Rapid Response Fund

ACT Secretariat Approval

Project Code **13/2025**

Project Name **Humanitarian Response For Vulnerable Populations Affected by Flood In Kaduna North and Zaria, Kaduna State**

The ACT Secretariat has approved the use of **USD70,000** from its Global Rapid Response Fund (GRRF25) and would be grateful to receive contributions to wholly or partially replenish this payment.

Reporting Deadlines	
SitRep	17-Oct-25
Final Narrative Report	9-Feb-26
Final Financial Report	9-Feb-26
Audit Report *(for project*	9-Mar-26

For further information please contact:

National Forum Convenor	
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ACT Alliance Secretariat

actalliance

Rapid Response Fund

Project Proposal

Emergency Prepared and Response Plan	
EPRP last updated	Feb-25
Do you have a Contingency Plan for this response?	Yes
EPRP link on the online platform (or attach hard copy with proposal)	

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
	8 Oct 2025

Section 1 Project Data

Project Information

Project Name	Humanitarian Response For Vulnerable Populations Affected by Flood In Kaduna North and Zaria, Kaduna State
Project Code	**13/2025**
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 (CCN)
Name of person leading the project	Ephraim Yakubu Simon
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Location(s) of project (city / province)	Kaduna North and Zaria
Project start date (dd/mm/yyyy)	10 Oct 2025
Project end date (dd/mm/yyyy)	9 Dec 2025

Which sectors your response activities most relate to

(please indicate number of planned beneficiaries per organisation in each sector where you plan to give assistance)

Sectors	Member 1 CHRISTIAN COUNCIL OF NIGERIA			
	Male		Female	Total
Cash transfer for food	600		1320	1920
Household items	600		1320	1920
Psychosocial	75		125	200
WASH Items	450		1470	1920

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)*

Extended heavy rain, flash floods and windstorms have triggered flooding in Northern Nigeria causing destruction of a major road, leaving communities isolated and farmlands inundated, destroying crops and pasture (Modis). Based on ACT Nigeria's forum's initial assessment, this would be a medium scale emergency affecting seven states within Niger State, accounting for 163 deaths and 115 missing persons. According to the National Emergency Management Agency, at least 121,224 persons are displaced by floods that swept through the country on 20th September 2025. In addition, 339,658 persons have experienced some form of loss, while 681 are sustaining various degrees of injuries (ReliefWeb). Geographic areas affected include the states of Adamawa, Taraba five, Yobe two, Borno, Gombe, and Jigawa where rain is predicted to continue for the next days where displaced.

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)*

A two-day torrential rainfall also wreaked havoc across Zaria and parts of Kaduna metropolis, displacing at least 970 residents, including hundreds of children, and destroying no fewer than 270 homes, The PUNCH learnt. The downpour, which began on September 19, lasted until the early hours of September 21 and left a trail of destruction in multiple communities in Zaria, as well as the densely populated Kigo Road Extension in Kaduna North Local Government Area. These formed the highest figures for those displaced in Kaduna in the last two weeks (PUNCH).

Flooding remains a recurring challenge in Nigeria, with devastating consequences for lives, infrastructure and food security (PUNCH)

The Kaduna State Government has announced the temporary closure of the Bashama flood camp in Tudun Wada, Kaduna South Local Government Area, following what officials described as a significant improvement in the flood situation that displaced dozens of families in recent weeks.

According to the Kaduna State Emergency Management Agency, the camp accommodated 420 households comprising 2390 residents, including pregnant women, persons with disabilities, and children, who were forced out of their homes when floodwaters submerged parts of the community.

Speaking with our correspondent, the Director of Planning, Research and Statistics, Danladi Obagu, stated that following the efforts of the agency, most residents in flood high-risk areas have relocated from their homes to safe places. He further explained that the agency had provided venues for the temporary settlement of displaced persons across the state in the instance of unexpected heavy floods. He assured them that the government is making efforts to ensure that it tackle the issues of flooding in the state. He however, appeal that residents living around flood-prone areas should relocate to safer places to protect their lives and properties.

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 Kaduna North and Zaria LGAs of Kaduna State. 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 320 households at 59 USD per HH/ once. The target reach is 1,920 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 outbreaks of diseases, while also preparing households for first aid action in preparation for possible diseases such as cholera, with the onset of the rainy season. 320 households will be targeted with hygiene promotion sessions and risk communication messaging.
PSYCHOSOCIAL SUPPORT: Psychosocial support services will be provided to 200 individual (100 each from Kaduna North and Zaria) to be identified and referred through the referral pathways and other preferred channels by survivors, CCN has a Trauma Healing Center in Jos with skilled staff, this will work with other agencies, CSOs, and local partners to provide individual and group session. A minimum of 200 individuals will be provided with trauma counseling and psychosocial support services. The psychosocial support and trauma counselling component is a critical activity geared to helping the affected population process their experiences, manage their emotions, and gradually restore their dignity and well-being. Sessions will be sensitive to cultural and religious beliefs and will also ensure not re-traumatize survivors.

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 Kaduna State who have a local presence across Kaduna North and Zaria LGAs. Immediately after the approval of the RRF, CCN will conduct inception meetings in the LGA with the community stakeholders sharing the project objectives and targets.
CCN Kaduna state chapter will lead the beneficiary identification and selection in Kaduna North and Zaria 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.

Through the Peacebuilding and Trauma Healing Centre, CCN Will provide psychosocial support services including strengthening the capacity of social workers, conducting trauma awareness and Psychological First Aid (PFA) for survivors, Conducting SGBV Awareness and sensitization activities, and extension of referral pathways to target communities.
- Set up of complaint and feedback desk during the distribution and a designated phone number will be made available to the participants which will triangulate and track feedback across all target locations.
- Finally conduct Post Distribution Monitoring (PDM)

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:
• Members of ACT-Alliance Nigerian Forum: We will work with members of the forum in Nigeria who have existing relationships with communities, knowledge of local needs, and infrastructure for outreach and distribution.
• Community-Based Organizations (CBOs): We plan to collaborate with CBOs rooted in the communities, including women's groups, youth associations, men's forums, 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.

2. Government Agencies:
• Kaduan State Emergency Management Agency (KSEMA): as the government agency responsible for the coordination of emergency response – we will coordinate with KSEMA to leverage their disaster response expertise and coordination with national and international actors.
• Local Government Authority (LGA): Kaduna North and Zaria LGC will be part of our team composition, and they will assist with access to affected communities and navigate local administrative processes.
• Security Forces: We will ensure close communication with security forces responsible for maintaining peace and order in the area, for example, the Police, Military, local vigilantes, and civil defense. This minimizes security risks for aid workers and participants, facilitates safe access to communities, and builds trust with local authorities.

3. Humanitarian Organizations:
• United Nations agencies: we will coordinate with UN agencies like the International Organization on Migration (IOM), and others currently with a presence on the ground in the affected areas
• Other International Actors: We will coordinate with international organizations that are on the ground and providing similar services to targeted populations in the affected areas. Doing this will avoid duplication of efforts and help in sharing vital intel on emerging issues

Coordination Mechanisms:
• Organize formal coordination meetings: to share information, coordinate activities, and avoid duplication of efforts by key stakeholders.
• Established information-sharing platforms: for sharing real-time data on needs, participants' reach, and resource deployment. This ensures transparency and facilitates better decision-making.
• Conduct joint needs assessments (where possible) with local and national actors to understand the evolving situation and prioritize interventions based on identified critical needs.
• Establish community accountability and feedback mechanisms: to provide feedback, raise concerns, and participate in shaping the intervention

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

Locally or within the affected areas	X	Nationally		Regionally or neighbouring countries		Internationally	

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 transparency, efficiency, compliance, and accountability of resources. When a procurement process is being done, the following factors are considered:
Value for money - CCN strives to purchase the best project materials balancing the cost considerations with quality and suitability to the needs.
Transparency and accountability - as guided by the policy, in all procurement processes clear procedures are adhered to in request for quotation, soliciting for tenders, awarding of contracts with procedures in place to prevent conflicts of interests.
CCN complies to government and donor requirements in all its procurement processes.

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: 320HH X 6 persons per HH = 1,920 persons. (690 Males /1,230 Females) For cash for food transfers to be secured. This will include children under five years old. 320 HH X 6 persons per HH = 1,920 (690 Males/1,230 Females) to have access to clean and safe water, and 200 persons (70 Males / 130 Females) to reduce stress through trauma healing sessions and counselling sessions. The NuTVal standard was used to determine the quantity, measurement, and ratio of the nutritional 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 conflict 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 and nutrition.
Very Poor Smallholder Farmers: These farmers make up a significant portion of Guma population and are highly dependent on agriculture for their livelihoods and lack alternative sources of non-agricultural based income they are vulnerable in this emergency, and they deserve to be targeted.
Vulnerable and poor Women- Women in Guma, Benue often have less access to land, credit or agricultural inputs which limits their ability to diversify their income. Additionally, cultural norms may restrict women's access to education, employment, and decision-making, further exacerbating their vulnerability.
Women, young boys and girls have urgent need for dignity kits as hygiene concerns have grown in the host communities and in temporary shelter with women unable to cope due to their lack of access to cash and livelihood opportunities as compared to the men group. People With Disabilities are also exposed to the sanitation and hygiene risks of diseases as they are challenged with mobility and have to move distances into nearby bushes to openly defecate in the temporary shelters as there is a lack of facilities.

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 Kaduna North and Zaria, Kaduna State has been involved in the design through some Community Disaster Management Platforms (CDMP) in some of the at-risk communities in Mokwa LGA and is in strengthening advocacy channels with traditional and faith leaders, Community Development Associations The States Emergency Management Agency in Kaduna 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? *Please write your activities milestones including dates.*

This project will be focused on the provision of emergency assistance to the vulnerable flood victims of Kaduan 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 mechanisms. 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 regualtions 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 led by the M&E Officer.A comprehensive monitoring strategy will be employed to ensure the project's effective implementation and impact. 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 a Code of Conduct, and it is required that both staff and volunteers sign it upon engagement.

3. How will you ensure you and all stakeholders will be accoutnable to the affected population. How will you share infromation. Hw 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 Allianace where required. Monitoring assessemnts and PDM will be jointly conducted by CCN and forum member while analysis and reporting will be led by CCN.

	Description	Type of Unit	No. of Units	Unit Cost	Budget	
				local currency	*local currency*	USD
DIRECT COSTS						
1	**PROJECT STAFF**					
1.2.1.	Project Manager (LOE 50% of N1,500,000)	Per person	1	1,500,000	1,500,000	1,020
1.2.2.	Project Officer (100%)	Per person	1	1,500,000	1,500,000	1,020
1.2.3.	Project Finance officer (80% of N550,000)	Per person	1	880,000	880,000	599
1.2.4.	M&E officer	Per person	1	480,000	480,000	326
1.2.5.	Media & Documentation officer	Per person	1	700,000	700,000	476
1.2.6.					-	-
TOTAL PROJECT STAFF					5,060,000	3,442
2	**PROJECT ACTIVITIES**					
2.1.	Cash/Vouchers				27,552,000	18,740
2.1.1.	Direct Cash transfer of N86,100 each to 320 Households	Per HH	320	86,100	27,552,000	18,740
2.2.	Camp Management				538,000	366
2.2.1.	Beneficiaries Card	Per item	320	1,000	320,000	218
2.2.2.	Field Assistant Tag	Per item	10	1,000	10,000	7
2.2.3.	Stickers	Pieces	320	500	160,000	109
2.2.4.	Demacation rope	Per bunddles	12	4,000	48,000	33
2.2.5.					-	-
2.6.	Household items				28,960,000	19,697
2.6.1.	Mattresses (4X6X4)	Per HH	320	50,000	16,000,000	10,883
2.6.2.	Torchlight	Per HH	320	5,000	1,600,000	1,088
2.6.3.	Blankets	Per HH	320	30,000	9,600,000	6,530
2.6.4.	Mosquito Net	Per HH	320	4,000	1,280,000	871
2.6.5.	Bags and Packaging	Per HH	320	1,500	480,000	326
2.8.	Psychosocial				6,560,000	4,462
2.8.1.	Tranport reimbursement to Participants	per person	200	4,000	800,000	544
2.8.2.	Faciliation Fee	per facilitator	4	240,000	960,000	653
2.8.3.	Tea break	per person	200	8,000	1,600,000	1,088
2.8.4.	Lunch	per person	200	16,000	3,200,000	2,177
2.8.5.					-	-
2.10	WASH				14,176,000	9,642
2.10.1	Water Treatment (Water guard)	Per HH	320	3,000	960,000	653
2.10.2	Menstrual Kit - Sanitary pad	Per HH	1,280	3,000	3,840,000	2,612
2.10.3	Toothpaste	Per HH	320	2,000	640,000	435
2.10.4	Toothbrush	Per HH	1,920	800	1,536,000	1,045
2.10.5	Bathing soap (A pack of 6pcs)	Per HH	320	2,500	800,000	544
2.10.6	Laundry soap (Detergent & bar soap)	Per HH	640	3,000	1,920,000	1,306
2.10.7	Insecticide	Per HH	320	2,000	640,000	435
2.10.8	Rubber Bucket for storage of water	Per HH	320	12,000	3,840,000	2,612
2.10.13					-	-
TOTAL PROJECT ACTIVITIES					77,786,000	52,907
3	**PROJECT IMPLEMENTATION**					
3.1	Forum Coordination				4,540,000	3,088
3.1.1	Coordination meetings (including inception, etc)	Per person			-	-
3.1.2	Travel and Accommodation	Per person	1	4,540,000	4,540,000	3,088
3.1.3	External coordination				-	-
3.2	Capacity Development				1,400,000	952
3.2.1	Trainings (enumerators)	Lumsum	1	1,300,000	1,300,000	884
3.2.2	Local partners/national members				-	-