RESIDENT/HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS

NIGERIA

RAPID RESPONSE

FLOOD

2018

18-RR-NGA-33345

RESIDENT/HUMANITARIAN COORDINATOR	**EDWARD KALLON**

REPORTING PROCESS AND CONSULTATION SUMMARY

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

AAR exercise was conducted on 4 September. All recipient agencies attended – IOM, UNICEF, WHO and UNFPA.

b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.

YES ☒ NO ☐

c. Was the final version of the RC/HC Report shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES ☒ NO ☐

The final report was shared with the HC for clearance and HCT as a whole. The consolidated final report was shared with the recipient agencies for confirmation and validation before HC clearance and submission to the CERF Secretariat.

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

The CERF Rapid Response support to Nigeria is valuable and commendable. The floods in 2018 were considered the worst that the country has experienced since 2012. They triggered the Government of Nigeria (GoN) declaration of a state of emergency twice in a month's interval. With a significant funding gap of US$ 12 million, the CERF funds augmented the GoN's response with US$4 million focused on emergency shelter, water and sanitation and health interventions.

The CERF supported the humanitarian community in reaching more than 200,000 flood-affected individuals in the six most affected states of Kogi, Anambra, Niger, Rivers, Bayelsa and Delta. Specifically, the interventions provided emergency shelter solutions to about 13,000 individuals living by the roadside or damaged houses, provided clean water to more than 70,000, and approximately 70,0000 were provided with reproductive health and general health services.

The CERF funding was provided when only very few stakeholders were responding. Due to inaccessibility challenges to flooded areas and logistical challenges, the CERF response utilized a multi-sectoral approach where the prioritized sectors agreed on locations and key priorities and interventions. The coordination created around this response had exemplified complementarity and accountability between the GoN and the humanitarian community.

1. OVERVIEW

18-RR-NGA-33345 TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)	
a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	**34,000,000**
FUNDING RECEIVED BY SOURCE	
CERF	3,959,223
COUNTRY-BASED POOLED FUND (if applicable)	N/A
OTHER (bilateral/multilateral)	300,000
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	**4,259,223**

18-RR-NGA-33345 TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US$)			
Agency	**Project code**	**Cluster/Sector**	**Amount**
IOM	18-RR-IOM-037	Emergency Shelter and NFI - Non-Food Items	1,100,003
UNFPA	18-RR-FPA-046	Health - Health	762,002
UNICEF	18-RR-CEF-120	Water Sanitation Hygiene - Water, Sanitation and Hygiene	1,409,088
WHO	18-RR-WHO-049	Health - Health	688,130
TOTAL			**3,959,223**

18-RR-NGA-33345 TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Total funds implemented directly by UN agencies including procurement of relief goods	**2,993,209**
Funds transferred to Government partners*	97,370
Funds transferred to International NGOs partners*	0
Funds transferred to National NGOs partners*	326,516
Funds transferred to Red Cross/Red Crescent partners*	542,127
Total funds transferred to implementing partners (IP)*	**966,014**
TOTAL	**3,959,223**

** These figures should match with totals in Annex 1.*

2. HUMANITARIAN CONTEXT AND NEEDS

Nigeria was affected by heavy rains starting August 2018, which resulted in large-scale flooding that was much worse than previous years. This was due to overflowing of two major rivers – Niger and Benue. There had been communities that were flooded which were not usually flooded or affected during previous rainy seasons. The flooding weakened the communities' coping mechanisms as well as overwhelmed the Government's capacity both at federal and state levels despite initial support from UN and other partners.

On 17 September 2018, the National State Emergency Management Agency (NEMA) declared a state of emergency in four worst affected states, namely: Anambra, Delta, Kogi and Niger. NEMA activated five Emergency Operating Centers (EOC) covering specific states for data collection, reporting, monitoring and coordination purposes. NEMA regularly produced situation reports based on information gathered through the EOCs, actual visits and State Emergency Management Agencies (SEMA) reports. On 11 October 2018, NEMA declared five additional states under a State of National Disaster namely, Kebbi, Adamawa, Taraba, Bayelsa and Rivers States.

A significant number of assessments were conducted jointly and individually by agencies, humanitarian and government alike such as National and State Emergency Management Agencies, Rural Water and Sanitation Agencies and State Primary Health Care Agencies and State Ministry of Education (Kogi and Anambra). Other reports and needs assessments referred to were: UNICEF's Initial Rapid Assessment data; secondary data from State Ministries[1] of Education; NEMA Preliminary Damage Assessment (September 2018); NEMA Situation Reports (September – October 2019); UNDAC assessments (25 September – 23 October 2018); IFRC Multi-sectoral Assessment (23 September 2018); Federal Ministry of Health (27-30 September 2018); WHO Health Assessments through satellite offices (29 September – 12 October); CARE assessments (22-27 September 2018); Christian Aid assessment (October 2018) and European Centre for Medium-Range Weather Forecasts forecast reports (October and November 2018). It is noteworthy that the scale of the floods necessitated the request for deployment of UNDAC – with two batches of experts coming between September and November 2018.

There were 2,321,592 affected people in 129 Local Government Areas (LGAs) in 12 most affected states. Out of this total, 722,741 are internally displaced people (IDP) with about 180,540 in camps and 542,201 in host communities. Report showed that 4,107 people were injured and there were 199 deaths. It should be noted that since NEMA first issued a situation report on 24 September, displaced people only was reported at 141,369 in 50 LGAs in the 12 affected states. By end of October, it had increased by more than 500,000 and affected LGAs had more than doubled. Bayelsa and Rivers States were the most impacted by the floods with 517,694 and 813,360 people affected, respectively. The number of people affected by the flood increased by 20 per cent between 9 and 27 October. The number of IDPs had increased by more than 500,000 between end

[1] Kogi and Anambra

of September and end of October. By end of October, there were 129 affected LGAs across the 12 most-affected states, more than double when the situation was first reported on 24 September, when about 50 LGAs were affected.

Sectoral assessments conducted by the Federal Ministry of Health (FMOH) and WHO have showed increases in diarrhea cases in nine[2] states, malaria in ten[3] states and respiratory tract infections (RTI) in at least three[4] states. In at least nine states, access to health facilities and services by the affected population was hampered due to shortages in medical supplies (at least five states), damaged health facilities (at least three states) and shortage in human resources for health (at least six states). The combination of population displacement, increase in cases of epidemic prone diseases and difficult access to health services amplified the risk of outbreaks of water-borne and vector borne diseases and the need to increase immediate life-saving interventions in the form of scaled up emergency detection and response to outbreaks and the availability and distribution of drugs and other medical commodities. The UNDAC mission further highlighted that all affected states reported destruction of water and sanitation infrastructures and lack of clean water and toilet and sanitation facilities in camps and affected communities. Most affected states in terms of WASH were Anambra, Delta, Kogi, Rivers, Kwara, Adamawa, Kebbi and Edo. On shelter and NFIs, about 110,190 were damaged and destroyed houses. Schools are also used as temporary refuge for IDPs.[5]

While the Federal and State authorities further mobilized additional resources and scaled up its response and capacities with, support the funds were requested to address the fast-evolving humanitarian situation (increased number of states under emergency from four to nine) and deteriorating situation of affected people who are still displaced, starting to return and/or in hard to reach areas. CERF funds were focused in the six most critically-affected states, namely: Niger, Kogi, Anambra, Delta, Bayelsa and Rivers. The CERF appeal was intended for six states and 44 LGAs targeting 311,079 vulnerable individuals with life-saving interventions. The CERF funds were intended to support interventions on the following:

Health: access to and availability of life-saving medicines, supplies and equipment to meet the initial primary health care needs of the displaced population without medical facilities, or the population with disrupted medical services, establishing emergency detection and response against epidemic prone diseases (e.g. water- and vector-borne diseases), social mobilization and emergency reproductive health/referral services and kits[6].

WASH: chlorination of water points, construction and rehabilitation of water points, hygiene promotion, provision of gender segregated latrines and bathrooms, hygiene promotion.

ES/NFI: provision of shelter repair kits and NFI kits to 1,500 households and improving living conditions in camps through site maintenance activities[7], regular camp needs and gaps analysis and strengthening of camp governance structures- including establishment of complaints and feedback mechanisms.

3. PRIORITIZATION PROCESS

The CERF interventions for the floods were based on life-saving and urgent needs of affected communities and available human and financial resources of responding stakeholders. In appealing for this response, the HCT and proposing agencies (UNICEF, WHO, UNFPA and IOM) considered the resource gap acknowledged by GoN and areas where the humanitarian team could respond to and complement in their (GoN) efforts. Prioritization and targeting were based on needs- as determined through the various assessments conducted individually and jointly by the MDAs, UN and INGOs as mentioned above (section

[2] Anambra, Kogi, Niger, Bayelsa, Rivers, Kwara, Adamawa, Kebbi and Taraba
[3] Anambra, Delta, Kogi, Niger, Bayelsa, Rivers, Kwara, Adamawa, Kebbi and Taraba
[4] Anambra, Kogi and Kebbi
[5] As per NEMA report, some 80 households are occupying the primary school in Zungeru camp stopping children from going to school.
[6] RH kits include delivery items, medical supplies for management of birth complication and kits for referal mangement, testing kits and consumables while dignity kits – contain dignity items like washing soaps, shampoo, sanitary items like pads and panties.
[7] To include, but not limited to, provision of tools and equipment and technical support for CCCM committees to carry out maintenance works such as drainage/WASH works, shelter repairs, camp clean-up and maintenance.

2). Based on needs, the critical interventions were required on WASH, emergency shelter, emergency reproductive and general health. Out of the total 2,321,592 estimated affected individuals[8], the CERF interventions targeted, 301,401 individuals were in six critically affected states which were declared under emergency. Niger, Kogi, Anambra and Delta are the first group of states declared under state of emergency on 17 September, while Bayelsa and Rivers are the most affected states among the five additional states declared under state of emergency on 11 October. The states were also considered based on field presence of the implementing agencies which enabled effective implementation of the proposed interventions and yielded important impact.

The HCT endorsed the appeal during its regular meeting and the over-all strategy was developed through the technical coordination group at Abuja level, following a meeting on priroritization of sectors/ interventions based on government data at federal and state levels. Recognizing the limitations of the the government data, the agencies have provided their respective assessments reports through their field offices. Other information were collected through joint assessments done by the sector lead agencies with their government counterparts (E.g. health assessment with MOH, WHO and UNFPA).

The interventions were prioritized based on response priorities as coordinated by NEMA in collaboration with sector leads (e.g. Federal Ministry of Water and Resources, FMoH) together with UN agencies and INGOs. Response objectives and strategies, within the Shelter/NFI sector were developed in consultation with humanitarian partners and national stakeholders. Needs have been prioritized based on humanitarian response gaps and as a follow up to GoN's call for shelter, food, medicines, and NFIs.

There was no CBPF allocation for the floods as the Nigeria Humanitarian Fund is prioritized for the north-east humanitarian operations.

4. CERF RESULTS

The CERF allocation for floods in Nigeria reached an estimated number of 294,716 individuals in six critically-affected states. The total allocation for the response was approximately US$4 million to support GoN's leadership. The CERF funds enabled the humanitarian community to respond to life-saving and urgent needs in six states outside of north-east Nigeria (where the humanitarian response is ongoing). This response utilized agency and their partners' field presence to respond – as most of agency resources were focused on the north-east.

The life-saving interventions were provided by WHO, UNFPA, IOM and UNICEF with the following reach[9]:

- WHO provided health services to about 167,766 individuals;
- UNFPA provided reproductive health services to about 106,758;
- IOM provided cash-based interventions for shelter and benefitted about 13,142 individuals.
- UNICEF provided water and sanitation services to about 113,808 individuals.

[8] NEMA Situation Report #5, 27 October

[9] The figures mentioned are not summed up to arrive at the final reach of 294,716. The figures presented are based on individual reach by each implementing agency. More explanation provided in section 5, People Reached.

5. PEOPLE REACHED

Tables 4-5 show figures on beneficiaries reached on age, gender and category. For table 4, beneficiaries reached are reflected per agency implementation, namely: WHO (health), UNFPA (reproductive health), UNICEF (WASH) and IOM (emergency shelter/ NFI).

However, on table 5, it should be noted that the total beneficiaries reached was based on WASH, ES/NFI and Health figures – where the health figure was based on WHO's reach as WHO the higher numbers compared to UNFPA. Only the WHO figures were used in computing the total reached for health interventions to avoid double-counting and on the assumption that those who received health services may have accessed either WHO or UNFPA's services or both.

For table 6, the beneficiary category is based on the figures for WASH (UNICEF), Heath (WHO) and ES/NFI (IOM) consisting of IDPs, host populations and affected populations.

18-RR-NGA-33345 TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR[1]

Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Emergency Shelter and NFI - Non-Food Items	3,799	2,590	**6,369**	4,271	2,482	**6,753**	8,070	5,072	**13,142**
Health - Health	43,276	42,419	**85,695**	41,446	40,625	**82,071**	84,722	83,044	**167,766**
Water Sanitation Hygiene - Water, Sanitation and Hygiene	30,159	26,176	**56,335**	30,346	27,127	**57,473**	60,505	**53,303**	**113,808**

[1] *Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.*

18-RR-NGA-33345 TABLE 5: TOTAL NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING[2]

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	79,247	72,396	**151,643**	78,127	71,631	**149,758**	157,374	144,027	**301,401**
Reached	**77,234**	**71,185**	**148,399**	**76,063**	**70,234**	**146,297**	**153,297**	**141,419**	**294,716**

[2] *Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding This should, as best possible, exclude significant overlaps and double counting between the sectors.*

18-RR-NGA-33345 TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	63,283	78,681
Host population	76,118	89,085
Affected people (none of the above)	171,000	126,950
Total (same as in table 5)	**301,401**	**294,716**

6. CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to people in need?

YES ☒ PARTIALLY ☐ NO ☐

IOM: As a projectized agency reliant on tightly earmarked resources, the CERF funds enabled IOM to reprioritize its resources towards the immediate needs of the flood-affected communities, also bridging the resource gaps

WHO: Following the onset of the 2018 flood in Nigeria to date, this CERF project enabled to kick-start the flood response and provide life-saving and time-critical assistance to the most critically affected populations complementing the technical and financial resources mobilized by the Government of Nigeria (GoN) and health sector partners to scale up the country-wide response to the emergency. As a result, affected communities benefitted from improved and faster access to humanitarian assistance and reduced avoidable deaths in the affected communities.

UNICEF: The partnership proposal evaluation and contracting process took a longer time than expected at country level which resulted in delays in procurement and implementation. Also, the limited presence and expertise of IFRC (as implementing partner) at the field level hindered the fast delivery of assistance.

b) Did CERF funds help respond to time-critical needs?

YES ☒ PARTIALLY ☐ NO ☐

WHO: The 2018 flood was the worst experienced by Nigeria since 2012. The CERF rapid response allocation successfully enabled the affected communities to access live-saving assistance while Nigeria was scaling-up its response. It should be noted that the GoN had mobilized and allocated US$15 million to support the response. However, delayed funds disbursement and logistical challenges have hampered the distribution and dissemination of federal resources along with the magnitude of the flood led to difficulties in timely implementation. The CERF funds facilitated immediate emergency health response in targeted areas, in complementation or before Government interventions.

UNICEF: The CERF funds enabled provision of water purification tablets and restoration/construction of water systems that ensured access to potable drinking water which prevented the affected people from contracting water-borne diseases.

c) Did CERF improve coordination amongst the humanitarian community?

YES ☒ PARTIALLY ☐ NO ☐

IOM: CERF empowered the humanitarian community and provided a tool that allowed it to remain accountable to the needs of the affected population. In using this tool, the humanitarian community was able to produce a common response strategy based on the comparative advantages, mandate and strengths of each agency. This empowerment of the humanitarian community is seen as a positive and mobilizing factor in terms of coordination. The CERF improved coordination as the UN agencies had to employ an inter-sectoral analysis and response development to maximize resources. The humanitarian community also had to coordinate and collaborate with the Government, donors and INGOs that are responding to the floods.

WHO: Through the leadership of the HCT and OCHA- Nigeria support, the CERF allocation enabled the development and implementation of a coordinated and inter-sectoral approach to the 2018 floods, bringing together a coherent action plan among UN agencies and partners from various sectors.

UNICEF: Specifically on WASH, CERF was utilized where gaps existed, especially in coordinating WASH implementation with the government (through RUWASSA) in Niger state.

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

YES ☒ PARTIALLY ☐ NO ☐

The activation of the CERF RR contributed in raising awareness among partners on the urgency of the flood situation. While WHO did not receive funds from other donors in support of its response activities, EU-ECHO allocated 1 Million EUR to IFRC to support the response to the flood and US-OFDA provided support to NEMA in the form of technical assistance through the United States- Federal Emergency Management Agency (US-FEMA). This complemented the efforts of UN agencies (that aceeseed CERF funds) to support

govenrment efforts. The assistance by these entities was made directly to the Government of Nigeria. This exhibited complementation of resources among different agencies.

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

N/A

7. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT	
Lessons learned	**Suggestion for follow-up/improvement**
Faster procedures: The CERF-WHO project enabled partners to kick start the response. However, the impact of such intervention could have been further increased by earlier finalization of administrative/contractual negotiations in the early stage of the emergency. The floods occurred in August and September 2018. Difficulties in accessing the affected areas hampered the timeliness and quality of the risk and need assessments which subsequently delayed the preparation, negotiation and agreement for CERF funds. Earlier and faster finalization of the disbursement of funds despite limited risk assessment in accordance with a no-regret approach could contribute in implementing time-critical response activities during the peak of the disaster.	In the context of rapidly evolving natural disaster such as a flood, fast track funds allocation decision in accordance with a no-regret approach is necessary. In future responses, fast tracking funds allocation decision will enable a very rapid initiation of activities in any affected state as the WHO state and local government presence enables reduced external deployment lag time.

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Response plan inadequately considered the state capacity and interest in supporting the emergency response process	Future assessment should engage different agencies within government structures to strengthen response plan and response. Some services budgeted for had strong government ability as compared to others.	Responding agenceis, Government and local authorities
The application/disbursement/implementation processes were delayed	Frequent follow up at the project onset	Responding agencies and local authorities
Decisions taken with regards to the CERF application were delayed, if decisions were taken on the onset of the disaster it would have achieved stronger impact	HCT approach/ process to address emergencies outside the north-east should be discussed and clarified.	HCT, OCHA and recipient agencies
Prior to engaging IFRC in carrying out the WASH response, UNICEF did not fully evaluate the capacities of IFRC and consider its limited presence in the target locations. This capacity issue hindered the fast and full delivery of assistance.	Ensure proper capacity assessments of implementing partner resources, their spread within locations of affected areas before engagement.	UNICEF

Community sensitization and participation was paramount to the success of the intervention.	Affected communities need to be involved in each phase of the project.	All agencies authorities present in the area of intervention
Assessment and interventions carried out need to be aligned with the cultural and social characteristics of the beneficiaries	Agencies need to conduct joined or harmonized needs/ vulnerability/based assessments	All agencies
Staff turn-over within the recipient agency and with government counterparts hampered immediate project implementation.	Dedicated staff are deployed to fast-track implementation. Continued engagement with government counterparts and building their capacity on risk assessment and response- beyond this emergency. Investment in capacity -builidng is necessary.	Recipient agencies Recipient agencies and government partners
Procurement restrictions on imported materials and supply limitations of local vendors delayed provision of humanitarian goods.	Over-all procurement impediments of the humanitairan community should be outlined and recommended measures advocated for/ communicated to Government, through the HCT.	HCT, recipient agencies and relevant government entities
As evidenced by exceeding reach versus project targets, WHO's operational health emergency capacity and field presence throughout Nigeria (at local, state and federal levels) proves its role as a key and effective partner in response to health emergencies in the country. Its presence throughout Nigeria across the three structures of the health system (federal – state - local) enables WHO to effectively engage with all competent authorities, mobilize technical and logistical resources, and fast track the implementation of complex emergency interventions.	Improved capacity to conduct rapid risk assessments and situation analysis by federal and critically state government officials supported by WHO state offices and partners will reduce lag time in response. This can be addressed by continuous training and capacity building of state offices.	WHO and relevant government partners

Part II

8. Project Reports

8.1. Project Report 18-RR-IOM-037 - IOM

1. Project Information			
1. Agency:	IOM	**2. Country:**	Nigeria
3. Cluster/Sector:	Emergency Shelter and NFI - Non-Food Items	**4. Project Code (CERF):**	18-RR-IOM-037
5. Project Title:	Provision of Life-Saving Shelter and Non-Food Items (NFI) in Support of Flood Affected Communities in Nigeria		
6.a Original Start Date:	30/11/2018	**6.b Original End Date:**	29/05/2019
6.c No-cost Extension:	☒ No ☐ Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)	☐ No ☒ Yes (if not, please explain in section 3)		

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	US$ 2,000,000
	b. Total funding received for agency's sector response to current emergency:	US$ 1,100,000
	c. Amount received from CERF:	US$ 1,100,000
	d. Total CERF funds forwarded to implementing partners	**US$ 0**
	of which to:	
	▪ Government Partners	US$ 0
	▪ International NGOs	US$ 0
	▪ National NGOs	US$ 0
	▪ Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Under the purview of this CERF Rapid Response project, the International Organization for Migration (IOM) has been able to provide life-saving Shelter and Non-Food Item (NFI) assistance to a total of 1,800 flood affected households, including 3,799 girls, 2,590 women, 4,271 boys and 2,482 men (13,142 individuals). The assistance has been provided by the means of sector specific and restricted commodity vouchers. Assistance was provided across two Local Government Areas (LGAs) in Kogi State (Kogi and Lokoja) and seven LGAs in Anambra State (Ajaokuta, Ibaji, Igalamela, Idah, Ofu, Omala and Ogbaru). Assistance provided adheres to the endorsed standards of Shelter/NFI/CCCM sector. Out of the of 1100 beneficiary households surveyed, 1078 report that services provided improved their ability to cope with the impact of the floods. The organisation has successfully achieved the project objective of providing life-saving emergency assistance and reduce the vulnerability of flood-affected populations in Nigeria.

3. Changes and Amendments

In accordance with the proposal, assistance was to be provided across eleven LGAs in Kogi and Anambra State. Assessments conducted to aid in the design and provision of the Shelter and NFI assistance concluded that Basa LGA was not accessible due to the overall security context, including active communal conflict. Furthermore, as the impact of the flood in Ayamelum LGA was limited, IOM decided to focus the response in LGAs more severely impacted by the floods. The project therefore targeted nine LGAs instead of the

eleven LGAs originally intended. Although limiting the geographic scope of the project to focus on the most highly affected areas, the intervention was able to deliver aid to the number of households originally intended (1,800 households). This change was communicated in the interim report previously submitted.

4. People Reached

4.a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	3,672	2,376	6,048	2,808	1,944	4,752	6,480	4,320	10,800
Reached	3,799	2,590	6,389	4,271	2,482	6,753	8,070	5,072	13,142

4.b Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	0	0
Host population	0	0
Affected people (none of the above)	10,800	13,142
Total (same as in 4a)	**10,800**	**13,142**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	Discrepancies exist between the planned and reached number of beneficiaries, both as pertain to the total number of beneficiaries reached as well as the sex and age disaggregation. This is due to the fact that the planned number of beneficiaries were based on the estimated average size of households (6 individuals). The average size of beneficiary households was in reality larger than estimated (7.3 individuals). The same holds true in regard to the sex and age disaggregation - the planned estimate was smaller than the actual reached with the largest discrepancy seen in the boy's category. IOM has in total reached more beneficiaries than originally planned.	

5. CERF Result Framework

Project Objective	To provide life-saving emergency assistance and reduce the vulnerability of flood affected populations in Nigeria

Output 1	Flood affected households in Kogi and Anambra states have access to lifesaving shelter and non-food items (NFI) assistance			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	% of beneficiary households surveyed reporting that services provided have improved their perceived ability to cope with the impact of the floods	75%	98% 1,078	Post Distribution Monitoring Report; Distribution Exit Interviews
Indicator 1.2	Number of households having access to life-saving shelter assistance	1,800	1,800	Activity Implementation Report; Beneficiary Records
Indicator 1.3	Number of households having access to life-saving Non-Food Items	1,800	1,800 13,142	Activity Implementation Report; Beneficiary

				Records
Indicator 1.4	Number of rapid needs and risks assessments carried out	2	2	Activity Implementation Report; Needs Assessment Report
Indicator 1.5	Number of shelter repair and NFI distribution and assistance-oriented sensitization exercises carried out	2	9	Activity Implementation Report
Explanation of output and indicators variance:		The original target set for indicator 1.5 was incorrect, as the target should have been set at 11 given that IOM intended to conduct one distribution per LGA targeted. The actual achieved target is nine representing the nine LGAs where assistance was provided under the purview of this project, and taking into account the reorientation reported in the interim report to focus exclusively on the most highly impacted LGAs		

Activities	**Description**	**Implemented by**
Activity 1.1	Needs/vulnerability-based assessments across all sub-groups of the targeted population and in coordination with concerned stakeholders to identify areas, communities and households in need of non-food item and shelter repair assistance, vendors for shelter/NFI material, and inform the design of subsequent activities	IOM
Activity 1.2	Assessments carried out in consultation with representatives of the affected population, across all sub-groups, to identify risks around distributions and identify protection measures (including on GBV risks) to be undertaken	IOM
Activity 1.3	Procurement of material, services and tools to support the provision of non-food item and shelter repair assistance	IOM
Activity 1.4	Distribution and assistance-oriented sensitization exercises with concerned stakeholders and the target population	IOM
Activity 1.5	Distribution of non-food item kits and shelter repair kits/ vouchers with technical guidance	IOM
Activity 1.6	Post-distribution monitoring, including two-way communication, to receive beneficiary feedback in support of evaluation objectives and self-improvement	IOM

6. Accountability to Affected People

A) Project design and planning phase:

Beneficiary participation represented an integral component of IOM's interventions under this project, beginning with active engagement of communities in the needs and damage assessments conducted. These assessments were conducted with intent to inform the planning and design of the response. By emphasizing participation of the affected population, IOM was able support a coherent acknowledgement of needs across the beneficiary population and was able to design its interventions in response to these needs. In concrete terms, the Organisation conducted its assessment at the household-level and collected data by door-to-door assessment surveys completed by interviewing the head of the respective households. During the primary household-level interviews IOM also sought to target vulnerable individuals to better understand their unique needs and ensure the organisations is able to respond as appropriate. This together with observational data, enabled IOM to tailor its response to the needs of the actual households surveyed. During the post-intervention monitoring exercise, IOM surveyed beneficiaries on the usefulness of the assistance provided, 93per cent of households indicated that the assistance was very useful. This indicates that the assistance corresponded to the actual needs of the beneficiaries.

B) Project implementation phase:

To ensure beneficiaries were well informed of the project and services to be provided, IOM conducted introductory meetings with communities targeted under this project, this was conducted after initial assessments. Moreover, the organisation organized sensitization meetings with registered beneficiaries to introduce the distribution methodology, the intended use of material/tools/items to be received as well as how to redeem the voucher distributed by IOM followed by leaflets showing all the different items including in the kit This was held on the day prior to the distribution. On the day of distribution, IOM was present to provide further clarification as required, including on technical use and application of material/tools/items to be received. Distributions and sensitization meetings were held in coordination with staff from the National Emergency Management Agency and the State Emergency Management Agency. In order to avail the displaced population with adequate opportunities to provide feedback, IOM has set up a complaints desk, where beneficiaries can raise concerns they are encountered during distribution. Sensitization on the relevance, availability and utilization of the desks has been conducted.

During the post-intervention monitoring exercise, IOM surveyed beneficiaries to verify that they had received this information prior to distribution, 97per cent % of the surveyed beneficiaries reported that they had received this information prior to the actual distribution. Moreover, 95.5per cent % of the beneficiaries surveyed replied that they were well briefed, while 2per cent replied that although they were briefed, they felt they would have benefitted from more information (2.5per cent declined to answer the question).

C) Project monitoring and evaluation:

Monitoring activities have emphasized participation and implemented under a beneficiary centred approach; this to evaluate the modality, design and impact of the assistance provided. Meaningful participation has thereof been central to monitoring and evaluation, in particular as pertain to the area of data collection. Meaningful and informed participation of beneficiaries in both qualitative and quantitative data collection exercises have in essence improved the organisations ability to evaluate and devise lessons learned from its interventions.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
Yes, CBI is the sole intervention in the CERF project	Yes, CBI is the sole intervention in the CERF project

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).

CBI modality	Value of cash (US$)	a. Objective	b. Conditionality	c. Restriction
Voucher (Paper vouchers that can be exchanged for a set quantity of predetermined commodities and redeemable with preselected vendors. This was the modality for the NFI kit and Shelter Repair Kits distributed.)	US$ 864,000	Sector-specific	Conditional	Restricted

Supplementary information (optional):

IOM was the direct implementer of CBI activities. CBI was selected as the modality of implementation due to the benefits in terms of accountability and cost-effectiveness. The area of intervention is not considered a hub for emergency response operations in Nigeria, and in the absence of the needed physical emergency response infrastructure in the areas targeted, the intervention would have necessitated procurement of transportation services and warehousing in the case of in-kind distribution. The use of the voucher modality enabled the response to tap existing market system and its capacity, ensuring a comparative advantage in the area of value for money when compared to in-kind distribution. Moreover, by eliminating the need for remote procurement and transportation of goods, it enabled a timely response to the urgent needs of the affected population.

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
IOM has conducted post-distribution monitoring exercises between April and June to ensure the desired qualitative impact of the response was met, as witnessed by indicator 1.1. To highlight, majority of the respondents (98per cent) mentioned that all materials were very useful while none of the respondents under the study found it to be otherwise. The remaining of the respondents (2per cent) mentioned that the materials they received were satisfactory. Element of SEA was included in the PDM, where 98 per cent of the respondents (out of 180 respondents) mentioned that they received the assistance without providing anything to anybody or exchange of favour. No formal evaluation exercise is planned at the project level. However, the intervention will be integrated into cyclical programme-level evaluation exercises conducted by the IOM emergency programme. Upcoming programme-level evaluation exercises will, due to the extension of CBI activities across the emergency response, have a distinct focus on CBI use in IOM emergency response.	EVALUATION CARRIED OUT ☐ EVALUATION PENDING ☐ NO EVALUATION PLANNED ☒

8.2. Project Report 18-RR-FPA-046 - UNFPA

1. Project Information			
1. Agency:	UNFPA	**2. Country:**	Nigeria
3. Cluster/Sector:	Health - Health	**4. Project Code (CERF):**	18-RR-FPA-046
5. Project Title:	Provision of Sexual Reproductive Health Services among the flood affected persons in Kogi, Niger, Delta, and Anambra States of Nigeria		
6.a Original Start Date:	14/12/2018	**6.b Original End Date:**	13/06/2019
6.c No-cost Extension:	☒ No ☐ Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)	☐ No ☒ Yes (if not, please explain in section 3)		

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	US$ 3,500,000
	b. Total funding received for agency's sector response to current emergency:	US$ 1,062,002
	c. Amount received from CERF:	US$ 762,002
	d. Total CERF funds forwarded to implementing partners	**US$ 366,966**
	of which to:	
	▪ Government Partners	US$ 0
	▪ International NGOs	US$ 0
	▪ National NGOs	US$ 326,516
	▪ Red Cross/Crescent	US$ 40,450

2. Project Results Summary/Overall Performance

The project has assisted a total of106,758 beneficiaries in Anambra, Delta, Kogi, and Niger states between the periods of December 2018 to May 2019. CERF supported UNFPA over a period of six months and it was designed to reach the displaced persons and host communities of those most affected by the 2018 flood disaster in Nigeria.

About 109,612 individuals (37per cent male and 63per cent female) have been reached with Sexual Reproductive Health (SRH) information services, 4,381 pregnant women with safe delivery services and/or through the utilization of clean delivery kits. About 62 survivors of Gender-based violence (GBV) have received treatments in assisted health facilities, and 81 (32per cent male, 68per cent female) have been trained to provide services during emergencies. Family planning uptake has been achieved in the following: 13per cent in Niger state, 21per cent in both Anambra and Kogi, and 45per cent in Delta state.

The project supported institutional development through the establishment and support of an RH working group in each state, to meet regularly and discuss progress and challenges, and to identify lessons learnt and the required next steps as it regards reproductive health in their various states. The RH groups and their roles have continued even after the project ended.

3. Changes and Amendments

Indicators 1.1, 1.2, 1.4 are over the target. This is due to support provided by some of the state governments in support to the project. The states (Anambra and Delta) supported with medical commodities with extra state supported health workers. This enabled the expansion of the reach of the project through site expansion within same localities, reaching wider population.

Indicator 1.3 is under the target. This is due to slow penetration into some of the communities to open up. This required Indicator 1.5, an extra government official was requested by government to be supported with the training who will enable government to adequately have its own institutional follow up and evaluation.

4. People Reached

4.a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	21,210	72,105	**93,315**	2,141	4,013	**6,154**	23,351	76,118	**99,469**
Reached	23,597	70,155	**93,752**	6,074	6,932	**13,006**	29,671	77,087	**106,758**

4.b Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	23,351	29,241
Host population	76,118	77,517
Affected people (none of the above)	0	0
Total (same as in 4a)	**99,469**	**106,758**

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	There is a significant increase in number reached as against the initial target. This is because local human capacity was sourced after further consultations was carried out at the point of implementation with community beneficiaries. Further to increase manpower, the state governments supported the outreach services with more commodities which further improved the coverage and reach.

5. CERF Result Framework

Project Objective	The main objective of the project is to reduce maternal morbidity and improve the sexual and reproductive health status of women among Internally Displaced Persons (IDPs) and host communities in the flood affected Kogi, Delta, Anambra and Niger States

Output 1	Improve access to comprehensive Sexual Reproductive Health Services			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of persons reached with free Sexual and Reproductive Health services and information.	47,019	47,046	Field reports, Daily IPPT
Indicator 1.2	Number of pregnant women who receive safe delivery services through utilization of clean delivery kits and free services in assisted health facilities	3,500	3,499	Clinic records, Daily IPTT
Indicator 1.3	Number of survivors of sexual violence who receive treatment in assisted health facilities	120	62	Clinic data, CM intake forms
Indicator 1.4	Number of beneficiaries reached through the mobile outreaches held in 12 prioritized communities in the Kogi, Delta, Anambra and Niger (2 teams in each community monthly for 5 times)	56,001	56,071	Outreach data, State incorporated HMIS

Indicator 1.5	Number of Health Workers trained on MISP/CMR 20 health workers per state (Kogi, Niger, Delta and Anambra)	80	80	Training reports, Attendance sheets, Pictures
Explanation of output and indicators variance:		Indicators 1.1, 1.2, 1.4 are over the target. This is due to support provided by some of the state governments in support to the project. The states (Anambra and Delta) supported with medical commodities with extra state supported health workers. This enabled the expansion of the reach of the project through site expansion within same localities, reaching wider population. On indicator 1.3, achievement is under the target because a lot of the survivors did not come put to access services. This is due to slow penetration into some of the communities to open up. This is due to the absence of the implementing agency on ground prior to the flood. Indicator 1.5, an extra government official was requested by government to be supported with the training who will enable government to adequately have its own institutional follow up and evaluation.		

Activities	**Description**	**Implemented by**
Activity 1.1	Procurement of RH Kits, medical drugs and consumables	UNFPA
Activity 1.2	Distribute procured RH Kits, medical drugs and consumables	Nigeria Red Cross Society (NRCS)
Activity 1.3	Provision of free basic sexual and reproductive health services in affected communities	UNFPA/Royal Heritage Health Foundation (RHHF)
Activity 1.4	Conduct mobile outreaches in hard to reach high IDP burden LGAs	RHHF
Activity 1.5	Conduct Community sensitization and mobilization to enhance SRH services utilization and uptake	State Ministry of Health (SMOH) State Ministry Women Affairs Social Development (SMWASD)
Activity 1.6	Conduct Capacity Building on Minimum initial services on provision on Reproductive Health and Clinical management of Rape	UNFPA/RHHF

Output 2	Improved access to well-coordinated Sexual Reproductive Health services			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of Joint programming and monitoring conducted	4	4	Field monitoring reports
Explanation of output and indicators variance:		No Variance		

Activities	**Description**	**Implemented by**
Activity 2.1	Conduct Joint programming and Monitoring with partners in the same location	UNFPA/SMOH/Partners
Activity 2.2	Conduct monthly coordination meetings	UNFPA/SMOH

6. Accountability to Affected People

A) Project design and planning phase:

The initial phase included the UN carrying out an assessment which included all the responding agencies with government counterparts. The community-based assessments included focused group discussions (FGD) to identify problems that were used to request for CERF funds.

After the allocation of funds, other engagements relating to the emergency were further carried out in each state comprising government officials, key ministries, departments and agencies, to further discuss inter-agency requirements. This was immediately followed by another set of assessment conducted to identify the programme gaps from the communities after which appropriate programme adjustment were made to ensure that GBV survivors access lifesaving and quality multi sectorial interventions that reduce harmful consequences, prevent further injury, distress and harm as well as effects of GBV on the survivor.

The assessments were conducted using FGD and Key Informant Interviews (KII) with community members and gatekeepers, religious leaders and other relevant stakeholders to obtain baseline information on community specific gender norms across the intervention sites. Based on information obtained from each state on the community specific gender norms, structured advocacy and community sensitization messages were developed to enhance provision and utilization of SRH services. All the stakeholders and government representatives, as well as the community leaders drawn from all groups were then organised into a Reproductive Health (RH) Group. The ultimate goal was agreed with each community on the expected outcomes.

B) Project implementation phase:

Trainees were drawn from selected communities and health centres and were trained. This was done with the careful planning from Local Government Areas (LGAs) to ensure resilience is built. At every stage of implementation, continuous monitoring and evaluation was being carried out. This guided change of tactics and techniques of implementation at the field level.

Community members were utilized after being trained on the basics and minimum requirements for mobilisation process. Messages were developed alongside the community members and cleared through field testing before dissemination, advocacy, community sensitization and awareness campaign using flyers, posters, print media through individual or group interpersonal communication strategies.

Accountability to affected people was institutionalized throughout the project implementation. Feedback mechanism was also put in place as feedback received from beneficiaries was incoporated in the project implementation at various stages.

C) Project monitoring and evaluation:

At every level, the RH group lead the monitoring and evaluation process following the agreed goals with the community members and their representatives. The data collection was done through the Indicator Performance Tracking Tool, which is an online-based evaluation platform that only collated data directly form the community on a daily basis, and its open to every participating member and the public to monitor the progress on a daily basis as agreed.

7. Cash-Based Interventions

Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
The project proposal when submitted did not include an evaluation component. However, throughout the duration of the project, monthly monitoring of activities was employed to ensure accountability and that the project was implemented in line with the approved proposal.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.3. Project Report 18-RR-CEF-120 - UNICEF

1. Project Information			
1. Agency:	UNICEF	**2. Country:**	Nigeria
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	**4. Project Code (CERF):**	18-RR-CEF-120
5. Project Title:	WASH response in six flood-affected states in Nigeria		
6.a Original Start Date:	19/11/2018	**6.b Original End Date:**	18/05/2019
6.c No-cost Extension:	☒ No ☐ Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)	☐ No ☒ Yes (if not, please explain in section 3)		

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	US$ 6,000,000
	b. Total funding received for agency's sector response to current emergency:	US$ 1,409,088
	c. Amount received from CERF:	US$ 1,409,088
	d. Total CERF funds forwarded to implementing partners	**US$ 599,048**
	of which to:	
	▪ Government Partners	US$ 97,370
	▪ International NGOs	US$ 0
	▪ National NGOs	US$ 0
	▪ Red Cross/Crescent	US$ 501,677

2. Project Results Summary/Overall Performance

UNICEF and its partners provided safe water, sanitation facilities and hygiene services to 113,808 children, women and men in the six flood affected states of which 79,119 people were reached with safe water through construction of 29 water systems and rehabilitation of 10 water systems in two states as well as household water treatment in six states. Following the water quality tests which indicated that 8 boreholes were not fit for drinking, corrective measures were put in place. The sustainability of these facilities was enhanced by formation of 39 WASH committees, training and providing them with spare parts for operation and maintenance in two states. WASH committees consist of both male and female community members. There were 300 people have been reached with improved sanitation facilities through the rehabilitation of six latrines in Kogi state. A total of 113,808 people have been reached with hygiene messages in six states while 1,313 familie7,878 people) s were provided with hygiene kits and 740 women provided with dignity kits. In view of the identified needs, hygiene promoters extended the reach to more people to mitigate the risk of water borne diseases. The mobile cinema approach was key to reaching more people with hygiene messages.

3. Changes and Amendments

Only 63 per cent of beneficiaries were reached with WASH services because of partial completion of planned activities due to limited capacity of partner, security and postponement of presidential and State/Governor elections.

Although election was kept in mind during project design, postponement has occurred unexpectedly.
During and after the election all activities were stopped due to expected hostilities and the implementing partner's staff evacuated from all locations. Presidential election was postponed for a week (from 16 Feb to 23 Feb) and also Governorship/local elections were postponed to 9 March from the originally proposed date.
Security situation was hostile in some states as well as some affected locations, staff movements were either limited or could not

access field locations resulting in lack of implementation of activities in those locations.

Implementing partner capacity was limited as technical staff joined late and procurement of supplies and services have taken longer than expected due to limited staff capacity and limited understanding of context.

As a result of the delay in the commencement of the response, the flood water had receded in affected areas thus the IDPs had returned to their original locations. The IDPs, however, were targeted within their communities with lifesaving WASH services.

4. People Reached

4.a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	47,045	42,055	**89,100**	47,995	42,905	**90,900**	95,040	84,960	**180,000**
Reached	30,159	26,176	**56,335**	30,346	27,127	**57,473**	60,505	53,303	**113,808**

4.b Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	9,000	0
Host population	0	0
Affected people (none of the above)	171,000	113,808
Total (same as in 4a)	**180,000**	**113,808**

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	Only 63 per cent of beneficiaries were reached with WASH services because of partial completion of planned activities due to limited capacity of partner, security and postponement of presidential and State/Governor elections. As a result of the delay in the commencement of the response, the flood water had receded in affected areas thus the IDPs had returned back to their original locations. The IDPs, however, were targeted within their communities with lifesaving WASH services.

5. CERF Result Framework

Project objective	To address the critical WASH needs of flood affected people to overcome the risk of water borne diseases

Output 1	180,000 people have daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of water points rehabilitated	40	10	Monitoring reports, Completion reports
Indicator 1.2	Number of water points constructed	49	29	Monitoring reports, completion reports
Indicator 1.3	Number of people having access to sufficient and safe water for domestic use	180,000	79,119	Completion report, school registers, health facility registers, project reports

Explanation of output and indicators variance:	Only 44 per cent of intended target beneficiaries have been reached because of partial completion of planned rehab/construction of boreholes due to limited capacity of partner, security and postponement of presidential and State/Governor elections.

Activities	**Description**	**Implemented by**
Activity 1.1	Rehabilitation of 40 boreholes (in 4 states of Kogi, Delta, Anambra and Rivers, 10 boreholes per state)	IFRC
Activity 1.2	Construction of boreholes (5 in Anambra, 5 in Kogi, 5 in Delta, 5 in Rivers and 29 in Niger state)	Niger State RUWASSA (Rural Water Supply and Sanitation Agency) – construction of 29 hand pump boreholes in Niger State
Activity 1.3	WASH trainings in communities for water point maintenance	Niger State RUWASSA – for 29 WASH committees' trainings for boreholes in Niger State IFRC Kogi State – (WASH committees for 10 boreholes)
Activity 1.4	Provision of WASH supplies for household water chlorination for all the 6 states	IFRC - 9,000 households (54,000 people) were provided with supplies for household water chlorination
Activity 1.5	Procurement and distribution of water treatment kits (including point of use water treatment), 50 kits per state	IFRC
Activity 1.6	Volunteer orientation on use of water treatment kits (40 volunteers per state for Anambra, Delta, Kogi and Rivers and 20 volunteers for Niger and Bayelsa)	IFRC - 146 volunteers VHPs trained on use of water treatment kit
Activity 1.7	Quality water testing (and treatment) in selected water facilities in affected communities in all the 6 states	IFRC

Output 2	14,000 people have access to adequate sanitation facilities which meet Sphere standards in terms of quantity and quality			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of latrines constructed/rehabilitated in 4 states	160	6	Completion report, partner reports
Indicator 2.2	Number of handwashing facilities installed in schools, health facilities and markets	160	0	N/A
Indicator 2.3	Number of households, health facilities and schools fumigated	3200	0	N/A
Explanation of output and indicators variance:		Only 4per cent of the intended target for construction/rehabilitation was achieved due to the limited capacity of partners, security and postponement of presidential and State/Governor elections.		

Activities	**Description**	**Implemented by**
Activity 2.1	Procurement of latrine construction/rehabilitation materials in 4 states	IFRC
Activity 2.2	Provision of gender segregated latrines in 4 states in schools, health facilities and markets	IFRC
Activity 2.3	Training of volunteers on maintenance of sanitation facilities activities for all the 6 states	IFRC
Activity 2.4	Equip toilets with handwashing facilities in schools, health facilities, markets in 4 states	IFRC
Activity 2.5	Fumigation of households, Health facilities and schools in all the 6 states including orientation of volunteers	IFRC

Output 3	6,000 households supported have access to and are able to use hygiene items provided in line with Sphere standards			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Number of hygiene kits distributed	6,000	1,313	Distribution and progress report
Indicator 3.2	Number of dignity kits distributed	4,000	740	Distribution and progress report
Indicator 3.3	#HHs reached with key messages to promote personal and community hygiene	24,000	18,968	Progress report
Explanation of output and indicators variance:		The targets have been achieved partially due to limited capacity of partner, security and postponement of presidential and State/Governor elections.		

Activities	**Description**	**Implemented by**
Activity 3.1	Production and distribution of 1000 IEC materials per state for 6 states	IFRC
Activity 3.2	Volunteers conduct hygiene promotion activities	IFRC
Activity 3.3	Procurement of 6,000 hygiene kits (1,000 per state)	IFRC
Activity 3.4	Distribution and demonstration of use of hygiene kits to 500 people	IFRC
Activity 3.5	Procurement and distribution of jerry cans - 1,500 per state for 6 states	IFRC
Activity 3.6	Procurement of dignity kits for women and girls	IFRC
Activity 3.7	Procure Mobile cinema equipment for 6 states	IFRC
Activity 3.8	Mobile cinema sessions for communities for behaviour change - 2 supported sessions per month per state	IFRC

6. Accountability to Affected People

A) Project design and planning phase:
During the planning stages, sensitization meetings were conducted across the target communities. Site selection was carried out in consultation with communities through WASH committees.

B) Project implementation phase:
During the project implementation, WASH committees have been involved in monitoring of work to ensure the quality. Apart from it, volunteers have been engaged from the affected communities for the conducting the hygiene promotion as well as distribution of WASH supplies.

To ensure community participation and engagement in the flood operation, a feedback system was placed in Kogi, Anambra and Delta states. In addition, a national hotline was made available to communities from Niger, Bayelsa and Rivers states. The setting up of the feedback system was informed by the preliminary assessments (specifically focus group discussions) done in September in the 3 states by the IFRC Field Assessment and Coordination Team (FACT) members.

The results of the assessments indicated that the hotline (free-toll lines), radio and face to face were the most preferred channels of providing feedback from the communities. IFRC provided support in setting up the toll-free hotlines at NRCS headquarters by organizing mobile phone operators to collect feedback.

Help desks were also offered to communities through community meetings. This was offered once a month or whenever the need arose.

C) Project monitoring and evaluation:
Project monitoring was conducted through field visits. RUWASSA deployed supervisors attached to each drilling team and progress updates were being shared on weekly basis. In addition, meetings with contractors were held on a regular basis to review progress and discuss on any challenges and way forward. Community feedback meetings were also conducted with the support of water, sanitation and hygiene committees (WASH COMMS) that were formed and trained for each of the sites that benefited from the new hand pump boreholes as well as rehabilitation. The meetings helped in identifying alternative sites for three locations that initially had dry boreholes.

7. Cash-Based Interventions

Did the project include one or more Cash Based Intervention(s) (CBI)*?*

Planned	**Actual**
No	No

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

No formal evaluation is planned for the project; However, monitoring was carried out regularly as well as feedback/complaint mechanism was in placed. As per feedback from the beneficiaries they were satisfied with the contents of kits and services provided through the project.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.4. Project Report 18-RR-WHO-049 - WHO

1. Project Information			
1. Agency:	WHO	**2. Country:**	Nigeria
3. Cluster/Sector:	Health - Health	**4. Project Code (CERF):**	18-RR-WHO-049
5. Project Title:	Provision of life saving and time critical health support for flood-affected populations in Nigeria		
6.a Original Start Date:	15/11/2018	**6.b Original End Date:**	14/05/2019
6.c. No-cost Extension:	☒ No ☐ Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	US$ 3,440,000
	b. Total funding received for agency's sector response to current emergency:	US$ 1,088,130
	c. Amount received from CERF:	US$ 688,130
	d. Total CERF funds forwarded to implementing partners	**US$ 0**
	of which to:	
	▪ Government Partners	US$ 0
	▪ International NGOs	US$ 0
	▪ National NGOs	US$ 0
	▪ Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF RR grant, WHO Nigeria and partners were able to provide critical support to 167,766 affected people, an increase of 52 per cent compared with target, in the five most critically- affected states by flooding (Anambra, Bayelsa, Delta, Kogi and Rivers) in the form of:

- Improved access to medical supplies through the procurement of Inter-Agency Health Emergency Kits and cholera Kits to cater for immediate medical needs like trauma and diarrhoeal diseases.

- Establishment of emergency response systems for the early detection and response to outbreaks of communicable diseases by training of 321 surveillance volunteers to rapidly detect flood related disease outbreaks enabling 96per cent of outbreaks to be investigated/responded within 48 hours of reporting including training of the health care workers on surveillance and management of flood related epidemic prone communicable diseases.

- Increased risk awareness in affected communities with 156 town hall meetings held and community leaders engaged in response for flood related diseases and people sensitized for flood risks, production and distribution of (119,089) Information, Education and Communication (IEC) materials and engagement of community informants and sensitization meetings for awareness creations.

Additionally, 13,972,335 people in the 6 states targeted under output 3 on risk awareness and community sensitization benefited indirectly through radio and TV jingles (1830), which improved the wider population's awareness in preparedness towards and risk mitigation of flood related hazards.

3. Changes and Amendments

The increase in the number of beneficiaries reached through this initiative stemmed from lower unit prices for the procurement of medical

supplies that enabled WHO to increase the amount of commodities procured and in consultation with OCHA and CERF to shift unused resources from the procurement budget to other activities such as risk communications, community engagement and surveillance that contributed in reaching a greater number of beneficiaries (a 52per cent increase). The mobilization of WHO State Offices in all targeted states and good cooperation between WHO and the federal and state health authorities effectively supported the delivery and implementation of the CERF-funded project – reaching more affected people.

There was no deviation but activities related to procurement and surveillance training were adjusted and conducted in five states only to avoid duplication with the then ongoing cholera CERF RR response. Output 3, however, was conducted in six states as per the original proposal.

4. People Reached

4.a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	**Women** (≥ 18)	**Total**	**Boys** (< 18)	**Men** (≥ 18)	**Total**	**Children** (< 18)	**Adults** (≥ 18)	**Total**
Planned	28,530	27,965	**56,495**	27,324	26,782	**54,106**	55,854	54,747	**110,601**
Reached	43,276	42,419	**85,695**	41,446	40,625	**82,071**	84,722	83,044	**167,766**

4.b Number of people directly assisted with CERF funding by category

Category	**Number of people (Planned)**	**Number of people (Reached)**
Refugees	0	0
IDPs	51,871	78,681
Host population	0	0
Affected people (none of the above)	58,730	89,085
Total (same as in 4a)	**110,601**	**167,766**

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The total number of beneficiaries reached through this intervention exceeded the initial target by 52per cent with a total of 167,766 beneficiaries including 84,722 children and 85,695 women. This was made possible by the lower unit prices on final procurement and by the mobilization of the WHO field presence in all affected states and effective cooperation with the federal and state authorities and affected communities that were actively involved in the implementation of the project.

5. CERF Result Framework

Project Objective	Provision of life saving and time critical support for flood-affected population

Output 1	Provision and distribution of life-saving emergency supplies			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of states provided with Inter-Agency Health Emergency Kits	6	6	Procurement and supply chain records
Indicator 1.2	Number of states provided with cholera kits and other medical supplies and commodities	5	5	Procurement and supply chain records

Indicator 1.3	Number of individuals benefiting from improved access to medical services and treatments	110,601 (56,495 females and 54,106 males)	**167,766**	Supply chain records and coverage and field reports
Explanation of output and indicators variance:		The total number of beneficiaries exceeded the initial target by 52per cent. This was made possible by the mobilization of the WHO field presence in all affected states and lower procurement costs that enabled WHO to increase the quantity of supplies procured for distribution and reach more beneficiaries.		

Activities	**Description**	**Implemented by**
Activity 1.1	Procurement of Inter-Agency Health Emergency Kits	WHO
Activity 1.2	Procurement of cholera kits and other medical supplies and commodities	WHO
Activity 1.3	Distribution of Inter-Agency Health Emergency Kits, cholera kits and other medical supplies and commodities	WHO

Output 2	Establishment of emergency response systems for the early detection and response to outbreaks of communicable diseases			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Number of volunteers trained on disease surveillance	125(25 per state, 5 states)	321 (64 per state)	Training reports, attendance lists,
Indicator 2.2	Proportion of alerts of potential outbreaks verified and responded to within 48 hours	90%	96%	Investigation reports, Line lists, Integrated Disease Surveillance and Response (IDSR) KPIs (and surveillance forms 001A,B,C, 002, 003) Rumour logs: (registers utilised by surveillance officials to record community alerts and reports for verification
Explanation of output and indicators variance:		256per cent increase in number of volunteers trained through the CERF RR as lower prices for procurement of medical supplies enabled WHO in consultation with OCHA and CERF to shift additional resources on disease surveillance. Accordingly, the CERF intervention exceeded its target re proportion of alerts of potential outbreaks verified and responded to within 48 hours.		

Activities	**Description**	**Implemented by**
Activity 2.1	Training of volunteers on disease surveillance	WHO
Activity 2.2	Surveillance and Early Case Detection	WHO
Activity 2.3	Investigation of all reported rumours of outbreak	WHO

Output 3	Strengthened risk awareness in affected communities			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Number of people reached with health education and promotion messages	110,601 individuals (56,495 females and 54,106 males)	167,766	Daily field and activity reports on house to house sensitization and risk

				communication
Explanation of output and indicators variance:		51.6per cent increase in number reached as lower prices for procurement of medical supplies enabled WHO in consultation with OCHA and CERF to shift additional resources on risk communications and community engagement activities		

Activities	**Description**	**Implemented by**
Activity 3.1	Conduct community sensitization activities on risks and prevention through mass media engagement, mobile health campaigns, IEC materials production, etc.	WHO

6. Accountability to Affected People

A) Project design and planning phase:

To ensure WHO projects its commitment to upholding its responsibility to the affected population, active engagement for needs assessment and decision-making processes by the affected population were implemented by interacting with existing community structures and working directly with diverse groups in the communities through interactive town-hall meetings including (youth, women, men and elderly). Experience and local knowledge of community dynamics through WHOs extensive network of staff at state and LGA level and close interaction with health authorities and community stakeholders ensured that the diversity of the community and vulnerable groups were taken into account when designing the interventions. Feedback was continuously sought from all stakeholders and incorporated in the design of the program.

B) Project implementation phase:

Mitigation of flood related risks depends on participation of affected communities and service beneficiaries heavily. In the course of implementation of the intervention, accountability to the affected population was ensured by community engagement during implementation of all activities. Community leadership was engaged through 156 meetings with leadership structures and training provided to community informants and town announcers. Meetings included community engagement activities at communal areas including churches and mosques, market-places, village squares and town halls. This was set up through planning meetings, with feedback through semi-structured interviews and group discussions' reports. Through the interactive activities involving leadership structures and groups, community feedback was collected and used to guide programming and used moving forward shaping the development of key messages for health promotion on health risks towards reducing exposure and also through the printing of 119,089 IEC materials.

C) Project monitoring and evaluation:

WHO at federal and state level worked with the federal ministry of health and state ministry to orient government officials and supported them to provide supportive supervision for monitoring of activities during the implementation. Health workers and volunteers were supported to gather community feedback on opinions, concerns and perceptions. This information was used to guide risk communication and community engagement activities and steer the response direction. Monitoring of rumours via community surveillance structures were conducted (including rumour logs, outbreak investigation reports). Monitoring of disease outbreaks and other hazards was done through routine indicator and event-based surveillance (IDSR, EWARS, line listing, investigation reports, activity reports etc.)

7. Cash-Based Interventions

Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	**Actual**
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
WHO conducted, through its own internal agency processes, a regular monitoring and evaluation exercise during the project implementation. It however, did not plan for, nor carry out a post-evaluation exercise at the project level.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

Project Code	Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner
18-RR-FPA-046	Health	UNFPA	NNGO	US$ 326,516
18-RR-FPA-046	Health	UNFPA	RedC	US$ 40,450
18-RR-CEF-120	Water, Sanitation and Hygiene	UNICEF	GOV	US$ 77,691
18-RR-CEF-120	Water, Sanitation and Hygiene	UNICEF	RedC	US$ 501,677
18-RR-CEF-120	Water, Sanitation and Hygiene	UNICEF	GOV	US$ 3,972
18-RR-CEF-120	Water, Sanitation and Hygiene	UNICEF	GOV	US$ 15,708

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

CBI	Cash-based Interventions
CCCM	Camp Coordination and Camp Management
CERF	Central Emergency Response Fund
CM	Case management
EOC	Emergency Operations Center
ES	Emergency Shelter
EWARS	Early Warning Alert and Response System
FGD	Focused Group Discussion
FMOH	Federal Ministry of Health
FMoWR	Federal Ministry of Water Resources
GBV	Gender Based Violence
GoN	Government of Nigeria
HCT	Humanitarian Country Team
HMIS	Health Management Information System
IDPs	Internally Displaced Persons
IEC	Information, Education and communication
IFRC	International Federation of Red Cross
INGO	International Non-Government Organization
IOM	International Organization for Migration
KII	Key Iinformant Interview
KPI	Key Performance Indicator
LGAs	Local Government Areas
NEMA	National Emergency Management Agency
NFI	Non Food Items
NRCS	Nigerian Red Cross Society
RH	Reproductive Health
RHHF	Royal Heritage Health Foundation
RUWASSA	Rural Water Supply and Sanitation Agency
SEA	Sexual Exploitation and Abuse
SEMA	State Emergency Management Agency
SRH	Sexual Reproductive Health
SMOH	State Ministry Of Health
SMWASD	State Ministry of Women Affairs and Social Development
UNDAC	United Nations Disaster Assessment and Coordination
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Funds
VHPs	Volunteeer Hygiene Promoters
WASH	Water, Sanitation and hygiene
WASHCOMS	WASH Committees
WHO	World Health Organization