



Rapid Response Fund

ACT Secretariat Approval

Project Code RRF 14/2024
Project Name Emergency Response to Flooding in Nigeria

The ACT Secretariat has approved the use of **USD 50,000** from its Global Rapid Response Fund and would be grateful to receive contributions to wholly or partially replenish this payment.

For further information please contact:

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actalliance

Rapid Response Fund

Project Proposal

Emergency Prepared and Response Plan	
EPRP last updated	Jun-24
Do you have a Contingency Plan for this response?	no
EPRP link on the online platform (or attach hard copy with proposal)	N/A

Please submit this form to the Regional Humanitarian Programme Officer in your region with a copy to the Regional Representative

Date submitted to ACT Secretariat

6/11/2024

Section 1 Project Data

Project Information

Project Name	Emergency Response to Flooding
Project Code	14/2024
Country Forum	Nigeria
ACT Requesting Member (if there are more than one member, please use ALT+<Enter> to add another member)	Christian Council of Nigeria
Name of person leading the project	Nkechi Oseni
Job Title	Programme Officer
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Tel no./WhatsApp/Skype	+2348133337316
Location(s) of project (city / province)	Adamawa State (Demasa and Numan LGA)
Project start date (dd/mm/yyyy)	18/Nov/24
Project end date (dd/mm/yyyy)	18/Feb/25

which sectors your response activities most relate to (please indicate number of planned beneficiaries per organization in each sector where you plan to give assistance)

Sectors	CCN	
	Male	Female
Cash/ Vouchers	900	1200
Camp Management		
Education		
Food/Nutrition		
Health		
Household items		
Livelihood		
Psychosocial	66	90
Shelter		
Wash	900	1200

Section 2 Project Description

2.1 Context

1. CHS Commitment 1. Summarize the crisis event and how it is likely to develop over the duration of the project (maximum 5 bullet points)

In Adamawa State, Nigeria, the rapid rise of floodwaters following the breach of the Kiri Dam in Adamawa State and subsequent runoff from the Cameroonian highlands caught residents off guard. In early August 2024, severe flooding struck Adamawa state, affecting , Demsa and Numan Local Government Areas (LGAs)

The flood, caused by the overflow of local rivers in Numan due to continuous heavy rainfall, hit communities such as Kwakwambe, Lure, Nbalang, Imburu, and Bare.

This was followed by a secondary, more catastrophic flooding event in Madagali, impacting areas including Duhu, Mayowandu, Kirchinga, Maiwandu, Jahili, Kokohu, Lumadu, Zhau, Pallam, Kwambula, Shuware, and Shuwa. The latter was driven by the flow of water from the Cameroonian highlands, compounding the disaster.

According to the State Emergency Management Agency (SEMA), the floodwaters rose with alarming speed, catching residents off guard and resulting in the widespread destruction of homes, infrastructure, and livelihoods. The Adamawa State Commissioner for Health, and Human Services, on

behalf of the Adamawa State Governor, declared a cholera outbreak in the State. This was after 30 out of thirty-eight samples sent to the National Reference Laboratory tested positive for cholera. A cholera outbreak has been declared in Adamawa state and five million people face critical food

insecurity in Borno, Adamawa and Yobe (BAY) states due to the damage on crop lands by the floods (UNOCHA).

In Nigeria, the floods have killed almost 500 persons (Africa News) with many also reported missing. Five million people face critical food insecurity in Borno, Adamawa and Yobe (BAY) states due to flood damage to croplands at the height of the lean season.

2. CHS Commitment 1,2,3,4. Explain the impact of the crisis specific to the people you want to help (maximum 5 bullet points)

As a result of this disaster, there is widespread food insecurity in the state, as the affected areas are primarily rural communities that rely heavily on agriculture to survive. Access to clean drinking water is an issue that is currently ongoing based on UN OCHA's latest Situation report. According to the Adamawa Commissioner for Health cholera outbreak in the flood-affected communities, was after 30 out of thirty-eight samples sent to the National Reference Laboratory tested positive for cholera. The flooding has caused extensive damage across the affected communities, with significant destruction of houses, schools, and worship centres, forcing many residents to flee their homes. Many displaced residents have moved to temporary shelters (Madagali and Numan) or have found refuge in host communities (Demsa and Michika). The disaster has affected 12,583 individuals, displaced 2,079 households, and destroyed 298 buildings, 203 farmlands, and 509 livestock.

Diverse groups of vulnerable people were identified among the displaced population due to the floods, the demography analysis of the flood-affected population in Adamawa State indicates that children aged 6 to 17 represent the largest group, comprising thirty-nine percent, which underscores the critical impact on school-aged youth. Adults aged 18 to 59 years follow with thirty-four percent, highlighting significant effects on the working population and potential economic repercussions. Children aged 1 to 5 years account for fourteen percent, pointing to the need for child-focused health and nutrition support. Infants less than one year make up six percent, emphasizing the importance of maternal and infant care in relief efforts. In contrast, the elderly (60 years and above) represent seven percent, indicating a need for exceptional care provisions for older adults. The gender distribution shows that women make up fifty-four percent of the population and men forty-six percent, suggesting slightly higher vulnerability among women.

Affected populations are now seeking shelter in host communities, which are becoming increasingly overcrowded.

3. CHS Commitment 9. Explain the availability of funding each of your organisation can access for this crisis. (maximum 3 bullet points)

Currently CCN does not have access to any funding to respond to this emergency situation in a bid to support the most vulnerable affected in these communities.

2.2 Activity Summary

1. CHS Commitment 1, 2, 4. Explain your proposed project and why you have selected this particular response to the crisis. *If multiple members are responding, please explain the role of each member in the coordinated response as indicated in your EPRP Contingency Plan.*

The proposed project will address the identified needs through a holistic life-saving response to meet the needs of affected communities in Demsa and Numan LGA. The perceived urgent needs are food/ Non-food items (NFIs) and WASH. Hence we are proposing interventions within a 60-day implementation timeframe by providing these essential services through the following activities:

UNCONDITIONAL CASH TRANSFER: Assisting the most food-insecure people through Unconditional Mobile Cash Transfers. Cash transfers will be made to vulnerable Households targeting 350 households at 40 USD per HH/ once. The target reach is 2,100 people. The cash transfers will enable families to buy food and non-food items. The use of cash is in line with government policy which recommends using cash where markets are functional. The use of cash is safe, cost-effective, and preferred by the project participants.

WASH: Through integrated WaSH, the project will improve both sanitary and hygiene conditions in the camp by providing water purification solutions, and hygiene items including detergents, germicide, and fumigation materials for camps and use within clustered spaces. This will also be followed by awareness creation and sensitization sessions for hygiene promotion, including visual aids and demonstration sessions. This will minimize the risk of outbreak of diseases, while also preparing households for first aid action in preparedness for possible diseases such as cholera with the onset of the rainy season. 350 households will be targeted with hygiene promotion sessions and risk communication messaging.

PSYCHOSOCIAL SUPPORT SERVICE: Psychosocial support services will be provided to 26 households to be identified and

2. CHS Commitment 2. Explain how you will start your activities promptly. *Project implementation should start within two weeks. The project should be a maximum of 6 months.*

CCN has a chapter in Adamawa who have a local presence across the LGAs. Immediately after the approval of the RRF, CCN will conduct inception meetings in the 2 LGAs with the community stakeholders sharing the project objectives and targets.

CCN Adamawa state chapter will lead the beneficiary identification and selection in Demsa and Numan LGAs by rapidly deploying its pool of trained enumerators who are already familiar with the context and the terrain. •Unconditional Cash Transfers (UCT) will be disbursed through the CCN who have experience working in a crisis context and with grassroots individuals in communities. Disbursing the monies would be well coordinated by the accounts team.

- Procurement of NFIs and WASH items
- Distribution of NFIs and WASH items: distribute dignity kits (hard and software components) including WaSH kits to vulnerable groups.
- Deploy integrated WaSH awareness and sensitization activities including hygiene promotion sessions through household hygiene clusters in IDP camps and affected communities.

3. CHS Commitment 6. How are you co-ordinating and with whom? *Coordination ensures complementarity of interventions within forum members and other humanitarian actors to maximise the use of our resources and will address all unmet needs*

Under this proposed immediate lifeline support intervention, the Christian Council of Nigeria plans to coordinate with the following stakeholders apart from working closely with other forum members:

1. Local Organizations and Community Leaders:

- Non-governmental Organizations (NGOs): we will partner with two established NGOs already working in the affected areas. They have existing relationships with communities, knowledge of local needs, and infrastructure for outreach and distribution. They have strong experience of implementing Start fund interventions.
- Community-Based Organizations (CBOs): we plan to collaborate with CBOs rooted in the communities including women groups, youth associations, men forum and faith-based organizations. They provide valuable insights into cultural nuances, specific needs of different groups, and trusted access to participants.
- Traditional and Religious Leaders: we will not fail to engage with traditional chiefs, religious leaders, and elders who command respect and influence within the communities. They can be crucial for mobilizing community members, disseminating information, and ensuring cultural sensitivity in the intervention.

4. CHS Commitment 3, 9. How are you planning to procure your goods or services? (This includes cash transfer methodologies) Please tick boxes that apply. *Goods and services procured locally supports and revitalises economic*

Locally or within the affected areas	x	Nationally		Regionally or neighbouring countries		Internationally	
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Do you have a procurement policy? What factors did you consider when you made this decision?

CCN has a Procurement Policy that is carefully crafted to guide the procurement process of project materials to ensure trans

2.3 Description of Target Population

1. CHS Commitment 1, 9. How do you calculate the beneficiary numbers for this project? *For example, food and hygiene kits given to 2500 families, and 1 family = x beneficiaries.*

CCN uses the standard of 6 members per household. A household is defined as people who live and eat together on a daily basis. The project targets to support: 350HH X 6 persons per HH = 2,100 persons. (900 Males /1, 200 Females) for cash transfers to be food secure. This will include children under five years. 350 HH X 6 persons per HH = 2,100 (900 Males/1,200 Females) to have access to clean and safe water and 26 HH X 6 persons per HH = 156 persons (66 Males / 90 Females) reduce stress through trauma healing sessions and counselling sessions. NuTVal standard was used to determine the quantity, measurement, and ratio of the nutrition value of food items proposed as the amount for Cash assistance. Shere standard was also used to determine the essential Household hygiene, Water treatment and personal hygiene items under the WASH intervention.

2. CHS Commitment 1, 2, 3, 4. Which vulnerable groups are you specifically targeting? What makes them vulnerable? *Please explain.*

Children: Under 5years as they are at risk of malnutrition, stunted growth, severe illness such as cholera and death. They will be targeted to ensure they are food secure, access to safe water and basic sanitation to curb possible long-term consequences for their health and development.

Pregnant and lactating women: have increased nutritional requirements as they may not be able to meet their increased nutritional needs, putting them at risk of malnutrition. Malnutrition during pregnancy can lead to adverse outcomes such as low birth weight, preterm birth, and birth defects. Inadequate nutrition during lactation can also impair the quality and quantity of breast milk, affecting the health and growth of infants.

People with Disability: PWD often face unique challenges that can exacerbate their vulnerability like limited Access to Resources such as food, water, healthcare, and income-generating opportunities. Physical barriers, discriminatory attitudes, and lack of accessible transportation restricts their ability to access markets, food distribution points, and essential services. Thus, households with PWD will be targeted in this project.

The Elderly: The flood has left the elderly very vulnerable as they have limited livelihood opportunities to earn non-agriculture-based income as they depend on their farms to access food. In addition, the elderly have additional health needs and chronic diseases making them more susceptible to malnutrition and illness when not receiving adequate food

3. CHS Commitment 4. Explain how the target population has been/is involved in the design of the proposed intervention (maximum 5 bullet points)

The target population in Adamawa has been involved in the design through some Community Disaster Management Platforms (CDMP) in some of the at-risk communities in Lamurde and Numan LGAs in strengthening advocacy channels with traditional and faith leaders, Community Development Associations The States Emergency Management Agency in Adamawa State through their community reach have are currently working with community and LGA stakeholders to conduct rapid vulnerability and capacity assessments and disaster management institutional capacity assessments. PWDs have been involved in the rapid needs assessment in their communities through their local clusters and associations, PLW(Pregnant and Lactating women) have been considered in the design using available data about their needs in the PHCs and other protection needs for vulnerable girls and women during and post disasters through protection networks and design of referral pathways for effective coverage and timely intervention and services.

2.4 Expected Results

1. What will this project's success look like based on your time frame?

This project will be focused on the provision of emergency assistance to the vulnerable flood victims in Adamawa State and at the end of the project, it is expected that the quality of life of these displaced persons will be improved and they have increased access to basic services. The unconditional cash transfer will improve access to food and basic resources needed for daily living. Furthermore, the menstrual hygiene needs of adolescent girls in all their diversity will be met and there will be a significant reduction in the negative coping mechanism. In line with this, it is expected that there would be a reduction in the cases of SGBV(Sexual and Gender Based Violence) within the IDP camps.

Additionally, through the distribution of NFIs(Non-food items), these vulnerable households will have access to basic and essential items, which will support them in living in a dignified manner in the IDP(Internally Displaced persons) camps. There would be improved shelter conditions with the availability of household items such as toiletries, blankets, and mattresses, provided to households to reduce exposure to the cold weather and unfavourable sleeping conditions including decongested bed spaces.

The integrated WaSH activities will prevent any disease outbreaks and reduce the incidence of WASH-related diseases such as cholera at the household level.

2. Describe the risks to a successful project and how you are managing them.

The project risk includes; security and safety risks (kidnapping, violent conflicts), information and data breaches or loss, safeguarding, operational risks, reputational and fiduciary. For security and safety, the project will ensure all field travels will be done in accordance with established security and safety advisory, security assessments will be conducted for new locations and updated where they exist, also communications with the security team will be carried out frequently and support will extend to implementing partners. Emails and all project related data will be processed in line with the GDPR and trainings extended to partners to ensure awareness of regulations and measures to be taken in such events.

Safeguarding is a low risk on the project considering the low frequency in contact with direct beneficiaries against the designed accountability measures and systems in place, furthermore, the project will carry out safeguarding training for partners and representatives and get them to sign commitments to through their own organizational policies, measures will also be taken to provide support in areas where gaps are recorded. Operational risks become high especially due to security breaches around the project locations, government interventions through curfew might hinder activity implementation, therefore alternative arrangements will be in place to carry out remote implementation through virtual meetings on Zoom, MS Teams and other reliable and secure platforms.

2.5 Monitoring, Accountability & Learning

1. CHS Commitment 7. Describe how you will monitor the project. What monitoring tools and process will you use? How will you gather lessons from the project?

There will be a monitoring, evaluation and learning team lead by the M&E Officer. To ensure the effective implementation and impact of the project, a comprehensive monitoring strategy will be employed. This will involve regular tracking of activities, progress against objectives, and immediate outputs and outcomes. The monitoring process will ensure transparency, accountability, and continuous improvement. The use of Activity Tracking Sheets: Project staff will fill out activity tracking sheets during and after the completion of each activity, noting the number of participants, location, and any immediate feedback.

Beneficiary Feedback Mechanisms: Regular feedback will be collected through suggestion boxes, feedback forms, and community meetings.

Monitoring and Evaluation (M&E) Framework: This will outline key indicators, data sources, and data collection methods. Also, an M&E plan will be developed, detailing specific indicators for each project component (food security, WASH, protection, and psychosocial support). To gather qualitative data on the project's impact and community perceptions Focus Group Discussions (FGDs) will be held with different community groups (women, men, youth, and vulnerable groups) to discuss the project's progress and any emerging issues. This will include Post Distribution Monitoring which will be done 2 weeks after distributions.

Monthly Progress Reports: To summarize project achievements, challenges, and learnings.

2. CHS Commitment 8. Does your organisation have a Code of Conduct? Have all staff and volunteers signed the Code of Conduct? *We may ask you to submit copies of the signed Code of Conduct. You can use ACT Alliance's Code of Conduct if your organisation does not have one.*

CCN has Employee Handbook and it is required that both staff and volunteers sign it upon engagement.

3. How will you ensure you and all stakeholders will be accountable to the affected population. How will you share information. How will you collect and use feedback and complaints? CHS 4 and 5

The project will be guided by humanitarian principles that will guide the accountability plan that will hold CCN staff and stakeholders responsible for community engagement. There will be regular engagements with affected communities, and this will include informing, involving, and listening to them. Accountability of the project will involve functioning and open communication channels. Complaints and feedback mechanisms will be put in place that include the help desk and a designated hotline. All data transmissible to third parties will be anonymized before sharing while learnings gathered from all activities, on field experience, complaint and feedback will be adapted to ensure beneficiary satisfaction. All data processed will be in for learning and decision making purpose in this intervention and will be anonymized before sharing to Act Alliance where required. Monitoring assessments and PDM will be jointly conducted by CCN and forum member while analysis and reporting will be led by CCN.

2.8.	DRR				-	-		
2.8.1.								
2.8.2.								
2.9.	Psychosocial				250,000	5,907,000	3,562	
2.9.1.	Hall & PAS (2days in each community)	Hall hire	4	8,000	1,000,000	603		
2.9.2.	Refreshments (2 days X N4000 = N8,000)	per person	156	8,000	1,248,000	753		
2.9.3.	Meal (2 days X N7,000 = N14,000)	per person	156	14,000	2,184,000	1,317		
2.9.4.	Trauma counselling & healing facilitation	consultation	1	500,000	500,000	302		
2.9.5.	Project staff accommodation (at N35,000/day x 3 days = N105,000)	per prs	5	105,000	525,000	317		
2.9.6.	Project staff per diem (at N30,000/day x 3 days = N90,000 x 5prs)	per prs	5	90,000	450,000	271		
2.10	WASH					10,973,750	6,617	
2.10.1	Water Treatment (Water guard)	150ml bottle	350	950	332,500	200		
2.10.2	Menstrual Kit - Sanitary pad	Women & Girl	300	2,500	750,000	452		
2.10.3	Mosquito Net	Per HH	350	3,000	1,050,000	633		
2.10.4	Toothpaste	Per HH	350	1,400	490,000	295		
2.10.5	Toothbrush	Per prs	2,100	700	1,470,000	886		
2.10.6	Bathing soap (A pack of 6pcs)	Per HH	350	1,300	455,000	274		
2.10.7	Laundry soap (Detergent & bar soap)	Per HH	350	2,800	980,000	591		
2.10.8	Germinicide	per HH	350	900	315,000	190		
2.10.9	Toilet roll	per HH	350	1,475	516,250	311		
2.10.10	Insecticide	per HH	350	3,500	1,225,000	739		
2.10.11	Kegs (2 kegs for storage and usage of water)	per HH	350	5,000	1,750,000	1,055		
2.10.12	Bags and Packaging	per HH	350	1,900	665,000	401		
2.10.13	Project staff accommodation (at N35,000/day x 3 days = N105,000)	per prs	5	105,000	525,000	317		
2.10.14	Project staff per diem (at N30,000/day x 3 days = N90,000 x 5prs)	per prs	5	90,000	450,000	271		
TOTAL PROJECT ACTIVITIES					59,440,750	35,843		
3	PROJECT IMPLEMENTATION							
3.1	Forum Coordination				5,000,000	3,015		
3.1.1	Forum Coordinator Salary	Per Month	2	600,000	1,200,000	724		
3.1.2	Forum Meeting (contribution to forum project meeting)	Per Month	3	200,000	600,000	362		
3.1.3	Forum Monitoring visit (Flight, Per diem, Intra state trans, Accom for other forum mem)	per prs	5	600,000	3,000,000	1,809		
3.1.4	Forum Admin Expense	Per Month	2	100,000	200,000	121		
3.2	Capacity Development				2,625,000	1,583		
3.2.1	Transport reimbursement of Enumerators	per prs	15	10,000	150,000	90		
3.2.2	Enumerator's Allowance	per prs	15	100,000	1,500,000	905		
3.2.3	Project staff accommodation (at N35,000/day x 3 days = N105,000)	per prs	5	105,000	525,000	317		
3.2.4	Project staff per diem (at N30,000/day x 3 days = N90,000 x 5prs)	per prs	5	90,000	450,000	271		
3.2.5								
TOTAL PROJECT IMPLEMENTATION					7,625,000	4,598		
4	QUALITY AND ACCOUNTABILITY							
4.1	Complaints and Response Mechanisms	lumpsum	1	100,000	100,000	60		
4.2	Safeguarding & Do No Harm (engagement with community leaders & members...)	lumpsum	1	100,000	100,000	60		
4.3	Communication and visibility (printing of banners, beneficiary card, stickers etc.)	lumpsum	1	500,000	500,000	302		
4.4	Monitoring & Evaluation - Needs Assessment, PDM etc.	lumpsum	1	2,000,000	2,000,000	1,206		
4.5	Monitoring & Evaluation Staff Salary	per prs	3	400,000	1,200,000	724		
4.6	Community Entry	lumpsum	1	150,000	150,000	90		
4.7	Project staff accommodation (at N35,000/day x 2 days = N70,000 x 2prs)	per prs	2	70,000	140,000	84		
4.8	Project staff per diem (at N30,000/day x 2 days = N60,000 x 2prs)	per prs	2	60,000	120,000	72		
TOTAL QUALITY AND ACCOUNTABILITY					4,310,000	2,599		
5	LOGISTICS							
5.1	Vehicle Rental	project team	3	150,000	450,000	271		
5.2	Fuelling	project team	3	100,000	300,000	181		
5.3	Warehouse Rental	per warehouse st	2	450,000	900,000	543		
5.4	Salaries for Driver	per prs	3	200,000	600,000	362		
5.5	Flight travel (for 3 travels: 3 travels x 3 prs x N500,000 (roundtrip))	per prs	3	750,000	2,250,000	1,357		
5.6	Airport Taxi (for 3 travels: 3 travels x 3 prs x N60,000)	per prs	3	90,000	270,000	163		
5.7	Road Travel (for 3 travels: at 3 travels x 3 prs x N32,000 (roundtrip))	per prs	3	48,000	144,000	87		
5.8	Project staff accommodation (at N35,000/day x 3 days = N105,000)	per prs	3	105,000	315,000	190		
5.9	Project staff per diem (at N30,000/day x 3 days = N90,000)	per prs	3	90,000	270,000	163		
5.1	Security/ Safety	project team	5	200,000	1,000,000	603		
TOTAL LOGISTICS					6,499,000	3,919		
6	PROJECT ASSETS & EQUIPMENT							
5.1.								
5.2.								
5.3.								
5.4.								
ASSETS & EQUIPMENT								
TOTAL DIRECT COST					81,574,750	49,190		

7 INDIRECT COSTS: PERSONNEL, ADMINISTRATION & SUPPORT						
7.1	Office Admin cost	admin	1	1,000,000	1,000,000	603
7.2	Bank charges	bank	1	93,480	93,480	56
7.3	Communication - Airtime and Data	per prs	10	25,000	250,000	151
7.4				-	-	-
7.5				-	-	-
	Staff salaries - Cost shared				1,343,480	810
7.6				-	-	-
7.7				-	-	-
7.8				-	-	-
	Office Operations				-	-
	TOTAL INDIRECT COST: PERSONNEL, ADMIN. & SUPPORT				-	-
	Percentage of Indirect Costs against Total Budget				1,343,480	810
					2%	2%
						5.00
	Total Budget				82,918,230	50,000