

**NIGERIA  
RAPID RESPONSE  
FLOOD  
2022**

**22-RR-NGA-56022**

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Resident/Humanitarian Coordinator

## PART I – ALLOCATION OVERVIEW

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### Reporting Process and Consultation Summary:

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

23 August 2023

An After-Action Review took place and was attended by IOM, UNICEF, WFP, UNOCHA and some sector representatives (WASH, CCCM).

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 AAR findings were discussed with the HC but the final consolidated report was not shared with the 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 sectors were involved in the reporting process, including the review of drafts of this report and during the After-Action Review.

## 1. STRATEGIC PRIORITIZATION

### Statement by the Resident/Humanitarian Coordinator:

The CERF allocation surpassed its targets of 407,300 and reached 614,852 beneficiaries including 177,524 women, 153,455 men, 151,588 girls and 132,285 boys. The agencies covered critical needs related to common services, health, protection, WASH and Shelter, needs which would otherwise have gone unaddressed due to limited resources.

IOM played a crucial role in guaranteeing the physical well-being and dignity of the flood-affected populations in Anambra and Kogi states. This was achieved through the provision of emergency shelter solutions and non-food items to 1,950 households (11,666 individuals). Various kits related to hygiene, cholera, sanitation, and replenishment were distributed, benefiting a total of 109,000 individuals, including men, women, boys, and girls. Key hygiene messages were delivered through door-to-door and mass campaigns, aiming to mitigate public health risks. IOM provided 9,396 individuals (2,731 women, 2,250 men, 2,364 girls, 2,051 boys) with community based MHPSS and Protection services. IOM also provided cash assistance to 9,600 people (2,083 women, 1,872 men, 3,005 girls, 2,640 boys). CERF also supported UNICEF to deliver a multisectoral response in response to flooding, including through rapid interventions across several states. UNICEF supported state governments in providing primary health care services to 164,727, provided WASH services to 165,303 and supported 3,381 households with US\$225,104. WFP provided UNHAS services to over 20,000 humanitarian users. The funding supported flood related operations, providing a means of safe travel to key field locations.

The overall impact of the allocation has been positive. In addition to addressing key needs resulting from the rainy season and flooding, the grant ensured there was no break in service provision at a critical time when humanitarian support was required.

### 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 flooding. The allocation supported coordination by three UN agencies in different sectors and different parts of the country and in some cases, was the principal source of funding for the response. The allocation built coordination structures in some southern states and built the residual capacity of service providers and communities in all locations of implementation due to the close collaboration with local actors, NGOs and state and local governments.

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

Yes

Partially

No

The proposal development and disbursement stages were completed quickly and supported a quick start to the project and fast delivery of service. Overall, the CERF funds allowed for fast delivery of assistance to the most flood affected communities.

### Did CERF funds help respond to time-critical needs?

Yes

Partially

No

Critical needs were addressed in a timely manner following the release of the funds. In many states, there were no humanitarian partners responding to flooding and the government response was limited with gaps in coordination. The release of the funds allowed UN agencies to set up mechanisms that allowed for quick, on time response.

### Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

While strong humanitarian coordination exists in the North-east through the sectors and ISCG, most states outside the North East did not have any established coordination mechanisms. The CERF funding allowed UN agencies to establish coordination mechanisms in these states and provide an integrated multi-sectoral response to the flooding. It allowed for joint responses between UN agencies, NGOs and the government, and allowed for joint monitoring which allowed agencies to address problems quickly.

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

Following the release of the CERF funds and interventions in states in the southern part of the country, donors supported response because there was added capacity to respond in those areas.

## Considerations of the ERC's Underfunded Priority Areas<sup>1</sup>:

To effectively reach out to females and males across the affected population, IOM deployed teams and engaged community members that consisted of both male and female members. IOM promoted the significant involvement of all groups, particularly women, girls, and other minority groups, in decision-making processes. To ensure privacy and safety during distributions, women and girls were separated from men, and a dedicated area in the distribution site was set up for sensitization purposes specifically for women (on menstrual hygiene, sensitization on reusable sanitary pads). Furthermore, IOM also collected and analysed sex- and age-disaggregated data for informed programmatic intervention, and to assist programme units in identifying and addressing any GBV-related concerns that may develop or be reported throughout the response, IOM ensured that questions on gender-based violence (GBV) were included in its assessment tool to ascertain different protection concerns because of floods that led to their displacement.

UNICEF's interventions ensured that PwD were actively sought out and given priority access/special consideration in queuing for supplies and prioritized for the Multi-Purpose Cash. The needs of PwD were communicated to communities from the initial consultations and inception meetings. In the beneficiary identification process of the Multi-Purpose Cash activities, the selection criteria focused on the most vulnerable people, including PwD. Also, the elevated borehole platforms and sanitation facilities were provided with steps and ramps to help PwDs to access the WASH facilities. Sanitation facilities also had one compartment fitted with handrails and made bigger for ease of access and use by PwDs.

**Table 1: Allocation Overview (US\$).**

<b>Total amount required for the humanitarian response</b>	<b>93,000,000</b>
CERF	5,493,668
Country-Based Pooled Fund (if applicable)	<b>5,000,000</b>
Other (bilateral/multilateral)	<b>18,180,000</b>
<b>Total funding received for the humanitarian response (by source above)</b>	<b>28,673,668</b>

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

Agency	Project Code	Sector/Cluster	Amount
IOM	22-RR-IOM-031	Shelter and Non-Food Items	747,753
IOM	22-RR-IOM-031	Water, Sanitation and Hygiene	623,128
IOM	22-RR-IOM-031	Camp Coordination and Camp Management	498,502
IOM	22-RR-IOM-031	Early Recovery	373,877
IOM	22-RR-IOM-031	Health	249,250
UNICEF	22-RR-CEF-074	Health	925,000
UNICEF	22-RR-CEF-074	Water, Sanitation and Hygiene	925,000
UNICEF	22-RR-CEF-074	Multi-Purpose Cash	475,000

<sup>1</sup> 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](#).

<b>UNICEF</b>	22-RR-CEF-074	Protection - Child Protection	175,000
<b>WFP</b>	22-RR-WFP-064	Common Services - Humanitarian Air Services	501,158
<b>Total</b>			<b>5,493,668</b>

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

<b>Total funds implemented directly by UN agencies including procurement of relief goods</b>	<b>5,493,668</b>
Funds sub-granted to government partners*	1,337,462
Funds sub-granted to international NGO partners*	0
Funds sub-granted to national NGO partners*	0
Funds sub-granted to Red Cross/Red Crescent partners*	<b>345,539</b>
<b>Total funds transferred to implementing partners (IP)*</b>	<b>1,683,001</b>
<b>Total</b>	<b>5,493,668</b>

\* 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:

In September 2022, Nigeria faced the worst floods in a decade, affecting 2.8 million people in 36 states, displacing 1.3 million and killing at least 600. The floods risk exacerbated the already high food insecurity in the country and significantly increased the risk of waterborne diseases. The government drafted a Flash Appeal and requested international support to scale up humanitarian assistance.

### Operational Use of the CERF Allocation and Results:

In response, on 24 October 2022 the RC/HC for Nigeria requested \$5.5 million from CERF's rapid response window for life-saving humanitarian action. The CERF response aimed to provide humanitarian assistance to 495,000 people in Bayelsa, Anambra, Niger, Benue and Kogi states. The funding enabled UNICEF to activate a multisectoral response including WASH, health, child protection, and multi-purpose cash assistance, and IOM to provide WASH, health, shelter/NFI, camp coordination and early recovery (cash) assistance. A small portion of the CERF allocation supported the UNHAS operations to facilitate the transportation of cargo and humanitarian personnel to hard-to-reach areas. The CERF allocation served as a critical injection of funds while at the same time signalling the need for further support to the donor community. The CERF allocation surpassed its targets of 407,300 and reached 614,852 beneficiaries including 177,524 women, 153,455 men, 151,588 girls and 132,285 boys.

### People Directly Reached:

The CERF allocation surpassed its targets of 407,300 and reached 614,852 beneficiaries including 177,524 women, 153,455 men, 151,588 girls and 132,285 boys. There were various reasons for overachievement of targets including: effective community mobilization and engagement, distributions were rationalized to ensure all affected communities and PHCs received some essential supplies, more kits were procured and distributed because of the fall in the value of the local currency which increased the purchasing power of the dollar, contextual findings that led to key changes (e.g more water facilities were rehabilitated than constructed, and the cost of rehabilitation was less than the cost of construction of new facilities, resulting in higher numbers of people being reached). For this response, agencies worked in different locations across the country and there was no overlap of beneficiaries. This resulted in clearer estimating of numbers reached for the allocation.

### People Indirectly Reached:

For IOM's Mental Health and Psychosocial Support (MHPSS) intervention, members of the existing community structures, such as traditional leaders, community leaders, and youth leaders, were secondary beneficiaries of capacity-building training in key relevant social skills. A total of 72 individuals (44 women, 28 men) who are members of the existing community structures were trained. Key government staff and other staff from partner organizations indirectly benefited from the project through capacity-building training in mainstreaming MHPSS and Protection, reinforcing the referral pathways, and basic psychosocial skills. A total of 95 individuals (54 women, 41 men) were trained. Through community engagement and mobilization activities conducted, community-based MHPSS and Protection services offered to the affected populations, and health outreach (health awareness campaigns and promotions) carried out, members of the direct beneficiaries' families and carers indirectly benefited from the project.

With UNICEF's programming, some 290,800 people in the target regions indirectly benefited from emergency life-saving primary health care services. Also, UNICEF and its partner conducted 1,016 dialogues, which reached 30,480 additional persons indirectly. Approximately 1,200,000 indirect beneficiaries benefited from cleaning, sanitation, and hygiene campaigns, as well as mass media and community risk awareness and behavioural change communications. UNICEF and partners carried out the community led sanitation approach (CLTS), in the framework of which 195,447 persons participated in the triggering sessions. UNICEF and partners conducted 1,200 compound and focal group meetings and reached an additional 23,000 persons indirectly. In collaboration with the social and behavior change section, 84,514 people within 12,500 households (across 50 communities) were reached with localized community engagement, focusing on household interpersonal communication to build knowledge and adoption of key practices for prevention and mitigation of the adverse effects of the flood, including strengthening of GBV-related community-based protection systems. Some 19,578 family members of 3,381 direct beneficiaries were reported as indirect beneficiaries. Furthermore, vendors and small businesspeople benefitted as the distributed cash was spent at local markets and stores.



**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
Camp Coordination and Camp Management	2,947	2,433	3,209	3,611	12,200	2,792	2,365	3,490	3,019	<b>11,666</b>
Common Services	0	0	0	0	0	5,103	15,367	0	0	<b>20,470</b>
Early Recovery	3,411	3,066	4,920	4,323	15,720	3,411	3,066	4,920	4,323	<b>15,720</b>
Health	44,300	36,720	43,110	36,050	160,180	60,291	51,545	38,558	34,842	<b>185,236</b>
Multi-Purpose Cash	2,050	1,450	0	0	3,500	2,358	989	25	9	<b>3,381</b>
Protection - Child Protection	1,800	1,800	2,500	2,500	8,600	5,011	4,089	4,003	4,167	<b>17,270</b>
Shelter and Non-Food Items	2,967	2,647	1,363	1,123	8,100	22,045	19,807	24,037	20,917	<b>86,806</b>
Water, Sanitation and Hygiene	56,790	35,460	57,900	48,850	199,000	46,135	42,943	49,865	42,080	<b>181,023</b>

\* 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	1,470	7,194
Internally displaced people	293,154	20,630
Host communities	112,376	566,425
Other affected people	300	20,603
<b>Total</b>	<b>407,300</b>	<b>614,852</b>

**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	114,265	177,524	4,473	3,361
Men	83,576	153,455	3,869	2,738
Girls	113,002	151,588	4,442	2,280
Boys	96,457	132,285	3,953	2,062
<b>Total</b>	<b>407,300</b>	<b>614,852</b>	<b>16,737</b>	<b>10,441</b>

## PART II – PROJECT OVERVIEW

### 3. PROJECT REPORTS

#### 3.1 Project Report 22-RR-IOM-031

1. Project Information			
<b>Agency:</b>	IOM		<b>Country:</b> Nigeria
<b>Sector/cluster:</b>	Shelter and Non-Food Items		<b>CERF project code:</b> 22-RR-IOM-031
	Water, Sanitation and Hygiene		
	Camp Coordination and Camp Management		
	Early Recovery		
	Health		
<b>Project title:</b>	Enhancing the protection, living conditions, and reducing the vulnerabilities of IDPs and host communities among the flood-affected populations in Nigeria		
<b>Start date:</b>	01/10/2022	<b>End date:</b>	31/03/2023
<b>Project revisions:</b>	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
<b>Funding</b>	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 95,361,570</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 0</b>
	<b>Amount received from CERF:</b>		<b>US\$ 2,492,510</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 0</b>
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

### 2. Project Results Summary/Overall Performance

Through this CERF UFE grant, IOM and its partners conducted flood and damage assessments across 28 states; supported the production of two flood and damage assessment reports for the two assessments conducted by a multi-agency team led by the United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA); facilitated reinforcements and repairs, upgrades, and the creation of drainages/mitigation works across 26 communities; engaged 96 individuals via cash-for-work to facilitate some site improvement activities; provided 40 water pumps; distributed 380 community/sanitation tools; engaged 364 individuals in community consultations; reached 1,950 IDP households through the distribution of 375 emergency shelter kits, 275 shelter repair kits, and 700 improved non-food items (NFIs); distributed water, sanitation, and hygiene (WASH) NFI kits to 109,000 individuals; reached 76,300 individuals with hygiene

promotion messages and Risk Communication and Community Engagement (RCCE); provided access to clean water, safely managed sanitation, and hygiene services and infrastructure to 23,000 individuals; impacted 49,050 individuals through the upgrade and maintenance of water and sanitation facilities; provided cash-based assistance to 9,600 individuals; provided livelihood assets such as livestock, livestock feeds to 600 individuals; provided orientation and capacity building to 120 selected Community Animal Health Workers (CAHW); provided community-based (CB) mental health and psychosocial support (MHPSS) and Protection services to 9,396 individuals; distributed dignity kits to 561 individuals; distributed solar lanterns to 493 individuals; distributed clothing items to 794 individuals; provided mobile aid items, including foldable tables and chairs and stationaries to the Kogi State Ministry of Health, Public Health Emergency Operations Centre (PHEOC), Lokoja, to enhance free medical services; reached 500 individuals with health services; trained 95 volunteers, the government, and partners in basic psychosocial skills, referral mechanism, and mainstreaming MHPSS and Protection Principles into the flood response; trained 72 community members in relevant social skills. All numbers are disaggregated by age and sex in the CERF Results Framework section.

The project enhanced the protection and living conditions and reduced the vulnerabilities of a total of 243,701 (69,945 women, 48,326 men, 67,314 girls, 58,116 boys) flood-affected people across Anambra, Benue, and Kogi states in Nigeria between October 2022 and March 2023.

### **3. Changes and Amendments**

IOM assessed 28 of the proposed 30 flood-affected locations. The other two locations (Adamawa and Yobe states) were assessed by a multi-agency team led by UNOCHA. This led to the under-achievement of indicator 5.5.

Further, the project experienced an amendment based on consultations with the affected population and support from the Anambra State Emergency Management Agency (SEMA) to target a higher number of households for assistance. To achieve this, a solution was devised by splitting the NFI kit items into two and distributing them to more beneficiaries. The original kits had been designed to include multiples of each item. Consequently, when the kits were divided, the households were able to receive a substantial portion of the items initially allocated in the complete kit. This modification allowed for a more efficient distribution of resources and ensured that a larger number of households could benefit from the project. The NFI kit distribution originally targeted 600 households in Anambra State; however, with this amendment, the project was able to reach a total of 1,200 households in the state (this response was coordinated by SEMA, and splitting the kits was based on their recommendation given the high number of beneficiaries in need).

The delays and changes in implementation did not result in any unspent balance.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Camp Coordination and Camp Management									
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	2,947	2,433	3,209	3,611	12,200	2,792	2,365	3,490	3,019	11,666
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>2,947</b>	<b>2,433</b>	<b>3,209</b>	<b>3,611</b>	<b>12,200</b>	<b>2,792</b>	<b>2,365</b>	<b>3,490</b>	<b>3,019</b>	<b>11,666</b>
<b>People with disabilities (PwD) out of the total</b>										
	431	542	403	453	1,829	7	6	4	2	19

  

Sector/cluster	Early Recovery									
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	2,388	2,146	3,444	3,026	11,004	0	0	0	0	0
Host communities	1,023	920	1,476	1,297	4,716	3,411	3,066	4,920	4,323	15,720
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>3,411</b>	<b>3,066</b>	<b>4,920</b>	<b>4,323</b>	<b>15,720</b>	<b>3,411</b>	<b>3,066</b>	<b>4,920</b>	<b>4,323</b>	<b>15,720</b>
<b>People with disabilities (PwD) out of the total</b>										

\* 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.

	478	429	689	605	2,201	224	82	56	62	424
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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	600	370	300	200	1,470	3,226	2,778	772	418	7,194
Internally displaced people	4,000	2,600	1,900	1,050	9,550	2,467	1,951	1,987	1,776	8,181
Host communities	1,200	1,000	860	700	3,760	2,215	2009	498	412	5,134
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>5,800</b>	<b>3,970</b>	<b>3,060</b>	<b>1,950</b>	<b>14,780</b>	<b>7,908</b>	<b>6,738</b>	<b>3,257</b>	<b>2,606</b>	<b>20,509</b>

**People with disabilities (PwD) out of the total**

	400	250	180	200	1,030	446	248	108	70	872
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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	23,653	10,682	22,890	19,075	76,300	228	111	214	185	738
Host communities	10,137	4,578	9,810	8,175	32,700	33,561	16,239	31,396	27,066	108,262
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>33,790</b>	<b>15,260</b>	<b>32,700</b>	<b>27,250</b>	<b>109,000</b>	<b>33,789</b>	<b>16,350</b>	<b>31,610</b>	<b>27,251</b>	<b>109,000</b>

**People with disabilities (PwD) out of the total**

\* 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.

	338	153	327	273	1,091	478	429	689	605	2,201
<b>Sector/cluster</b>	Shelter and Non-Food Items									
<b>Category</b>	<b>Planned</b>					<b>Reached</b>				
	<b>Women</b>	<b>Men</b>	<b>Girls</b>	<b>Boys</b>	<b>Total</b>	<b>Women</b>	<b>Men</b>	<b>Girls</b>	<b>Boys</b>	<b>Total</b>
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	2,967	2,647	1,363	1,123	8,100	0	0	0	0	0
Host communities	0	0	0	0	0	22,045	19,807	24,037	20,917	86,806
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>2,967</b>	<b>2,647</b>	<b>1,363</b>	<b>1,123</b>	<b>8,100</b>	<b>22,045</b>	<b>19,807</b>	<b>24,037</b>	<b>20,917</b>	<b>86,806</b>
<b>People with disabilities (PwD) out of the total</b>										
	6	5	3	2	16	0	0	0	0	0

\* 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

For the Mental Health and Psychosocial Support (MHPSS) sector, members of the existing community structures, such as traditional leaders, community leaders, and youth leaders, were secondary beneficiaries that benefited from capacity-building training in key relevant social skills. A total of 72 individuals (44 women, 28 men) who are members of the existing community structures were trained. Key government staff and other staff from partner organizations indirectly benefited from the project through capacity-building training in mainstreaming MHPSS and Protection, reinforcing the referral pathways, and basic psychosocial skills. A total of 95 individuals (54 women, 41 men) were trained. Through community engagement and mobilization activities conducted, community-based MHPSS and Protection services offered to the affected populations, and health outreach (health awareness campaigns and promotions) carried out, members of the direct beneficiaries' families and carers indirectly benefited from the project.

## 6. CERF Results Framework

<b>Project objective</b>	Strengthening the resilience and reducing vulnerabilities of flood-affected populations in north-east, north-central, and south-east Nigeria				
<b>Output 1</b>	The physical well-being and dignity of displaced population is ensured through the provision of various emergency shelter solutions and non-food items.				
<b>Was the planned output changed through a reprogramming after the application stage?</b>				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Sector/cluster</b>	Shelter and Non-Food Items				
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>	
Indicator 1.1	SN.1b Number of in-kind shelter kits distributed	375	375	Beneficiary registration database; Distribution registration database, Activity Report	
Indicator 1.2	Number of in-kind shelter repair kits distributed	275	275	Beneficiary registration database; Distribution registration database, Activity Report	
Indicator 1.3	SN.2a Number of people receiving in-kind NFI assistance	4,200	7,279 (1,899 women, 1,491 men, 2,157 girls, 1,732 boys)	Beneficiaries' lists; Project reports	
Indicator 1.4	SN.2b Number of in-kind NFI kits distributed	700	700	Beneficiary registration database; Distribution registration database, Activity Report	
Indicator 1.5	SN.1a Number of people receiving in-kind shelter assistance	2,250	4,387 (928 women, 874 men, 1,363 girls, 1,222 boys)	Beneficiaries' lists; Project reports	
<b>Explanation of output and indicators variance:</b>		The variance in the achieved targets for indicator 1.3 is a result of splitting the NFI kits based on the consultations with the community and the stakeholders on the ground. Whereas the number of beneficiaries of the in-kind shelter assistance Indicator 1.5 is higher due to the addition of the 1,745 shelter repair kits (SRKs) beneficiaries, as the proposed target focused only on the emergency shelter kits (ESKs) beneficiaries.			
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>			



Activity 1.1	Undertake shelter and NFI needs assessments	IOM
Activity 1.2	Procurement, transportation and distribution of emergency shelter kits; IOM is will distribute of 375 emergency shelter kits to address the short-term shelter needs of the flood affected people in Anambra and Kogi States.	IOM
Activity 1.3	Procurement, transportation and distribution of shelter repair kits. IOM will provide shelter repair/ rehabilitation assistance, mainly focusing on the repair or replacement of damaged roofs, the fixing of non-structural cracks, the addition of doors and windows and the repair or addition of floors.	IOM
Activity 1.4	Procurement, transportation and distribution of non-food items; IOM will assist the families whose basic household belongings that are critical for survival such as cooking utensils, were lost during the floods by distributing 700 NFI kits.	IOM
Activity 1.5	Conduct post-distribution monitoring	IOM

**Output 2** Affected populations have access to safe water, hygiene and sanitation facilities and services

**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 gaining access to adequate safe water and sanitation facilities and services as per sector's standard through rehabilitation of damaged systems/facilities	49,050	49,050 (15,206 women, 7,357 men, 14,225 girls, 12,262 boys)	WASH beneficiary database
Indicator 2.2	WS.17 Number of people receiving WASH/hygiene messaging	76,300	76,300 (23,653 women, 11,445 men, 22,127 girls, 19,075 boys)	IOM WASH reports
Indicator 2.3	WS.16a Number of people receiving critical WASH supplies (e.g. WASH/hygiene kits)	109,000	109,000 (33,790 women, 16,350 men, 31,610 girls, 27,250 boys)	IOM WASH reports, WASH NFI distribution reports, post distribution monitoring (PDM) reports.
Indicator 2.4	WS.16b Number of WASH/hygiene kits distributed	12,500	12,500	IOM WASH reports, WASH NFI distribution reports, post distribution monitoring (PDM) reports.
Indicator 2.5	WS.6 Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard	23,000	23,000 (7,130 women, 3,450 men, 6,670 girls, 5,750 boys)	IOM WASH reports, IOM CCCM site tracker

<b>Explanation of output and indicators variance:</b>	<p>No variance. The project successfully reached the target locations of Kogi, Anambra, and Benue states without any indicator variance.</p> <p>Various kits related to hygiene, cholera, sanitation, and replenishment were distributed, benefiting a total of 109,000 individuals, including men, women, boys, and girls. Key hygiene messages were delivered through door-to-door and mass campaigns, aiming to mitigate public health risks. Additionally, the grant facilitated the improvement and maintenance of water and sanitation facilities in Anambra and Benue states, positively impacting 49,050 individuals. The project also provided access to clean and safe water for drinking, cooking, and personal hygiene to 23,000 flood-affected individuals, ensuring their dignity.</p> <p>Furthermore, through this sector, IOM directly assisted 738 IDPs (75,562 IDPs less than planned) and 108,262 host community members (75,562 members more than planned) due to the improved circumstances at the time of implementation, where the situation had calmed down and all IDPs residing in the evacuation centres and camps had successfully returned to their respective communities</p>
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Activities	Description	Implemented by
Activity 2.1	Conduct rehabilitation, upgrading and/or maintenance of water systems in Anambra, Kogi, and Benue States	IOM
Activity 2.2	Deployment and training of mobile hygiene promoters to conduct hygiene and cholera awareness and sensitization exercises. Hygiene promoters will consist of males as well as females to ensure representation and consider for the unique needs of the affected population.	IOM
Activity 2.3	Procure, transport, preposition, and distribute WASH NFI items to affected population in the 3 states including but not limited to 2500 hygiene kits, 1500 cholera kits, 10,000 replenishment kits consisting of laundry and bathing soap, 50 sanitation kits to support communities with environmental sanitation and cleaning etc.	IOM

**Output 3** Vulnerable populations have increased access to critical health and MHPSS protection services.

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.9 Number of people provided with mental health and psychosocial support services.	1,200	9,396 (2,731 women, 2,250 men, 2,364 girls, 2,051 boys)	MHPSS Beneficiaries Database, PMT report
Indicator 3.2	Number of beneficiaries receiving health services	500	500 (230 women, 80 men, 108 girls, 82 boys)	PMT report, Field report
Indicator 3.3	Number of persons reached through community engagement	13,080	9,024 (3,870 women, 4,012 men, 594 girls, 548 boys)	MHPSS Beneficiaries Database, PMT report

<b>Explanation of output and indicators variance:</b>	<p>There is a significant variance in Indicator 3.1, the number of people provided with mental health and psychosocial support services, attributed to the fact that the IOM psychosocial mobile team members and community volunteers were able to provide psychosocial services to a greater number of the flood-affected population in the accessible targeted locations. Furthermore, a greater number of the beneficiaries were receptive to the health services, specifically the community health outreach. There is a significant variance in Indicator 3.3, the number of people reached through community engagement and mobilization activities, and this is due to access issues in some locations.</p> <p>In addition, IOM distributed dignity kits to 485 women and 76 girls of reproductive age; distributed solar lanterns to 493 individuals (332 women, 79 men, 82 girls); distributed clothing items to 794 individuals (383 women, 272 men, 130 girls, 9 boys); provided mobile aid items, including foldable tables and chairs and stationaries to the Kogi State Ministry of Health, PHEOC, Lokoja, to enhance free medical services; trained 95 volunteers, the government, and partners (41 women, 54 men) in basic psychosocial skills, referral mechanism, and mainstreaming MHPSS and Protection Principles into the flood response; and trained 72 community members (44 women, 28 men) in relevant social skills.</p>
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Activities	Description	Implemented by
Activity 3.1	Provision of psychosocial support and health service to the affected population including GBV survivors and victims of trafficking (PFA, individual and group lay-counseling), provide material assistance, and facilitate access to mental and emergency health services.	IOM
Activity 3.2	Conduct mobile community-based activities including needs assessment, support group sessions, recreation activities and health outreaches.	IOM
Activity 3.3	Community engagement and facilitate increased access to information on MHPSS, GBV, trafficking and health.	IOM

**Output 4** Flood-affected population have livelihood and food security restored, and improved access to basic community infrastructures.

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

Sector/cluster	Early Recovery			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Cash. 1a Number of people receiving multi-purpose cash	9,000	9,000 (1,953 women, 1,755 men, 2,817 girls, 2,475 boys)	Financial service providers disbursement report
Indicator 4.2	Cash. 1b Total value of multi-purpose cash distributed in USD	112,500	112,500 US\$	Financial service providers disbursement report
Indicator 4.3	Number of people benefitting from livestock restocking assistance	100 households (600 individuals)	600 ( <u>130 women, 117 men, 188 girls, 165 boys</u> )	Distribution report

Indicator 4.4	Cash.2a Number of people receiving sector-specific unconditional cash transfers	600	600 (130 women, 117 men, 188 girls, 165 boys)	Financial service providers disbursement report
Indicator 4.5	Cash.2b Total value of sector-specific unconditional cash distributed in USD	12,500	12,500 US\$	Financial service providers disbursement report
Indicator 4.6	CC.1 Number of implementing partner staff receiving training to support programme implementation	120	120 (26 women, 23 men, 38 girls, 33 boys)	Training Report
Indicator 4.7	FN.3 Number of people receiving in-kind fuel assistance	6,000	6,000 (1,302 women, 1,170 men, 1,878 girls, 1,650 boys)	Distribution Report

**Explanation of output and indicators variance:**

No variance.  
IOM provided cash assistance to 9,600 people (2,083 women, 1,872 men, 3,005 girls, 2,640 boys) using two different delivery mechanisms: direct cash delivery by bank agents and prepaid cards. The distribution of livestock followed the national standard and involved key stakeholders in its implementation. The Fuel-Efficient Stoves and briquettes were distributed to the affected population when access to firewood and other cooking fuel was hard to source and costly.  
All the targets were reached without any variation. Although IOM planned to reach 11,004 IDPs through its early recovery initiatives, none could be reached since the displaced population had returned to their I communities of origin as at the period of implementation. Those returned displaced populations assisted were categorized as host communities.

Activities	Description	Implemented by
Activity 4.1	Provide unconditional cash-based assistance to 1,500 flood-affected households in Anambra and Benue State. A lumpsum amount of 30,000 NGN (5,000 multiplied by six months) will be given to 1,500 affected households each.	IOM by contracting two financial service providers
Activity 4.2	Support flood-affected households in restoring/restocking their loss of livelihood assets (livestock).	IOM, in close coordination with the livestock department of the Ministry of Agriculture and the National Veterinary Medical Association
Activity 4.3	Provide access to cooking fuel and energy through distribution of fuel-efficient stoves and charcoal briquettes.	IOM

**Output 5** Improve well-being of affected population residing in camps and camp-like settings.

<b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Sector/cluster</b>	Camp Coordination and Camp Management			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 5.1	CM.3 Number of displacement sites with physical site improvements (for better accessibility)	2	2	Field Reports
Indicator 5.2	Number of individuals involved in community engagement activities	300	364 (149 women, 215 men)	Field Reports

	(strengthening community participation, complaints and feedback)			
Indicator 5.3	Number of community/sanitation tools distributed	200	380	Field Reports
Indicator 5.4	Number of water pumps distributed	15	40	Field Reports,
Indicator 5.5	Number of flood-affected locations assessed	30	28	DTM reports
Indicator 5.6	Number of flood and damage assessments reports produced	2	2	DTM reports

**Explanation of output and indicators variance:**

The variance in indicators that achieved results that exceeded the target is attributed to the operation coverage of larger communities across Anambra and Benue states as well as the competitive market survey and procurement process. For indicator 5.5, IOM did not carry out assessments in Yobe and Adamawa states, as the assessments for the two states were jointly done by various agencies and led by UN OCHA. However, the resources from this project contributed to the joint assessment. Furthermore, through the sector, IOM directly assisted 74,606 individuals more than planned due to the site improvement activities carried out in the communities that impacted members of the host communities rather than the intended internally displaced people who had already returned to their communities during the project implementation, which led to a higher number of individuals being reached with the assistance.

The interventions in camps and camp-like settings led to tangible improvements in the well-being of the affected population in two states (Anambra and Benue). Diverse outputs address specific needs, such as physical site improvements (for better accessibility), strengthening community participation with capacity building inclusive of complaints and feedback, the distribution of sanitation tools, and the use of water pumps. To achieve these, IOM facilitated reinforcements and repairs, upgrades, and the creation of drainages/mitigation works across 26 communities; engaged 96 individuals (32 women, 64 men) via cash-for-work to facilitate some site improvement activities; provided 40 water pumps; distributed 380 community/sanitation tools; engaged 364 individuals (149 women, 215 men) in community consultations.

Activities	Description	Implemented by
Activity 5.1	Assessment of sites, reinforcements and repairs, upgrades, installation of water pumps, creation of drainages/mitigation works	IOM
Activity 5.2	Conduct community consultations, community meetings, sensitizations, establishing site maintenance committee, CFM (encourage participation and ensure consultations of women and girls, and persons with disabilities)	IOM
Activity 5.3	Distribution of community/sanitation tools	IOM
Activity 5.4	Provision of water pumps	IOM
Activity 5.5	Conduct flood and damage assessments in Benue, Kogi, Anambra and other mostly affected states in the Nigeria.	IOM

## 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 areas<sup>2</sup> 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)<sup>3</sup>:

IOM ensured the involvement of all groups (including female-headed households, people with disabilities, and the elderly) through all phases of project implementation through key informant interviews (KIIs), focus group discussions, and meetings with these groups to ensure that interventions were designed in a way that considered the vulnerabilities and capacities of the affected population. Regular feedback from the targeted population was sought using IOM-established AAP structures and reporting mechanisms, including the site management committees. IOM carried out quality checks on items and actively monitored the performance of vendors and the repair processes to ensure adherence to quality standards and project objectives.

### b. AAP Feedback and Complaint Mechanisms:

IOM informed the flood-affected population about their right to register complaints. IOM further provided various complaint and feedback mechanisms to enable beneficiaries to report concerns and complaints and also provide feedback on assistance and services rendered. The affected population had the option to provide feedback through suggestion boxes, post-distribution monitoring, and decision-making forums, or to lodge non-sensitive complaints through the community-based focal points, while Protection-related cases were handled directly by the Protection unit and referred to responsible protection agencies.

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

IOM has a policy of zero tolerance for sexual exploitation and abuse (SEA) by IOM staff members or any other persons engaged and controlled by IOM Contractors.

IOM, through its centralized system for reporting misconduct, including sexual exploitation and abuse, supported the dissemination of information on SEA, such as messages on SEA, available services, reporting channels, and how to report allegations of SEA, which were incorporated in other key messages disseminated at the community level.

Specifically, IOM DTM included questions on PSEA in its assessment tool to help programme units identify and respond to any PSEA issues that may arise during the response. In addition, distributions took place in a secure open area with careful guidance from security personnel. To ensure privacy and safety, women and girls were separated from men, and a dedicated corner was set up for sensitization purposes (menstrual hygiene, sensitization on reusable sanitary pads).

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

To effectively reach out to females and males across the affected population, IOM deployed teams and engaged community members that consisted of both male and female members. IOM promoted the significant involvement of all groups, particularly women, girls, and other minority groups, in decision-making processes. To ensure privacy and safety during distributions, women and girls were separated from men, and a dedicated area in the distribution site was set up for sensitization purposes specifically for women (on menstrual hygiene,

<sup>2</sup> 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](#).

<sup>3</sup> 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](#).

sensitization on reusable sanitary pads). Furthermore, IOM also collected and analysed sex- and age-disaggregated data for informed programmatic intervention, and in order to assist programme units in identifying and addressing any GBV-related concerns that may develop or be reported throughout the response, IOM ensured that questions on gender-based violence (GBV) were included in its assessment tool to ascertain different protection concerns because of floods that led to their displacement.

#### e. People with disabilities (PwD):

Throughout the programme implementation period, IOM gave due consideration to persons living with disabilities, and this was to ensure that they were fully involved and participated in the programme implementation. During assessment and programme implementation, disaggregated data with reference to disability status is prioritized and used for informed programme intervention.

Distribution dates, distribution location, modality, and materials to be distributed were communicated to the project participants. Transportation of materials from the distribution ground for persons with disabilities, the elderly, pregnant women, and lactating mothers was arranged, and the vulnerable groups were first in line to receive the materials. A proxy collection system through which younger able-bodied relatives collected the shelter repair materials for the elderly and persons with disabilities was set up. Every vulnerable project participant who had difficulty accessing the distribution ground was allowed to send a relative to collect his or her materials.

#### f. Protection:

IOM prioritized a do-no-harm approach and delivered its response according to needs, focusing on safety, dignity, and empowering local capacities. IOM aimed to ensure accountability towards affected individuals and communities and that all staff, volunteers, and partners deployed were trained on protection and protection mainstreaming and were exposed to the concept of the centrality of protection in humanitarian settings. IOM also deployed protection staff, who were mandated to ensure the incorporation of protection principles across the implementation of the project. IOM, through its DTM component, incorporated basic protection indicators in the assessment tool to ascertain different protection concerns because of floods that led to their displacement. Most of the responses were related to looting, theft, and attacks by criminal gangs as they were sleeping outside. Further, the distributed WASH NFI kits and the rehabilitation of dilapidated sanitation and water facilities effectively address the protection concerns within the operational communities.

#### g. Education:

During the IOM DTM assessment, it was found that many schools in flood-affected areas were damaged, leaving children unable to attend. To address this, IOM partnered with government authorities, non-governmental organizations (NGOs), and local communities to fill flooded classrooms with sand and provided mats for temporary education programmes. IOM partnered with Zenith Bank PLC to educate participants on using a one-off prepaid card through sensitization. They advised using point of sale (POS) machines and keeping passwords safe. Extensive awareness campaigns were conducted to educate the affected population about health risks and safety measures during the flooding event.

IOM, through its MHPSS component, educated girls and women on dignity kits, including their use and disposal; trained key national actors, government staff, and volunteers to promote sustainability; and educated community members on social skills, such as collaboration and conflict mediation.

## 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 a component of the CERF project	Yes, CVA is a component of the CERF project	<b>TOTAL:</b> 11,345 people (2,461 women, 2,217 men, 3,488 girls, 3,179 boys) <b>Early Recovery:</b> 9,600 people (2,083 women, 1,872 men, 3,005 girls, 2,640 boys)

**Shelter and Non-Food Items:** 1,745 people (378 women, 345 men, 483 girls, 539 boys)

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.

For the Early Recovery Sector, multi-purpose cash assistance was utilized in this project to reach 9,000 individuals in Anambra and Benue states. Cash disbursement was initiated in two forms: direct cash by bank and prepaid card. The former was disbursed before the Central Bank of Nigeria's cashless policy, while the latter was used due to the invention of the cashless policy. No existing social protection was explored during this period because the Nigeria Social Protection Safety Net is yet to be finalized. Beneficiaries used their MPCA to settle medical bills, carry out house repairs, buy food, purchase agricultural inputs, and settle debt. Furthermore, the cash assistance that was distributed to the 600 livestock participants using a prepaid card delivery mechanism was used to buy more feed and pay for veterinary services.

For the Shelter and Non-Food Items Sector, IOM held sensitization sessions for beneficiaries regarding the purpose of the vouchers and cash grants provided. Beneficiaries were selected using pre-established vulnerability criteria to ensure that assistance reached those who needed it most. To facilitate the voucher distribution process, each beneficiary was issued a unique identifier, which served as a reference for the issuance of vouchers. These vouchers were then shared with selected vendors who participated in the programme.

For the cash grant, the amount was set at NGN 50,000. To ensure secure and efficient transactions, bank transfers were chosen as the modality of payment for the beneficiaries.

**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
Activity 4.1	9,000	US\$ 112,500	Early Recovery	Unrestricted
Activity 4.2	600	US\$ 12,500	Early Recovery	Unrestricted
Activity 1.3	1,745	US\$ 29,500	Shelter and Non-Food Items	Unrestricted
Activity 1.3	1,266	US\$ 111,181	Shelter and Non-Food Items	Restricted

o

**9. Visibility of CERF-funded Activities**

Title	Weblink
Twitter: @IOM_Nigeria Climate adaptation and preparedness are essential for effectively managing the impacts of future floods and building resilience within communities.	<a href="https://twitter.com/IOM_Nigeria/status/1665614886271868931">https://twitter.com/IOM_Nigeria/status/1665614886271868931</a>
Twitter: @IOM_Nigeria More intense rainy seasons exacerbate the challenges confronting local communities in Nigeria	<a href="https://twitter.com/IOM_Nigeria/status/1663221431797272576">https://twitter.com/IOM_Nigeria/status/1663221431797272576</a>
Twitter: @IOM_Nigeria Vulnerable people living in flood-prone areas are often hit hardest by disasters, as they may face grave risks to their lives, health, and source of income.	<a href="https://twitter.com/IOM_Nigeria/status/1653765422477344773">https://twitter.com/IOM_Nigeria/status/1653765422477344773</a>



## 3.2 Project Report 22-RR-CEF-074

1. Project Information			
<b>Agency:</b>	UNICEF	<b>Country:</b>	Nigeria
<b>Sector/cluster:</b>	Health	<b>CERF project code:</b>	22-RR-CEF-074
	Water, Sanitation and Hygiene		
	Multi-Purpose Cash		
	Protection - Child Protection		
<b>Project title:</b>	Multisectoral Rapid Response for flood-affected people in Bayelsa, Anambra, and Niger States		
<b>Start date:</b>	01/11/2022	<b>End date:</b>	31/07/2023
<b>Project revisions:</b>	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
<b>Funding</b>	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 12,000,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 7,500,000<sup>4</sup></b>
	<b>Amount received from CERF:</b>		<b>US\$ 2,500,000</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 1,683,001</b>
	Government Partners		1,337,462
	International NGOs		0
	National NGOs		0
Red Cross/Crescent Organisation		345,539	

## 2. Project Results Summary/Overall Performance

Through this CERF RR grant, UNICEF and its partners provided improved access to primary health care (PHC) services for 164,727 flood-affected people (compared to targeted 145,400); facilitated access to clean water and sanitation and hygiene services for 165,303 people (compared to targeted 90,000); addressed the gender-based violence (GBV) related protection risks of 8,170 children (compared to targeted 5,000); and delivered cash transfers to 3,381 flood-affected households (compared to 3,500 families targeted).

During the project period between November 2022 and July 2023, the project enabled the continuation of integrated health services, including because all the 5 PHCs that were renovated were equipped with WASH facilities. Arguably, humanitarian assistance provided, such as water quality testing and disinfection of water sources contributed significantly to containing the cholera outbreak in early 2023, which was largely focused on the flood-affected areas in the South. In Bayelsa, for example, only 50 per cent more cases of cholera were recorded in early 2023 (e.g. 160 cases by end of April 2023 vs. 98 cases in 2022). Furthermore, the psycho-social support was provided

<sup>4</sup> Overall UNICEF 2022 flood response report accessible here: <https://www.unicef.org/media/150391/file/Nigeria-2022-Flood-Response-Brief-Aug%202022-to-June-2023.pdf>

to more people than envisaged, given the observed prevalence of GBV in the community. Finally, cash transfers were provided to flood-affected people in the wake of a serious cash scarcity crisis in the country in early 2023.

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### **Health**

Overall, 164,727 flood affected people were reached via PHC services, including sexual and reproductive (SRH) services in Anambra, Bayelsa, and Niger States. Specifically, 5 PHC facilities were renovated, emergency PHC commodities and 6,246 safe delivery kits were distributed to 150 PHC facilities; 1,015 health workers were trained; 1,781 routine immunization sessions and 2,619 integrated PHC mobile outreach sessions were conducted; 24,876 children under five years were vaccinated against measles; and 1,375 births were attended by skilled health personnel.

### **Water, Sanitation and Hygiene**

Overall, 165,303 flood affected people accessed clean WASH services in the three states. Specifically, 164,000 people (including 50,760 women and girls) were provided clean and sustainable water via the construction and rehabilitation of 104 communal water points; 3,960 critical WASH supplies (e.g., WASH/hygiene kits) were distributed; 73 communal sanitation facilities were constructed or rehabilitated; 95.7% of project beneficiaries demonstrated improved knowledge in safe hygiene practices and 89.8% of the people utilized the supported facilities and services, according to a survey conducted.

### **Child Protection**

Overall, the protection concerns of 17,270 flood affected people, including 8,170 girls and boys were addressed in Anambra and Niger States. Specifically, 6,213 people received GBV psycho-social support or GBV case management, and 470 children received protection support (e.g. family tracing, reunification, reintegration, case management services); 6,138 people were sensitized on GBV prevention and principles that address negative social norms.

### **Multi-Purpose Cash**

In June, UNICEF and its partner, the Red Cross, provided a one-off unconditional and unrestricted cash transfer to 3,381 flood affected households in Bayelsa State, inc. 215 families with people with disabilities (over 70% of cash recipients were female). The assistance helped to mitigate the impact of flooding. Notably, 55% of the cash was spent on food, followed by home reinforcement, and health expenses, according to the post-distribution monitoring.

## **3. Changes and Amendments**

In December 2022, the Nigerian government introduced a revised cash policy. This policy posed significant constraints on the amount of cash that could be disbursed by organizations on a daily basis. Compounding the issue, there was a country-wide cash scarcity in February, occurring just days after an official announcement, which severely hampered UNICEF's Multi-Purpose Cash distribution in Bayelsa State. In response, a three-month No-Cost Extension was requested by UNICEF at the end of March, and was approved. This has led to an extension of the original project's end date from 30 April 2023 to 31 July 2023. Accordingly, the cash transfer took place in early June, followed by the post-distribution monitoring. (Section 1).

Operational delays were encountered because the bulk of interventions could only be initiated in early 2023. This was due to the transition of UNICEF Nigeria to a new five-year country programme, as a result of which the bulk of financial transactions were put on hold right after the grant was received.

The bulk of people displaced returned to their communities in November, as soon as the floodwaters started receding. Consequently, the number of direct IDP beneficiaries decreased, while the number of direct beneficiaries in the host community increased (Section 4).

Finally, access also impeded initial assessments of flood-affected communities in Bayelsa State, as the state was only accessible by boat (not UNDSS approved), and neither by road, nor by plane until late November.



#### 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	27,500	23,400	28,600	24,350	103,850	0	0	0	0	0
Host communities	11,000	9,350	11,450	9,750	41,550	52,383	44,807	35,301	32,236	164,727
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>38,500</b>	<b>32,750</b>	<b>40,050</b>	<b>34,100</b>	<b>145,400</b>	<b>52,383</b>	<b>44,807</b>	<b>35,301</b>	<b>32,236</b>	<b>164,727</b>
<b>People with disabilities (PwD) out of the total</b>										
	2,160	1,840	2,240	1,880	8,120	2,095	1,792	1,412	1,289	6,588

  

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	16,400	14,500	18,000	15,400	64,300	0	0	0	0	0
Host communities	6,600	5,700	7,200	6,200	25,700	42,724	39,877	44,945	37,757	165,303
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>23,000</b>	<b>20,200</b>	<b>25,200</b>	<b>21,600</b>	<b>90,000</b>	<b>42,724</b>	<b>39,877</b>	<b>44,945</b>	<b>37,757</b>	<b>165,303</b>
<b>People with disabilities (PwD) out of the total</b>										

\* 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.

	460	400	500	440	1,800	17	63	9	33	122
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<b>Sector/cluster</b>	Protection - Child Protection									
<b>Category</b>	<b>Planned</b>					<b>Reached</b>				
	<b>Women</b>	<b>Men</b>	<b>Girls</b>	<b>Boys</b>	<b>Total</b>	<b>Women</b>	<b>Men</b>	<b>Girls</b>	<b>Boys</b>	<b>Total</b>
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	1,000	1,000	1,500	1,500	5,000	0	0	0	0	0
Host communities	800	800	1,000	1,000	3,600	5,011	4,089	4,003	4,167	17,270
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>1,800</b>	<b>1,800</b>	<b>2,500</b>	<b>2,500</b>	<b>8,600</b>	<b>5,011</b>	<b>4,089</b>	<b>4,003</b>	<b>4,167</b>	<b>17,270</b>

**People with disabilities (PwD) out of the total**

	50	50	100	100	300	0	0	0	0	0
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<b>Sector/cluster</b>	Multi-Purpose Cash									
<b>Category</b>	<b>Planned</b>					<b>Reached</b>				
	<b>Women</b>	<b>Men</b>	<b>Girls</b>	<b>Boys</b>	<b>Total</b>	<b>Women</b>	<b>Men</b>	<b>Girls</b>	<b>Boys</b>	<b>Total</b>
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	1,650	1,200	0	0	2,850	31	14	0	0	45
Host communities	200	150	0	0	350	2,238	932	25	8	3,203
Other affected people	200	100	0	0	300	89	43	0	1	133
<b>Total</b>	<b>2,050</b>	<b>1,450</b>	<b>0</b>	<b>0</b>	<b>3,500</b>	<b>2,358</b>	<b>989</b>	<b>25</b>	<b>9</b>	<b>3,381</b>

**People with disabilities (PwD) out of the total**

	150	200	0	0	350	94	118	2	1	215
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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.

## 5. People Indirectly Targeted by the Project

### Health

Some 290,800 people in the target regions indirectly benefited from emergency life-saving primary health care services. Also, UNICEF and its partner conducted 1,016 dialogues, which reached 30,480 additional persons indirectly.

### WASH

Approximately 1,200,000 indirect beneficiaries benefited from cleaning, sanitation, and hygiene campaigns, as well as mass media and community risk awareness and behavioral change communications. UNICEF and partners carried out the community total-led sanitation approach (CLTS), in the framework of which 195,447 persons participated in the triggering sessions.

### Child Protection

UNICEF and partners conducted 1,200 compound and focal group meetings and reached an additional 23,000 persons indirectly. In collaboration with the social and behavior change section, 84,514 people within 12,500 households (across 50 communities) were reached with localized community engagement, focusing on household interpersonal communication to build knowledge and adoption of key practices for prevention and mitigation of the adverse effects of the flood, including strengthening of GBV-related community-based protection systems.

### Multi-Purpose Cash

Some 19,578 family members of 3,381 direct beneficiaries were reported as indirect beneficiaries. Furthermore, vendors and small business men and women benefitted as the distributed cash was spent at local markets and stores.

## 6. CERF Results Framework

<b>Project objective</b>	The project aims at mitigating the impact of floods via life-saving health, WASH, and child protection interventions, as well as multi-purpose cash assistance to people, including children affected by floods in the States of Bayelsa, Anambra, and Niger.			
<b>Output 1</b>	Improved access to emergency primary health care services, including sexual and reproductive (SRH) services for IDPs and host communities			
<b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Sector/cluster</b>	Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	H.4 Number of people vaccinated (children under five years vaccinated against measles)	21,810	24,876	DHIS2
Indicator 1.2	H.7 Number of functional health facilities supported (primary health care facilities provided with emergency essential primary health care commodities)	71	150	DHIS2/Sectoral Reports
Indicator 1.3	RH.1 Number of births attended by skilled health personnel (women who deliver under the supervision of a skilled birth attendant in a PHC)	1,136	1,375	DHIS2
<b>Explanation of output and indicators variance:</b>		1.1 The target is overachieved as a result of effective community mobilization and engagement.		

		<p>1.2 The target is overachieved because distribution was rationalized to ensure all affected communities and PHCs received some essential supplies.</p> <p>1.3 This over achievement resulted from availability of safe delivery kits that attracted more pregnant women to deliver in PHCs than at home.</p>
Activities	Description	Implemented by
Activity 1.1	Outreach of integrated PHC services including using mobile brigades	UNICEF, SPHCDA, SMoH
Activity 1.2	Procurement and distribution of essential medicines and health supplies including SRH commodities	UNICEF, SPHCDA, SMoH
Activity 1.3	Provision of Integrated comprehensive PHC services including comprehensive sexual reproductive health services	UNICEF, SPHCDA, SMoH

<b>Output 2</b>	90,000 vulnerable persons in three flood-affected states have improved access to clean water and sanitation and hygiene services to enhance resilience and reduce the risks of water-borne diseases			
<b>Was the planned output changed through a reprogramming after the application stage?</b>		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
<b>Sector/cluster</b>	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	WS.16a Number of people receiving critical WASH supplies (e.g. WASH/hygiene kits)	3,600	3,960	Partner reporting
Indicator 2.2	WS.15 Number of communal water points (e.g. wells, boreholes, water tap stands, systems) constructed and/or rehabilitated	100	104	Partner reporting
Indicator 2.3	WS.13 Number of communal sanitation facilities (e.g. latrines) and/or communal bathing facilities constructed or rehabilitated	120	84	Partner reporting
Indicator 2.4	WS.6 Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard	92,000	164,000	Partner reporting
Indicator 2.5	WS.20 Percentage of people with improved knowledge that demonstrate safe hygiene practices that have received hygiene promotion and/or distribution of hygiene items/materials	100	95.70	Rapid survey
Indicator 2.6	WS.12 Percentage of people who are utilizing facilities and services to support environmental health as part of WASH programming (e.g. solid waste management and	100	89.78	Rapid survey

	disposal, drainage, and vector control activities)			
<b>Explanation of output and indicators variance:</b>		<p>2.1 The target was over-achieved because more kits were procured and distributed to households</p> <p>2.2 and 2.4. This target was over-achieved because more water facilities were rehabilitated than constructed, and the cost of rehabilitation is less than the cost of construction of new facilities</p> <p>2.3 The target was not achieved because the result achieved was the number of available sanitation facilities in need of construction or rehabilitation.</p> <p>2.5 and 2.6 The surveys were conducted before the end of the project implementation; hence all households had not been covered then.</p>		
Activities	Description	Implemented by		
Activity 2.1	Provision (including repairs, desludging and maintenance) of emergency/institutional latrines with handwashing stations in IDP settlements, HCFs and Schools	UNICEF, RUWASSA, MoEnv, EPA, LGA WASH Units		
Activity 2.2	Provision of water supply services through water trucking, Repair/rehabilitation/renovation of handpump boreholes and hand-dug wells and regular water quality monitoring and treatment at source and household	UNICEF, RUWASSA, LGA WASH Units		
Activity 2.3	Promote proper hygiene practices and cholera risk awareness in 300 communities through social mobilization, community, household and media engagement and hygiene promotion in affected wards and LGAs and distribution of WASH/Dignity kits to initiate actions to block transmission of cholera and other water-borne diseases	UNICEF (WASH and SBCC), RUWASSA, LGA WASH Units		
Activity 2.4	Community-driven environmental sanitation in 300 communities (including building/clearing drainage system and solid waste disposal, cleaning and sanitization of camps, settlements, public places)	UNICEF, RUWASSA, MoENV, LGA WASH Units		

<b>Output 3</b>	Protection risks of flood-affected children are addressed, and concerns responded to			
<b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Protection - Child Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	PS.2 Number of people receiving GBV psycho-social support and/or GBV case management	4,000	6,213	In-person monitoring, quality assurance and partner report (including pictures)
Indicator 3.2	CP.3 Number of children receiving protection support (e.g. family tracing, reunification, reintegration, case management services, etc)	800	470	In-person monitoring, quality assurance and partner report (including pictures)
Indicator 3.3	Gender Based Violence: Number of persons reached through	6,000	6,138	In-person monitoring, quality assurance and



	sensitization, community engagement and capacity building on GBV prevention and principles that address negative social norms			partner report (including pictures)
<b>Explanation of output and indicators variance:</b>		<p>3.1 The target was overachieved because of the prevalence of GBV in the community, according to which a greater number of participants attended.</p> <p>3.2. Target was underachieved because fewer children needed protection support/ family tracing, as the community had already used existing structures for reunification purposes. In addition, some funds were reprogrammed to provide livelihood support services to vulnerable women in the communities, as part of child protection case management to support in the provision of children's welfare and protection services.</p> <p>3.3 The target was overachieved because of the prevalence of GBV in the community requiring sensitization, community engagement and capacity building, which was facilitated in collaboration with support of the community members. This attracted a greater number of participants / audience than envisaged.</p>		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Implementation of case management and psychosocial support activities in affected communities in the project states.	UNICEF, State Ministry of Women Affairs, National Orientation Agency, Sexual Assault and Referral Center		
Activity 3.2	Support the provision of case management services including identification, documentation, tracing and reunification of separated and unaccompanied children as well as alternative care placements	UNICEF, State Ministry of Women Affairs, National Orientation Agency.		
Activity 3.3	Community engagement and sensitization on GBV prevention and response services	UNICEF, State Ministry of Women Affairs, National Orientation Agency.		

<b>Output 4</b>	Mitigate the impact of flooding on affected people via a one-off disbursement of cash assistance.			
<b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Sector/cluster</b>	Multi-Purpose Cash			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 4.1	Cash. 1a Number of people receiving multi-purpose cash	3500	3,381	Partner Reporting
Indicator 4.2	Number of People with disabilities reached with multipurpose cash	350	215	Partner Reporting
Indicator 4.3	Percentage of female recipients of multipurpose cash transfers part of the community engagement/consultation	60%	70.48%	Partner Reporting
Indicator 4.4	Cash. 1b Total value of multi-purpose cash distributed in USD	262,500	225,104	Partner Reporting, FSP Reconciliation Sheet, Bank Statement.
<b>Explanation of output and indicators variance:</b>		<p>4.1 The target is underachieved because some of the beneficiaries did not come to collect cash</p> <p>4.2 The target is underachieved because fewer persons with disabilities were registered than initially planned.</p>		

		4.3 The target is overachieved because more women beneficiaries were registered than initially planned. 4.4 The target is underachieved because the exchange rate was calculated at 426 naira per dollar during the proposal submission (Nov 2022), but the actual exchange rate in June 2023 stood at NGN 464.
Activities	Description	Implemented by
Activity 4.1	Identification, registration and cash distribution to people that meet the programme targeting criteria through the data collection by the partner.	International Federation of Red Cross Society (IFRC) and National Red Cross Society (NRCS)
Activity 4.2	Post-distribution monitoring activity to assess the targeting effectiveness, expenditure pattern, and challenges related to cash assistance.	NRCS
Activity 4.3	Community engagement and consultation (SBC and Accountability to Affected Population) about appropriate payment locations, feedback and complain mechanism.	International Federation of Red Cross Society (IFRC) and National Red Cross Society (NRCS)

## 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 areas<sup>5</sup> 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)<sup>6</sup>:

The response was guided by the 7 principles of AAP enshrined in UNICEF's AAP Framework. In terms of 1) participation, Community Development Committees and Youth Groups were involved in distributing NFIs, environmental sanitation and treatment of contaminated water facilities. As for 2) information sharing and communication, interventions were carried out through community structures to ensure that affected people were engaged in the decision-making process, e.g. the location of water points in communities. Hygiene promotion was conducted via community dialogue, complemented by mass media interventions. On 3) coordination and partnership, and 4) strengthening local capacity, the Multi-Purpose Cash activities were undertaken in partnership with the IFRC, and the Nigerian Red Cross. Some 250 Red Cross volunteers participated in an induction, which facilitated their 5) advocacy vis-a-vis Community Resilience Committees, when engaging them on the community-based targeting approach to ensure that the assistance prioritized the most vulnerable.

### b. AAP Feedback and Complaint Mechanisms:

On 6) a complaint and feedback desk was set up at each distribution site, and the templates on the channel of feedback, including a toll-free hotline were distributed to each beneficiary. In total, 146 pieces of feedback (144 via hotline, 2 via face-to-face; 65% from women) were received, including 134 categorized as praise, 10 as questions (timing of disbursement), and 2 as requests (in-kind assistance requested on top of cash, with cash-only assistance being clarified; calls for members of elders forum to be eligible for assistance, in

<sup>5</sup> 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](#).

<sup>6</sup> 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](#).

response to which the targeting approach was explained). The feedback was addressed and documented, in line with the Red Cross' protocol. The post distribution monitoring also captured beneficiaries' feedback. Some 89% of respondents were satisfied with the cash transfer, and 7% were dissatisfied because of the amount of cash (US\$64 at official exchange rate).

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

To 7) prevent SEA, UNICEF provided training for the implementing partner organization representatives, including their PSEA focal points, on organizational capacity assessment to meet the minimum required standards for PSEA. During UNICEF's intervention, the communities were provided with information on what Sexual Exploitation and Abuse (SEA) is and how to report it. All program staffs including volunteers of the implementing partners were trained on Prevention of Sexual Exploitation and Abuse (PSEA) and have signed their agencies' code of conduct. During the Multi-purpose Cash activities, the free-toll hotline was provided as the reporting channel for the PSEA and the banners were printed and displayed in one of the popular preferred language (pidgin English) containing the information on how to make a report on PSEA and Fraud.

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

UNICEF's interventions included a vital component related to GBV prevention and response. UNICEF and partners included SEA pathways within the standard operating procedures to address GBV issues in WASH, health, child protection and cash assistance, and conducted joint mapping and consultation on access and availability of multi-sectoral services for GBV survivors. Specific needs of women and girls were addressed through the provision of dignity kits and women and girls were consulted on the location of latrines. WASH facilities were provided with locks from the inside and UNICEF programs ensured female participation in the distribution of items and building of facilities.

**e. People with disabilities (PwD):**

UNICEF's interventions ensured that PwD were actively sought out and given priority access/special consideration in queuing for supplies and prioritized for the Multi-Purpose Cash. The needs of PwD were communicated to communities from the initial consultations and inception meetings. In the beneficiary identification process of the Multi-Purpose Cash activities, the selection criteria focused on the most vulnerable people, including PwD. Also, the elevated borehole platforms and sanitation facilities were provided with steps and ramps to help PwDs to access the WASH facilities. Sanitation facilities also had one compartment fitted with handrails and made bigger for ease of access and use by PwDs.

**f. Protection:**

UNICEF's interventions included child protection components and associated activities, such as psycho-social support, addressing GBV, family tracing and reunification of unaccompanied and separated children, provision of livelihood support for vulnerable women / caregivers of children in the communities, sensitization on GBV prevention, mitigation and response, as well as community awareness on prevention of sexual exploitation and abuse (PSEA). In addition, capacity of government social workers and welfare officers were strengthened on child protection case management (including provision of psycho-social support, prevention of violence against children, response and referral services). Protection was mainstreamed across the other thematic areas as outlined above on GBV.

**g. Education:**

None

**8. Cash and Voucher Assistance (CVA)**

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

Planned	Achieved	Total number of people receiving cash assistance:
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Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	3,381
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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.

Through a multi-purpose humanitarian cash transfer intervention, 3,381 flood affected households in Bayelsa State, with a focus on vulnerable groups, such as pregnant women, breastfeeding, women headed households, and people with disabilities received a one-off unconditional and unrestricted cash transfer. The objective of the intervention was to mitigate the impact of floods, by providing basic income support, as well as access to essential goods and services.

UNICEF was partnering with the International Federal of the Red Cross (IFRC) and the Nigerian Red Cross to support the rapid registration of the beneficiaries to enable a timely disbursement of cash. Furthermore, a post distribution monitoring (PDM) took place three weeks after the distribution with the implementing partner to assess the receipt of the full transfer amount, expenditure pattern, and identify challenges related to the cash assistance.

**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
Activity 4.1 cash assistance	3,381	US\$ 225,104	Multi-Purpose Cash	Unrestricted

**9. Visibility of CERF-funded Activities**

Title	Weblink
UNICEF Provides Life-Saving Assistance to Flood-Affected Families in Anambra State, Nigeria	<a href="https://www.unicef.org/nigeria/stories/unicef-provides-life-saving-assistance-flood-affected-families-anambra-state-nigeria">https://www.unicef.org/nigeria/stories/unicef-provides-life-saving-assistance-flood-affected-families-anambra-state-nigeria</a>
3,500 flood-affected people in Bayelsa State are being registered by UNICEF, IFRC Surge Africa and Nigeria red cross society to receive multipurpose #cashtransfer, funded by United Nations CERF. The cash transfer will help with early recovery from the impact of the flood	<a href="https://www.facebook.com/UNICEFNigeria/posts/pfbid0KM2KUkyedCBH3Gh8csDnGzYwWdfkkK6LbNL_D89k4Rmc4kvQgxBuSNUgqKl">https://www.facebook.com/UNICEFNigeria/posts/pfbid0KM2KUkyedCBH3Gh8csDnGzYwWdfkkK6LbNL_D89k4Rmc4kvQgxBuSNUgqKl</a>
Thousands of families were displaced, with many losing their homes and livelihoods when floods hit Anambra State in 2022. To assist the affected families in keeping their heads above water, UNICEF launched a multisectoral response, thanks to funds from the #UNCERF.	<a href="https://www.facebook.com/UNICEFNigeria/posts/pfbid0dM596GFQrvehz32TnbsDn8C2WU1r65BscXZ3yDSfaK7Kb9in541ksVF1HLuA2d3eI">https://www.facebook.com/UNICEFNigeria/posts/pfbid0dM596GFQrvehz32TnbsDn8C2WU1r65BscXZ3yDSfaK7Kb9in541ksVF1HLuA2d3eI</a>
92,000 Anambra State residents affected by the recent flooding will benefit from an integrated package of lifesaving interventions to help mitigate the effects. This is made possible through collaboration between UNICEF & the Anambra State Gov't. Thanks to @UNCERF for funding	<a href="https://twitter.com/UNICEF_Nigeria/status/1599420782420992000">https://twitter.com/UNICEF_Nigeria/status/1599420782420992000</a>
Thousands of children and women made vulnerable by the 2022 floods in Anambra State are regaining access to life-saving vaccines through UNICEF, @UNCERF and government-supported medical outreach interventions in their communities.	<a href="https://twitter.com/UNICEF_Nigeria/status/1638119347896844290">https://twitter.com/UNICEF_Nigeria/status/1638119347896844290</a>
Surviving adversity - UNICEF flood intervention in Niger State	<a href="#">Surviving adversity - UNICEF flood intervention in Niger State</a>



### 3.3 Project Report 22-RR-WFP-064

1. Project Information			
Agency:	WFP	Country:	Nigeria
Sector/cluster:	Common Services - Humanitarian Air Services	CERF project code:	22-RR-WFP-064
Project title:	Enabling UN Common Services for the Humanitarian Operations in Northeast Nigeria		
Start date:	01/11/2022	End date:	30/04/2023
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 32,000,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 17,500,000</b>
	<b>Amount received from CERF:</b>		<b>US\$ 501,158</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 0</b>
	Government Partners		N/A
	International NGOs		N/A
National NGOs		N/A	
Red Cross/Crescent Organisation		N/A	

### 2. Project Results Summary/Overall Performance

During the reporting period from 1 November 2022 to 30 April 2023, UNHAS played a vital role in facilitating humanitarian operations in northeast Nigeria. UNHAS transported 20,470 passengers through fixed-wing flights connecting Abuja, Maiduguri, and Yola, while also conducting helicopter flights servicing 11 locations in northeast Nigeria. Additionally, UNHAS completed two inter-agency flights, accommodating 12 passengers in total. These inter-agency flights were part of the Rapid Response Mechanism, emphasizing the commitment of UNHAS to prompt humanitarian response.

In addition to passenger transportation, UNHAS facilitated the movement of 133.52 mt of humanitarian cargo, including CSB++, RUTF, RUSF, medical supplies, shelter materials, and other essential items. Specially planned cargo flights addressed challenges posed by heavy flooding and the associated blockage of roads, ensuring timely delivery of critical lifesaving items to Rann.

UNHAS continued to prioritize medical transport, conducting two medical evacuation flights to assist two patients in need of urgent care. Furthermore, during this reporting period, UNHAS introduced the air ambulance conversion kit equipped with a dedicated paramedic. This addition, which arrived in Maiduguri on 1 November 2022, strengthened UNHAS capacity to provide essential medevac services to registered user organizations, enhancing overall support and assistance.

### 3. Changes and Amendments

UNHAS Nigeria made critical operational adjustments to address the growing demand for humanitarian transportation of passengers and cargo. These adjustments were necessary to ensure the service's continued effectiveness in responding to escalating humanitarian community needs. This heightened demand, discussed and acknowledged in UNHAS Steering Committee meetings, highlighted the urgency of addressing resource shortages and capacity constraints to better serve the affected population. Use of CERF funds enabled UNHAS to provide uninterrupted humanitarian air services during a period marked by evolving security challenges. UNHAS diligently managed its resources and avoided any significant unspent balance. The focus on essential cargo transportation, particularly to Rann, was a direct response to the prevailing emergency, ensuring the timely delivery of lifesaving supplies.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Common Services - Humanitarian Air Services									
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	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	5,103	15,367	0	0	20,470
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5,103</b>	<b>15,367</b>	<b>0</b>	<b>0</b>	<b>20,470</b>
<b>People with disabilities (PwD) out of the total</b>										
	0	0	0	0	0	0	0	0	0	0

\* 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

UNHAS transport of humanitarian passengers and air cargo supported humanitarian organizations to reach prioritized people in need with lifesaving assistance. UNHAS operations consequently supported many beneficiaries of diverse humanitarian and development activities across the northeast.

## 6. CERF Results Framework

<b>Project objective</b>	Provide humanitarian common services to the humanitarian community in the northeast Nigeria to increase the efficiency of the humanitarian assistance.				
<b>Output 1</b>	Humanitarian air services and cargo services are provided to all partners in the northeast Nigeria				
<b>Was the planned output changed through a reprogramming after the application stage?</b>				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Sector/cluster</b>	Common Services - Humanitarian Air Services				
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>	
Indicator 1.1	CS.4 Total number of passengers transported per project	26,000	20,470	Performance Management Tool (PMT)	
Indicator 1.2	CS.2 Total weight of cargo transported by land, sea or air in MT per project (air only)	60,000	133.52	Performance Management Tool (PMT)	
Indicator 1.3	CS.9 Percentage of service requests that have been completed (Request for medical and security relocations served)	100	100	Response to emergency flights	
<b>Explanation of output and indicators variance:</b>		Insecurity challenges, fuel scarcity, technical issues and unforeseen weather conditions impacting service			
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>			
Activity 1.1	Provide humanitarian air services to government, United Nations and NGO partners to transport humanitarian personnel and cargo.	UNHAS			

## 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 areas<sup>7</sup> 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.**

<sup>7</sup> 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](#).

**a. Accountability to Affected People (AAP)<sup>8</sup>:**

N/A for UNHAS

**b. AAP Feedback and Complaint Mechanisms:**

N/A for UNHAS

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

N/A for UNHAS

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

N/A for UNHAS

**e. People with disabilities (PwD):**

N/A for UNHAS

**f. Protection:**

N/A for UNHAS

**g. Education:**

N/A for UNHAS

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

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A for UNHAS

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.

N/A for UNHAS

**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
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<sup>8</sup> 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](#).

N/A for UNHAS

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## 9. Visibility of CERF-funded Activities

Title	Weblink
N/A for UNHAS	

## ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
22-RR-CEF-074	Child Protection	UNICEF	GOV	\$44,870
22-RR-CEF-074	Health	UNICEF	GOV	\$108,622
22-RR-CEF-074	Multi-Sector	UNICEF	GOV	\$45,627
22-RR-CEF-074	Health	UNICEF	GOV	\$57,726
22-RR-CEF-074	Water, Sanitation and Hygiene	UNICEF	GOV	\$279,755
22-RR-CEF-074	Health	UNICEF	GOV	\$171,105
22-RR-CEF-074	Water, Sanitation and Hygiene	UNICEF	GOV	\$216,916
22-RR-CEF-074	Multi-Purpose Cash	UNICEF	RedC	\$123,392
22-RR-CEF-074	Multi-Sector	UNICEF	GOV	\$191,330
22-RR-CEF-074	Health	UNICEF	GOV	\$138,995
22-RR-CEF-074	Water, Sanitation and Hygiene	UNICEF	GOV	\$82,514
22-RR-CEF-074	Multi-Purpose Cash	UNICEF	RedC	\$222,147