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Complex Emergency Plan of Action Final Report

Nigeria Complex Emergency

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRNG018	GLIDE n° CE-2014-000149-NGA
Date report issued: 03 October 2016	Timeframe covered: 5 November 2014 – 30 November 2015
Operation start date: 5 November 2014	Operation timeframe: 18 months
Overall operation budget: CHF 2,777,900 (funding CHF 1,148,760 / 41% coverage)	DREF amount initially allocated: CHF 250,000
Host National Society: Nigerian Red Cross Society	
N° of people being assisted: 150,000 (50,000 people in each of the targeted states that are under state of emergency: Borno, Adamawa and Yobe; including around 12,500 people in each of four Local Government Areas per state)	
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Committee of the Red Cross (ICRC) and International Federation of the Red Cross and Red Crescent Societies (IFRC)	
Other partner organizations actively involved in the operation: ECOWAS, National Emergency Management Agency (NEMA), Presidential Initiative on the Northeast (PINE), State Emergency Management Agencies (SEMAs), Total Petroleum Company, Etisalat	

“As per the financial report attached, this operation closed with a balance of CHF 239,196. The International Federation seeks approval from its donors to reallocate this balance to the Africa West Coast Appeal to support ongoing activities. Partners/Donors who have any questions in regard to this balance are kindly requested to contact Ruben Cano at ruben.cano@ifrc.org within 30 days of publication of this Final Report. Pass this date the reallocation will be processed as indicated”.

A. Situation analysis

Description of the disaster

In 2015, Federal Government of Nigeria (FGoN) military forces with the support of the multi-national forces of Chad, Cameroon and Niger made significant progress to dislodge the Boko Haram (BH) insurgency from their occupied territories. The FGoN set a deadline to end the insurgency by the end of December 2015, and as such intensified efforts, revising its military strategy, and moving the command centre to Maiduguri, Borno State to ensure its effective implementation. Despite progress made so far, the insurgency has developed new approaches, with increased suicide bombings mostly carried out by women, girls and children targeting crowded places including markets and places of worship - on average there are 10 suicide attacks being reported per week.

The number of internally displaced persons (IDPs) has risen to over 2 million (according to the United Nations (UN)); while the number of refugees in the 3 neighbouring



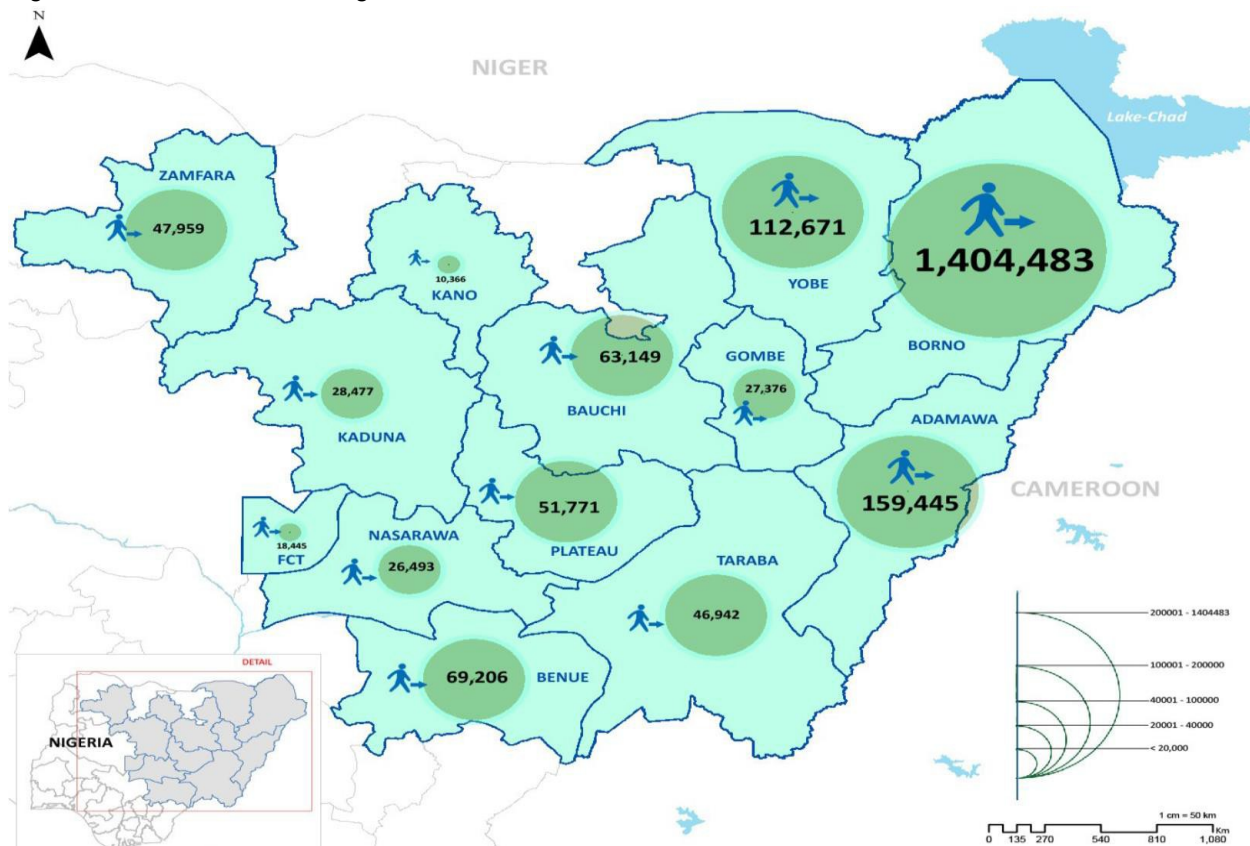
*Shelter construction in Adamawa, in Hong Community.
Photo NRC*

countries - Chad, Cameroon and Niger - is over 150,000

people, mostly women and girls. The IDPs are in camps especially in the state capitals, however the majority are in host communities where they are receiving limited or no assistance. In the areas that have been recaptured, people are not yet confident to return to their communities because of the continuing fear of the insurgency attacks, and they remain mostly uninhabitable as infrastructure (bridges, homes, hospitals, roads, schools and water facilities) have been destroyed by the insurgency; however, this is expected to change in future as the situation stabilizes. The FGoN has prioritized the reconstruction of the Northeast, and called on other stakeholders to support this process. The President

has appealed to the World Bank for support in the rebuilding of the Northeast, and resources have been committed. It is expected that these resources will be used to construct infrastructure including bridges, government buildings, hospitals, roads and schools.

Figure 1. Location of IDPs, Nigeria, June 2016



The MDRNG018 Nigeria Complex Emergency Appeal supported the immediate needs of the affected population with the multilateral funding that was secured (1,148,760 Swiss Francs / 41 per cent appeal coverage). At the same time efforts were made to access and mobilize resources for medium/longer term assistance through the Development Operational Plan (DOP), since the situation/needs of the affected as they begin to return back to their communities is expected to extend well beyond the timeframe that was allowed through this Emergency Appeal. In addition to the resources received through multilateral funding to the Emergency Appeal, the Nigerian Red Cross Society (NRCS) received bilateral support (based on the same Emergency Plan of Action (EPoA)) of US\$1.5 million from a number of partners in-country including: the Government of Japan (US\$400,000), a Norwegian organization (US\$250,000), PINE (US\$260,000), Total (US\$250,000), UNFPA (US\$180,000), and UNHCR (US\$150,000). Of these contributions, 50 percent was received in cash while the remaining were goods in kind (food and non-food Items [NFIs]). As such, it is estimated (based on the inclusion of both bilateral and multilateral support), that the Emergency Appeal coverage is approximately 95 percent.

The appeal was supported by multilateral contributions from British Red Cross, Canadian Red Cross, ECOWAS, Japanese Red Cross, Netherlands Red Cross, Red Cross of Monaco and Swedish Red Cross. IFRC, on behalf of the Nigerian Red Cross Society would like to extend its appreciation to all partners for their generous contributions to this Emergency Appeal. However, we call on partners to extend their support to the long term needs of the affected population in the Northeast of Nigeria.

Summary of response

From the launch of the Emergency Appeal operation, the NRCS has been involved in responding to the immediate humanitarian needs of 156,660 people located in 12 Local Government Areas (LGAs) in Adamawa, Borno and Yobe States, providing services in health, livelihoods, psychosocial support, relief, shelter, water, sanitation and hygiene promotion, with achievements including:

- Trained 120 traditional birth attendants out of the planned 200 to provide support to women in need of maternal and child health services in the affected communities; they have reached 15,500 people.
- Trained 120 WASH volunteers to conduct sanitation and hygiene promotion in the affected communities, which have reached a total of 31,560 people.

- Five boreholes were drilled and 5 latrines constructed, which have benefited a total of 3,500 households.
- Trained 80 psychosocial support (PSS) volunteers to provide support to traumatized women and girls in the affected communities, which have reached 90,130 people.
- Detailed needs assessment for livelihoods was conducted to determine the areas of intervention for this sector; and a total of 500 households (3,500 people) have benefitted from livelihoods interventions.
- Detailed needs assessment was conducted to identify beneficiaries for shelter and to determine the selection criteria to be used; and 30 houses constructed, benefiting 210 people.
- Procurement and distribution of NFIs has been completed and a total of 73,000 households (511,000 people) benefited from the items. Some of the items were procured using bilateral funds and support received by the Nigerian Red Cross Society.
- Capacity building for the NRCS through strengthening of financial, monitoring and evaluation, and project management systems for the operation.
- Restoring Family Links (RFL) activities reached 250 unaccompanied minors.

Overview of Red Cross Red Crescent Movement in country

The International Federation of Red Cross and Red Crescent Societies (IFRC) in Nigeria continues with technical and resource mobilisation support to the NRCS, as the implementing National Society. The IFRC health delegate is working in collaboration with the NRCS to ensure effectiveness in implementation; and has been assisted by a Regional Disaster Response Team (RDRT) member who was deployed for two months. The IFRC will continue to assist in coordination and operational management.

The International Committee of the Red Cross (ICRC), which has extensive presence across Nigeria has been continuously consulted during planning and implementation of the operation to avoid duplication; and specifically with its sub-delegations that are based in Adamawa, Borno and Yobe. A Movement Cooperation Agreement has been agreed, which will provide guidance on cooperation in Nigeria; and the coordination mechanisms have been agreed upon. Movement coordination meetings are being carried out twice per week, as well as a monthly meeting to discuss programmatic and technical issues. The ICRC is concentrating on implementing activities in camps, while the IFRC operation targets IDPs and returnees in host communities.

Overview of non-Red Cross Red Crescent actors in country

Externally, the 2 national coordination platforms: Inter-Agency Emergency Preparedness Working Group (IA-EPRWG) and Humanitarian Country Forum (HCF) collaborate with stakeholders involved in the response. The National Emergency Management Agency (NEMA) works in collaboration with NRCS under its mandate of coordinating emergencies at national level, while the State Emergency Management Agencies (SEMAs) are at state level with a similar mandate. The formal camps are managed by NEMA, while international organizations are providing assistance to the affected people in the camps. The FGoN has distributed food and NFIs to a number of people affected by the insurgency in ten states - the total of which is difficult to determine. It should be noted that most of the current interventions by other actors are limited to areas they can access, and the distributions have been supported by NRCS volunteers and structures, thus utilizing their presence, acceptance and access to affected communities.

Needs analysis and scenario planning

The United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) has reported that the number of IDPs has reached more than 1.5 million; however, it is expected that it could reach as high as 6 million, as despite the progress made in dislodging the insurgency there has continued to be attacks across Adamawa, Borno and Yobe States, including suicide bombings in public places, and as such the situation remains volatile. It is estimated that 90 per cent of IDPs are still in host communities receiving no support. Most of the international organizations are working in organized and official camps and not in the host communities. The Red Cross is the only organization that is reaching the IDPs in host communities with its network of volunteers because the volunteers know the areas and are accepted by the people. As such, this Emergency Appeal operation remains relevant and appropriate to the needs of the affected population that are living in host communities. Please refer to the [original EA](#), which presents the situational analysis in terms of the humanitarian needs of the affected population in which the operation was developed; as well as the beneficiary selection strategy and risk analysis.

Nonetheless, in some areas the situation is expected to allow for people's return; in Adamawa, there are communities that are now reported to be safe (according to NEMA) and people have started returning. In 2016, UNICEF expect that

100 per cent of people in this state will return to their communities. In Borno, many communities are not yet safe for people to return; and according to UNICEF only 5 per cent of people in this state will return to their communities. In Yobe, there are many communities that are also now reported to be safe for people to begin to return. However, (refer to “Description of disaster” section) these communities remain mostly uninhabitable as infrastructure was destroyed by the insurgency and there are enormous recovery/rehabilitation related needs in health, livelihoods, PSS, relief (NFIs), shelter, water, sanitation and hygiene services, which extend beyond what can be covered through this existing Emergency Appeal operation, and will have to be integrated within medium/longer terms plans i.e. the DOP, and/or NRCS development plans.

B. Operational strategy and plan

Overall Objective

Provide assistance to 150,000 beneficiaries (50,000 people in each of the targeted states that are under state of emergency: Borno, Adamawa and Yobe; around 12,500 people in four Local Government Areas per state, with community emergency health, water, sanitation and hygiene promotion, relief, psychosocial support and livelihoods support in the states of Borno, Adamawa and Yobe.

Proposed strategy

A comprehensive, integrated baseline survey will be carried out in the targeted states using mobile phone technology to identify unmet needs or gaps of the most vulnerable. A Vulnerability and Capacity Assessment (VCA) will be conducted in targeted communities using a number of suitable tools.

The project duration will be 12 months focusing on community health, water, sanitation and hygiene, relief (food and Non-food), livelihoods, shelter, psychosocial support, youth as agents of behavioural change. Gender as a cross-cutting theme will be part of the intervention.

Emergency and Community Health: Using Community Based Health and First Aid (CBHFA) and Epidemic Control for Volunteers (ECV) tools, the health needs of women, children, girls and elderly people will be addressed. Maternal, neonatal and child health interventions and safe delivery will be implemented. Malaria and immunization activities for pregnant women and under 5 children will also be prioritized.

Water, Sanitation and Hygiene Promotion: In order to address the WASH needs of the vulnerable population, the project will provide safe water by sinking new boreholes and rehabilitating existing ones, provide sanitary facilities and promote hygiene through Participatory Hygiene and Sanitation Transformation (PHAST), and disease and epidemic control/prevention focusing on epidemics.

Relief (Food and Non-Food): The interventions under this component will target the most vulnerable. Provision of relief items will be conducted for 3 months; the beneficiaries will be transitioned to livelihoods after 3 months. An assessment will be conducted to determine the vulnerability of the targeted population.

Psycho-Social Support: The NRCS has been playing a key role, supported by IFRC and ICRC in training a pool of staff and volunteers in psychosocial support (PSS) and mental health. This project will focus on providing psychosocial support to children and their families through structured group activities, group counselling, awareness raising, capacity enhancement of service providers and support to safe educational environments including safe child friendly spaces. Also, a pool of National Disaster Response Teams (NDRT) on psychosocial support will be trained with priority given to branches that are prone to conflict. The Nigerian Red Cross Society has been providing PSS support to victims of conflict for the last few years, building capacities from previous experiences.

Restoring Family Links (RFL) services: A lot of families have been separated and have lost contact. Children have been lost or left unaccompanied. There is a need to help in tracing and re-establishing contact between separated family members. The framework for implementation of this project is defined in the ICRC – NRCS Cooperation Agreement. Basically, the NRCS (headquarters and branches) will provide RFL volunteers and focal points according to the needs and develop its own RFL tools, and ICRC will offer training, support and coaching. The idea is to have one RFL focal point in each LGA where the NRCS has a presence and where there are needs: in Adamawa, Borno and Yobe, plus volunteers in the main IDP locations/camps/collective centres so as to develop an operational RFL network capable of delivering RFL services to the population affected by the conflict. Moreover, there is a joint project between the NRCS

and the ICRC to strengthen the NRCS capacity to deliver RFL services to the people affected by conflict. This activity will be supported by ICRC and is not budgeted in this Emergency Appeal.

Shelter support: Most of the IDPs in the communities do not have dignified shelter and shelter has been identified as a priority need in some LGAs (for example in Mubi, Adamawa State). The most vulnerable households will be supported to make their shelters resilient. Shelter kits training will be conducted for selected volunteers while communities at risk will be provided with shelter tool kits.

Livelihoods support: Targeted most vulnerable households will be provided with livelihoods support (income generating activities such as soap making, knitting, sewing, tie and dye, fish drying/smoking, GSM handset repairs, etc). This will be done in partnership with Small and Medium Enterprises Development Agency of Nigeria (SMEDAN).

Gender, youth as agents of change and violence prevention: Addressing gender inequalities and gender based violence among the target groups will be a priority. Volunteers will be trained to conduct and mainstream gender in all the activities of the project. Community dialogues will be conducted focusing on gender issues and advocacy for gender equality. Youth role models will be identified and will be trained on the cascading model of youth as agents of behavioural change to promote social cohesion, peace and good behaviour.

The objectives and activities of this proposal are part of the current activities of the NRCS and represent an expansion of the programme and they are in line with the NRCS strategy.

Areas of Intervention (Sector)	Target beneficiaries	Location: Adamawa, Borno and Yobe States
Community Health	150,000 persons (21,429 households ¹)	4 LGAs per state
Water, Sanitation and Hygiene Promotion	10,000 persons (1,429 households)	4 LGAs per state
Relief (Food and Non-Food)	35,000 persons (5,000 households)	4 LGAs per state
Psychosocial support	21,000 persons (3,000 households)	4 LGAs per state
Restoring family links	7,000 persons (1,000 households)	4 LGAs per state
Shelter support	12,600 persons (1,800 households)	4 LGAs per state
Livelihood support	10,500 persons (1,500 households)	4 LGAs per state
Youth as Agents of Behavioural Change and Gender	15,000 students/persons	4 LGAs per state

Table 2: Target beneficiaries per area of intervention

Operational support services

Human resources (HR)

The IFRC operations manager (the health delegate), finance delegate and RDRT were supported through the Emergency Appeal. The NRCS also had its staff supported by the Emergency Appeal, and which included the Programmes Coordinator, Finance, Health, DM and Logistics.

Logistics and supply chain

The logistics roles and responsibilities were conducted by the NRCS using the IFRC procedures. The relief items were procured locally with guidance from the Regional Logistics Unit in Nairobi. The recommendation from the Regional Logistics Unit was to procure the materials locally due to the complexities of Nigerian customs, laws especially when it comes to commodities procured from outside the country. The country has stringent rules and regulations which lead to long delays and in the end the items becoming too costly.

Communications

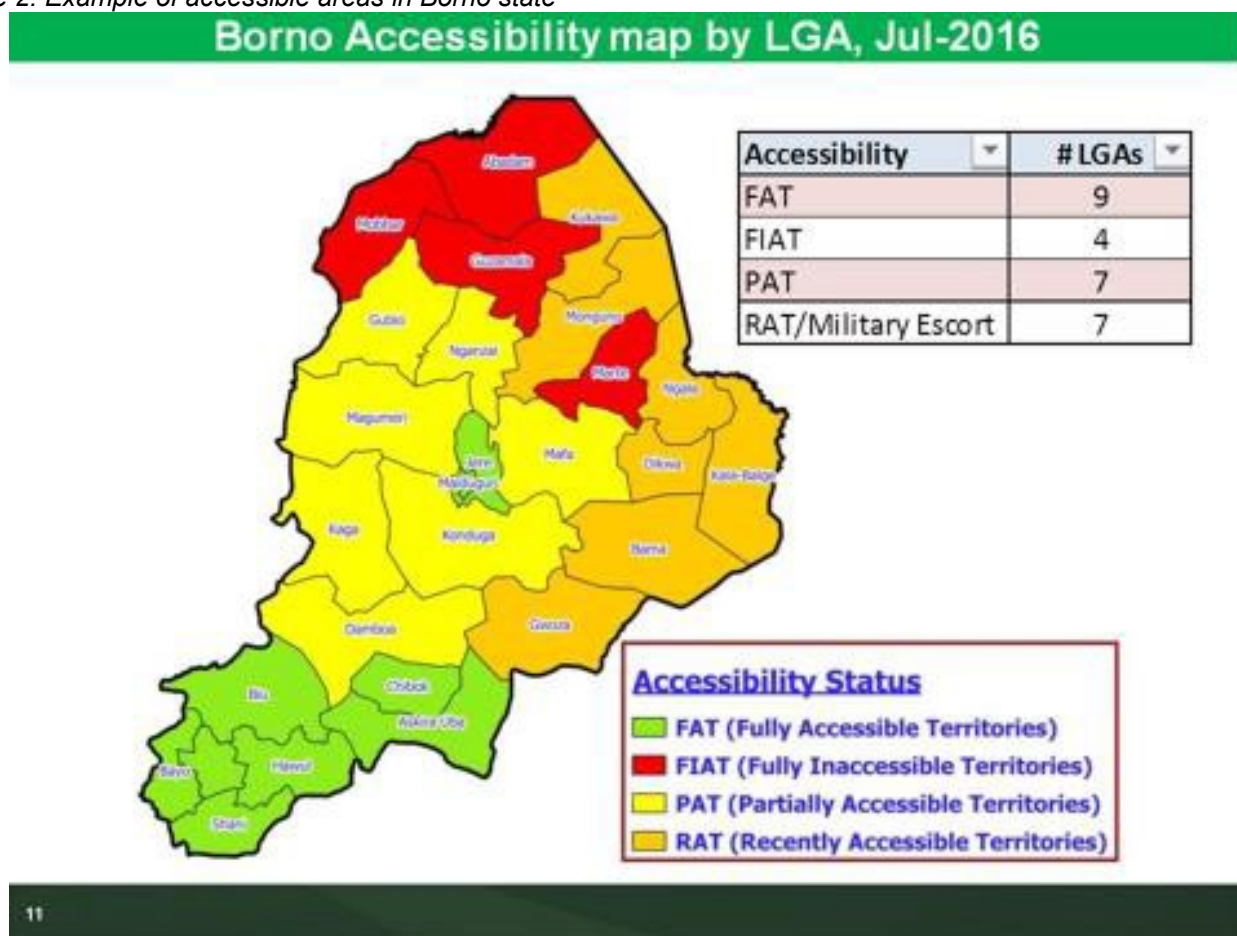
¹ One Household has an average of 7 people in Nigeria, according to the National Emergency Management Authority

A total of 15 case studies were produced and published, some of them on the IFRC website and others were posted on the NRCS website and social media – Facebook. Two press releases and one press conference was held in Abuja to publicise the Emergency Appeal to the audience in Nigeria. The aim was to raise local resources within the country.

Security

The security situation in the Northeast affected the implementation of the Appeal. Though the Government has made significant progress taking over the territories that were once completely occupied by the insurgency, there are still a number of Local Government Areas (LGAs) which are not accessible. Some of the newly liberated areas need military escort to access them which makes the situation a challenge as Red Cross does not use military escort. Despite the situation of insecurity, Red Cross volunteers experienced no incident during the operation, owing to their acceptance by the communities. The NRCS in its operation continued emphasising its principles of neutrality, independence and impartiality. The NRCS and IFRC worked closely with ICRC to monitor security in the operational areas. Volunteers and staff were insured during the operation. Security rules and regulations were developed, disseminated and adhered to by all staff and volunteers. The seven pillars of the Safer Access Framework were rigorously followed by all staff and volunteers of the NRCS to mitigate any consequence of non-adherence. In addition, the Nigerian Red Cross Society continued to carry out environmental scanning and periodic analysis of the situation.

Figure 2. Example of accessible areas in Borno state



Planning, monitoring, evaluation, & reporting (PMER)

Monitoring of the intervention was conducted at all levels by the PMER unit of the NRCS at the three stages of implementation: training, home visits to the affected families and during distribution of the food and non-food items. The response was coordinated at the headquarters level by the Programme Coordinator who reported to the Secretary General. Reporting involved monthly record keeping of all activities carried out by the volunteers and the submission of the reports to the Divisional Secretaries, who would collate and forward them to the Branch Secretaries. The Branch Secretaries compiled the reports and submitted them to the headquarters. No final evaluation or beneficiary satisfaction survey, nor lessons learned workshop was conducted as this was not planned and budgeted for in the plan. An internal audit was conducted as part of the routine audit for the IFRC and a specific audit for the NRCS was conducted as well.

C. DETAILED OPERATIONAL PLAN

Early warning and emergency response preparedness

Early Warning and emergency response preparedness
Outcome 1: Continuous and detailed assessment and analysis are used to inform the design and implementation of the operation
Output 1.1: Initial needs assessment are updated following consultation with beneficiaries and other stakeholders
Output 1.2: The management of the operation is informed by a comprehensive monitoring and evaluation system
Output 1.3: Communities can access Red Cross services and resources through a two-way communications system
Achievements
<ul style="list-style-type: none">• Assessments took place to determine the current situation of the IDPs and also to assess the current needs of the targeted beneficiaries. The NRCS conducted the assessment using ODK technology which is a mobile application. Three teams of three people were deployed in the three states to conduct assessments for five days. The assessments focused on health, water, sanitation, livelihoods, shelter and psychosocial support. The results indicated that the number of IDPs had increased in the camps and also in host communities. It was noted that many IDPs in the host communities were not receiving support. Women and girls were the most affected. At that time the number of IDPs was estimated at 1.2 million people.• A monitoring system has been put in place and will continue even after the operation. Tools for volunteers, branch officers and headquarters staff have been developed. NRCS has recruited a monitoring and evaluation focal person to strengthen the unit. The officer has been supported by the IFRC Abuja Country Cluster PMER Coordinator, and more training is required to strengthen skills and knowledge especially on donor requirements. NRCS is also rolling the PMER function out to the zones and branches, a very excellent idea, and which will strengthen the work of the branches.• On 28 November 2014, a media briefing was held and was attended by 30 media houses, both print and electronic. The media was updated on the efforts that were being done to mobilize resources in-country. The needs of the of IDPs were highlighted during the media briefing. As a result of the media coverage contributions were received bilaterally to the NRCS from Etisalat, a telecommunications company, PINE, and Total Petroleum Company.
Challenges
Due to insecurity, some targeted communities could not be accessed adequately. Though the Red Cross had fair access to many locations, however some of the areas needed military escorts and as a practice Red Cross does not use military escorts and so the communities could not be accessed.
Lessons Learned
Interacting with the media regularly through press conferences improves the relationships with media. The media houses were very cooperative and through the interaction the NRCS and IFRC have a very good understanding with the media. This relationship which was built up as a result of the operation will continue in future in other operations. A database of media houses has been created and will be used when needed. Dissemination of Red Cross Red Crescent information was done during the distribution of relief items and when volunteers carried out sensitization activities in the communities and IDP camps. It is important to integrate activities in order to achieve more results. Through the dissemination of information of Red Cross messages, the image of the Red Cross has been accepted by all stakeholders in the northeast.

Health and Care

Needs analysis: The needs of the affected people has increased since the operation started. Currently there are a total of approximately 2.5 million IDPs in the Northeast and the majority of them are either in the host communities or in the camps. In the host communities the services are limited due to access constraints. The camps also are not well supported despite the number of INGOs. Currently there are over 50 organizations working in the Northeast but their efforts are not providing sufficient impact. Currently, there is an outbreak of polio in Borno (3 cases), measles, and there is also malnutrition, malaria and diarrheal diseases. The situation has become complicated with a number of IDPs desiring to return to their communities, though the security situation is not permitting this.

Population to be assisted: There are about 2.5 million people affected and this operation targeted 150,000 people

Health and Care
<p>Outcome 2. The immediate risks to the health of affected populations are reduced</p> <p>Output 2.1: Community-based health programme activities are carried out with up to 150,000 affected people supported in Adamawa, Borno and Yobe states</p> <p>Output 2.2: Improved community health services for mothers, children, elderly and people Living with chronic illness.</p>
Achievements
<ul style="list-style-type: none"> • Training of 150 volunteers has been done. During the operation the volunteers conducted awareness on the use of mosquito nets, aqua tabs and general hygiene promotion in the community. As a result, a total of 80,560 people were supported and reached with information. • Training of 120 Traditional Birth Attendants (TBAs) was conducted and the TBAs assisted pregnant women in the camps and host communities. A total of 15,500 women have been reached during the reporting period. The TBAs have become important to the IDP women since most of the health facilities are not functional. The NRCS assessment indicated that up to 98% of deliveries are taking place at home and are conducted by untrained TBAs. The intervention therefore will impact positively on safe deliveries in the communities affected by the insurgency. However, more TBAs need to be trained in the affected communities so as to serve more people. • Psychosocial activities have reached a total of 90,130 people affected by the insurgency in the northeast. A total of 80 volunteers were trained across two states. The number includes direct and indirect beneficiaries since PSS is a household intervention. When volunteers visit a household sometimes they carry out group counselling.
Challenges
<p>The Government has banned the utilisation of TBAs in the country. Its therefore not ideal for any organization to use TBAs. The paradox is that many women including in urban settings still trust the services of TBAs. While the TBAs are still useful to many communities it has become a challenge to recruit, train and support TBAs due to legislation and the policy of the government. As a result, many TBAs are operating illegally and with no means of having safe equipment to safe guard the communities. Some advocacy groups are debating the stance of the Government on this issue.</p>
Lessons learned
<p>The training of the TBAs was done in collaboration with the state MoH staff despite the understanding that the practice of the TBAs was not supported by legislation. In principle the state MoH still accept the deployment and existence of TBAs in the community although not supported policy-wise. The work of trained TBAs can be used for advocacy to support the operations of the TBAs in the community. The Red Cross intends to work with the state level advocacy groups to highlight the good work the TBAs can do in the community to save lives, especially of women in child-bearing age.</p>

Water, Sanitation and Hygiene Promotion

Needs analysis: There are increased WASH needs in the northeast. Due to the insurgency most of the original communities have no functioning water supply systems. The infrastructure is destroyed and currently the majority of the people are in IDP camps. Assessments have shown that about 90% of people affected are in host communities where the services are non-existent. Only 10% that are in camps are receiving some adequate services.

Population to be assisted: 30,000 people affected by insurgency

Water, sanitation and hygiene promotion
<p>Outcome 3. Immediate reduction in risk of waterborne and water related diseases in targeted communities</p> <p>Output 3.1: 10,000 persons have access to safe water and sanitation</p> <p>Output 3.2: Targeted population have access to information through a community sensitization campaign on water, sanitation and hygiene related diseases and HIV</p>
Achievements
<ul style="list-style-type: none"> • Through the operation a total of 15,000 people received aqua tabs and mosquito nets in the three states and 31,560 people received messages on personal and environmental hygiene and safe sanitation. A total of 90 Volunteers have been trained on hygiene promotion and health promotion during the reporting period.

- A total 5 boreholes and 5 latrines were constructed.
- The 120 volunteers trained on hygiene and general health promotion have continued to conduct activities in the host communities and camps. Their activities have reached 31,560 people.

Challenges

The number of beneficiaries has increased and currently the WASH in Emergencies working group led by UNICEF is estimating that a total of 340,000 households are in need of safe water and sanitation services in the three states affected by the insurgency. There are no resources to provide the kind of support that is required. The operation has come to an end yet the needs have even increased as at the time of the reporting.

Lessons learned

Provision of aqua tabs were very effective in addressing water-borne diseases. The beneficiaries found the use of the products easy and friendly. The explanation by the volunteers to the beneficiaries was also found to be educative. The volunteers went from house to house sensitizing the beneficiaries on how to treat the water.

Shelter and Settlements

Needs analysis: Many communities have been destroyed in the three states. Houses, markets, schools, health facilities, government structures have all been destroyed.

Population to be assisted: 1,500 households especially women and children including frail elderly people

Shelter and settlements

Outcome 4. The immediate shelter and settlement needs of the target population are met

Output 4.1: 1,500 households are identified and receive emergency shelter assistance and essential household items (NFIs)

Output 4.2: 60 households returning to their communities have resilient and sustainable shelter

Achievements

- A total of 1,400 households were provided with 1,000 buckets, 1,800 mosquito nets, 900 sleeping mats, 400,000 aqua tabs (10 sachets per household), 1,800 jerry cans, 4,000 toilet soaps, 4,000 laundry soaps, 700 kitchen sets, 800 hygiene kits, 1,800 blankets and 900 wrappers (12 yards), as well as seeds: 6kg pepper, 6 kg spinach; 300 litres pesticide, 300 cutlasses. An additional 73,000 households in the Northeast received 20 kgs of rice each provided by PINE. It is important to note that food distribution was not part of the Appeal, however the NRCS had to distribute food stuff (rice bags) as part of the national coordination mechanism.
- 50% of targeted households have received shelter support in Adamawa. A total of 30 permanent houses were constructed for IDPs in host communities. The houses will benefit a total of 210 family members.

Challenges

The major challenge was to identify the right beneficiaries who would stay in one place. The NRCS constructed permanent shelter therefore there was need for clear knowledge of the ownership of the land on which the house was to be built as well as to fully understand the intention of the beneficiaries, as to whether they would keep the house and use it long-term. Further understanding needed to be made on whether the traditional leaders had permanently given the plots of land to the beneficiaries. The NRCS reported that there was a challenge to get a variety of suppliers for building materials since the area was a target of the insurgency. For instance, the transport costs and other costs of materials were reported to be high due to the fact that there were few suppliers.

Lessons learned

Involvement of the community in building resilient shelter contributes to local knowledge and ensures sustainability. The trained masons in the community have continued to replicate the knowledge and skills acquired through the training received during the operation.

Food Security, Nutrition and Livelihoods

Needs analysis: The food insecurity situation is worsening in the northeast. UNICEF has reported that a total of 48 children are dying every day due to malnutrition. A total of 250,000 children are feared to have acute malnutrition and a total of 100,000 pregnant and lactating women are also undernourished.

Population to be assisted: The operation targeted 1,500 households especially women who were either widows or had lost their children due to the insurgency.

Food security, nutrition and livelihoods
Outcome 5. Livelihoods of people affected by the complex emergency in Adamawa, Borno and Yobe are restarted and restored
Output 5.1: 1,500 targeted households means of livelihood restored and strengthened
Achievements
An in-depth assessment was conducted to find out what is feasible and appropriate to be done by the beneficiaries in the affected communities. A total of 500 people benefited from livelihood initiatives. Sewing machines and related sewing materials were distributed to beneficiaries. A training on sewing is was conducted at community level. The training took three months to complete. Some beneficiaries requested support for petty trading, farming inputs and other support.
Challenges
The assessment was conducted just before the rain season started and some beneficiaries wanted to have farming inputs for gardening. However due to the delay in processing the funds, the rainy season had passed and it was not possible to provide the inputs to the beneficiaries. The beneficiaries also had challenges to get farming land because of the insurgency because they could not go to any areas beyond 1-2 km from their villages. Many of the beneficiaries were living in camps hence they could not get framing land. Those who lived in host communities had challenges to get land.
Lessons learned
The provision of livelihood inputs is key to communities that are recovering from shock and trauma. The livelihood inputs were able to revive the lives of the beneficiaries and provided succour to their existence and future. It is important to involve the beneficiaries in the selection of the type of livelihood activities and also accompany them in the process of implementing the project. Provision of training is key to ensure sustainability of the livelihoods.

Restoring Family Links

Needs analysis: The need for RFL activities cannot be overemphasized. The nature of the insurgency in the northeast has to led to many displacements including abductions. The majority of the affected people are women, girls and frail adults.

Population to be assisted: 50 NIRC staff trained and deployed to implement RFL activities in the three states.

Restoring family links
Outcome 6. Contacts are re-established and maintained between family members separated by the emergency, within and outside the affected areas in Nigeria and with neighbouring countries
Output 6.1: Develop capacity for assessing RFL needs and planning operational response
Achievements
The NRCS has continued to work in the affected communities with support from ICRC. The RFL structure set up in Adamawa, Borno and Yobe is working well and the most vulnerable people have been assisted. A total of 21 focal points have been identified and trained and are working in the communities with volunteers. Adamawa has 6 volunteers trained and deployed to conduct activities in two camps. Borno has 10 focal points while Yobe has 5 focal points. During the operation a total of 250 unaccompanied minors were identified and registered in the 2 camps. ICRC has recruited an RFL delegate to support the NRCS and also the ICRC sub-delegations. The NRCS has also recruited an RFL focal person to champion the activities. RFL tools were procured and distributed to the three states. The tools will assist the focal person to document information and also report on their activities.
Challenges
RFL activities are not fully funded and hence the number of volunteers trained are few. There is need to train more volunteers in the three states because the needs are so high.
Lessons learned
There is joy among the unaccompanied minors when they are finally linked with their families. It is critical to have the RFL activities implemented in all emergencies and at the beginning of the operation. RFL activities are mainly done by the Red Cross and not many other organization are used to doing these activities.

Disaster preparedness and risk reduction

Disaster Preparedness and Risk Reduction
Outcome 7. Capacity of the NRCS in the areas of assessment, disaster preparedness and response is strengthened across the targeted states
Output 7.1 Assessment capacities are provided to the NRCS in the 3 targeted states
Output 7.2 Telecommunication system is re-established in the 3 targeted states
Achievements
<ul style="list-style-type: none"> In order to increase efforts to be more accountable to beneficiaries and donors, the need to improve assessments and monitoring methods was identified. NRCS is one of the first National Societies to pilot the use of Mega V and ODK as part of the emergency data gathering and reporting. From 8 to 10 December training was held in Abuja, where the disaster management coordinators and two other staff were invited from Borno, Adamawa and Yobe branches. A total of 20 participants were trained, with the facilitation of 3 members trained during the Nairobi Mega V and ODK workshop. The training has been rolled out to other programs including health. Following the training, the use of Mega V was tested with 785 beneficiaries in Borno and Yobe states. The results were amazing. The distribution time was cut down by 40% and the number of volunteers assisting during the distribution was reduced. The beneficiaries appreciated the efficiency of the system and above all they spent little time in the queue. ODK has become a common tool for assessments in NRCS programming and the tool is being used across different programs. The tool will be used in future data collection and distributions. ICRC supported the NRCS Branches in the Northeast with installation of telecommunications systems in two branches of Adamawa, Borno and Yobe states. This was necessitated by the collaboration as a Movement in the northeast.
Challenges
The need to do timely assessments is critical to inform programming. The assessment was only conducted after launching the operation but it would have been much more useful if the assessment was done before the operation. However, the funds to conduct the assessment were not available. The NRCS has gained experience in implementing ODK and Mega V application which has been rolled out to other programmes including Health and Beneficiary Communication programmes.
Lessons learned
It is important to build the capacity of staff on assessments. The use of mobile applications has been found useful in Nigeria and making distributions easier and faster. It improves management of people during the distributions. The collection and collation of data is quicker and smarter. The analysis is faster and turn-around time cut short. The tool can also be used to collect data for monitoring programmes.

D. THE BUDGET

Contact Information

For further information, specifically related to this operation please contact:

- **Nigeria Red Cross Society:** In Nigeria: Acting Secretary-General, Nigerian Red Cross Society; phone: +234 803 713 3345 e-mail: adeyemo.andronicus@redcrossnigeria.org
- **IFRC Abuja Country Cluster: Momodou LaminFye,** Head of Country Cluster, Abuja, Nigeria; phone: +234 8186730823; email: momodoulamin.fye@ifrc.org
- **IFRC Abuja Country Cluster: Samuel Matoka,** Health Delegate, Abuja, Nigeria; phone: +234 8173333212; email: samuel.matoka@ifrc.org
- **IFRC Africa Regional Disaster Management Unit Nairobi:** Farid Abdulkadir, Head of Disaster Crisis Prevention Response and Recovery, phone: +254 731 067 489; email: farid.aiywar@ifrc.org
- **IFRC Africa Regional Logistics Unit Nairobi:** Rishi Ramrakha; phone +254 20 283 5142, email: rishi.ramrakha@ifrc.org
- **At IFRC Secretariat Geneva:** Cristina Estrada, Operations Support, phone: +41 22 730 4260, email: cristina.estrada@ifrc.org

For Resource Mobilization and Pledges:

- **IFRC Abuja Country Cluster:** Terrie Takavarasha, PMER/Resource Mobilization Manager; phone +234 9098651252; email: terrie.takavarasha@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting):

- **IFRC Africa Regional Office:** Penny Elghady, Acting PMER Coordinator; Phone: +254 (0) 731067277; email: penny.elghady@ifrc.org

How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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Saving lives, changing minds.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace

Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2014/11-2019/11	Operation	MDRNG018
Budget Timeframe	2014-2016	Budget	APPROVED

Prepared on 13 Jan 2020

All figures are in Swiss Francs (CHF)

MDRNG018 - Nigeria - Complex Emergency

Operating Timeframe: 04 Nov 2014 to 30 Jun 2016; appeal launch date: 04 Nov 2014

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	0
AOF2 - Shelter	0
AOF3 - Livelihoods and basic needs	0
AOF4 - Health	0
AOF5 - Water, sanitation and hygiene	0
AOF6 - Protection, Gender & Inclusion	0
AOF7 - Migration	0
SFI1 - Strengthen National Societies	0
SFI2 - Effective international disaster management	0
SFI3 - Influence others as leading strategic partners	0
SFI4 - Ensure a strong IFRC	0
Total Funding Requirements	0
Donor Response* as per 13 Jan 2020	766,731
Appeal Coverage	

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	2,777,900	512,641	2,265,259
AOF2 - Shelter	0	9,398	-9,398
AOF3 - Livelihoods and basic needs	0	0	0
AOF4 - Health	0	0	0
AOF5 - Water, sanitation and hygiene	0	0	0
AOF6 - Protection, Gender & Inclusion	0	0	0
AOF7 - Migration	0	4,510	-4,510
SFI1 - Strengthen National Societies	0	0	0
SFI2 - Effective international disaster management	0	0	0
SFI3 - Influence others as leading strategic partners	0	987	-987
SFI4 - Ensure a strong IFRC	0	0	0
Grand Total	2,777,900	527,535	2,250,364

III. Operating Movement & Closing Balance per 2019/11

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	766,731
Expenditure	-527,535
Closing Balance	239,196
Deferred Income	0
Funds Available	239,196

IV. DREF Loan

* not included in Donor Response	Loan :	250,000	Reimbursed :	250,000	Outstanding :	0
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Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2014/11-2019/11	Operation	MDRNG018
Budget Timeframe	2014-2016	Budget	APPROVED

Prepared on 13 Jan 2020

All figures are in Swiss Francs (CHF)

MDRNG018 - Nigeria - Complex Emergency

Operating Timeframe: 04 Nov 2014 to 30 Jun 2016; appeal launch date: 04 Nov 2014

V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
British Red Cross	114,637				114,637		
Economic Community of West African States(ECOWA)	12,647				12,647		
Japanese Red Cross Society	82,115				82,115		
Red Cross of Monaco	10,068				10,068		
Swedish Red Cross	163,203				163,203		
The Canadian Red Cross Society (from Canadian Gov	83,428				83,428		
The Netherlands Red Cross (from Netherlands Govern	300,633				300,633		
Total Contributions and Other Income	766,731	0	0	0	766,731	0	
Total Income and Deferred Income					766,731	0	