# RESIDENT/HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS

# NIGERIA

# RAPID RESPONSE

# CHOLERA

# 2018

# 18-RR-NGA-32765

| | |
|---|---|
| **RESIDENT/HUMANITARIAN COORDINATOR** | **Edward Kallon** |

## REPORTING PROCESS AND CONSULTATION SUMMARY

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

An AAR exercise was conducted on 25 June 2019, participated in by WHO, UNICEF and OCHA. Inputs from recipient agencies' implementing partners and sector partners were also incorporated in the presentations made by each recipient agency.

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

YES ☒ NO ☐

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

YES ☒ NO ☐

The report was shared with the recipient agencies, Inter-Sector Working Group (ISWG) and HCT.

# PART I

| Strategic Statement by the Resident/Humanitarian Coordinator |
|---|
| The CERF Rapid Response mechanism has once again proved useful to provide life-saving and timely interventions containing the 2018 Cholera outbreak in Nigeria. The interventions have reached about 720,000 affected individuals in north-east, north-west and north-central Nigeria. It should be noted that this outbreak has been, by far, the worst in the country for the since 2015. This has affected 20 out of 26 states and all three states (Borno, Adamawa and Yobe) in north-east Nigeria which are the focus for the humanitarian response have been affected.<br><br>The cholera outbreak was declared by the Government of Nigeria, through the Ministry of Health, on 5 September 2018. Prioritization of most urgent and severe needs were done in collaboration with the inter-sector working group and government partners. While emphasis was made on a multi-sectoral response, the response was targeted and purposive. To maximize the allocation of $2.25 million, only WASH and health sectors were prioritized. Based on government capacities available at state level, it was further agreed that in the BAY states, interventions were provided in a humanitarian context consisting of both Health and WASH. The states of Katsina, Sokoto, Zamfara, Bauchi, Niger, Kaduna, Plateau and Kano in north-west and north-central Nigeria were covered focusing on health interventions. |

## 1. OVERVIEW

| 18-RR-NGA-32765 TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$) | |
|---|---|
| **a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE** | **8,196,954** |
| **FUNDING RECEIVED BY SOURCE** | |
| CERF | 2,252,605 |
| COUNTRY-BASED POOLED FUND (*if applicable*) | 0 |
| OTHER (bilateral/multilateral) | 0 |
| **b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE** | **2,252,605** |

| 18-RR-NGA-32765 TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US$) | | | |
|---|---|---|---|
| **Allocation 1 – date of official submission: 11/10/2018** | | | |
| **Agency** | **Project code** | **Cluster/Sector** | **Amount** |
| UNICEF | 18-RR-CEF-114 | Health - Health | 292,368 |
| UNICEF | 18-RR-CEF-115 | Water Sanitation Hygiene - Water, Sanitation and Hygiene | 1,059,082 |
| WHO | 18-RR-WHO-045 | Health - Health | 901,155 |
| **TOTAL** | | | **2,252,605** |

| 18-RR-NGA-32765 TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$) | |
|---|---|
| **Total funds implemented directly by UN agencies including procurement of relief goods** | **1,549,200** |
| Funds transferred to Government partners* | 703,406 |
| Funds transferred to International NGOs partners* | 0 |
| Funds transferred to National NGOs partners* | 0 |
| Funds transferred to Red Cross/Red Crescent partners* | 0 |
| **Total funds transferred to implementing partners (IP)*** | **703,406** |
| **TOTAL** | **2,252,606** |

## 2. HUMANITARIAN CONTEXT AND NEEDS

In 2018, Nigeria experienced the largest cholera outbreak since 2015. A total of 40,771 suspected cases including 812 deaths and more than 25 per cent of the cases occurring among children aged 5 to 14 years as of 15 October 2018, this overall situation stood in far contrast with the total of 18,243 suspected cases reported in the country between 2015 and 2017. Since the outbreak was first notified on 1 January 2018, following a high incidence of Acute Watery Diarrhea (AWD) cases in Kano State, it rapidly spread through other states. The outbreak spread to over 20 states that have reported cases. The official declaration of national outbreak was done by the Ministry of Health on 5 September 2018. The surge of cases came specially in week 29. At week 35, the highest number of suspected cases and deaths ever reported came since the onset of the outbreak.

The number and severity of cholera cases overwhelmed government's capacity, requiring support from the humanitarian community. The outbreak in north-east Nigeria worsened the ongoing humanitarian response- affecting both IDPs and host communities. Outside the north-east, the eight most affected states had disproportionate government capacity vis-à-vis the number of suspected and confirmed cases.

Several assessments were undertaken such as Sector Initial Rapid Assessment in Adamawa State in August 2018 by Government and UNICEF, Multi-Sector Initial Rapid Assessment in Yobe State by UNICEF, WHO, AAH, OCHA and State Rapid Response Team in August and September 2018 and both Multi-Sector and Sector Initial Rapid Assessment (MIRA) in Borno States by UNICEF, WHO, State RRT, RUWASSA in August and September 2018. For the eight non-HRP states, with the increase in numbers of cases nationally, the Nigeria Centre for Disease Control activated the National Emergency Operations Center on 8 June 2018. In addition to response coordination, this structure supported multi-sectoral monitoring and assessments bringing relevant stakeholders (the National Primary Health Care Development Agency, the Federal Ministry of Water Resources, WHO, UNICEF, etc.) to supervise the situation in the following areas: WASH, epidemiology and surveillance, risk communication, logistics, case management, laboratory services, infection prevention and control, etc.

The total estimated people affected by the outbreak was 1,533,649 of which the CERF appeal targeted 460,094. The response employed a two-pronged approach, based on the respective critical life-saving gaps identified for each geographical group (HRP and non-HRP states). In the north-east (HRP states), the life-saving interventions were implemented within a humanitarian context to scale up a multi-sectoral approach, including the strengthening of both the WASH and health response in accordance with HRP objectives, to support Government. Outside the north-east (non-HRP states), life-saving interventions addressed critical gaps in the health component of the outbreak response to support Government in disease surveillance, early reporting, case management, risk communication and reduce avoidable deaths.

The approved CERF allocation was $2.45million out of the $8.19 million required amount. This allocation covered 11 states out of the 20 cholera-affected states in the country.

## 3. PRIORITIZATION PROCESS

The prioritization process based on severity and lifesaving needs. At technical level, the Inter-Sector Working Group (ISWG), sectors prioritized health and WASH. Strategically, the HCT endorsed the technical prioritization. The scale of the outbreak, limitations in the current response capacity (both financial and human resources) and existence of critical gaps (e.g. surveillance, case management) pose as a challenge to stop the increase in number of cases and reduce avoidable deaths. Given the different settings between the north-east and north-west/north-central areas, a two-pronged approach was used. In the north-east BAY states (HRP states), interventions were implemented within a humanitarian context by harmonizing the CERF-funded interventions with the HRP strategic and sectoral objectives and utilizing the existing coordination mechanisms such as the ISWG and sector working groups on health and WASH in collaboration with their respective government sector leads. On the other hand, the interventions in north-west and north-central states were focused on health and mainly between WHO and the state MOHs.

The targeted beneficiaries were 460,094 (235,052 women and 225,042 men) who are wither IDPs and host populations. The targeting of beneficiaries was mainly based on those suspected or confirmed with cholera in the targeted areas. The geographical coverage of the interventions is as follows:

**North-east:** Bay states
**North-west/ North-central:** Katsina, Sokoto, Zamfara, Bauchi, Niger, Kaduna, Plateau, and Kano States

Nigeria has a CBPF, Nigeria Humanitarian Fund (NHF). In May 2018, the NHF disbursed a 2nd Reserve Allocation amounting to $2 million specifically to contain the cholera outbreak in Yobe state (north-eat Nigeria). The allocation included life-saving health and WASH services to affected people, in coordination with the State Ministry of Health. Prioritized locations included Bade, Yusufari, Karasuwa Bursari and Jakusko LGAs in Yobe State. NHF was allocated at the start of the cholera cases. However, this allocation was not related to the September cholera outbreak. The increase of cholera cases and spread in 20 states in the country, triggered a national declaration of cholera outbreak on 5 September 2018. It required increased financial and human resources as the outbreak overwhelmed government capacities in the affected states.

The health and WASH sectors conducted rapid assessments in the affected states in partnership with the MOH. These assessments are specified in section 2 above.

## 4. CERF RESULTS

The CERF rapid response allocation amounting to $2,252,605 was utilized to cover WASH and health interventions covering three states in the north-east, Borno, Adamawa and Yobe (BAY) states and eight most affected states in north-west and north-central, namely, Katsina, Sokoto, Zamfara, Bauchi, Niger, Kaduna, Plateau and Kano. The total beneficiaries reached approximately 729,830 individuals consisting of 192,050 girls, 178,040 boys, 180,334 women and 179,406 men. The allocation enabled UN agencies and its government partners to implement interventions on WASH, disease surveillance, early reporting, case management, risk communication and provision of medical supplies.

**WHO (Health):** About 594,925 people benefitted (reaching 295,990 boys and girls, and 298,935 women and men) from health interventions in 11 states across north-east, north west and north-central Nigeria. This total exceeds target individual by 28per cent. Specifically, WHO interventions achieved the following:

- Trained 7,194 health workers and volunteers on cholera surveillance and case management.
- Procured, distributed and provided supplies to manage cholera to 65 Local Government Areas.
- Established 23 Cholera Treatment Centres (CTC) and Treatment Units.
- Organized 318 response coordination meetings in the 11 affected states, incl. epidemic preparedness and response plan monthly meetings.

- Sensitized approximately 569,387 people with education and promotion messages through radio and TV jingles in English and local languages.
- Engaged community informants and more than 13,000 town announcers to facilitate risk communication.
- Trained 237 community leaders on case identification and community case definition to support community mobilization against cholera outbreaks.

**UNICEF (Health):** With the funding made available, UNICEF through its implementing partners provided clinical outpatient department (OPD) services which reached 371,211 individuals, 47,348 of whom were managed for acute watery diarrhoea. Six oral rehydration points (ORPs) were provided and 60 health workers were trained on case identification, management and referral of cholera cases.

**UNICEF (WASH):** The WASH interventions directly benefitted 134,905 direct beneficiaries through key hygiene messages on cholera transmission, key behaviours to break transmission and how to control the spread of cholera. Specific achievements are as follow:

- 18,000 people benefitted from WASH non-food item and hygiene replenishment kits in Borno and Yobe States.
- 63,600 and 3,500 people were provided potable water through trucking in Yobe and Borno state respectively.
- 116,070 people gained accessed to safe water sources through the construction of 5 motorized water systems in Jere and Maiduguri LGAs (Bulabulin, Nganaram, Gwange and Shuwari settlements) of Borno state, construction of 30 and rehabilitation of 149 hand pumps in 23 affected and at-risk communities of Mubi North, Maiha, Girei, Fufore and Hong LGAs of Adamawa state.
- Water treatment was sustained: pool testers and hydrogen sulphide tests were used for water quality monitoring across 712 water sources in 19 camps and host communities of Borno state. 3,000 households in Jere and Maiduguri LGAs received and used water purification tablets (3 months' supply)
- 82,950 people are using safe sanitation facilities through construction of 100 latrines and 50 bath shelters and repair of 1,594 latrines in Yola South, Girei, Song, Fufore LGAs of Adamawa state and Damboa, Dikwa, Konduga, Mafa, Monguno, Ngala, Jere and Maiduguri LGAs of Borno State.

## 5. PEOPLE REACHED

Tables 4-5 show figures on beneficiaries reached on age, gender and category. For table 4, the WASH beneficiaries, as reported by UNICEF being the sole implementer for WASH under this allocation, are reflected. On the other hand, the beneficiaries for health show a reflection of highest numbers between WHO and UNICEF that implemented under this sector. Since WHO had the highest numbers for SADD, table 4 reflects beneficiary count for health as reported by WHO.

For table 5, the beneficiaries reached are based on the total of WASH and Health in table 4.

For table 6, the beneficiary category is based on the highest number per category for WASH and Health. The figures used followed the classification of beneficiary for WASH and Health consisting of IDPs and host populations.

**18-RR-NGA-32765 TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR[1]**

| Cluster/Sector | Female | | | Male | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|
| | Girls (< 18) | Women (≥ 18) | Total | Boys (< 18) | Men (≥ 18) | Total | Children (< 18) | Adults (≥ 18) | Total |
| WASH - Water, Sanitation and Hygiene | 40,600 | 32,665 | **73,265** | 33,500 | 28,140 | **61,640** | 74,100 | 60,805 | **134,905** |
| Health - Health | 151,450 | 147,669 | **299,119** | 144,540 | 151,266 | **295,806** | 295,990 | 298,935 | **594,925** |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **TOTAL** | **192,050** | **180,334** | **372,384** | **178,040** | **179,406** | **357,446** | **370,090** | **359,740** | **729,830** |

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

**18-RR-NGA-32765 TABLE 5: TOTAL NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING[2]**

| | Female | | | Male | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|
| | **Girls** (< 18) | **Women** (≥ 18) | **Total** | **Boys** (< 18) | **Men** (≥ 18) | **Total** | **Children** (< 18) | **Adults** (≥ 18) | **Total** |
| **Planned** | 120,230 | 114,822 | **235,052** | 114,418 | 110,624 | **225,042** | 234,648 | 225,446 | **460,094** |
| **Reached** | 192,050 | 180,334 | **372,384** | 178,040 | 179,406 | **357,446** | 370,090 | 359,740 | **729,830** |

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

**18-RR-NGA-32765 TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY**

| **Category** | **Number of people (Planned)** | **Number of people (Reached)** |
|---|---|---|
| Refugees | 0 | 0 |
| IDPs | 101,220 | 193,973 |
| Host population | 358,874 | 535,857 |
| Affected people (none of the above) | 0 | 0 |
| **Total** (same as in table 5) | **460,094** | **729,830** |

## 6. CERF's ADDED VALUE

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

YES ☒ PARTIALLY ☐ NO ☐

Following the onset of the largest cholera outbreak in Nigeria in the last three years and while technical and financial resources were mobilized to strengthen the country overall and long-term capacity to better prevent and detect cholera outbreaks, the CERF project helped in kick-starting immediate response and fast delivery of humanitarian assistance to reduce excess deaths in the affected communities. This included the rapid initiation of emergency disease surveillance (active case search), risk communication, case management, logistics and medical supplies.

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

YES ☒ PARTIALLY ☐ NO ☐

The 2018 cholera outbreak was the largest outbreak in the country with close to 50,000 suspected cases and more than 800 deaths - about 25per cent of cases occurring among children aged 5-14 years. While efforts were underway to strengthen the long-term capacity of the country to better protect its population against cholera, the magnitude of the outbreak surpassed the existing surveillance, case management, coordination and overall response capacity of the affected states. The CERF allocation enabled UNICEF and WHO to deliver time-critical interventions to stop the further spread of the outbreak and provide immediate life-saving assistance to the affected communities.

**c) Did CERF improve coordination amongst the humanitarian community?**

YES ☒ PARTIALLY ☐ NO ☐

The CERF allocation enabled the development and implementation of a coordinated and inter-sectoral by bringing together WASH and Health sectors and related partners to contribute to one coherent plan. The activation of the CERF RR also provided a platform for all relevant implementing partners to exchange and reflect on the implementation of the response, address risks of overlap, gaps and challenges under the overall coordination and support of OCHA-Nigeria.

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

YES ☒ PARTIALLY ☐ NO ☐

The activation of the CERF RR raised awareness among partners, stressing the urgency to address the cholera outbreak. This created the momentum around the need to mobilize resources and scale-up the cholera response against cholera. This was evidenced by the deployment of more federal government resources to address WASH and Cholera prevention and control in Nigeria with the support of development partners and international organizations such as WHO and UNICEF. Furthermore, CERF funding was used to help improve resource mobilization for borehole construction and supervisors monitoring the construction works in Yobe State.

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

The CERF response complemented the on-going humanitarian response in north-east Nigeria by addressing various factors worsening the health situation in the region and in other parts of the country. The CERF funding addressed the limited surveillance capacity against epidemic-prone diseases, lack of trained staff, lack of supplies and insufficient community engagement and sensitization, among others.

## 7. LESSONS LEARNED

**TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT**

| Lessons learned | Suggestion for follow-up/improvement |
|---|---|
| The CERF-WHO project was successful and showed the added value of such life-saving intervention in enabling partners to kick-start the response to an outbreak of epidemic prone disease. However, the impact of such intervention could be further maximised by earlier finalization of administrative/contractual negotiations in the early stage of the outbreak. | Earlier and faster finalization of the administrative negotiations and disbursement of funds in accordance with a no-regret approach could effectively contribute in implementing time-critical response activities before the peak of the outbreak and further influence the evolution of the epidemic. An advanced indication of the allocation would guide agencies as they explore other resources. |

**TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS**

| Lessons learned | Suggestion for follow-up/improvement | Responsible entity |
|---|---|---|
| Early release of funds will be helpful as it will enable timely response especially prior to the rainy season. | Early indication/confirmation of funding, engage agency global counterparts at HQ as early as possible | WHO |
| Advocacy at higher levels to ensure timely declaration of outbreak to support timely mobilization and response. | Engagement with government | Health sector |
| Cholera mitigation measures in communities during the pre-cholera season can be made more effective. Monitoring of free residual chlorine (FRC) in sources used by unregulated water vendors showed that there is a risk of unregulated vendors not playing an effective role in the cholera preparedness and response mechanism/ breaking | Formally enlist the participation of unregulated water vendors in water supply chain integrity by engaging them in cholera awareness, water quality monitoring along the water supply chain in which they are involved and proper cleaning and disinfecting of jerry cans. | UNICEF |

| | | |
|---|---|---|
| transmission of cholera. | | |
| Operational presence is key. In WHO's case, all targets have been met and more than 88per cent of the key performance targets exceeded upon completion of the implementation of this project. WHO's operational health emergency capacity and field presence throughout Nigeria (at local, state and federal levels) positions itself as a key and effective partner in response to health emergencies in the country. Its presence throughout Nigeria across the 3 structures of the health system (federal – state - local) enables the organization to effectively engage with all competent authorities, mobilize technical and logistical resources, and fast track the implementation of complex emergency interventions. | Continue to utilize this strength in other/ future response. Other health partners should also be able to demonstrate such strength to immediately respond to outbreaks. | Health sector/ WHO |
| As cholera has become endemic in Nigeria, there is a need to engage on the development actors on the preparedness aspect. | Engage with the government on long-term issues (WASH in schools, health centres, etc.), advocacy at high levels | Health sector |
| Need to increase funding as funds received were inadequate for the response. | Advocacy for increased funding levels, engage agency global counterparts at HQ as early as possible | UNICEF |
| In urban areas, there are large schools with enrolment exceeding 4,000 pupils (age range from 5 years to 12 years) without adequate handwashing facilities, toilets and drinking water stations, hence an increased risk of cholera in these learning spaces.<br><br>Pre-cholera prevention measures must include ensuring adequate WASH facilities in learning spaces with high populations to promote and sustain good behaviour practices such as hand washing with soap at critical times during school break times. | School management committees in cholera endemic areas must be adequately sensitized to promote (demand from the authorities) fulfilment of comprehensive cholera preparedness in school programmes which would ensure adequate WASH facilities are maintained in all schools.<br><br>The WASH and Education sectors must collaborate to ensure school standards and policies demand fulfilment of adequate cholera prevention services in all schools. | UNICEF |

# PART II

## 8. PROJECT REPORTS

### 8.1. Project Report 18-RR-CEF-114 - UNICEF

| 1. Project Information | | | |
|---|---|---|---|
| **1. Agency:** | UNICEF | **2. Country:** | Nigeria |
| **3. Cluster/Sector:** | Health - Health | **4. Project Code (CERF):** | 18-RR-CEF-114 |
| **5. Project Title:** | To provide Oral Rehydration Points (ORP) in host community clinics in locations of Cholera outbreaks in Borno and Yobe States of north-east Nigeria | | |
| **6.a Original Start Date:** | 02/11/2018 | **6.b Original End date:** | 01/05/2019 |
| **6.c. No-cost Extension:** | ☒ No ☐ Yes | if yes, specify revised end date: | N/A |
| **6.d Were all activities concluded by the end date?** (including NCE date) | | ☐ No ☒ Yes (if not, please explain in section 3) | |

| 7. Funding | | |
|---|---|---|
| | **a. Total requirement for agency's sector response to current emergency:** | US$ 750,000 |
| | **b. Total funding received for agency's sector response to current emergency:** | US$ 692,368 |
| | **c. Amount received from CERF:** | US$ 292,368 |
| | **d. Total CERF funds forwarded to implementing partners** | **US$ 110,209.14** |
| | of which to: | |
| | ▪ Government Partners | US$ 110,209.14 |
| | ▪ International NGOs | US$ 0 |
| | ▪ National NGOs | US$ 0 |
| | ▪ Red Cross/Crescent | US$ 0 |

### 2. Project Results Summary/Overall Performance

With the funding made available, UNICEF through its implementing partners provided clinical outpatient department (OPD) services which reached 371,211 individuals, 47,348 of whom were managed for acute watery diarrhoea. Six ORPs were provided and 60 health workers were trained on case identification, management and referral of cholera cases.

### 3. Changes and Amendments

There was no significant discrepancy between planned and reached beneficiaries. More beneficiaries were reached with other resources that were leveraged to support an adequate response. UNICEF leveraged its regular resources to pay for salaries of staff at all the health facilities which treated patients for cholera, AWD and other ailments.

### 4. People Reached

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

| | Female | Male | Total |
|---|---|---|---|

| | Girls (< 18) | Women (≥ 18) | Total | Boys (< 18) | Men (≥ 18) | Total | Children (< 18) | Adults (≥ 18) | Total |
|---|---|---|---|---|---|---|---|---|---|
| **Planned** | 67,292 | 57,216 | **124,508** | 64,654 | 50,739 | **115,393** | 131,946 | 107,955 | **239,901** |
| **Reached** | 85,193 | 109,268 | **194,461** | 81,852 | 96,898 | **178,750** | 167,045 | 206,166 | **373,211** |

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

| Category | Number of people (Planned) | Number of people (Reached) |
|---|---|---|
| Refugees | 0 | 0 |
| IDPs | 80,000 | 140,874 |
| Host population | 159,901 | 232,337 |
| Affected people (none of the above) | 0 | 0 |
| **Total (same as in 4a)** | **239,901** | **373,211** |
| *In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:* | Thanks to strong community engagement and sensitization, the number of people reached through OPD services increased. This accounts for the discrepancy between planned targets and achieved results. The displacement of civilian population from Rann, Baga, Guzamala and Monguno caused by increased hostilities between armed groups increased the demand for services, particularly in Maiduguri, Jere, Konduga and Ngala. | |

## 5. CERF Result Framework

| | |
|---|---|
| **Project objective** | To provide life-saving Primary Health Care interventions to victims of Cholera outbreak and their families in locations of outbreak in Borno and Yobe States |

| **Output 1** | People reached with life-saving PHC services including cases of cholera and AWD | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |
| Indicator 1.1 | Number of people managed for cholera and AWD | 59,975 (25%) | 47,348 (13%) | OPD Registers |
| Indicator 1.2 | Number of people reached with other PHC services | 215,910 (90%) | 325,863 (87%) | OPD Registers |
| **Explanation of output and indicators variance:** | | The number of people reached for cholera and AWD was slightly missed as funding from this grant came in at a time containment of the outbreak had reached a peak level meaning less cases were being seen and the preventive and promotive activities were bearing results. The number of people reached through OPD services account for the large discrepancy between planned targets and achieved results. Displacement of civilian population from Rann, Baga, Guzamala and Monguno as a result of increased hostilities between armed groups increased the demand for services in Maiduguri, Jere, Konduga and Ngala. Funding from UNICEF regular resources was leveraged to ensure payment of salaries of staff and these staff were responsible for the demand creation | | |
| **Activities** | **Description** | **Implemented by** | | |
| Activity 1.1 | Provision of treatment to patients with Cholera and AWD at ORPs | Borno State Primary Health Care Development Agency and Yobe State Primary Health Care Management Board | | |
| Activity 1.2 | Provision emergency life-saving PHC services | Borno State Primary Health Care Development Agency and Yobe State Primary Health Care Management Board | | |

| Output 2 | Set up Oral Rehydration Points in the Host community clinics and provided services | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |
| Indicator 2.1 | Number of ORPs set in 6 selected sites in Borno and Yobe | 6 | 6 | Certificate of Completion, Site Visits |
| Indicator 2.2 | Number of health workers trained on case identification, management and referral of Cholera cases | 60 | 60 | Certificate of Completion, Site Visits |
| **Explanation of output and indicators variance:** | | N/A | | |
| **Activities** | **Description** | **Implemented by** | | |
| Activity 2.1 | Set up 6 ORPs in 6 host community clinics in Borno and Yobe | Borno State Primary Health Care Development Agency and Yobe State Primary Health Care Management Board | | |
| Activity 2.2 | Train Health workers on case identification, management and referral of AWD/Cholera cases | Borno State Primary Health Care Development Agency and Yobe State Primary Health Care Management Board | | |

| Output 3 | People referred from Host community clinics to next level of care | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |
| Indicator 3.1 | Number of severe cholera and AWD severe cases referred for next level of care | 2,998 (5%) | 140 (4.7%) | Facility OPD Registers and Referral Forms |
| Indicator 3.2 | Number of people with other medical conditions referred to next level of care | 10,796 (5%) | 1,070 (9.9%) | Facility OPD Registers and Referral Forms |
| **Explanation of output and indicators variance:** | | Delays in disbursement of funds meant initial referrals were done with other funds, and the effectiveness of the preventive and health promotion interventions during the initial cholera outbreak response, meant that original targets set were not achieved. It was important to ensure adequate supplies were available hence CERF funding was used largely to ensure availability of medicines and other essential supplies to allow for adequate response. | | |
| **Activities** | **Description** | **Implemented by** | | |
| Activity 3.1 | Referral of severe cholera and severe AWD cases for next level of care | Borno State Primary Health Care Development Agency and Yobe State Primary Health Care Management Board | | |
| Activity 3.2 | Referral of people with other medical conditions to next level of care | Borno State Primary Health Care Development Agency and Yobe State Primary Health Care Management Board | | |

| Output 4 | Engage local communities to prevent spread of Cholera | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |
| Indicator 4.1 | Inform and sanitize people in the high risk IDP camps and host communities about cholera prevention and preparedness | 215,910 (90%) | 161,492 (75%) | Cholera Mobilizer's Administrative Data |
| Indicator 4.2 | Support communities at risk in cholera prevention | 60 | 168 | Cholera mobilizer's administrative data |
| Indicator 4.3 | Increase awareness and knowledge on prevention of Cholera among the general population | 80% | 75% | Cholera mobilizer's administrative data |

| | |
|---|---|
| **Explanation of output and indicators variance:** | 643 mobilizers were deployed in 168 hotspots/high risk communities (180% increase over initial planed 60 communities) to sensitize households on cholera prevention and control for response effectiveness following state team identification of hotspots. Over 480,343 persons were sensitized using house to house mobilization, compound meetings, community dialogues and motorized public announcements supported by information officers.<br>Use of media and social mobilizers was prioritized over OBD for effectiveness of response |

| **Activities** | **Description** | **Implemented by** |
|---|---|---|
| Activity 4.1 | Mobilization of 12 Cholera promotion field coordinators in Borno and Yobe | Borno State Primary Health Care Development Agency and Yobe State Primary Health Care Management Board |
| Activity 4.2 | Distribution of 1,500 IEC materials | Borno State Primary Health Care Development Agency and Yobe State Primary Health Care Management Board |
| Activity 4.3 | OBD Calls to mobile network customers in three local languages (Hausa, Kanuri, and English) recorded by high-level religious leaders (Imam, Shehu, Bishop) | Borno State Primary Health Care Development Agency and Yobe State Primary Health Care Management Board |
| Activity 4.4 | Community dialogue activities set (event materials, promotion materials) | Borno State Primary Health Care Development Agency and Yobe State Primary Health Care Management Board |

## 6. Accountability to Affected People

A) Project design and planning phase:

UNICEF held consultations with the Borno and Yobe SMoHs and SPHCDAs at various levels during project design, implementation and monitoring. The setting up of service points was designed by the SPHCDA. The Bulamas and community leaders were called for a meeting by the Government Authorities to inform them about the cholera outbreak and the need to set up ORPs for their populations as well as other key hygiene messages. They were also informed that all the services will be free of charge.

B) Project implementation phase:

In the course of implementing this project, UNICEF relied on the activities of community mobilizers and influencers to ensure adequate dissemination of the services available in camp clinics and host community health facilities. The traditional ruling structure was engaged to ensure the participation of all vulnerable community members. Services were rendered in a non-discriminatory manner, that respects cultural sensitivities and also prioritizes pregnant women, children and the elderly.

C) Project monitoring and evaluation:

The Bulamas and community leaders were part of the project monitoring, ensuring that the project benefited the target population.

## 7. Cash-Based Interventions

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

| **Planned** | **Actual** |
|---|---|
| No | Choose an item. |

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

| **CBI modality** | **Value of cash (US$)** | **a. Objective** | **b. Conditionality** | **c. Restriction** |
|---|---|---|---|---|
| No | US$ [insert amount] | Choose an item. | Choose an item. | Choose an item. |

| *Supplementary information (optional)*<br>N/A |
|---|

| **8. Evaluation: Has this project been evaluated or is an evaluation pending?** | |
|---|---|
| No evaluation planned. | EVALUATION CARRIED OUT ☐ |
| | EVALUATION PENDING ☐ |
| | NO EVALUATION PLANNED ☒ |

## 8.2. Project Report 18-RR-CEF-115 - UNICEF

| 1. Project Information | | | |
|---|---|---|---|
| **1. Agency:** | UNICEF | **2. Country:** | Nigeria |
| **3. Cluster/Sector:** | Water Sanitation Hygiene - Water, Sanitation and Hygiene | **4. Project Dode (CERF):** | 18-RR-CEF-115 |
| **5. Project Title:** | WASH Response to cholera outbreak in Borno, Yobe and Adamawa States, North East Nigeria | | |
| **6.a Original Start Date:** | 24/09/2018 | **6.b Original End Date:** | 23/03/2019 |
| **6.c. No-cost Extension:** | ☒ No ☐ Yes | if yes, specify revised end date: | N/A |
| **6.d Were all activities concluded by the end date?** (including NCE date) | | ☐ No ☒ Yes (if not, please explain in section 3) | |

| 7. Funding | | |
|---|---|---|
| | **a. Total requirement for agency's sector response to current emergency:** | US$ 3,530,287 |
| | **b. Total funding received for agency's sector response to current emergency:** | US$ 1,059,082 |
| | **c. Amount received from CERF:** | US$ 1,059,082 |
| | **d. Total CERF funds forwarded to implementing partners** | **US$ 593,196.40** |
| | of which to: | |
| | ▪ Government Partners | US$ 593,196.40 |
| | ▪ International NGOs | US$ 0 |
| | ▪ National NGOs | US$ 0 |
| | ▪ Red Cross/Crescent | US$ 0 |

### 2. Project Results Summary/Overall Performance

- 134,905 direct beneficiaries were reached with key hygiene messages on cholera transmission, key behaviours to break transmission and how to control the spread of cholera.
- 18,000 people benefitted from WASH non-food item and hygiene replenishment kits in Borno and Yobe States.
- 63,600 and 3,500 people were provided potable water through trucking in Yobe and Borno state respectively.
- 116,070 people gained accessed to safe water sources through the construction of 5 motorized water systems in Jere and Maiduguri LGAs (Bulabulin, Nganaram, Gwange and Shuwari settlements) of Borno state, construction of 30 and rehabilitation of 149 hand pumps in 23 affected and at-risk communities of Mubi North, Maiha, Girei, Fufore and Hong LGAs of Adamawa state.
- Water treatment was sustained: pool testers and hydrogen sulphide tests were used for water quality monitoring across 712 water sources in 19 camps and host communities of Borno state. 3,000 households in Jere and Maiduguri LGAs received and used water purification tablets (3 months' supply).
- 82,950 people are using safe sanitation facilities through construction of 100 latrines and 50 bath shelters and repair of 1,594 latrines in Yola South, Girei, Song, Fufore LGAs of Adamawa state and Damboa, Dikwa, Konduga, Mafa, Monguno, Ngala, Jere and Maiduguri LGAs of Borno State.

### 3. Changes and Amendments

There were significant discrepancies between planned and reached beneficiaries with regards to output 2 and output 3. Due to increased demand for water at the CTCs and cholera-affected communities, the amount of water trucked and number of water facilities construction/rehabilitated was increased. Also, due to an emergency situation caused by windstorms in target locations, sanitation facilities had to be prioritized over the provision of medical waste management facilities, owing to the increase in beneficiaries reached.

## 4. People Reached

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

| | Female | | | Male | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|
| | **Girls** (< 18) | **Women** (≥ 18) | **Total** | **Boys** (< 18) | **Men** (≥ 18) | **Total** | **Children** (< 18) | **Adults** (≥ 18) | **Total** |
| **Planned** | 40,200 | 32,160 | **72,360** | 33,500 | 28,140 | **61,640** | 73,700 | 60,300 | **134,000** |
| **Reached** | 40,600 | 32,665 | **73,265** | 33,500 | 28,140 | **61,640** | 74,100 | 60,805 | **134,905** |

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

| **Category** | **Number of people (Planned)** | **Number of people (Reached)** |
|---|---|---|
| Refugees | 0 | 0 |
| IDPs | 67,000 | 67,905 |
| Host population | 67,000 | 67,000 |
| Affected people (none of the above) | 0 | 0 |
| **Total (same as in 4a)** | **134,000** | **134,905** |

| | |
|---|---|
| *In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:* | The project target was reached. It is worth mentioning that there was an escalation of cases in host communities and in informal IDP camps that led to the need to expand cholera awareness activities in host communities using other resources. As a result, all 85 social mobilizers targeted covering the cholera affected and cholera risk informal camps and host communities were trained and deployed. The cholera awareness intervention reached 134,905 people overall. Up to 50per cent of the beneficiaries covered were in host communities. |

## 5. CERF Result Framework

| | |
|---|---|
| **Project objective** | To contain and stop cholera transmission in affected areas and prevent spread to further areas |

| **Output 1** | Social mobilization: 134,000 people receive messages on cholera awareness (transmission context, key behaviours to break transmission and how to control spread) | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |
| Indicator 1.1 | Number of households visited by social mobilizers and hygiene promotors | 19,000 households | 19,000 | Activity report |
| Indicator 1.2 | Number of radio stations broadcasting messages | 3 | 3 | Activity Reports, Recording of Jingles etc |
| Indicator 1.3 | Number of TV stations broadcasting key messages | 3 | 3 | Activity Reports, Recording of Jingles etc |
| **Explanation of output and indicators variance:** | | 19,000 households reached overall, with an average of 6 to 8 persons per household. | | |
| **Activities** | **Description** | | **Implemented by** | |

| | | |
|---|---|---|
| Activity 1.1 | Social mobilization in affected wards and LGAs to create awareness and initiate action to control and block transmission of cholera | RUWASSA and Communication for Development (C4D) |
| Activity 1.2 | Hygiene Promotion in affected communities to support risk informed behaviour change to stop cholera transmission | RUWASSAs, Adamawa LGA WASH UNIT and Communication for Development |
| Activity 1.3 | Broadcasting of key messages on radio, TV, and outside broadcasting to reinforce cholera awareness and health seeking behaviour | Association of Journalists |

| **Output 2** | Facilities for safe drinking water provided | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |
| Indicator 2.1 | Cubic metres safe water trucked to cholera treatment centres and affected communities | 1,800 | 2,100 | Water trucking Monitoring report |
| Indicator 2.2 | Number of water facilities repaired or rehabilitated | 86 | 149 | Number of Water facilities provided |
| Indicator 2.3 | Number of new hand pump facilities constructed | 30 | 30 | Number of hand pump constructed |
| Indicator 2.4 | Number of new motorized water facilities | 1 | 5 | Number of new motorized constructed |
| Indicator 2.5 | Number of WASHCOMS trained | 85 | 85 | Activity report and Sustainability of WASH intervention |
| Indicator 2.6 | Number of Local Area Mechanics (LAMs) trained | 15 | 6 | Activity reports and functionality of water facilities |
| **Explanation of output and indicators variance:** | There was significant discrepancy between planned and reached beneficiaries due to greater needs in communities affected by cholera.<br><br>Due to increased demand at the CTCs, 2,100 $m^3$ of water was trucked against a target of 1,800 $m^3$. Additional handpumps were rehabilitated (86 planned and 149 completed, according to the demand in the communities affected with cholera). It was a viable strategy which was more cost-effective than constructing new handpumps in these communities.<br><br>There was a greater need for motorized boreholes in affected communities and the advantage is that they provide more output reaching more beneficiaries.<br><br>Only 6 LAMs were achieved using CERF funds. In coordination with other partners, 9 more were trained using other funding source prior to the disbursement of CERF funds in Adamawa and part of the CERF funds were channelled to the provision of water supply facilities | | | |

| Activities | Description | Implemented by |
|---|---|---|
| Activity 2.1 | Deliver chlorinated water by water trucking to patients and affected communities without safe sources of drinking water | Long Term Agreements contractors (Geo Amal Ventures & Jibzib Global Nigeria) |
| Activity 2.2 | Repair or rehabilitate hand pump boreholes to restore access to safe water and ameliorate risk of cholera transmission | RUWASA and affiliated contractors |
| Activity 2.3 | Drill and install hand pump boreholes to provide access to safe water and ameliorate risk of cholera transmission | RUWASA and affiliated contractors |
| Activity 2.4 | Drill and install motorized/solar boreholes to provide access to safe water and ameliorate risk of transmission of cholera | RUWASA and affiliated contractors |
| Activity 2.5 | Form and train WASHCOMS to maintain and sustain access to safe water | RUWASSAs |
| Activity 2.6 | Train Local Area Mechanics to maintain water facilities | RUWASSAs & Local Government Areas WASH units |

| **Output 3** | Provide commodities and facilities for improving hygiene behaviour | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |
| Indicator 3.1 | Number of households that receive cholera kits | 14,000 | 13,600 | Distribution Report |
| Indicator 3.2 | Number of latrines provided | 20 | 100 | Number of latrines provided |
| Indicator 3.3 | Number of bath shelters provided | 10 | 50 | Number of bath-shelters provided |
| Indicator 3.4 | Number of Hygiene Promoters | 85 | 85 | Activity Report/Attendance |
| Indicator 3.5 | Number of medical waste management stations | 5 | 0 | Field Monitoring Reports |
| **Explanation of output and indicators variance:** | | 1,574 latrines in cholera-affected communities were damaged by windstorms and required immediate rehabilitation. In coordination with partners, the sector prioritized these needs more than medical waste management stations due to the Cholera outbreak. Also, 80 additional latrines and 30 bath shelters were provided as these were also high priority interventions | | |

| **Activities** | **Description** | **Implemented by** |
|---|---|---|
| Activity 3.1 | Procure and distribute cholera kits to enable behaviour change at household level | UNICEF and RUWASSAs |
| Activity 3.2 | Clean and disinfect latrines to ameliorate risk of cholera transmission | RUWASSA & Camp Management[1] |
| Activity 3.3 | Training of 10 State and 40 LGA staff in mainstreaming EPR and DRR in WASH interventions to strengthen prevention and control of outbreaks and secure WASH facilities | Due to high demand/needs of latrines, funds utilized for latrines repair |
| Activity 3.4 | Training of hygiene promoters to facilitate behaviour change | UNICEF and RUWASSAs |
| Activity 3.5 | Construct medical waste management stations to control transmission risk | Was not carried out. Related to indicator 3.5. explanation provided above on the variance between target and achievement. |

[1] By the time the CERF funds were available, the PCA with NEWSAN had expired. UNICEF already rapid response team in RUWASSA, which was immediately mobilized to carry out the activity.

## 6. Accountability to Affected People

A) Project design and planning phase:

Throughout the project cycle, community leadership (Bulamas, and camp leaders) was engaged in selecting priority needs and sites for WASH facilities. Their preferences guided the process to the extent that it was technically feasible.

B) Project implementation phase:

Different population strata from the communities were separately consulted including: girls, boys, women, and men, older people and those with disabilities, to ensure design safety, dignity and preferences in the context of inclusiveness and non-discrimination. In addition, they were further informed on the approved plans and engaged in its implementation and monitoring.

Furthermore, the WASH intervention was implemented in an integrated manner, with close coordination with the sector working groups to minimize duplication and for inter-sector linkages in collaboration with NEMA/SEMA.

C) Project monitoring and evaluation:

The implementation plan was overseen by UNICEF through the WASH Manager based in Maiduguri and assisted by national officers and LGA facilitators. WASH teams including a specialist, officers and consultants/facilitators drawn from the UNICEF field offices (FO) in Maiduguri, Borno and Bauchi (Bauchi State) played a key role in project activity implementation and monitoring, in partnership with the government agencies in co-ordination with other implementing partners.

## 7. Cash-Based Interventions

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

| Planned | Actual |
|---|---|
| No | Choose an item. |

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

| CBI modality | Value of cash (US$) | a. Objective | b. Conditionality | c. Restriction |
|---|---|---|---|---|
| | US$ [insert amount] | Choose an item. | Choose an item. | Choose an item. |

*Supplementary information (optional)*
N/A

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

| | |
|---|---|
| No evaluation planned. | EVALUATION CARRIED OUT ☐ |
| | EVALUATION PENDING ☐ |
| | NO EVALUATION PLANNED ☒ |

## 8.3. Project Report 18-RR-WHO-045 - WHO

| 1. Project Information | | | |
|---|---|---|---|
| **1. Agency:** | WHO | **2. Country:** | Nigeria |
| **3. Cluster/Sector:** | Health - Health | **4. Project Code (CERF):** | 18-RR-WHO-045 |
| **5. Project Title:** | Emergency health response to support the Cholera outbreak and strengthen disease surveillance for Acute watery diarrhoea (AWD)/Cholera disease in Eleven (11) States in Nigeria. | | |
| **6.a Original Start Date:** | 10/09/2018 | **6.b Original End Date:** | 09/03/2019 |
| **6.c. No-cost Extension:** | ☒ No ☐ Yes | if yes, specify revised end date: | N/A |
| **6.d Were all activities concluded by the end date?** (including NCE date) | | ☐ No ☐ Yes (if not, please explain in section 3) | |

| 7. Funding | | |
|---|---|---|
| | **a. Total requirement for agency's sector response to current emergency:** | US$ 3,666,667 |
| | **b. Total funding received for agency's sector response to current emergency:** | US$ 100,000 |
| | **c. Amount received from CERF:** | US$ 901,155 |
| | **d. Total CERF funds forwarded to implementing partners** | **US$ 0** |
| | of which to: | |
| | ▪ Government Partners | US$ 0 |
| | ▪ International NGOs | US$ 0 |
| | ▪ National NGOs | US$ 0 |
| | ▪ Red Cross/Crescent | US$ 0 |

### 2. Project Results Summary/Overall Performance

With the support of CERF through this RR grant, this WHO project successfully provided life-saving interventions to 594,925 people including 295,990 children and 298,935 women and girls in 11 states across north-east, north-west and north-central Nigeria in response to the largest cholera outbreak in the country. This represents an excess of 28per cent compared with the initial number of beneficiaries considered at the time of the development of the project.

Relying on WHO's extensive field presence throughout the affected areas and operational capacity, this project successfully contributed in increasing the operational capacity of the affected States to provide life-saving assistance to the affected population and reduce mortality and morbidity. The project achieved the following:

- Trained 7,194 health workers and volunteers on cholera surveillance and case management.
- Procured, distributed and provided supplies to manage cholera to 65 Local Government Areas.
- Established 23 Cholera Treatment Centres (CTC) and Treatment Units.
- Organized 318 response coordination meetings in the 11 affected states, incl. epidemic preparedness and response plan monthly meetings.
- Sensitized approximately 569,387 people with education and promotion messages through radio and TV jingles in English and local languages.
- Engaged community informants and more than 13,000 town announcers to facilitate risk communication.
- Trained 237 community leaders on case identification and community case definition to support community mobilization against cholera outbreaks.

As a whole, the project exceeded 88per cent of the key performance indicators identified at the inception of the report. The CERF-

supported interventions contributed in saving individuals and their communities against this cholera outbreak and the related mortality and morbidity through strengthened early detection and confirmation capacity, prompt management of identified cholera cases, response coordination and increased risk awareness.

## 3. Changes and Amendments

The WHO intervention reached a greater number of beneficiaries exceeding its initial target by 28 percent. This was made possible by the mobilization of the combined WHO immunization and health emergency structures in all affected states.

## 4. People Reached

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

| | Female | | | Male | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|
| | **Girls** (< 18) | **Women** (≥ 18) | **Total** | **Boys** (< 18) | **Men** (≥ 18) | **Total** | **Children** (< 18) | **Adults** (≥ 18) | **Total** |
| **Planned** | 120,230 | 114,822 | **235,052** | 114,418 | 110,624 | **225,042** | 234,648 | 225,446 | **460,094** |
| **Reached** | 151,450 | 147,669 | **299,119** | 144,540 | 151,266 | **295,806** | 295,990 | 298,935 | **594,925** |

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

| **Category** | **Number of people (Planned)** | **Number of people (Reached)** |
|---|---|---|
| Refugees | 0 | 0 |
| IDPs | 101,220 | 126,068 |
| Host population | 358,874 | 468,857 |
| Affected people (none of the above) | 0 | 0 |
| **Total (same as in 4a)** | **460,094** | **594,955** |
| *In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:* | The WHO intervention reached a greater number of beneficiaries exceeding its initial target by 28 percent. This was made possible by the mobilization of the combined WHO immunization and health emergency structures in all affected states. | |

## 5. CERF Result Framework

| | |
|---|---|
| **Project objective** | To reduce AWD/ Cholera-related morbidity and mortality in the ongoing outbreaks in eleven (11) affected states in Nigeria |

| **Output 1** | Early detection and confirmation of cholera cases for rapid response | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |
| Indicator 1.1 | # of Health workers and volunteer trained on cholera surveillance and case management | 495 | 7,194 | Training, field and activity reports |
| Indicator 1.2 | Proportion of AWD/Cholera alerts verified and responded to within 48 hours | 90% | 88% | EWARS and IDSR alert verification logs for all 11 targeted states |

| | |
|---|---|
| **Explanation of output and indicators variance:** | By mobilizing its health emergency and immunization structures in the affected states, WHO was able to significantly exceed the number of health workers and volunteers trained on cholera surveillance and case management.<br><br>This contributed in improving the capacity of the States to verify and response to AWD and cholera alerts within 48 hours. |

| **Activities** | **Description** | **Implemented by** |
|---|---|---|
| Activity 1.1 | Training of Health workers and volunteers on cholera surveillance and case management | WHO |
| Activity 1.2 | Surveillance and Early Case Detection | WHO |
| Activity 1.3 | Investigation of all reported rumours of cholera outbreak | WHO |

| **Output 2** | Prompt management of identified cholera cases | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |
| Indicator 2.1 | # of LGAs provided with supplies to manage cholera cases | 22 | 65 | Distribution list with State Epidemiologist SMOH |
| Indicator 2.2 | # of Cholera Treatment Centres (CTCs) and Cholera Treatment Units (CTUs) established | 16 | 23 | Coordination and activity reports |
| Indicator 2.3 | Proportion of cholera cases treated within 24hours | 90% | 95% | Situation reports |
| **Explanation of output and indicators variance:** | | Having mobilized its emergency procurement procedures and distribution mechanisms, WHO was able to increase the number of LGAs provided with supplies to manage cholera cases with up to 65 LGAs supplied.<br><br>Similarly, the WHO field presence in all affected states enabled the intervention to exceed the number of CTCs and CTUs supported through this intervention. | | |

| **Activities** | **Description** | **Implemented by** |
|---|---|---|
| Activity 2.1 | Procurement and distribution of cholera kits | WHO |
| Activity 2.2 | Establishment of CTCs and CTUs | WHO |
| Activity 2.3 | Supervision of treatment processes at cholera treatment centres/units | WHO |

| **Output 3** | Strengthened Response coordination and increased risk awareness in affected communities for behavioural modifications | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |
| Indicator 3.1 | # of people reached with health education and promotion messages | 460,094 | 569,387 | Daily field and activity reports on house to house sensitization and risk communication |
| Indicator 3.2 | # of response coordination meetings held in the 11 affected states | 24/state | 308 (i.e. 28/states) | Situation and meeting reports |
| **Explanation of output and indicators variance:** | | No significant deviation. | | |

| Activities | Description | Implemented by |
|---|---|---|
| Activity 3.1 | Conduct community sensitization activities on cholera risks and prevention through mass media engagement, mobile health campaigns, IEC materials production, etc. | WHO |
| Activity 3.2 | Hold response coordination meeting at least once weekly | WHO |

## 6. Accountability to Affected People

A) Project design and planning phase:

To ensure compliance to our commitment to the affected population, WHO enables these populations to play an active role in the decision-making processes relying on its experience working with communities in developing micro plan for health service delivery. WHO's intervention therefore took into account the diversity of the community and the views and opinions of the most vulnerable by social markers such as sex and age- this is ensured by the clear disaggregation of beneficiaries by age and sex in the design of our intervention. WHO also solicited opinions and thoughts of beneficiaries (women, girls, boys and men of different age groups) and health authorities at wards, LGA, State and federal levels. This feedback informed the design and implementation and reporting program implementation.

B) Project implementation phase:

Control of cholera outbreak relies heavily on the active involvement and participation of the beneficiaries and affected communities into the implementation the intervention. In the course of the response, accountability to the affected population was ensured by engaging existing community leadership structures in the implementation of the planned activities. This notably included training 237 Community leaders on case identification and community case definition to support discussion and engagement with communities during prayers in the mosque or church services. Through those leadership structures, community inputs were collected to inform programming and development of key health messages on the outbreak response and minimizing further transmission of cholera.

C) Project monitoring and evaluation:

Along with the above-mentioned community structure, WHO worked with the Federal and State Ministries of health and the community health workers to gather information on the perception and concerns of the beneficiaries about the outbreak and the response. This feedback fed into risk communication, response activities and other components of the response that required modification and the overall monitoring of the implementation of the intervention through regular activity reports (EWARS, IDSR, investigation, state list reports, etc.).

## 7. Cash-Based Interventions

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

| Planned | Actual |
|---|---|
| No | Choose an item. |

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

| CBI modality | Value of cash (US$) | a. Objective | b. Conditionality | c. Restriction |
|---|---|---|---|---|
| No | US$ [insert amount] | Choose an item. | Choose an item. | Choose an item. |

*Supplementary information (optional)*
N/A

| 8. Evaluation: Has this project been evaluated or is an evaluation pending? | |
|---|---|
| No evaluation planned. | EVALUATION CARRIED OUT ☐ |
| | EVALUATION PENDING ☐ |
| | NO EVALUATION PLANNED ☒ |

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

*GUIDANCE BOX (DELETE BEFORE SUBMITTING THE REPORT)*

**Annex 1:**

*Annex 1 is provided as a separate Excel table and should be submitted as a separate excel table.*

*NB Please do not insert here information from Annex 1!*

*NB Please do not modify, alter or change in any way the format of the Excel table!*

*NB Please use exclusively the pre-populated Annex 1 Excel table provided with this template! Do not create a new file by copy/pasting information from the original table.*

*In Annex I, agencies shall provide details on ALL sub-grants undertaken with Implementing Partners under each CERF grant including information on the type of implementing partners, the amounts involved and timeliness of disbursement and implementation.*

*The table should be prepared by the report **focal point** consolidating sub-grant information submitted by each recipient agency.*

*Please do not include in-kind partner arrangements in the table (e.g. the value of food for distribution by implementing partners).*

***Please note that sub-granting to other UN agencies is not allowed under CERF rules, therefore UN agencies should not be listed as sub-grantees in Annex 1.***

*Please provide one line per sub-grant (i.e. several lines per CERF project if with multiple sub-grants).*

*Please make sure that the Annex 1 table submitted to CERF contains information on all sub-grants under all projects of the allocation and is consistent with the figures reported in section 7d. of each project report.*

*Please provide the information requested in each column, as follows:*

- *CERF project code (as per approval letter) **to be selected from the drop-down list**.*
- *Cluster/sector name **to be selected from the drop-down list**.*
- *Agency name **to be selected from the drop-down list**.*
- *Implementing partner name (Extended Name and Acronym).*
- *Whether sub-grant required signing of new partnership agreement with implementing partner or if pre-existing partnership agreement was in place, **to be selected from the drop-down list**.*
- *Type of implementing partner - e.g. INGO (International NGO), NNGO (National NGO), Gov. (government partner) or RC (Red Cross/Red Crescent), **to be selected from the drop-down list**. Please do not include in the table commercial partners nor in-kind partner arrangements (e.g. the value of food for distribution by implementing partners).*
- *Total CERF funds transferred to partners in US$ (total amount subcontracted to the partner under this CERF grant).*
- *Transfer date of first instalment (If the CERF sub-grant is paid to the partner in several instalments, please indicate the date for the first instalment).*
- *Estimated start date of CERF-funded activities by partner (If the start date for partner activities predates the transfer of first instalment of CERF sub-grant, please use the 'Comments/Remarks' field to elaborate and explain the modality for this).*

## ANNEX 2: Success Stories

*GUIDANCE BOX (DELETE BEFORE SUBMITTING THE REPORT)*

**Annex 2**

*This is an optional annex to be prepared by **Agencies** willing to share success stories from the CERF funded activities. It is suggested that Annex 2 does not exceed one page per story.*

*Annex 2 should provide success stories, from one or more projects under the CERF allocation, describing the impact of a CERF funded activity on individuals and/ or communities targeted with assistance. The stories should demonstrate success and positive results. CERF might use these materials for its public outreach and visibility efforts, in particular in its Annual Report, Results Report and on online platform. Due credit will be given to each individual agency. The following should be included:*

- *Project title, duration and implementing partners.*
- *Brief description of the context and project.*
- *Number of people reached and/or relief items/assistance provided.*
- *Name of location and region/province.*
- *Basic information on individual (name, age and background).*
- *Quotes from affected persons receiving assistance.*
- *Contact person from agency for follow up.*
- *Links to photos and/or video clips.*
- *Website link if story has previously been published.*

**WHO:**

**Borno, Adamawa and Yobe States Declare End of Cholera Outbreaks**
**Tackling cholera outbreaks in North-east humanitarian emergencies**
**Yobe State requests WHO's expertise over fresh cholera outbreak**

**UNICEF: Please see attachment.**

## ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

*GUIDANCE BOX (DELETE BEFORE SUBMITTING THE REPORT)*

**Annex 3:**

*Annex 3 should be completed by the **report focal point** based on input from each recipient agency. Please spell out all acronyms when used the first time in the report and provide in alphabetical order a list of acronyms and abbreviations in annex 2 (for help in identifying all acronyms in a word document, see here:* http://www.thewritersforhire.com/writers-resources/find-acronyms-in-ms-word-document/*).*

| | |
|---|---|
| **AAH** | Action Against Hunger |
| **AWD** | Acute Watery Diarrhea |
| **C4D** | Communication for Development |
| **CTC** | Cholera Treatment Centre |
| **CTU** | Cholera Treatment Units |
| **EWARS** | Early Warning, Alert and Response System |
| **FO** | Field Office |
| **IDP** | Internally Displaced Persons |
| **IDSR** | Integrated Disease Surveillance and Response |
| **IEC** | Information, Education and Communication |
| **ISWG** | Inter-Sector Working Group |
| **$H_2S$** | Hydrogen Sulphide |
| **LGAs** | Local Government Areas |
| **LTAs** | Long Term Agreements |
| **MIRA** | Multi-Sectoral Initial Rapid Assessment |
| **MOH** | Ministry of Health |
| **NCDC** | National Center for Disease Control |
| **NEMA** | National Emergency Management Agency |
| **NFIs** | Non-food items |
| **NPHCDA** | National Primary Health Care Development Agency |
| **OBD** | Outbound Dialler |
| **OPCen** | Operations Center |
| **OPD** | Out Patient Department |
| **ORP** | Oral Rehydration Points |
| **PHC** | Primary Health Care |
| **RRT** | Rapid Response Team |
| **RUWASSA** | Rural Water Supply and Sanitation Agency |
| **SEMA** | State Emergency Management Agency |
| **SMoH** | State Ministry of Health |
| **SPHCDA** | State Primary Health Care Development Agency |
| **UNICEF** | United Nations Children's Fund |
| **WASH** | Water, Sanitation and Hygiene |
| **WHO** | World Health Organization |