RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS
NIGERIA
RAPID RESPONSE
FLOODS

RESIDENT/HUMANITARIAN COORDINATOR	**Mr. Daouda Toure**

REPORTING PROCESS AND CONSULTATION SUMMARY

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

On the 26th February 2013, the Humanitarian Country Team (HCT) under the leadership of the United Nations Resident Coordinator (UNRC) set up a monthly coordination forum for the implementing partners (IPs) including: UNICEF, UNFPA, WHO and UNHCR to report on the use of the CERF funds and challenges encountered in project implementation. The coordination forum which commenced on 8th March 2013, served as a monitoring mechanism for the partners to compare notes, clarify issues and identify common or cross cutting areas. The coordination meetings were facilitated by UNOCHA HAT with the active participation of all the IPs. The outcomes of the meetings were properly documented in minutes or note to file and regularly shared with the UNRC and HCT.

On 30th May 2013, the UNRC convened a meeting with the heads of the UN agencies implementing the CERF project. The UNRC notified the IPs on the new CERF guidelines including format and deadlines for submission of report. The UNRC enjoined all the IPs to submit their CERF report as indicated in the new CERF guidelines by December 2013. However, the IPs could not meet up with the stipulated date due to their involvement in the Sahel Regional Consolidated Appeal (CAP) process which coincided with the submission period. All the IPs participated in the development of the Humanitarian Needs Overview (HNO), Strategic Response Plan (SRP) and uploading of projects on the UNOCHA On-line Project System (OPS). To this end, the UNRC in agreement with the UN partners agreed to submit the CERF report in March 2014. By the end of January, 2014, all the IPs had submitted both the narrative reports and expenditure on the CERF grants to OCHA HAT for collation. The After Action Review (AAR) meeting held on the 6th February 2014 to discuss the challenges and lessons learnt. The IPs that participated in and contributed to AAR meeting included: NEMA, UNICEF, UNFPA, WHO, UNHCR, CARITAS and FAO.

b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES ☒ NO ☐

The report was discussed at both HCT and United Nations Country Team (UNCT) meetings.

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

YES ☒ NO ☐

The CERF report was shared with a wide range of stakeholders including the HCT, UN partners, Presidential Committee on Flood and Rehabilitation, and relevant government ministries and agencies and comments that emanated from the review of the report were incorporated in this final report. Specifically, the UN partners paid particular attention to the section on ***Project Results*** to ensure that the final report adequately captured the ***Actual Outcomes achieved with the CERF funds.*** The contents of this final report were endorsed by the HCT, government, UN partners and OCHA HAT.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: 6,431,433		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	6,431,433
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (*if applicable*)	NIL
	OTHER (bilateral/multilateral)	NIL
	TOTAL	**6,431,433**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 19 December 2012			
Agency	**Project code**	**Cluster/Sector**	**Amount**
UNICEF	13-CEF-001	Water and sanitation	1,867,213
UNICEF	13-CEF-002	Health	1,099,462
FAO	13-FAO-001	Agriculture	995,380
UNFPA	13-FPA-001	Health	331,136
UNHCR	13-HCR-001	Shelter and non food items	1,418,753
WHO	13-WHO-001	Health	719,489
TOTAL			**6,431,433**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN Agencies/IOM implementation	4,179,193
Funds forwarded to NGOs for implementation	167,697.99
Funds forwarded to government partners	2,084.542
TOTAL	**6,431,433**

HUMANITARIAN NEEDS

Unprecedented floods occurred in Nigeria between July and October 2012 as a result of heavy rains. This, coupled with the overflowing of rivers due to the release of water from various dams both in Nigeria and Cameroon, caused the worst flooding experienced in more than 40 years. The initial flash flood occurred in July 2012, with over 10,000 people displaced in Plateau state. By the end of August 2012, over 40,000 additional people had been displaced in Adamawa and Taraba states due to the opening of the Lagdo dam in

Cameroon. By mid-October 2012, a report released by the National Emergency Management Agency (NEMA) showed that the combination of opening of the dams and excessive rainfall had caused an increase in the hydrometric levels in the two major rivers, the Niger and the Benue to break their banks, thereby creating a devastating effect and an overall humanitarian crisis which resulted in the displacement of over 2.1 million and affected about 7.7 million people across 33 out of the 36 States in Nigeria including 14 states (Adamawa, Anambra, Bayelsa, Benue, Delta, Edo, Imo, Jigawa, Kebbi, Kogi, Kwara, Niger, Plateau and Taraba) that were considered severely affected. It also revealed that at least 363 people were reportedly dead and more than 618,000 houses were damaged or destroyed.

The report released by NEMA was corroborated and endorsed by a series of other assessments conducted by humanitarian partners, notably the Nigerian Red Cross Society, Inter-Agency Emergency Preparedness and Response Working Group (IA-EPRWG) and NGOs.

On 28th September 2012, the Federal Government of Nigeria through NEMA officially requested the UN to mobilize the humanitarian community to seek external resources to support and respond to the needs of displaced people. Subsequently, the HCT agreed on a joint rapid assessment between the Government and the humanitarian community on 10th October 2012. The objective of the undertaking was to assess the needs of the displaced population in order to develop an appropriate humanitarian response plan. The rapid assessment mission was conducted in the 14 severely affected states between 19 and 25 October. Major gaps identified included a limited supply of NFIs and a lack of hygiene, health and water/sanitation facilities. The assessment also revealed that the Government especially at the sub-national level lacked the capacity to respond to the scale of the crisis. Most of the government humanitarian actions mainly focused on food rations and did not cover sufficiently critical areas such as emergency health, water and sanitation and NFIs. A majority of the flood affected people were children under the age of five and pregnant women and breast-feeding mothers. In the aftermath of the floods, many children were left vulnerable and exposed. The main health problems in the communities highlighted by the rapid assessment were diarrhoea, malaria, respiratory illnesses, skin infections and measles. These conditions posed great threats to the health and wellbeing of children. The displacement, overcrowding in temporary shelters, lack of access to safe water and sanitation facilities, low pre-existing immunization coverage, and high level of pre-existing malnutrition magnified the threats to affected population. For pregnant women, new mothers and new-borns, the lack of access to skilled care during childbirth and exposure to unclean birthing environments were identified as key threats. Also, the disruption in health services delivered by community based health care providers and damage to health facilities had further reduced services in areas already with limited access. The threats to the survival of new-borns, children under 5 and the population under threat of epidemiologic diseases defined the key humanitarian needs.

Between October 18th and November 8th 2012, FAO, WFP and UNDP, in collaboration with the Federal Ministry of Agriculture, NEMA, SEMA and the National Planning Commission, carried out a Joint assessment on flood damage and loss for agriculture and food security. The assessment highlighted critical damage to farmland, fish ponds and livestock culminating in a severe loss of income to households. This increased the vulnerability of most households in the affected states. The assessment further revealed that 60 per cent of the IDP population were women, while approximately 25 per cent were reported to be children. Humanitarian agencies, notably UNICEF, Nigeria Red Cross and Oxfam, conducted further internal assessments in Delta, Imo, Anambra, Enugu, Ebonyi, Bayelsa in November 2012 that revealed substantial discrepancies in the conditions of camps. At the same time, they underscored the need to provide additional life-saving services such as health, WASH and NFIs to vulnerable groups, in particular women, children and the elderly, whose needs were increasingly becoming critical.

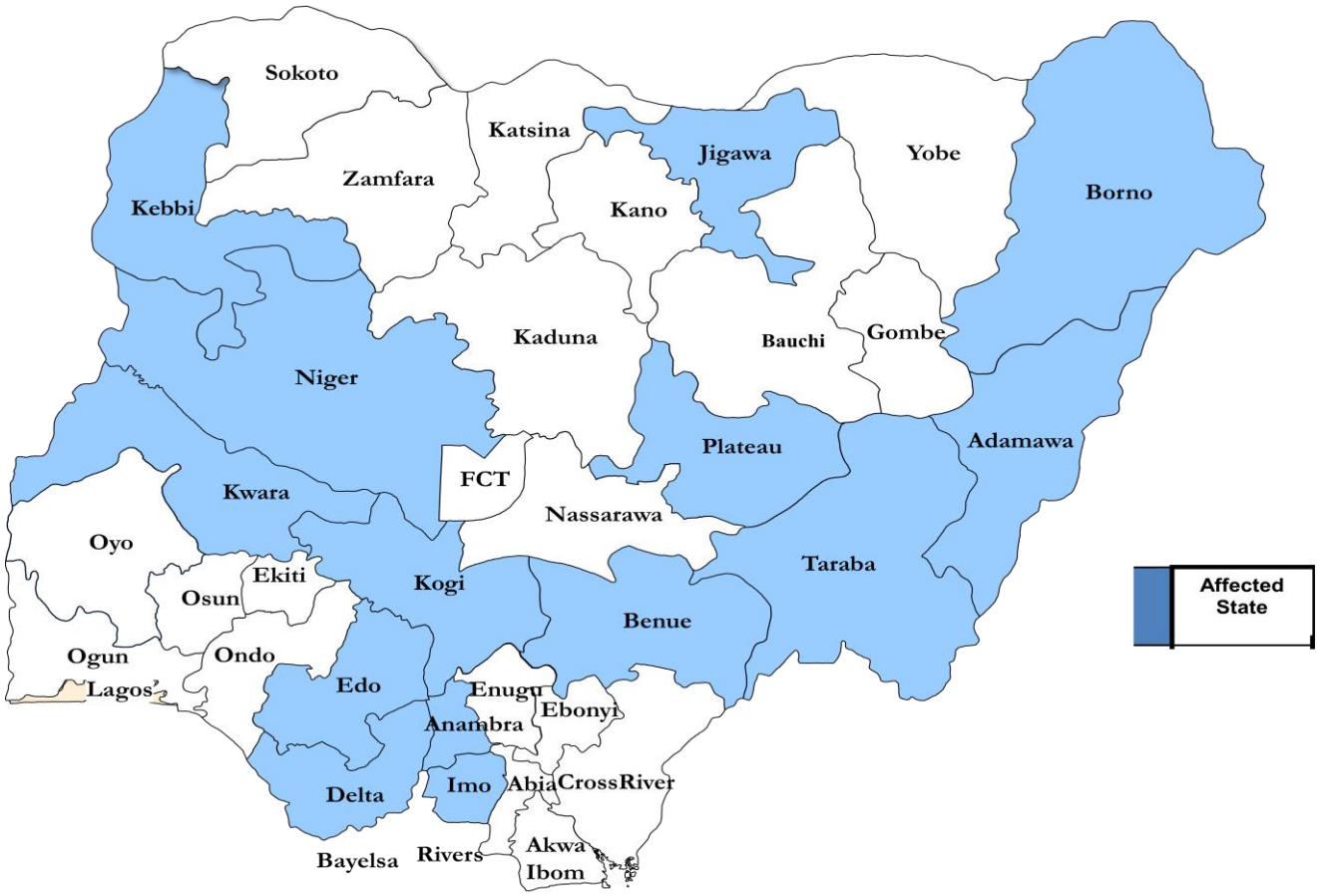
The situation necessitated immediate humanitarian assistance to the most vulnerable people. At inception, the Federal Government through the national emergency agency provided immediate NFIs and food support, while UNICEF used items prepositioned for emergency programs to address the most pressing needs. Efforts focused on improving water and hygiene conditions, as well as providing emergency supplies such as school in a box for the most vulnerable groups including children, women-headed households, pregnant and lactating women, and the elderly. As the emergency situation escalated, the Government's response capacity became overwhelmed by the growing needs of the people requiring life-saving assistance.

II. FOCUS AREAS AND PRIORITIZATION

The 2012 CERF allocation supported interventions through four sectors (WASH, Health, Agriculture and NFIs) in 14 worst hit states namely: Adamawa, Anambra, Bayelsa, Benue, Delta, Edo, Imo, Jigawa, Kebbi, Kogi, Kwara, Niger, Plateau and Taraba. The fund reached 500,000 people displaced by flood. The analysis below highlights the key sectors and the rationale for their prioritization.

Agriculture and Food Security:

A multi-sectoral flood assessment was conducted between October and November 2012 by a joint team comprising of the Federal Ministries of Agriculture and Rural Development, Water Resources, NEMA, UN Agencies (FAO, WFP and UNDP), the National Planning Commission (NPC), NGOs, and State Ministries, and SEMA. The assessment covered the 14 States worst hit by the floods. The assessment report showed that there were significant losses and damages in the agriculture and food security sector; crops, farmlands, fish ponds and livestock were washed away by the flood thereby impacting negatively on the income of households engaged in fishing and subsistence farming. In addition, a significant level of agricultural infrastructure and equipment was destroyed. The impact of the losses on food and nutrition security and livelihoods were felt mostly at the household level by the most vulnerable families in the states. Approximately 395,631 farm households were affected representing 12 per cent of the total population in the states affected. At the inception of the flooding, the Government of Nigeria supported the arable sub-sector through distribution of seeds, fertilizers and pumps for irrigation and dry season copping. However, limited support was provided to the fisheries (aquaculture) sub-sectors which were crucial parts of the rural livelihood system complementing the significantly low productivity levels in the arable sector. The report of the assessment showed that a total of 87,118 vulnerable households in Adamawa, Bayelsa, Delta, Edo, Kebbi, Niger, Plateau, and Taraba were highly dependent on aquaculture and livestock for their livelihoods urgently needed support to rehabilitate the aquaculture ponds and fishing gear that were completely washed away by floods. The CERF project was therefore designed to mitigate the impact of the flood on the most vulnerable households and to enable them to quickly re-engage in production activities, thereby preventing deterioration into a protracted food emergency situation 14 worst hit states as shown in blue in the above map.



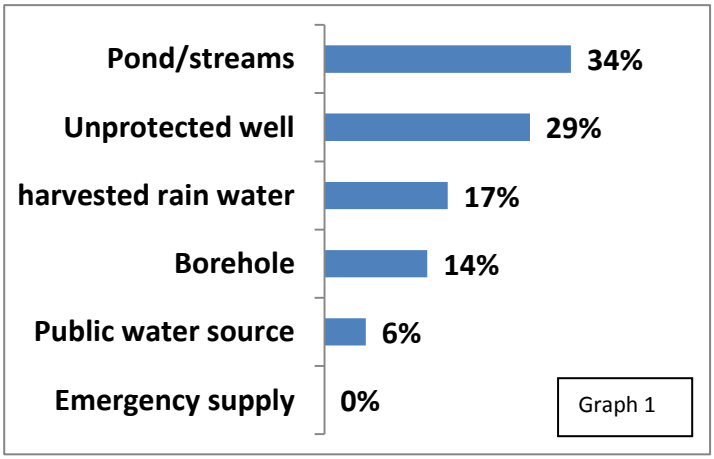
Health:

The WHO and the Federal Ministry of Health continued to monitor outbreak of epidemics and provided weekly updates to humanitarian actors on cholera. The weekly epidemiological updates showed that cholera cases were found in Kogi, Oyo, Osun and Anambra. A total of 444 suspected Cholera cases and 8 deaths (Case Fatality Rate (CFR) of 1.80 per cent) and 9,338 measles cases and 106 deaths (CFR 1.14 per cent) were reported between weeks 1 and 47. Many of the flood affected people were children under the age of five, pregnant women and breast-feeding mothers. The main health problems in the communities highlighted by a rapid assessment conducted by UN agencies and partners under OCHA's lead in October 2012 were: diarrhoea, malaria, respiratory illnesses, skin

infections and measles. Findings from the rapid assessment also indicated that sexual and reproductive health services were lacking in all the affected states. The flood disrupted and rendered many health facilities non-functional while some were submerged by the flood. The need to meet the health needs of women seeking antenatal care and to ensure safe and clean deliveries became very urgent. In Adamawa state, 6 deliveries were recorded in the temporary camps, 8 in Bayelsa and 5 in Anambra by the first week of the flood. There were also reports of unspecified numbers of women being raped in some camps in Benue and Kogi States, while the chaotic camp situation and instability in the affected states greatly exposed young people especially women and girls to the risks of HIV and GBV. To save lives, the need to ensure availability of clean delivery kits, midwifery support and interventions to address GBV and HIV/AIDS exposure as contained in the MISP in humanitarian situations became apparent and could not be over-emphasized. WHO supported the Federal Ministry of Health (FMOH) to implement an Early Warning Alert and Response System was established in 14 States (230 communities within 87 Local Government Areas (LGAs)) that were most severely affected by the floods to ensure prompt alert, notification and response to outbreaks of diseases in the communities. These communities comprised children under the age of five, pregnant women and breast-feeding mothers who were left vulnerable and exposed. The potential for the occurrence of epidemic-prone diseases such as measles, cholera and meningitis was high. These conditions are all known threats to the health and wellbeing of children and women.

WASH:

The communities in the affected states obtained water from various sources, including: piped water, surface water (rivers, stream, dam, pond), public taps, protected and unprotected wells, protected and unprotected springs, and, tanker trucks. The major sources of water in the states surveyed after the floods are shown in graph 1. For example, public taps were the major source in the 3 states of the South-South region both before and after the floods, but reliance on other sources increased after the floods. In general, across all communities, recourse to unsafe water (mainly surface water, unprotected springs and collected rainwater) increased while use of safe sources (including tap water and protected wells) declined after the flood. In addition, from the assessment, there was a general indication of reduced access to water for drinking and domestic use as flood victims had to travel longer distances and spend more time to collect water after the disaster. Sanitation of the victims was also impacted. Analysis of the toilet facilities used by the respondents after the disaster showed that the situation became worse as a result of the floods disaster. The assessment indicated that in Anambra, Imo, Kogi, Niger and Jigawa, the proportion of households that used household's toilets declined while open defecation increased. Furthermore, use of other sanitary facilities such as soap, detergents, water and sanitary napkins became inadequate in the aftermath of the disaster. The people affected and displaced were in immediate and urgent need of safe water supplies and basic sanitation and hygiene services that were either contaminated or destroyed by the flood. These services were crucial to ensure minimum acceptable living condition for over 500,000 people affected and displaced population across Anambra, Bayelsa, Cross River, Delta, Edo, and Kogi, as well as the less affected states of Adamawa, Taraba, Benue and Niger in order to prevent outbreak of water-and-vector borne diseases.



Graph 1

Shelter/NFI:

Reports from the Nigerian Red Cross Society covering IDP locations in Plateau, Niger, Kwara, Kebbi, Jigawa, Imo, Enugu, Cross River and Borno states, revealed critical gaps in NFIs, especially for women, children and elderly IDPs, who were most in need of these items. Basic NFI package needed by the affected people included: jerry cans, blankets, mattresses, buckets, cooking set, Soap, children's clothes, cloth (women) and lantern. Given the conditions in the camps, where basic infrastructure and life-saving services such as water, sanitation, hygiene and overall health services had been quite challenging, the need for NFIs was absolutely critical. The provision of NFIs helped to restore the dignity of IDP families and to mitigate the risks of exposure to diseases and epidemics obtained through contamination and the lack of proper hygiene. Various assessments conducted by several humanitarian actors, including that of an inter-agency joint rapid assessment conducted from 19 to 25 October 2012, confirmed high prevalence of malaria, respiratory tract infections and diarrhoea, particularly in pregnant women and children, and increased incidents of rape, resulting in part from the lack of these amenities. It was indicated that women and children were sleeping on bare floors and were evidently exposed to harsh weather conditions. Considering the vulnerability of this group of IDPs, the CERF fund was particularly required for immediate intervention to provide NFIs to the most vulnerable households to mitigate the impact of the flood on the households. The population targeted for NFIs

constituted approximately 10 per cent of the maximum number of households (64,526), totalling 6,500 household in the target states namely Plateau, Niger, Kwara, Kebbi, Imo, Enugu, Jigawa, Cross Rivers, Taraba , Benue and Borno spread across 85 distribution locations. The eleven states were selected based on the initial assessed vulnerability of the flood victims and also taking into account the initial assistance provided by government in affected states, which was assessed as inadequate. Major concerns in the initial intervention indicated that existing vulnerabilities were not adequately assessed and taken into considerations in interventions.

III. CERF PROCESS

As indicated above, on 28th September 2012, the Federal Government of Nigeria through NEMA officially requested the UN to mobilize the humanitarian community to seek for external resources to support and respond to the needs of the people displaced by the floods. In response to the Government's request, the UNRC convened a meeting with the HCT members on 10th October 2012 where the decision was taken for a joint rapid assessment between the UN and the Government agency responsible for emergency management in the 14 worst hit states in order to assess the needs of affected population and facilitate joint planning and decision making on humanitarian action. The assessment was conducted between 19 and 25 October, which identified gaps in humanitarian response, especially in health, WASH, Food, NFIs and Food Security and Agriculture.

The assessment also identified damages to both public and private infrastructure, such as schools, health posts, road, bridges, farmlands, houses to mention a few. Based on the result of the assessment, on 19th November, 2012 the HCT took the following decisions:

- To apply to CERF, focusing the response on health, WASH, Food, NFIs and Security and Agriculture in the 14 worst hit states for a period of six months;
- Budget ceiling for CERF was capped at $6.5 million;
- Gender to be mainstreamed into project development;
- CERF project to complement the government humanitarian actions.

Consequently, the UN agencies leading the respective sectors (UNICEF, WHO, UNHCR, UNFPA and FAO) were instructed to mobilize their sector members and commence immediately the development of the CERF proposal which was submitted on 19 December, 2012, the CERF proposal was submitted to the CERF Secretariat

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR

Total number of individuals affected by the crisis: 7,700,000

	Cluster/Sector	**Female**	**Male**	**Total**
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Water and sanitation	190,151	190,151	380,302
	Health	251,256	248,744	500,000
	Agriculture	1,903	897	2,800
	Shelter and non-food items	23,400	15,600	39,000

BENEFICIARY ESTIMATION

The national agency for emergency management organized a series of meetings with the humanitarian community to coordinate humanitarian actions, identify gaps and issues for advocacy and particularly to continue to harmonize IDP figures for the purpose of planning. It was apparent from the meetings that different agencies/organizations had registered IDPs at different locations. The meetings therefore helped to resolve the concerns raised around the IDP figures. To this end, the humanitarian actors were fully

equipped to develop plans and to identify areas of critical needs for humanitarian actions. The UN planning figure for the CERF grant was derived from the global IDP figures agreed at the harmonization meeting. The total direct beneficiary planned in the CERF proposal was 500,000 (Health 500,000, WASH 500,000, Agriculture 8118 and NFIs 39,000). At the end of the project, 922,102 were reached. Find breakdown in the table below:

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	**Estimated Reached**
Female	251,256	466,710
Male	248,744	455,392
Total individuals (Female and male)	500,000	922,102
Of total, children under age 5	85,500	239,165

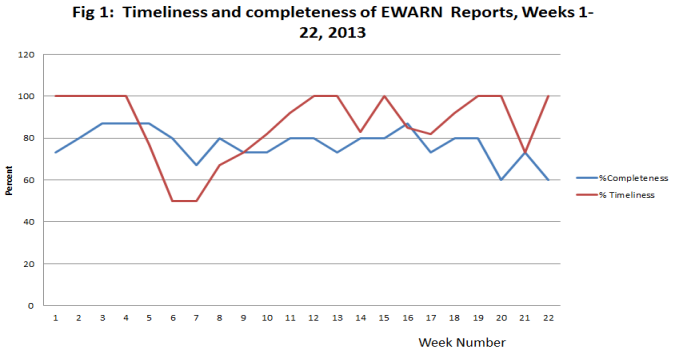
CERF RESULTS

The CERF grant provided the needed impetus to save lives by addressing the gaps and unmet emergency and life-saving needs of the people that were affected by the floods. The information below highlights the value added by each sector in the CERF project.

Food Security and Agriculture

With a total budget of $995,378, FAO supported 2,800 affected people across 8 states including: Adamawa, Bayelsa, Delta, Edo, Kebbi, Niger, Plateau and Taraba to have access to agriculture and fishery inputs, allowing them to restore lost farming and fishing assets, and restart their livelihood. Specifically, 600,000 juvenile catfish were supplied for restocking of fish ponds at 600/household, while 1,000 fish ponds were rehabilitated across 72 LGAs across the affected states. In addtion, small-holder fish farms were rehabilitated through provision of fish seed, feed and high protein feed stock. Also 1,000 farmers received fish farming inputs with each farmer receiving 600 catfish juveniles, 10 (15kg) bags of fish feed and 1 bag (20kg) of fishmeal. 1,800 women fish processors received 180 Smoking kilns (10 women per smoking kiln). A total of 40 state aquaculture technicians and SEMA personnel were trained in flood risk mitigation and management in aquaculture. The CERF grant created an opportunity for FAO to continue to strengthen its partnership with Federal and State Ministries of Agriculture on selection of beneficiaries, distribution, technical advisory. CERF Fund was flexible to meet the critical agriculture needs for the targted people.

Health



The CERF grant of $2,150,087 shared among WHO ($719,489), UNICEF $1,099,462) and UNFPA ($331,136) provided the lifesaving support to addressing the reproductive and health care needs of 500,000 people affected and displaced by flooding in the 14 states. The Emergency Relief Coordinator (ERC) approved a reprogramming request for the WHO health project. The main reason is that although the amount of kits originally budgeted could arrive in Nigeria within the project's implementation period, it was going to be too late because the main emergency operations were already taking place. Therefore, the WHO decided to purchase a smaller quantity of supplies to complement what was received from other sources (government and other partners) in the ongoing operation and re-orient the rest of the funds to support other urgent health activities under the same objectives. The supplies were meant to manage diarrheal diseases and malaria and the complementary use of CERF funds and other funding meant that WHO was still able to reach the same beneficiary targets. The reprogrammed CERF funds were used to pay for the higher than anticipated clearing, terminal and handling costs of the procured supplies, local road transportation and distribution of supplies (including trucking and handling costs) to service delivery sites in 14 States. Other activities supported by the reprogrammed funds included strengthening communication for early detection of diseases and procurement of Leadcare II Analysers for measuring lead contamination levels in the soil in flood-affected area that posed significant health hazards, especially for children.

With CERF funds, an Early Warning Alert and Response System was established in the 14 most affected States (230 communities within 87 LGAs) to ensure prompt alert, notification and response to outbreaks of diseases in the communities. Fourteen state Surveillance facilitators and a central Epidemiologist were engaged to ensure effective coordination of the health sector delivery and care services. Refresher trainings in epidemiological surveillance, rapid outbreak response and coordination were conducted for 16 officers of the Emergency Operations Centre (Central coordination Unit) and the epidemiological Unit of the Federal Ministry of Health at the national level, and a total of 270 surveillance officers within the 14 States covered by the project. Cholera and malaria kits were provided for rapid diagnosis of cholera and malaria and prompt treatment. Leadcare II Analysers and kits were also provided to measure blood lead levels in some of the flood affected areas suspected to have lead contamination in the soil and exposures of children. In addition, critical lifesaving medical supplies were procured and distributed to health facilities in the communities affected by the flood which enhanced the overall quality of services delivered to the target population.

An effective mechanism was also put in place to monitor disease trends for early detection and response to epidemics and disease alerts. Weekly surveillance reporting was achieved from all the 14 States covered by the project. The reports showed improvement in the overall timeliness of alert and data transmission by reinforcing transport and communication (mobile phones and internet) in the field. The average timeliness of weekly surveillance reporting was 85.2 per cent (Target= 80%). A total of 835 suspected cholera cases with 26 laboratory confirmed cases and 46 deaths (Case Fatality Rate of 5.5%) were reported from the 14 targeted states between weeks 1 and 50, 2013. Four thousand six hundred and eighty-eight (4,688) suspected measles cases and 15 deaths (CFR 0.3%), and 1,102 suspected Lassa fever cases with 26 deaths (CFR 2.4%) were also reported from the States over the same period. All alerts and outbreaks reported were promptly investigated and responded to according to the national EWARN operational guidelines.

WASH

Over 245,200 persons gained access to 628 improved water sources through new water points construction, and disinfection and rehabilitation of old water sources in Anambra, Bayelsa, Edo, Delta, Adamawa, Kogi and Cross River states. Similarly, 22,476 people gained access to safe excreta disposal from the construction of 89 institutional latrine blocks in schools and public buildings, as well as in the communities through Community Led Total Sanitation (CLTS) approach in the same states. Additionally, 112,626 people benefitted from WASH kits for collection and storage of safe drinking water at household levels. In total, 380,302 people were provided with WASH family water purification and storage kits, hygiene kits, rehabilitation and disinfection of water sources, boreholes and sanitation facilities in Bayelsa, Kogi, Edo, Delta, Anambra, Kogi and Adamawa states.

NFIs

At the end of the CERF grant, UNHCR and the Nigerian Red Cross had distributed 37,950 units of blankets, 6,500 units of buckets, 12,650 units of jerry cans, 6,500 sets of cooking pots, 37,950 units of soap, 12,650 units of mattresses/Foam, 6,500 sets of Lantern (battery operated), 368 bales of used women cloths and 368 bales of used children cloths to 6,500 vulnerable families (39,000 individuals across 10 states including: Plateau, Niger, Kwara, , Kebbi, Jigawa, Imo, Enugu, Cross River, BornoUNHCR followed the minimum standard in planning, distribution and monitoring and evaluation of the NFIs interventions especially in ensuring that the displaced people participated in decision making and selection of beneficiaries. The NFIs helped to mitigate overstretching of household items in host families and communities.

CERF'S ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?
YES ☒ PARTIALLY ☐ NO ☐

The UN implementing partners (UNICEF, WHO, FAO and UNHCR) reported that the CERF funds led to a fast delivery of assistance to the beneficiaries. It was obvious that the Government's response capacity to cope with the scale of the flood was overwhelmed by the population's need for humanitarian assistance. The CERF funds were therefore critical in allowing the HCT to complement the efforts of the Government in providing water, sanitation and hygiene services directly to the displaced people. It also supported the timely provision of agriculture inputs to 2,800 people, and reproductive health services to 184,621 people, including clean and safe delivery for 3,692 pregnant women. The CERF helped with the establishment of an Early Warning System for prompt alert, notification and response to outbreaks of diseases in 230 communities in 87 LGAs of the 14 States that were most affected by the floods. It also contributed towards the strengthening of effective coordination of emergency healthcare services by engaging a central Epidemiologist and 14 State Surveillance facilitators. Through the CERF process, the HCT was able to demonstrate to the Government how humanitarian funds were managed in a transparent and accountable manner.

b) Did CERF funds help respond to time critical needs[1]?
YES ☒ PARTIALLY ☐ NO ☐

The major gaps and critical needs of the affected people identified included: NFIs, food security and agriculture, health, water, sanitation and hygiene. The CERF successfully responded to these needs by ensuring distribution of NFIs to the displaced population thereby reducing overstretching of resources in the host communities. The CERF helped to establish effective early warning mechanism to monitor disease trends which contributed significantly to early detection and response to epidemics and disease alerts. This was coupled with general community awareness and Community Led Total Sanitation (CLTS) approach. To complement this, the affected and host communities were provided with water purification and storage kits, hygiene kits, rehabilitation and disinfection of water sources, boreholes and sanitation facilities. Agricultural interventions were instrumental to allow quick access to agriculture and fishery inputs, enabling the population to restore lost farming and fishing assets, and restarting their livelihoods.

c) Did CERF funds help improve resource mobilization from other sources?
YES ☐ PARTIALLY ☐ NO ☒

The CERF grant did not lead to additional resources for the flood response but it complemented the humanitarian actions of both the national and state government.

d) Did CERF improve coordination amongst the humanitarian community?
YES ☒ PARTIALLY ☐ NO ☐

CERF funds improved coordination mechanism through sector and inter-sector coordination meetings which facilitated regular information sharing among the sector members (Government ministries and agencies such as Ministry of Health, Agriculture), UN agencies, I/NGOs and other humanitarian organizations. The CERF process also contributed to supporting effective exchange of information and coordination for the HCT, while supporting the Government led coordination at the national level. In addition, the fund enabled the humanitarian actors to work together in a coordinated manner to assist the people in need. In this regard, the CERF enabled a closer collaboration and coordination at inter-sector level and with Government sectors at national, state and local levels. At the national level, the HCT advocated for better and coordinated response.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
The timely allocation of CERF funds clearly fufills the objective of predictable funding and immediate response to the needs of flood-affected people	CERF secretariat should continue to strengthen the mechanism for timely disbursement of funds for field operations.	CERF secretariat

[1] Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
In flood prone areas, raising the platform of hand pumps and dug wells above flood water level is an inexpensive long-term solution to water shortage during floods.	Mapping extents of flood prone areas and ensuring designs/ construction of water and sanitation facilities such as raising platforms above flood levels to protect facilities during flooding incidences.	Federal and State Ministries of Water Resources, Rural Water Supply and Sanitation Agencies, LGA WASH Units
Procurement of relief items from local markets should be encouraged to increase economic resources of host communities.	Agencies should prioritize procurement of items from local markets. This will help to inject resources into communities that have been made vulnerable as a result of disaster.	UN agencies NGOs
Perception of Nigeria being a middle income level country delayed actions and decisions to seek for external funding which invariably affected the submission of CERF proposal to the CERF secretariat.	Irrespective of resources at the disposal of the host government, the humanitarian community should prioritize affected people and take quick actions including seeking for external resources to respond to the needs of the affected people.	HCT
Local resources abound in the affected areas that could be supported to augment response activities and fill in the gaps.	Support the state and local actors to identify local resources that can be utilized to support humanitarian action. This should be initiated at the project inception and should be integrated as much as possible throughout project cycle (planning, implementation, monitoring and evaluation).	Partners including NEMA, SEMA and MDAs
The sector approach is a good coordination mechanism and offers a forum for discussion, information sharing, intervention and resources prioritization as well as encourage cooperation and collaboration between government sectors and humanitarian sectors.	Continue strengthening these coordination platforms as well as build partner's capacity to use the resources to avoid duplication and provide principled and timely support to affected people. For example, set up National Humanitarian Coordination forum created a common platform for government, donors and humanitarian community to compare notes, share information and ensure joint planning and monitoring and evaluation of projects.	HCT Partners Government
It is important to invest resources in supporting sub-national coordination mechanism in order to ensure better coordination among state and local government, NGOs, CBOs and other stakeholders.	Partners should always work either within or outside the emergency phase, with relevant government counterparts at national and local levels. This will promote trust and foster coordination and harmonization of efforts during emergency.	Government HCT Sectors
Government take-off/response time is slow and will probably always be at a slower pace than UN Agencies.	Build the capacity of Government Partners to recognise their role and respond appropriately to emergencies.	Health Sector Lead
Positive preparedness measures of individual communities when explored and adopted, yielded better	Identify indigenous coping measures/ mechanisms within communities and build on them while responding to emergencies.	UN Agencies and NEMA

outcome/ understanding and promoted community involvement and adherence to safety measures in such emergencies.		
Ensuring effective partnership and collaboration between Agencies in the implementation of response activities delays the submission of CERF proposal to the CERF secretariat.	Agencies to expedite collaborative activities during proposal development to ensure timely submission to CERF	Partners
Local resources abound in the affected areas that could be supported to augment response activities and fill in the gaps.	Involve local actors/stakeholders in planning and implementation.	Partners

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF	5. CERF grant period:	28 Jan 2013 - 27 July 2013
2. CERF project code:	13-CEF-001	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Water and sanitation		☒ Concluded
4. Project title:	Lifesaving WASH Interventions for Flood Affected communities in Nigeria		

7.Funding				
	a. Total project budget:	US$ 7,274,930	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 2,966,675	*NGO partners and Red Cross/Crescent:*	US$ NIL
	c. Amount received from CERF:	US$ 1,867,213	*Government Partners:*	US$ 1,636,518

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	251,256	190,151	The variance in the beneficiaries was due to the fact that some of the communities were located in hard to access areas especially during the rainy season.
b. Male	248,744	190,151	
c. Total individuals (female + male):	500,000	380,302	
d. Of total, children under age 5	85,500	64,651	

9. Original project objective from approved CERF proposal

Overall Objective:
To reduce morbidity and mortality in terms of water-borne and sanitation related diseases, by ensuring provision of safe water, proper sanitation and improved hygiene for the affected populations supporting health, nutrition, food security, protection, education and cross-sectoral issues. This will include ensuring 500,000 people (45% under 15 children, 50,000 families) have access to safe water, basic sanitation facilities and practice proper hygienic behaviour.

Specific Objectives
To ensure the availability of minimum safe drinking water supply (15 lit/capita/day) at a maximum distance of 500m) taking into account privacy, dignity, and security of most vulnerable segment of people including girls and women in the affected and host communities and in schools where displaced people continue to inhabit.
To promote safe sanitation practices in the targeted communities.
To promote proper hygiene practices among the affected population through hygiene promotion and distribution of Hygiene kits.
To strengthen local capacities of the front line staff of implementing agencies associated with WASH relief operations, especially at the sub-national level.

10. Original expected outcomes from approved CERF proposal

Children, women and their families in affected communities have access to safe drinking water and sanitation facilities (safe means of excreta disposal) and practice proper hygiene behaviour, especially hand washing.
Reduced risk of prevalence of water and excreta related diseases.

11. Actual outcomes achieved with CERF funds

The project achieved the following outcomes:

- 245,200 people were reached with safe drinking water
- 89 institutional latrine blocks were established in schools and public buildings
- 112,626 people were provided with water treatment options, water storage containers, hygiene kits
- 6,944 people (that includes needs for menstrual women/girls and babies) provided with adult hygiene kits for displaced families still living in targeted schools.
- Promoted safe excreta disposal in 114 communities/locations triggered through Community Led Total Sanitation (CLTS) which encouraged the communities build their own traditional latrines. A total of 22,476 persons were provided access to safe means of excreta disposal
- Hygiene education and awareness for improved hygiene practices and proper excreta disposal carried out in 97 communities, with 13,200 people reached through appropriate hygiene messages
- De-sludging/ decommissioning, including minor repairs on 30 latrines in schools used by displaced people benefitting 1,500 persons.
- 18,771 families were provided WASH Kits comprising water purification sachets, disinfection soaps, buckets with lids and jerry cans to support collection and storage of safe drinking water at household levels.
- Posters were developed to promote hand washing practice at critical times, safe excreta disposal and cholera prevention.
- Radio Jingles were developed in 5 languages- Efik, Hausa, Ibo, Yoruba and Pidgin English to promote good hygiene practices
- 67 community level institutions established and oriented on hygiene promotion
- 1,005 WASHCOM members from 67 communities oriented on promotion of safe sanitation practices
- 106 community members participated in one-day orientation on water point disinfection
- Orientation/training carried out for 286 Rural Water Supply and Sanitation Agency (RUWASSA) and LGA staff on household water treatment options including disinfection of water sources.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

The variance in the beneficiaries was due to the fact that some of the communities were located in hard to access areas especially during the rainy season.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a or 2b):
If 'NO' (or if GM score is 1 or 0):
Nigeria did not have a CAP as at the time the CERF grant was approved. However, the project ensured equal access to services for women, children and men. In addition, the project also mainstreamed gender throughout the project cycle: planning, implementation, monitoring and evaluation. During the planning stage, UNICEF disaggregated the number of beneficiaries targeted for assistance by sex in order to ensure that appropriate assistance was provided to boys, girls, men and women. For example, 50% of latrines were built for boys and 50% for girls emphasizing on privacy and safety. Special attention was paid to the hygiene needs of girls and young women through provision of hygiene kits to ensure full participation in school activities and water points were sited close to beneficiaries taking protection concerns into consideration and Gender Based Violence as it relates to women and girls.

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

UNICEF participated in different fora including: Monthly Humanitarian Coordination meetings, Inter-Sector Coordination Meeting, Humanitarian Country Team Meeting and WASH sector meeting, where progress on project implementation and challenges were brought to the attention of various stakeholders.

In collaboration with Federal Ministry of Water Resources, monthly National Emergency WASH Sector Meetings which brought together different humanitarian actors including UN, INGOs, NGOs and government to share information on progress and challenges were held.

In addition, UNICEF shared report on the CERF WASH project regularly with UNOCHA for inclusion in the OCHA Humanitarian bulletin. Strong monitoring mechanism was developed to ensure that the UNICEF field offices through which the CERF grant was implemented report regularly on project implementation progress. The field offices transmitted weekly updates on project implementation to UNICEF country office in Abuja. Follow up and on the spot inspection of projects were carried out as required. This was also supplemented by joint monitoring visits with inter-sectoral government partners (e.g. Kogi state).

Finally, consultants were hired both at national and at the 4 UNICEF field offices to ensure monitoring of the projects in collaboration with the State Rural Water Supply and Sanitation Agencies (RUWASSA) and the LGA WASH staff backed up with constant support and quality assurance from the four UNICEF field offices and the national office.

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF	5. CERF grant period:	31 January 2013 - 30 July 2013
2. CERF project code:	13-CEF-002	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Health		☒ Concluded
4. Project title:	Emergency health care and response to flood affected population in Nigeria		

7.Funding				
	a. Total project budget:	US$8,950,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 1,246,462	*NGO partners and Red Cross/Crescent:*	US$ NIL
	c. Amount received from CERF:	US$1,099,462	*Government Partners:*	US$ NIL

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	251,256	95,140	UNICEF implemented health assistance jointly with WHO and UNFPA. The figure in this section reflects the target population UNICEF reached with the CERF grant. UNICEF reached 562,462 persons of whom 446,654 were children under 5 years of age, 95,140 were women (ANC/delivery) and 20,668 men. UNICEF does not have sex-disaggregated figure of children under 5 available.
b. Male	248,744	20,668	
c. Total individuals (female+children):	500,000	562,462	
d. Of total, children under age 5	85,500	446,654	

9. Original project objective from approved CERF proposal

Reduce the mortality and morbidity of the affected population through provision of emergency health care and response to potential disease outbreaks in flood affected communities.

10. Original expected outcomes from approved CERF proposal

- At least 50% of affected population receive care from health facilities and care units mainly IDPs
- 100% coverage of epidemiological surveillance and response to epidemics in the 14 most affected states by provision of weekly situation report which is available for decision-making
- 80% of target children 6-59 months vaccinated against measles and provided Vitamin A supplement
- 30,000 emergency affected families receiving at least one LLIN
- At least 50% of target women receiving one ANC contact
- At least 50% of affected communities are targeted by MNCH campaigns and receiving messages to mitigate the risks of life threatening diseases such as malaria, diarrhoea, pneumonia, measles and malnutrition
- At least 80% schools practicing appropriate hygiene education and promotion
- At least 80% of school-age going children taking part in cholera control measures
- At least 80% of schools in flood affected communities have agreed emergency plans to mitigate risks of diseases and epidemics and
- 100% of all GBV victims identified receive appropriate counselling treatment and referral
- 100 service providers trained on MISP in affected states
- At least 80% of young people in camps and spontaneous settlements receive condoms

The expected outputs that UNICEF Health Section contributed to include the following:

- At least 50% of affected population receive care from health facilities and care units mainly IDPs
- 80% of target children 6-59 months vaccinated against measles and provided Vitamin A supplement
- 30,000 emergency affected families receiving at least one LLIN
- At least 50% of target women receiving one ANC contact
- At least 50% of affected communities are targeted by MNCH campaigns and receiving messages to mitigate the risks of life threatening diseases such as malaria, diarrhoea, pneumonia, measles and malnutrition

11. Actual outcomes achieved with CERF funds

Output 1 – At least 50% of affected population receive care from health facilities and care units mainly IDPs:
UNICEF reached 562,462 persons in the affected population with at least one Primary Health Care (PHC) intervention which include immunisation services, deworming, treatment for malaria, ante natal care (ANC), Vitamin A Supplementation etc). All IDP Camps were supported to run clinics with PHC services during the flooding and prepositioned Emergency Kits were distributed to the 19 LGAs before the receipt of the CERF Funds. To ensure that the affected population continued to receive care from health facilities and care units, 20 Tents and 60 Tarpaulins were distributed to the LGAs to serve as temporary health facilities where HFs were washed away by the flood and to be prepositioned to serve as temporary health facilities in evacuation sites. Seating mats were replaced by plastic furniture as water had not fully receded. Therefore, 2,000 plastic chairs and 400 tables were distributed to the affected health facilities in the supported LGAs. The plastic furniture was to give a measure of comfort to the people seeking health services and enable continuity in the provision of health services. More so, even if the health facilities encounter flooding in the recent future, this plastic furniture will not be easily damaged by water but can be easily evacuated to temporary health facilities. CERF funds supported PHC facilities to re-establish PHC service delivery and conduct community outreaches in affected communities with provided health emergency kits, midwifery kits and malaria kits including rapid diagnostic texts kits. A total of 100 Emergency Health Kits (IEHK 2006) were procured for these LGAs. One Kit is designed to meet the PHC needs of 10,000 displaced persons for a period of 3 months. A total 90 kits were distributed to 21 LGAs. When fully utilised, approximately 900,000 persons would have been catered for. Ten health kits were pre-positioned. Also procured and distributed to the Health facilities 10,000 bottles of deworming tablets (100 tab/bottle), and 5,000 packs of ORS for these communities.

Output 2 – 80% of target children 6-59 months vaccinated against measles and provided Vitamin A supplement:
A total of 446,654 children less than 5 years were reached with PHC-based interventions out of the eligible 775,821 in the 21 LGAs[2]. Within 3 months of the activities, 19,390 children (6 – 59 months old) had received Vitamin A Supplementation while 28,559 had been dewormed in the affected communities. A total number of 12,555 under-one children received a dose of Penta Vaccination and 14,583 received a dose of OPV. 90% of children between the ages of 9-59 months targeted in the affected communities were vaccinated with measles antigens and given Vitamin A capsules during the special Maternal and Child Health Week (MNCHW). To ensure that children continue to receive vaccines in the affected communities during the response period, 110 cold boxes and 220 vaccine carriers have been distributed to some health facilities to strengthen the cold chain system that was badly damaged in the submerged health facilities.

Output 3 – 30,000 emergency affected families receiving at least one LLIN:
30,000 long lasting insecticide nets (LLINs) was procured for the affected LGAs and the nets were placed in all Health Facilities. These nets were distributed to the pregnant women who attended antenatal services and to all under-ones who were brought for immunization services. Within the first three months of the intervention, 17, 7468 LLINs had been distributed in the affected LGAs. Surveillance report from FMOH (Weekly Epidemiological Reports) noted that flood affected communities reported an increase in malaria cases after the disaster. To address this, 400 Rapid Diagnostic Test (RDT) kits and 50 Malaria (Basic) kits were distributed to the health facilities in these LGAs. One malaria kit will cater for 1,000 patients for 3 months. .

Output 4: At least 50% of target women receiving one ANC contact:
To ensure that women receive appropriate care during ante natal visits, 30 Midwifery kits were distributed to the Health Facilities in the selected LGAs. One midwifery kit caters for 50 normal deliveries at the PHC centre. Reports from the partners showed that about 95,140 women, which were 49.05% of women pregnant women in the 21 LGAs, had at least one contact for antenatal care services in the supported areas.

Output 5: At least 50% of affected communities are targeted by MNCH campaigns and receiving messages to mitigate the risks of life threatening diseases such as malaria, diarrhoea, pneumonia, measles and malnutrition:
The Federal Ministry of Information (FMOI) with National Orientation Agency (NOA), State Health Educators, and radio stations undertook Community Dialogues and interactive radio programming promoting Maternal New-born and Child Health and Behaviour Change Communication for Emergency Preparedness and Response in states most affected by the 2012 flood disaster. 7 Radio

[2] 2013 Projected Population (based on 2006 Nat. Provisional Results with the State-specific Growth rate).

Stations - FRCN national stations, Purity FM, Awka; Bronze FM, Benin; Prime FM, Lokoja; Confluence FM, Lokoja; Cross River Broadcasting Corporation, and Radio Bayelsa, produced and transmitted 65 broadcast hours of interactive magazine programming based on the Behaviour Change Communication in Emergencies toolkit. The airwaves of all affected communities were covered in the 13-week episode programmes. It is estimated that from the Radio Programmes, an estimated population of 42.5 million listeners acquired more knowledge on preventing and responding to emergencies. Samples of radio programmes are available in the office. Community dialogues were also supported in 10 LGAs, to help community members discuss the effect of the flood, their response and plan for next steps.

Two cross-cutting interventions helped achieve the above outputs – Capacity Building and Monitoring/Evaluation.
Capacity Building: A total of 800 Community Health Extension Workers (CHEWs) and other Health Facility Workers were trained in the affected states/LGAs to offer home-based and out-reach services in the affected communities. The basic training for the CHEWs lasted for four days.. UNICEF partnered with FMOI (CRIB – Child Rights Information Bureau) conducted training of 60 journalist and media practitioners on health emergency communication. This training led to the conduct of 100 sessions of community dialogue on disaster communication issues. The training yielded a positive result in that this now weekly airing of health and disaster issues on the radios, television as well as newspaper columns. Emergency alerts are now widely disseminated by the media as against what was obtainable before the training.
UNICEF in collaboration with the Federal Ministry of Health (Department of Public Health) conducted a training of all disaster management stakeholders on Disaster Risk, Reduction, Recovery and Rehabilitation (DR4) that had in attendance 105 Zonal, State and LGAs Officers. Although this activity was not specifically stated on the CERF proposal but seeing the impact it will make that all stakeholders are aware of the meaning of disaster and what their responsibilities are in times of disaster, it was deemed appropriate to conduct this activity. However, we had to leverage resources from UNICEF's regular funding to accomplish this activity which was well appreciated by the stakeholders. The outcome of the training included the development of plans (steps to take in the case of flood emergency) by State Teams and some states have started some preparedness plan to mitigate the impact of the forecasted flood for instance; Bayelsa State is constructing a platform where people can be evacuated in case of flood. Other states are in the process of implementing their action plan which was drawn up at that training.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

Plastic chairs/tables were bought instead of seating mats as the mats were seen not to be appropriate for the flooded environment and durability.
The haulage and transportation costs for supplies were under-estimated therefore UNICEF's regular resources were used to offset the gap.
All other activities were implemented as planned

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a or 2b):
If 'NO' (or if GM score is 1 or 0): The project was designed to benefit boys, girls, women and men in the affected areas. However, due to the special needs for ANC and provision of delivery kits, women benefitted more than the men.

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

To be able to present accurate and evidence-based report, UNICEF and FMOH undertook two integrated end-use monitoring of the CERF funded supplies. The first monitoring visit was to Kogi State while the second was to Bayelsa and Cross River States. During these visit, the supplies were sighted at the different health facilities where they were being used for the purpose for which they were provided. Drugs and some of the equipment which were not readily in use at the time of the visits were well stored in the pharmacy units of the health facilities or the Cold Store of the LGA. UNICEF EPI Consultants in the State monitored activities within their State and all PME Officers in the Zones worked with the Health and Communication Officers to ensure that implementation were not only carried out but monitored to ensure that desired outcomes were achieved.

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WHO	5. CERF grant period:	02 January 2013 – 01 July 2013
2. CERF project code:	13-WHO-001	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Health		☒ Concluded
4. Project title:	Emergency health care and response to flood affected population in Nigeria		

7.Funding				
	a. Total project budget:	US$8,950,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 0	*NGO partners and Red Cross/Crescent:*	US$ NIL
	c. Amount received from CERF:	US$ 719,489	*Government Partners:*	US$ NIL

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	251, 256	251, 256	
b. Male	248,744	248,744	
c. Total individuals (female + male):	500,000	500, 000	
d. Of total, children under age 5	85,500	85,500	

9. Original project objective from approved CERF proposal

Reduce the mortality and morbidity of the affected population through provision of emergency health care and response to potential disease outbreaks in flood affected communities.

10. Original expected outcomes from approved CERF proposal

- At least 50% of affected population receive care from health facilities and care units mainly IDPs
- 100% coverage of epidemiological surveillance and response to epidemics in the 14 most affected states by provision of weekly situation report which is available for decision-making
- 80% of target children 6-59 months vaccinated against measles and provided Vitamin A supplement
- 30.000 emergency affected families receiving at least one LLIN
- At least 50% of target women receiving one ANC contact
- At least 50% of affected communities are targeted by MNCH campaigns and receiving messages to mitigate the risk of life threatening diseases such as malaria, diarrhoea, pneumonia, measles and malnutrition
- At least 80% schools practicing appropriate hygiene education and promotion
- At least 80% of school-age going children taking part in cholera control measures

11. Actual outcomes achieved with CERF funds

100 per cent coverage of epidemiological surveillance and response to epidemics in the 14 most affected states by provision of weekly situation report which is available for decision-making

Early Warning Alert and Response System was established in 14 States (230 communities within 87 LGAs) that were most severely affected by the floods to ensure prompt alert, notification and response to outbreaks of diseases in the communities.

In order to ensure effective coordination of the health sector partners for the delivery of effective emergency health care services, a central Epidemiologist and 14 States Surveillance Facilitators were engaged.

Refresher trainings in epidemiological surveillance, rapid outbreak response and coordination were conducted for 16 officers of the Emergency Operations Centre (Central coordination Unit) and the epidemiological Unit of the Federal Ministry of Health at the national level, and a total of 270 surveillance officers within the 14 States covered by the project. Cholera and Malaria Kits were provided for rapid diagnosis of Cholera and Malaria and prompt treatment.

16 officers of the Emergency Operations Centre (EOC) and 270 surveillance officers in the 14 States covered by the project were trained in epidemiological surveillance/ outbreak response and coordination.

Disease trends for early detection and response to epidemics, disease Alerts and Weekly Surveillance Reporting was achieved from all the 14 States covered by the project with improvement in the overall timeliness of alert and data transmission by reinforcing transport and communication (mobile phones and internet) in the field.

The average Timeliness of weekly surveillance reporting was 85.2 percent (Target= 80 per cent). A total of 835 suspected Cholera cases with 26 laboratory confirmed cases and 46 deaths (Case Fatality Rate of 5.5 per cent) were reported from the 14 targeted States between weeks 1 and 50, 2013. Four thousand six hundred and eighty-eight (4688) suspected measles cases and 15 deaths (CFR 0.3 per cent), and 1102 suspected Lassa fever cases with 26 deaths (CFR 2.4 per cent) were also reported from the States over the same period.

All alerts and outbreaks reported were promptly investigated and responded to according to national EWARN operational guidelines.

At least 50 per cent of affected population receive care from health facilities and care units mainly IDPs

Critical lifesaving medical supplies such as Cholera and Malaria Kits were procured and distributed to all 14 targeted States.
Leadcare II Analysers and kits were also provided to measure blood lead levels in some of the flood affected areas suspected to have lead contamination in the soil and exposures of children. These enhanced the overall quality of services delivered to the target population.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

The project was implemented as planned. There was no reduction in the number of the targeted beneficiaries of the project as a result of the reprogramming since all their emergency needs were adequately addressed by the available supplies. Since the response operations were ongoing, some supplies were already received from other sources (government and other partners) to complement the total requirements of the beneficiary targets before the arrival of the supplies procured with CERF funds. The reduction in the CERF supplies was therefore still sufficient to address the gaps and meet the project's objectives.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a or 2b):
If 'NO' (or if GM score is 1 or 0):
Nigeria did not have CAP, however, Females and under-five children were given special consideration since they constituted the majority of the target beneficiaries and they were most vulnerable.

14. M&E: Has this project been evaluated?	YES ☒ NO ☐

WHO worked with partners to ensure that the project activities were monitored using standardized monitoring checklist. The following itemize the monitoring mechanism put in place.

- Monitored field activities to ensure quality of services with respect to standards and guidelines in surveillance and response to disease outbreaks as well as provision of critical lifesaving services**.**
- Weekly epidemiological reports to monitor disease trends and detect potential outbreaks
- Weekly stakeholders review meetings at national and State levels
- Monthly surveillance review meetings at State and national levels
- Weekly epidemiological reports to monitor disease trends and detect potential outbreaks
- Weekly stakeholders review meetings at national and State levels

- Monthly surveillance review meetings at State and national levels
- Final evaluation of the implementation of the EWARN:-The main findings were as follows
- Improvement in timeliness and completeness of weekly reporting
- Training of personnel, transport & communication logistics, and motivated EWARN Facilitators were critical factors for effective performance
- Inadequate documentation of alerts and actions taken
- Too many diseases to report, low knowledge of std. case definition, weak capacity for basic data analysis at LGA and RS levels
- Government did not commit sufficient financial resources in most States

The report will be made available to CERF when finalized and approved by the authorities of Federal Ministry of Health

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNFPA	5. CERF grant period:	5 February .2013 – 4 August 2013
2. CERF project code:	13-FPA-001	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Health		☒ Concluded
4. Project title:	Emergency health care and response to flood affected population in Nigeria		

7.Funding				
	a. Total project budget:	US$8,950,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 2,247,087	*NGO partners and Red Cross/Crescent:*	US$ 9,469
	c. Amount received from CERF:	US$331,136	*Government Partners:*	US$ 5,536

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	251,256	92,774	UNFPA implemented this project jointly with WHO and UNICEF. UNFPA's component planned target was 120,000 (Female: 60,302 and Male: 59,689)
b. Male	248,744	91,847	
c. Total individuals (female + male):	500,000	184,621	
d. Of total, children under age 5	85,500	N/A	

9. Original project objective from approved CERF proposal

Reduce the mortality and morbidity of the affected population through provision of emergency health care and response to potential disease outbreaks in flood affected communities.

10. Original expected outcomes from approved CERF proposal

- At least 50% of affected population receive care from health facilities and care units mainly IDPs
- 100% coverage of epidemiological surveillance and response to epidemics in the 14 most affected states by provision of weekly situation report which is available for decision-making
- 80% of target children 6-59 months vaccinated against measles and provided Vitamin A supplement
- 30,000 emergency affected families receiving at least one LLIN
- At least 50% of target women receiving one ANC contact
- At least 50% of affected communities are targeted by MNCH campaigns and receiving messages to mitigate the risks of life threatening diseases such as malaria, diarrhoea, pneumonia, measles and malnutrition
- At least 80% schools practicing appropriate hygiene education and promotion
- At least 80% of school-age going children taking part in cholera control measures
- At least 80% of schools in flood affected communities have agreed emergency plans to mitigate risks of diseases and epidemics and
- 100% of all GBV victims identified receive appropriate counselling treatment and referral
- 100 service providers trained on MISP in affected states
- At least 80% of young people in camps and spontaneous settlements receive condoms

11. Actual outcomes achieved with CERF funds

Original Expected Outcomes for the UNFPA Component:

- At least 50% of affected population receive care from health facilities and care units mainly IDPs
- 100% of all GBV victims identified receive appropriate counselling treatment and referral

- 100 service providers trained on MISP in affected states
- At least 80% of young people in camps and spontaneous settlements receive condoms

ACTUAL OUTCOMES:

- Twenty four (24) Reproductive Health (RH) kits had been procured and distributed to 12 health care facilities in the 3 target States. The RH kits created access to emergency reproductive health services for some 184,621 people, including clean and safe delivery for 3,692 pregnant women for a 6 months period.
- The provided reproductive health kits contained supplies and equipments required for clean and safe delivery, treatment of rape cases, HIV prevention and STIs among other items.
- Procurement and distribution of 2,440 female dignity kits for 2,440 vulnerable women and adolescent girls in Bayelsa, Adamawa and Imo States.
- Each dignity kit contained basic female hygiene items, such as sanitary towels, soap, toothpaste, toothbrush, underwear, body lotion and a comb.
- Training on Minimum Initial Service Package (MISP) for reproductive health in crisis situations were conducted for 48 participants (25 female and 23 male) from NEMA, FMOH, FMOWASD, SMOH, SEMA, SMOWASD, Red Cross volunteers, Health Care Facilities and UNFPA.
- 100% of all GBV/ sexual violence victims identified received appropriate treatment and referral.
- The camps where closed before project commencement. However, female and male condoms were distributed to affected communities in the target States.
- 45 social workers and volunteers (23 female and 22 male) had been trained on the basics of GBV and HIV/AIDS and how to sensitize high risk communities. Community level sensitization by trained volunteers and social workers was conducted in 7 high risk communities (i.e. Mgbele, Mmahu in Imo State; Otuoke, Sagbama, Ikolo in Bayelsa State; and Opalo and Kangling in Adamawa State). 1,547 people had attended the sensitization sessions.

Other Results:

On top of the key expected outcomes, there were a number of activities that were included into the component. Their results are as follows:

Familiarization training workshops on the rational use, management and reporting of the RH kits had been conducted for 52 participants (28 female and 24 male) from the 41 assisted health care facilities, the State Ministries of Health (RH Coordinators) and the National Emergency Management Agency (NEMA)[3].

A Maternal Health/RH consultant was recruited to provide on-job training and supportive supervision to assisted health care facilities' staff.

Project implementation planning in which all key stakeholders (including NEMA, FMOH, FMOWASD, SMOH, SEMAs, NRCS and SMOWASD) participated was conducted on 29 April 2013.

General sensitization and awareness raising on disaster risk management, and reproductive health and GBV in emergencies was also conducted.

Monitoring and Supportive Supervision

The UNFPA sub-offices in Calabar and Kaduna and the country office in Abuja had closely monitored the implementation of the project. Several field trips and supportive supervision visits had been carried out.

The Maternal Health/RH consultant supported by the humanitarian and maternal health teams had conducted on-job training and supportive supervision to assisted health care facilities' staff.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

The plan for the procurement of dignity kits was to procure 5,000 dignity kits. However, due to price increases, changes to budget required for internal transportation and distribution, and challenges faced at the end in accessing part of the allocated budget resulted in the reduction of the target to 2,440. However, it is important to note that 25,000 dignity kits had been procured and distributed with UNFPA internal funding in Adamawa and Bayelsa along with Kogi, Benue, Delta, Cross River, Anambra, Edo, Imo, Ebonyi and Rivers States.

[3] 12 of the health care facilities have been supported through the CERF grant and the rest were supported using UNFPA internal funding. The training workshop costs were also mainly paid from internal funding.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒
If 'YES', what is the code (0, 1, 2a or 2b): **If 'NO' (or if GM score is 1 or 0):** Nigeria does not have a CAP. However, the project focus was on reproductive health and GBV which are prime issues of women and young girls during disasters. Section 11 highlights some of the key achievements in the areas of GBV.	
14. M&E: Has this project been evaluated?	YES ☐ NO ☒
Final evaluation was not included into the sub-project. However, distribution and end user monitoring and supportive supervision mechanisms were put in place to track performance. The Nigerian Red Cross Society had been partnered to carry out community level sensitization, and assist on distribution and utilization monitoring. A joint monitoring of UNFPA, NEMA and NRCS had also been conducted in Bayelsa and Imo States. All activities planned were completed and final report documenting achievements was submitted to the UNRC.	

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	FAO	5. CERF grant period:	31 January 2013 – 30 July 2013
2. CERF project code:	13-FAO-001	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Agriculture		☒ Concluded
4. Project title:	Life Saving support for fisheries producers in states most affected by the 2012 flood in Nigeria		

7.Funding	a. Total project budget:	US$3,200,000	d. CERF funds forwarded to implementing partners: No. In the original proposal, US $60,000 was allocated for both NGOs and the government partners under the budget line D. For accountability purposes FAO decided that the funds be channelled through the government who will subsequently work with their local NGOs to facilitate the preparation of delivery canters and distribution of the relief materials in the affected states. It is also important to note that, government partners are accountable to FAO, for efficient funds utilization and enhanced monitoring. The disbursement of funds was done through the state Ministries of Agriculture having in mind the number of states involved. It would have presented enormous challenges if FAO had worked with a large number of different local NGOs in all the selected states		
	b. Total funding received for the project:	US$ 995,380	*NGO partners and Red Cross/Crescent:*	US$ NIL
	c. Amount received from CERF:	US$ 995,380	*Government Partners:*	US$ 63,708

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	3,491	1,903	Difficult terrain – Some of the fish processors and fish farmers were located in difficult terrain which was a big challenge for our officers to access. Inadequate time – The period for the implementation of the project was grossly inadequate considering the fact that the states were widely spread. Insecurity – Some of the states could not be accessed due to emergency situation. Inadequate Funding – The initial budget to cater for the affected states was US $3,200,000 and US $995,380 was provided for the execution of the project, this affected the overall outcome of the project. All attention was concentrated on maximum delivery, hence this must have been due to oversight.
b. Male	4,627	897	
c. Total individuals (female + male):	8,118	2,800	
d. Of total, children under age 5	2,273	1,794	

9. Original project objective from approved CERF proposal

As a protective measure to mitigate the risks of developing into a protracted food and livelihood emergency, the project will alleviate the impact of floods on households enabling them to immediately rehabilitate and re-engage in small-scale fisheries for household income and access to food and nutrition.

10. Original expected outcomes from approved CERF proposal

Commissioning of high-volume fingerlings and feed producers to supply to worst-hit fish farmers.
Mass sensitization of targeted fishing communities on management of post-flood fish boom.
Provision of fish seed (fingerlings) and feed.
Support for special farms to produce fingerlings
Provision of fishing gear
Provision of equipment and supplies for flood-affected women involved in fish processing and marketing.

11. Actual outcomes achieved with CERF funds

- Commissioning of high-volume fingerlings and feed producers to supply to worst-hit fish farmers.
- High volume producers were commissioned to supply high-quality fish feed, fish seeds and high protein feed stock (fish meal) between June and July 2013.
- Mass sensitization of targeted fishing communities on management of post-flood fish boom.
- Capacity building for staff of affected States' Department of Fisheries and Emergency Response Agencies was held in June 2013.
- Provision of fish seed (fingerlings) and feed.
- 1,000 beneficiary farmers from 72 LGAs of the states received fish farming inputs with each farmer receiving 600 catfish juveniles, 10 (15kg) bags of fish feed and 1 bag (20kg) of fishmeal between June and July 2013.
- Provision of equipment and supplies for flood-affected women involved in fish processing and marketing.
- 1,800 women fish processors received 180 Smoking kilns (10 women per smoking kiln) between June and July 2013.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

- Outcome 4: Support for special farms to produce fingerling

FAO sourced fingerlings from the following special farms across the country:
Zamit farm, Ibadan, Oyo state
Fish for all consult, Ilorin, Kwara state

- Outcome 5: Provision of fishing gear

The funds alloted was not enough to engage fishing gear.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a or 2b):
If 'NO' (or if GM score is 1 or 0): The female gender were adequately catered for in both project design and in the implementation as seen in the results and outcome of the project (i.e. 1,800 women processors and 103 female fish farmers benefitted from the

14. M&E: Has this project been evaluated?	YES ☐NO☒

The project was yet to be evaluated when this report was submitted to RC's office.

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNHCR	5. CERF grant period:	28 January 2013 -27 July 2013
2. CERF project code:	13-HCR-001	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Shelter and non-food items		☒ Concluded
4. Project title:	Provision of Basic NFIs to most vulnerable Displaced families		

7.Funding				
	a. Total project budget:	US$ 18,192,655	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 1,418,753	*NGO partners and Red Cross/Crescent:*	US$ 167,697.99
	c. Amount received from CERF:	US$ 1,418,753	*Government Partners:*	US$ Nil

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	23,400	23,400	There were no discrepancies between planned and reached beneficiaries. There was however an increase in the amount disbursed to the implementing partners from $49,933 to $167,698. The change was due to a change in the programme implementation plan. The initial plan was for UNHCR to: engage volunteers for the registration and profiling; implement the actual transportation of the NFIs from the warehouses to the distribution sites; as well as conduct M &E. However, before implementation, UNHCR discovered that Nigerian Red Cross Society has service agreements with transporters in all the states, had standby team for the registration/profiling as well as an M & E specialist. Looking at the comparative advantage of the Nigerian Red Cross Society (NRCS) in these areas and the significant saving of cost, the activities were transferred to NRCS instead of hiring different contractors as a cost saving measure.
b. Male	15,600	15,600	
c. Total individuals (female + male):	39,000	39,000	
d. Of total, children under age 5	6, 630	6, 630	

9. Original project objective from approved CERF proposal

To ensure a healthy living condition for most vulnerable IDP families through the provision of basic NFIs. The floods washed away the houses and personal belongings of the IDP population. In view to enable them survive and possibly restart a new life, there is a critical need for provision of the basic NFIs to this population. Such assistance will enable them access to healthier and dignifying living condition.

10. Original expected outcomes from approved CERF proposal

Provision of NFIs for targeted vulnerable population will mitigate the risk of infections/diseases and ensure a healthy life style.
Dignity restored and support provided to 100% of targeted vulnerable IDP families.
100% of targeted vulnerable IDP population have received NFIs and are utilizing them for their household chores.
Significant reduction in mortality rates in children, women and the aged.

11. Actual outcomes achieved with CERF funds

Provision of NFIs for targeted vulnerable population to mitigate the risk of infections/diseases and ensure a healthy life style. The quantity of NFIs distributed per household in 11 targeted states were as follows:

- 37,950 units of blankets (6 per family) for 6,500 vulnerable families
- 6,500 units of buckets (1 per family) for 6,500 vulnerable families
- 12,650 units of jerry cans (2 per family) for 6,500 vulnerable families
- 6,500 sets of cooking pots (1 per family) for 6,500 vulnerable families
- 37,950 units of soap (6 per family) for 6,500 vulnerable families
- 12,650 units of mattresses/Foam (2 per family) for 6,500 vulnerable families
- 6,500 sets of Lantern (battery operated) (1 per family) for 6,500 vulnerable families
- 368 bales of used women cloths for 6,500 vulnerable families
- 368 bales of used children cloths for 6,500 vulnerable families

The number of households per state were as follows:
Plateau (610), Borno (610), Cross Rivers (1,220), Niger (610), Enugu (490), Imo (185), Jigawa (490), Kebbi (550), Kwara (300), Taraba (610), Benue (825)

Dignity restored and support provided to 100% of targeted vulnerable IDP families (60% female and 40% male).
The IDPs had no household item and about 98 per cent had no basic household item provided before the intervention. They had a deep sense of social exclusion, abandonment and detachment from the other members of the community who were not affected or were less vulnerable and as a result, lost their dignity as human beings. After the distribution of the NFIs, the dignity of the vulnerable population was restored as they have increased resilience against preventable illness and diseases; and they are thereby more capacitated to be productive members of their community.

100% of targeted vulnerable IDP population (60% female and 40% male) have received NFIs and are utilizing them for their household chores.
The M & E report received and UNHCR meeting with beneficiaries and the local authorities accompanied by a USA delegation confirmed that the vulnerable family units received the NFIs and were utilising them. The women told the delegation that the cloths they were wearing were provided by the CERF.

Significant reduction in mortality rates in children, women and the aged
Prior to the intervention, there were a few reported numbers of deaths among the vulnerable groups as a result of harsh weather condition. After the intervention there was a significant reduction in mortality rates in children, women and the aged as they could use the blankets and sleeping mats to protect themselves from the cold weather conditions and prevent cold-induced illnesses. This was particularly witnessed in Benue State where UNHCR accompanied by a USA Delegation met with beneficiaries who attested to same.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

There was no significant discrepancy between planned and actual outcomes. During planning, the statistics of the IDPs showed that 39,000 (10 per cent) of the total population in 10 states were vulnerable but during the profiling and detailed registration of the IDPs, in 2013, the actual vulnerable were slightly lower than 39,000 in the 10 states. The reasons given were some of the IDPs had moved from their initial locations to new ones, especially in Plateau and Taraba states. The office therefore added a neighbouring state, Benue, which has close affinity with the two states of Taraba and Plateau in terms of the population and had more IDPs as a result of the 2012 floods but was not in the initial UNHCR submission. Other UN agencies that also received the CERF grant were also intervening in Benue in other sectors. To close the gap on NFIs, Benue state was added to make the total number of states 11. This was possible without additional cost due to the fact that Nigerian Red Cross Society had good and cost effective ways of transporting the NFIs and also conducting the profiling.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a or 2b):
If 'NO' (or if GM score is 1 or 0): The project targets 39,000 individuals out of which 23,400 (representing 60 per cent) were female and the remaining 40 per cent were male. Total number of children under 5 years were 6, 630 representing 17%.

14. M&E: Has this project been evaluated?	YES ☒ NO ☐

M& E was conducted in December 2013 and January 2014. The timing allowed the M&E team to evaluate the impact of the project

on the beneficiaries. UNHCR, Nigeria red cross, Benue State government and the US BPRM did a preliminary evaluation in Makurdi and Gwer West LGA of Benue State while the M & E Teams of Nigeria Red Cross in coordination with UNHCR conducted monitoring in the remaining 10 states of Borno, Cross Rivers, Enugu, Imo, Jigawa, Kebbi, Kwara, Niger, Plateau, and Taraba to ascertain the impact on the beneficiaries. The monitoring teams used focused groups and questions to ascertain the impact of the intervention taking into account Age, Gender and Diversity. A total of 110 volunteers, 5 UNHCR staff, 3 staff from the US BPRM (for Benue only) were involved.

The post distribution beneficiary satisfaction survey showed over 90% satisfaction with the quality, quantity and method of distribution of the NFIs

The quality and quantity of the distributed items met Sphere Standard

Targeted beneficiaries were actually reached

There was good turn up and participation of communities leaders and local authorities

Coordination and communication between UNHCR and NRCS was very strong contributing to the success of the project

The beneficiaries and other relevant stakeholders (local government and traditional rulers) were impressed on the impact of the project.

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner	Comments/ Remarks
13-CEF-001	WASH	UNICEF	State Ministry of Water Resources	Yes	GOV	$1,636,518	15-Feb-13	3-Jun-13	Provision of improved water sources, hygiene promotion
13-FPA-001	Health	UNFPA	State Ministry of Health and State Ministry of Women Affairs	Yes	GOV	$5,536	11-Feb-13	1-Jun-13	Provision of RH services GBV/HIV training
13-FPA-001	Health	UNFPA	Nigeria Red Cross/Crescent	Yes	RedC	$9,469	11-Feb-13	1-Jun-13	Distribution of RH kits and dignity kits; monitoring
13-FAO-001	Agriculture	FAO	State Ministry of Agriculture	Yes	GOV	$63,708	19-Feb-13	25-Jul-13	Rehabilitation of fish ponds, distribution of fish steel smoking kins
13-HCR-001	Shelter and Non Food Items	UNHCR	Nigeria Red Cross/Crescent	Yes	RedC	$167,698	1-Apr-13	5-Apr-13	Distribution of NFIs

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

CHEW	Community Health Extension Workers
C4D	Communication for Development
CERF	Central Emergency Response Fund
CFR	Case Fatality Rate
EOC	Emergency Operations Centre
EWARN	Early Warning Alert and Response Network
FMOH	Federal Ministry of Health
FMOI	Federal Ministry of Information
FMOWASD	Federal Ministry of Women Affairs and Social Development
HF	Health Facilities
HCT	Humanitarian Country Team
HNO	Humanitarian Needs Overview
IEHK	Inter-Agency Emergency Health Kits
IA-EPRWG	Inter Agency Emergency Preparedness and Response Working Group
IDP	Internally Displaced Persons
IDSR	Integrated Disease Surveillance and Response
LLIN	Long Lasting Insecticide Nets
LGA	Local Government Area
MNCHW	Maternal and Child Health Week
M&E	Monitoring and Evaluation
NFIs	Non Food Items
NEMA	National Emergency Management Agency
NRCS	Nigerian Red Cross Society
OCHA	Office for the Coordination of Humanitarian Affairs
OPS	On-line Project System
NCDC	Nigeria Centre for Disease Control and Prevention
RDTs	Rapid Diagnostic Testing kits
RUWASSA	Rural Water Supply and Sanitation Agency
SMOH	State Ministry of Health
SEMA	State Emergency Management Agency
SRP	Strategic Response Plan
WHO	World Health Organization
WASH	Water Sanitation and Hygiene
RC	United Nations
UNRC	Resident Coordinator
UNICEF	United Nations Children's Fund
UNHCR	United Nations High Commission for Refugees
UNFPA	United Nations Population Fund
UNCT	United Nations Country Team