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Emergency Plan of Action Operation Update Nigeria:Flood response

 International Federation
of Red Cross and Red Crescent Societies

Emergency Appeal n° MDRNG025	GLIDE n°
EPoA update n° 01: March 2019	Timeframe covered by this update: 23 September 2018, to 26 March, 2019
Operation start date: October, 2019	Operation timeframe: 9 months (until July 30, 2019)
Project manager: Sahal Abdi, (Operations Manager, Abuja Cluster Office / IFRC, overall responsible for planning, implementation, monitoring, reporting and compliances	National Society contact: Abubakar Kende, Secretary General Nigeria Red Cross Society (NRCS)
Overall operation budget 5,425,000CHF Total income (including DREF): CHF 3,809,364	DREF amount initially allocated: CHF 500,000
N° of people being assisted: 300,000 people (50,000 Households)	
Red Cross Red Crescent Movement partners currently actively involved in the operation: British Red Cross, Swedish Red Cross, American Red Cross, Japanese Red Cross, and Netherlands Red Cross	
Other partner organizations actively involved in the operation: UNICEF and ECHO	

Summary of change of the context of the operation:



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The operation update reflects the changes encountered in the context which was contributed to delay in implementation of the programme in the inception stage. The initial plan was to have the affected population supported with Health and WASH activities in IDP camp setting, but the affected population moved out of the camps earlier than expected. The government wanted the schools which were the holding grounds for the IDPs to be vacated to avoid the disruption of learning because schools were resuming in January 2019.

The changes have affected the geographical context of the operation since the population dispersed to different local governments (LGAs) and villages. The operation had to strategize relevantly in order to ensure planned services are accessed by the targeted affected beneficiaries in their

current location. Consequentially due to harsh inaccessible terrains and distances the project was compromised in terms of time.

The operations timeliness was also stretched by Christmas and new year breaks as well as two rounds of election dates since the election was postponed. Cholera outbreak was a secondary emergency reported in

Kogi and Anambra states. This was as soon as the IDP communities went back to their still wet settlements. The cholera outbreak had an effect on the initial plan and schedule since cholera outbreak response required immediate action. This did not require any major review but emphasise which had time and additional financial consequences due to scale up.

The operation did not receive full funds (5,425,000 CHF) as results it was necessary to prioritize the planned outcomes and focus on basic needs NFI, food and other life-saving interventions of primary health care and WASH.

A. SITUATION ANALYSIS

Description of the disaster

The Emergency Appeal responds to the needs resulting from the flooding that affected over 18 states in Nigeria. A multisector assessment was carried out in October 2018 and identified a large number of needs. This appeal focusses on responding specifically to Health, WASH and livelihood of the affected population in six states of Kogi, Anambra, Delta, Niger, Rivers and Bayelsa.

The situation in the camps was very appalling as most camps lacked the basic services such as access to safe water, unavailability of latrines, poor access to health services and psychosocial needs due to loss of livelihood and loved ones). IDPs staying with host communities, often having suffered before and during displacement from poor hygiene and a weak health condition generally, are more exposed to cholera outbreaks and other communicable diseases. Even though all affected families returned to their homes, the long-term impacts of the displacement have left populations extremely vulnerable in all the affected states. The risk exposure to cholera and other water-borne diseases has been extremely high all due to lack of access to potable water, hygiene infrastructure and adequate medical care. The poor living conditions and lack of safe water resulted into Cholera outbreak in few communities after the IDPs returned to their respective communities.

Summary of current response

Overview of Host National Society

NRCS has a presence in all the affected states and the NS headquarters Disaster Management Unit has been supporting its Branch Offices to respond to the disaster. Each of the NS branches have a Branch Secretary, Branch Health Coordinator and Branch Disaster Management Officer.

The NS has a team of trained national disaster response teams who have in some instances been deployed to support the response. The National Society has proven expertise in health and water and sanitation promotion, with trained volunteers in Community Based Health and First Aid and epidemic surveillance and prevention. With the support of partners including the British Red Cross and ICRC, a cash-based programming expertise is being developed.

The NRCS is a neutral humanitarian organization and auxiliary to the public authorities. It is using its experience from the 2012, 2013 and 2014 floods response to ensure quality and accountable implementation of the response. IFRC supports the NS in developing and improving on the aspects identified as in need of strengthening based on the lessons learned from the prior flood response operations. The NS has not limited its response to the 12 priority states but also targeted other flood-affected communities.

After flooding in July, the NRCS launched a DREF operation targeting 5,549 people (878 households) in 5 states (Katsina, Niger, Bauchi, Ogun, Ondo), and the operation has been completed. Following the further flooding in September, the NS activated and deployed 500 volunteers to conduct rapid assessments, and to provide search and rescue, first aid, hygiene promotion and psychosocial support to the affected population. In addition to these services, the NS distributed food and non-food items to 100 displaced households in Kogi state living in an IDP camp.

In October 2018, the emergency appeal MDNG025 was launched. In order to kick-start the operation, DREF funding of a total of CHF 500,000 was made available, and a corresponding MoU was signed between the National Society and IFRC.

NRCS has been able to achieve the following key activities:

- Trained 139 volunteers on Community-Based Health and First Aid (CBHFA) ,42 volunteers were trained in PSS and 36 volunteers were trained in ECV
- Volunteers carried out outreach hygiene education in the target communities. By end of February 101,697 with WASH promotion, 347204 with CBHFA health promotion and epidemic control and immunisation and

Distributed food and non-food items to 5100 families in 9 states (Anambra, Niger, Kogi, Adamawa, Bayelsa, Kebbi, Rivers, Taraba and Delta). In addition

- Distribution of Hygiene kits to 5100 HH by end of December to 4 states of Kogi, Niger, Delta and Anambra.
- Distributed 10,530 mosquito nets to 3510 households in three states; Kogi Niger and Delta Each household received 3 nets.

Distributed 500,000 Aqua tabs to 25,000 families in three states; Delta, kogi, Anambra and Niger Seven medical teams were set up to cover ,3 days per week per team in 3 states of Kogi, Anambra and Delta by end of February 16500 beneficiaries accessed primary health care

- WASH facilities assessment was boreholes and latrines were carried out in Delta, Anambra and Kogi. States. A total of 80 water points was assessed and found that 19 of them were functional, 13 partially functional and 48 of the assessed water points not functional. The team recommended rehabilitation of the 48 water points (hand pumps, motorized, and hand dug) across the three states.
- The assessment team further visited and assessed latrines in primary schools and Health Centers within the proposed catchment areas. It was found that 65% of the primary schools that were used as IDP camps and health centers don't have latrines, 25% are beyond rehabilitation state and only 10% of the latrines are functional. A recommendation was made to construct and rehabilitate latrines and hand washing facilities in the three states of which 96 latrines were completed.
- Completed the procurement and distribution of 1000 school /education kits to 18 primary schools in 3 states; Delta, Kogi and Anambra states.
- Baseline survey and market assessment was carried out for unconditional cash transfer for 4000 HH. Targeting ongoing
- Developed a Monitoring, Evaluation and Reporting (MER) framework (include Result chain, M and E plan, Indicator tracking table and DIP) including a reporting template (monthly and activity reports).
- 08 NS staff (PMER and IT) were trained on QGIS for data management
- A Post distribution monitoring (PDM) was conducted after NFIs distribution in Delta and Anambra states. Mobile data monitoring tool (kobo-collect) were developed and used for initial assessment and PDM.
- A two-day CEA training for 75 volunteers and staff on CEA and feedback mechanisms was conducted in Delta, Anambra and Kogi. A total of 25 per state were trained (5 health volunteers, 5 WASH volunteers, 5 DRR volunteers 5 field staff, and 5 community volunteers). Developed CEA feedback tools in collaboration with branches.
- A free toll telephone for feedback and complaint was set up in the headquarters and disseminated to target beneficiaries. So far received through the different channels 122 non-sensitive feedback and acted upon. The operation was implementing activities in Anambra, Delta, Kogi, and Niger

state in the inception and scaled up activities in Niger, Rivers and Bayelsa states with additional WASH support from UNICEF

Overview of Red Cross Red Crescent Movement in country

IFRC has an office in Nigeria which is the West Africa cluster office. Since October 2018, an acting Operations Manager was deployed from British Red Cross who handed over the responsibility to the IFRC newly recruited Operation Manger from mid-January 2019. The Ops Manager coordinated the appeal at the central level with the NS technical officers and with senior management of the NS where additional delegates (health, WATSAN, Cash, CEA Logistics, Finance and DM) are also supporting the operation.

Currently, there is only the British red Cross that has in-country full-time presence from February 2019, but ICRC has a huge presence working on other priorities including the North East support of Boko Haram Insurgency effects. The NRCS has established several bilateral partnerships with the Italian Red Cross, Swedish Red Cross but no partner has physical presence in Nigeria.

Operational coordination is frequent between the IFRC and NRCS, whereas there is information sharing with ICRC and collaboratively building on their infrastructure especially in interventions like CTP where they have built a robust network and service providers in the country.

Overview of non-RCRC actors in country

The NRCS is coordinating with Ministry of Health on running of medical outreach clinics at Branch level where medical teams liaise with Primary Health Care development Agency from time to time. Aligning operation to support calendar events of immunisation campaign in the target states in partnership with the health ministry.

The WASH team is working with Rural Water and Sanitation Agency (RUASSA) in the assessment of WASH facilities. Development of plans for rehabilitation of WASH facilities were developed in consultation with the department.

UNICEF Nigeria is supporting the WASH activities in six flood-affected states of Kogi, Anambra, Delta, Niger, Bayelsa and Rivers. The activities include, drilling of new water points, rehabilitation damaged water points water points, construction of permanent latrines and awareness and capacity trainings in water and sanitation.

Needs analysis and scenario planning

Needs analysis

The original needs analysis was based on a multisectoral assessment in October 2018 that looked at the needs of internally displaced populations and their hosts. Later, it was decided that the operation should focus on a higher priority response such as Health, WASH and livelihood due to limited funding.

Operation Risk Assessment

Due to the extent of the flooding and the damage to infrastructure, it has not been easy to reach out to the affected communities. During food and NFI distributions, some communities would only be reached using hired engine boats. The ongoing activities in some affected communities also require boats to reach them out. Some areas are also very far from the Branch offices and operation teams need to sleep over in order to access the affected communities.

Nigeria had presidential elections in February and governors' election in March 2019 and the floods have coincided with the peak of the campaign period. This affected the implementation of activities because of the anticipated violence in some of the Branches.

The security situation in Nigeria is still not very stable especially in the North East, there is also incidents of kidnapping in Delta and Anambra which is a threat for the safety of the Red Cross staff.

B. OPERATIONAL STRATEGY

Proposed strategy

Overall Operational objective:

The overall objective of the operation is to provide immediate support to 50,000 households affected by floods in four states, focusing on provision of shelter and NFIs (in Kogi, Niger, Delta and Anambra states), livelihoods and basic needs (including cash-based interventions or direct food assistance), health (including behaviour change and improved access to primary Health care services and PSS), water, sanitation and hygiene (WASH); and protection, gender and Inclusion.

The operation will look at provision of longer-term support to the affected communities especially on Disaster Risk Reduction (DRR), long term shelter solution and capacity building for flood preparedness. National Society capacity building will also be a priority through provision of trainings for staff and volunteers and systems development.

Gender, diversity and protection

Gender, diversity and protection issues will be mainstreamed in this operation. Nigerian Red Cross will ensure that female volunteers participate during all operational stages of the Emergency plan of action. The targeted states will be encouraged to integrate female volunteers for assessment and distribution of relief supplies. Among others, areas of focus will include prevention of sexual and gender-based violence (SGBV) and child protection. Mainstreaming of gender, diversity and protection issues will also ensure that accountability lines are in place for GBV response and prevention.

Community Engagement and Accountability

Community Engagement and Accountability activities and approaches will be integrated into the different area of Operation to ensure that:

- A system is put in place to ensure information on the operation, including distribution processes, services on offer and exit strategies. The system will ensure that Communities are informed and know how to access Red Cross services. Information will be shared through reliable and preferred communication channels, such as face-to-face meetings, interactive radio shows, mobile cinema, toll free hotline social media, frontline SMS, participatory sessions, working with community leaders and influential people who are trusted by communities
- Communities are given opportunities to participate in the operation and influence decisions made. In particular, sectors which provide direct support to communities such as livelihood and shelter to ensure that targeting is fair, participatory, identifies the most vulnerable and is clearly communicated to all through the establishment of community resilience committees. This will contribute to greater ownership and acceptance by communities supported through the operation and improve the quality and integrity of the response
- A feedback and complaints system will be established in consultation with communities and advertised widely to ensure everyone is aware of the system and is comfortable using it. The feedback and complaints system will be critical for identifying behaviours at risks such as unsafe hygiene practices, non-use of mosquito net as well as identifying issues related to integrity in communities during distributions activities. This continuous feedback will inform the operation for a better response
- A training for staff and volunteers on community engagement and accountability, including the code of conduct, will be also carried out to support them to ensure good levels of CEA within their work

Logistics and Supply Chain

The role of the IFRC and NRCS' logistics units will be to support the efficient, smooth and accountable implementation of the operation through supporting programme teams in procurement, distribution, and warehousing of relief items. The Logistics unit will also use the operation to strengthen the capacity of the NS through trainings in fleet, warehouse management as well as standardisation of the procurement systems. Through the FACT logistics the following has been initiated and will continue over the operation period:

- Logistics capacity assessments of the NS branches.
- Capacity building plan for branches.
- Local supplier assessments targeting manufacturers in Lagos.

- Procure internationally or locally all the necessary NFIs to support all the sectors. By the end of the operation the branches should have a list of pre-approved local suppliers who can provide essential relief items to reduce the response time.

Communications and Information Management

To facilitate the visibility of the NRCS response to the floods, the IFRC, through the regional office, will support the national communications unit in the National Society. IFRC will help raise the profile of the NRCS through this response, helping position them as leaders in response to natural disasters with the external public, partners and donors. This will include using strategic platforms such as local, national and regional media and digital media, to build a strong narrative for the National Society. As part of building on the existing strengths of the NRCS communications team, IFRC will continue to strengthen the capacity through resourcing its branches and training staff and volunteers (where response is taking place). Several tools will be developed over the nine months, using key milestones or changes in the operations through media and digital stories, marketing documents that support PRD, photos and videos to highlight on-going work in the flood-affected areas. The proposed operation will have a strong Information Management (IM) component, which will manage information, collected through assessments in affected areas, data presentation through mapping of interventions and needs.

Planning Monitoring Evaluation and Reporting

The IFRC PMER in collaboration with the NRCS headquarter team will develop a Monitoring and Evaluation Plan for use in the Operation. This will ensure close monitoring of all the activities in the operation. M&E tools, which include the Indicator tracking table (ITT) and the Activity Tracking table (ATT), will also be put in place for close monitoring. A reporting template will be developed for all reporting levels and a flow chart will also be put in place. A beneficiary satisfaction survey will also be conducted, and the results will be used to inform a lesson learnt workshop done at the end of the operation. The NRCS Headquarters team will monitor the procurement, warehousing, dispatching and distribution of all program materials using the existing NRCS monitoring and reporting tools. The team will also conduct supervisory visits to activity locations and compile monitoring reports. Post distribution monitoring will be conducted two weeks after every distribution so that feedback on relief is collected. Assessment, distribution and operations reports will also be received and analysed by the Headquarters operations team to ensure standardized interventions and beneficiary accountability.

Exit Strategy

The overall approach for this EPoA is to leverage those strengths and support existing NRCS activities with financial and technical support in the short term with a quick transition to national capabilities. IFRC operational management will provide oversight and technical support to ensure the NS has capacity beyond the operation.

The IFRC and NRCS will develop an exit strategy for each of the sectors implemented under the operation. The EPoA will ensure capacity building of staff and volunteers of NRCS with a special focus on logistics and supply chain and prepositioning of emergency stocks in strategic locations. The strategy will ensure Community Engagement and Accountability for each sector and the operation as a whole; To ensure the operation is accountable to the communities and transparent, and to engage the communities in discussions around the end of the project and the way forward together with the Nigerian Red Cross. The operation will facilitate a smooth transition to early recovery.

C. DETAILED OPERATIONAL PLAN

The following standard reporting tables show the indicators and targets on outcome and output level. These are well defined for the technical areas of health and WATSAN but need to still be further developed on the other areas. The next operations update will include the complete PMER framework and report progress against indicators.



Shelter

People reached: 30,000 individuals (5,100 households)

Male: 12,336

Female: 18,264

Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions

Output 1.1: Short, medium and long-term shelter and settlement assistance is provided to affected households

Indicators:	Target	Actual
# of households receiving non-food items (Target: 5,000)	5,000	5,100
# of households receiving shelter toolkits (Targets: 5,000)	5,000	0
# of households provided with durable shelter solutions (target: 200 HH)	200	0

Progress towards outcomes

Based on initial assessment conducted by the NS, IFRC, NEMA and other partners, 5,000 households were targeted by this operation (see table 1 below). The NS extended the support to more states to reach as many people as possible.

In the same time ICRC donated to NS food

Post Distribution monitoring: As per standard requirement and in line with ECHO proposal commitments, a Post Distribution Monitoring (PDM) activity was carried out early December 2018 with persons displaced by flood in Anambra and Delta states that received Food and Non-Food Items (F&NFIs) from the Red Cross. The objectives of the Post Distribution Monitoring were to; (i) measure the effectiveness and impact of the distribution on the recipient population, (ii) verify the correct recipients received the correct rations, and (iii) collect detailed feedback on the use and appropriateness of the commodities distributed.

A total of 540 people out of the 2,700 beneficiaries were interviewed through individual interviews, focus group discussions and direct observation. This activity was conducted with 20 volunteers as surveyors. A detail PDM report have been produced and is available.

Due to low funding, we prioritized shelter funds to NFIs as were unable to get funds for shelter toolkits and durable solutions.

Table 1: distribution of items per community

BRANCHES	FOOD ITEMS	EHI	IDP CAMPS
Delta	1,700	1,700	10
Kogi	1,000	1,100	9
Anambra	1,000	1,000	4
Niger	1,000	1,000	1
Rivers	500	60	1
Adamawa	500	60	-
Bayelsa	500	60	-
Kebbi	500	60	10
Taraba	500	60	3
Total	3,500	1,300	15
Grand total	7,200	5,100	38

The main challenges were in logistics support to dispatch all the items in the 9 selected states. This resulted to in the delay of implementation.



Livelihoods and basic needs

People reached: 30600 (5100 households)

Male: 12,336

Female: 18,264

Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods

Output 1.1: Livelihoods and basic needs Output 1.1: Basic needs assistance for livelihoods security including food is provided to the most affected communities

Indicators:	Target	Actual
# of targeted households assisted Target- 10000 households	10,000	5100
# of volunteers trained- target 60 in CTP survey tools	60	60

Output 1.2: Livelihoods and basic needs Output 1.1: Basic needs assistance for livelihoods security including food is provided to the most affected communities

Indicators:	Target	Actual
# of targeted households whose agricultural production is restored – target 4000 households	4000	0
# of household reached through CTP target- 4000	4000	
At least 60% of targeted populations aware of how to interact with RC and feedback mechanism	50,000	30000
# of programme decisions made based on community feedback		
# of feedback received and at least 70 % resolved at least within in 1 week		

Progress towards outcomes

A total of 60 NRCS volunteers per state in Anambra, Delta Kogi and Niger States respectively have been mobilised and shall be trained on cash transfer programming. Volunteers also will be trained on their roles and responsibilities in the beneficiaries' selection process, verification and post distribution feedback.

Under CEA there was mobilization and formation of Community Resilience Committee (CRC) and training of them on their roles and responsibilities in Anambra Delta, Kogi and Niger states in the identified (3 LGAs per state)

Review FSP current contract of ECO Bank for modification or tendering of new FSP. It has been identified that the service provider for the CTP will be with UBA.

The beneficiary's selection and registration for cash in Anambra, Delta, Kogi and Niger was conducted. Beneficiaries verification for cash with the support of CRCs

Train identified beneficiaries (3 LGAX 4 states) on the cash value and their rights to use for their immediate needs and livelihood restoration.

A distribution plan with FSP for each state (Anambra, Delta, Kogi and Niger) have been developed.

A post distribution mechanism of Cash survey have been set up.

Challenges:

Although the baseline was planned to take place in all the four states (Anambra, Delta, Kogi and Niger), the activities plan for the month of February had to be readjusted due to sudden postponement of the Nigerian Presidential elections from February 16 to now February 23, 2019. Scaling back on conducting the survey in Kogi and Niger was necessary due to sporadic pre-election violence. Maintaining the neutrality principles IFRC/NRCS Cash Programming activities had to be rolled out at a slow pace to avert any implication for being hijacked as support in the Nigerian political elections.

With several demand put on NRCS of various partners activities, the NRCS staff found themselves spread thinly but are doing best to implement program activities.



Health

People reached: 51,038

Male: 25,763

Female: 25,275

Outcome 1: Improved access to primary health care services

Indicators:	Target	Actual
people with access to primary health care services	60000	21,060

Indicators:	Target	Actual
Number of primary health care consultations	21000	16750
Number of mental health consultation	30000	
% of people reached with community-based disease prevention	60000	31660 (17,573 males & 14,087 females)
# of special measures put in place to ensure access to humanitarian aid by people with specific needs including age gender and diversity (CEA)	5	

Output 1.1: The health situation and immediate risks are assessed using agreed guidelines (SPHERE)

Indicators:	Target	Actual
Number of mosquito nets procured and distributed	20,000	11,100
Number of volunteers trained	280	139
Number of dignity kits distributed	2000	3800

Output 1.2: Target population is provided with rapid medical management of injuries and diseases

Indicators:	Target	Actual
# of volunteers trained in FA	160	0
# of FA kits procured	80	0

Output 1.3: Community-based disease prevention and health promotion is provided to the target population

Indicators:	Target	Actual
# of volunteers who trained in CBHFA	280	139
# of people reached with health education	90,000	43,359 (22,668 Males & 20,691 females)
60 % of people who are knowledgeable about recommended practices	60%	
# of radio sessions on health and WASH conducted	128	


Output 1.4: Epidemic prevention and control measures carried out

Indicators:	Target	Actual
# of volunteers trained in Epidemic control	160	36
# of people reached with epidemic control messages	90,000	50,000

Output 1.5: Psychosocial support provided to the target population

Indicators:	Target	Actual
# of volunteer trained in PSS	40	42
# of people in targeted communities receiving PSS target	9000	30,000
# of HF identified as PSS referral centers		

#of Debriefing sessions to PSS volunteers		
Progress towards outcomes		
<p>Activities already carried out; Training of 139 volunteers on CBHA and volunteers are doing Health promotion activities at community level</p> <p>Drugs and emergency health kits (consumables) were procured and distributed in the three-targeted states where medical outreach services have been on going.</p> <p>7 medical outreach services in the three states of Anambra, Delta and Kogi. Medical teams comprised of one doctor, one nurse, a pharmacist, a laboratory technician, Monitoring and Evaluation officer and crowd control volunteers. The teams are ready to start providing services every 3 days per week until the end of the operation period. So far, about 8000 consultations have been carried out.</p> <p>40 volunteers were oriented on Cholera prevention following the Cholera outbreak in Anambra and Kogi states. The messages for Health include referral for case management and the importance of using Oral Rehydration salts.</p> <p>Volunteers continued with Health promotion activities in the affected communities. The following topics were covered in their door-to-door visitation: Malaria prevention, Importance of breast feeding, Cholera and diarrhoea prevention, Medical hygiene, importance of using mosquito nets and referral. By end of February, Number reached is 25763 males and 25275 females and the break down per state is as follows:</p> <p>Four visits were conducted by the Health team to the states to discuss with the Branches as well as Government partners (Ministry of Health and Primary Health Care Development Agency). The meetings discussed the setting up of mobile teams and plans for immunisation campaigns.</p> <p>Distribute 2000 dignity kits to pregnant women in the IDP Camps: These were procured and distributed together with the rest of the NFIs that were distributed in 2018 to 3800 households. Same number reached by NFIs in general as hygiene kits were part of the NFIs.</p> <p>Training on Community Engagement and Accountability as well as communications skills: As part of the integration of the CEA approach into the flood operation, a Two-day training was organized for the volunteers and field staff. A total number of 75 people from different sectors namely health, wash and livelihood were trained on this approach as well as on communication skills</p>		

	<p>Water, sanitation and hygiene People reached: 141,700 Male: 56 680 Female: 85 000</p>	
Outcome 1: : Immediate reduction in risk of waterborne and water related diseases in targeted communities		
WATSAN Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities		
Indicators:	Target	Actual
# of water points assessed- target 100	100	80
WATSAN Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population		
Indicators:	Target	Actual
# of people provided with aqua tabs for water purification - target 20,000 households	20,000	5,000

# of water points disinfected (target: 50)	50	00
# of water points protected (target: 50)	50	58
Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population		
Indicators:	Target	Actual
# of people provided with excreta disposal facilities (target: 10,000)	10,000	4800
# of volunteers trained in PHAST (target: 150)	150	139
# of emergency latrines constructed (Target: 200)	200	96
# of latrines decommissioned (target: 200)	200	0
# of bathing facilities constructed (target: 200)	200	0
WATSAN Output 1.4: Hygiene promotion activities, which meet Sphere standards in terms of the identification and use of hygiene items, are provided to target population		
Indicators:	Target	Actual
# of households reached with key messages to promote personal and community hygiene (target: 50,000)	50,000	61 000
# of people reached by hygiene promotion activities (target: 50,000)	50,000	61 000
# of volunteers trained in hygiene promotion (target:300)	300	139
# of people reached by mobile cinema sessions (target: 100,000)	100,000	
# of people reached via in-person methods, incl. community meetings, social mobilisation, estimated multiplier reach from community leaders/elders/teachers, children in schools (target: 200,000)	200,000	60000
WASH Output 1.5: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population		
Indicators:	Target	Actual
# of people reached with hygiene kits (target: 1,500 households)	1,500	5000
# of people trained on the use of hygiene items (target: 5,000)	5,000	5000
Progress towards outcomes		
<p>Needs analysis and population to be assisted; WASH assessments results indicated that there were huge needs in terms of provision of water and especially sanitation facilities at household levels. Over 90% of the population assessed had no access to latrines and usually rely on open defecation or using rivers which is the same source of drinking water. All the 6 states have basically the same needs. In view of the findings and the plans the following activities were carried out.</p> <p>Activities already carried out; Distribution of Aqua tabs:</p> <ul style="list-style-type: none"> • WASH distributed 500,000 aqua tabs to 5,000 households <ul style="list-style-type: none"> ○ 170,000 to 1,700 families in Delta ○ 100,000 to 1,000 families in Kogi ○ 130,000 to 1,300 families in Anambra ○ And 100,000 to 1,000 families in Niger with an estimated population of 30,000 people reached. Furthermore, the households were oriented on the proper use of the aqua tabs and their benefits. <p>Health and hygiene education sessions were conducted during the distribution exercise for the same families who received the items. In total, 61 000 received the hygiene messages focussed on water hygiene, personal hygiene and environmental hygiene.</p>		

A budget revision was one of the activities conducted in January to be certain that funds were available and reallocated accordingly with the changing situation. Furthermore, the revision provided an opportunity to review the targets for the main activities of the WASH component such as rehabilitation of boreholes and latrine construction based on the available funds. With the budget review it was decided that the project will construct 96 semi-permanent latrines and 15 motorized boreholes as well as 43 borehole hand pumps with ECHO funding.

WASH program responded to the suspected cholera outbreak in Anambra and Kogi states by designing cholera outbreak response plan to deal with the outbreak and prevent further outbreaks.

In total 40 volunteers (30 in Anambra and 10 in Kogi) were oriented in cholera prevention, management and control to conduct hygiene promotion activities in the affected areas as well as other places where possible outbreak was likely to spread.

Furthermore, as part of the response WASH initiated and recommended for the procurement and supply of cholera kits to support the intervention to help manage, control and prevent further outbreak of cholera. Major supplies that were recommended include the following: jerrycans, buckets, soap, washing powder, aqua tabs, hand sanitizer, face mask, hand gloves and Bleach and were allocated as the table below:

ITEMS	ANAMBRA	KOGI
Jerry cans	1,000	200
Buckets with lid (15liters)	500	100
Laundry Soap	7,500	1,500
Body soap (250 gm) 20 tabs/HH	10,000	2,000
Washing powder (1 kg)	500	100
Aqua tabs (167mg), 500/pack	10	5
Hand sanitizer (50mls)	30	20
Face mask	20	10
Hand gloves	20	10
Bleach (1 litre) carton	1	1

Aquatabs

Description	Qty
Water Purification Agent	1,050,000

The procurement process for borehole rehabilitation and latrine construction materials started and has been an ongoing process. During the reporting period a procurement plan was developed highlighting required materials to be purchased with their specifications attached. The plan also indicated type and quantity of materials to be procured which included among others complete sets of 43 boreholes handpumps, spares for 15 motorized borehole pumps and materials for construction of 96 semi-permanent latrines in the three states of Kogi, Delta and Anambra. The assessment results recommended the repair of boreholes as follows: -

Anambra 13 hand pumps and 2 motorized pumps, Delta 10 Hand pumps and 3 motorized pumps, and Kogi 20 handpumps and 10 motorized pumps.

Assessment is still ongoing in Anambra, Delta and Rivers and will allow for rehabilitation of 10 hand pumps for each of the 4 states (Delta, Anambra, Rivers and Kogi) and 20 new boreholes (5 in each states Delta, Kogi, Rivers and Anambra).

Originally only hand pump boreholes were planned and budgeted for rehabilitation, but in the course of assessment it was necessary to include rehabilitation of 15 motorized boreholes which were the only ones in some LGAs.

A total of 58 boreholes versus the planned 100 shall be repaired (15 motorized and 43 hand pumps) in the 4 states. The reasons for reduction in number being the motorized pump costs which were not foreseen at the design stage) as well as increased hand pump spare parts costs.

In addition, requisitions for procurement of the latrine construction materials as well as for borehole rehabilitation materials were raised. The plan was to construct 200 emergency latrines n IDPs, however as the communities have since gone back to their respective villages, the project changed the latrine design from emergency to semi-permanent latrines in schools and health centres. As such a total of 96 latrines was achieved. The change of design increased the cost per latrine and reduced the number thereof. The project construction has been concluded in Kogi, Delta, Anambra and pending for Rivers. Hygiene Promotion activities: During the month of January, several hygiene promotion activities took place in all the three states of Anambra, Delta and Kogi. These hygiene promotion activities were carried out by the trained volunteers (Hygiene promoters) who were deployed in their respective Local Government Authorities and communities. During the promotion the following topics were covered: Importance or benefits of handwashing with soap or ash, management of solid waste (disposal and clean up) to promote environmental sanitation, Bad effects/ dangers of open defecation, Personal Hygiene, Water Hygiene including household water treatment, Food Hygiene, Spread and prevention of WASH related diseases such as cholera, diarrhoea and dysentery. By end of February 2018, **about 61,000** people have been reached with hygiene messages.

One hundred and thirty- nine (139) volunteers were trained in hygiene promotion and are currently doing hygiene promotion activities in their respective areas in Delta, Anambra and Kogi States.

WASHCOM trainings were conducted for all the 58 water points which were rehabilitated to allow for community engagement as well as sustainability of the infrastructure. The Rural Water Supply Agency for Nigeria participated in the trainings.

Table 3: Composition of EHI kit,

EHI kit	
Description	Qty/HH
CLOTHES, Khanga, single sheet for 2 kangas	6
Body Soap, , 250 g bar	4
Synthetic Blanket: 1.5X2m, medium thermal	5
Woven plastic Tarpaulins, 4 x 6 m, white/white, piece	1
HYGIENE SET, individual, 1 person, female	3
BUCKET, plastic with lid, 20L	1
MAT, plastic 180 x 90cm	4
MOSQUITO NET, LLIN, rectangular X-large 190 x 180 x 150cm	3
Kitchen set	1

Community Engagement and Accountability:

- **Radio training**

A total of 12 volunteers participated in this training from the states of Delta, Kogi and Anambra, 4 volunteers per state.

Following the training, the trained volunteers were able to deliver their first radio program on cholera (How to prevent cholera). Anambra state is managing now a cholera outbreak.

- **Toll free-line /hotlines set in place at HQ/SOP for the hotlines developed**

In order to involve the communities in the operation, a hotline with free-to-lines numbers has been set up at the NRCS headquarters. Communities now have the opportunity to provide their feedback or complaints and it is at free charge. This strategy of making this service free will allow us to collect many more feedbacks that will be very useful to us in order to improve and adapt our interventions.

Community feedbacks:

A total of 102 feedback were collected through help desks and mobile clinics outreach activities of which 68 came from men and 34 from women. All feedback collected are non-sensitive

- **Advocacy meetings with radio station managers**

Meetings with radio station managers in Anambra and Delta were held to see if they covered operational LGAs and whether they were also trusted by the communities. 2 radio stations have been identified in Delta and one radio in Anambra. The first broadcasts will be launched in March

Challenges:

The key challenge was the suspected cholera outbreak as the attention for the operation was diverted to cholera response including financial resources. This meant that operation of activities slowed down.

We have a challenge regarding hotlines, we receive an average of 10 calls per week which is too less. We need to advertise the free-toll lines by using all possible communication channels so that communities can fully benefit from them.



Protection, Gender and Inclusion

People reached: 5,340

Male: 2845

Female: 2495

Outcome 1: Communities become more peaceful, safe, and inclusive through meeting the needs and rights of the most vulnerable.

Output 1.1: Programmes and operations prevent and respond to sexual and gender-based violence and other forms of violence especially against children

Indicators:	Target	Actual
# of child friendly spaces established	10	0
% of people provided with PSS	30,000	5, 340

Progress towards outcomes

Needs analysis and population to be assisted:

A rapid assessment was done in the all the flood affected states and it was identified that many households had lost their belongings, livelihood materials, including children school supplies. Based on the assessment, it was identified that there was a need to have child friendly spaces and school supplies to be distributed to the most vulnerable flood-affected population.

Given the change in circumstances being that IDPs had moved from a camp setup back to their communities. It was then identified that child friendly spaces would no longer be relevant, however, school kits would be required for the children who have moved back to their communities to be able to have the supplies needed to continue their education.

Activities already carried out:

School Kits: Given that child friendly spaces were no longer relevant, funds for child friendly spaces was reallocated to school kits. By the end of January, a total of 1,000 school kit was procured. One school kit contained the following; a school bag, text book (2), exercise books (9), crayons (1 packet), plain white drawing book (1), pencils (12), pens (2), school sandals (1), erasers (1) and sharpeners (1).

The school kits were dispatched to the three branches in early February to kick-start the distribution. A total of 334 school kits were distributed to Kogi and Delta and 332 were given to Anambra.

An eligibility criterion was developed and shared by the NRCS headquarters (CEA and DM team) with the branch secretaries to assist in the community engagement, targeting and registration of identified beneficiaries. The selection criteria targeted the most vulnerable children whom household were completely or partially destroyed by the floods. The criteria included that children who fall under grade 1-6, have lost their school kits, school shoes, are less privileged, and are either orphans or have a single parent.

Over the course of February and early March, the school kits were distributed to all six schools in three LGAs for all the three states. The eligibility criteria were clearly communicated to community members, school teachers, and headmasters before the school distribution commenced. This enabled the school teachers to select the beneficiaries.

No.	School Name	LGA	Distribution
Delta			
1.	Oko-Amakom Primary school	Oshimilli South	57
2.	Powerline Primary School	Oshimilli South	57
3.	Baba-Ido Primary School, Okwagbe	Ughelli South	55
4.	Taku Primary School, Ophorigbaja	Ughelli South	55
5.	Ebikeniye Primary School, Kpakaima	Bomadi	55
6.	Eseneabe Primary School,	Bomadi	55
Anambra			
1.	Community Primary School Obeagwe	Obaru	56
2.	Ossomala Primary School	Obaru	56
3.	Enugu-Otu Primary School	Anambra East	55
4.	National Primary School Eziagulu-'Otu	Anambra East	55
5.	Obioma Primary School Obodo-'Otu	Anambra West	55
6.	Community Primary School Umueze-Anam	Anambra West	55
Kogi			
1.	Irenedu Primary School	Kogi	55
2.	Edeha Primary School	Kogi	55
3.	Onyedega Primary School	Ibaji	57
4.	Ujeh Primary School	Ibaji	57
5.	Knami Primary School	Lokoja	55
6.	Buzhi Primary School	Lokoja	55

Psychosocial: A total of 42 volunteers were trained on psychosocial in all four states (Kogi, Delta, Niger, and Anambra). The volunteers were deployed for two months to provide psychosocial counselling support. The approach used was individual group counselling at village levels. The total number of people provide with psychosocial support reached 5, 340. This activity is currently on-going and likely to reach of the people in need.

S2.1: Strategies for Implementation (SFI)		
Output S1.4: National Societies have effective and motivated volunteers who are protected		
Indicators:	Target	Actual
# of volunteers who are insured (target: 500)	500	3000
of volunteers provided with psychosocial support (target 500)	500	500
Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place		
Indicators:	Target	Actual
• Of staff trained	30	
Output S1.1.7: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened		
Indicators:	Target	Actual
• Logistics assessment (x 5 states – including Lagos – per diem, transport, accommodation of logs counterpart)	05	05
• Drivers training (4 drivers)	04	

Outcome 2 Effective and coordinated international disaster response is ensured		
Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained		
Indicators:	Target	Actual
# of surge delegates deployed (target: 16)	16	16
Progress towards outcomes		
A multidisciplinary team was deployed to the field upon occurrence of the disaster. This includes FACT team leader and deputy team leaders, PMER, Health, Wash, Shelter, PMER, Communications, logistics and livelihood) 04 rotation of team leader were done and the operations manager was recruited early January to support and coordinate the activities.		
Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved		
Indicators:	Target	Actual
National Society and IFRC dedicated teams (e.g. HeOps, operations manager, etc.) ensure the operation to be implemented according to principles and rules.	12	12
Output S2.1.4: Supply chain and fleet services meet recognized quality and accountability standards		
Indicators:	Target	Actual
NS warehouse rental to store NFIs		
Rental of 4 IFRC Vehicles	2	2
Repatriation of vehicle to Dubai		
Progress towards outcomes		
The operation hired NRCS vehicles to support implementation, especially for delegates movement, monitoring as well as provide stop gap in the actual implementation where need be in the field. Two IFRC land cruisers were used in the headquarters to support coordination and other operation administrative functions in Abuja. Moreover, the operation was supporting running cost for 4 branch vehicles to be used by NRCS staff involved in the implementation in the fields		
Output Code		
Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.		
Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues		
Indicators:	Target	Actual
# of documentaries produced – target 2	02	0
Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.		
Indicators:	Target	Actual
Lessons learned conducted	1	0
Outcome S3.2: The programmatic reach of the National Societies and the IFRC is expanded.		
Output S3.2.1: Resource generation and related accountability models are developed and improved		
Work to support National Society to build their capacity in resource mobilization		
Output S4.1.4: Staff security is prioritized in all IFRC activities		
Security assessment for the targeted states	05	05
Develop an updated security framework for Nigeria	1	1

D. BUDGET

Interim financial report annexed

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/09-2019/02	Operation	MDRNG025
Budget Timeframe	2018/9-2019/6	Budget	APPROVED

Prepared on 04 Apr 2019

All figures are in Swiss Francs (CHF)

MDRNG025 - Nigeria - Floods

Operating Timeframe: 23 Sep 2018 to 23 Jun 2019; appeal launch date: 23 Sep 2018

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	550,000
AOF2 - Shelter	770,000
AOF3 - Livelihoods and basic needs	1,505,000
AOF4 - Health	500,000
AOF5 - Water, sanitation and hygiene	500,000
AOF6 - Protection, Gender & Inclusion	100,000
AOF7 - Migration	0
SFI1 - Strengthen National Societies	0
SFI2 - Effective international disaster management	1,500,000
SFI3 - Influence others as leading strategic partners	0
SFI4 - Ensure a strong IFRC	0
Total Funding Requirements	5,425,000
Donor Response* as per 04 Apr 2019	3,886,344
Appeal Coverage	71.64%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	433,987	363,162	70,826
AOF3 - Livelihoods and basic needs	182,541	27,395	155,146
AOF4 - Health	340,440	190,261	150,180
AOF5 - Water, sanitation and hygiene	332,682	115,968	216,714
AOF6 - Protection, Gender & Inclusion	36,210	0	36,210
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	285,919	44,060	241,859
SFI2 - Effective international disaster management	55,705	79,350	-23,645
SFI3 - Influence others as leading strategic partners	27,425	10,281	17,144
SFI4 - Ensure a strong IFRC	701,259	536,350	164,909
Grand Total	2,396,169	1,366,827	1,029,343

III. Operating Movement & Closing Balance per 2019/02

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	2,693,332
Expenditure	-1,366,827
Closing Balance	1,326,506
Deferred Income	1,160,239
Funds Available	2,486,745

IV. DREF Loan

* not included in Donor Response	Loan :	500,000	Reimbursed :	500,000	Outstanding :	0
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Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/09-2019/02	Operation	MDRNG025
Budget Timeframe	2018/9-2019/6	Budget	APPROVED

Prepared on 04 Apr 2019

All figures are in Swiss Francs (CHF)

MDRNG025 - Nigeria - Floods

Operating Timeframe: 23 Sep 2018 to 23 Jun 2019; appeal launch date: 23 Sep 2018

V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	499,971		11,032		511,004		
British Red Cross	159,431				159,431		
China Red Cross, Hong Kong branch	25,569				25,569		
European Commission - DG ECHO	1,145,647				1,145,647		
Government of Malta	33,719				33,719		
Japanese Red Cross Society	88,843				88,843		
Spanish Government	112,989				112,989		
Swedish Red Cross	246,078				246,078		
The Canadian Red Cross Society (from Canadian Gov	189,520				189,520		
The Netherlands Red Cross			8,581		8,581		
The Netherlands Red Cross (from Netherlands Govern	171,451				171,451		
UNICEF - United Nations Children's Fund	500				500	1,160,239	
Total Contributions and Other Income	2,673,720	0	19,613	0	2,693,332	1,160,239	
Total Income and Deferred Income					2,693,332	1,160,239	

Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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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 Humanitarian 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.

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



Save lives.
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote social inclusion
and a culture of
non-violence and peace.