



INTERNATIONAL RESCUE COMMITTEE
NIGERIA PROGRAM

ANNUAL PROGRAM PERFORMANCE REPORT

PROVISION OF NFI AND EMERGENCY GBV AND WASH SERVICES TO IDPs AND HOST COMMUNITIES IN
ADAMAWA STATE, NIGERIA

(Contract No: AID-OFDA-A-14-00013)

Report dates: June 27, 2014 - June 26, 2015

PRESENTED TO:

THE USAID OFFICE OF FOREIGN
DISASTER ASSISTANCE

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I.Executive Summary

PROGRAM TITLE: Provision of NFI and Emergency GBV and WASH Services to IDPs and Host Communities in Adamawa State, Nigeria

PROJECT NO: AID-OFDA-A-14-00013

AGENCY: International Rescue Committee (IRC)

COUNTRY: Nigeria

CAUSE: Insurgency in North Eastern Nigeria

REPORTING PERIOD: June 27, 2014 to June 26, 2015

GOAL: To provide safe and effective gender-based violence prevention and water, sanitation and hygiene services, and NFI distributions to internally displaced persons and families in Adamawa State, Nigeria.

OBJECTIVES:

1. Appropriate quality health, psychosocial support, and safety services for survivors of GBV, which supports their recovery, healing and dignity and allows them to rebuild their lives.
2. Women have increased access to and control of resources, thus reducing their vulnerability to GBV and SEA
3. GBV survivors receive timely appropriate and quality clinical treatment for consequences of sexual assault, including rape
4. Rapidly improved environmental health conditions in targeted villages

BENEFICIARIES:

Total targeted: 62,000

IDP beneficiaries: 23,250

LOCATION: Adamawa State, Nigeria

DURATION: June 27, 2014 to June 26, 2015

Introduction

The humanitarian context in Year 1:

The humanitarian situation in northeast (NE) Nigeria continued to worsen significantly throughout this project, with increased insurgency violence leading to new and repeated IDP movements within the region. During Q2, IRC staff were forced to evacuate the Mubi field office following a raid by Boko Haram insurgents, disrupting activities and forcing the IRC to relocate the nexus of its activities to Yola. During this period, the IRC was unable to access those IDPs that remained in Mubi, leaving them largely without humanitarian support. Despite this impediment, the IRC worked diligently to re-establish programs from its new base in Yola.

In Q3, Boko Haram-led skirmishes in southern Borno state and northern Adamawa state continued to disrupt the lives of IDPs and host populations, most acutely affecting those in Adamawa state. As a result, displaced persons continued to move to relatively safer areas, with hundreds arriving in Yola on a daily basis. The uncertainty surrounding the presidential elections and the intensification of the counter-offensive against Boko Haram by the Multinational Joint Task Force (MNJTF) – consisting of forces from Nigeria, Cameroon, Chad, Niger and Benin – also served to increase movements of displaced persons within the Northeastern region. While the presidential and gubernatorial campaigns that were conducted on March 28th and April 11th, 2015 unfolded with relative calm, pockets of election-related violence occurred across the country, due to a general feeling of apprehension about the outcome of the elections. During this period, the IDPs already in Yola largely remained in place to wait for the final outcome of the election, which had been postponed from February 14th, 2015 to March 28th, 2015.

The combination of successful drives by the MNJTF to reclaim previous Boko Haram strongholds, and a calm transition of political power between the former president, Goodluck Jonathan, and the new president, Mohammed Buhari, created a conducive environment for some IDPs to return to their areas of origin. A large wave of IDPs leaving Yola occurred within the first three weeks following the elections, and continued until the end of June 2015. During this period, five out of the seven conflict-affected LGAs of Adamawa state began seeing a gradual increase in people returning to their area of origin, mostly from within Yola. The five areas of return include: Mubi South, Mubi North, Maiha, Hong and Gombi. Two LGAs, Madagali and Michika, remain a Boko Haram stronghold and exhibit a heightened risk of undetonated Improvised Explosive Devices, preventing returns to these LGAs.

Context for IRC Activities in Year 2:

Access gained into Mubi and surrounding LGAs in May and June 2015 revealed the current situation in those areas of operation. The IRC teams learned from the assessments conducted that the LGAs that had been directly affected by Boko Haram activities are steadily returning to normalcy. Returnees have concentrated on traveling to their original homes and re-establishing a sense of routine, which includes doing productive daily activities and rebuilding their lives. However, they need support in this journey. Many livelihoods opportunities in these areas were destroyed and though this population is attempting to make use of the rainy season that began in May 2015, the returnees lack the necessary farming implements and seeds. Similarly, schools have remained shut and teachers have yet to fully return; healthcare systems are still weak; water sources are destroyed; and market structures are yet to recover. Therefore, a holistic approach to support for the returnees is required, necessitating the engagement of efforts and resources from different service providers. As this project was modified to support the emergency intervention following the displacements into Yola, a similar shift of geography will be undertaken for the second phase of the project that starts June 27th, 2015 of the extension period to target extremely vulnerable individuals in both Yola and Mubi areas, in order to best support the returnees.

II. Summary of Activities

Northern Adamawa State¹; Hong, Maiha, Mubi North and Mubi South, Michika and Madagali Local Government Areas (LGAs)

Type Disaster: Insurgency in northeastern Nigeria

Total Number of Beneficiaries: 62,000

Intervention Month(s): June 27, 2014 to June 26, 2015

¹ These are the original proposed areas of intervention in the project: however, the targeted areas have since changed after Mubi was overrun by Boko Haram in November 2014, thus these activities were relocated to the central part of Adamawa state to be able to extend assistance to the displaced in all official and non-official camps as well as host communities.

At the start of project implementation, the IRC conducted a rigorous staff recruitment process to ensure that newly hired staff could effectively address sexual violence and GBV issues and had a sound understanding of GBV programming in emergencies. The staff hired then assessed the 20 health facilities in which the IRC planned to implement health and nutrition programs, including: Yola North; Bachure Health Clinic, Major Aminu Abor Health Clinic, Jambutu Health Clinic, Damilu Clinic, Adamu Namtari Clinic, Atiku Abubakar PHC Clinic, Nasarawo Clinic, Ajiya Clinic and Muhammadu Gambo Jimeta Clinic; in Yola South; Nana Asma'u MCH, Lamido Aliyu Musthapha Health Clinic, Wauro Jabbe Health Clinic, Bakari Mbamol Health Clinic, Tdungo, Bako Health Clinic and Wuro Hausa Clinic; in Girei; Clinic B Girei and Sangere MCH; and in Fufore; PHCC Fufore. These assessments evaluated the services, drugs and treatments available at each facility for victims of sexual abuse or GBV. The assessment showed that the majority of facilities did not have services available or the necessary equipment, nor were staff appropriately trained to address sexual violence and GBV cases. Thus, the IRC began planning staff trainings and on-the-job monitoring for health facility staff, to ensure that the necessary services could be provided to survivors of GBV and sexual violence.

At the start of the project, the IRC began the procurement process for drugs and medical equipment, with initial requests sent on August 15th, 2014. As the IRC had only just obtained INGO registration in Nigeria, there were some delays associated with obtaining the customs waivers and permits to procure drugs internationally. After obtaining these permits, the IRC was able to finalize the procurement process for drugs in September 2014. The drugs were received in two batches on November 15th and 21st, 2014. The IRC purchased all medical equipment in Abuja, which was immediately transported to Mubi. Unfortunately, the October 2014 Boko Haram attack in Mubi led to the loss of some of these supplies. Some nutrition equipment remained in a storage facility, and IRC was able recover these items.

The IRC identified three local partners, Centre for Women & Adolescent Empowerment (CWAE), Goggoji Zumunchi Development Initiative (GZDI) and Centre for Caring, Empowerment and Peace Initiatives (CCEPI) as sub-grantees for the project. These partners began implementing activities in July 2014. The IRC staff carried out sub-grant program planning with all partners to clearly define the roles and responsibilities of each organization. CWAE and CCEPI staff and volunteers were designated as full-time GBV caseworkers who mobilized and empowered the community to manage and respond to women's protection concerns and train community volunteers on GBV activities. The Terms of Reference (ToR) for each partner also included the development of case management systems, outlining appropriate intake, consent forms and assessment tools, as well as the safe, confidential storage of client information.

CCEPI conducted the Village Savings and Loan Association (VSLA) work in and around Mubi until the evacuation from the Mubi area, at which point new VSLA groups were established in Yola. GZDI also played a pivotal role in the recruitment of VSLA members to make up the 10 groups established, each with 25 women, and then monitored the groups' activities. CWAE concentrated on GBV awareness raising in Fufore LGA. However, due to challenges experienced with CWAE including limited participation in activities and failure to provide complete activity reports, the IRC decided to discontinue a partnership with CWAE during the second year of the project life cycle while maintaining partnerships with CCEPI and GZDI, which demonstrated a high level of commitment and capacity.

Objective 1. *Appropriate quality health, psychosocial support, and safety services for survivors of GBV, which supports their recovery, healing and dignity and allows them to rebuild their lives*

Assessments

To enable the IRC to have better knowledge and understanding of the living conditions of both the displaced population and the host communities, the IRC conducted an assessment in and around Yola from March 12th-20th, on GBV, Child Protection, Health and WASH sectors, in collaboration with the IRC's local partners, GZDI, CCEPI and CWAE. Highlights from the assessment demonstrated a need to:

- Establish safe spaces for women and girls, where they can share experiences and work with peer groups and informal women's associations.
- Engage community leaders on their roles in facilitating a safe environment for women and girls wherein they are able to seek appropriate services that stress the importance of survivor-confidentiality.
- Improve access to services for survivors of sexual violence.
- Increase knowledge of the different forms of GBV and the reason for seeking care at the community level for women and girls.
- Establish referral pathways for services and focal points in camps and communities.

- Further assess the risks of exploitation that exist in these communities and the role that economic empowerment can play in to reduce it.

Trainings

The IRC conducted a case management training for 14 case workers, including IRC staff, partner staff and volunteers. This training covered the case management process, including use of GBV case documentation forms, referral guidelines and provision of psychosocial care. The training focused on improving knowledge and skills in working with sexual violence survivors to facilitate and support their healing process and wellbeing. The average pre-test score was 27.14% and the post-test score was 60%.

Members from the IRC technical unit conducted a training of trainers for IRC staff on Clinical Care for Sexual Assault Survivors (CCSAS) in Nairobi from May 10th to 16th. Two IRC Nigeria Clinical Officers and a member of the IRC Nigeria GBV Response staff participated in this week-long training. The staff that attended this training were then able to conduct subsequent trainings for camp health staff from June 9th to 12th. Ten health care staff (7 female and 3 male) representing St. Theresa IDP Camp Clinic, Malkohi camp clinic, NYSC Camp clinic, and Girei I and II camp attended the training. This training included sessions aiming to increase the staff's capacity to provide appropriate, quality and timely treatment for survivors of sexual violence. The sessions covered: responsibilities of non-medical staff during care for sexual assault survivors, clinical care for survivors, how to perform a physical exam, treatment and disease prevention, caring for male survivors and caring for young survivors. The average score in pre-test was 16.1% and the average score in post-test was 49%.

From March 16th-20th, 2015, the IRC conducted a five-day training for staff from 20 health facilities on **clinical care for sexual assault survivors**. Training participants came from the following health centers: Bachure Health Clinic; Damilu Clinic; Yelwa Clinic; Runde clinic; Nasarawo clinic; Aijya clinic; Gambo Jimeta Limaula Clinic; Shangari health clinic; Lamido; Aliyu health clinic; Wauro Jabbe clinic; Ardo Yahayatu Mbamba health clinic; Bako clinic; Malkohi clinic; Toungo clinic; Girei A health clinic; Damare PHCC; Vonuklang clinic and Girei B health clinic.

Table A: Synthesis of all 5 trainings conducted and number of participants.

#	Date	Target	Sex		Average Scores	
			Female	Male	Pre-test	Post
1	Jan 30 th – Feb 2 nd	IRC staff	6	10	<50%	60%
2	Feb 5 th - 6 th	Health worker	18	0	<50%	60%
3	Feb 10 th - 11 th	Camp Key stakeholders	7	13	<50%	60%
4	Feb 25 th - 27 th	Case management training for case workers	15	0	<50%	65%
5	March 16 th – 20 th	Clinical management training for clinical & non clinical staff	23	6	<20%	56%
1	May 26 – 28, 2015	Case Workers	14	0	<30%	60%
2	June 9 – 12, 2015	Camp Health workers	7	3	<20%	49%
		Total of participants	90	32		

The IRC also facilitated three training sessions for its staff, health workers, key stakeholders in camps and case workers. The training covered GBV with particular focus on sexual assault, including rape and its consequences. This training aimed to improve the participants' knowledge and understanding about sexual violence and its consequences so that they would be better placed to provide support to survivors in a timely and comprehensive manner.

The IRC conducted pre- and post-tests to gauge the impact of the trainings on participant knowledge and to measure their progress going forward. Participants made significant strides in knowledge before and after the trainings. However, the trainings conducted were not as well-attended as they were expected to be, as health care workers throughout Nigeria went on strike due to a conflict over salaries. The IRC intends to provide additional trainings now that the strike is resolved in order to solidify participants' knowledge and increase the number of health care workers trained in these concepts.

Reaching Beneficiaries

In addition to the trainings, in order to address weaknesses in provision of GBV services, the IRC conducted 15 GBV awareness raising sessions in 5 camps and 1 host community, and distributed dignity kits and household kits to women who were heads of households, survivors of GBV, or an adolescent head of the household.

During Q2, the IRC finalized the contents of the dignity kits distributed to IDP women and identified the beneficiaries to receive these dignity kits. In collaboration with partners, GZDI, CCEPI and CWAE, the IRC distributed dignity kits² to 630 women and adolescent girls. These women include those who were rescued from the Sambisa forest, GBV survivors, adolescent girls and adolescent girls with children. The project staff also distributed 341 household kits³ to women and unaccompanied adolescent girls. The recipients of these kits were women who were head of households, survivors of GBV, or an adolescent head of the household.

Distribution of kits per location (March – June 2015).

No.	Camp	Dignity kit	Household kit
1	Malkohi	84	42
2	Deeper Life	20	11
3	St. Theresa	48	0
4	ENY	21	0
5	Geri 1	41	32
6	Geri 2	17	38
7	NYSC	74	1
8	Runde Host community	2	0
9	Retunees in Hospital	18	1
10	Demsawo	4	0
11	Mubi	301	216
	Total	630	341

The IRC continued to support provision of health care services for GBV survivors in IDP camps by facilitating referrals between health facilities in IDP camps and the Federal Medical Centre (FMC). The IRC negotiated a Memorandum of Understanding (MoU) with the Federal Medical Centre (FMC), the main hospital in Yola, which was finalized in July 2015, thus strengthening access for GBV survivors to appropriate, quality and timely health care. Through this MoU, the IRC was able to establish a designated safe space within the hospital wing, which will enhance access for survivors of GBV to clinical and psychosocial support. The IRC equipped this space to be a working station for an IRC recruited case worker who oversees case management within the hospital premises and manages referrals.

The IRC staff carried-out sensitization sessions with 907 IDP women and adolescent girls in several host communities and 8 camps (NYSC Camp Damare, Daware, and Federal Polytechnic, EYN no 1 Vonikiland, Malkwahi, Girei, Wuro Ai and Malkwahi 2) on the following topics:

- Signs and discussion around domestic Violence
- Awareness of sexual violence and reporting mechanisms
- Dangers of stigmatization of survivors
- Available services should anyone come forward for support or need referrals.

Coordination

The IRC's GBV sector worked in close collaboration with government agencies, such as the Ministry of Women Affairs and Social Development (MWASD) and health personnel from hospital facilities at the local level. Additionally, the IRC liaised with likeminded actors, including, UNHCR, UNICEF and UNOCHA, to enhance coordination mechanisms for GBV response. Subsequently, a meeting was convened on March 20th, and moderated by MWASD, in attempt to institute a Protection Sector Working Group (PSWG). This meeting included 14 participants from a wide array of agencies including, government, UN, INGOs and national NGOs. The meeting resulted in participants agreeing to draft Terms of Reference (ToR) for the protection sector, which will provide guidance on how actors can better coordinate their efforts. Members also agreed to meet on a bi-weekly basis.

Objective 2. *Women have increased access to and control of resources, thus reducing their vulnerability to GBV and SEA*

² Dignity kits included: a bag, 1 sarong, 1 pair of slippers, 2 undergarments, 1 toothbrush and a tube of toothpaste, 2 packets of sanitary pads, 1 shaving stick, 1 tub of Vaseline, 1 towel and a hair comb

³ Household kits included: 1 set of cooking pots, 1 plate, 1 drinking cup and 1 set of bed sheets. The distribution of these materials helped

Training and Reaching Beneficiaries

The IRC, in partnership with GZDI, established 10 Village Savings and Loan Associations (VSLAs). As part of the Case Management training for partner organization staff, the IRC trained the partners on engaging potential beneficiaries for VSLA activities. However, formation of the VSLA groups was temporarily halted pending the presidential and gubernatorial elections as the women were apprehensive about security and stability following the elections. As part of the preparations, the partners held three series of introductory meetings with the potential members of the VSLA groups to orient them to the concept of VSLA groups. The IRC then conducted a two-day training on the formation and management of the VSLAs for the VLSA members, and at the end of each training, participants chose the name of their groups, developed their constitutions, and elected the VSLA group executive through group nomination and voting. Group executives then made decisions about the processes for savings and loans and social funds. The IRC provided each group with: membership books, 1 ledger, ID Cards, 2 bowls for the collection of fines and contributions, 2 money bags for contributions and social fund, 2 rulers, 4 pens and a metal box with 3 pad locks for storing money and materials.

The IRC and partner staff also engaged 276 women and girls in skills building activities to increase their access to and control of resources. These women and girls not only gained access to a peer support system - through interaction with the other women that participated in these activities - but also increased their ability to generate income, as they acquired profitable skills (e.g. crocheting and knitting). The IRC selected participants for these activities based on their demonstrated interest and these participants were either a single head of household or an adolescent girl, including unaccompanied girls. The IRC provided the women with materials and the knowledge to be able to train others. The women have not yet started to sell the items, as they are still in the process of making them, but they have expressed their intention to sell the finished products.

Table 2. No. of beneficiaries engaged in psychosocial activities

No.	Camp	Skills Building Activities		Number of women per site
		Knitting	Crocheting	
1	Malkohi	10	22	32
2.	NYSC	10	33	43
3.	Deeper Life	16	8	24
4.	St. Theresa	12	46	58
	Total	48	109	157

The VSLA groups are still in the beginning stages, but have already been embraced by the women participating in these groups. The women have reported that they appreciate the way the groups enable them to create opportunities and spaces where they can store their money, and through which they can easily access a loan, with little or no interest rate, to meet their daily needs. Some women expressed that they use the loan funds to engage in micro income generating activities, like selling of food and other basic items used in the communities. The VSLAs have not only created sources of income, but have also enhanced social cohesion among the women and their communities. Table 3 shows the VSLA groups formed.

Table 3 No. of VSLA formed.

No.	Date formed	Name of Association	Location	No. of participants	Chairperson
1	11/5/2015	Alheri Women Association	Damilu, Yola North LGA	25	Zainab Zubairu
2	15/5/2015	Kautal Hore Reube Association	Yola, Yola South LGA	25	Hadiza Sanusi
3	21/5/2015	Tatali Women Association	Limawa, Yola North LGA	25	Haj Jumai Musa
4	4/6/2015	Salama Women Association	Sangere Futy, Geri LGA	25	Hauwa Buba
5	8/6/2015	Unity Women Association	Anguwan Abuja, Geri 2 LGA	25	Esther Danladi
6	18/6/2015	Rahama Women Association	Limawa, Yola North LGA	25	Aishatu Mohamed
7	20/6/2015	Nasarawa Women's Association	Goneri Damare, Geri LGA	25	Zainab Muazu
8	23/6/2015	Adalchi Women Association	Goneri, Damare, Geri LGA	25	Lydia Ezekiel
9	29/6/2015	Himma Women Association	Yola, South Shagari Sabon Pegi	25	Rukaiya Aliyu
10	3/7/2015	Zumunci women Association	Sharagiri Sabon Pegi, Yola South	25	Angelina Emmanuel

Objective 3. *GBV survivors receive timely appropriate and quality clinical treatment for consequences of sexual assault, including rape*

Trainings

All trainings previously mentioned under Objective 1 contributed to ensuring that victims of sexual assault receive timely appropriate and quality clinical treatment.

Reaching Beneficiaries

The IRC conducted awareness raising sessions in Malkohi camp, NYSC, Geri 1 & 2, St. Theresa, Deeper Life camps and Daware host community through mother to mother support groups, women action groups and adolescent girls. The topics covered include GBV and its consequences, guiding principles and services available. 339 women, adolescent girls, and members from mother to mother support groups participated in the sessions.

Following the trainings and awareness sessions and likely as a result, there was an increase of 18 (85.71%) in cases reported in the 4th Quarter. 4(22%) out of the 18 cases reported within 120 hours and received treatment accordingly.

Table 4. No. of cases reported services received.

Month	No. of cases	Medical treatment within 120hours	Medical treatment after 120	Psychosocial support
Jan	0	0	0	0
Feb	1	0	1	1
March	2	0	2	2
April	10	0	10	10
May	4	0	4	4
June	4	4	-	4
Total	21	4	17	21

The IRC procured Medical equipment and drugs for survivors of sexual violence and distributed to those camp health facilities that were operational. The IRC was unable to complete the distribution because the staff in some of the targeted health centers were on strike due to delayed salary payments.

Objective 4. *Rapidly improved environmental health conditions in targeted villages*

Assessment

IRC conducted a rapid WASH assessment in 116 communities, in 43 wards of four (4) LGAs – Hong, Maiha, Mubi North and South at the start of the project to understand the gaps and thus tailor the IRC's WASH interventions for optimal output. Soon after the relocation to Yola, the IRC also conducted a rapid assessment in response to the influx of IDPs fleeing from the rebel advance in Mubi and surrounding areas. This assessment covered 33 IDP Settlements and 7 IDP Camps in Girei, Fufure, Yola North and South LGAs.

Reaching Beneficiaries

At the start of the project, the IRC held sensitization meetings with water and sanitation departmental heads in the targeted LGAs in order to engage and empower them to sustain WASH initiatives in their LGAs. The IRC held the first round of these meetings in: Hong, Maiha, Mubi North and Mubi South. Michika and Madagali LGAs could not be included as they were captured by Boko Haram in early September 2014 and remained insecure. After the move to Yola, the IRC then held project sensitization meetings with water and sanitation departmental heads in Gerie, Fufure, Yola North and South LGAs.

In order to implement emergency WASH interventions to improve environmental health conditions, the IRC led hygiene and sanitation sensitizations in IDP camps and host communities within Fufore, Girei, Yola North and Yola South LGAs. The IRC formed 96 WASH/water users committees (584 members – 112 female and 472 male) in April and May 2015, and trained 73 of them in May and June 2015. The committees were trained on community vector control activities, community waste disposal systems, community Hygiene/sanitation, and community management of water and sanitation facilities. Through the training, the WASH committees developed an action plan and were equipped with sanitation materials such as, wheel barrow, pick axe, shovel, rakes, brooms and waste disposal bins.

64 of these trained WASH/Water user committees conducted 97 vector control/solid waste disposal activities within their community and rehabilitated 13 hand pump boreholes in 13 communities within Fufure and Girei LGA. The IRC also held 49 area cleaning campaigns in the 8 IDPs camps and provided camp officials and IDPs with communal sanitation and hygiene materials, including, wheelbarrows, rakes, shovels, waste disposal bins, brooms, disinfectants and detergents. Finally, IRC distributed life-saving NFI kits, such as Water Storage, Hygiene and Sanitation Kits, to 2,920 and 1,600 IDP households in Yola and in the returnee areas of Northern Adamawa.

Prior to the move to Yola, the IRC was able to perform hygiene sensitizations in 13 villages in Mubi, namely: Muji, Gara, Ribawa, Chembal, Maskoka, Jabure, Dakka, Bajira Sama, Lirba, Manzuna, Girnburma, Jimbicha and Granura, which saw a total of 10,144 (6,086 female and 4,058 male) persons reached with key hygiene and sanitation messages as well as basic household water treatment techniques.

Within the 2 IDP camps in the Mubi area, 9,603 persons (6,722 male and 2,881 female) were reached with key messages on; proper hygiene at critical time; personal hygiene and proper sanitation in the camp; and promotion materials for hygiene and sanitation were distributed, which included: IEC material, water container, hand washing stations and disinfectant.

The IRC organized three area cleaning campaigns in Kollere, Lar mode and Girei NYSC camp in Mubi North, Mubi South and Geri LGAs, respectively. These communities were hosting IDPs from Chibok, Gwoza, Izge, Madagali and Michika. Similarly, seven area cleaning campaigns were conducted in IDP settings in Yola, in NYSC IDPs camp, EYN Church IDPs camp, Gerie 1 IDPs camp, Gerie 2 IDPs camp, Deeper life konar waya IDPs camp, Nyako estate Konar waya IDPs camp, and Poly IDPs camp; locations in Gerie, Yola North and south LGAs respectively, hosting IDPs from Michika, Madagali, Hong, Maiha, Mubi North, Mubi South, Gwaza, Askira, Chibok (Northern Adamawa and Southern Borno LGAs). The campaigns reached a cumulative total of 18,335 (6,418 male and 11,917 female) of the IDP population. To facilitate the cleaning campaigns, the IRC regularly provided cleaning materials including: wheel barrows, rakes, shovel waste disposal bins, brooms, disinfectant and detergents.

The IRC also distributed Water Storage kits to 878 households who were displaced in Yola South, Yola North and Girei LGAs. Towards the end of year 1, NFI distributions intensified with water storage kits⁴ given to 2,920 targeted households in camps and settlements: EYN church camp, Jambutu community, Vinikilag community, Daware community, Maiha Ngule, Malakoi, Damsawao, Kollere, Mubi, Nasarawo, Vintim, Mararaba, Uba, Hong, Muchalla. The IRC provided these kits to IDPs still residing within Yola, as well as to those leaving to return to their places of origin during the months of April to June. IRC staff also distributed hygiene and sanitation kits⁵ to 1,600 displaced households, including IDPs still residing within Yola and others returning to their places of origin.

In the Yola based IDP camps and settings, IRC staff carried out hygiene and sanitation sessions in 40 IDP settlements and camps, namely: Girei IDP camp 1, Girei IDP Camp 2, NYSC IDPs Camp, EYN Church IDPs Camp, Poly IDPs Camp, Abuja Ward Gerie, Malakwahi, Shagare Phase 2 Yola town, Vinikilag, Lugere, Bole, Kano Street, Damdu, Yola town, Rondokila, Jambutu, Airport Road Kofare, Barrack Road, Dogere commissioner Qrt, Daware, State Lowcost (Jemita), Dobele, Damilu, Bachure, A.A. Lawal, Kerewa/Masakare, Yelde Palte, Upper Benue, Ngobore, Sangere, Bajabure, Badarisa, Rhama (Yola town), Wuro Jabbe, Ebonga (Barrack Road), Lelwaji, Nafore (Sabon Gari), Fufure Town, Nyako estate konar waya IDPs Camp and Deeper Life IDPs Camp. The IRC reach a total of 73,410 (47,717 females and 25,693 males) IDPs with key hygiene and sanitation messages as well as basic household water treatment techniques.

Q3 and Q4 combined hygiene and sanitation sensitizations in IDP camps resulted into 58,536 persons (39,054 female and 19,482 male) in four LGAs hosting IDPs in the state capital. The key messages included hand washing, safe solid waste disposal, safe water treatment and personal hygiene. The IDP camps reached were NYSC, Girei 1, Girei 2, EYN church Vinikilag, Deeper life konar waya, Nyako Estate konar waya, Malakwai and Saint Theresa Catholic Church.

The IRC implemented 104 vector control interventions over the course of the last six months of the first year of the project. These included stagnant water drainage from the bathing facilities and waste management; digging of pits for incineration of communal solid waste disposal and clearing of waste water drainage channels.

⁴ Water storage kits include: 2 10-liter plastic jerry cans, 2 cups and 2 plastic kettles/jugs

⁵ Hygiene and Sanitation Kits Include: 1 plastic mat, 1 blanket, 10 bars of soap and a plastic plate

The IRC WASH team carried out nine (9) vector control activities in three (3) IDP camps and constructed two (2) soak away pits in NYSC IDPs camp and Gerie IDPs camp in order to drain sewage water from the bathing facilities and avoid accumulation of standing water close to IDP dwellings. Additionally, the IRC de-silted two (2) drainage channels and cleared garbage from EYN church IDP camp and three (3) garbage sites in NYSC IDPs camp.

The IRC also rehabilitated 1 motorized borehole in Girei 1 IDP camp and supported two other motorized boreholes with fuel for pumping water in Girei 2 and Nyako estate IDP camps. The IRC supplied each of these boreholes with 20 liters of fuel daily (*approx. 1,800ltrs of fuel delivered in Q3*). A total of 8,581 persons (5,835 female and 2,746 male) benefited from these boreholes. In Q4, the IRC rehabilitated 13 hand pump boreholes in 13 communities within Fufore and Girei LGAs. The community leaders and trained WASH committees in these communities nominated 4 volunteer artisans who received training and were equipped with pump repair tools. These artisans have the responsibility to maintain and repair damaged boreholes within their communities.

III. Indicator Tracking

Table 1: Objective Achievements for Project by Indicator

Indicator	Unit	Target	Actual Annual	Cumulative (Q1, Q2, Q3, Q4)	Remarks
Protection					
Number of individuals benefiting from GBV services (sex disaggregate)	Persons	1500	423	1,728	Targeted participants in GBV awareness sessions included: 398 in Q1, 907 in Q2, 398 in Q3 and 423 in Q4.
Number of people trained in GBV prevention or response from health facilities and partner org.	Persons	75	24	142	In Q2, a training on GBV and its consequences was conducted for 20 participants. In Q3, 5 trainings were conducted with a total of 98 participants on GBV and its consequences and clinical care for sexual assault survivors, while in Q4, 2 trainings with a total of 24 participants on case management and clinical care for sexual assault survivors were conducted.
Percentage of people in Mother's Groups reporting	Persons	75%	100%	100%	Since the inception of the project, 85 groups have been formed, each with a total of 10 women. (26 groups in Mubi and 59 in Yola). The progress in the tracker reflects the total of groups (women) formed and reporting the ability to cope. This number will be reported again at the end of the project period now that the grant has been extended to June 2016. The groups formed in Mubi were unable to be well monitored since October 2014, but plans are underway to re-activate them once IRC has donor approval to re-extend activities to Mubi, now that there is relative calm in the area.
Partner organizations use a basic case management system	groups	100%	33.3%	33.3%	Progress is low due to some staff turnover of partners during the project

Table 1: Objective Achievements for Project by Indicator

Indicator	Unit	Target	Actual Annual	Cumulative (Q1, Q2, Q3, Q4)	Remarks
with client intake forms, case documentation and consent forms that are accurately used and securely stored					period, and not renewing a partnership. GZDI was focused on formation and training of the 10 VSLA groups, while CCEPI experienced significant turnover and the new staff have not yet been trained in the case management forms. They did begin documenting cases using the intake and assessment form during quarter 2.
Percent of presenting survivors who have access to case management services, including referrals, in line with their needs and wishes	persons	75%	100%	100%	18 cases were documented during quarter four: the IRC case worker worked with the survivors to access appropriate services like clinical, psychosocial and material support. All the documented survivors adhered to the referral points to maximize assistance received.
Percent of GBV caseworkers trained and practicing to minimum quality standards, including provision of psychosocial care	persons	80%	85%	85%	14 case workers were trained, 12 were able to demonstrate practicing minimum quality standards including provision of psychosocial care.
Percent of women in mothers' groups can identify GBV services in their communities	persons	75%	80%	80%	At least 680 of the 850 women in the Mother to Mother Support Groups were able to identify services in their respective communities. They were able to know this through the information sessions they had on GBV, its consequences and services available. Through discussions held among these groups, 80% of the total group members were able to identify GBV cases and where to report. Though cultural barriers are still holding many of the women back, the engagement of women groups to build support systems is contributing to women opening up gradually about GBV.
% of financial service accounts or groups supported by USAID/OFDA that are functioning properly	Group Accounts	100%	100%	100%	In Q4, the persistent VSLA formation meetings with community leaders and women proved to be successful, as following the general elections, women decided to have the VSLA groups formed. There are now 10 groups, each with 25 women, and all are functioning actively.
Number of women involved in 10 VSLA mixed groups	Persons	200	225	225	The 10 VSLA groups are all women. 9 of the groups are mixed-faith, while 1

Table 1: Objective Achievements for Project by Indicator

Indicator	Unit	Target	Actual Annual	Cumulative (Q1, Q2, Q3, Q4)	Remarks
					group is exclusively women of Islam faith.
Reproductive Health					
Cases of SV treated	Persons	1,250	18	21	18 cases were reported in Q4, 5 of which were forced marriage and 13 sexual violence. All of these were treated based on their needs
#MCH health facilities stocked with appropriate equipment and medicine	Facilities	15	20	20	This activity has been slow going due to the health staff strike. However, with the resumption of the health staff mid-June 2015, 20 health facilities were stocked with appropriate equipment and medicine.
% Sexual assault survivors reporting within 120 hours, receive PEP and ECP	Persons	75%	22%	22%	From Q1 through Q3, no single case was received within 120hrs. In Q4, 18 cases reported, but only 4 were reported within 120 hours and they all received PEP and ECP.
% trained staff demonstrating quality practice skills in response to survivors in post-training practicum	Persons	80%	20%	64%	In Q3, 29 health staff were trained (23 female and 6 male). Out of the 29 trainees, 23 scored above 60% and 6 scored less than 60% with an average score of 56% in post-test. In Q4, 10 camp health staff were trained, the average pre-test score was less than 20% and the post-test average score was 49%. 2 of the trainees scored over 60%. The IRC intends to continue the trainings for health staff to improve on their knowledge understanding of how to treat GBV Survivors.
Number of people benefiting from solid waste management, drainage, and/or vector control activities	Persons	62,000	44,276	87,719	Target for this activity was exceeded by 25,737 by the end of Q4. The total reached in Q4 of 44,276 added to the cumulative of 43,443 that was reached from Q1 through Q3. The surpassing of the target was realized through the efforts of the 96 WASH committees that were established. Of the 96 committees established in Q4, 73 committees completed training to carry out environmental health activities; such as monthly area cleaning, digging of pits for waste disposals and the maintenance and operation of rehabilitated boreholes in their communities.
Number of people targeted by environmental health program	Persons	62,000	62,000	62,000	Target unchanged.

Table 1: Objective Achievements for Project by Indicator

Indicator	Unit	Target	Actual Annual	Cumulative (Q1, Q2, Q3, Q4)	Remarks
Number of communities targeted by the environmental health program	Committees	162	96	116	There was an increase in the number of committees formed during Q4, due to the increased sense of stability observed compared to Q2 and Q3 periods, where there were phases of evacuation from original project areas to implementing emergency-like activities, which left little time to form and train the target number of committees. The IRC anticipates that this stability will allow for increased number of committees formed.
Number of vector control activities conducted	Activities	162	64	84	The vector control campaigns increased in Q4 following the formation of WASH committees that assisted in the realization of this activity.
Hygiene Promotion					
Number of people receiving direct hygiene promotion	Persons	62,000	55,183	99,372	In Q4, 9,804 persons received direct hygiene messages in the 8 IDP camp and 45,379 (55,183 persons total were reached before the end of Q4) through 150 trained community volunteers and 584 WASH/Water user community volunteers. We would like to note here that our Q3 numbers may have been reported inaccurately. Following are the correct numbers: Q1; 9,603, Q2; 31,233; Q3; 3,353.
Number of people interviewed during household visits	Persons	384	0	390	During Q4, no activity was undertaken related to this indicator, as the high levels of IDP movement throughout the state made it difficult to measure IDP households.
% of respondents who know 3 of 5 critical times to wash hands	Persons	20% above baseline	0	0	This activity was not undertaken during the reporting period and will be picked up again starting in August 2015.
Number of village water user committees created/ trained	Committees	162	73	88	While 96 committees were created during the fourth quarter, only 73 were trained.
Number of women and men trained to be on water user committees	Persons	567 women, 567 men	112 women, 472 men	172 women, 532 male	A total of 172 women and 532 men were trained to constitute the 73 WASH/water user committees. Mobilization of an adequate number of women was a challenge due to cultural restrictions. Women in the communities where this project is being implemented do not freely participate in communal activities as they are largely cloistered.

Table 1: Objective Achievements for Project by Indicator

Indicator	Unit	Target	Actual Annual	Cumulative (Q1, Q2, Q3, Q4)	Remarks
Number of village water committees active at least 3 months after training	Committees	138	73	73	This indicator will be best gauged in the subsequent quarter given that all 73 committees were trained during the fourth quarter.
Water Supply Infrastructure					
Number of people benefiting directly from the water supply infrastructure program	Persons	62,000	12,150	30,875	12,150 persons benefited from water supply infrastructure activities such as rehabilitation of broken down pumps during Q4. Coordinated efforts between Oxfam, ICRC and IRC in IDP targeted communities, resulted in lower target achieved, as each organization addressed the needs of the population, lowering the number of people targeted by the IRC.
Number of water points developed, repaired or rehabilitated	Water Points	162	13	32	13 broken boreholes were rehabilitated in Q4, and the IRC has identified others for rehabilitation in the next quarter.
Number of fecal coliform bacteriological tests conducted	Tests	162	13	13	Low progress is measured against this indicator as the required kit that was procured internationally was delayed in its delivery and only came a few weeks before the end of the fourth quarter.
Number of test results with 0 fecal coliforms per 100ml sample	Tests	130	12	12	Low progress is measured against this indicator as the required kit that was procured internationally was delayed in its delivery and only came a few weeks before the end of the fourth quarter.
Number of households targeted by the water supply infrastructure	Households	8,857	1,723	4,421	These households were from different communities including, host communities, IDP formal camps and camp-like settings within Yola.
Number of households visited	Households	384	0	0	No intervention was undertaken directly related to this indicator during the reporting period, as it was difficult to obtain data from individuals about water usage due to constant movement of the IDPs between different areas.
Number of households collecting all water for drinking, cooking and hygiene from improved water points	Households	6,200	1,930	4,438	Populations in some of the targeted areas within IDP settings started to decrease in May and June as IDPs started to return north of Adamawa. With the emptying of some of the sites where IRC had been providing water trucking, the target was unable to be achieved. However, with the start of water service provision in two new IDP camps, the IRC will be back on track to reach this target.

IV. Constraints and challenges

Security Constraints

Throughout the project, insecurity in the region due to Boko Haram attacks led to major interruptions in program activities and IRC operations. Most significantly, after establishing programming in the Mubi area, Boko Haram activities forced the IRC to evacuate its office in October 2014. Upon relocating its office and staff to Yola, the IRC faced the challenge of re-establishing its operations in Yola South, Yola North, Fufere and Girei LGAs. This move required major operational and programmatic changes had to be made, including establishing relationships with key stakeholders in the new locations and understanding the new contexts.

Contextual Challenges

At the height of the crisis between November 2014 and March 2015, there were high numbers of displaced persons living in host communities in urban settings, formal IDP camps and in informal settings. The overwhelming number of displaced persons, combined with the limited humanitarian presence in the area made it difficult to distinguish those most vulnerable. The IRC therefore developed comprehensive vulnerability identification criteria in order to determine who to target. Similarly, the constant movement of this population within camps and communities made it difficult to establish services for the beneficiaries.

The movement of targeted beneficiaries in the aftermath of the presidential and gubernatorial elections which were held March 28th and April 11th 2015 respectively also presented a challenging environment for the IRC. As areas around Mubi were secured, hundreds of former IDPs displaced within Yola began making their way back to their places of origin. While the returns represent a positive trend, physical contact between the IRC staff and the beneficiaries trained and capacitated within the displaced communities was cut short, and IRC had limited contact with these returning beneficiaries. The IRC has requested to shift program activities once more in order to continue providing the most needed care to the most vulnerable populations.

The political campaigns for these elections also took a toll on the economy and led to dramatic changes in the value of the local currency. This led to constant fluctuation of the market prices of goods and services, which in turn led to delays in access to the required project goods and services. Since the start of the year, nearly all purchases have been affected by this fluctuation due to the diligent procurement processes set by the IRC Supply Chain. Often the unit price changes from the quotation to the point of purchase are so significant that the Supply Chain has no option but to redo the entire process, quoting revised unit costs and thus causing acquisition delays. However, the situation improved during the last quarter of year 1 project period.

This project was also implemented at a particularly difficult time as the state-run health facilities had a prolonged strike that began in December 2014 and ended mid-June 2015 in Adamawa state. The staff at these facilities were contesting delayed salary payments. Due to the strikes, most of the health centers remained closed during that time, blocking the delivery of drugs and medical equipment to these health facilities. Only 10 clinics and all in IDP camps were operational. However, with the end of the strike, the IRC will work to provide support to these facilities.

Women's Protection and Empowerment:

In the sector of Women's Protection and Empower, major achievements have been slowed by structural impediments to GBV programs. For example, there are no national level guidelines or protocols for treating sexual assault survivors which has prevented the provision of holistic response and treatment for survivors of sexual violence. In Q4, the IRC developed a MoU with the FMC regarding the provision of services for survivors of GBV. One of the issues included in the MoU was developing guidelines for treatment of sexual assault survivors, and the IRC will continue to advocate for progress on this issue in the remaining time left in the program.

The culture of silence fuelled by longstanding traditions, culture, justice system and stigma also made it difficult to engage GBV survivors. Thus, the first year of the project was used to gain the trust of the leaders and the communities at large and to encourage survivors to report. The IRC anticipates an increase in cases seeking support in year two of the project.

The IRC team and its partners also found the formulation of the VSLAs challenging, as VSLA members came from a wide range of religious and education backgrounds. By translating the training and VSLA materials into local languages, the IRC was able to more effectively disseminate information about the VSLAs and were able to establish 10 groups by the end of year one. The IRC also found that that it was necessary to share the concept of VSLA groups with community leaders and husbands to enhance the participation of women in the VSLAs. The element of interest generation through the VLSAs was

largely foregone since the members' culture and tradition does not accept interest on loans: out of the 10 formed VSLAs, only two accepted to include interest for the money deposited and loaned.

V. Success Stories

Coordination

Government line agencies like the State Emergency and Management Agency (SEMA) and National Emergency and Management Agency (NEMA) started working in collaboration with UNOCHA towards the end of the quarter three to mitigate coordination challenges. Bi-monthly coordination meetings were introduced; proposals were tabled to initiate sector working groups; and sector matrices were under development, while feedback from all agencies and actors was requested to contribute overall coordination, so that there is no duplication of resources and effort. By end of June 2015, the coordination mechanisms included sub working groups of food security, protection, health, WASH, Emergency Shelter and NFI. These working groups have been very active and meet twice a month. The respective 5Ws (who does what, where, when and why) matrix is also updated on a monthly basis and is shared amongst likeminded actors, further improving coordination.

VSLAs

In one of the VSLA Trainings in Sangere Futi community in Yola, one of the women said this: "I'm very happy for the formation of this Village Savings and Loan Association. We the women of this community have been just in the kitchen preparing meals for our families and not associating with any group as women. So I'm expressing thanks to IRC and GZDI for initiating this forum, where we meet and discuss our problems and think of ways of helping each other."

GBV Awareness

The culture of silence on GBV has been one of the impeding factors in our area of operation: this is demonstrated from the statistics of cases reported to the WPE team through the four quarters. Q1 to Q3, only 3 cases were reported, however with the intensified trainings, awareness raising and increased visibility on service availability, numbers picked up and in Q4 only, 18 cases were received by the team. Confidence building with the community is being made and members are increasingly getting aware of service availability.

VI. Vehicle Procurement

The IRC procured two vehicles during the project period, both of which were stolen from the Mubi office when Boko Haram had invaded Mubi. Please find below details on each vehicle that was procured:

Date Procured	Type	Model	Amount	Procurement Location	Condition	Supplier Nationality
10/10/14	Vehicle	Toyota Hilux	\$38,049	Nigeria	Stolen	Nigeria
10/10/14	Vehicle	Toyota Hilux	\$38,049	Nigeria	Stolen	Nigeria

VII. Activities for Year 2, Quarter 1 (July – September 2015)

EH/WASH:

- Identification/Training of Community Borehole Mechanic
- Rehabilitation of Hand Pump (Manual) and Motorized Pump
- Community Hygiene and Sanitation Sensitizations
- Creation and Training of WASH/Water users committees
- Area cleaning campaigns
- Start water quality monitoring and Mentoring of WASH Committees
- Distribution of NFI kits
- Conduct Hygiene Survey in return area in the north of Adamawa

GBV:

- Hiring of M& E Officer, case worker, Community mobilizer and Community Trainer
- Carrying out GBV awareness campaigns
- Carrying out GBV Assessment

- Psychosocial support activities will be conducted along with psychosocial care training
- Confidential spaces establishment
- Case Management and CCSAS Training for medical staff
- Support CMR/Case management through health centers and safe spaces
- Provision of survivors materials in safe spaces and health centers
- Discussion group materials(awareness raising)
- Support for referrals (case management)
- Pharmaceutical purchases
- Distribution of NFIs such as household kits and dignity kits
- Partner capacity building
- VSLA group formations

Project photo gallery



Photo 1, Targeted community members receiving communal Sanitation and Hygiene material and photo 2, an assortment of WASH NFI kits ready for distribution to Vulnerable IDPs Household