**. Is this correct? *

Correct Incorrect

ATTACH PROJECT EXCEL BUDGET SHOWING CURRENT APPROXIMATE EXPENDITURE. *

The templates for the budget are available [here](#)

3. WHO IOM PBF Budget_Cameroon_11.10.2021-4_5_23.xlsx



Project Markers

Please select the Gender Marker Associated with this project *

- Score 1 for projects that contribute in some way to gender equality, but not significantly (less than 30% of the total budget for GEWE)
- Score 2 for projects that have gender equality as a significant objective and allocate between 30 and 79% of the total project budget to GEWE
- Score 3 for projects that have gender equality as a principal objective and allocate at least 80% of the total project budget to Gender Equality and Women's Empowerment (GEWE)

Please select the Risk Marker Associated with this project *

- Risk marker 0 = low risk to achieving outcomes
- Risk marker 1 = medium risk to achieving outcomes
- Risk marker 2 = high risk to achieving outcomes

Please select the PBF Focus Area associated with this project *

- (1.1) Security Sector Reform
- (1.2) Rule of Law
- (1.3) Demobilisation, Disarmament and Reintegration
- (1.4) Political Dialogue
- (2.1) National reconciliation
- (2.2) Democratic Governance
- (2.3) Conflict prevention/management
- (3.1) Employment
- (3.2) Equitable access to social services
- (4.1) Strengthening of essential national state capacity
- (4.2) Extension of state authority/Local Administration
- (4.3) Governance of peacebuilding resources (including PBF Secretariats)

Is the project part of one or more PBF priority windows? *

Select all that apply

- Gender promotion initiative
- Youth promotion initiative
- Transition from UN or regional peacekeeping or special political missions
- Cross-border or regional project
- None

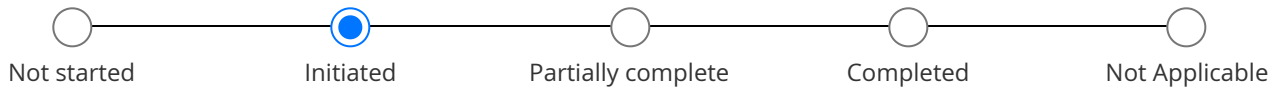
PART I: OVERALL PROJECT PROGRESS

Please rate the implementation status of the following preliminary/preparatory activities

Contracting of Partners *



Staff Recruitment *



Collection of baselines *



Identification of beneficiaries *



Provide any additional descriptive information relating to the *status of the project*. Briefly outline the *status of the project* in terms of implementation cycle, including whether preliminary/preparatory activities have been completed (i.e. contracting of partners, staff recruitment, etc.)

Please limit your response to 250 words

During the reporting period, WHO and IOM continued to make strong progress to operationalize the “Peace through Health” approach. Following government sensitization on the project’s objectives, and a participatory targeting workshop to successfully selected 15 comités de santé (COSA), the project team engaging selected local health officials to build their capacities for community diagnostic and planning, with COSA sensitizations and consultations held during April 2022, facilitation trainings held during June 2022 and the validation of each COSA workplan during August 2022. The project team held a mid-project workshop to evaluate progress with the Governor’s Service and NDDRC, before proceeding with the contracting of implementing partners for direct assistance in community infrastructure and livelihood opportunities that responds to each COSA’s respective community action plan. By the time of writing, sociocultural events have also taken place including football matches and traditional dances organized by the COSA. During the reporting period IOM also organized with the NDDRC and its DPO DDR partners a high-level delegation exchange to New York 11-15 June, to give the NDDRC a platform to share its story and learn from global DDR experts.

Summarize the main structural, institutional or societal level change the project has contributed to. This is not anecdotal evidence or a list of individual outputs, but a description of progress made toward the main purpose of the project

Please limit your response to 550 words

Following a participatory targeting workshop 27 March in the company of the NDDRC, health districts heads, and the mayors of arrondissements, 15 COSAs were officially targeted, including the three COSA surrounding the three key DDR sites in Far North of Mora, Meri and Meme, with a procès verbal signed to validate this selection. WHO and IOM then proceed to sensitive and consult with these 15 COSA, while collecting early information on community dynamics, community grievances and pressures, and the presence of local organisations.

In June, three comprehensive facilitators training for community diagnostic and planning processes was given, which were adapted to the DDR and Far North contexts from IOM's global community-based planning manual (75 COSA members, 54M, 21F). During 3 days, the trainings focused conceptual frameworks for community dialogue, facilitation, and active listening, and a proscriptive list of recommended exercises for community-based planning through interactive group exercises. Following trainings, communities of practice were created through WhatsApp groups that kept each COSA within the same department in contact with each other to share good practices and information on their recent activities with their communities. For example, on 6 October the COSA of Gaboua organized a community sensitization on malnutrition and deworming of children reaching 295 persons (85 men, 113 women, 44 boys and 53 girls), while on 29 October 2022 the COSA on Gouzda-Wayam organized? a sensitization on the dangers of early and forced marriages and on the importance of making birth certificates for new-borns that reached 64 persons (19 men, 28 women, 6 boys and 11 girls). In August, following the arrival of the new WHO project coordinator, a joint WHO/IOM field mission travelled for validation ceremonies of each COSA community action plan developed. In early October, the COSA in Meri in partnership with the NDDRC, celebrated international mental health day by organizing a football match between ex-associates and community members, as well as a danse performance with ex-associates and host community women. The ordering of emergency kits was also launched by WHO and the first acquisitions of kits were received with their first prepositioning in health districts.

PART II: RESULT PROGRESS BY PROJECT OUTCOME

NOTES FOR COMPLETING THE REPORT:

- Avoid acronyms and UN jargon, use general /common language.
- Report on what has been achieved in the reporting period, not what the project aims to do.
- Be as concrete as possible. Avoid theoretical, vague or conceptual discourse.
- Ensure the analysis and project progress assessment is gender and age sensitive.
- In the results table, please be concise, you will have 3000 characters, including blank spaces to provide your responses

Describe overall progress under each Outcome made during the reporting period (for June reports: January-June; for November reports: January-November; for final reports: full project duration). Do not list individual activities. If the project is starting to make/has made a difference at the outcome level, provide specific evidence for the progress (quantitative and qualitative) and explain how it impacts the broader political and peacebuilding context.

- "On track" refers to the timely completion of outputs as indicated in the workplan.
- "On track with peacebuilding results" refers to higher-level changes in the conflict or peace factors that the project is meant to contribute to. These effects are more likely in mature projects than in newer ones.

How many OUTCOMES does this project have *

0 1 2 3 4 5 more than 5

Please write out the project outcomes as they are in the project results framework found in the project document

Outcome 1: *

Trust between communities as well as trust in the authorities is increased, through using health as an entry point for community engagement and participatory and inclusive dialogue that leads to more equitable and improved access to health and other social services in the targeted communities of the Far-North region

Outcome 2: *

Confidence between the NDDRC, former Armed Groups Designated as Terrorist Organizations (AGDTO) associates and host communities at local level (in the Far North region) is improved through greater capacities and resources to meet the health needs of former associates and develop a comprehensive and inclusive DDR framework in respect of International Humanitarian Law (IHL) and the Integrated DDR Standards (IDDRS).

Outcome 3: *

Youth enrolment and recidivism in AGDTOs is reduced through the creation of socio-economic alternatives to violence – for youth at-risk of recruitment (including girls and young women) in the Far-North, while contributing to health preparedness and equitable access to health care at community level.

Outcome 1: Trust between communities as well as trust in the authorities is increased, through using health as an entry point for community engagement and participatory and inclusive dialogue that leads to more equitable and improved access to health and other social services in the targeted communities of the Far-North region

Rate the current status of the outcome progress *

1. Off Track 2. On Track 3. On Track with evidence of peacebuilding results

Progress summary

Please limit your response to 350 words

Following a participatory targeting workshop 27 March in the company of the NDDRC, health districts heads, and the mayors of arrondissements, 15 COSAs were officially targeted, including the three COSA surrounding the three key DDR sites in Far North of Mora, Meri and Meme, with a procès verbal signed to validate this selection. WHO and IOM then proceed to sensitive and consult with these 15 COSA, while collecting early information on community dynamics, community grievances and pressures, and the presence of local organisations. In June, three comprehensive facilitators training for community diagnostic and planning processes was given, which were adapted to the DDR and Far North contexts from IOM's global community-based planning manual (75 COSA members, 54M, 21F). During 3 days, the trainings focused conceptual frameworks for community dialogue, facilitation, and active listening, and a proscriptive list of recommended exercises for community-based planning through interactive group exercises. Following trainings, communities of practice were created through WhatsApp groups that kept each COSA within the same department in contact with each other to share good practices and information on their recent activities with their communities. For example, on 6 October the COSA of Gaboua organized a community sensitization on malnutrition and deworming of children reaching 295 persons (85 men, 113 women, 44 boys and 53 girls), while on 29 October 2022 the COSA on Gouzda-Wayam organized a sensitization on the dangers of early and forced marriages and on the importance of making birth certificates for new-borns that reached 64 persons (19 men, 28 women, 6 boys and 11 girls).

Indicate any additional analysis on how Gender Equality and Women's Empowerment and/or Youth Inclusion and Responsiveness has been ensured under this Outcome

Please limit your response to 350 words

Both Gender equality and women's empowerment and Youth inclusion and responsiveness have been included and ensured within the progress so far towards this outcome during the project period. WHO and IOM have made this principally by advocating for the greater inclusion of women and youth into the COSA structures which implementing agencies plan to implement all of their activities through, as well as to ensure that COSA-led activities have equal participation for underrepresented groups. For example, at the very beginning of the project, local health and other officials participating in the March participative targeting exercise were a low 13% women (6 female, 39 male). Data collected on the COSA composition and membership during April COSA sensitizations and consultations, the total 15 COSA members included 21% women (63 women, 232 men), and during the June series of facilitation trainings this increased slightly to 28% women (21 women, 54 men). These June facilitation trainings included a special module on the first day on critical importance of including under-represented groups which within this context will include women and youth, and while the project team notes that work remains to ensure that women's inclusion in COSA activities needs to be increased, new upcoming activities in socio-cultural events, community infrastructure projects and livelihoods have already been designed so that implementing partners are contracted to achieve a minimum 50% inclusion of women active participants.

During sensitization and consultation sessions, WHO and IOM also collected specific information on the presence of women and youth groups in each COSA area, which will help to form local partnerships for women and youth empowerment in the next steps of the project's implementation, by encouraging COSA to insert their representatives directly into future COSA led dialogue exercises for community-based planning.

Using the Project Results Framework as per the approved project document or any amendments- provide an update on the achievement of key outcome indicators for **Outcome 1** in the table below

- If the outcome has more than 3 indicators , select the 3 most relevant ones with most relevant progress to highlight.
- Where it has not been possible to collect data on indicators, state this and provide any explanation. Provide gender and age disaggregated data. (3000 characters max per entry)

» **Outcome 1: Trust between communities as well as trust in the authorities is increased, through using health as an entry point for community engagement and participatory and inclusive dialogue that leads to more equitable and improved access to health and other social services in the targeted communities of the Far-North region**

Outcome 1	Performance Indicators <i>Describe the indicator</i>	Indicator Baseline <i>State the baseline value of the indicator</i>	End of Project Indicator Target <i>State the target value of the indicator at the end of the project</i>	Indicator progress to date <i>State the current cumulative value of the indicator since the start of the project</i>	Reasons for Variance/Delay (if any) <i>Explain why the indicator is off track or has changed, where relevant</i>
1.1	Indicator 1.1 Outcome Indicator 1a: Improved perception during interventions among community members participating in health dialogue forums (COSA) in the ability of local authorities to respond to their needs (disaggregated by gender and age)	35%	70%	June baseline collected of 35% (33% for men, 42% for women and 25% for youth)	Next M&E assessment to take place November/December 2022

1.2	Indicator 1.2	50%	70%	June baseline collected of 50%	Next M&E assessment to take place
	<p>Outcome Indicator 1b:</p> <p>Improved perception during interventions among community members participating in health dialogue forums (COSA) in the ability of multiple villages within the same aire de santé to create solutions to shared issues of concern (disaggregated by gender and age)</p>			(60% for men, 42% for women and 48% for youth)	November/December 2022

1.3					
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How many outputs does outcome 1 have?

0 1 2 3 4 5 more than 5

Please list up to 5 of most relevant outputs for outcome 1

Output 1.1

Community health dialogue fora (COSA) are reinforced for the inclusive and participatory identification of equitable health (and other social) needs, involving the communities and the local authorities with a view to addressing grievances collectively and reducing violence.

Output 1.2

The provision of health and other social services by Public services is enhanced in an equitable manner across communities, using referral mechanisms of Information and Counselling and Referral Services (ICRS) and, based on the needs identified by the different community health fora.

For each output, and using the, project results framework, provide an update on the progress made against 3 most relevant output indicators

» **Output 1.1**

Output 1.1: Community health dialogue fora (COSA) are reinforced for the inclusive and participatory identification of equitable health (and other social) needs, involving the communities and the local authorities with a view to addressing grievances collectively and reducing violence.	Performance Indicators <i>Describe the indicator</i>	Indicator Baseline <i>State the baseline value of the indicator</i>	End of Project Indicator Target <i>State the target value of the indicator at the end of the project</i>	Indicator progress to date <i>State the current cumulative value of the indicator since the start of the project</i>	Reasons for Variance/Delay (if any) <i>Explain why the indicator is off track or has changed, where relevant</i>
.....

1.1.1	Number of existing COSA receiving support during project (disaggregated by gender and age for COSA participants)	0	15	15 COSA (composed of 21 Women and 54 Men during first data collection in April 22)	
1.1.2	Number of COSA that complete a participative process in coordination with other community members including women and youth through dialogue on the selection of a quick impact project (health or other social services) that responds to collective needs.	N/A	10	15	
1.1.3	Number of public events related to health promotion, cultural days, sports days and video participation screenings involving relevant ministries or local government officials / authorities with women's participation.	N/A	3	1	WHO and IOM teams started assistance for cultural events at COSA in October and are now adding more in the coming weeks and months.

» Output 1.2

<p>Output 1.2: The provision of health and other social services by Public services is enhanced in an equitable manner across communities, using referral mechanisms of Information and Counselling and Referral Services (ICRS) and, based on the needs identified by the different community health fora.</p>	<p>Performance Indicators <i>Describe the indicator</i></p>	<p>Indicator Baseline <i>State the baseline value of the indicator</i></p>	<p>End of Project Indicator Target <i>State the target value of the indicator at the end of the project</i></p>	<p>Indicator progress to date <i>State the current cumulative value of the indicator since the start of the project</i></p>	<p>Reasons for Variance/ Delay (if any) <i>Explain why the indicator is off track or has changed, where relevant</i></p>
<p>1.2.1</p>	<p>Increased number of health service providers registered into ICRS database for future referrals (disaggregated by gender and age specific health services)</p>	<p>0</p>	<p>800</p>	<p>308</p>	<p>Profiling exercise is ongoing and is expected to be finalised in early 2023.</p>

1.2.2	Number of community members who say that they are satisfied with the assistance of a MHPSS mobile clinic in target areas, disaggregated by gender and age (disaggregated by gender and age)	N/A	600	207 (84 Men, 87 Women, 30 girls, 6 boys)	IOM continues to deploy to field sites its mobile Psychosocial team to accompany COSA in the provision of direct MHPSS assistance, having started to do so since October 2022 following the validation of COSA community action plans.
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1.2.3					
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Outcome 2: Confidence between the NDDRC, former Armed Groups Designated as Terrorist Organizations (AGDTO) associates and host communities at local level (in the Far North region) is improved through greater capacities and resources to meet the health needs of former associates and develop a comprehensive and inclusive DDR framework in respect of International Humanitarian Law (IHL) and the Integrated DDR Standards (IDDRS).

Rate the current status of the outcome progress

*

1. Off Track
 2. On Track
 3. On Track with evidence of peacebuilding results

Progress summary

Please limit your response to 350 words

Throughout the project period, IOM and the DPO continued to build strong in-roads towards the development of key DDR strategic documents and action plans. Joint IOM-NDDRC missions to the Far North were conducted from 22-26 March and 19-23 April, viewing key DDR sites and conducting working sessions that resulted in a draft NDDRC roadmap presented to the National Coordinator and IOM Chief of Mission for 2022-23, which currently awaits RCO approval review. To give NDDRC leadership the opportunity to share its story so far in designing DDR processes and to meet with international partners, a high-level delegation exchange was organized to New York from 13-17 June, with bilateral meetings with UN agencies, diplomatic missions, global experts, and two events with the member states Group of Friends of DDR and with the Konrad Adenauer Stiftung (KAS) think tank. The visit resulted in key policy commitments from the NDDRC, including ambitions for strengthening gender mainstreaming, Child Protection policies, increased civil society engagement and the upscaling of CVR programming. The New York exchange also provided the first meeting point for the NDDRC to meet representatives of the Colombian Government, where they have since kept in touch for a South-South cooperation exchange likely take place early 2023. Other activities during the reporting period to strengthen DDR processes included a review and validation workshop for the NDDRC Gender Strategy 2021-25, a data collection exercise on local health service providers for the Information, Counselling and Referral Services (ICRS), a Dakar-based training on IOM's Community Based Planning approach for CVR, a mid-project workshop on CVR work around key DDR sites, and the donation of essential drugs to health facilities surrounding key DDR sites. A substantial result of increased capacity building opportunities for the NDDRC is also the development and validation from June to October of a joint assessment between the NDDRC, IOM and UNICEF for recommendations for the protection of Child ex-associates based at the Meri transitional centre, which is scheduled for late-November 2022.

Indicate any additional analysis on how Gender Equality and Women's Empowerment and/or Youth Inclusion and Responsiveness has been ensured under this Outcome

Please limit your response to 350 words

During the reporting period, GEWE as well as Youth Inclusion and Responsiveness were key components of work, with significant results. During the June 2022 New York Exchange, Gender empowerment was prioritized, with His Excellency the National DDR Coordinator personally advocating to DPA for a favourable result for a new GYPI opportunity that looks at how the NDDRC can be supported to develop long term and structured engagement with women's organizations. Cameroon's upcoming South-South cooperation with Colombia also was planned to specifically look at best practices on DDR Gender mainstreaming, and the delegation met with UNICEF to discuss an upcoming assessment on child protection.

Following this continued policy momentum, IOM established with the NDDRC, UN Women, and two women-led CSOs a GYPI project development taskforce, which met regularly to explore how to build lasting impact for women's empowerment within DDR frameworks, based on the draft NDDRC Gender Strategy 2021-25. Thanks to the catalytic support of the current project, a new research partnership was also established between the NDDRC and the International Peace Institute (IPI) New York based think tank with co-funding, in which the NDDRC intends to invite IPI within the above mentioned GYPI project to Cameroon to observe and research potential best practices in terms of Gender mainstreaming. From 25-26 October, IOM supported an NDDRC-led training workshop to review and validate their Gender Strategy, with 35 participants (22 men, 13 women) coming from different sectoral ministries and civil society. Participants were trained on the key strategy components using leverage points for understanding systems change. This was then followed by group work to review the strategy, with a validation ceremony at the end in the presence of the National Coordinator and Minister of Women's Empowerment, with journalists to broadcast the event.

Using the Project Results Framework as per the approved project document or any amendments- provide an update on the achievement of key outcome indicators for **Outcome 2** in the table below

- If the outcome has more than 3 indicators , select the 3 most relevant ones with most relevant progress to highlight.
- Where it has not been possible to collect data on indicators, state this and provide any explanation. Provide gender and age disaggregated data. (300 characters max per entry)

» Outcome 2: Confidence between the NDDRC, former Armed Groups Designated as Terrorist Organizations (AGDTO) associates and host communities at local level (in the Far North region) is improved through greater capacities and resources to meet the health needs of former associates and develop a comprehensive and inclusive DDR framework in respect of International Humanitarian Law (IHL) and the Integrated DDR Standards (IDDRS).

Outcome 2	Performance Indicators <i>Describe the indicator</i>	Indicator Baseline <i>State the baseline value of the indicator</i>	End of Project Indicator Target <i>State the target value of the indicator at the end of the project</i>	Indicator progress to date <i>State the current cumulative value of the indicator since the start of the project</i>	Reasons for Variance/ Delay (if any) <i>Explain why the indicator is off track or has changed, where relevant</i>
2.1	Increased understanding by officials from the NDDRC or other relevant state institutions of IDDRS modules (disaggregated by gender and age)	0	70%	100%	So far from capacity building activities, all participants have either said they 'agree' or 'strongly agree' that their knowledge of DDR processes has improved following the training.

2.2	<p>Increased understanding of officials from the NDDRC or other relevant state institutions of the specific gender components of DDR for consideration in the Far-North context (disaggregated by gender and age)</p>	0	70%	100%	<p>So far from capacity building activities, all participants have either said they 'agree' or 'strongly agree' that their knowledge specific Gender considerations within DDR processes have improved following the training.</p>
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2.3	<p>Number of strategic documents (new legislation, government strategies, workplans or frameworks) aiming to facilitate DDR processes that are worked upon and are demonstrated to be in line with national and international standards, including the Integrated DDR</p>	0	3	1	<p>So far, the only strategy document finalised with the NDDRC has been the joint IOM NDDRC Roadmap which now sits with the RCO. However, there are a number of initiatives that are planned to result in a strategic document thanks to project financing of capacity building initiatives, including:</p> <ul style="list-style-type: none"> - A standard operating procedure for child protection within national DDR processes. - An NDDRC action plan for CVR. - A terms of reference for guiding the NDDRC's engagement with Far North Civil Society.
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How many outputs does outcome 2 have?

0 1 **2** 3 4 5 more than 5

Please list up to 5 of most relevant outputs for outcome 2

.....

Output 2.1

Technical and health-related support is provided to the NDDRC to improve its health and psychosocial assistance to ex-associates and their families and communities in the Far-North region.

Output 2.2

Capacity-building and implementation-support to the NDDRC to develop interventions that are in line with national and international standards, including the Integrated DDR Standards (IDDRS) and international humanitarian law.

For each output, and using the, project results framework, provide an update on the progress made against 3 most relevant output indicators

» Output 2.1

Output 2.1: Technical and health-related support is provided to the NDDRC to improve its health and psychosocial assistance to ex-associates and their families and communities in the Far-North region.	Performance Indicators <i>Describe the indicator</i>	Indicator Baseline <i>State the baseline value of the indicator</i>	End of Project Indicator Target <i>State the target value of the indicator at the end of the project</i>	Indicator progress to date <i>State the current cumulative value of the indicator since the start of the project</i>	Reasons for Variance/ Delay (if any) <i>Explain why the indicator is off track or has changed, where relevant</i>

2.1.1	Number of input (equipment, materials and drugs) batches/packages provided	N/A	3	0	In August, WHO, IOM and NDDRC made a joint health and MHPSS needs assessment that was completed in August 2022, the results of which were presented to the sub-technical committee in early October and the project steering committee in late October.
2.1.2	Number of ex-associates in Mora and Meri who are provided with medical services at infirmary and district hospital following the supply of equipment, materials and drugs	N/A	500	0	In August, WHO, IOM and NDDRC made a joint health and MHPSS needs assessment that was completed in August 2022, the results of which were presented to the sub-technical committee in early October and the project steering committee in late October. This assessment will guide future donations of equipment based on needs. WHO has launched process for purchases, with some arriving already at the Meri transitional centre.

2.1.3	<p>Number officials based at Mora regional DDR centre who are trained on ICRS referrals and the medical and psychosocial screening of ex-combatants/ex-associates (disaggregated by gender and age)</p>	N/A	7	0	<p>This training is scheduled for 30 November - 2 December 2022</p> <p>Thanks to specific feedback at the first project steering committee held on 19 October 22, the training has taken into account additional feedback from government partners based on presentations of the already completed ICRS service provider mapping and the August Health and MHPSS needs assessment. IOM has to first complete its health service provider mapping before the launching of this activity.</p>
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» Output 2.2

<p>Output 2.2: Capacity- building and implement ation- support to the NDDRC to develop interventio ns that are in line with national and internation al standards, including the Integrated DDR Standards (IDDRS) and internation al humanitari an law.</p> <p>.....</p>	<p>Performanc e Indicators</p> <p><i>Describe the indicator</i></p> <p>.....</p>	<p>Indicator Baseline</p> <p><i>State the baseline value of the indicator</i></p> <p>.....</p>	<p>End of Project Indicator Target</p> <p><i>State the target value of the indicator at the end of the project</i></p> <p>.....</p>	<p>Indicator progress to date</p> <p><i>State the current cummulative value of the indicator since the start of the project</i></p> <p>.....</p>	<p>Reasons for Variance/ Delay (if any)</p> <p><i>Explain why the indicator is off track or has changed, where relevant</i></p> <p>.....</p>
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2.2.1	<p>Number of workshops and consultations with selected mid-level and senior level government officials on specific issues of DDR and program activities, including on IDDRS implementation (participation disaggregated by gender and age)</p>	3	8	7	<p>The project has already achieved a number of key workshops and consultations and will continue beyond the reporting period.</p>
2.2.2	<p>Number of NDDRC and other relevant government officials trained through workshops and consultations and showing a strong understanding of IDDRS (disaggregated by gender and age)</p>	0	215	47 (16 women, 31 men)	<p>Project is making steady progress on capacity building and took time to consult with NDDRC on needs before conducting trainings, with a matrix developed to coordination and select upcoming capacity building opportunities between IOM, DPO DDR section and WHO. Further trainings are already scheduled for late 22 and early 23.</p>

1.2.3	<p>The NDDRC, Ministry of Justice, Ministry of Health, Office of the Prime Minister and other relevant government bodies complete a stakeholder mapping and identification of priorities and action points, as well as the formulation of a roadmap.</p>	0	1	1	<p>Draft roadmap already finalised during a joint IOM/NDDRC mission to Far North region in March 22. With the roadmap sitting with the RCO.</p>
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Outcome 3: Youth enrolment and recidivism in AGDTOs is reduced through the creation of socio-economic alternatives to violence – for youth at-risk of recruitment (including girls and young women) in the Far-North, while contributing to health preparedness and equitable access to health care at community level.

Rate the current status of the outcome progress

*

1. Off Track
 2. On Track
 3. On Track with evidence of peacebuilding results

Progress summary

Please limit your response to 350 words

During the reporting period, initial community engagement activities with COSA in the Far North region have also contributed towards progress in outcome 3 for greater socio-economic opportunities to serve as alternatives for youth enrolment and recidivism. This is due to the fact that COSA will facilitate participative selection processes in partnership with implementing partners of youth to benefit from these socio-economic opportunities starting from November 22 onwards, making usage of the skills COSA members gained during the series of facilitation trainings held in June 22.

During COSA sensitization and consultation sessions held in April, 100% of the sous-préfets and traditional leaders for each targeted area (22/22) said that they strongly believed that access to increased socio-economic opportunities will have a positive impact on reducing levels of community violence and youth exploitation and recruitment in their area, and during the project's first baseline assessment held in June, 75% of local respondents at the 15 COSA said that lack of education, poverty or unemployment were the principle causes of youth enrolment and exploitation into Boko Haram/ Islamic State West Africa Province.

During the months of August and September, IOM finalised its internal processes for the public launch of calls for proposals for implementing partners to accompany the COSA in the providing socio-economic opportunities to 160 youth and ex-associates, with a competitive review finalised in October, and selected implementing partners schedules to start their activities from early November 2022 onwards.

Indicate any additional analysis on how Gender Equality and Women's Empowerment and/or Youth Inclusion and Responsiveness has been ensured under this Outcome

Please limit your response to 350 words

As outlined in previous sections, strong attention is being placed on the greater inclusion of women for active roles and responsibility within the COSA structures, as well as receiving an equitable share of the direct assistance that COSA diagnostic and planning processes aim to coordinate according to identified community needs. So far, the project team has consistently advocated with the COSA for greater participation of underrepresented groups during the June facilitation trainings, the August validation of COSA community action plans, and the project team along with 5 representatives of the NDDRC and Governor's Service held a specific session at the August mid-project workshop on how to further increase women's participation within community diagnostic structures.

During IOM's contracting of implementing partners to start livelihood activities, IOM ensured that an equal breakdown of male and female beneficiaries was specified in the contracts, signed by both parties at the end of October 22.

During the month of September, a training on gender and mental health of 50 health personnel and also the training of 72 COSA members on Gender-Based Violence was also conducted.

Using the Project Results Framework as per the approved project document or any amendments- provide an update on the achievement of key outcome indicators for **Outcome 3** in the table below

- If the outcome has more than 3 indicators , select the 3 most relevant ones with most relevant progress to highlight.
- Where it has not been possible to collect data on indicators, state this and provide any explanation. Provide gender and age disaggregated data. (300 characters max per entry)

» **Outcome 3: Youth enrolment and recidivism in AGDTOs is reduced through the creation of socio-economic alternatives to violence – for youth at-risk of recruitment (including girls and young women) in the Far-North, while contributing to health preparedness and equitable access to health care at community level.**

Outcome 3	Performance Indicators <i>Describe the indicator</i>	Indicator Baseline <i>State the baseline value of the indicator</i>	End of Project Indicator Target <i>State the target value of the indicator at the end of the project</i>	Indicator progress to date <i>State the current cumulative value of the indicator since the start of the project</i>	Reasons for Variance/ Delay (if any) <i>Explain why the indicator is off track or has changed, where relevant</i>
3.1	Percentage of local authority representatives who believe that socio-economic and training opportunities for youth have decreased the risk of recruitment in the Far-North by the provision of alternatives (disaggregated by gender and age)	N/A	70%	75%	
3.2	Percentage of youth benefiting from socio-economic and training opportunities that say they feel that their economic position has been improved (disaggregated by gender and age)	N/A	90%	0	Implementing partner contracts finalized in late October with activities to start in early November 2022.

3.3	Percentage of the targeted 325 youth integrated into health-related disease surveillance mechanisms and other socio-economic activities who feel that they now hold positive roles within their communities (disaggregated by gender and age)	0	70%	0	Health related livelihood activities not yet started. WHO is in the process of launching this.
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How many outputs does outcome 3 have?

0 1 **2** 3 4 5 more than 5

Please list up to 5 of most relevant outputs for outcome 3

Output 3.1

Youth at risk of enrolment within AGDTOs (including girls and young women), from different communities, are engaged in short-term labour-intensive projects to rehabilitate and/or construct local health facilities or other infrastructure essential for improving community cohesion, as identified through community dialogues.

Output 3.2

Provide capacity-building and socio-economic opportunities for ex-associates and youth at risk of recruitment (including girls and young women) from different communities in both health and non-health related areas (including as community health workers), to support the humanitarian response at community level (including the COVID-19 response), in order to positively reinsert youth in community life.

For each output, and using the, project results framework, provide an update on the progress made against 3 most relevant output indicators

» **Output 3.1**

<p>Output 3.1: Youth at risk of enrolment within AGDTOs (including girls and young women), from different communities, are engaged in short-term labour-intensive projects to rehabilitate and/or construct local health facilities or other infrastructure essential for improving community cohesion, as identified through community dialogues.</p> <p>.....</p>	<p>Performance Indicators</p> <p><i>Describe the indicator</i></p> <p>.....</p>	<p>Indicator Baseline</p> <p><i>State the baseline value of the indicator</i></p> <p>.....</p>	<p>End of Project Indicator Target</p> <p><i>State the target value of the indicator at the end of the project</i></p> <p>.....</p>	<p>Indicator progress to date</p> <p><i>State the current cumulative value of the indicator since the start of the project</i></p> <p>.....</p>	<p>Reasons for Variance/Delay (if any)</p> <p><i>Explain why the indicator is off track or has changed, where relevant</i></p> <p>.....</p>
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3.1.1	<p>Number of participatory processes with communities (and the NDDRC for ex-associates) for the selection of youth to benefit from cash-for-work activities where communities and the NDDRC collectively agree on who is prioritized and who benefits, taking into consideration specific gender and age-related vulnerabilities (participation disaggregated by gender and age)</p>	0	2	0	<p>All 15 COSA community action plans were validated in August 22, with IP contracts finalized in October 22, for COSA beneficiary selection processes for livelihood opportunities to take place shortly.</p>
3.1.2	<p>Number of persons in targeted communities who benefit from cash for work activities in the construction or rehabilitation of health infrastructure identified through COSA led dialogue discussions (disaggregated by gender and age)</p>	0	700	0	<p>All 15 COSA community action plans were validated in August 22, with IP contracts finalized in October 22, for COSA beneficiary selection processes for cash for work opportunities to take place shortly..</p>

3.1.3	Number of monitoring missions carried out aimed at assessing the needs for additional health equipment and further rehabilitations	0	6	3	Three assessments took place during joint assessment visits with NDDRC to the three key DDR sites in Far North.
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» Output 3.2

Output 3.2: Provide capacity-building and socio-economic opportunities for ex-associates and youth at risk of recruitment (including girls and young women) from different communities in both health and non-health related areas (including as community health workers), to support the humanitarian response at community	Performance Indicators <i>Describe the indicator</i>	Indicator Baseline <i>State the baseline value of the indicator</i>	End of Project Indicator Target <i>State the target value of the indicator at the end of the project</i>	Indicator progress to date <i>State the current cumulative value of the indicator since the start of the project</i>	Reasons for Variance/Delay (if any) <i>Explain why the indicator is off track or has changed, where relevant</i>

level (including the COVID-19 response), in order to positively reinsert youth in community life.

3.2.1	Number of youths identified through participatory selection processes with communities to benefit from health and non-health related socio-economic and training opportunities (disaggregated by gender and age)	290	615	290	All 15 COSA community action plans were validated in August 22, with IP contracts finalized in October 22, for COSA beneficiary selection processes for livelihood opportunities to take place shortly.
3.2.2	Number of youth benefiting from economic insertion and reinsertion assistance in non-health related sectors through training and socio-economic opportunities (disaggregated by gender and age)	290	420	290	All 15 COSA community action plans were validated in August 22, with IP contracts finalized in October 22, for COSA beneficiary selection processes for livelihood opportunities to take place shortly.

3.2.3	Number of ex-associates benefiting from economic insertion and reinsertion assistance in non-health related sectors through training and socio-economic opportunities (disaggregated by gender and age)	0	30	0	All 15 COSA community action plans were validated in August 22, with IP contracts finalized in October 22, for COSA beneficiary selection processes for livelihood opportunities for ex-associates based in communities to take place shortly.
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PART III: Cross-Cutting Issues

Is the project planning any significant events in the next 6 months (eg. national dialogues, youth congresses, film screenings, etc.)

yes

no

If yes, please state how many, and for each, provide the approximate date of the event and a brief description, including its key objectives, target audience and location (if known)

6

Event Title:

Training of actors and stakeholders on the ICRS system

Date (can be tentative)

2022-11

Location (if known)

Garoua

1

*

*

Target Audience *

Select as many as applicable

- Senior Government officials
- Other Government officials
- Civil Society
- Youth
- Women
- Military or Police Personnel
- Traditional Leaders
- Donors
- Businesses/ Private Sector
- Former Combattants
- Journalists
- Artists
- Other

Other, please specify *

health delegation representatives.

Objectives *

Please limit your response to 150 words

-Present the results of the health facility mapping. -Raise awareness of the importance of ICRS among stakeholders. -Develop a common understanding of ICRS. -Establish stakeholders' responsibilities in the use of ICRS data relating to Psychosocial referrals.

Any other information on the event

Event Title: *

Training of COSA members on the legal framework

Date (can be tentative) *

2022-12

Location (if known)

**Mokolo
Maroua Kousserie**

Target Audience *

Select as many as applicable

- Senior Government officials
- Other Government officials
- Civil Society
- Youth
- Women
- Military or Police Personnel
- Traditional Leaders
- Donors
- Businesses/ Private Sector
- Former Combattants
- Journalists
- Artists
- Other

Other, please specify *

75 Members of COSA

Objectives *

Please limit your response to 150 words

- Facilitate the mastery of key concepts and a good understanding of the AHC organization - Ensure a good knowledge of the structure of Health Committees - Promote the appropriation of the legal regime of the Health Committees, in order to ease tensions in relations with the health facilities. - Promote harmonious and optimal functioning within the Health Committees

Any other information on the event

Event Title: *

Participatory selection processes for beneficiary selection of livelihoods and other assistance

Date (can be tentative) *

2022-11

Location (if known) *

All 15 COSA locations

Target Audience *

Select as many as applicable

- Senior Government officials
- Other Government officials
- Civil Society
- Youth
- Women
- Military or Police Personnel
- Traditional Leaders
- Donors
- Businesses/ Private Sector
- Former Combattants
- Journalists
- Artists
- Other

Objectives *

Please limit your response to 150 words

- Finalise fair and transparent consultations for the selection of local community members and ex-associates to benefit from livelihood opportunities.

Any other information on the event

Event Title: *

Video on the project activities

Date (can be tentative) *

2023-01

Location (if known)

Mokolo
Maroua
Kousseri

Target Audience *

Select as many as applicable

- Senior Government officials
- Other Government officials
- Civil Society
- Youth
- Women
- Military or Police Personnel
- Traditional Leaders
- Donors
- Businesses/ Private Sector
- Former Combattants
- Journalists
- Artists
- Other

Objectives *

Please limit your response to 150 words

Document project activities and best practices by community members themselves.

Any other information on the event

Event Title: *

High level DDR exchange to Colombia

Date (can be tentative) *

2023-02

Location (if known)

Colombia

Target Audience *

Select as many as applicable

- Senior Government officials
- Other Government officials
- Civil Society
- Youth
- Women
- Military or Police Personnel
- Traditional Leaders
- Donors
- Businesses/ Private Sector
- Former Combattants
- Journalists
- Artists
- Other

Objectives *

Please limit your response to 150 words

Capacity building on DDR and exchange of experience

Any other information on the event

Event Title: *

Comprehensive DDR training based on the IDDRS

Date (can be tentative) *

2023-01

Location (if known)

Yaounde or Douala

Target Audience

*

Select as many as applicable

- Senior Government officials
- Other Government officials
- Civil Society
- Youth
- Women
- Military or Police Personnel
- Traditional Leaders
- Donors
- Businesses/ Private Sector
- Former Combattants
- Journalists
- Artists
- Other

Objectives

*

Please limit your response to 150 words

- Provide a comprehensive overview on IDDRS and make group exercises on materials adaptation to Cameroon context. - Contribute to ongoing work with NDDRC to develop procedural manual.

Any other information on the event

Human Impact

This section is about the human impact of the project. Please state the number of key stakeholders of the project, and for each, please briefly describe:

- i. The challenges/problem they faced prior to the project implementation
- ii. The impact of the project on their lives
- iii. Provide, where possible, a quote or testimonial from a representative of each stakeholder group

How many key stakeholders does this project have?

*

3

Key Stakeholder :

NDDRC Officials and Yaounde and Far North Level

*

What were the challenges/problem they faced prior to the project implementation?

*

Prior to the project, NDDRC officials had a more limited exposure to capacity building activities, and in particular support for given them a platform to share and exchange at the New York level to share their experiences and learn from others. They were motivated to work towards a greater openness for incorporating gender and child sensitive measures, but did not have the level of support needed to design specific initiatives to make this happen. They were also keen to learn from other DDR commissions in other parts of the world such as Colombia but has not yet received any formal responses to their requests.

What has been the impact of the project on their lives

*

Please limit your response to 350 words

Since the project implementation, NDDRC officials have had an increased level of regular engagement for capacity building, particularly at the central level with increased confidence for aspects of procedural design and strategic planning. The June visit to New York substantially increased confidence and allowed NDDRC officials to network for increased global partnerships.

Provide, where possible, a quote or testimonial from a representative of each stakeholder group

*

Please limit your response to 350 words

"For the NDDRC, there was a DDR before New York, and a DDR after New York, with this experience having a huge impact in the direction and way that we are working".

2

Key Stakeholder :

COSA Members

*

What were the challenges/problem they faced prior to the project implementation?

*

Prior to the project, most COSA were need great need of dynamization, with very little financial resources available and few initiatives led for supporting proper provision of basis health services. Some COSA did have good practices already for local initiatives for social cohesion, such as the COSA of Kossa in Mayo Sava department, but no structures for inter-COSA communication existed for them to share these good practices with other COSA nearby.

What has been the impact of the project on their lives

*

Please limit your response to 350 words

During the project, COSA members have benefited from a greater level of regular engagement and have increased confidence to mobilize their surrounding communities for social cohesion initiatives.

Provide, where possible, a quote or testimonial from a representative of each stakeholder group

*

Please limit your response to 350 words

Waza COSA members said they were pleased with the attention and capacity building given to them. This will improve their interaction with health district officials and increase community participation in determining health priorities.

3

Key Stakeholder :

Ex-associates at key Far North DDR sites

*

What were the challenges/problem they faced prior to the project implementation?

*

Prior to the project, ex-associates were spending a long time in transitional sites while awaiting formal reintegration assistance.

They were also not sufficiently aware of prevention measures against common diseases linked to the lack of hygiene. Defecation in the open air was very common and access to healthcare was not guaranteed.

What has been the impact of the project on their lives

*

Please limit your response to 350 words

During the project, the needs of ex-associates are better understood, and they have already benefited from early activities for direct Psychosocial Support as well as a cultural event marking International Mental Health Day. The project intends to work in the future for capacity building opportunities for developing an NDDRC procedural manual which will have a substantial impact on speeding up eventual assistance to ex-associates and reducing the time spent at the Meri transitional centre.

Ex-associates are also more aware of the prevention measures against diseases, in particular cholera.

During the project, donations of drugs from the WHO to health facilities close to the DDR centres made it possible to provide them with free health care.

Provide, where possible, a quote or testimonial from a representative of each stakeholder group

*

Please limit your response to 350 words

On World Mental Health Day, IOM's Psychosocial mobile team organised cultural activities at and around the Meri transitional centre with 35 former associates taking part in activities (15 men, 5 women and 15 girls). All these ex-associates marked their appreciation for being included in the activities.

Ex-associates benefited from awareness sessions on the prevention of diseases in particular, cholera through awareness sessions conducted by members of the COSA of Meri with the support of the WHO.

During October-November, WHO made donations of essential drugs to health facilities serving the Meri DDR center, The administrative and municipal authorities of Méri welcomed this gesture with satisfaction which, according to them, came at the right time.

In addition to the stakeholder specific impact described above, please use this space to describe any additional human impact that the project has had

Please limit your response to 650 words

You can also upload upto 3 files in various formats (picture files, powerpoint, pdf, video, etc..) to illustrate the human impact of the project

OPTIONAL

File 1

For photos, please use high resolution JPEG format

[Click here to upload file. \(< 5MB\)](#)

File 2

For photos, please use high resolution JPEG format

Click here to upload file. (< 5MB)

File 3

For photos, please use high resolution JPEG format

Click here to upload file. (< 5MB)

You can also add upto 3 links to online resources which illustrate the human impact of the project

OPTIONAL

Link 1

Link 2

Link 3

Monitoring

Please list monitoring activities undertaken in the reporting period *

Please limit your response to 350 words

- **April COSA Sensitizations and Consultations: Using an interview guide, project staff collected information on the key local dynamics and presence of local actors.**
 - **June Baseline assessment for all 15 COSA: Using specially designed data collection tools, data was collected on the key project perception indicators.**
 - **August monitoring mission to all 15 COSA for the validation of community action plans: Project team staff gave general follow up to COSA activities.**
-

Do outcome indicators have baselines? *

If only some of the outcome indicators have baselines, select 'yes'

- yes
- no

Please provide a brief description *

Please limit your response to 350 words

- **Using an interview guide, project staff collected information on the key local dynamics and presence of local actors.**
 - **Using specially designed data collection tools, data was collected on the key project perception indicators.**
-

Has the project launched perception surveys or other community-based data collection? *

- yes
 no

Please provide a brief description *

Please limit your response to 350 words

During the month of June, WHO and IOM conducted a comprehensive baseline assessment with data collection on community level perceptions at the each of the 15 COSA targeted within the project.

Evaluation

Has an evaluation been conducted during the reporting period? *

- yes
 no

Evaluation budget (in USD): *

45000

If project will end in next six months, describe the evaluation preparations *

Please limit your response to 350 words

The final evaluation of the project is being prepared with the teams from the WHO and IOM Regional Offices as well as with colleagues from the headquarters of each Agency.

Catalytic Effect

Catalytic Effect (financial): Has the project led to additional funding from other sources? *

- yes
 no

If yes, how many additional grants or donors has the project leveraged? *

2

Indicate name of funding agent and amount of additional non-PBF funding support that has been leveraged by the project since the project started. *

Please enter each funding agent and their contributions separately

Name of Funder *

International Peace Institute

Amount in USD *

23000

2

Indicate name of funding agent and amount of additional non-PBF funding support that has been leveraged by the project since the project started.

Please enter each funding agent and their contributions separately

Name of Funder *

UN Women

Amount in USD *

4000

Catalytic Effect (non-financial): Has the project enabled or created a larger or longer-term peacebuilding change to occur (Ways in which the project has supported the expansion or creation of programs and policies supporting peace, both within and outside the UN system)? *

- No catalytic effect
- Some catalytic effect
- Significant catalytic effect
- Very Significant catalytic effect
- Don't Know
- Too early to tell

Please describe how the project has had a (non-financial) catalytic effect, i.e. ways in which the project has supported the expansion or creation of programs and policies supporting peace, both within and outside the UN system *

Please limit your response to 350 words

During the reporting period, key catalytic effects have been observed, namely:

- 1. An overall increase in interest by international actors in DDR policy and implementation, with a donor presentation by DPO in early March to a selected number of embassies and technical agencies following a visit to Cameroon in November 2021 that has meant there is more potential for actors working on this area of peacebuilding in Cameroon in the near future, such as the UK and the EU.**
- 2. The exploration of the NDDRC to develop a full and comprehensive procedural manual for DDR.**
- 3. The NDDRC's buy-in for full participation in a special committee with IOM, UN Women and civil society for developing an institutionalised approach for engaging with civil society and women's organizations for coordination on DDR and DDR related activities.**
- 4. The project's facilitation of other UN agencies that are now working with the NDDRC including UN Women and UNICEF.**
- 5. Numerous examples where the COSA have organized their own community mobilization and sensitization activities using their own limited resources.**

Does the project have an explicit exit strategy. *

- yes
 no

Please describe any steps that have been taken to ensure the sustainability of peacebuilding gains beyond the duration of the project *

Please limit your response to 350 words

As the project continues into the second half of its implementation, special focus will be on ensuring that good practices for local community engagement by the NDDRC are mainstreamed into their own budgets and workplans beyond June 2023. This means ensuring that for upcoming work with the NDDRC for the development of specific components for their procedural manual, that the projects good practices and standard operating procedures can inspire the NDDRC's own future approach. Sustainability will also be ensured by supporting the overall development of a procedural framework that will allow additional financial partners to lean in on financing DDR programming.

At the COSA level, sustainability will also be ensured by advocating with the Ministry of Health for Government support in responding to needs identified in the COSA community action plans, as well as increasing coordination with other response actors to see what synergies can be made for shared results.

Are there any other issues concerning project implementation that you want to share, including any capacity needs of the recipient organizations?

Annex: Please use this space to upload any additional document you may want to the report (ex. Additional detail on indicator reporting)

[Click here to upload file. \(< 5MB\)](#)

Thank You. You have finished the report. Please Click on the SUBMIT button below. When the report is submitted, a confirmation note will appear on a yellow banner on top of the page. This can take a few seconds.