

Emergency Plan of Action Final Report

Nigeria: Flood Response

Emergency Appeal n° MDRNG025	Operation n° MDRNG025
Date of Issue: 16 March 2020	Glide number: FL-2018-000120NGA
Date of disaster: 23 September 2018	
Operation start date: 1 October 2018	Operation end date: 30 June 2019
Host National Societies: Nigeria Red Cross Society	Operation budget: 5,425,000 Swiss francs, total income (including DREF loan: CHF 500,000): CHF 3,263,376
Number of people affected: 1,921,026	Number of people reached: 333,486 people (55,581 households- HH)
National Societies involved in the operation: British Red Cross, Swedish Red Cross, American Red Cross, Japanese Red Cross and Netherlands Red Cross	
Other partner organizations involved in the operation: UNICEF and DG ECHO	

“As per the financial report attached, this operation closed with a balance of CHF 296,243. However, CHF 252,272 is due to be returned to a donor as per the terms of our agreement, resulting in a net balance of CHF 43,971. The International Federation seeks approval from its donors to reallocate this balance to the Africa West Coast Appeal, Disaster management Project to support ongoing disaster preparedness activities. Partners/Donors who have any questions regarding 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 September 2018, heavy rains were experienced in Nigeria which caused severe flooding in 129 Local Government Areas (LGAs) of 12 States which affected 2,321,592 people, based on the National Emergency Management Agency (NEMA) situation [report](#). An estimated 722,741 people were internally displaced, and 351,236 people had immediate humanitarian needs in food; shelter; water, sanitation and hygiene (WASH); and health.

On 17 September, the NEMA declared a state of emergency in four of the worst-affected states (Niger, Kogi, Anambra and Delta), where thousands of communities had been forced to evacuate from submerged settlements and seek refuge in temporary Internally Displaced People (IDP) camps. As the Niger River continued to flow above danger level, and additional dams were released, a state of emergency also was declared in five more states (Rivers, Bayelsa, Taraba, Kebbi



The Nigerian Red Cross Society engaged in search and rescue following the floods. Source: NRCS.

and Adamawa) on 11 October 2018. The flooding situation exceeded thresholds of local capacity to respond to the people in need.

The floods resulted in rapid population displacement, destruction of shelters, extensive losses to livelihoods and the local economy, in addition to high rates of water-borne diseases among the affected population and their host communities. Internally Displaced Persons staying with host communities were particularly susceptible to cholera and other water-borne diseases due to the poor access to potable water, hygiene infrastructure and medical care in those locations. These challenges also impacted displaced people in IDP camps, who similarly lacked access to basic water and sanitation services.

Upon the request of Nigerian Red Cross Society (NRCS), IFRC launched an Emergency Appeal in October 2018 for 5.4 million Swiss francs to support 300,000 flood-affected people in the areas of focus of shelter and non-food items, livelihoods and basic needs; health; WASH; and protection, gender and inclusion (PGI) for 9 months. The objective was to provide lifesaving and recovery interventions in 6 out of the over 18 states in Nigeria affected by flooding. The intervention focused on 6 states identified during the multi-sector needs assessment as those in most need of assistance, namely Kogi, Anambra, Delta, Niger, Rivers and Bayelsa.

The initial plan was to have the affected population supported in an IDP camp setup (schools and health facilities). However, the flood-affected population moved out of the camps earlier than expected. The government also aimed to vacate the schools that were used to host the IDPs to be vacated to avoid the disruption of the resuming of classes in January 2019. As a result, these changes affected the geographical context of the operation as the flood-affected population dispersed to different Local Government Areas (LGAs) and villages.

The operation had to strategize to ensure planned activities were to be held in their current location. Even though all affected families returned to their communities after the acute phase, the flooding resulted in long-term impacts, including a cholera outbreak in December when IDPs returned to their communities. The devastating loss to livelihoods and trauma of displacement also created psychosocial needs within the affected population.

Summary of response

Overview of Host National Society

The Nigerian Red Cross Society is a neutral humanitarian organization and auxiliary to the public authorities in humanitarian affairs, established by act of parliament in 1960. The NRCS is well accepted by communities and public authorities. As per the national contingency plan for floods, the NRCS has the mandate to ensure effective camp management and emergency response. In this response, the NRCS leveraged its experience from the response to floods in 2012, 2013 and 2014 to ensure quality and accountable implementation.

After the initial floods in July, the NRCS launched a DREF operation (MDRNG024) targeting 5,549 people (878 households) in 5 states (Katsina, Niger, Bauchi, Ogun and Ondo) providing basic health and hygiene, water, sanitation, food and non-food needs. Cash and voucher assistance (CVA) was provided for families to meet their food needs and in-kind distribution of NFIs (e.g. buckets, jerry cans, mosquito nets and kitchen sets) were provided. Following further and more intensive flooding in September, the National Society (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 September 2018, the emergency appeal MDRNG025 was launched as needs escalated in view of increased severity of the floods to respond to emerging. An initial DREF loan of CHF 500,000 was made available which was repaid in the course of the emergency appeal. The operation initially implemented activities in Anambra, Delta, Kogi, and Niger states in the inception and scaled up activities in Rivers and Bayelsa states with additional WASH support from UNICEF.

NRCS has a presence in all the affected states and the national headquarters Disaster Management Unit supported its branch offices to respond to the disaster. Each of the branches has a branch secretary, branch health coordinator and branch disaster management officer. The NS has a team of trained national disaster response teams 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 (CBHFA) and epidemic surveillance and prevention. Cash-based programming expertise is in process of being strengthened in the National Society.

Summary of Achievements

This operation aimed to intervene in the following key areas: Health; Water, Sanitation and Hygiene; Food and Household items; and Livelihood and basic needs (through cash and voucher assistance). This section will summarize the key achievements for each of the key four outcomes and demonstrates the way community, engagement and accountability (CEA) were integrated in all outcomes.

Area 1: Health

Health Outreach: Volunteers were trained on Community-Based Health and First Aid (139 volunteers – 81 male and 58 female), Psychosocial Support (PSS) (42 volunteers – 24 male and 18 female), and Epidemic Control for Volunteers (ECV) (36 volunteers). This capacity building was necessary to strengthen the knowledge and skills to respond to ongoing health needs and for future emergencies. A total of 217 trained community-based volunteers conducted health education outreach activities in the target communities. A total of 100,272 people were reached through the CBHFA promotion, ECV and PSS activities. The volunteers served as agents of change and knowledge within their communities and remain a community-based resource to be activated for immediate or future needs.

Dignity Kits: 740 flood-affected women and girls in Niger and Bayelsa states also received dignity kits which covered their menstrual health hygiene.

Mobile Clinics: Seven mobile medical teams were set up to provide primary health clinical consultations for 18,342 people. The mobile clinics were held three days per week per team in three states of Kogi, Anambra and Delta. A total of 123 communities were targeted for this activity; the communities were clustered into an average of 4 to 5 communities per clinic. The seven medical teams were made to rotate to the target communities and spent three days per community before moving to the next cluster of communities.

Long-lasting insecticide net (LLIN) Distribution: A total of 10,530 LLIN were distributed to 3,510 households (HHs) in three states (Kogi, Niger and Delta). Each household received three nets.

Area 2: Water, Sanitation, and Hygiene

Hygiene promotion: A total of 285 volunteers were trained in integrated hygiene promotion and household water treatment across the 6 states for the ECHO and UNICEF operational LGAs. The trained volunteers carried out hygiene promotion and reached 251,934 people. Innovative community outreach approaches were used, including mobile cinemas, which drew crowds in the villages and ensured good coverage during each hygiene education session.

Distribution of aqua tabs, jerrycans and hygiene kits: A total of 770,000 aqua tabs were distributed to 8,000 HHs in 6 states of Delta, Kogi, Anambra, Niger, Bayelsa and Rivers. Household water containers (jerry cans) for safe water storage were distributed to 9,000 HHs which reached 54,000 individuals. A total of 6,000 HHs received hygiene kits in the states of Kogi, Niger, Delta and Anambra while 100 HHs were assisted with cholera kits during a cholera outbreak in Kogi and Anambra. Approximately 23,100 HHs over six months were reached with the distribution of aqua tabs, jerry cans, cholera kits and hygiene kits with the goal of supporting personal hygiene practices.



Rehabilitation of water points and construction of latrines: A total of 80 water points were assessed, and 58 boreholes were rehabilitated reaching a total of 60,036 individuals. 96 latrine units, originally designed for emergency latrines but with the potential for long-term usage (each community latrine had 4 holes, 1 pit hole covers 56 people) were constructed in schools and health facilities, providing 21,518 individuals with access to latrines.

Water quality testing/ Water management committees: Water quality testing was conducted for 10 boreholes and corrective measures taken by Rural Water and Sanitation Agency (RUWASSA) to decontaminate the water from one borehole that was found to be impure. Water management committees, composed of men and women, were trained for each of the

NRCS supported the rehabilitation of boreholes. Source: NRCS.

rehabilitated water points to ensure the facilities could be operated and maintained according to standard procedure. The water management committee's role was to oversee the cleaning, rehabilitation, resource mobilization, and general management of the water points.

Area 3: Food and Non-Food Items

Distribution of Household items and School kits: A total of 5,100 families received household items in 9 states (Anambra, Niger, Kogi, Adamawa, Bayelsa, Kebbi, Rivers, Taraba and Delta). Also, 1,000 school children in Kogi, Delta and Anambra received school kits.

A post-distribution monitoring (PDM) was conducted three weeks after the non-food item distribution in Delta and Anambra states. The objectives of the PDM were to measure the effectiveness and impact of the distribution on the recipient population; verify that the recipients received the correct rations and collect detailed feedback on the use and appropriateness of the commodities distributed. This was done using the mobile data monitoring tool (Kobo Collect).

Area 4: Livelihood and Basic Needs

Distribution of food and unconditional cash transfer: A total of 4,700 most vulnerable people in 24 camps received food aid in Niger, Kogi, Delta and Anambra states. The food was a donation from the International Committee of the Red Cross (ICRC) stocks. In addition, an unconditional cash transfer for 3,600 most vulnerable households received an equivalent of 84.72 Swiss Francs (NGN 30,500) per household in Kogi, Niger, Delta, and Anambra.



The NRCS distributed non-food items to flood-affected communities. Source: NRCS.

Area: Integration of CEA approaches

Community Engagement and Accountability:

Information on the operation: To ensure updates could efficiently be communicated on the status of operations, distribution processes and exit strategies, the CEA approach ensured that communities knew how to access Red Cross services when needed. Information was shared through several communication channels, including face-to-face meetings with community leaders, interactive radio shows, mobile cinemas, toll free hotline, social media, SMS and participatory sessions.

Branch CEA Capacity Building: In total, 75 people were trained on CEA including staff and volunteers from WASH and health sectors in Anambra, Delta and Kogi. A total of 25 per state were trained (5 health volunteers, 5 WASH volunteers, 5 Disaster Risk Reduction- DRR volunteers, 5 field staff and 5 community volunteers).

Setup of Feedback and Complaint Mechanism: A toll-free telephone line for feedback and complaint was set up in the headquarters and disseminated to target population.



The Community Engagement and Accountability approach enabled the population reached to receive and provide needed information. Source: NRCS.

A total of 1,671 non-sensitive and 5 sensitive feedbacks received through different channels and 80% were acted upon. CEA feedback tools were developed in collaboration with branches.

Overview of Red Cross Red Crescent Movement in country

Since October 2018, IFRC deployed a total of 16 FACT and surge delegates to support the NRCS as the operation’s human resources were consolidated; 62% were global deployments, 24% IFRC and 14% regional. Surge interim Operation Managers led the teams in the initial period before a full-time operation manager was recruited along with technical expert delegates in WASH, Health, CEA, PMER, logistics and finance. The National Society operational structure was also led by the Head of Operations.

British Red Cross and the Italian Red Cross are currently present in Nigeria supporting the development of the Nigerian Red Cross Society, while Swedish and Norwegian Red Cross are also supporting the development of the NRCS without a bilateral presence in the country. Several National Societies supported this appeal with financial or human resources: British, Swedish, American, Japanese and Netherlands Red Cross Societies.

The International Committee of the Red Cross has a large presence in Nigeria to help people affected by armed conflict and violence, particularly in the north-east, the Middle Belt and the Niger Delta states. ICRC promotes international humanitarian law and other rules that protect people during armed violence. ICRC supported the work of the Nigerian Red Cross Society to respond to the floods facilitating the procurement of relief items and the implementation of the cash programme.

Coordination among NRCS, IFRC, ICRC and partner National Societies was conducted under the Movement Coordination Agreement (MCA) signed by all partners. Coordination comprises three levels: Movement Platform, Coordination Management Group and Technical Committees.

Overview of non-RCRC actors in country

The NRCS has a close working partnership with the Ministry of Health (MoH) and hence worked closely with them during the flood operation. The medical outreach at the branch level was supported by MoH medical teams. The medical teams liaised and aligned operation to support calendar events of immunization campaign in the target states in partnership with the health ministry. The WASH team worked with Rural Water and Sanitation Agency in the assessment of WASH facilities. Development of plans for rehabilitation of WASH facilities were developed in consultation with the department.

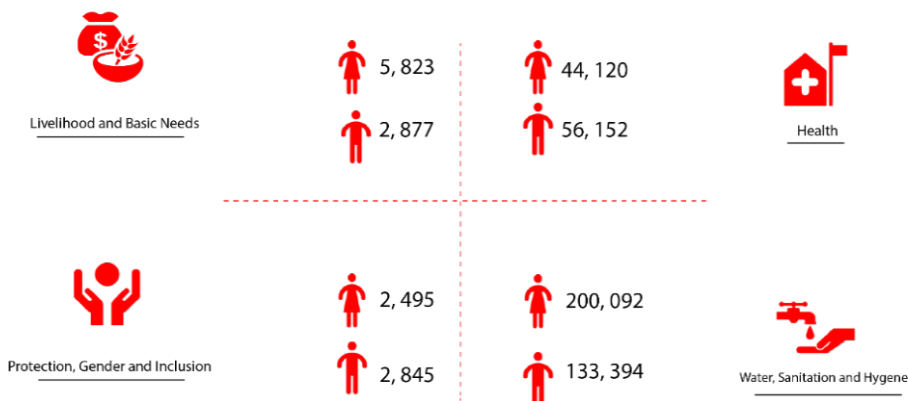
Needs analysis and scenario planning

Needs analysis

The initial needs analysis was done in October 2018 based on a multi-sectoral assessment that looked at the needs of internally displaced populations and their hosts. Based on the available funds of 3.8 million Swiss francs (out of the 5.4 million requested), the Emergency Appeal re-prioritized improved access to basic essential services, including NFI for the displaced; mobile primary health care services; community-based disease prevention and surveillance; and WASH interventions focused on clean water, excreta disposal and hygiene kit supplies for both households and women. Unconditional cash transfers were provided to targeted vulnerable households as a one-time trench to support reintegration and a return to normal life post-emergency.

People reached

A total of 333,486 people (55,581 households) were reached in the flood-affected states. These households received the provision of NFIs, livelihoods, WASH, health care and PSS services, as illustrated in the graphic to the right.



Operation Risks

Due to the extent of the flooding and damage to infrastructure, reaching flood-affected communities stranded in their villages was challenging. During food and NFI distributions, some communities could only be reached using hired motorboats. Some areas were also very far from the branch offices, and from each other, on impassable terrain.

Nigeria had presidential elections in February and a governors' election in March 2019. The flood operation 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 was not stable in Delta, Anambra and Bayelsa where there had been incidents of kidnapping, posing a threat to the safety of the Red Cross staff.

B. OPERATIONAL STRATEGY

Overall Operational Objective

The overall objective of the operation was to provide immediate support to 50,000 households affected by floods in four states (Kogi, Niger, Delta and Anambra states), focusing on the provision of shelter and NFIs, 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.

Gender, diversity and protection issues were mainstreamed throughout all components of this operation. The Nigerian Red Cross Society deployed gender balance volunteers during all operational stages of the operation. The targeted states were encouraged to integrate female volunteers for assessment and distribution of relief supplies. Volunteers were sensitized on prevention of sexual and gender-based violence (SGBV), child protection and diversity mainstreaming. Free anonymous toll-free lines for complaints were established and a response mechanism was introduced to ensure protection for whistle-blowers and efficient follow-up and support.

Community Engagement and Accountability

Community Engagement and Accountability activities were integrated into the different focus areas of the operation in order to ensure that communities were informed about the goal of the operation, including its exit strategy, and knew how to access Red Cross services. Information was shared through reliable and preferred communication channels, including face-to-face meetings, interactive radio shows, mobile cinemas, toll free hotlines, social media, SMS, participatory sessions, and disseminated by community leaders and influencers. Across all sectors, volunteers were also trained on community engagement and accountability, including the NRCS code of conduct.

Communities were given opportunities to participate in the operation and influence decisions made. Sectors providing direct support to the most vulnerable segments of populations, such as cash transfer programmes (CTP), food and shelter materials, ensured that targeting was fair, participatory and criteria based. Community resilience committees represented communities and ensured that all communication was transparent. This contributed to greater ownership and acceptance by beneficiary communities and improved the quality and integrity of the response.

Feedback and complaints mechanism were established in consultation with communities and advertised widely to ensure everyone was aware of the system and were comfortable using it. This mechanism was critical for identifying risky behaviour, such as unsafe hygiene practices and non-use of mosquito net, as well as for identifying breaches of policy during the implementation of activities. This approach to continuous feedback enabled a better response overall.

Special measures were put in place to ensure access to humanitarian aid by people with specific needs including age, gender and diversity. The targeting of affected people was informed by community-based participatory approaches, and community led. Community consultations through meetings with a wider group and households' visits were held with communities prior to the implementation of activities to explain what the RC is intended to do as actions to support them recover from the flood.

The selection of target households was consistent with IFRC's minimum standards commitment for gender equality and diversity, and to ensure non-discrimination in provision of services to the most vulnerable. Therefore, the vulnerability and eligibility criteria were developed and shared with the communities. The NRCS selection criteria put emphasis on the most vulnerable groups in the affected communities focusing on the displaced



households, female headed-households, pregnant and lactating women, persons with disabilities, the elderly and orphans and vulnerable children.

Help desks were also offered to communities through community meetings (once a month and whenever need arises) at the community level to allow communities to share their opinions and provide their complaints. This platform also allows the RC to provide information about the operation to the communities.

A feedback management committee was set up in each state. A total number of 1,676 feedbacks were received. Only 489 came from women, while 402 were collected from young people (15 - 35 years old). A total of 497 calls were received through the hotlines while 1,179 were received through community meetings, help desks and mobile cinema sessions. Eighty percent of feedbacks received were successfully responded to and managed. Feedback and complaints management committees (including sensitive feedback) was set up in both States. Thus, meetings were held regularly with the sectors leads to review and respond to the feedback received.

- Number of sensitive feedbacks: 5
- Number of non-sensitive feedbacks: 1,671
- Feedback from people reached: 753
- Feedback from people who had not been reached: 923

These mechanisms also supported the rigorous monitoring and reporting of conditions on the ground. They will be critical in the future for monitoring and reporting on behaviours and incidences that increase the risk of emergencies, such as non-compliance with hygiene or mosquito net policies. This system of continuous feedback provides a more efficient response in the event one is required.

Logistics and Supply Chain

There was strong collaboration between the logistics units of the IFRC and NRCS. The IFRC logistics unit provided technical support to the NS. The work relationship was amicable and complemented each other with a shared sense of responsibility. An IFRC finance officer was embedded within the NS to support with financial needs while the logistics units shared the same office for closer technical support of process of the national society.

The operation required a lot of procurement to achieve its goals of rehabilitating boreholes, constructing latrines and providing supplies, including medical and non-medical (NFI and hygiene kits). The operation's geographical coverage was large, covering six states. It became necessary to boost the in-country capacity of the IFRC and NS with surge logistics for a month from February and additional three logisticians from Norwegian Red Cross (2) and Netherlands Red Cross (1) to support teams to cope with the demand while ensuring quality and compliance was upheld.

Communications and Information Management

To facilitate the visibility of the NRCS response to the floods, IFRC supported the national communications unit in the National Society. IFRC helped raise the profile of the NRCS to external public partners and donors by highlighting them as the key driver of the response. The operation did not capture much attention from international humanitarian organizations, so the NS and its partners remained the major actors of the response. IFRC strengthened the capacity of the NS by training staff and volunteers.

A number of tools were also developed to strengthen communication and awareness of the operation, such as digital stories, marketing documents that support PRD and the production of photos and videos to highlight the on-going work in the flood-affected areas. The operation utilized strong Information Management (IM), particularly in the collection, collation, transmission and storage of electronic data using Kobo and other technologies

Planning Monitoring Evaluation and Reporting

The IFRC PMER in collaboration with the NRCS headquarters team developed a Monitoring and Evaluation Plan for use in the operation which guided implementation. M&E tools, which include the indicator tracking table (ITT) and the activity tracking table (ATT), were also put in place for close monitoring. A reporting template was developed for all reporting levels.

The NRCS headquarters team monitored the procurement, warehousing, dispatching and distribution of all program materials using the existing NRCS monitoring and reporting tools. The team also conducted supervisory visits to activity locations and compiled monitoring reports. Post distribution monitoring was conducted after the distributions so that feedback on relief was collected. Assessment, distribution and operations reports were received and analysed by the national headquarters operations team to ensure standardized interventions and beneficiary accountability.

Exit Strategy

The overall approach for this operation was to provide financial and technical support in the short-term with a quick transition to national long-term capabilities. The exit strategy was managed in close collaboration with target communities to ensure all key stakeholders were informed of the withdrawal plans and prepared for a transition of activity ownership. A key goal of the exit strategy was to ensure that the target communities were left in a state of heightened awareness with more knowledge on disaster-preparedness and improved behaviours related to water, sanitation and hygiene, since those were major factors contributing to the scale of the emergency.

As a result, the exit strategy emphasized the transference of knowledge at both the community and household levels. This was achieved first by mobilizing communities through their leaders and encouraging them to take an active role in all stages of the operation by attending meetings and using the complaints mechanism. This enabled beneficiaries to learn about how the activities were implemented and how to hold relief-actors accountable for their decisions so that they could feel involved and take ownership of the outcomes.

The exit strategy emphasized the capturing of best practices to contribute to learning for future operations. Toward this objective, the IFRC and NRCS conducted a lessons-learned workshop after the operation to reflect on the activities and identify strengths and weaknesses.

C. DETAILED OPERATIONAL PLAN

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

Narrative description of achievements

The shelter assessments were conducted in October 2018. The assessments indicated critical needs in the provision of non-food items and emergency shelter (toolkits and tarpaulins). Based on an initial assessment conducted by the NS, IFRC, National Emergency Management Agency (NEMA) and other partners, 5,000 households were targeted by this operation (see table 1). The NS extended its support in first aid and evacuation, psychosocial support, NFIs and food items for one month to Rivers, Adamawa, Bayelsa, Kebbi, and Taraba in order to reach as many people as possible. ICRC supported the mission by donating food to the NS. Shelter toolkits and durable shelter solutions were also both anticipated, however could not be procured due to a lack of funding to this portion of the Appeal. The plan to provide 5,000 HHs with shelter toolkits and 200 HHs with durable shelter could not be implemented as there were no funds to execute these components of the plan.

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
Grand total	7,200	5,100	38

A Post-Distribution Monitoring activity was carried out in early December 2018 focusing on the displaced populations in Anambra and Delta states who received Food and Non-Food Items (F&NFIs) from the Red Cross. The objectives of the PDM 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 out of the 4,700 beneficiary households were interviewed through individual

interviews, focus group discussions and direct observation. This activity was conducted with 20 volunteers working as surveyors. A detailed PDM report on the findings of the study is available, however, in summary, the key findings were:

- 70% of the target population interviewed had timely and enough information about the distribution carried out. On average, 96% of the total respondents felt that the distribution was fair.
- On average, 89% of the target population shared the items they received with neighbours and friends while 5% exchanged the items for money.
- About 69% of the target population interviewed preferred to receive support for livelihoods and food needs as cash. The main reason why many of the respondents preferred cash was because they felt they would have more control over the cash, they would be able to buy whatever they wanted with their cash and they considered cash easier to transport. They also considered it more dignifying to be given cash.
- Many of the target population was able to invest in new productive assets and able to save some money for other things.
- School fees for children and purchase of farm inputs were the needs most insufficiently satisfied among the target population. Most of the HHs were able to cope with the situation by using their children of school age for cultivation of farmlands, livelihoods or income generation.

The PDM revealed the following challenges:

- Over-registration of target population occurred in one state (Anambra) where registration exceeded the target leading to some registered beneficiaries in the state not getting relief materials.
- Many of the target population experienced challenges during distribution ranging from having too many people at the distribution site at a time (25%), waiting for a long time to get the items (13%), not feeling safe at the site (10%) and the site being too far from their homes (11%).
- About 38% of those interviewed claimed they were not aware that they could make complaints or give feedback about the programme.
- Difficulty in tracing some households that had been reached as most had left the IDP camps to different communities.

Challenges

- N/A due to lack of implementation of activities

Lessons Learned

- N/A due to lack of implementation of activities



Livelihoods and basic needs

People reached: 8,700

Male: 2,877

Female: 5,823

Indicators:	Target	Actual
# of targeted households assisted	10,000	5,100
# of volunteers trained in CTP survey tools	60	60
# of targeted households whose agricultural production is restored	4,000	0
# of households reached through CTP	4,000	3,600
At least 60% of targeted populations aware of how to interact with RC and feedback mechanism	50,000	30,000
# of programmed decisions made based on community feedback	4	4
# of feedback received and at least 70% resolved at least within 1 week	1173	1340

Narrative description of achievements

A baseline survey assessment was done to inform cash-based interventions. The survey was conducted in 12 LGAs (see table 2) in all four targeted states (Anambra, Delta, Kogi and Niger) to inform the livelihood sector status of the most affected communities and the type of cash modality that would best address their livelihoods needs.

The analysis of the baseline survey revealed that the most vulnerable population in each of the 3 sampled LGAs in the flood-affected states live in isolated and hard to reach, rural communities. Roads and bridges in those communities were destroyed during the floods and populations were in need of relief support. The majority of respondents had to

purchase their food because of the impacts of the floods of 2018, and 90% lacked seeds and tools required for their livelihoods.

The findings indicated that unconditional cash transfer assistance was the best modality to provide support for the affected population. Cash transfers are a key component of the Minimum Expenditure Basket (MEB) accepted by the Cash Working Group (CWG) and other partners in the Red Cross movement. As a result, cash assistance of 85 CHF (30,500 NGN) per household was allocated to assist the most flood-affected households in the areas of operation. The cash transfer was structured as a single tranche to reflect the varying needs of the households and the operating environment,

Cash Transfer Programme Achievements:

A new Financial Service Provider (FSP) - United Bank of Africa (UBA) - was identified, vetted and approved. UBA was used by ICRC on a long-term basis for CTP and, under a new agreement based on extenuating circumstances, this partnership was extended to IFRC through an addendum clause. A total of 60 volunteers were trained (15 per state in Anambra, Delta Kogi and Niger states) on basic cash transfer programming processes. The same volunteers were utilized for the baseline survey and registration of beneficiaries. The volunteers were provided training on community engagement. This capacity building was designed as a special measure to improve the volunteers' understanding of the cash transfer process and its impact on the beneficiaries. Crucially, it also served to emphasize the importance of transparency in targeting to ensure that the most vulnerable people were able to access humanitarian aid. Feedback and complaints platforms were also established in line with IFRC Community engagement and accountability Standards (CEA) and Core Humanitarian Standards (CHS). A total of 60 Community Resilience Committees (15 per state) were democratically elected by communities in the LGAs of coverage (3 LGAs/state) and trained on their roles & responsibilities. Trained CRCs engaged with communities to validate the selection criteria for the targeting of the cash transfer. Security measures were put in place in communities to ensure the cash distribution process was rolled out according to SOPs and IFRC standards.

The total number of people reached registered in each state was 900. Each beneficiary received a cash transfer with a value of 84.72 Swiss francs (NGN 30,500). To mitigate the risk of fraud and insecurity related to carrying large amounts of cash in rural environments, it was agreed that an e-Coupon voucher system with unique security features would be used. These e-vouchers were redeemed at the FSP in exchange for cash. The FSP transported the cash to their rural disbursement points using armoured vehicles. The cash was distributed to 3,600 people across the 4 states as outlined in the distribution plan below.

Table 2: Distributed Cash Value Per each LGA In CTP Flood Operation States

Value of Cash per Beneficiary: NGN 30,500 (84.72 CHF)			
Serial number	State	(LGA) /Community	Target Beneficiaries
1	Anambra	1. Anambara East	300
		2. Anambara West	300
		3. Ogbaru	300
		Total	900
2	Delta	1. Isoko North	300
		2. Oshimili South	300
		3. Ughelli	300
		Total	900
3	Kogi	1. Kogi	300
		2. Lokoja	300
		3. Ibaji	300
		Total	900
4	Niger	1. Borgu	300
		2. Lapia	300
		3. Mokwa	300
		Total	900
Sub Total			3,600

Challenges

- The CTP baseline survey was planned to take place in all four states before the implementation of cash programming activities, however it had to be delayed due to the sudden postponement of the Nigerian Presidential elections from February 16 to February 23, 2019. This delay was considered necessary to uphold the Red Cross principle of neutrality and prevent the operation from being hijacked for political gain. This appearance of impartiality was particularly important as the NRCS was involved in monitoring the elections during its Election DREF. The

campaign period, including the post-election period in March, was also marked by sporadic violence, which would have complicated completion of activities.

- Another challenge was the NRCS focal point's lack of bandwidth. The focal point consisted of only one person who was unable to meet all of the competing priorities.

Lessons Learned

- To strengthen collaboration, IFRC and ICRC should have monthly CTP meetings during operations to provide updates and share lessons.
- In order to improve the capacity of NRCS Branches to respond to flooding, their procedures should be harmonized, and their capacity built further as new security challenges emerge.
- FSPs should be provided with more training on the Red Cross' approach to humanitarian response operations to ensure stronger and more efficient implementation.
- In the future, the beneficiary registration process requires the engagement of experienced CRCs. In addition, NRCS and IFRC should advocate to have CTP trained volunteers at the branch level who are able to lead the intervention.
- NRCS should also look into increasing the CTP focal point-personnel at headquarters from one to three people to ensure adequate support.
- Financial transfer limitations placed on NRCS resulted in delays in the implementation of CTP activities.
- Coordinated efforts to work as one Movement to coordinate CTP activities is required to avert negotiating different rates with different FSPs in the same country.



Health

People reached: 100, 272

Male: 56,152

Female: 44,120

Indicators:	Target	Actual
# of people with access to primary health care services	60,000	18,342
# of primary health care consultations	21,000	18,342
# of mental health consultations	30,000	15,977
% of people reached with community-based disease prevention	60,000	100,272
# of special measures put in place to ensure access to humanitarian aid by people with specific needs including age gender and diversity (CEA)	5	5
# of mosquito nets procured and distributed	20,000	10,530
# of volunteers trained	280	179
# of dignity kits distributed	2,000	740
# of volunteers trained in First Aid	160	0
# of First Aid kits procured	80	0
# of volunteers trained in CBHFA	280	139
# of people reached with health education	90,000	100,272
% of people who are knowledgeable about recommended practices	60%	80%
# of radio sessions on health and WASH conducted	128	0
# of volunteers trained in Epidemic Control for Volunteers (ECV)	160	36
# of people reached with epidemic control messages	90,000	13,638
# of volunteer trained in PSS	40	42
# of people in targeted communities receiving PSS target	9,000	10,977
# of HF identified as PSS referral centres		0
# of debriefing sessions to PSS volunteers		0

Narrative description of achievements

The assessment carried out in September 2018 found that access to health services was a problem for the flood-affected communities because most health facilities were submerged. Hygiene and sanitation conditions were also poor due to the lack of latrines and portable safe water in IDP camps and surrounding communities, which increased the risk of a disease outbreak. In Anambra and Kogi states, for example, internally displaced populations experienced a watery diarrhoea outbreak after returning to their respective homes. Epidemic control and health promotion were therefore identified as priority activities. Trauma induced by displacement and the loss of livelihoods also made psychosocial support a priority for affected populations.

Community-Based Health and First Aid (CBHFA) was the strategy used to target communities with health information. This approach entailed, first, training volunteers on how to conduct house-to-house visits and community meetings in order to reach affected communities with messages related to disease prevention and health promotion.

Achievements

Volunteers were trained in CBHFA approach and hygiene promotion activities to enable them to disseminate the health messages around the IDP camps as well as in host communities for prevention of disease outbreak. The approach started by building the capacity of volunteers to reach affected communities with health promotion activities through house-to-house visits and community meetings. The following key outputs were achieved for health:

- A total of 217 volunteers were trained in PSS (42), ECV (36), CBHFA (139).
- Through these activities, volunteers reached 100,272 people (56,152 males and 44,120 females).
- Health promotion reached 65,003 people
- Group and individual PSS counselling sessions reached 15,977 people.
- ECV reached 13,638 people and immunization reached 5,657 people.
- Primary health care consultations reached 18,342 people
- Mental health consultations reached 15,977 people
- The containment of an outbreak of diarrhoea cases which claimed 15 lives in Kogi and Anambra states was aided through intensified health promotion activities
- 5,657 women were mobilized for routine immunization.

Overall, where the numbers achieved have been less than the targets, the reason was due to beneficiaries being quickly moved back from camps to their villages. This quick return to the villages affected the whole appeal as the appeal was premised on carrying out the interventions in the camps, including numbers of target beneficiaries. When the population was dispersed back into their villages, the number of people targeted by these activities (maintaining the same budget and resources) was much lower due to population density changes.

Key Activities

Training of volunteers in CBHFA and ECV: A total of 139 and 36 volunteers were trained in CBHFA and ECV respectively and reached out to communities through household visits and community meetings. A total of 65,003 people (31,002 males and 34,001 females) were reached with different health messages using CBHFA. Volunteers conducted household visits three times a week and reached twenty households per month. They were given a household checklist to use for the visits and a reporting template to capture the number of people reached with messages. Reports were submitted to the NRCS branch office for consolidation.

In the event of suspected disease outbreak, the volunteers were trained on the use of Kobo collect through mobile smart phones and how to transmit data through the National Society server. To improve the sustainability of the interventions, the Community-Based Surveillance (CBS) approach was strengthened among the target communities and linkages were developed with the Ministry of Health and NRCS HQs health program.

CBHFA Achievement data						
KOGI						
Kogi LGA		Lokoja LGA		Ibaji LGA		
Male	Female	Male	Female	Male	Female	Total
6,400	7,492	6,599	7,070	4,897	4,516	36,974 (17,896M / 19,078F)
DELTA						
Oshimili South LGA		Ughelli South LGA		Isoko North LGA		
Male	Female	Male	Female	Male	Female	Total
2,581	3,064	2,409	2,779	2,363	2,857	16,053 (7,353M / 8,700F)
ANAMBRA						
Anambra West LGA			Ogbaru LGA			
Male	Female	Male	Female			Total
2,413	3,231	3,340	2,992			11,976 (5,753M / 6,223F)
GRAND TOTAL						65,003

Setting up and provision of medical outreach: The initial plan was to conduct mobile clinic activities in IDP camps. However, due to change of context, the team instead set up mobile clinics for a cluster of 4 to 5 communities, to reach

the affected population in their respective communities. The activity was implemented in the 3 states where 7 mobile clinic teams were established (Delta - 3 clinics, Kogi - 2 and Anambra - 2). A total of 123 communities were targeted and the communities were clustered into an average of four to five communities per mobile clinic. The 7 medical teams rotated between the communities and spent 3 days with each community before moving to the next cluster.

The medical teams comprised of one medical doctor, a nurse, a pharmacist, a laboratory technician, data and reporting volunteer and a crowd control volunteer. Drugs were procured and dispatched to all the NRCS branch offices and were then disseminated to the teams. Data collection templates were designed to report on the number of consultations done and the common illnesses seen each day. A total of 18,342 (10,453 adults and 7,889 children) consultations were recorded. In all states, the common illnesses reported were malaria, diarrhoea and cough.

Medical outreach consultations - Data per state									
ANAMBRA STATE					KOGI STATE				
Anambra West		Ogbaru LGA			Kogi LGA		Lokoja LGA		
Children	Adults	Children	Adults	Total	Children	Adults	Children	Adults	Total
969	1,645	1,090	1,750	5,454	1,864	2,123	1,967	1,999	7,953
DELTA STATE									
Oshimili South		Ughelli South		Isoko North					
Children	Adults	Children	Adults	Children	Adults	Total			
818	1,191	730	894	451	851	4,935			

Provision of PSS and First Aid: This activity was modified from the original plans to better suit the needs as the context evolved. The initial plan for PSS was to provide clinical counselling to IDP populations but the methodology was changed due to time constraint as the IDPs had returned to their communities and it was observed that they displayed little interest in the voluntary clinical mental health service. Chronic psychological trauma also appeared to be less prevalent compared to cases of depression and anxiety. As a result, a community-based psycho-social counselling approach was deemed more appropriate.

PSS training was provided to both NRCS volunteers and staff. A total of 42 volunteers (18 female and 24 male) were trained in PSS and succeeded in reaching 15,977 people with counselling and PSS referral services. The volunteers were trained on how to conduct PSS sessions within the communities, how to handle PSS cases and how to refer cases that could not be handled at the community level. Multiple training methodologies were used, including one-on-one sessions and organized group sessions at the community level and in schools. Participants at the group sessions were organized according to demographics, for example, group sessions were separated for women-only or school children, to reduce the sense of stigma. The trained volunteers remained on site to serve as a resource for NRCS to engage at their respective branches in the event of another disaster.

Training of volunteers in support of routine immunization and deployment of volunteers in IDP populations: A total of 72 volunteers were trained on strategies for routine community mobilization and community engagement. The volunteers then conducted the social mobilization for the community immunization drive done by the Ministry of Health to encourage mothers with children under five to immunize their children. A total of 5,657 women were mobilized for the routine immunization, both while residing in the camps and after returning to their original communities. The initial plan was to synchronize this activity with the MoH immunization campaign for the flood affected communities, however, within the operation period, no MoH campaigns were organized.

Challenges

- Delays in implementation due to structural issues and deployment of resources on the ground.
- Short-term surge support rotation affected the planning and starting up of activities
- Delays in financial reporting by the National Society affected the smooth running of the activities, especially regarding the medical outreach services.

Lessons Learned

- Clearer operational guidelines should be set between IFRC and NRCS before an emergency and then adapted according to the need.
- Surge support should be for a minimum of 3 months and maximum of 6 months to provide ample time to learn how the organization functions. Long-term delegates should be considered to manage an operation rather than one-month surge support.
- Community-based volunteers increase efficiency and accessibility of health services. This approach should be integrated into Nigeria's long-term programming.

- NRCS's operations are managed centrally from Abuja, which can slow implementation down at the branch level. Branches have the capacity to manage operations so the decision-making process should be reviewed to determine whether there is any scope for it to be decentralized.
- There are numerous needs in affected communities that require long-term program and funding.



Water, sanitation and hygiene

People reached: 333,486

Male: 133,394

Female: 200,092

Indicators:	Target	Actual
# of water points assessed and rehabilitated	140	80 assessed, 58 rehabilitated
# of water points drilled	20	0
# of people provided with aqua tabs for water purification	20,000	48,000 people (8,000 HHs)
# of water points disinfected	50	9
# of water points protected	50	58
# of people provided with excreta disposal facilities	10,000	21,518
# of volunteers trained in PHAST	150	285
# of emergency latrines constructed	260	96 semi-permanent latrines with 4 pits each
# of households reached with key messages to promote personal and community hygiene	50,000	61,000
# of people reached by hygiene promotion activities	50,000	251,934
# of volunteers trained in hygiene promotion	300	285
# of people reached by mobile cinema sessions	100,000	5,307
# of people reached via in-person methods, incl. community meetings, social mobilisation, estimated multiplier reach from community leaders/elders/teachers, children in schools	200,000	251,934
# of people reached with hygiene kits	1,500	6,000 HHs
# of people trained on the use of hygiene items	5,000	5,000

Narrative description of achievements

The WASH assessments were conducted in October 2018. The assessments indicated critical needs in the provision of water and sanitation facilities at the household level. A total of 80 water points were assessed, and 58 required rehabilitation. Findings from the WASH assessments indicated that the majority of the water points (a mix of both motorized and hand pumps) required repairs and maintenance. The project proposal targeted 100 water points for rehabilitation using ECHO support, as well as 40 water points for rehabilitation and 20 new water points for drilling using UNICEF support. At the end of the operation, 58 of the 140 water points were rehabilitated. due to the increased costs of materials and rehabilitation of motorised boreholes. The National Society mobilized its WASH NDRTs to conduct the assessments and supervise the construction activities. These teams ensured the repairs were completed quickly and to a high quality, however the strategy increased repair costs and consequently reduced the number of water points the operation was able to repair.

The WASH assessment revealed that over 90% of the population had no access to latrines and practice open defecation. It also found 0 latrines in schools and health centres where the IDPs were hosted. A total of 260 emergency latrines (100 ECHO and 160 UNICEF) were planned to be constructed, however the operation succeeded in only constructing 96 with ECHO support.

A total of 333,486 people were reached from the WASH interventions. The 58 rehabilitated boreholes reached 60,036 beneficiaries, 96 latrines provided access to sanitation facilities to 21,518 beneficiaries and volunteers reached 251,932 people with hygiene promotion.

To improve sustainability and address repair needs in the future, water committees were trained in collaboration with the Rural Water Supply and the Sanitation Agency. The selected community members were trained on operation and maintenance of their facilities in addition to hygiene promotion. The hygiene promotion sessions, which validated the findings of the WASH assessment, found an absence of latrines in an estimated 90% of the homes. Open defecation or river defecation were very common and there was a lack of knowledge on good hygiene practices. Despite being able to afford the construction of the proper houses, the communities were found to have little information on

importance of latrines. It was also found that there was an expectation that the government or Red Cross would provide support. Sanitation at the household level remains a challenge for communities to further address.

In terms of meeting the needs of IDPs and preparation for future emergencies, the project left semi-permanent latrines (lower chamber permanent, upper structure temporary covered with zinc) in the schools, which can be upgraded to permanent structure by changing the upper structure to bricks.. It was unfortunate that the planned 20 new boreholes under UNICEF CERF funding could not be implemented, as they were challenged by time and logistics. As such, it was amicably agreed between IFRC and UNICEF to cancel the work. Activities were carried out for both UNICEF and ECHO as follows:

Rehabilitation of boreholes

Forty-eight (48) boreholes were rehabilitated using ECHO funds. For UNICEF-supported LGAs, 10 boreholes were rehabilitated. WASH trainings were conducted in the areas of all the 58 water points to ensure the infrastructure could be maintained and sustained. The Rural Water Supply Agency (RUWASSA) for Nigeria facilitated the trainings.

Water treatment

After the water point rehabilitation by NRCS volunteers, it was decided not to conduct laboratory tests of water quality. This decision was made on the basis of records from RUWASSA, which confirmed the water was safe for drinking, observations on the state of the damage to water points and water-turbidity tests. There were also time constraints as most of the water points were rehabilitated few weeks before the termination of the grant. Following the rehabilitation of the UNICEF boreholes, quality tests were performed on a total of 10 water points, out of which 9 were found to have safe drinking water. RUWASSA was informed of the one that had contaminated water and the water point was decontaminated by RUWASSA using chlorine and sulphur.

Hygiene Promotion

285 volunteers were trained in hygiene promotion and completed hygiene promotion activities in their respective areas across the 6 states of Anambra, Delta, Kogi, Bayelsa, Niger and Rivers. During the promotion, the following topics were covered: Importance 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 the operation, a total of 251,934 people were reached with hygiene messages.

WASH NFIs Distribution

A total of 9,000 jerry cans were distributed equally across the 6 states, in addition to 770,000 aqua tabs distributed as outlined below. Beneficiaries were trained on the proper use of the aqua tabs.

- o 215,000 to 10,200 people (1,700 HHs) in Delta
- o 145,000 to 6,000 people (1,000 HHs) in Kogi
- o 175,000 to 7,800 people (1,300 HHs) in Anambra
- o 145,000 to 6,000 people (1,000 HHs) in Niger
- o 45,000 to 9,000 people (1,500) HHs in Bayelsa
- o 45,000 for 9,000 people (1,500) HHs in Rivers

The WASH programme responded to the suspected cholera outbreak in Anambra and Kogi states by designing a cholera outbreak response plan to address that and future outbreaks. In total, 40 volunteers (30 in Anambra and 10 in Kogi) were trained on cholera prevention, management and control and on how to conduct hygiene promotion activities in the affected and at-risk areas. Furthermore, WASH initiated the procurement and supply of 100 cholera kits to help manage the outbreak. Major supplies that were recommended for procurement included: jerrycans, buckets, soap, washing powder, aqua tabs, hand sanitizer, face mask, hand gloves and Bleach and were allocated.

Construction of Latrines

The plan in the project design was to construct 200 emergency latrines in IDP centres, however as the communities returned to their respective villages, the project changed the latrine design from emergency to semi-permanent latrines in schools and health centres. The revised plan was to construct 100 latrines under ECHO and 160 latrines under the UNICEF grant. A total of 96 latrine units of 4 latrines each were constructed in schools and health centres and these are strategically positioned for use in case of another flood. The change of design increased the cost per latrine and reduced the number that could be constructed, however the design was improved and enabled the establishment of permanent structures able to be upgraded as needed. The construction was concluded in Kogi, Delta and Anambra under the ECHO grant. No latrines were constructed under the UNICEF grant.

Community Engagement and Accountability:

Volunteers from the 6 states were trained on CEA for WASH and took part in engaging communities during the hygiene promotion sessions. At least three CEA measures put in place to ensure access to humanitarian aid for people with special needs. A total of 52 volunteers were trained from the 6 states. Following the trainings, the volunteers were able

to deliver their first radio program on how to prevent cholera and launched mobile cinema hygiene promotion sessions. Feedback mechanisms were established in the form of toll-free line/hotlines at HQ/Standard Operating Procedures for communities to provide feedback or complaints that were integrated into planning.

Challenges

- The appeal was ambitious in terms of planned geographic coverage, which was later challenged by the distances and lack of logistical support. There was no clear knowledge of the nature of boreholes available and what kind of infrastructure would suit the flood prone states. There were also cases when the estimated prices of hardware were much less than the market price. This led to several design changes, reduction in output and aborted work.
- The operation was challenged by the temporary surge support provided, which did not allow for consistency and continuity in the operation. Due to resource constraints, NRCS had to rely on one permanent position and volunteers from the branches/states to deliver its WASH mandate countrywide.
- The IFRC and NRCS had internal communication and coordination challenges, which led to delayed implementation. There were also external coordination issues with UNICEF and RUWASSA, who were the key implementing partners for the project. RUWASSA staff had not received salaries for many months and required cash advances in order to participate in field visits. The lack of salaries also contributed less motivation. In cases where RUWASSA had to take lead role, they also had limited resources.
- Due to the delay in the deployment of delegates and WASH NDRTs, the assessments were delayed. This led to delays in the procurement and construction work. Most of the hardware work for latrines and water points had to be aborted. Regarding UNICEF, a delay in the signing of the partnership agreement meant work could not be commenced on time, as IFRC could not commit to implementing activities without a confirmed pledge.
- In Bayelsa state there were several security incidents and concerns within and around the targeted communities. At some points, NFIs had to be diverted to other locations. Dignity kits were also stolen during the implementation period. Due to the security concerns and attacks on the staff, activities were delayed or taken to other communities.
- Procurement of goods and services cost more than the budgeted prices in most cases and resulted in a drastic reduction of outputs. The drilling and equipping of hand pump at boreholes also cost 2 times more than anticipated.
- There were delays in the floods response which invariably led to changes in construction designs, increased costs, cancelled activities and consequently reduced impact.

Lessons Learned

- The National Society has local NDRT capacity with WASH trained volunteers who are capable to implement assessments and manage monitoring and reporting. Engagement of these volunteers should be done at the launch of the project as they know the areas, have the know-how to collect and report data and can move around the states without major security threats.
- The agreement between IFRC and UNICEF took until 3 months after the project launch to sign. Without this signature, the IFRC could not transfer the funds to start the activities. In the future, it would be prudent to have signed pledges or standby agreements to allow immediate response. Alternatively, there should be a clear written communication on the start of implementation.
- There were technical gaps in knowledge of the geophysics of the intervention area. The National Society assumed the geophysics of the areas would be constant and hand pump boreholes would be required across the areas. Procurement was done on this basis as opposed to on the basis of location-specific assessments. When the differences were realized, time had already been lost and re-tendering would have required a minimum of one month. This led to the cancellation of the activity. In the future, budgeting for a hydrogeological assessment in targeted areas would prevent time from being lost.
- Logistics should be involved at the budget drafting phase to provide input for realistic timeline and prices for goods and services.
- Programme design is improved when detailed designs and drawings are provided as well as BOQs and modality of contracting to reduce turnaround time.
- It is important for assessments to happen early enough to allow for contracting, construction and implementation of activities within the agreed timelines.



Protection, Gender and Inclusion

People reached: 5,340

Male: 2,845

Female: 2,495

Indicators:	Target	Actual
# of child friendly spaces established	10	0
# of people provided with PSS	30,000	5,340
# school kits distributed	0	1,000

Narrative description of achievements

A rapid assessment was done in all the flood affected states and it was identified that many households had lost their belongings and livelihood materials, including school supplies for children. Based on the assessment, it was identified that there was a need for child friendly spaces in IDP camps and for school supplies to be distributed to the flood-affected population. However, before the child friendly spaces could be set up, IDPs were moved from the camps back to their respective communities, so the child friendly spaces were dropped from the planning. The plans remained in place for the distribution of school supplies for children who had moved back to their communities. As a result, the activities carried out included:

School Kits Distribution: Funds for child friendly spaces were reallocated to the provision of school kits, since the beneficiary population was moved more quickly from the camps to their villages, therefore meaning there was not a need for child friendly spaces. By the end of January, a total of 1,000 school kits were procured. A 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 in Kogi and Delta and 332 were given to Anambra. 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.

Eligibility criteria 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 whose households were completely or partially destroyed by the floods. The criteria included children in grades 1-6, who have lost their school kits, school shoes, are less privileged, and are either orphans or have a single parent. The eligibility criteria were clearly communicated to community members, schoolteachers, and headmasters before the school distribution commenced. This enabled the schoolteachers to select the target population.

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.	Ebikenye 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

Challenges

- Some schools were distant and located in hard to reach LGAs. This meant that the planning of the school kits distribution had to be revised and required more days to complete.

Lessons Learned

- Strong community engagement enabled the smooth implementation of the school kits distribution.

Strengthen National Society

Indicators:	Target	Actual
# of volunteers who are insured	500	3,000

# of volunteers provided with psychosocial support	500	200
Logistics assessment (5 states – including Lagos)	5	5
# of staff trained	30	0
Drivers training (4 drivers)	4	0
Narrative description of achievements		
The total number of volunteers insured was 3000. This exceeded the target as the activity is usually done on an annual basis by the national society. 42 volunteers were trained on psychosocial support to provide PSS counselling to the community and to volunteers.		
Challenges		
Given the complexity and the magnitude of the response, it was difficult to include NS capacity building elements. However, when the operation was coming to an end, the IFRC, supported by Norwegian Red Cross, started to work on a sub-regional initiative to develop the DM capacities of the NS of the West Coast cluster. This work will continue in 2020 with the support from various partner NS and it is a key element of the Nigeria Operational plan for 2020.		
Lessons Learned		
The main lesson learned was the need to further develop the disaster management capacity of the Nigerian Red Cross and its branches. The number of emergencies affecting this country and its dimensions (with 200 million people) require a strong capacity to respond from the Nigerian Red Cross. This will be a key element of the IFRC plans for 2020.		

International Disaster Response		
Indicators:	Target	Actual
# of surge delegates deployed	16	16
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
Rental of 4 IFRC Vehicles	2	2
Repatriation of vehicle to Dubai	2	0
Warehouse rental for storage of NFIs		
Narrative description of achievements		
A multidisciplinary team of 16 people were deployed to the field when the disaster took place. This included the FACT team leader and deputy team leaders for PMER, Health, WASH, Shelter, Communications, Logistics and Livelihood. Four rotations of team leaders took place before the operation manager was recruited to lead the team.		
The operation hired NRCS vehicles to support implementation, particularly to enable the delegates' movement, monitoring of the implementation and a stop gap in the field where needed. Two IFRC land cruisers were used at headquarters to support coordination and other operation administrative functions in Abuja, and remained in country to be used for other purposes, before one was donated to NRCS and the other bought by NRCS with its own funds. The operation also supported running cost for 4 branch vehicles that were used by NRCS staff involved in the implementation in the field. Finally, the warehouse was not needed to be rented for storage of NFIs.		
Challenges		
<ul style="list-style-type: none"> The staff turnover in the initial phases of the operation was too high and the hand over process among staff was not good enough, producing elements of unclarity in the initial stages of implementation. The Nigerian RC leadership also expressed concerns about the skills and capacities of some of the regional and surge staff deployed in the operation arguing that, in some cases, was not good enough to support and guide the NRCS to manage this operation. 		
Lessons Learned		
<ul style="list-style-type: none"> It is important for the IFRC cluster office to clarify roles and responsibilities with NRCS when managing a significant operation, particularly regarding the roles of NRCS in the implementation and the roles of IFRC in providing support and technical guidance. The IFRC cluster office and IFRC regional office should also ensure proper handover processes when short term surge staff is used to manage complex operations. The high staff turnover produced significant gaps in information sharing and the overall direction of the operation. It is strongly recommended to IFRC regional office to revise the selection and induction procedures for surge staff in order to ensure that they meet the necessary requirements in terms of skills and understanding of the way IFRC support NS in disaster response. 		

Influence others as leading strategic partner		
Indicators:	Target	Actual
# of documentaries produced	2	0
Lessons learned conducted	1	1
Narrative description of achievements		
<p>A lesson learnt workshop was completed and many lessons identified to strengthen future operations. See below section for key lessons learned.</p> <p>The documentaries were not produced as planned owing to lack of resources as the appeal budget was short by over 1.5m CHF.</p>		
Challenges		
<p>Some of the key challenges identified include:</p> <ul style="list-style-type: none"> • The operation lacked PMER capacity and had to rely on remote support from the region. ▪ Budget constraints and limitation in cash flows was a challenge within IFRC and NRCS systems. ▪ Administrative processes limited the timeliness of the transfers of funds to the NS and resulted in delayed implementation. ▪ Financial and logistical challenges during the flood operation between IFRC and NRCS put layers of different magnitude of pressures on sector activities and on NRCS capacity to conduct financial reconciliation of advanced funds to the floods operation on time. ▪ Too many changes in programme implementation affect budgeting and implementation of budgets. ▪ The operation was challenged by HR at many levels, including senior management, surge support consistency, high staff turnover, and NS staff recruitment. This led to overstretched resources and long hours of work, thus taking a toll on existing staff, as well as lack of achievement of all results, ▪ Logistics was not properly involved in drafting the operational budget, resulting in inaccurate pricing and need for budget adjustments. ▪ The design of the project itself was ambitious in terms of targets where, in some cases the financial allocation could not match the targets (numbers) proposed to be reached. 		
Lessons Learned		
<p>Some key lessons learned included:</p> <ul style="list-style-type: none"> • The National Society needs capacity on archiving documentaries and documenting lessons learnt. ▪ It is very important to understand the National Society capacities in the process of developing Emergency Plan of Action and incorporate more capacity enhancement activities for the NS to enhance the success of an operation. ▪ The approach of using community-based volunteers increases efficiency and accessibility of service. It can work well for long term programming for the Nigerian context. ▪ It is important to set clear communication lines at the beginning of a project and make roles and responsibilities clear, as well as reporting structures. ▪ Surge support should be a minimum of 3 months and maximum of 6 months. ▪ Clear operational guidelines should be set and adopted between IFRC and NRCS before an emergency occurs. ▪ It is necessary that baseline on knowledge of population is planned and budgeted for, so that impacts of hygiene promotion can be measured. 		

Effective, credible and accountable IFRC		
Indicators:	Target	Actual
Security assessment for the targeted states	6	6
Develop an updated security framework for Nigeria	1	1
Narrative description of achievements		
<p>Security assessments were integrated in the operation to ensure volunteer and staff safety. Security staff carried out assessments in all the states (Rivers, Delta, Kogi, Anambra, Bayelsa, and Niger). There was a movement limitation for delegates in Bayelsa because of incidents of kidnapping.</p>		
Challenges		
<p>Most of the operation areas had security concerns, there were incidents where volunteers were robbed of personal cash and equipment's and relief items. Most vehicle movements therefore required two vehicles which stretched the logistic capacities.</p>		

Lessons Learned

Security remains a high priority concern for operations and therefore in the future we need to invest on safety and security especially in high risk states. In high risk areas, consideration of necessary security precautions such as two-vehicle convoys for movements need to be considered in budgeting and planning

D. THE BUDGET

The approved budget for the operation was CHF 3,263,376. The total expenditure was CHF 2,967,134, *leaving a balance of CHF 296,243*. However, CHF 252,272 is due to be returned to a donor as per the terms of our agreement, resulting in a net balance of CHF 43,971. The International Federation seeks approval from its donors to reallocate this balance to the Africa West Coast Appeal, Disaster management Project to support ongoing disaster preparedness activities. Partners/Donors who have any questions regarding 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”.

Contact information

Reference documents



Click here for:

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

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

In the Nigeria Red Cross Society:

- Abubakar Kende, Secretary General; email: secgen@redcrossnigeria.org, phone: +234 803 959 5095

In the IFRC Country Cluster Support Team:

- Ruben Cano, Head of West Africa Cluster, email: ruben.cano@ifrc.org, phone: +234 803 520 4391
- Nihad Hanaa Habib, DM Delegate, email: nihad.habib@ifrc.org, phone: +234 908 735 1969

IFRC Regional Office for Africa:

- Adesh Tripathee, Head of DCPRR, email: adesh.tripathee@ifrc.org, phone: +254 731 067 489
- Jennifer Vibert, Roving Operations Manager, email: jennifer.vibert@ifrc.org.

For IFRC Resource Mobilization and Pledges support:

- Franciscah Cherotich - Kilel, acting Head of Partnership and Resource Development, phone: +254 712 867 699; email: franciscah.kilel@ifrc.org

In IFRC Geneva

- Antoine Belair, Senior Officer Operations; Coordination; antoine.belair@ifrc.org; phone: +41 22 730 4281

For In-Kind Donations and Mobilization table support:

- Rishi Ramrakha, Head of Operational Logistics, Procurement and Supply Chain Unit, Africa Region; phone: +254 733 888 022; rishi.ramrakha@ifrc.org

For Performance and Accountability support (planning, monitoring, evaluation and reporting Enquiries)

- Philip Komo Kahuho, PMER Manager; Africa Region; email: philip.kahuho@ifrc.org; phone: +254 732 203081

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.

Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/9-2020/2	Operation	MDRNG025
Budget Timeframe	2018-2019	Budget	APPROVED

Prepared on 24 Mar 2020

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 24 Mar 2020	3,332,756
Appeal Coverage	61.43%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	386,645	457,352	-70,707
AOF3 - Livelihoods and basic needs	474,989	408,511	66,478
AOF4 - Health	300,068	272,574	27,494
AOF5 - Water, sanitation and hygiene	1,161,689	519,165	642,524
AOF6 - Protection, Gender & Inclusion	10,384	290	10,093
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	431,535	243,915	187,620
SFI2 - Effective international disaster management	95,688	151,640	-55,952
SFI3 - Influence others as leading strategic partners	24,397	14,157	10,241
SFI4 - Ensure a strong IFRC	925,648	899,529	26,120
Grand Total	3,811,044	2,967,134	843,910

III. Operating Movement & Closing Balance per 2020/02

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	3,263,376
Expenditure	-2,967,134
Closing Balance	296,243
Deferred Income	0
Funds Available	296,243

IV. DREF Loan

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

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MDRNG025 - Nigeria - Floods

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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		33,832		533,804		
British Red Cross	159,431				159,431		
China Red Cross, Hong Kong branch	25,569				25,569		
European Commission - DG ECHO	1,131,008				1,131,008		
Government of Malta	33,719				33,719		
Japanese Red Cross Society	88,843				88,843		
Red Cross of Monaco	22,830				22,830		
Spanish Government	112,989				112,989		
Swedish Red Cross	246,078				246,078		
The Canadian Red Cross Society (from Canadian Gov	181,992				181,992		
The Netherlands Red Cross			37,207		37,207		
The Netherlands Red Cross (from Netherlands Govern	171,451				171,451		
UNICEF - United Nations Children's Fund	518,454				518,454		
Total Contributions and Other Income	3,192,337	0	71,040	0	3,263,376	0	
Total Income and Deferred Income					3,263,376	0	