



**START FUND EMERGENCY RESPONSE TO FLOOD AFFECTED STATES OF NIGERIA  
(ANAMBRA AND DELTA STATE)— A PROJECT INTERVENTION REPORT**

**SUBMITTED BY:**

**Justice, Development and Peace Caritas, (JDPC)  
Suite 121, Catholic Archdiocesan Secretariat,  
P. O. Box 411, Onitsha, Anambra State.  
08174608607**

**SUBMITTED To:**

**Christian Aid-Nigeria  
Plot 802 Ebitu Ukiwe Street  
Jabi District, Abuja  
Nigeria**

**Project Duration: 45 days**

**Reporting Period: October 15, to November 22, 2018**

## **ACKNOWLEDGEMENT**

The 2018 STARTFUND emergency response to flood affected states in Nigeria covering Anambra and Delta was timely and desperately needed. The Archbishop, the Board of Directors and entire JDPC members are elated for the enormous support received from Christian Aid, which made it possible to conceive and deliver sensitization activities on WASH and Protection, distribute hygiene kits to pregnant women and nursing mothers, and support vulnerable households with cash envelope of N23, 000. We are delighted and happy. Indeed, we have not witnessed this kind of intervention in the time past even with the 2012 massive flooding that affected beyond boundaries. Many support organizations may have done one thing or the other but this 45days project was indeed a huge one. It has succeeded in providing succor to the Internally Displaced Persons (IDPs) in 10 camps in both states, reaching more than one thousand persons. In this intervention, the methodology adopted, the pattern of camp assessment, the sensitizations and the conduct of cash distribution all contributed to the success of the STARTFUND flood intervention.

This report has 2 sections which include the pre-distribution planning and the post-distribution activities. The subsections reflected the intervention activities in the 10 camps in Anambra and Delta states. In Anambra state, we had 7 camps which include: (Health centre Ifite-ogwari – Ayamelum LGA, Fr. Joseph Secondary School Aguleri – Anambra East LGA, General Hospital Umuleri/Unity Primary School Umuoba-Anam – Anambra East LGA, St. Patrick’s Catholic Church Ossamala – Ogbaru LGA, Ogbaru Local Government Headquarters Atani - Ogbaru LGA, Central School Odekpe – Ogbaru LGA, and St. James Odekpe -Ogbaru LGA) In Delta state we have 3 camps (Ewulu Grammar School Aniocha South LGA, Omorka Primary School Illah – Oshimiri North LGA, Onneh Primary School – Oshimiri South LGA).

In spite of all the challenges and inconveniences encountered throughout the period of the intervention, we thank God for the success achieved. Equally, we appreciate the maximum support given to JDPC Onitsha by CAID in particular.

Hence, we remain grateful to Christian Aid, STARTFUND, CAFOD and CARE International for a wonderful partnership in ensuring a huge intervention. We can only solicit for their continuous support even in other areas that aim at uplifting human beings. This is huge. We also thank the zealous CAID and JDPC project implementation staff, and the enthusiastic JDPC volunteer enumerators who have put in their best to work in their respective camps, establishing cordial relationships with IDPs and camp officials. I am hopeful this report will be useful in similar interventions on Emergency and Humanitarian Response.

Rev. Fr. Dr. Edwin Udoye  
Executive Director  
JDPC Onitsha  
November 2018

## TABLE OF CONTENTS

## Pages

Cover page	
0.1 Acknowledgement	
1.0 Project Introduction .....	1
<b>Chapter 1: Entry activities</b>	
1.0.0 Courtesy Visits to State Authorities.....	1
1.0.1 Camp Assessments.....	2
1.0.2 Findings from Camp Assessment in Delta State.....	3
1.0.3 Findings from Camp Assessment in Anambra State.....	4
1.0.4 Camp Coordination and Management Issues.....	6
1.0.5 Other General Issues Identified.....	7
1.0.6 Identification and Engagement of camp officials and Representatives of IDPs in Camp.....	7
2.0 Market Assessments.....	7
2.0.1 Survey objectives.....	7
2.0.2 Methodology.....	8
<b>Chapter 2: Pre-distribution activities</b>	
2.0 HH Registration Exercise .....	9
2.0.1 HH Registration in Anambra .....	9
2.0.2 HH Registration in Delta.....	11
<b>Chapter 3: WASH activities</b>	
3.0 Capacity building of JDPC Staff and volunteers on WASH activities.....	12
3.0.1 Hygiene sensitization and distribution of hygiene kits.....	12
<b>Chapter 4: Protection activities</b>	
4.0 Capacity building of JDPC Staff and volunteers on protection activities.....	15
4.0.1 Sensitization on Gender Based Violence (GBV).....	15
4.0.2 Setting up of CRM Focal persons.....	16
<b>Chapter 5: Cash distribution</b>	
5.0 Cash Distribution to HH beneficiaries.....	16
<b>Chapter 6: Post distribution activities</b>	
6.0 Post Distribution Monitoring (PDM).....	19
<b>Chapter 7: Learning from project implementation</b>	
7.0 Lessons Learnt and Recommendation.....	20
Acronyms and meaning of words .....	22

## 1.0 Project Introduction

This report contains the day to day activities of the STARTFUND emergency response to flood affected states in Nigeria, covering Anambra and Delta state. Due to increased levels of rainfall and poor drainage systems across states in Nigeria, there have been frequent incidents of community flooding leading to displacement of families and loss of means of livelihood. Communities across Anambra, Delta, Kogi and Niger state are the most hit. Some of these communities were totally submerged and their socio-economic activities crippled because their schools, markets, farm yards and houses were flooded and covered by water, hence their relocation to various IDP camps set up by government in order to have shelter over their heads.

This STARTFUND emergency response is designed to provide emergency relief to households affected by the flood disaster across communities in Delta, Anambra and Kogi state, implemented by a consortium of 3 INGOs— Christian Aid, CARE and CAFOD. Christian Aid as the lead partner covered flood affected areas in Anambra and Delta while playing supervisory roles in Kogi. CARE and CAFOD covered the affected areas in Kogi state. ActionAid a 4<sup>th</sup> INGO while not part of the consortium coordinated emergency response to affected households in Niger state also with funding support from STARTFUND.

Across Anambra and Delta state, Christian Aid reached affected households in hard to reach communities through its implementing partner Justice Development and Peace Caritas (JDPC) Onitsha. JDPC Onitsha brings on-board a deep knowledge of the local terrain and socio-political context, and a rich experience of driving impactful humanitarian and governance interventions in the region.

This intervention is structured in 3 components, WASH, Protection and CASH distribution. This report documents the activities and methodology for each component, highlighting the lessons learned from the implementation process and providing recommendations to guide subsequent interventions and to strengthen emergency response systems in the state.

Summarily, this report documents the intervention in 7 chapters— Entry level activities, Pre-distribution planning, WASH activities, Protection activities, Cash distribution, Post-distribution activities, and learning from project implementation.

### Chapter 1: Entry Activities

#### 1.0.0 Courtesy visits to state authorities

##### Pre- Assessment Visits

Before the project took off, an assessment was done supported by the CARE and CAID team. The team visited affected states to ascertain the level and impact of the flooding on communities. Meetings were held with the NEMA and SEMA officials in the state prior visits to the camps in three locations (Ogbaru, Umueri and Aguleri) in Anambra state. FGDs were held with camp inmates using a questionnaire developed to determine what the real needs and challenges of affected households to subsequently inform the nature of the intervention and support that would be provided.

The project intervention team comprising of ChristianAid and JDPC staff made a visit to the offices of the State Emergency Management Agency (SEMA) in Anambra and Delta states, as well as the office of the Commissioner for Economic Planning and the Overseas Development Agency Delta state.

**Objectives of courtesy visits to state authorities:**

- To introduce the intervention team and proposed intervention plan
- To seek collaboration and support from SEMA and other state authorities
- To request information on data for affected populations in camp sites
- To seek for advice for a successful intervention

**Visit to Anambra State Emergency Management Agency (SEMA)**

Visit took place on 11<sup>th</sup> of October at the SEMA Office in Anambra. The intervention team had a chat with the Senior Special Assistant (SSA) Paul Odenigbo, the Planning Officer Emmanuel Izuchukwu, the Director Bar Chukwudi Onyejekwu, and the Executive Assistant Secretary Emeka Obinwa.

An introduction of the intervention plans, methodology and objectives was made by Christian Aid, highlighting the need to have the consent and support of the state authorities during the intervention. The agency provided a brief of the situation in the refugee camps, and provided the data showing the camp populations disaggregated by gender as at 3<sup>rd</sup> October. Two agency staff was assigned to work closely with the intervention team and provide support when needed for the different camp locations.

**Visit to Delta State Emergency Management Agency (SEMA), Commissioner for Economic Planning and Overseas Development Assistance (ODA) Delta state**

On 12<sup>th</sup> October, the project team paid a courtesy visit to Overseas Development Assistance's (ODA) office, Ministry of Economic planning in Asaba headed by Lady Patience Ogbewe to introduce the intervention plans, methodology and objectives and highlighting the need to have the consent and support of the state authorities during the intervention.

On 17<sup>th</sup> October, a rescheduled visit was paid to ODA and SEMA, Delta state to discuss the project plan with SEMA. The Delta state SEMA director Mr Carol Ovesese said the agency did not have sufficient data on camp population but admitted that the camps have received supports from Red Cross, NEMA and other NGOs.

**1.0.1 Camp Assessments**

The IDP camps across the states were set up by the government for the settlement of people displaced by flood in various communities. Each of the camps comprised men, women (pregnant women and nursing mothers), youth, children and new born babies is coordinated and managed by a supervisor appointed by the government. Most of these camps are situated in primary and secondary schools (both that of the government and the missionary), church environment, health care centres, and local council headquarters.

#### Objectives of Camp assessment visits

- Identification and meeting with camp officials.
- Assessments of population, condition, most felt needs, nature of aids already received
- Assessment of support type needed
- Security assessment

The intervention team visited selected IDP camps within the affected LGAs identified by the project. The camps were selected based on considerations for camp size and level of aid/support received at the time of this assessment visits. The hard to reach camps and those with large populations which had received less support similar to the StartFund emergency response was given priority. On this basis, 3 camps were selected from 3 LGAs in Delta— Ewulu Grammar School, Ewulu (Aniocha South LGA), Omorka Primary School, Illah (Oshimiri North LGA), and Onneh Primary School, Asaba (Oshimiri South LGA). While 7 camps were similarly selected from 3 LGAs in Anambra— St. James, Odekpe, Central School Odekpe, St. Patrick Catholic Church Osamala and Atani headquarters (All in Ogbaru LGA), Healthcare Centre, Ifite-Ogwari (Ayamelu LGA), General Hospital Umuleri/Unity primary school Umuoba-Anam, Father Joseph Secondary School, Aguleri (All in Anambra East LGA).

The assessment of the camps involved the following activities

- Physical visits by project staff to camp sites
- Interactions with camp officials and security personnel
- Interactions with IDPs and representatives of HHs in the camps

During these interactions, questions asked were designed to tease out the populations of the camp, the security situation, camp coordination/management, and priority needs of IDPs.

#### 1.0.2 Findings from the camp assessment visits in Delta State

Three camps were selected following assessment visits in Delta. They include Ewulu Grammar School (Aniocha South LGA), Omorka Primary School (Oshimiri North LGA), and Onneh Primary School (Oshimiri South LGA). The data for each camp was provided by the camp coordinators. Mostly the information provided showed just the total individual populations disaggregated by gender. This information was useful in making fair estimates of the possible number of households in each camp as well as selecting camps with higher proportions of vulnerable groups. A summary of the findings for each camp is presented below:

Name of Camp	Omorka Primary School, Illah (Oshimiri North LGA)	Onneh Primary School, Asaba (Oshimiri South LGA)	Ewulu Grammar School (Aniocha South LGA)
Date of visit	12 <sup>th</sup> October 2018	12 <sup>th</sup> October 2018	17 <sup>th</sup> October 2018
Total IDPs	659	2,761	1,401
Number of men	150	459	369
Number of women	190	760	393
Number of children	319	1,542	639

Number of pregnant women	13	Not provided	Not provided
Number of nursing mothers	1	Not provided	Not provided
Number of HHs	Not provided	Not provided	Not provided
Security assessment	Presence of nearby police station. Security supported by local vigilante	Presence of a security office in the camp. Camp security supported by the police, vigilante, civil defence and man-o-war	Camp security supported by the police, vigilante, civil defence
Emergency relief provided	SEMA. Relief provided in form of in-kind contribution (NFI) and medical supplies.	Red Cross and rotary club. Relief provided in form of in-kind contribution (food items and NFI)	Red Cross. Relief provided in form of in-kind contribution (food items and NFI)
Distance to nearest market	1km from the camp	2 kms from the camp	2 kms from the camp
Camp's pressing needs	NFI (Mosquito nets, blankets, mattress), food materials and medical support/supplies	NFI (Mosquito nets, blankets, mattress)	NFI (Mosquito nets, blankets, mattress) and FI
Accessibility of camp	Connecting roads to camp are narrow and dilapidated. Large stretches of the road are not asphalted, so they are barely motor-able and have just a few commercial vehicles plying the route.	The roads to the camp are tarred and motorable.	The road to the camp is narrow and dilapidated. They are barely motorable and have a few vehicles plying the route.

### 1.0.3 Findings from Camp Assessments in Anambra state

Following camp assessment visits, 7 camps were selected in Anambra state. They include, Central School Odekpe (Ogbaru LGA), St. James, Odekpe (Ogbaru LGA), Atani headquarters (Ogbaru LGA), St. Patrick Catholic Church Ossamala (Ogbaru LGA), Healthcare Centre, Ifite-Ogwari (Ayamelu LGA), General Hospital Umuleri (Anambra East LGA), and Father Joseph Secondary School Aguleri (Anambra East LGA).

Name of Camp	Central School Odekpe	St. James Anglican church, Odekpe	Atani headquarters	St. Patrick Catholic church Ossamala
--------------	-----------------------	-----------------------------------	--------------------	--------------------------------------

<b>(Ogbaru LGA)</b>				
Date of visit	13 <sup>th</sup> October 2018	13 <sup>th</sup> October 2018	13 <sup>th</sup> October 2018	13 <sup>th</sup> October 2018
Total IDPs	1,450	775	1,690	744
Number of men	Not provided	318	422	150
Number of women	Not provided	273	644	300
Number of children	Not provided	184	624	244
Number of pregnant women	Not provided	Not provided	Not provided	20
Number of nursing mothers	Not provided	Not provided	Not provided	Not provided
Number of HHs	Not provided	Not provided	Not provided	Not provided
Security assessment	Civil defence	Local vigilante	LG security outfit, civil defence, police station outpost near the camp	Local vigilante
Emergency relief provided	SEMA, JDPC provided relief in form of in-kind contribution NFI, FI and medical supplies.	SEMA, JDPC – FI and NFI, medicals.	SEMA, JDPC and philanthropist provided FI and NFI.	Red Cross, JDPC provided relief ( FI and NFI)
Distance to nearest market	Less than 2kms from the camp	1km	1 km from the camp	More than 3 kms from the camp
Camp's pressing needs	FI and NFI (Mosquito nets, blankets, mattress), food materials and medical support/supplies	FI and NFI (Mosquito nets, blankets, mattress), food materials and medical support/supplies	NFI (Mosquito nets, blankets, mattress, ), food materials and medical support/supplies)	NFI (Mosquito nets, blankets, mattress) and FI
Accessibility of camp	The road to the camp is tarred and motorable.	The road to the camp are tarred and motorable.	The road to the camp are tarred and motorable.	The road to the camp are tarred and motorable.



Name of Camp (Anambra East and Ayamelum LGAs)	Father Joseph Secondary School Aguleri (Anambra East LGA)	General Hospital, Umuleri (Anambra East LGA)	Healthcare Centre, Ifite-Ogwari (Ayamelum LGA)
Date of visit	15 <sup>th</sup> October 2018	16 <sup>th</sup> October 2018	15 <sup>th</sup> October 2018
Total IDPs	1,669	936	1,749
Number of men	319	218	406
Number of women	791	344	452
Number of children	559	374	896
Number of pregnant women/nursing mothers	143	Not provided	27
Number of HHs	Not provided	Not provided	Not provided
Security assessment	Federal vigilante, police and civil defence	Civil defence	Local vigilante.
Emergency relief provided	SEMA, JDPC and red cross provided relief in form of in-kind contribution NFI, FI and medical supplies.	SEMA, JDPC and red cross provided relief in form of in-kind contribution NFI, FI and medical supplies.	SEMA, JDPC and philanthropist provided FI, NFI and medical.
Distance to nearest market	2kms from the camp	1km	More than 2 kms from the camp
Camp's pressing needs	FI and NFI (Mosquito nets, blankets, mattress), food materials and medical support/supplies	FI and NFI (Mosquito nets, blankets, mattress), food materials and medical support/supplies	FI and NFI.
Accessibility of camp	The road to the camp is tarred and motorable.	The road to the camp are tarred and motorable.	The road to the camp is narrow and dilapidated. They are barely motorable and have a few vehicles plying the route.

#### 1.0.4 Camp Coordination and Management Issues

Largely, camps are managed by a team of individuals comprising a coordinator, SEMA volunteers, and community volunteers who help in food preparation and crowd control. In most of the camps, the camp coordinators are politicians (councillors, LG officials, and Special Assistants to the Governor) appointed by the state government. They take the lead in managing the camp alongside SEMA volunteers. In one of the camps in Ewulu Delta state, both the ward councillor and the SEMA

volunteer seemed to be posturing to assume leadership. There was no clarity on who does what due to a lack of clearly defined leadership structure in the camp.

The camp facilities are also not ideal for shelter of displaced persons. The camps are usually sited in school facilities, healthcare centres, churches, LG headquarters, etc. This led to disruption of regular school activities for students and displacement of individuals who may seek medical support from health centres. Camps do not also have adequate basic facilities that can sustain the number of people in them. Facilities such as toilets and bed spaces were scarce. There were no separate toilet facilities or shelters for women and girls. This encourages open defecation in some camps and places the IDPs at greater risk of catching or spreading communicable infections. Camp premises were also mostly not lighted at night, increasing safety concerns for women and girls whose mobility became hindered at night.

There is a need for the government to in the short term construct temporary shelters for displaced people sited at safe zones within communities prone to flooding and also ensure that coordination of the camps are handled by skilled personnel, working very closely with NEMA. In the long term, dredging of the connecting rivers and opening of drainage channels in vulnerable communities will go a long way to address annual flooding of those communities.

#### **1.0.5 Other General Issues Identified**

- Lack of psychosocial support in camps.
- Lack of accountability for use of camp resources and support materials. Displaced persons in camps need to understand how the resources of the camp are managed. This way, relief materials delivered to the camp actually get to the people who are most vulnerable

#### **1.0.6 Identification and engagement of representatives of IDPs in camps**

In each of the selected camps, the project team identified and engaged the representatives of HHs in the camp along with the camp officials. This was to familiarize the HH leaders with the proposed intervention in order to determine their attitudes towards it. This paved the way for the intervention team to subsequently address all individuals in the camp jointly, introducing the intervention and explaining how, when and where it would take place.

## **2.0 Market Assessments**

### **2.0.1 Survey Objectives:**

- To determine what Products are available in Market and at what Price for Specific Quantity
- To determine if the current available commodities in the markets can meet the increased demand given the concentration of HHs in the camps
- To assess the distance of markets to camp locations and the accessibility of markets from the camps
- To assess the likely purchasing power of HHs that benefit from the cash transfer against the conventional market price

This survey also attempted to determine if the available commodities in the market can satisfy the variety of needs of the HHs in the camps, how much food can be gotten from the amount estimated to be given to the beneficiaries based on the analysis, and what can be done after the distribution based on this analysis.

Sample questions for the survey include:

1. What is the name of the respondent (Trader)?
2. What is the exact Location of Store?
3. What commodities are available in the stores?
4. What is the price of each commodity and how many varieties of such commodities are in stock?
5. Where does the respondent buy the commodities they sell?

### **2.0.2 Methodology:**

Volunteer enumerators were trained and dispatched to the different markets servicing each of the selected camps. This is usually the market closest to the camp and confirmed to be servicing the populations in the camp based on feedback from displaced persons and camp officials.

In each market, enumerators interviewed respondents who are shop owners through random selection. The only criterion for selection of respondents was ownership of shop in any of the target markets. The questionnaire was administered digitally using the kobo collect app. The market surveys ran concurrently with the HH registration and both activities were completed within 5 days. The surveys covered markets nearest to selected camps within Anambra East, Aniocha South, Ayamelum, Ogbaru, and Oshimiri, which include: Ewulu market, Illah market, Otuocha market, Afor Market Atani, Ama-Oye Market ifite-Ogwari, and Okoti Odekpe market. Most of the respondents sell similar commodities such as Rice (Foreign), Rice (Local), Gari, Semovita, groundnut oil, Maggi, Iodized Salt, Soya Beans, Garri, Palm Oil, egg, Maize, vegetable Oil, Paster, Yam, wheat Maize, Sugar, Yam Flour, Potatoes, vegetable, Ogbono, Mellon, Akpu, Bread, Biscuits, Soap, Indomine, Milk, Minerals, Malt, Lipton, Mosquito Coil, Brooms, Cups, buckets, Buckets and so on.

Analysis of the survey findings shows the following:

- The markets servicing these camps are small markets which sold mostly food items.
- The food items available in those markets are similar in nature and have a uniform market price.
- These items are also essential everyday items required for survival and sustenance of families that are affected by the flood disaster.
- The N23, 000 cash support for beneficiaries would be enough to purchase a basket of food items (containing a good mix of food items) that should sustain a family of 6 for at least a one-month period at the current market price.

## Chapter 2: Pre-distribution Activities

### 2.0 HH registration exercise

The HH registration exercise in the 10 IDP camps was aimed at compiling the list of HHs in the camps in order to highlight through a vulnerability assessment, the HHs qualified to receive the unconditional cash transfer. The HH registration was done digitally, hosted on Christian Aid's Kobo collect account. Although all the HHs in the camp was registered to generate a robust data source, the beneficiaries of the cash transfer would be selected through a computerized targeting process, applying a selection criteria based on vulnerability assessment of registered HHs.

Based on the proposal's guidelines and in-line with the prevailing realities in the camps, the criteria adopted for selection of household beneficiaries for the cash transfer include:

- HH led by child.
- HH led by women.
- HH led by Aged
- HH led by person with disability (PLWD) and HH with PWDs
- HH with large population (6 persons and above)
- HH with under 5 children
- HH with pregnant women and/or nursing mother

The HH registration was administered by trained enumerators who were assigned to the selected camps, set-up a registration unit in each camp and collated relevant data from each head of HH using the kobo collect app. On average, 4 enumerators covered each of the camps and the registration process ran for 5 days.

#### 2.0.0 HH registration data for Anambra

S/N	LG	Name of camp	Total Camp Population	Total registered HH per camp	Total selected HH per camp (HH that meet vulnerability criteria)	Total registered HH not selected per camp
1	Ogbaru	Central School Odekpe	1,450	219	78	141
		St. James, Odekpe	775	94	14	80
		Atani headquarters	1,690	375	221	154
		St. Patrick Catholic Church Osamala	744	93	31	62
		<b>Subtotal</b>	<b>4,659</b>	<b>781</b>	<b>344</b>	<b>437</b>
2	Anambra East	General Hospital Umuleri	936	95	77	18

		Father Joseph Secondary School Aguleri	1,669	257	173	84
		<b>Subtotal</b>	<b>2,605</b>	<b>352</b>	<b>250</b>	<b>102</b>
3	Ayamelum	Healthcare Centre, Ifite-Ogwari	1,749	330	163	167
		<b>Sub total</b>	<b>1,749</b>	<b>330</b>	<b>163</b>	<b>167</b>
	<b>Grand Total Anambra</b>		<b>9,013</b>	<b>1,463</b>	<b>757</b>	<b>706</b>

Table 1. Total HHs registered in each LGA at a glance

LGA	Total male headed HH	Total female headed HH	Total HH with PLWDs	Total large HH (6 and above)	Total HH with under 5 children	Total HH with pregnant or lactating mothers	Total reach
Anambra East	67	183	41	161	151	71	250
Ayamelum	72	91	18	154	108	46	163
Ogbaru	96	248	90	343	271	226	344
<b>Grand total</b>	<b>235</b>	<b>522</b>	<b>149</b>	<b>658</b>	<b>530</b>	<b>343</b>	<b>757</b>

Table 2. Disaggregation of HH reached at LGA level

Details	Total HH Selected	Total male headed HH	Total female headed HH	Total HH with PLWDs	Total large HH (6 and above)	Total HH with under 5 children	Total HH with pregnant or lactating mothers
Actual	757	235	522	149	658	530	343
Percentage (%)		31	69	20	87	70	45

Table 3. Percentage Disaggregation of HH reached at State level

Percentage summary of disaggregated HH reached:

- 31% of Total HH selected is headed by males
- 69% of Total HH selected is headed by females
- 20% of Total HH selected has PLWDs in HH
- 87% of Total HH selected are large HH (6 and above)
- 70% of Total HH selected has children under 5

### 2.0.0.1 HH registration data for Delta

S/N	LG	Name of camp	Total camp population	Total registered HH per camp	Total selected HH per camp	Total registered HH not selected per camp
1	Aniocha South	Ewulu Grammar School	1,401	250	155	95
2	Oshimiri North	Onneh Primary School	2,761	303	205	98
3	Oshimiri South	Omorka Primary School	656	266	76	190
	<b>Grand total for Delta</b>		<b>4,818</b>	<b>819</b>	<b>436</b>	<b>383</b>

Table 4. Total HHs registered in each LGA at a glance

Details	Total HH Selected	Total male headed HH	Total female headed HH	Total HH with PLWDs	Total large HH (6 and above)	Total HH with under 5 children	Total HH with pregnant or lactating mothers
Actual	436	108	328	185	337	269	119
Percentage (%)		25	75	42	77	62	27

Table 5. Percentage Disaggregation of HH reached at State level

#### Percentage summary of disaggregated HH reached:

- 25% of Total HH selected is headed by males
- 75% of Total HH selected is headed by females
- 42% of Total HH selected has PLWDs in HH
- 77% of Total HH selected are large HH (6 and above)
- 62% of Total HH selected has children under 5 years
- 27% of Total HH selected have pregnant or lactating mothers

Table 6. Disaggregation of HH reached at LGA level

LGA	Total male headed HH	Total female headed HH	Total HH with PLWDs	Total large HH (6 and above)	Total HH with under 5 children	Total HH with pregnant or lactating mothers	Total reach
Aniocha South	33	122	61	109	87	35	155
Oshimiri South	39	166	92	172	121	56	205
Oshimiri North	36	40	32	56	61	28	76
<b>Grand total</b>	<b>108</b>	<b>328</b>	<b>185</b>	<b>337</b>	<b>269</b>	<b>119</b>	<b>436</b>

### Chapter 3: WASH Activities

Following the camp assessments, it was noticed that some of the IDP camps usually have one or two toilet points shared by both males and females. With scarcity of water and issues with maintenance of toilet facilities, most camp members practice open defecation. Given also that most camps do not have access to clean water, and a general poor hygiene practise in the camps, there is high likelihood for the spread of communicable diseases in the camps.

On this basis, the following activities were identified and designed to address WASH related issues in the IDP camps— training of JDPC staff and volunteers on WASH, hygiene sensitization in the camps and distribution of hygiene kits for pregnant and nursing mothers.

#### 3.0 Capacity building of JDPC Staff and volunteers on WASH activities

4 JDPC Staff and 31 volunteers were trained by Christian Aid on basic hygiene practices and its connection to maintaining a healthy living especially for people within a confined space like IDP camps. However, JDPC team was assisted to deliver the hygiene programme by WASH experts who have deep knowledge of the hygiene situations and who have been working in these camps yearly. Hygiene sensitization methods were also discussed extensively, highlighting the tools, resources and most effective approaches to impact knowledge on the populations in the camp.

A sensitization schedule was developed, assigning groups of volunteers to specific camps to ensure easy coordination and effective communication.

##### 3.0.1 Hygiene sensitization and distribution of hygiene kits

The IDPs were fully mobilized by the camp coordinators for the sensitization in each of the camps. The sensitization was done under a full media coverage and posters and flyers on good hygiene practice were used in the conscientization of the IDPs. There was also refreshment for participants. One unique feature in the WASH activity was the distribution of Hygiene kits (Dunlop slippers,

tooth brush and paste, washing and bathing soaps, baby diaper, ladies' sanitary pad, face towel, Dettol, tissue paper, baby lotion, wet wipes, and packing bag) to pregnant women and nursing mothers in all the camps visited, copies of the posters and flyers were distributed and pasted in strategic locations in the camps which allow for pasting on the walls.

Table below shows the schedule of the sensitizations and number of persons reached.

Date	Activity	Venue	Number of male reached	Number of female reached	Total number reached
28 <sup>th</sup> Oct	Hygiene sensitization	Atani	13	58	71
28 <sup>th</sup> Oct	Hygiene sensitization	Central Sch. Odekpe	23	49	72
29 <sup>th</sup> Oct	Hygiene Sensitization	Fr. Joseph, Aguleri	22	81	103
29 <sup>th</sup> Oct	Hygiene Sensitization	General Hosp., Umuleri	18	51	69
30 <sup>th</sup> Oct	Hygiene sensitization	Ewulu grammar school	12	58	70
30 <sup>th</sup> Oct	Hygiene sensitization	Onneh p/s., Asaba	5	67	72
31 <sup>st</sup> Oct	Hygiene sensitization	Health centre, Ifite-ogwari	32	52	84
	<b>TOTAL</b>		<b>125</b>	<b>416</b>	<b>541</b>

Table below shows distribution of hygiene kits

Hygiene kits distribution	Venue	Number of pregnant women	Number of nursing mothers	Total reached
Hygiene kits	Atani	18	4	22
Hygiene kits	Central Sch., Odekpe	16	6	22
Hygiene kits	Fr. Joseph, Aguleri	20	2	22
Hygiene kits	General Hosp., Umuleri	13	9	21
Hygiene kits	Ewulu grammar school	12	9	22
Hygiene kits	Onneh p/s Asaba	19	3	22
Hygiene kits	Health centre, Ifite ogwari	18	5	23
<b>TOTAL</b>		<b>116</b>	<b>38</b>	<b>154</b>

#### Chapter 4: Protection Activities

Assessment findings revealed that beds/bed spaces were limited and as a result, men and women had to share bed spaces in order to accommodate more persons. And in most cases people who are most vulnerable are neglected or are the last to receive aid.



Toilet facilities are not enough to service the camp’s populations and the available facilities are jointly shared by both women and men. The camp premises are also not lighted and there are usually no security within/or around the camp at night, exposing women and girls to greater risks of GBV at night. The mobility of women and girls at night is severely hindered due to safety concerns.

Further, groups that are more vulnerable also have less say on how camp’s resources are used and are also not able to make input on decisions made in the camp. It is against this background that the protection component of this intervention was designed to include sensitization on GBV, child rights protection, and setting up of a Complaints Response Mechanism system and focal persons in camps.

#### **4.0 Capacity building of JDPC Staff and volunteers on protection activities**

These activities are designed to build voice and increase resilience of vulnerable and marginalized groups in IDP camps. This is to ensure that planned intervention gets to the most vulnerable groups as well as ensure that their basic rights are protected within the period they are in the camps. 4 JDPC staff and 31 volunteers were trained to understand the design of the protection component of the intervention. A sensitization activity targeting the camp populations was designed during the training. GBV sensitization were carried out in the targeted IDP camps based on the population and level of vulnerability noted during the camp assessment. In all the 7 camps visited, there were resource persons, media and refreshment for the participants. Issues surrounding rape, battering, molestation, assault, discrimination, humiliation and harassment were freely discussed and the participants were thrilled on the detailed description of cases of violence.

##### **4.0.1 Sensitization on Gender Based Violence (GBV)**

These activities were designed to give and build voice and increase resilience of vulnerable and marginalized groups in IDP camps. This was to ensure that planned intervention got to the most vulnerable groups as well as ensure that their basic rights are protected within the period they are in the camps. GBV sensitization were carried out in the targeted IDP camps based on the population and level of vulnerability noted during the camp assessment. In all the 7 camps visited, there were presence of media, resource mobilization, and refreshment for the participants. Issues surrounding rape, battering, molestation, assault, discrimination, humiliation and harassment were freely discussed and the participants were thrilled on the detailed description of cases of violence.

*Table below shows the schedule of the sensitizations and number of persons reached*

Date	Activity	Venue	Number of Male reached	Number of Female reached	Total number reached
29 <sup>th</sup> Oct	GBV sensitization	Health Centre, Ifite-ogwari	75	135	210

31 <sup>st</sup> Oct	GBV sensitization	Atani	97	119	216
31 <sup>st</sup> Oct	GBV sensitization	Central Sch., Odekpe	34	158	192
1 <sup>st</sup> Nov	GBV sensitization	Fr. Joseph, Aguleri	55	161	216
1 <sup>st</sup> Nov	GBV sensitization	General Hosp., Umuleri	45	95	140
1 <sup>st</sup> Nov	GBV sensitization	Omorka p/s Illah	71	61	132
1 <sup>st</sup> Nov	GBV sensitization	Onneh p/s Asaba	189	555	744
	<b>TOTAL</b>		<b>566</b>	<b>1,284</b>	<b>1,850</b>

#### 4.0.2 Setting up of CRM focal persons

The Complaint Response Mechanism (CRM) was an integral component of the intervention. The CRM is an operational system put in place to guide identification, collation and resolution of issues arising from the implementation of the intervention. This mechanism supported early identification of issues and on-the-spot resolution of issues by placing the intervention's beneficiaries at the heart of the system. The goal is to ensure that issues triggered in the process of implementation of the intervention are addressed within the shortest possible time before they escalate into bigger issues that may lead to the failure of the intervention.

The CRM system comprises a committee of 2/3 representatives of the HHs in the camp and a camp official, working together with a focal person from JDPC Onitsha (the partner organization) and/or Christian Aid. The representatives of the HHs that seat in this committee are selected through open nomination by all IDPs in the camp. Because these representatives are local (the IDPs reside within the camps and are affected equally by issues in the camp), they are easily accessible to members of the camp. They collate complaints/feedback, document them and initiate steps to resolve those issues collectively. Issues they are unable to resolve are escalated to the CRM focal persons in JDPC or Christian Aid by phone. Individuals in the camp are also allowed to directly contact the CRM focal persons in JDPC or Christian Aid directly to seek resolution of issues should the need arise.

The CRM committee is expected to be active throughout the different phases of the intervention including after the cash distribution. They are expected to make input into the post distribution monitoring as well as be carried along during the PDM to ensure that the feedback received is robust.

### Chapter 5: Cash Distribution

#### 5.0 CASH Distribution to HH beneficiaries

Methodology:

Following the HH registration exercise, a selection criteria based on a vulnerability assessment of registered HHs was applied to draw-up a list of qualified HHs.

The vulnerability criteria applied is as follows:

- HH led by child.
- HH led by women.
- HH led by Aged

- HH led by person with disability (PLWD) and HH with PWDs
- HH with large population (6 persons and above)
- HH with under 5 children
- HH with pregnant women and/or nursing mother.

A total of 1,193 qualified HHs were selected initially in-line with the set targets for the project intervention. Following accumulated savings from negotiated service charges with the cash vendor contracted, a further 77 qualified HHs were selected.

Selected HHs received the sum of N23,000 per HH. The cash distribution was done by a cash vendor, UBA.

Cash distribution process:

After compiling the list of qualified HHs in each camp, the intervention team visited the camps for identification of selected HHs and distribution of identification tags to those HHs. During cash distribution, selected HHs are expected to exchange their identification tags for the cash envelope.

The cash distribution was done at the IDP camps. The bank representatives set up a point of payment at the camps where selected HHs received their cash envelope. The distribution process was coordinated and tracked with Christian Aid's digital tool ILARIS app. This app recorded the details of selected HHs before and after they received the cash.

The CRM committee and the camp officials also assisted in crowd management and identification of rightful beneficiaries.

*Table below shows the breakdown of cash transfer held on 3<sup>rd</sup> November*

State	Date	Point of payment	Number of registered HHs	Number of HHs received cash	Status (%)	Comments
Delta	3/11/18	Onneh primary school, Asaba	205	205	100	
Delta	3/11/18	Omorka primary school, Illah	76	76	100	
Anambra	3/11/18	Central School, Odekpe	77	72	94	Cases of intimidation of beneficiaries' proxies were reported at the IDP camp during cash distribution.
Anambra	3/11/18	St. Patrick's, Ossamala	31	31	100	Additional 17 HHs drawn in the supplementary list

							to give the total HHs to 48.
Anambra	3/11/18	St. James, Odekpe	14	10	71		4 HHs not paid as they were absent.
Anambra	3/11/18	Ogbaru LGA headquarters, Atani	221	145	66		There was shortfall in payment because the bank did not come with a reviewed list for Atani.
Anambra	4/11/18	Fr. Joseph, Aguleri	173	166	96		7 HHs were absent.
Anambra	4/11/18	General Hospital, Umuleri/Unity primary school, Umuoba-Anam.	77	72	94		5 HHs were absent
Anambra	4/11/18	Health Centre, Ifite-Ogwari	163	151	93		12 HHs were absent.
Delta	6/11/18	Ewulu grammar school	155	155	100		
		<b>Supplementary List</b>					
Anambra	8/11/18	Ogbaru LGA headquarters, Atani (for Ossamala)	17	17	100		17 added HHs supplementary list for Ossamala were paid at Atani
		<b>Cash Distribution at the UBA Branch in Onitsha</b>					
Anambra	9/11/18	UBA 40, New market road, Onitsha	65 (Atani)	55	85		55 HHs in the supplementary list for Atani were paid
Anambra	9/11/18	UBA 40, New market road, Onitsha	4 (St. James, Odekpe)	3	75		One HH was absent

#### The overall data for cash distribution

State	Total HH reached	Total Female Headed HH	Total male headed HH	Total HH headed by child (below 18 years)	Total HH headed by adult (18 years and above)	Total large HH (6 members and above)	Total HH with pregnant and lactating mothers	Total HH with PWDs	Total HH with children under 5 years
Anambra	834	603	233	6	829	646	335	214	587

Delta	436	328	108	10	426	340	121	187	273
Total both State	1270	931	341	16	1255	986	456	401	860
Total HH reached in Intervention	Percentage of total HH headed by female	Percentage of total HH headed by male	Percentage of total HH headed by child (below 18)	Percentage of total HH headed by adult (18 years above)	Percentage of total HH that is large (6 members and above)	Percentage of total HH that has pregnant and lactating mothers	Percentage of total HH that has PWDs	Percentage of total HH that has under 5 years child	
1270	73.31	26.85	1.26	98.82	77.64	35.91	31.57	67.72	

## Chapter 6: Post Distribution Activities

### 6.0 Post Distribution Monitoring (PDM)

The post distribution monitoring took place after the cash disbursement. The objective is to tease out the perception of the beneficiaries on the impact of the intervention, the process used, and also document learning that will inform subsequent interventions.

Methodology:

The PDM was done digitally hosted on Christian Aid's kobo collect account. 4 JDPC staff and 31 volunteers were trained on how to conduct assessment interviews using the app. The training covered a simulation session to test the logical flow of the PDM questionnaire.

The questionnaire was administered in the camp where the IDPs were hosted. The IDPs who had returned to their homes were mobilized by the camp officials by phone.

The sample size for the interview was developed based on consideration for the ratio of the number of beneficiaries against the total population size in each camp. Camps with larger beneficiaries generally had more respondents. Average of 3 volunteer enumerators were assigned in each of the selected 10 camps to get feedback from both the cash recipients, hygiene kits recipients and non-recipients of cash or any other item in the camps. The respondents included IDPs who were in the camp, camp officials, and community members.

Table below shows the PDM schedule and total number interviewed from each camp:

S/N	NAME SOF IDP CAMP	NUMBER OF PDM INTERVIEWS
1	Onneh primary school, Asaba	35
2	Ewulu grammar school	35
3	Omorka primary school, Illah	30
4	St. Patrick's Ossamala	150
5	Atani	59
6	Central School, Odekpe	79
7	St. James, Odekpe	17
8	Fr. Joseph, Aguleri	101
9	General Hospital, Umuleri	46
10	Health care, Ifite-ogwari	58
	<b>TOTAL</b>	<b>610</b>

Some of the questions asked include:

- Name of respondent
- Sex of respondent
- Age of respondent
- Are you a beneficiary of the cash transfer or did you receive any cash award during the cash distribution by CA?
- Beneficiary unique number?
- Size of HH?
- How many of your HHs under 5?
- How many under 18?
- Did you think the cash transfer was well organized?
- Was the cash received beneficial to you or you HH? and so on.

## **Chapter 7: Learning from project implementation**

### **7.0 Lessons Learnt and Recommendation**

One overriding challenge in this project was the limited time to plan and carry out activities given the far-reaching and distance from one camp to the other. This factor is a stepping stone for JDPC Onitsha as the organization has worked in these communities for the past 15 years hence it has become an area of our strength.

#### **Lessons learnt from courtesy visits to authorities:**

Discussions with the authorities in both states revealed that most of the IDP camps are coordinated by politicians (councilors, LG officials, and SA to the Governor) appointed by the state government. This brought with it a political dynamics as it created a level of tensions between SEMA staff and the camp coordinators due to a lack of clarity of roles and authority lines in the camp.

**Recommendation:** Emergency and humanitarian response should be left to be handled by personnel who have deep knowledge and understanding of managing real life situations and humanitarian crises. Politicizing it may leave many lives in danger and may lead to friction and conflict of interest. Government should as a matter of urgency construct temporary camps for the communities prone to flood. Government and supports organizations should strengthen the capacity of personnel involved in humanitarian and emergency response.

**Lessons learnt from camp assessment:**

Visits to some of the camps showed insufficient data of camp segregated population and gender. There was also lack of proper coordination of activities as evident in late eating, uneven distribution of relief items to the IDPs and reported cases of diversion and misuse of relief materials by the camp officials. Nevertheless, there was communal life in the camp as most of the IDPs in the same camp are from the same community. Whereas a few of them offered to assist in the kitchen, others involved in the camp organization. Notwithstanding the self-sacrifice witnessed, Issues on security were not adequately taken care of in some camps. There was also limited or non-existing schooling for the displaced children. The direct implementation adopted in the STARTFUND flood project was a welcome idea to the IDPs.

**Recommendation:** It is important to note that one of the important factors donor agencies and philanthropists consider in giving support in the IDP camps is adequate knowledge of camp desegregated population. There is need for a coordinated effort by the government to employ the services of statisticians who will help out with the update of camp population. Humanitarian workers should also be amply involved in management of camp resources. Mobile teachers and educators need to be structured in all the camps for school children and adults who may wish to learn.

**Lesson learnt from the registration of HHs:**

It was learnt that some people were so anxious to register because of the amount of money declared to be distributed. This led some of the IDPs to willingly open up to give out information on their family status. Nevertheless, some of them still give out wrong information, employed lies and tricks so as to fall in the categories of beneficiaries. Some others registered more than once in order to receive double amount, while other members of the communities who were not registered in the camps always visit the camp in order to get registered. Our trained volunteer enumerators detected and limited some of these occurring.

**Recommendation:** There is need for proper data of all IDPs in the camp so as to help any support group or individuals coming to render assistance or service in the camp. Apart from deploying camp managers, camps should also have instructors on different areas be it health, education, relationships and relief material management. This will create a good manner of coordination especially on who does what.

**Lessons learnt from WASH and Protection activities:**

The sensitization activities in the camps indicated that the IDPs have little knowledge about hygiene and gender based violence. The sensitizations exposed their ignorance on WASH and on issues surrounding rape. However, the IDPs were willing to learn new things outside their immediate environment. The concentration and questions raised by some of them during

activities were quite impressive. Except the WASH and Protection programmes rolled out in the STARTFUND project in the IDP camps, some of the organizations, including governmental institutions, did not provide social services or assistance especially in prevention of HIV/AIDS to internally displaced persons. The main services provided by most organizations to internally displaced persons were provision of food, clothing and money, but these were provided on an ad hoc basis. This show of limited provision of services by organizations, including the government for IDPs indicates lack of support for them. One thing in common with the IDPs in all camps was the desire to get relief materials at any point. There is usually rowdiness when items are being distributed especially refreshments. The death of a woman caused by pregnancy complications in Ewulu, Delta state caused serious tension among other pregnant women because of hygiene condition and lack of health facilities in the camp.

**Recommendations:** Continuous sensitizations on WASH and Protection components need to be further carried on in their communities' schools and hospitals even after the flood. Government as a matter of urgency need to deploy public health workers in all the camps so as to assist in arresting some of the health issues that may likely occur.

Civil society groups should rise to provide health support to the IDPs and government on their own part should provide health facilities in any place where many people from different backgrounds are joined together so as to avoid easily spread of contagious diseases or even loss of life especially among pregnant women, nursing mothers, children, people living with disability and the aged. Apart from provision of material aid, there should be consistent focus by support organizations and government agencies on protection.

**Lessons learnt from Cash distribution:**

It was learnt that people were eager to get money by any means possible. During the cash distribution, those that gave out wrong information hardly remember what our volunteer enumerators recorded, which led to some of them to avoid coming up for the money. Some of them gave out their tokens to others who they felt can stand the heat stages before cash collection. The use of CT IRIS was a good tool that enabled the project staff and volunteer enumerators to have a quick view of HH data at the verification and exit points.

**Recommendation:** In future interventions, there is need to have a joint training of all project staff and vendors engaged for any given activities in order to ensure that all partners are on the same level of understanding.

### Acronyms

IDPs – Internally displaced persons

FI – food item

NFI – non-food item

HH – household

WASH – water, sanitation, hygiene

GBV – gender based violence



CRM – Complaint response mechanism

JDPC – Justice, Development and Peace Caritas

CAID – Christian Aid

PLWD – Person living with disability

PDM - Post distribution monitoring

CT IRIS – An application used by volunteer enumerators for the cash transfer process.

KOBOcollect – An application used by volunteer enumerators for HH registration, market survey and post distribution monitoring.

App. – Application

CAIDJDPC - Christian Aid and JDPC

CAIDSTARTFUND – Christian Aid and StartFund

CAFOD – Catholic agency for overseas development

WASH – Water, sanitation, hygiene

GBV – Gender based violence

UBA – United bank of Africa

INGOs – International non-governmental organizations

SEMA – State emergency management agency

ODA – Overseas development assistanc