

**NIGERIA
RAPID RESPONSE
MULTIPLE EMERGENCIES
2022**

22-RR-NGA-52749

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Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

16/02/2023

An After Action Review was took place with UNICEF, UNOCHA and sector coordinators (Food Security, nutrition, WASH), on 16 February 2023. WFP could not be present and sent their apologies.

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).

Yes No

The consolidated report will be shared with the HC and HCT for discussions at the next HCT.

Please confirm that the final version of this report was 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

Recipient agencies and related sectors were involved in the reporting process, including the review of drafts of this report and during the After Action Review. The final report will be circulated to agencies, sectors and other key stakeholders.

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

The CERF allocation surpassed its targets of 638,705 and reached 688,665 beneficiaries including 248,570 women, 120,715 men, 170,420 girls and 148,960 boys. The UN and its humanitarian partners covered critical needs related to health, nutrition, WASH and food security, needs which would otherwise have gone unaddressed due to limited resources.

WFP and its partners provided monthly food assistance – using cash-based transfer mechanisms – to 85,139 beneficiaries, including 60 percent vulnerable women and girls. The funding revitalised local economies and supported the most vulnerable families by providing them with a means for improved access to food and other necessities. CERF'S contribution supported UNICEF and its strategic partners to deliver a multisectoral response during the lean season, including through the rapid response mechanism (RRM) interventions in hard-to-reach (H2R) areas. UNICEF, through the Borno and Yobe State Primary Health Care Development Agencies (SPHCDA), reached 136,611 people with outpatient department (OPD) services, supported the delivery of 64,448 antenatal care (ANC) consultations and trained 69 health workers on the integrated management of newborn and childhood illnesses (IMNCI). To tackle malnutrition, UNICEF-supported and strengthened community structures resulting in over 16,552 cases of SAM (9,104 girls and 7,448 boys) being admitted into nutrition service delivery sites for treatment and 101,591 people (96,561 women and 5,030 men) received infant and young child feeding (IYCF) counselling. Under the WASH section, a total of 42,240 people accessed safe water through the construction and rehabilitation of 12 boreholes as well as through operation and maintenance of water supplies and hand pumps in nine LGAs. Concerning safe sanitation activities, 385 emergency toilets and bath shelters in camps and host communities were constructed and/or rehabilitated. In addition, a total of 151,889 people (29,062 men and 33,489 women, 41,409 boys and 47,929 girls) benefited from sustained desludging. In collaboration with the Social and Behaviour Change (SBC) team, 261,466 people received hygiene promotion messages in all the targeted LGAs.

The overall impact of the allocation has been positive. In addition to addressing key WASH, nutrition, health and food needs during the lean season, the grant ensured there was no break in service provision when the rainy season set in accompanied by heavy flooding and disease outbreak.

CERF's Added Value:

The CERF funding added value to the humanitarian response by enabling humanitarian partners respond to time critical needs of the population affected by multiple emergencies including a malnutrition crisis, cholera and measles outbreaks and flooding. The allocation improved coordination between WFP and UNICEF and between the different units within UNICEF. Many national and local organisations were engaged as implementing partners in the delivery of assistance by UNICEF and WFP. The allocation built the residual capacity of service providers and communities in all locations of implementation due to the close collaboration with local actors and NGOs, WASH service providers and state and local government.

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

Yes

Partially

No

CERF allowed fast delivery of assistance to the most vulnerable. It was noted that the proposal development stage and disbursement were quickly completed which led to immediate project start and fast service delivery. The implementation period also recorded a significant influx of IDPs in across the project area and funds allowed for quick response, including through the RRM mechanism. The implementation period of the allocation also allowed for quick gains to be made for the start of the rainy season, including capacity building, pre-positioning of key supplies before flooding and the outbreak of cholera. Arrival of funds ensured there was no break in service between the seasons.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

Critical needs were addressed. On the WASH aspect, disbursement of funds just before the rainy season allowed for response to the most vulnerable and for capacity building prior to the outbreak of cholera. On the health aspect, the funds were provided during the peak of the measles response. For the nutrition response, the funds allowed for the purchase of critical supplies and their transport during the lean season.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

Strong humanitarian coordination exists in the North-east through the humanitarian sectors and ISCG. Given the multi-sectoral nature of the UNICEF project, there was good integrated response with the three sectors of health, nutrition and WASH working closely together. The three sectors worked together and conducted multi-sectoral monitoring of the project allowing the different teams to address problems quickly. There was also close collaboration and joint capacity building by UNICEF and WFP on malnutrition.

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

There was no marked increase in resource availability that can be directly attributed to this CERF fund although the impact of the food security response may have contributed to funds received by WFP.

Considerations of the ERC's Underfunded Priority Areas¹

UNICEF ensured the inclusion of people with disabilities (PwD) in the programme planning and implementation period, and adequate measures were integrated. Health workers received training and sensitization on disability issues to provide equitable and inclusive services and prioritized patients with disabilities, the elderly and young children during triaging. The mobile outreach health missions allowed PwD or those with mobility issues to access basic PHC services in communities without health facilities or clinics. A total of 4,098 PwD (2,131 women and 1,967 men) benefited from health services. The nutrition programme gave priority to PwD, particularly girls, during active case finding and access to nutrition services. A total of 10,633 PwD benefited from the nutrition response, including 1,000 women, 5,308 girls and 4,325 boys. Lastly, sanitation and water facilities were designed with inclusive models considering children, the elderly and people with mobility constraints, and constructed near residential units for easy access. A total of 6,189 PwD benefited from the WASH response activities.

WFP ensured that families of persons with disabilities (PwDs) were prioritised in targeting process due to their proven vulnerability to food insecurity, as seen in all assessments. WFP undertook the necessary measures to ensure that PwDs are represented in community targeting committees and project management committees in all areas of operation. Consultations with PwDs were also part of the efforts to gather the views of PDWs during protection and gender assessments to help understand the specific protection risks and vulnerabilities faced by PwDs, their specific needs and preferences, access requirements for cash-based interventions and general food assistance. Inputs gathered were used to inform decision-making and programming. To ensure meaningful access, WFP and partners ensured that cash distribution sites were selected taking into consideration the specific needs of persons with disabilities. During distributions, priority lanes are always created to help persons with disabilities and the elderly among others.

¹ In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and HCTs/UNCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas [here](#).

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	1,100,000,000
CERF	15,000,000
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	76,657,983
Total funding received for the humanitarian response (by source above)	91,657,983

Table 2: CERF Emergency Funding by Project and Sector/Cluster (US\$)

Agency	Project Code	Sector/Cluster	Amount
UNICEF	22-RR-CEF-035	Nutrition	2,550,000
UNICEF	22-RR-CEF-035	Water, Sanitation and Hygiene	1,900,000
UNICEF	22-RR-CEF-035	Health	550,000
WFP	22-RR-WFP-031	Food Security - Food Assistance	10,000,000
Total			15,000,000

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)

Total funds implemented directly by UN agencies including procurement of relief goods	US\$ 13,152,005
Funds sub-granted to government partners*	US\$ 1,025,594
Funds sub-granted to international NGO partners*	US\$ 670,539
Funds sub-granted to national NGO partners*	US\$ 151,862
Funds sub-granted to Red Cross/Red Crescent partners*	US\$ 0
Total funds transferred to implementing partners (IP)*	US\$ 1,847,995
Total	15,000,000

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

Some 4.1 million people are projected to face crisis-level food insecurity (IPC level 3 and above) going into the upcoming lean season in north-east Nigeria. In addition, some 1.7 million children are projected to be acutely malnourished, including 300,000 severely so. Food insecurity in north-east Nigeria is a result of insecurity, with farmers unable to access fields. Host communities and displaced people have few, if any, economic opportunities as a result of conflict, and incomes have been depressed by the Covid-19 pandemic. The cost of the survival minimum expenditure basket has increased by 50% in the last two years and has severely impacted people's ability to procure food. It is expected to be further exacerbated by the crisis in Ukraine.

Operational Use of the CERF Allocation and Results:

In response, the Emergency Relief Coordinator on 13 April allocated \$15 million from CERF's rapid response window for life-saving humanitarian action. The funding will support food assistance, nutrition, health and water, sanitation and hygiene (WASH) activities and will focus on the worst affected areas (IPC 3 and above) in the Adamawa, Borno and Yobe states. This funding will enable UN agencies and partners to provide life-saving assistance to 638,708 people, including 234,298 women, 105,373 men, 299,037 children, and 20,572 people with disabilities in the Food Security, Health, Nutrition and WASH sectors.

People Directly Reached:

The allocation reached 688,665 beneficiaries including 248,570 women, 120,715 men, 170,420 girls and 148,960 boys. Sector activities were implemented by only one partner which significantly reduced the possibility of overcounting. More beneficiaries were reached due to influx of returnees in some of the locations targeted. Overall, 136,611 people (71,037 women and 65,574 men; 4,098 people with disabilities) were reached through emergency health actions in the local government areas (LGAs) of Damboa and Bama (Borno state), Damaturu (Yobe state) and Furore (Adamawa state). The nutrition response, in partnership with state agencies and non-governmental organizations (NGOs)², reached up to 205,449 people (156,971 women and girls and 48,478 men and boys; 10,633 people with disabilities) in internally displaced persons (IDP) camps and host communities in target LGAs.³ WASH services reached 261,466 people, including 57,649 women, 50,029 men, 82,506 girls and 71,282 boys. Through the RRM in Borno state, 257 children aged 6 - 59 months with SAM were treated in Rann, the headquarters of Kala/Balge LGA, and 133 children with SAM in Soye district, Bama LGA. Similarly, the Water Supply and Sanitation Initiative (WASSI) treated 405 children aged 6 - 59 months for SAM in Bama LGA, distributed WASH dignity kits to 4,950 people and provided access to safe water to 3,200 people. WFP and its partners provided monthly food assistance – using cash-based transfer mechanisms – to 85,139 beneficiaries, including 60 percent vulnerable women and girls as shown in the below table.

²Nutrition partners : The Alliance for International Medical Action (ALIMA), Mon Club International and the Water Supply and Sanitation Initiative (WASSI).

³ Borno: Bama, Dikwa, Damboa, Mafa, Monguno, Kala Balge/Rann, Ngala, Gubio, Nganzai, Magumeri. Adamawa: Furore, Madagali, Maiha, Mubi. Yobe: Damaturu, Potiskum, Karasuwa, Yusufari. Cash component to partners were implemented in the Maiduguri Metropolitan Council, Bama and Rann, in Borno, and Karasuwa in Yobe.

People Indirectly Reached:

UNICEF's health response indirectly benefited approximately **250,000 people** through health education and behavioural change interventions designed to increase uptake of services and improve health seeking behaviour. Health workers in health facilities and community-based support personnel were also indirectly impacted by this programme. Nutrition activities indirectly reached around **90,000 men and 200,000 adolescent girls**. Men in targeted households benefited from these interventions through skills and knowledge diffusion from women and caregivers who received counselling and community awareness. Finally, WASH actions reached indirectly more than **120,000 people** in hygiene promotion activities through public address system vehicles and house-to-house campaigns during the cholera response in Borno and Yobe states.

Beneficiaries assisted under the food security sector in the five LGAs of Borno state were located in IDP camps and those assisted in the three LGAs in Yobe state resided among food insecure host communities. This CERF grant reactivated local economies/livelihoods for IDPs and host communities there by having a positive effect on communities who were indirect beneficiaries.

Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster*

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Food Security - Food Assistance	30,224	13,197	20,603	21,115	85,139	30,224	13,197	20,603	21,115	85,139
Health	52,000	48,000	13,000	12,000	125,000	56,830	52,459	14,207	13,115	136,611
Nutrition	100,000	0	53,075	43,425	196,500	103,867	5,030	53,104	43,448	205,449
Water, Sanitation and Hygiene	52,073	44,177	72,872	62,944	232,066	57,649	50,029	82,506	71,282	261,466

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Table 5: Total Number of People Directly Assisted with CERF Funding by Category*

Category	Planned	Reached
Refugees	0	0
Returnees	4,257	4,257
Internally displaced people	370,816	357,726
Host communities	263,632	326,682
Other affected people	0	0
Total	638,705	688,665

Table 6: Total Number of People Directly Assisted with CERF Funding*

Sex & Age	Table 6: Total Number of People Directly Assisted with CERF Funding*		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached
Women	234,298	248,570	3,949	4,578
Men	105,373	120,715	2,618	2,963
Girls	159,554	170,420	7,641	8,007
Boys	139,483	148,960	6,364	6,735
Total	638,708	688,665	20,572	22,283

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 22-RR-CEF-035

1. Project Information			
Agency:	UNICEF	Country:	Nigeria
Sector/cluster:	Nutrition	CERF project code:	22-RR-CEF-035
	Water, Sanitation and Hygiene Health		
Project title:	Multisectoral Rapid Response to the people affected by the lean season		
Start date:	24/05/2022	End date:	23/11/2022
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 110,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 5,000,000
	Total CERF funds sub-granted to implementing partners:		US\$ 1,482,724
	Government Partners		US\$ 1,025,594
	International NGOs		US\$ 317,636
National NGOs		US\$ 139,494	
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

CERF'S contribution supported UNICEF and its strategic partners to deliver a multisectoral response during the lean season in the states of Borno, Adamawa and Yobe (BAY), including rapid response mechanism (RRM) interventions in hard-to-reach (H2R) areas. UNICEF, through the Borno and Yobe State Primary Health Care Development Agencies (SPHCDA), reached 136,611 people with outpatient department (OPD) services, including the treatment of minor ailments and management of childhood diseases. UNICEF also supported the delivery of 64,448 antenatal care (ANC) consultations and trained 69 health workers on the integrated management of newborn and childhood illnesses (IMNCI). Overall, **136,611 people (71,037 women and 65,574 men; 4,098 people with disabilities)** were reached through emergency health actions in the local government areas (LGAs) of Damboa and Bama (Borno state), Damaturu (Yobe state) and Furore (Adamawa state).

UNICEF nutrition response, in partnership with state agencies and non-governmental organizations (NGOs)⁴, reached up to **205,449 people (156,971 women and girls and 48,478 men and boys; 10,633 people with disabilities)** in internally displaced persons (IDP) camps and host communities in target LGAs.⁵ To tackle malnutrition, UNICEF-supported community nutrition mobilizers (CMN) identified and referred cases of children under five suffering from severe acute malnutrition (SAM) to the nearest outpatient therapeutic feeding programme, through biweekly community screenings. In total, 16,552 cases of SAM (9,104 girls and 7,448 boys) were admitted into nutrition service delivery sites for treatment and management of SAM with and without medical complications. A total of 101,591 people (96,561 women and 5,030 men) received infant and young child feeding (IYCF) counselling. In July 2022, Nutrition Sector partners supported the implementation of the first round of the Maternal Newborn and Child Health Week (MNCHW) campaign. With CERF's contribution, UNICEF provided 83,098 children aged 6-59 months with vitamin A supplements and 39,149 children received micronutrient powders during the programme.

Lastly, UNICEF and implementing partners benefited **261,466 people (including 57,649 women, 50,029 men, 82,506 girls and 71,282 boys)** with WASH services. A total of 42,240 people accessed safe water through the construction, reparation and rehabilitation of 12 boreholes as well as through operation and maintenance of water supplies and hand pumps in nine LGAs.⁶ Concerning safe sanitation activities, 385 emergency toilets and bath shelters in camps and host communities were constructed and/or rehabilitated, reaching 7,700 people in Dikwa and Bama LGAs (Borno) and Karasuwa LGA (Yobe) In addition, a total of 151,889 people (29,062 men and 33,489 women, 41,409 boys and 47,929 girls) benefited from sustained desludging and repairs of 1,493 emergency latrines in 18 IDP camps in Bama and Dikwa LGAs, and 6,130 WASH/cholera kits were distributed to 3,150 households. Finally, thanks to the collaboration with the Social and Behaviour Change (SBC) team, 261,466 people received hygiene promotion messages in all the targeted LGAs.

Concerning the RRM, in Borno state, Mon Club International provided treatment to 257 children aged 6 - 59 month with SAM in Rann, the headquarters of Kala/Balge LGA, and 133 children with SAM in Soye district, Bama LGA. Similarly, the Water Supply and Sanitation Initiative (WASSI) treated 405 children aged 6 - 59 months for SAM in Bama LGA, distributed WASH dignity kits to 4,950 people and provided access to safe water to 3,200 people.

3. Changes and Amendments

Changes in the BAY states context required slight variations in UNICEF's and implementing partners humanitarian programme to quickly respond to people's most urgent needs. In Borno, the nutrition response supported The Alliance for International Medical Action (ALIMA) Stabilization Centre in Maiduguri Metropolitan City (MMC) to rapidly address the increasing number of SAM cases with medical complications during the 2022 lean season. Additionally, UNICEF initially targeted pregnant and lactating women (PLW) for iron and folic acid supplementation (IFAS), however due to issues with the Nigerian National Agency for Food and Drug Administration and Control (NAFDAC) offshore procurement approval, UNICEF decided to focus on vitamin A supplementation to children aged 6 – 59 months, while advocating the state governments to procure and distribute IFAS.

The change in context also reflected on the RRM responses. After the Dalori II IDP camp closure in August 2022, around 1,700 households were forcibly relocated by the Borno State Government (BSG) to Soye district in Bama LGA. The living and security conditions in Soye, including access to basic services and livelihood opportunities, were far from conducive. The influx of returned IDPs in Soye, where structures and services were barely inexistent, resulted in high needs of food assistance, WASH, health and nutrition services. Some returned IDPs chose to move or commute to Bama camp for assistance and basic services, despite the camp already being extremely congested and response capacities overstretched. Soye is in an area that remained extremely hard to reach for international humanitarian partners as well as for most national NGO partners, leaving the needs for nutrition unaddressed.

⁴Nutrition partners : The Alliance for International Medical Action (ALIMA), Mon Club International and the Water Supply and Sanitation Initiative (WASSI).

⁵ Borno: Bama, Dikwa, Damboa, Mafa, Monguno, Kala Balge/Rann, Ngala, Gubio, Nganzai, Magumeri. Adamawa: Fufore, Madagali, Maiha, Mubi. Yobe: Damaturu, Potiskum, Karasuwa, Yusufari. Cash component to partners were implemented in the Maiduguri Metropolitan Council, Bama and Rann, in Borno, and Karasuwa in Yobe.

⁶ Borno: Bama, Mafa and Dikwa ; Adamawa: Maiha; Yobe: Potiskum and Karasuwa.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	39,000	36,000	9,750	9,000	93,750	25,809	23,825	6,453	5,956	62,043
Host communities	13,000	12,000	3,250	3,000	31,250	31,021	28,634	7,754	7,159	74,568
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	52,000	48,000	13,000	12,000	125,000	56,830	52,459	14,207	13,115	136,611

People with disabilities (PwD) out of the total

	1,560	1,440	390	360	3,750	1,705	1,574	426	393	4,098
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Sector/cluster	Nutrition									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	21,000	0	11,146	9,119	41,265	23,000	1,201	11,171	9,140	44,512
Host communities	79,000	0	41,929	34,306	155,235	80,867	3,829	41,933	34,308	160,937
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	100,000	0	53,075	43,425	196,500	103,867	5,030	53,104	43,448	205,449

People with disabilities (PwD) out of the total

	1,000	0	5,308	4,325	10,633	1000	0	5,308	4,325	10,633
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* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Sector/cluster	Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	42,595	36,136	59,608	51,487	189,826	46,044	39,062	64,434	55,656	205,196
Host communities	9,478	8,041	13,264	11,457	42,240	11,605	10,967	18,072	15,626	56,270
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	52,073	44,177	72,872	62,944	232,066	57,649	50,029	82,506	71,282	261,466
People with disabilities (PwD) out of the total										
	1,389	1,178	1,943	1,679	6,189	1,389	1,178	1,943	1,679	6,189

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

UNICEF's health response indirectly benefited approximately **250,000 people** through health education and behavioural change interventions designed to increase uptake of services and improve health seeking behaviour. Health workers in health facilities and community-based support personnel were also indirectly impacted by this programme. Nutrition activities indirectly reached around **90,000 men and 200,000 adolescent girls**. Men in targeted households benefited from these interventions through skills and knowledge diffusion from women and caregivers who received counselling and community awareness. Finally, WASH actions reached indirectly more than **120,000 people** in hygiene promotion activities through public address system vehicles and house-to-house campaigns during the cholera response in Borno and Yobe states.

6. CERF Results Framework

Project objective	The project aims at providing integrated life-saving Nutrition, WASH and Health humanitarian interventions to reduce morbidity and mortality among women and children during the lean season and address its consequences on food insecurity.			
Output 1	Children and women affected by the lean season, have increased access to quality services to prevent and treat malnutrition.			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	N.3a Number of people admitted to SAM treatment program (therapeutic feeding)	16,500	16,552	Nutrition programme reports and community-based management of acute malnutrition (CMAM) monthly 5Ws
Indicator 1.2	N.5 Number of people receiving vitamins and/micronutrients	80,000	83,098	MNCHW programme data
Indicator 1.3	N.6 Number of people receiving training and/or community awareness on maternal and young child feeding in emergencies	100,000	100,519	Monthly 5Ws
Explanation of output and indicators variance:		<p>UNICEF partnered with the NGOs Mon Club International, WASSI and ALIMA, as well as with the Borno and Yobe state governments to achieve the nutrition results. However, some of the variances presented throughout the project are explained below:</p> <p>Indicator 1.1: One carton of ready-to-use therapeutic food (RUTF) per child was forecasted to be used for SAM treatment, but in practice less than one carton was used per child. The excess was used to reach an additional 52 children in the target locations, giving a total of 16,552 children reached.</p> <p>Indicator 1.2: UNICEF initially planned on supplying pregnant women with iron and folic acid (IFA), however the NAFDAC did not approve offshore procurement. Hence, UNICEF advocated the Nigerian government to procure 16,186 PACs (100 tablets x PAC) of IFA, which were distributed to 1,618,600 pregnant women. UNICEF prioritized children for vitamin A supplementation, reaching 83,098.</p>		

	Indicator 1.3: The project targeted 100,000 beneficiaries and achieved 519 more, due to the addition of counselling data conducted by CNMs in the communities. The reports included both skilled counselling in the community and in health facilities.
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Activities	Description	Implemented by
Activity 1.1	Procurement of supplies and provision of treatment for severely malnourished children 6-59 months through health facilities (also via RRM)	State Primary Health Care Development Agencies (SPHCDA) in Borno, Adamawa and Yobe and NGO partners Mon Club International, WASSI and ALIMA
Activity 1.2	Provision of Micronutrients powder for homebased food fortifications for children 6-23 months	SPHCDA and NGO partners Mon Club International, WASSI and ALIMA, in Borno, Adamawa and Yobe
Activity 1.3	Counselling on pregnant and lactation mothers at communities and facilities on appropriate MIYCN practices (also via RRM)	SPHCDA and NGO partners Mon Club International, WASSI and ALIMA

Output 2 232,066 IDPs and returnees and host community members have access to safe WASH services through provision of safe water, safe sanitation facilities, hygiene messages.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard	42,240	42,840	Borehole completion, WASH sector report hub data and supervision report
Indicator 2.2	Number of people who report using a safe, dignified and functional sanitation facility with functional handwashing facility	189,826	191,026	Activity completion report
Indicator 2.3	Number of people receiving critical WASH supplies	31,620	31,620	PDM (Post Distribution Monitoring) reports
Indicator 2.4	Number of people receiving WASH/hygiene messaging	232,066	261,466	Activity completion report, WASH sector report hub data

Explanation of output and indicators variance: Some of the variations reported during the programme are:

Due to the influx of IDPs into Bama LGA (Borno), 600 more people had access to safe water thanks to the construction and rehabilitation of water facilities by RUWASSA. The increase in the number of IDPs and the flooding increased the demand for safe latrines and thus the need for desludging. Also, due to the nature of WASH and hygiene promotion messaging systems, more people were benefitted using public address system vehicles.

Activities	Description	Implemented by
Activity 2.1	Drilling and installation of 6 motorized boreholes (solar), Operation and maintenance of 6 water systems (boreholes) including water trucking to IDP Camps (also via RRM). Trucking of water, maintenance/repair and	Borno and Adamawa states Rural Water Supply and Sanitation Agency (RUWASSA), UNICEF long term agreement (LTA) partners, and RRM partners Mon Club International, WASSI and Goal Prime

	replacement of Water System parts (including Handpumps, Solar Systems, Generator Systems, and Electrical parts of Handpump repaired/replaced (also via RRM).	
Activity 2.2	Construction of 280 emergency toilets, 100 bath shelters in IDP Camps and de-sludging of 2,372 latrines (also via RRM).	Borno state RUWASSA and RRM partners Mon Club International, WASSI and Goal Prime
Activity 2.3	Distribution of 6,130 WASH and Dignity kits, Stock-pile WASH NFIs, for the Sector Pipeline, Post Distribution Monitoring, Hygiene Promotion Volunteers Kits distribution, Cholera Kits Distribution (also via RRM).	Borno state RUWASSA and RRM partners Mon Club International, WASSI and Goal Prime
Activity 2.4	Carry out social mobilization and behaviour change campaigns, House to house hygiene promotion, training of hygiene promotion volunteers, Monitoring of Hygiene Promotion Activities (also via RRM).	Borno state RUWASSA and RRM partners Mon Club International, WASSI and Goal Prime

Output 3	Improved access to complementary emergency primary health care service delivery through vaccination of severe malnourished children, treatment and prevention of Malaria through ACT, antibiotics			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	H.8 Number of primary healthcare consultations provided	125,000	136,611	District Health Information Software 2 (DHIS2)
Indicator 3.2	H.7 Number of functional health facilities supported	8	8	DHIS2
Indicator 3.3	H.4 Number of people vaccinated (Measles)	4,104	5,325	DHIS2/Programme data
Indicator 3.4	Number of pregnant women receiving ANC services	52,000	64,448	DHIS2
Explanation of output and indicators variance:	<p>Indicator 3.1: A total of 136,611 people in IDP camps and host communities gained access to primary health care (PHC) services, including consultations for minor ailments and measles vaccination, enabled through partnership with the SPHCDA's in the BAY states. The response was performed through health facilities based in IDP camps and host communities, as well as through mobile outreach missions to communities without clinics. More numbers were reported in host communities than the IDP camps as many IDPs dispersed to the host communities after the closure of camps by the Borno state government.</p> <p>The variances reported in the indicators are explained here:</p> <p>Indicator 3.2: UNICEF supported eight health facilities in four LGAs across the BAY states (three in Borno, three in Yobe and two in Adamawa) with essential medical supplies, medications and consumables.</p> <p>Indicator 3.3: A total of 5,325 children aged 6 – 59 months were vaccinated against measles in target locations. An additional 1,221 people could be</p>			

		reached due to improved access, thanks to the mobile vaccination teams in Borno state. Indicator 3.4: Through this support, a total of 64,448 pregnant women received ANC services in the supported health facilities in the four LGAs in the BAY states. More people were reached than anticipated through mobile health outreach sessions in the states of Borno and Adamawa.
Activities	Description	Implemented by
Activity 3.1	Provision of Integrated PHC services including support for referral services to secondary health facilities at supported PHCCs and H2R sites	State Primary Health Care Development Agencies (SPHCDA) in Borno, Adamawa and Yobe
Activity 3.2	Procurement and distribution of essential medicines and other medical supplies (Primary health care medicines, etc)	UNICEF/ SPHCDA – Borno, Adamawa and Yobe
Activity 3.3	Supportive Supervision and Joint Project Monitoring Visits	UNICEF/ SPHCDA – Borno, Adamawa and Yobe
Activity 3.4	Capacity building of 74 Health care workers on IMNCI	UNICEF/ SPHCDA – Borno, Adamawa and Yobe

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁷ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁸:

UNICEF ensures the involvement of affected populations by integrating gender, age and disability lenses; the social relations between the host communities, IDPs and other settlements were factored in as well. To ensure the support is going to the most vulnerable, UNICEF, together with government ministries and community leaders, defined the target population based on nutrition, WASH and health sectors' needs assessments. PHC activities were conducted in close collaboration with community members and leaders, particularly in IDP camps. UNICEF and partners held meetings and supervision visits before and during the activities implementation to understand the quality, availability and access to health services, allowing for service improvement. Religious and community leaders were informed about the support and services offered free of charge at the camp clinics. For the nutrition response, the team identified bottlenecks through third-party facilitators and nutrition focal points based in target LGAs. At the community level, Lead Mothers from the 'Mother to Mother' support groups managed the suggestion boxes and communicated issues to the focal points, who then reported to the SPHCDA and/or UNICEF field office.

b. AAP Feedback and Complaint Mechanisms:

⁷ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁸ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

UNICEF and partners applied existing confidential platforms for complaint reporting, feedback and risk mitigation, including the U-Report chatbot, a hotline number and suggestion boxes with the NGOs and state agencies offices. The U-Report is always available online. For the health interventions, feedback and complaints were collected during supervision visits to health facilities. Other forms of feedback were drawn from the third-party facilitators, health facility workers, and hygiene promoters. For nutrition interventions, LGA nutrition focal points gathered information from community leaders and Lead Mothers from the 'Mother to Mother' support groups, then communicated the feedback and complaints to the SPHCDA for adequate follow up. Similarly, LGA and state facilitators monitored WASH interventions and provided feedback through engagement with the people. Other means of getting feedback was through the human-interest stories told by beneficiaries.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

UNICEF has a PSEA toolkit comprising of different actions, including complaint boxes in every facility and a toll-free hotline, to ensure the protection and safety of children, women and other vulnerable populations. As per this mechanism, all implementing partners (IPs) must undergo a sexual exploitation and abuse (SEA) risk assessment, take an e-course and sign a commitment to prevent SEA, before the commencement of the partnership. Partners assessed as high or moderate risk take a PSEA training, develop an assurance plan and receive further monitoring prior to a second assessment. During the implementation part, IPs, community members and leaders are advised on the different feedback and complaint mechanisms, including the reporting procedures. There are also SEA leaflets and brochures located at health clinics, stabilization centres and other facilities where IPs conduct activities. Moreover, health facility managers, health workers and LGA nutrition facilitators receive constant training to handle and report complaints with high levels of confidentiality.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The [UNICEF Gender Action Plan 2022-2025](#) sets guidelines that all country and field offices must follow to address gender inequalities and transformative change. By these guidelines, UNICEF ensured the integration and participation of women and girls, including adolescents, and guaranteed that services were designed to prevent harm. In the same way, gender awareness raising was an integral part of the programme, involving gender-based violence (GBV) and reporting channels. Health and nutrition interventions put women and girls at the centre of the response and focused on services mostly accessed by women and children, such as ANC consultations, nutrition counselling and 'Mother to Mother' support groups. In addition, most of the health workers were female, specifically the midwives providing ANC services in the supported health facilities. Furthermore, the nutrition team addressed gender inequalities in communications, distribution points, access and delivery. WASH facilities, such as bath shelters and latrines, were gender segregated and located close to the IDP camps and settlements to reduce threats. Engagement of volunteers within camp settings considered both gender and youth aspects. As part of the RRM response, dignity kits that include menstrual hygiene items, were procured and distributed in locations impacted by flash floods, including Soye district in Bama LGA (Borno).

e. People with disabilities (PwD):

UNICEF ensured the inclusion of people with disabilities (PwD) in the programme planning and implementation period, and adequate measures were integrated. Health workers received training and sensitization on disability issues to provide equitable and inclusive services and prioritized patients with disabilities, the elderly and young children during triaging. The mobile outreach health missions allowed PwD or those with mobility issues to access basic PHC services in communities without health facilities or clinics. A total of 4,098 PwD (2,131 women and 1,967 men) benefited from health services. The nutrition programme gave priority to PwD, particularly girls, during active case finding and access to nutrition services. A total of 10,633 PwD benefited from the nutrition response, including 1,000 women, 5,308 girls and 4,325 boys. Lastly, sanitation and water facilities were designed with inclusive models considering children, the elderly and people with mobility constraints, and constructed near residential units for easy access. A total of 6,189 PwD benefited from the WASH response activities.

f. Protection:

The integrated response was guided by the humanitarian protection principles, ensuring that beneficiaries were protected from harm avoiding unintended negative effects (do no harm) arising from the programme. The activities were delivered according to the needs, rights and safety of the people while incorporating the participation, capacities and knowledge of the local communities. Health workers were sensitized on protection issues, including child protection and GBV, and reporting channels. These matters were further reinforced during supportive supervisions. Implementing partners were also trained on GBV and each partner had reporting and referral pathways for GBV victims. As for WASH, as mentioned before, emergency latrines, bath shelters and water points were constructed close to the communities and camps for privacy reasons and to minimize the risk to women, children and PwD, particularly at night. Implementing partners developed PSEA implementation and reporting plans, as per UNICEF's PSEA guidelines.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)**Use of Cash and Voucher Assistance (CVA)?**

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Due to the nature of the programme, cash and voucher assistance was not used during the implementation period and in-kind transfers were considered a better alternative. In-kind transfers of WASH, cholera and dignity kits were supplied to the affected populations.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A				

9. Visibility of CERF-funded Activities

Title	Weblink
A cholera survivor turns sanitation champion in Yobe	https://www.unicef.org/nigeria/stories/cholera-survivor-turns-sanitation-champion-yobe
#ForEveryChild, good hygiene!	https://twitter.com/UNICEF_Nigeria/status/1587478590286958592
Children in Ngurosoye, a community in northeast Nigeria, fetch water from a newly rehabilitated handpump borehole.	https://twitter.com/UNICEF_Nigeria/status/1586693217722007552

3.2 Project Report 22-RR-WFP-031

1. Project Information

Agency:	WFP	Country:	Nigeria
Sector/cluster:	Food Security - Food Assistance	CERF project code:	22-RR-WFP-031
Project title:	Food assistance to the most vulnerable conflict affected people in the northeast Nigeria		
Start date:	23/05/2022	End date:	22/11/2022
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 405,106,435
	Total funding received for agency's sector response to current emergency:	US\$ 76,657,983
	Amount received from CERF:	US\$ 10,000,000
	Total CERF funds sub-granted to implementing partners:	US\$ 365,271
	Government Partners	US\$ 0
	International NGOs	US\$ 352,905.16
	National NGOs	US\$ 12,368.32
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

From July to November 2022, through the CERF Grant, WFP and its partners provided monthly food assistance – using cash-based transfer mechanisms – to 85,139 beneficiaries, including 60 percent vulnerable women and girls as shown in the below table.

Month	Beneficiaries/assisted using CBT modality			Total Amount (USD)
	E-Voucher	Prepaid cards	Total	
July	85,139	-	85,139	1,953,545.46
August	85,139	-	85,139	1,109,110.79
September	68,419	16,720	85,139	2,813,664.80
October	68,412	16,727	85,139	1,977,038.76
November	-	16,727	16,727	204,740.28
Total				8,058,100.09

Beneficiaries assisted in the five LGAs of Borno state were located in IDP camps (Damboa, Bama, Dikwa, Ngala and Monguno camps) whilst those assisted in the three LGAs on Yobe state (Yusufari, Fune and Damaturu) resided among food insecure host communities.

3. Changes and Amendments

Scarcity of funding and worsening food-insecurity at the beginning of the year was challenging. The March 2022 Cadre Harmonisé (CH) analysis projections for the lean season showed a 61 percent increase in the number of people in need of humanitarian assistance compared to 1.8 million at the start of year. The Federal Ministry of Agriculture, with support from WFP, the food security sector and the Humanitarian Country Team, highlighted the March 2022 Cadre Harmonise findings with donor partners, providing evidence of the deterioration of food and nutrition security in northeast and northwest Nigeria.

The CERF Grant was made at the peak of the lean season when more resources were needed to meet the critical needs of the vulnerable population. Beneficiaries in the selected LGAs were vulnerable (IPC/CH Phase 3 and 4) and qualified to receive CERF funding. WFP therefore adequately used the CERF funding, without any deviations from the project implementation plans.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Food Assistance									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	1,511	660	1,030	1,056	4,257	1,511	660	1,030	1,056	4,257
Internally displaced people	16,321	7,126	11,126	11,402	45,975	16,321	7,126	11,126	11,402	45,975
Host communities	12,392	5,411	8,447	8,657	34,907	12,392	5,411	8,447	8,657	34,907
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	30,224	13,197	20,603	21,115	85,139	30,224	13,197	20,603	21,115	85,139
People with disabilities (PWD) out of the total										
	484	211	330	338	1,363	484	211	330	338	1,363

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

N/A

6. CERF Results Framework

Project objective	IDPs, returnees, refugees and local communities affected by crisis in Nigeria are able to meet their basic foods and nutrition needs during an in the aftermath of shocks.			
Output 1	Food-insecure IDPs, returnees, refugees and local communities affected by crises receive food assistance that meets their basic food and nutrition needs.			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Food Security - Food Assistance			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Cash.2a Number of people receiving sector-specific unconditional cash transfers	26,592	16,720	WFP SCOPE
Indicator 1.2	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	2,513,001	620,980.22	WFP SCOPE
Indicator 1.3	Cash.4a Number of people receiving unconditional vouchers	58,547	85,139	WFP SCOPE
Indicator 1.4	Cash.4b Total value of unconditional vouchers distributed in USD	5,532,692	7,437,119.87	WFP SCOPE
Explanation of output and indicators variance:		0%		
Activities	Description	Implemented by		
Activity 1.1	Provide unconditional food assistance and income-generating activities to food-insecure IDPs, returnees, refugees and host communities affected by crises	WFP's implementing partners: COOPI, CARE, INTERSOS and JDPH		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁹ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹⁰:

⁹ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹⁰ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

WFP continued to engage with communities to ensure that assistance is tailored to the diverse needs and protection risks faced by women, men, girls and boys, and people with and without disabilities. Regular community consultations through focus groups discussions were conducted to collect the views of the affected populations regarding WFP assistance and its effectiveness. This also included consultations on the transfer modality and community preferences that informed the decision on the type of transfer modality and delivery mechanism. Key sensitization messages were developed and shared with community members regarding beneficiary selection criteria, duration of assistance, beneficiary entitlements, any changes or deviations in beneficiary entitlements, delays in provision of assistance, shift in transfer modalities as well as shifts from flat rate to per-capita approaches. The October food security outcome monitoring (FSOM) results reveal an increase in beneficiary information about the programme and the duration of assistance, compared to the same period of the previous year.

b. AAP Feedback and Complaint Mechanisms:

To further strengthen protection and AAP efforts, all WFP distribution and cash redemption points were equipped with help desks to facilitate and encourage community feedback. The help desk was complemented by other alternate community feedback mechanisms, including field monitoring by WFP staff and third-party organisations, service desk mailboxes and a toll-free line (1333), which was relaunched in July 2022. The toll-free lines received almost 5,000 calls for feedback and complaints from its relaunch to the end of the year. Most complaints and feedback from beneficiaries were received through the helpdesk at distribution sites and the hotlines. Other FSOM results indicate that while 11 percent of beneficiaries reported filing complaints, 54 percent said they received a response from WFP or its partner, and 86 percent of beneficiaries who complained were satisfied with the way their feedback was handled. To ensure that complaints are addressed in a timely manner, a technical working group (for M&E/CFM) was established and provides a platform to address and respond to beneficiary complaints in a timely manner.

2022 saw a marked improvement in CFM functionality, with WFP Nigeria upgrading and relaunching its toll-free hotline, which is now accessible to all beneficiaries regardless of their mobile network. The hotline is equipped with an Interactive Voice Response (IVR) system to enable two-way communication and improve the provision of information in all common local languages. WFP reinforced the establishment of mandatory help and feedback desks (over 85 percent coverage) at every final distribution point. In addition, building on local structures and systems for handling complaints and grievances in the community, WFP introduced Complaints Management Committees piloted through the BMZ intervention. To ensure confidentiality and data protection throughout the feedback cycle, WFP adopted the corporate digital solution for managing beneficiary feedback – SugarCRM – as well as strengthened its referral pathways for resolution of sensitive cases.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

WFP Nigeria operates a safe and confidential reporting mechanism that receives all allegations related to sexual exploitation and abuses (SEA). These include Protection SEA (PSEA) focal points at country office, area office and sub office levels. The Senior WFP PSEA focal point is responsible for receiving, recording and escalating SEA concerns, complaints and allegations to the WFP Office of the Inspector General. As part of the PSEA Inter-Agency Network in Nigeria, all other SEA-related complaints can be channelled through a dedicated email address managed by the PSEA Inter-Agency Network coordinator. WFP Nigeria conducts a due diligence exercise for each partner, which includes a PSEA component.

WFP continued to mainstream PSEA in its programme design implementation and human resource processes. Also, WFP organised PSEA training sessions to sensitize WFP and cooperating partner staff, service providers, retailers, transporters, third-party monitors and vendors. The training reached 768 participants (48 percent women).

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Women, particularly women-headed households are prioritized for WFP assistance due to their high vulnerability. Similar priorities were given to CERF RR funded beneficiaries. WFP ensured that pregnant women, nursing mothers, people with disabilities, elderly women and unaccompanied minors were prioritized at the distribution sites. Distribution points were selected considering safety and easy access of all beneficiaries, particularly women. WFP also conducted a series of gender awareness training session for vendors and retailers.

e. People with disabilities (PwD):

Families with persons with disabilities (PwDs) are prioritised in any targeting process due to their proven vulnerability to food insecurity, as seen in all assessments. WFP undertook the necessary measures to ensure that PwDs are represented in community targeting committees and project management committees in all areas of operation. Consultations with PwDs were also part of the efforts to gather the views of PwDs during protection and gender assessments to help understand the specific protection risks and vulnerabilities faced by PwDs, their specific needs and preferences, access requirements for cash-based interventions and general food assistance. Inputs gathered were used to inform decision-making and programming. To ensure meaningful access, WFP and partners ensured that cash distribution sites were selected taking into consideration the specific needs of persons with disabilities. During distributions, priority lanes are always created to help persons with disabilities and the elderly among others.

f. Protection:

WFP conducted protection mainstreaming training for its staff and cooperating partners. The training covered the importance of protection in the implementation of WFP interventions, minimum requirements for mainstreaming protection and AAP, safe distributions as well as identification of key protection risks and mitigation measures in WFP interventions. Through these capacity strengthening activities, WFP and cooperating partners improved conditions at distribution sites through measures that reduced crowds and waiting time, and provided shaded areas, seats and mats for use by cash assistance recipients during distribution and other activities. According to the FSOM results, 97 percent of beneficiaries reported being treated with respect and dignity at WFP activity sites. Ninety-four percent (94 percent) said they had unhindered access to WFP distribution sites, while 96 percent of beneficiaries said they felt safe and found the programme conditions to preserve their dignity (a four percent increase compared to 2021).

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is the sole intervention in the CERF project	Yes, CVA is the sole intervention in the CERF project	85,139

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Commodity Vouchers	68,419	US\$ 7,437,119.87	Food Security - Food Assistance	Restricted
Prepaid cards	16,727	US\$ 620,980.22	Food Security - Food Assistance	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Implementing Partner Type	Funds Transferred in USD
22-RR-CEF-035	Health	UNICEF	GOV	\$154,746.00
22-RR-CEF-035	Health	UNICEF	GOV	\$5,311.00
22-RR-CEF-035	Health	UNICEF	GOV	\$24,640.00
22-RR-CEF-035	Nutrition	UNICEF	GOV	\$383,264.88
22-RR-CEF-035	Nutrition	UNICEF	GOV	\$51,823.44
22-RR-CEF-035	Nutrition	UNICEF	INGO	\$317,636.05
22-RR-CEF-035	Water, Sanitation and Hygiene	UNICEF	NNGO	\$39,891.00
22-RR-CEF-035	Water, Sanitation and Hygiene	UNICEF	NNGO	\$51,243.00
22-RR-CEF-035	Water, Sanitation and Hygiene	UNICEF	NNGO	\$48,360.00
22-RR-CEF-035	Water, Sanitation and Hygiene	UNICEF	GOV	\$288,132.00
22-RR-CEF-035	Water, Sanitation and Hygiene	UNICEF	GOV	\$68,452.00
22-RR-CEF-035	Water, Sanitation and Hygiene	UNICEF	GOV	\$25,697.00
22-RR-CEF-035	Water, Sanitation and Hygiene	UNICEF	GOV	\$23,528.00
22-RR-WFP-031	Food Assistance	WFP	INGO	\$124,546.41
22-RR-WFP-031	Food Assistance	WFP	INGO	\$157,366.00
22-RR-WFP-031	Food Assistance	WFP	INGO	\$70,991.00
22-RR-WFP-031	Food Assistance	WFP	NNGO	\$12,368.00