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**Contracting Authority:** European Commission

EU Support to Response, Recovery and Resilience in Borno State

**ANNEX A.2 – Full application form****[[1]](#footnote-1)**

 [11th European Development Fund[[2]](#footnote-2)]

 Reference:

EuropeAid/155335/DD/ACT/NG

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| Dossier No |  |
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# Full Application Form

## General information

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| **Reference of the call for proposals**  | *EuropeAid/155335/DD/ACT/NG* |
| **[Lot number you are applying to:]** | *N/A* |
| **Number of the proposal**[[3]](#footnote-3) | *N/A* |
| **Name of the lead applicant** | United Nations Development Programme (UNDP) |
| **Title of the action** | **Integrated Community Recovery and Resilience in Borno State (IC2RB)** |
| **Location of the action** | *Borno State, Nigeria* |
| **Duration of the action** | 24 months |

## The action

### Description of the action

#### Description (max 13 pages)

**Overview of the situation**

North East Nigeria, comprising Adamawa, Bauchi, Borno, Gombe, Taraba and Yobe states, was one of the economically promising regions of the country from the 1960 to the late 1970s. At its peak, it was the bastion of commerce and trade with prominent local enterprises thriving in the region. Prior to the discovery of crude oil in Nigeria, cash crops from the zone contributed to the economic viability of the country, especially from the 1960 to the late 1970s. The region produced various cash crops among which are groundnuts (peanuts), cotton, and coffee. The production of these crops engaged millions of small-scale farmers in productive agriculture with decent income in many states across the region. Over time, however, the fortunes of the region have been heavily affected by socio-economic exclusion, paving the way for poverty and radicalization through violent extremism and environmental degradation.

The violent insurgency starting in 2009 and reaching its peak in 2015, has left over 10 million people displaced in North East Nigeria and neighbouring regions of Cameroon, Chad, and Niger. In March 2017, more than 1.8 million people are internally displaced (IDPs) in North East Nigeria, mainly due to the insurgency (54% of which are women and 56% children), putting extreme pressure on host communities. Borno state has been most affected by Boko Haram violence. Eighty-two percent of IDPs in the northeast are in Borno (1.1 million). Of those, 71 percent (approximately 780,000) are located in Maiduguri Central District and Jere Local Governance Areas (LGA). Ninety-nine percent of those have arrived from other LGAs in the state.[[4]](#footnote-4) The Recovery and Peace Building Assessment (RPBA) conducted by the European Union, the World Bank and the United Nations in 2016, also established that three quarters of the damages recorded are found in Borno (US$ 6.9 billion), and that nearly two-thirds of total needs (US$ 3.9 billion) are located in this state that is the epicentre of the crisis. In the health sector, damages to health infrastructure are estimated at US$ 59 million, or 9 percent of total damages. This has negatively affected access provision of health and nutrition services in the affected LGAs.[[5]](#footnote-5)

Health facilities in the conflict-affected areas have been completely or partially damaged leaving them unable to deliver adequate health provision. High morbidity, excessive mortality and the high rate of severe malnutrition cases have been a consistent feature. Besides the ongoing polio and measles outbreaks, malaria continues to be the major cause of morbidity and the main cause of mortality among children under 5. It is also expected that there will be an increase in respiratory infections and the potential for a cholera outbreak and/or meningitis in the coming months. The State Government and health partner’s capacity to respond has been overstretched with the continued increasing requirements. Capacity has been reduced to such an extent that in Borno there is virtually no secondary health provision outside of the capital, Maiduguri, and access to primary services is limited and not comprehensive in most locations.

The conflict has also affected access to education with an estimated 1,200 school facilities destroyed, 1500 schools closed for more over two years and 952,029 school-age children with no access to education.[[6]](#footnote-6) It created high insecurity, which has affected access to basic services, farmlands, markets, and other sources of livelihoods leading to high unemployment rates and low economic participation. For many individual households the conflict and displacement have resulted in a loss of housing, livelihoods, productive assets, and business networks. In addition, the current conflict has worsened the pre-existing issues of exclusion and in some cases ruptured the bonds and relationships between and within groups and communities. Intra-communal structures and processes that traditionally regulated violence and resolved conflicts have been weakened. There are signs of social fragmentation as tensions based on ethno-religious, social and other divisions including between IDPs and host communities are emerging as the crisis continues.

**Current livelihoods and the health situation**

In 2016, UNDP conducted a detailed post-conflict livelihoods and economic assessment. The results of this assessment illustrate the extent of suffering of the population on the North East. Of the over 3,500 households sampled in Borno, Yobe and Adamawa, 86 percent spend more than they earn. Moreover, 33 percent of households are economically inactive. The average income per household per month in 2016 stood at US$ 60, which converts into an average income of 0.4$ per day per person. This figure, which is significantly below the officially defined poverty line of US$ 1.5 per day, explains why 46 percent of households borrow money to buy food. It also explains the looming livelihoods and food crisis. Moreover, income from skilled labour dropped from 21 percent before the crisis to under five percent today. The assessment also revealed that 23 percent of the households are headed by women, highlighting the importance of targeted support to this highly vulnerable population group.

According to the Health Resources Availability Monitoring System report (HeRAMS)[[7]](#footnote-7), one third of over 750 health facilities in Borno have been completely destroyed. Of those facilities remaining, one third is not functioning at all. In total, only 288 health facilities are functional with limited capacity to fulfil the health needs of the affected population.

**Recent developments**

In the recent past, the Government of Nigeria with the support of the Multi-national Joint Task Force (MJTF) has succeeded in liberating most of the areas previously under the occupation of Boko Haram. This has resulted in more accessible areas in the three states since 2015 with positive implications for increased targeting for humanitarian and development assistance. The number of returning IDPs is expected to increase significantly in 2017 following reported aspirations of the Nigerian Military and MJTF to secure many more areas. In the last quarter of 2016 and January 2017, seven new LGAs became accessible in Borno alone. Some spontaneous returns have occurred to date, but there is an emerging trend of secondary displacement. 460,000 persons have left IDP camps or temporary residences in host communities. Still only 20 percent of displaced people have actually been able to return to their communities of origin due to continued insecurity[[8]](#footnote-8). Instead, they join IDP settlements in LGA headquarters for fear of sporadic violent attacks by Boko Haram, and due to the absence of basic services and means of earning an income in their home communities.

Figure 1: Principles of safe return

Physical safety, or the absence of threat to life, liberty and integrity of the person, including physical violence and verbal threats and intimidation; freedom of movement; safe routes, housing and livelihood areas free of mines, booby-traps and unexploded ordinances.

Legal safety, namely, the presence of adequate law enforcement mechanisms and access to justice, particularly as regards recovery of property and housing.

Material safety that is notably equal access in the early phases of return to means of survival and basic services, such as potable water, food, housing, health and nutrition services.

Addressing IDP, host and home community needs in a holistic and integrated manner is imperative to stabilization and resilience-building, and critical to facilitate durable solutions including safe, voluntary, and dignified returns. International assistance to communities needs to be provided in a measured fashion, respecting the above principles of safe return.

**Proposition: an integrated approach to community stabilization**

The proposed programme responds to the immediate need to stabilize communities across Borno and build their resilience. UNDP and WHO, in close collaboration with the federal and local government, and other development partners, have developed an integrated approach for immediate community stabilization and early recovery in North East Nigeria. Moving away from geographically and thematically fragmented interventions, the overarching goal of this resilience-based approach is to rebuild the resilience of conflict-affected people and communities in Borno that were devastated by the onslaught of Boko Haram in a sustainable and environment-friendly way. Self-reliance of communities will be strengthened by applying three key approaches:

1. Provision of an **integrated package of support for community recovery**, building on synergies in four inter-related areas: livelihoods stabilization, immediate basic services provision, restoration of local governance, and social cohesion. These will include a range of integrated and simultaneously implemented activities in each target community.
2. Geographical focus through **combined interventions in a critical number of communities** per LGA, focussing its impact at the community and LGA levels, and fostering linkages between these in order to re-establish the socio-economic fabric of the area.
3. **Flexibility and needs-driven process**: The programme is designed to implement community support packages in geographic areas (“resilience clusters”) selected based on a set of criteria. While a standard support package has been defined for the communities, the approach includes the flexibility to respond and adjust to situation changes and to address the specific needs of each community.

**The theory of change**

The programme “Integrated Community Recovery and Resilience in Borno State” is based on a theory of change that seeks to address the root causes of the Boko Haram insurgency and the structural deficits that continue to drive it. The proposed programme is based on the recognition that sustainable community stabilization and resilience-building in Borno can only be achieved through coordinated interventions in a critical number of communities within the same LGAs, thereby promoting the establishment of community resilience networks within and across LGAs: ***If*** *a critical number of communities within LGAs receive coordinated integrated support,* ***then*** *linkages between these communities will emerge, fostering long-term community resilience.*

At the community level, this requires four simultaneous inputs complementing currently ongoing humanitarian support: stabilization of livelihoods, the provision of sustainable basic services, improved community cohesion and security, and strengthened local governance.

Livelihoods stabilization and resilience building can only happen in a sustainable manner in the post-conflict environment of Borno, especially in the presence of significant humanitarian needs, when basic services related to health, water, and education are provided: ***If*** *key basic services are provided, and various income-generating opportunities are in place,* ***then*** *communities shall become self-reliant, and capable of rebuilding and sustaining their lives.*

In the absence of security, however, communities will not be able to revitalize their income (livelihoods) sources: ***If*** *a minimum level of security can be guaranteed,* ***then*** *communities can become increasingly self-reliant through agricultural and non-agriculture production. Both aspects are, in fact, mutually reinforcing, since communities with stabilized livelihoods are also enabled to strengthen security and early warning measures.*

Figure 2: Overview of the underlying theory of change



The effective and sustainable provision of basic services at the local level requires planning and management by local authorities. Participation on both planning and management by the population, including vulnerable groups with special needs, will ensure that services and service levels are adequate. The gradual emergence of participatory local governance structures will also support the provision of community security and social cohesion. As such, the proposed resilience-based approach will serve two complementary purposes: it will provide social and economic incentives for IDPs to return in an orderly and organized manner, while at the same time addressing the key root causes of the crisis and long-standing grievances of the population related to poverty and economic deprivation, as well as the lack of opportunities. By benefitting both returning IDPs and communities, and through a continuous participatory approach, the programme will strengthen community cohesion and reduce the occurrence of tensions linked to movements of return.

**Programme strategy and expected results**

The intervention strategy of the proposed programme has been developed by WHO and UNDP based on experiences in Borno during 2015/16 and extensive community discussions on lessons learned; what works and what doesn’t work. Accordingly, the programme will simultaneously launch a set of interrelated interventions in 20 communities and three LGAs hubs:

Sustainable restoration of sustainable quality basic services through:

* Repair and **reconstruction of infrastructure** essential for the pursuit of a dignified life in communities that were devastated by conflict (health facilities and nutrition stabilization centres, schools, water and sanitation facilities; electricity to renewable (solar) energy).
* Provision of well-measured **training and incentive packages** to health professionals, teachers and community workers.
* Establishment of **participatory local governance processes** responsible for basic service provision and rebuilding of **social cohesion** through support to social dialogue and participation of communities in service planning and monitoring

Restoration of livelihoods and revitalization of local economic activity through:

* **Livelihoods stabilization** to provide affected communities with immediate short-term opportunities to earn an income and meet immediate needs.
* Revitalization of **environmentally-friendly agricultural production** of food and cash crops in target communities and the engagement of all actors in agro-forestry.
* **Market-based skills development** for youth and women to ensure the conflict-affected communities have access to employment opportunities, and **micro and small enterprise recovery** targeting recapitalization of small enterprises within the areas of return and resettlement and the establishment of community-level loan and savings schemes.

The interventions aim for immediate impact at the community level, especially for vulnerable households (female and youth-headed) within the first 3-6 months of implementation, while nurturing sustainable longer-term change. During the **first six months**, the programme will focus on the provision of immediate livelihoods opportunities through labour-intensive reconstruction, kick-starting agriculture, and the provision of critical health and nutrition, education, and water- and sanitation-related services. During the **following 18 months**, the programme will focus on revitalization of sustainable basic service delivery in the areas of health, education, and water and sanitation, powered by renewable energy; the establishment of sustainable long-term livelihoods; the full rehabilitation and *building back better* of critical community infrastructure as well as the re-establishment and/or revitalization of local governance structures connecting communities and local government, as well as participatory planning and conflict resolution mechanisms.

The programme will simultaneously **target three LGA hubs and 20 communities (with an additional 10 communities covered by the health component)**. In collaboration with state authorities, WHO and UNDP have identified six LGAs as potential targets considering the overall security situation, the level of destruction and need for support, and the number of returnees and population in need: Bama, Mafa, Monguno, Biu, Konduga and Gwoza. However, the detailed LGA and community identification process described in the below section on targeting and stakeholder engagement (see 1.1.2) will be used to finalize the selection of LGAs and target communities at the beginning of the process. All members of target communities, both IDPs currently residing in host communities and people located in the target communities, will be fully involved in recovery planning from the outset, using the process described in detail under output 1.1 in the below section on the detailed interventions strategy.

Supporting conflict-affected populations, three **main target groups** will be engaged throughout the duration of the programme: youth displaced by insurgency; women and young girls, especially female breadwinners; and vulnerable community members (elderly, people with disabilities, etc.). As part of the initial community-level rapid needs assessment, these groups will be identified and mapped. **Gender empowerment** is a critical element of the proposed programme. Previous programme implementation experience in Borno has shown that the systematic inclusion of women in decision making, as well as activities targeting female-headed households, is possible and contributes significantly to the sustainability of interventions. **Partnerships** have been established through signed Memoranda of Understandings (MOUs) with key institutions to create an enabling environment for community recovery, and ensure the effective implementation in areas where additional expertise and capacities are required (see 1.1.2, section on partnerships).

Through the revitalization of basic services and economic activities, and the creation of socio-economic linkages between the communities, **the programme will benefit a total number of 600,000 people** in three LGAs. In 20 target communities, 75,000 people in 15,000 households will directly benefit from programme interventions, out of which the majority are returning IDPs. Ninety-five percent of conflict-affected people in target communities will have sustainable access to quality basic services (health, education, nutrition, WASH, renewable energy), and 80 percent of vulnerable households (85% of female-headed households) will benefit from stabilised income/livelihoods. It is also expected that the percentage of households borrowing money to buy food will drop from currently 52 percent to 15 percent. These output-level results will be assessed through an annual livelihoods and economic survey.

Figure 3: Summary of key activity results

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| --- | --- |
| Programme results | Number |
| Total beneficiaries | 600,000 |
| Total direct beneficiaries | 75,000 |
| Households benefitting from programme interventions | 15,000 |
| Children returning to class | 13,700 (girls: 7,398; boys: 6,302) |
| Rehabilitated health facilities | 30 primary, 3 secondary, psychiatric hospital, midwife & nursery training institute |
| Rehabilitated schools & classrooms | 20 primary, 3 secondary (total 156 class rooms)  |
| Nutrition stabilization centres | 3 (90 in-patient bed capacity) |
| Boreholes & gender-sensitive sanitation facilities | 60 & 60 |
| Community-level solar energy systems | 20 |
| Regional markets & transport hubs | 3 |
| Beneficiaries of immediate employment opportunities | 14,820 (women: 6,820; men: 8,000) |
| Total labour days / Community-level labour days | 228,700 / 11,500 |
| Households receiving agricultural inputs | 14,000 |
| Beneficiaries receiving micro-enterprise support | 4,000  |
| Beneficiaries of vocational training | 2,400 (women: 1000; youth: 1,400) |
| Newly-planted trees | 140,000 |

The programme will reinstate and strengthen local governance structures responsible for provision of basic services in the three LGAs, support the return of informal governance leaders to their communities and strengthen community engagement. The programme also aims to secure a minimum 50 percent of the estimated operating and maintenance (O&M) budget costs for public services delivery in target LGAs and communities. Finally, the programme will establish and support community dialogue and discussion forums in all 20 communities with up to 480 community meetings held. Participation of women should reach at least 40 percent and a minimum of 80 percent of households are expected to be represented in these meetings. At least half of the meetings should be attended by local government employees to discuss issues related to service delivery, with the expected result of at least half of the reported problems or suggestions followed up and resolved by the local government.

**Detailed intervention strategy**

SO1 - Conflict-affected people in target communities, especially vulnerable people in areas of refuge, return and resettlement, have access to quality basic services

This component aims to restore basic services through: a) the reconstruction of critical public infrastructure, b) the deployment and training of public service personnel, and c) the establishment of partnerships between the government and international actors for the provision of basic services. Interventions will require the commitment of the local government for the provision of personnel and an adequate operating budget. Output achievement for this component will be measured through an **annual basic services and conflict perception survey**.

***Output 1.1: Community members are fully involved in planning of basic services and resolve related conflicts effectively (UNDP)***

**This output will contribute to strengthening social cohesion through the establishment of linkages and productive interaction between communities and local government. Capacities of local government officials will be developed to gradually assume the responsibility for basic services provision and participatory reconstruction planning, ensuring that decision-making mechanisms are sustainable, and linking LGAs and communities. Interventions will be connected to, and leverage, EU/WB-supported local governance capacity-building interventions at the state level.

Figure 4: Community recovery planning

Key activities under this output are:

* *Mapping and profiling of local government structures and communities in places of displacement and of origin for 20 target communities*
* *Engage state, LGA and local governments into planning, rehabilitation and provision of basic services in 20 communities and three LGA hubs.*
* *Development of Community Recovery Plans with communities and local governments for 20 communities informing LGA economic development plans.*
* *Establish community platforms in 20 communities to serve as a forum to discuss community needs, grievances and security; building on traditional conflict resolution mechanisms and community security initiatives.*
* *Technical and capacity support to the state coordination body (MRRR) and local governments for recovery coordination, recovery planning and information management.*

The programme will support the re-establishment of community platforms based on existing traditional structures to serve as a forum to discuss community needs, grievances and security. Community recovery plans will be based on standard service packages and adjusted in response to rapid needs assessments. Building the sense of shared ownership of the recovery plans among all local stakeholders will be an important element of restoring the social contract at the grassroots level, also supporting conflict resolution and security in partnership with the British Council (see Partnerships for more information).

***Output 1.2: Target communities provided with health facilities that are rehabilitated, equipped, staffed and providing essential health services (WHO)***

The destruction of health facilities, looting of equipment and supplies, and displacement of staff has resulted in an almost complete lack of health service provision outside of a few key towns, which are dependent on humanitarian support. Ensuring a minimum number of primary and secondary health services are available in newly-accessible areas will form a significant component of this action.

Key activities under this output are:

* *Rehabilitation of health facilities as per the Nigerian MoH norms and standards, and best practice recommended by WHO (three secondary health centres, three nutrition stabilization centres, nine primary health centres, nine primary health clinics and 12 health outposts)*
* *Regular supervision of rehabilitation and continued monitoring of the operational status of the health facilities, including inventory control*
* *Procurement and distribution of medical equipment and (limited and time-bound) supplies for specialized secondary health facility activities*
* *Design of refresher training courses for existing health staff*
* *Development of incentive package for health facility staff in line with State Ministry of Health (SMoH) regulations*
* *Development of and strengthening of a free-of-charge emergency referral system*
* *Developing and supporting a community mental health and psychiatric care outreach programme in the serviced communities*

In collaboration with UNDP, and using labour-intensive approaches where possible (see output 2.1), WHO will rebuild, repair or renovate one secondary health facility and 10 related primary health facilities that are linked through a functional and free emergency referral systems for each of the three target LGAs. The selection process will be done in close consultation with the SMoH, taking into account the on-going and planned actions of other actors. A specific feature of the programme will be the State Psychiatric Hospital. This is to ensure that the neglected and specialized service is connected to LGA secondary health facilities, and psychiatric and mental health services are supported in communities, which will allow a comprehensive service package. This will significantly support healing and stabilization in traumatized communities and therefore contribute strongly to the overall aim of the programme. All facilities will be rehabilitated and equipped following national recommendations, guidelines and standards.

The programme will support the SMoH to update existing staffing lists and payroll, determine human resource needs for the health facilities, develop an incentive package that is in line with SMoH regulation, is sustainable and appropriate. Relevant training needs of existing, newly recruited and seconded staff will be identified, and refresher, skill strengthening and management trainings will be provided through-out the life-span of the project. All 10 primary health facilities in each LGA will be connected through a referral system to a secondary health facility. This crucial part of the action aims to reduce maternal deaths by providing timely access to emergency obstetric care, therefore linking community health interventions with primary health care to secondary health care. The referral system will also play a vital role for children with severe acute malnutrition and acute medical complications that need urgent treatment in secondary health facility stabilization centres. The service will be free of charge so it does not constitute a barrier to accessing health care.

***Output 1.3: Functioning nutrition stabilization centres available to the population in target communities in rehabilitated secondary health facilities (WHO)***

The prevalence of severe acute malnutrition (SAM) has crossed the global emergency threshold, but the in-country capacity to treat SAM with medical complications remains weak. Through this action, WHO aims to establish three stabilization centres (SCs) in each of the newly-rehabilitated secondary health facilities. WHO will deliver inpatient kits to ensure provision of necessary drugs to the stabilization centres and enhance technical capacity of the staff working at the SCs to deliver quality in-patient treatment to save lives. Regular monitoring and supportive supervision field visits will be conducted regularly to ensure stabilization centres are effectively treating the patients.

Key activities under this output are:

* *Establishment of three SCs as per the MoH norms and best practices recommended by WHO*
* *Procurement and delivery of equipment and (limited and time-bound) necessary drugs for the three SCs*
* *Conduct six-day training for the SC staff on inpatient management of SAM*
* *Support scaling up of nutrition interventions including screening at community levels and referral to Primary Health Centres (PHC) and Secondary Health Centres (SHC)*
* *Strengthening of preventive health and nutrition messages at the SHCs and PHCs*
* *Regular supervision and monitoring of quality of services provided at the SCs*

WHO will scale up opportunities for children at risk of acute malnutrition to access preventive interventions. In those areas prioritized within the targeted LGAs, as being highly food insecure and having high global acute malnutrition (ascertained through survey data and programmatic Mid-Upper Arm Circumference screening), regular screening for malnutrition will be conducted through Hard-to-Reach (H2R) teams. Children aged 0-59 months will be systematically screened, detected for malnutrition, and referred to out-patient therapeutic program (OTP) or SCs based on their needs.

***Output 1.4 Training and accreditation capacity for registered nurses and midwives is increased to contribute to a continued supply of human resources for health services in Borno. (WHO)***

Human resource is one of the greatest hurdles to achieving the health sector service delivery goals especially in Borno. The current security challenge has negatively influenced the production, management and development of the much needed human resources to serve in the state. The current administration of the state has identified *Human Resource for Health* (HRH) as a major impediment to achieving its health goals, with the health training institutions losing accreditation, the production of the required health workforce has become a challenge.

Key Activities under this output are:

* *Curriculum review, improvement of training and development of the midwifery and nursing schools*
* *Provision of equipment and teaching aids for the two schools*
* *Support of the development and revision of a state HRH strategy and implementation plan*

WHO will work closely with the SM0H to strengthen health human resources (HRH) management strategies and interventions in the SMoH and its agencies. This will include the establishment of Borno HRH information system, development of gender-balanced recruitment policies, staff redeployment systems including institutionalization of the Workload Indicator of Staffing Needs (WISN) tool to guide equitable redistribution of staff. WHO will also provide a package of assistance to the Schools of Nursing and Midwifery in Maiduguri. The assistance package will entail classroom furniture, lab equipment and teaching aids as well as minor rehabilitation of the buildings.

***Output 1.5: Target communities are provided with sustainable access to water, education and renewable energy for key community infrastructure (UNDP)***

In addition to the revitalisation of comprehensive health services, the programme will provide an integrated package of water, education and energy services to each of the 20 beneficiary communities. Community-specific packages will be defined based on rapid needs and gender assessments and finalised through consultations with communities, security groups, and local governments in the form of community recovery plans. A key aspect of the rehabilitation work will be the (re)designing of facilities with the underlying principle of *building back better* and compliance with the current standards of the Ministries of Environment, Education and Health. Rehabilitation will be done with community members using a labour-intensive approach where possible (see output 2.1).

Key activities under this output are:

* *Construction/rehabilitation of water and gender-sensitive sanitation facilities for domestic use and production for 20 communities and three LGA hubs*
* *Rehabilitation and equipping of 60 boreholes and piping for irrigation and community use (three per community)*
* *Rehabilitation and equipping of educational facilities (20 primary schools and three secondary schools totalling 156 class rooms)*
* *Installation of renewable (solar) energy systems to power water and sanitation systems, schools and healthcare centres in 20 communities and three LGA hubs*
* *Provision of a 12-month incentive package to 184 teachers in 20 communities and three LGA hubs*
* *Provision of training to 69 community workers in charge of infrastructure maintenance and management in 20 communities and three LGA hubs*
* *Reconstruction of police stations and markets in three strategic locations (hubs)*

The programme will set up a working level coordination mechanism bringing together the Ministry of Reconstruction, Rehabilitation and Resettlement (MRRR), Ministry of Health, Ministry of Education, Ministry of Local Governance and Chieftaincy Affairs and Chairmen and Secretaries of the three selected LGAs, as well as UNICEF.

The standard infrastructure package for each community has been designed to include the reconstruction and equipping of a primary school (six classrooms), including gender-sensitive sanitation facilities; restoration of primary healthcare facilities; rehabilitation of water facilities including drilling/equipping of three boreholes for the supply of potable water for human consumption and water sources for livestock and irrigation farming; solar power stations to power the borehole, school and clinic; and construction of gender-sensitive public sanitation facilities. This package will be adjusted for each community based on specific needs and complemented by MRRR. Solar energy systems will be installed in each community and the hubs to power public infrastructure. Resources will be optimized to build one system to power key facilities: the school, the health facility and the boreholes. A special training on operation and maintenance for local government employees and community members will be provided. In addition, the three LGA hubs will provide surrounding communities with one secondary school (12 classrooms), one secondary healthcare centre, a market with a transport hub, and a police post.

In collaboration with UNICEF, the programme will also support the Ministry of Education to update existing staffing lists and payroll, determine human resource needs for schools, and develop an incentive package that sustainable, appropriate, and in line with SMoE regulation. Relevant training needs of existing, newly recruited and seconded staff will be identified and refresher trainings provided.

SO 2 - Livelihoods of conflict-affected people in target communities are stabilized through environment and climate-resilient income opportunities (special focus on women, youth and vulnerable households).

This component will focus on agriculture and non-agriculture based livelihoods with the aim of enhancing income from agricultural production, diversifying livelihood sources, and creating medium and long-term jobs for women and youth. The support will include developing and enhancing local value chains for small holders to support sustainable return or resettlement of conflict-affected people. In addition, the establishment of market structures and small businesses will be facilitated, while supporting life skills and employability of beneficiaries. Output achievement for this specific component will be measured through an **annual livelihoods survey**.

***Output 2.1: Vulnerable households in target communities are provided with immediate employment opportunities (UNDP)***

Unemployment has been identified as a key driver of conflict. Youth unemployment, in particular, is seen as a direct motive for joining the insurgency. As such, employment generation is a key factor contributing to the stabilization and resilience-building process, as well as to improvements in overall security in target locations. Rehabilitation of all infrastructure in this programme, as well as land clearance and work on productive assets such as markets and irrigation systems, will therefore be done using the cash-for-work (CfW) approach. Workers will be selected in consultation with the local community and will, to a large extent, comprise members of the target community.

Key activities under this output are:

* *Participatory identification of beneficiaries and compilation of comprehensive registry of beneficiaries for CfW and other livelihoods initiatives*
* *Immediate income generation through cash for work on selected community infrastructure, land clearance and productive assets (women: 6,820; men: 8,000; total: 14,820 beneficiaries)*

To ensure interventions *do no harm*, the selection of the 14,820 beneficiaries (one household member in each of the 20 communities) will be done by the communities themselves. To promote equity, at least one member of each household in every community will be given a space on rehabilitation teams. CfW monitoring will be performed through three independent channels: a) regular programme staff visits, b) independent staff monitoring visits, and c) continuous community engagement. The approved lists of beneficiaries will be well known to the communities who will monitor the work and ensure that the selected community members are both on the constructions sites and also paid accordingly with special opportunities for women, youth and vulnerable groups (with attention to gender roles). Beneficiaries will be given the choice of opening a bank account or receiving the payment through a mobile money system. In exceptional cases, cash payments with special safeguard measures will be considered. To promote financial inclusion through this process, basic financial education, with emphasis on savings awareness, will be provided to the participants (link to output 2.3 - village savings and loan associations [VSLAs]). Work activities will be designed in a way that ensures the participation of women (40 percent). Specific protection measures will be adopted in this regard.

***Output 2.2: Environmentally-friendly agricultural production of food and cash crops revitalised in target communities (UNDP)***

This output seeks to restore and diversify livelihoods sources in the areas of return and resettlement, and create both short-term employment opportunities through kick-starting of agricultural activities as well as the establishment of longer-term agricultural livelihoods through key value-chains.

Key activities under this output are:

* *Restoration of agricultural and livestock production (start-up kit/restocking) for 14,000 households*

*Rapid assessment of viable value chains (NIRSAL – Incentive-Based Risk-Sharing System for Agricultural Lending)*

* *Build community technical capacity for selected value chains through training of 1,200 selected beneficiaries, 60 in each community (NIRSAL)*
* *Start-up kits/grants for selected value chains (agro-processing, poultry, honey value, leather processing, etc.) for 60 groups of five to 10 beneficiaries*
* *Establish agro-forestry (planting of 140,000 trees) within the agricultural areas and around rehabilitated public facilities*
* *Develop market linkages and financial access for select value chains (Bank of Industry - BoI)*

Immediate access of target communities to food will be ensured in collaboration with the Borno State Emergency Management Agency (SEMA) and the World Food Programme (WFP), while 14,000 households in 20 communities will be provided with a starter set of food crops, vegetable seeds, and hand tools. This will be done in coordination with FAO to ensure overall consistency in terms of approach and ensure the target communities remain productive during the value chain development process.

Through a specialized contractor, the Nigeria Incentive-Based Risk-Sharing System for Agricultural Lending (NIRSAL), a rapid assessment of viable value chains will be made, and skills and technical capacity of women and youth built accordingly for select value chains. Productive assets and infrastructure required to support development of the value chains will be rehabilitated in each community. This will include, but not be limited to, markets, solar-powered small scale irrigation, and water for production. Start-up kits/grants will be provided to three entrepreneurial groups (60 in total) in each community for the development of selected value chains including agro-processing, fish value chain, poultry, honey value, leather processing, and other locally viable initiatives. Market linkages for end products will be established and access to finance facilitated in partnership with NIRSAL and the Bank of Industry (BoI). The programme will also support fruit tree planting and agroforestry in all value chain sites (total of 140,000 trees), around newly established public infrastructure and all farm lands.

***Output 2.3: Market-based skills of displaced women and youth developed, and local economy revitalised (UNDP)***

The conflict in the northeast has not only disrupted the basic education system, but also the vocational education and training systems. As a result, a large number of youth, women and vulnerable people lack the skills necessary to enter the formal job market or self-employment. To alleviate this, the proposed action will support the re-establishment, rehabilitation and expansion of vocational training institutions in the focus LGAs and facilitate training of select youth in this facilities. Interventions have been design based on extensive previous experience in terms of skills development through vocational training and business development (see section 1.2).

Key activities under this output are:

* *Conduct a rapid assessment for market-based skills gaps*
* *Participatory selection of conflict-affected youth and women for skills development*
* *Establish and equip satellites of vocational training institutes (polytechnics) in three strategic locations*
* *Conduct vocational training for 2,400 beneficiaries (1,000 women, 1,400 youth) in selected market skills in partnership with existing institutions*
* *Start-up grants for 200 groups of youth/women entrepreneurs to facilitate start-up of micro and small businesses*
* *Promote local capital development through establishment of three VSLAs of 10 – 15 members in each of the 20 communities for beneficiaries under output 2.1 and 2.2*

A rapid assessment will establish a set of market relevant skills based on needs in each LGA. This will complement information already identified through UNDP’s livelihood assessments conducted in 2016 and 2017. The assessments will provide the basis for the types of training required and potential employment/placement opportunities for the graduates. Following the participatory selection of 2,400 beneficiaries focusing on youth with conflict-carrying capacity (1,400) and women (1,000), the programme will provide vocational training in partnership with northeast-based polytechnic schools (Ramat Polytechnic and Yola Technical Training Centre). Ensuring the capacity of polytechnic institutes to provide training to a sufficient number of people, one satellite vocational training institute in each of the three strategic LGAs will be established. To support small business creation, 10 groups of 2 – 12 beneficiaries in each target community will receive start-up grants for small enterprises, prioritizing youth and women. Furthermore, three village savings and loan associations (VSLA) composed of 10 – 15 members will be established in each of the 20 target communities for cash workers (output 2.1, 2.2) or members of newly established businesses and linkages with financial institutions created. The latter will lay the foundation for the establishment of a more formal and comprehensive social security system in Borno at a later stage.

**Knowledge management and products**

Through its comprehensive and integrated approach to rebuilding communities and creating social and economic linkages between these, the proposed programme offers a unique opportunity to gather new knowledge on situation changes and community needs in Borno, successful and unsuccessful approaches to recovery and resilience-building, as well as on ways to strengthen local governance accountability and capacities. As part of its activities, the programme will therefore regularly analyse and disseminate knowledge products. Specifically, two annual surveys will be conducted both for output monitoring purposes and to inform programme strategic decision: a livelihoods and economic survey, and a basic services and conflict perception survey. Results of these two surveys will be reviewed and discussed with community members and local authorities. They will also be disseminated to a broad audience on development partners.

#### Methodology

**Programme steering**

The programme oversight structure consists of a steering committee providing strategic guidance for annual work plans and resources allocation, and a technical committee performing regular progress monitoring and recommending work plan adjustments in the event of situation changes on the ground.

The **Programme Steering Committee** will be co-chaired by the European Union, the State Ministry of Reconstruction, Rehabilitation and Resettlement (MRRR) and UNDP. It will be composed of representatives of: WHO, State Ministries of Health, Education and Agriculture, The Nigerian Police, and an LGA representative from each of the three LGAs. The Programme Steering Committee will provide strategic direction for the overall management of the programme and review implementation progress. Decisions of the steering committee should be made through consensus of its members. Where the membership is unable to reach consensus, final decisions will be taken after consultation between EU, WHO and UNDP. The PSC will meet every six months, or as required.

In addition, a **technical committee** of the same membership with technical representatives will meet at least every quarter, and more often if required, to review progress and provide orientations on resource allocation decisions and targeting in light of the volatile environment.

Figure 5: Programme steering structure



**Programme coordination and management**

The programme will be executed using the Direct Implementation (DIM) modality, and the Borno State Government will be the main national counterpart. Acting within the scope of the decisions taken by the Programme Steering Committee, UNDP will have full fiduciary and overall management responsibility. Both UNDP and WHO will be responsible for the timely and effective implementation of respective programme activities, reporting and achievement of the programme deliverables as per the distribution of activities between the two agencies outlined in the budget and work plan. Any procurement under this programme will be undertaken by UNDP and WHO in accordance with the respective procurement rules and regulations, procedures and practices, and any special provisions agreed by UNDP and WHO with the EU. In collaboration with MRRR and line ministries for water, local governance affairs and education, **UNDP** will be responsible for:

* Overall financial and substantive monitoring and reporting
* Overall work plan coordination and programme financial management
* Donor visibility and communications
* The implementation of activities of the following components: local governance interaction output 1.1), basic services components water and education (output 1.5), and livelihoods (outputs 2.1 – 2.3)
* Reconstruction of health facilities in support of output 1.2.

In collaboration with the Ministry of Health, **WHO** will be responsible for:

* Rehabilitation, equipping and staffing of health facilities, as well as service monitoring thereafter (output 1.2)
* Establishment of nutrition stabilization centres and technical support to the treatment of severe malnutrition cases (output 1.3).
* Training and deployment of human resources (specialized/operational) to deliver healthcare services (output 1.4)
* Work planning and  financial management and reporting of WHO's participation to the programme

UNDP and WHO, in close collaboration with MRRR, will establish a dedicated programme management team based in Borno, which will be responsible for the effective implementation of the programme work plan with inputs from the steering committee and the technical committee. Overall coordination of programme implementation will be ensured by the UNDP northeast coordinator, in close coordination with the Borno State Commissioner for Reconstruction, Rehabilitation and Resettlement. The WHO and UNDP components of the work plan will be managed by the UNDP programme manager and the WHO incident manager, respectively. Operations support is partially built into the programme, and will partially be sourced from the Abuja offices of UNDP and WHO.

Figure 6: Overview of programme implementation team



Most items supporting the implementation of the programme will be procured and/or produced locally. The largest foreseeable purchases relate to the supply of agricultural inputs and construction materials. Highly specialised equipment related to the rehabilitation of health facilities will be procured internationally. The programme will be implemented in full alignment with international programme management standards, and specifically in line with UNDP and WHO rules and regulations, administrative procedures, practices, and policies [[9]](#footnote-9) and applicable terms of the PA grant agreement. The programme will entail an external evaluation at the end of the programme. The programme is also fully compliant with UNDP’s Environmental and Social Safeguards policy.[[10]](#footnote-10) As such, all activities will pass a screening process in terms of possible negative impact, and a grievances reporting mechanism will be established for communities and individual beneficiaries.

**Targeting and stakeholder engagement**

The approach supports resilience clusters in each LGA, rather than individual and scattered locations. The model is designed to target strategic geographical locations in the affected state of Borno, which should serve as resilience hubs to neighbouring communities not directly targeted, thus triggering socio-economic momentum within each targeted LGA. Each cluster will be built around one strategic location, in light of previously existing market and production structures or basic service facilities. This could be a location with a big market place where people from surrounding villages can trade, or a location of a major route between important towns, or a location where secondary healthcare centres or secondary schools are located serving neighbouring smaller villages. Using the above formula, three strategic hubs (larger towns) and 20 communities with an average population size of 3,500 people each will be targeted. While the programme intends to support conflict-affected populations, three main target groups will be engaged throughout the duration of the programme: youth displaced by insurgency; women and young girls, especially female breadwinners; and vulnerable community members (elderly, people with disabilities, etc.).

In terms of **geographic targeting**, WHO and UNDP have identified the following LGAs as potential targets in light of the overall security situation, the level of destruction/need for support, the number of returnees and population in need: Bama, Mafa, Monguno, Biu, Konduga and Gwoza. Given that the situation in Borno is volatile, the final selection of LGAs and target communities will follow a three-step process at the beginning of the programme:

1. Prioritisation by the government of all locations for integrated recovery

In April 2017, Borno’s Ministry of Reconstruction, Rehabilitation and Resettlement, working closely with all relevant line ministries, has put in place sound and evidence-based selection mechanism of priority LGAs and wards for integrated recovery interventions. This selection looks at the following three key criteria: accessibility; vulnerability of population and impact opportunity; and the level of destruction (needs).



Using this selection, UNDP and WHO will work with the relevant government counterparts at the state level to identify 20 communities and three LGA hubs for the Programme.

2. Cross-check with relevant line ministries and the Donor Recovery Cluster

Following the initial selection, validation with the relevant line ministries, the technical committee, LGA local governments and development partners through the Early Recovery and Livelihoods Sector Working Group will be done. The validation will confirm that O&M budget and staff for provision of the reinstated basic services will be made available in the longer term, and that there is no overlap, but possibly complementation, with the interventions of other partners.

1. Rapid assessment on the ground in pre-selected locations

Upon validation, a rapid on-site assessment will be carried out to confirm that:

* Security and accessibility: the location is stable and has been stable for the past six months, and the location is accessible for both communities, and programme staff and contractors
* The returns have already begun or there is a significant potential at the time of selection
* Needs and engineering assessment of facilities to develop BOQs and scope of works
* Target group and gender assessment – confirming and mapping of target groups

In consultation with the programme technical committee, adjustments to community targets will be made as required by a changing situation on the ground. Identified additional opportunities such as an occurring non-anticipated return movement can be also integrated into the approach based on guidance from the technical committee.

**Partnerships**

Close collaboration and partnerships with the federal and state level governments in Borno is critical for the successful and sustainable implementation of the programme. Strong partnership with the state government will ensure sustainability in terms of operation and management of the restored basic services. In addition, collaboration with LGA-level government and traditional structures will be essential to ensure effective and efficient service delivery. UNDP and WHO will work in partnership with these levels of government throughout the programme cycle. In addition, close coordination will be undertaken with specialised institutions to enhance the impact of the programme. First and foremost, **WHO** and **UNDP** have codified their partnership prior to the development of this joint proposal, jointly working on the rehabilitation and delivery of key basic services. In addition, **UNDP** has established specific partnerships with specialised institutions supporting the successful implementation of the programme through the creation of important framework conditions. These partnerships have been codified through separate and duly signed Memoranda of Understanding:

* The **British Council**, funded separately by the EUTF, will intervene in the same target locations to work on all aspects related to community security and reconciliation.
* The **Mines Advisory Group**, in case successful with its proposal to the same call for proposals, will intervene in the target communities to ensure mine risk education and mine clearance support prior to agriculture and reconstruction works commence.

Discussions are also ongoing with **Solar Nigeria/DFID**. There is agreement that if both proposals are approved, UNDP/WHO and Solar Nigeria/DFID will seek to select intervention locations jointly. In this case, energy needs of public health facilities and boreholes in target communities could be met through the Solar Nigeria/DFID programme. On aspects of basic services related to education and water and sanitation, close collaboration with **UNICEF,** and on aspects related to agriculture with **FAO** will be ensured. The programme will create linkages with, and benefit from, ongoing humanitarian interventions in the target locations, if any. The Inter-Sector working group as well as specific sector working groups will be platforms for information exchange and coordination where appropriate. In addition, UNDP co-chairs the Early Recovery and Livelihoods Sector Working Group together with the MRRR. Through this platform the programme will pursue strong collaboration with all actors within the sector. Finally, close collaboration and information exchange will be ensured with the **three development banks** and their programmes (WB, AfDB, IsDB), and synergies created where possible. It is anticipated that these synergies will entail the strengthening of state government capacities for coordination and monitoring through the EU/WB support to MRRR.

**Monitoring and reporting arrangements**

Regular monitoring and tracking of results will be required in order to allow for adjustments of the proposed approach and/or site specific interventions. The following arrangements will be used for monitoring:

* **Progress tracking**: data will be collected jointly by UNDP and WHO on a quarterly basis to track physical progress as well as initial results (on beneficiaries). This will be achieved through regular field visits by programme staff and specific monitoring visits by the M&E officers, who will regularly collect data against all indicators defined in the log frame. Documented progress will be discussed in regularly technical committee meetings and recommendation for adjustments made.
* **Risk monitoring**: quarterly monitoring of risks and assumptions will be undertaken to adjust the risk mitigation plan. Management actions will be defined and followed up using a risk log.
* **Knowledge management**: lessons learned and good practices will be captured regularly to allow for scaling up and replication.

UNDP and WHO will submit to the members of the Programme Steering Committee: Quarterly progress updates; annual reports; and a final report upon programme closure. Evaluation of the impact will require regular and sound long term analysis. To that effect, UNDP and WHO will conduct a Livelihoods and Economic Survey and a Basic Services and Conflict perception survey on an annual basis. The programme will also be subject to an independent evaluation in the second quarter of year 2. This evaluation will draw on all monitoring and survey data, and generate additional qualitative and quantitative data to establish an overall conclusion. The project shall be subject to the internal and external auditing procedures laid down in the Financial Regulations, Rules and directives of respective UN entities.

**Communication, publication, and visibility**

In line with the applicable provisions of the PA Grant Agreement (article 8) and the Joint Visibility Guidelines for EC-UN actions in the field, UNDP and WHO will take all appropriate measures to publicise the programme and its achievements as part of the support of the European Union to Nigeria and the recovery of the northeast. To that effect, a Communications and Visibility Plan will be developed and agreed with the EU. Information given to the press and programme beneficiaries, all related publicity materials, official notices, reports, and publications, as well as all procurement notices shall acknowledge that the programme was carried out with funding from the European Union. Where the context and resources permit, UNDP and WHO shall complement the static elements of visibility and information communication with dynamic ways of highlighting EU support and the impact of the action.

#### Indicative action plan for implementing the action

|  |
| --- |
| **Year 1** |
|  | Half-year 1 | Half-year 2 | I.B. |
| Activity | 1  | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |  |
| 1.1.1: Mapping and profiling of local gov. structures and communities (in displacement and origin) |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 1.1.2: Engage state, LGA and local gov. into planning, rehabilitation and provision of basic services |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 1.1.3: Development of 20 Community Recovery Plans with communities and local governments  |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 1.1.4: Establish Community Platforms to discuss community needs, grievances and security |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 1.1.5: Technical and capacity support to the state coordination body (MRRR) and local governments  |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 1.2.1: Identification of primary health facilities and secondary health facilities for intervention |   |  |  |  |  |  |  |  |  |  |  |  | WHO |
| 1.2.2: Rehabilitation of health facilities as per the Nigerian MoH norms and standards |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| 1.2.3: Regular supervision of rehabilitation and continued monitoring of health facilities |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| 1.2.4: Procurement and distribution of medical equipment and supplies  |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| 1.2.5: Design and delivery of refresher training courses for existing health staff |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| 1.2.6: Development of incentive package for health facility staff  |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| 1.2.7: Development of and strengthening of a free of charge emergency referral system |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| 1.2.8: Supervision and monitoring of quality of services provided by health facilities |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| 1.2.9: Developing and supporting a community mental health and psychiatric care outreach programme  |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| 1.3.1: Establishment of SCs as per the MoH norms and best practices recommended by WHO |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| 1.3.2: Procurement and delivery of SC equipment and (limited and time-bound) necessary drugs  |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| 1.3.3: Conduct 6 days training for the SC staff on inpatient management of SAM |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| 1.3.4: Support scaling up of nutrition interventions including screening at community levels and referral  |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| 1.3.5: Strengthening of referral system of SAM cases with medical complications to the SHCs |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| 1.3.6: Strengthening of preventive health and nutrition messages at the SHCs and PHCs |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| 1.3.7: Regular supervision and monitoring of quality of services provided at the SCs |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| 1.4.1: Curriculum review, improvement of training and development of the midwifery and nursing schools |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| 1.4.2: Provision of equipment and teaching aids for the schools |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| 1.4.3: Support of the development of State Human Resources for Health strategy and Implementation Strat. |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| 1.5.1: Construction/rehabilitation of water and sanitation facilities for 20 communities and 3 LGAs |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 1.5.2: Rehabilitation and equipping of boreholes for irrigation and community use (3 per community) |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 1.5.3: Rehabilitation and equipping of educational facilities  |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 1.5.4: Installation of solar energy systems for water & sanitation systems, schools, health care centres.  |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 1.5.5: Provision of incentive packages to teachers/community workers for infrastructure maintenance  |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 1.5.6: Provision of training to teachers/community workers for infrastructure maintenance  |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 2.1.1: Identification of beneficiaries and compilation of registry of CfW beneficiaries |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 2.1.2: Immediate income generation through cash for work (infrastructure, land clearance, debris) |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 2.1.3: Rehabilitation of productive assets (markets, small scale irrigation, etc.) through cash for work  |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 2.2.1: Restoration of agricultural production  |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 2.2.2: Restoration of livestock production |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 2.2.3: Rapid assessment of viable value chains (NIRSAL) |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 2.2.4: Build community technical capacity for selected value chains through training (NIRSAL) |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 2.2.5: Start-up kits/grants for development selected value chains for farm based products |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 2.2.6: Establish agro-forestry within the agricultural areas and around rehabilitated public facilities  |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 2.2.7: Develop market linkages and financial access for select value chains (Bank of Industry - BoI) |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 2.3.1: Conduct rapid assessment for market-based skills gaps  |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 2.3.2: Participatory selection of conflict-affected youth and women for skills development |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 2.3.3: Establish and equip satellites of vocational training institutes (polytechnics) in 3 strategic locations |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 2.3.4: Conduct vocational training for the selected market skills in partnership with existing institutions |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 2.3.5: Start-up grants for 200 groups of youth/women entrepreneurs  |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 2.3.6: Promote local capital development through establishment of 3 VSLAs  |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |

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| **Year 2** |
|  | Half-year 1 | Half-year 2 |  |
| Activity | 1  | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | I.B. |
| 1.1.1: Mapping and profiling of local gov. structures and communities (in displacement and origin) |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 1.1.2: Engage state, LGA and local gov. into planning, rehabilitation and provision of basic services |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 1.1.3: Development of 20 Community Recovery Plans with communities and local governments  |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 1.1.4: Establish Community Platforms to discuss community needs, grievances and security |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 1.1.5: Technical and capacity support to the state coordination body (MRRR) and local governments  |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 1.2.1: Identification of primary health facilities and secondary health facilities for intervention |   |  |  |  |  |  |  |  |  |  |  |  | WHO |
| 1.2.2: Rehabilitation of health facilities as per the Nigerian MoH norms and standards |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| 1.2.3: Regular supervision of rehabilitation and continued monitoring of health facilities |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| 1.2.4: Procurement and distribution of medical equipment and supplies  |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| 1.2.5: Design and delivery of refresher training courses for existing health staff |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| 1.2.6: Development of incentive package for health facility staff  |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| 1.2.7: Development of and strengthening of a free of charge emergency referral system |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| 1.2.8: Supervision and monitoring of quality of services provided by health facilities |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| 1.2.9: Developing and supporting a community mental health and psychiatric care outreach programme  |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| 1.3.1: Establishment of SCs as per the MoH norms and best practice recommended by WHO |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| 1.3.2: Procurement and delivery of SC equipment and (limited and time-bound) necessary drugs  |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| 1.3.3: Conduct 6 days training for the SC staff on inpatient management of SAM |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| 1.3.4: Support scaling up of nutrition interventions including screening at community levels and referral  |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| 1.3.5: Strengthening of referral system of SAM cases with medical complications to the SHCs |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| 1.3.6: Strengthening of preventive health and nutrition messages at the SHCs and PHCs |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
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| 1.4.1: Curriculum review, improvement of training and development of the midwifery and nursing schools |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
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| 1.4.3: Support of the development of State Human Resources for Health strategy and Implementation Strat. |  |  |  |  |  |  |  |  |  |  |  |  | WHO |
| 1.5.1: Construction/ rehabilitation of water and sanitation facilities for 20 communities and 3 LGA hubs |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 1.5.2: Rehabilitation and equipping of boreholes for irrigation and community use (3 per community) |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 1.5.3: Rehabilitation and equipping of educational facilities  |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 1.5.4: Installation of solar energy systems for water & sanitation systems, schools, health care centres.  |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 1.5.5: Provision of incentive packages to teachers/community workers for infrastructure maintenance  |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 1.5.6: Provision of training to teachers/community workers for infrastructure maintenance  |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 2.1.1: Identification of beneficiaries and compilation of registry of CfW beneficiaries |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 2.1.2: Immediate income generation through cash for work (infrastructure, land clearance, debris) |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 2.1.3: Rehabilitation of productive assets (markets, small scale irrigation, etc.) through cash for work  |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 2.2.1: Restoration of agricultural production  |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 2.2.2: Restoration of livestock production |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 2.2.3: Rapid assessment of viable value chains (NIRSAL) |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 2.2.4: Build community technical capacity for selected value chains through training (NIRSAL) |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 2.2.5: Start-up kits/grants for development selected value chains for farm based products |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 2.2.6: Establish agro-forestry within the agricultural areas and around rehabilitated public facilities  |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 2.2.7: Develop market linkages and financial access for select value chains (BoI) |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 2.3.1: Conduct rapid assessment for market-based skills gaps |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 2.3.2: Participatory selection of conflict-affected youth and women for skills development |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 2.3.3: Establish and equip satellites of vocational training institutes in 3 strategic locations |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 2.3.4: Conduct vocational training for the selected market skills in partnership with existing institutions |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 2.3.5: Start-up grants for 200 groups of youth/women entrepreneurs  |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |
| 2.3.6: Promote local capital development through establishment of 3 VSLAs  |  |  |  |  |  |  |  |  |  |  |  |  | UNDP |

#### Sustainability of the action

***Guiding principles***

To ensure sustainability, it is critical to encourage sustainable, nationally-owned solutions that support self-reliance and the revitalisation of community-level coping mechanisms. While the vulnerabilities of communities will be reduced through the provision of critical basic services, local ownership needs to be ensured from the outset. The programme therefore adheres to the following principles:

* **Supporting, not replacing**. While immediate support to displaced and vulnerable populations requires the immediate provision of life-saving services, interventions should as much as possible ensure that national, state and community-level assistance is supported and strengthened; not replaced.
* **Rebuilding resilience bottom-up**. It is critical to rebuild the social fabric carefully bottom-up, while state-level social service capacities are gradually rebuilt.
* **Addressing structural root causes**. To stabilize and return Borno, and the North East Nigeria to a sustainable development pathway, the interplay of underlying structural causes must be sufficiently and adequately addressed. As such, a successful approach will need to address key pre-existing conflict drivers, currently worsened as a result as the destruction, including widespread and deepening poverty and depravation of livelihoods, as well as political exclusion and weak governance resulting in inadequate distribution of financial resources, and failing to provide essential service to the population.
* **Preventing or reducing violence**. The stabilization phase can profoundly affect the chances of successful social and economic recovery and development. This will require understanding what reinforces stability or instability in selected communities.

**Sustainability and scaling up**

While the programme targets 20 communities in three LGAs, the model can be replicated as new areas become accessible. Since the programme will be implemented and coordinated in partnership with state-level authorities, its approach can be adopted by the state, adjusted in light of early lessons learned, and scaled up through national funding and leadership. For this purpose, and as integral part of the programme, the capacities of state and local-level authorities will be strengthened on a day-to-day basis through engaging them at all stages of the implementation process, and assistance will be provided for bottom-up budgeting in order to ensure sufficient funding for sustaining services in the newly revitalized areas.

**Risks and assumptions**

The overall risk level is high due to the general volatility of the situation, especially as it relates to security and access in a volatile environment. UNDP and WHO will therefore regularly assess risks and continuously implement a risk mitigation strategy. The donor and programme stakeholders (including communities) will be informed of changes in risks, and consulted on mitigation actions. For more details, please refer to the risk identification and mitigation matrix at the end of this section.

**Cost effectiveness and sustainability**

The proposed approach has been designed based on lessons learned from previous interventions, with the specific goal to maximise impact. The programme replicates an approach tested and proven in 2 communities, creating economies of scale, increasing the probability of success, and reducing procurement and management costs. The expected multiplier effect within and across LGAs through interventions focussing on and linking a critical number of communities into resilience clusters will also lead to significant cost efficiencies and enables the programme to benefit the full population of the selected LGAs.

**Detailed risk identification and mitigation matrix**

|  | Result / Intervention | **Risks** | **Type** | **Probability & Impact** | **Mitigation Measure** | **Residual Risk** | **Responsible** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Overall objective** | I: The resilience of conflict-affected people and communities in Borno is rebuilt in a sustainable and environment-friendly way. | Security worsens and no alternative pathway for returning / captured BH fighters is createdState-level coordination of recovery activities is insufficient and ineffective due to capacity gaps | SecurityProgrammatic | 3x5=154x5=20 | Careful selection of target localities and communities, advocacy for alternative pathwayCapacity support through EU/WB, complemented by UNDP | 2x3=62X4=8 | GoNInternational Partners |
|  |  |  |  |  |  |  |  |
| **Specific objectives** | OC 1: Conflict-affected people in target communities, especially vulnerable people in areas of refuge, return and resettlement, have access to quality basic services. | Security providers cannot / do not extend their support to selected locations Insufficient number of beneficiaries to impact resilience in Borno | SecurityOperational | 3x5=153x3=9 | Partnership with British Council (MOU), MRRR, and police.Cluster approach of programme (3 hubs and 20 communities) | 1x3=32x2=4 | GoNUNDP |
| OC 2: Livelihoods of conflict-affected people in target communities are stabilized through environment and climate-resilient income opportunities  | Mine, IED and UXO risk awareness training and clearance will not be completed in timeInterventions do not lead to sustainable long-term livelihoods | Operational Economic | 3x3=93x3=9 | Partnership with MAG (MOU) and the militaryMarket study and combined agric / business approach | 2x2=42x2=4 | UNDPUNDP |
|  |  |  |  |  |  |  |  |
| **Outputs – SO 1** | OP 1.1: Engagement of community members in planning of basic services significantly increased, and related conflicts resolved effectively | Lack of buy-in from state and LGA-level governments Lack of communities buy-in in local security planning and conflict resolution  | PoliticalPolitical | 3x5=152x5=10 | Partnership with British Council for extensive police, cohesion and conflict workParticipatory planning approach | 2x3=61x2=2 | UNDPUNDP / WHO |
| OP 1.2: Target communities provided with health facilities that are rehabilitated, equipped, staffed and providing essential health services | Insufficient resources are allocated for running cost/ recurrent budget for restored services (health)Lack of health workers with the required capacities  | Financial Social / Operational | 4x4=164x5=20 | Incentive packages, and pre-negotiationsInclusion of training facility in programme | 2x2=42x3=6 | WHOWHO |
| OP 1.3: Serious malnutrition in target communities addressed through functioning nutrition stabilization centres  | Insufficient capacity of the nutrition stabilization centres to effectively address the caseload Referral system is overloaded and does not perform | OperationalOperational | 3x5=153x5=15 | Design of centres based on careful situation analysis and assessmentDesign of system based on careful situation analysis and assessment | 2x3=62x3=6 | WHOWHO |
| OP 1.4 OP 1.4 Human resources supply and capacities (specialized / operational) to deliver healthcare services in target communities and rehabilitated facilities sustainably strengthened | Lack of interested and qualified candidates for nursing and midwife training and/or deploymentNursing and midwifery schools will not be functional in time | SocialOperational | 3x5=153x5=15 | Incentive Package, dedicated training facility included in programmeSequencing of interventions; prioritization to training facility | 2x2=42x2=4 | WHOWHO |
| OP 1.5: Target communities are provided with sustainable access to water, education and renewable energy for key community infrastructure | The Government does not allocates resources for running cost/ recurrent budget for restored services (water, education)New boreholes negatively impact groundwater levels | PoliticalEnvironmental | 4x5=203x4=12 | Incentive package, pre-negotiationGroundwater study, water-efficient drip-irrigation system | 2x3=61x2=2 | UNDPUNDP |
|  |  |  |  |  |  |  |  |
| **Outputs – SO 2** | Output 2.1: Vulnerable households in target communities are provided with immediate employment opportunities | Lack of availability / interest of youth and women for CfW activitiesPayment method fails because of logistical and security challenges | SocialOperational | 2x4=84x5=20 | Interest established during programme development phase. Provision of 3-pronged system: cash vendor, mobile money and bank account | 2x2=42x3=6 | UNDPUNDP |
| Output 2.2: Environmentally friendly agricultural production of food and cash crops revitalised in target communities | Immediate income and basic services provided to households prevent agricultural production. Increased agricultural activity negatively impacts water and environmentFields are not accessible because of mine / UXO risk  | EconomicEnvironmentalOperational | 3x4=123x3=93x4=12 | Sequencing; household-based approach, one beneficiary per householdGroundwater study, water-efficient irrigation and environmental-friendly techniquesPartnership with MAG and sequencing | 1x2=21x2=22x2=4 | UNDPUNDPUNDP |
| Output 2.3: Market-based skills of displaced women and youth developed and local economy revitalised | Immediate income concerns prevent value-chain development and small business creation. Savings communities do not have sufficient capacity to effectively protect small business owners from disasters and accidents  | EconomicEconomic | 3x4=123x3=9 | Sequencing; household-based approach, one beneficiary per household.Partnership with NIRSAL / BoI; cash-injection into VSLCs | 1x2=22x2=4 | UNDPUNDP |

#### Logical framework

Please refer to Annex C.

#### Budget, amount requested from the Contracting Authority and other expected sources of funding

The total budget for the proposed action amounts to EUR 16,500,000. UNDP will co-finance the action with an allocation of EUR 1,500,000, while an amount of **EUR 15,000,000 is requested** from the contracting authority.

Please refer to annex B for the detailed itemised budget.

### Experience

**UNDP experience and management capacities in the northeast**

UNDP has an effective management system and a strong corporate record of managing complex programmes in emergencies. It has a well-established system of risk management through its result-based management structures, monitoring and evaluation, and working in partnership with multiple organisations, including the government. Piloting its crisis response, UNDP has in the course of 2016 launched a number of initiatives for early recovery in the northeast. In close partnership with the Ministry of Reconstruction, Rehabilitation and Resettlement (MRRR) in Borno, and the National Emergency Management Agency (NEMA) in Adamawa and Yobe, and supported by the Governments of Japan, Norway, Switzerland, and USAID, these pilot initiatives included:

* **Reconstruction of public infrastructure and housing**, through a labour-intensive community-led process. Eleven facilities including schools and healthcare infrastructure were reconstructed in Kaga, Mafa, Ngala, Damboa, and Hawul LGAs, all in Borno, while providing opportunities of emergency employment. Interventions benefitted over 38,500 conflict-affected people.
* **Livelihoods diversification and creation of economic opportunities**. Empowerment of 1,300 farmers to re-start farming activities and 480 entrepreneurs to re-start their businesses in Adamawa, Borno and Yobe. Provision of citizenship and vocational training for 580 IDPs, victims of conflict drawn from Adamawa, Borno, Gombe and Yobe. Unconditional cash transfer (UCT) and cash for work (CfW) to over 80,000 most vulnerable to cater to the immediate needs of the IDPs in Michika, Adamawa State, Askira Uba, Borno State and Fika in Yobe State.
* **Enhanced social cohesion and reconciliation**. Establishment of four mediation networks in 10 communities (targeting 80 religious leaders). Over one million people have been reached by peace messages through community-focused radio and other sensitization programmes. Eighty security agents deployed within the region have been trained on protection of civilians, and 92 officials and 200 clerics, community leaders, women and religious leaders were trained on counter-radical narratives.

These initiatives have allowed UNDP to experiment with, and subsequently refine, approaches and implementation modalities. The current programme will build on the lessons learned from these initiatives. In January 2017, UNDP has established a sub office in Maiduguri coordinating and managing activities in Borno. Currently, there is a team of six international and 10 national staff working from the office in Maiduguri and implementing UNDP’s current activities in the northeast. With the establishment of this office, UNDP has also launched an integrated community stabilization pilot in Ngwom, Mafa LGA and Kimba, Biu LGA. Processes and components described in the present document have been tested in these pilots.

**WHO experience and management capacities in the northeast**

WHO has a longstanding presence across the states of Borno, Yobe and Adamawa and a strong track record of successfully implementing projects in the northeast of Nigeria. WHO operates under a decentralized office structure with one central WHO Country Office in Abuja; and an office in each of the 36 states and one more in the Federal Capital Territory. The six state offices in Bauchi, Enugu, Ibadan, Kano, Minna and Port Harcourt also function as WHO offices for the respective zones having a zonal coordinator. The number of technical staff currently employed by WHO stands at 391, with most of these in temporary cadres in the North-West, North-East and North-Central zones to combat the continuing polio transmission and the emergency in Borno state. Since the WHO declaration of a Grade 3 emergency in August 2016, the following key outputs have been achieved:

* WHO has deployed a team of nearly 30 experts including public health experts, epidemiologists, a 4-member health sector and partner coordination team, emergency planning officers, and logisticians and other support staff. Nearly 20 experts and staff are stationed in Maiduguri.
* The WHO’s health sector coordination team is supporting coordination among nearly 18 partners on the ground. Regular health sector bulletins have been published to ensure information sharing, coordination and collaboration among partners.
* Health sector meetings chaired by the Borno State Ministry of Health are regularly conducted for effective coordination of the response.
* WHO supported the Borno State Ministry of Health in developing the overall health sector response strategy. WHO has participated in joint UN missions to the newly liberated LGAs in Borno with follow up visits to assess the health needs, gaps and availability of health services for IDPs and host communities.
* WHO has supported the training, equipping and deploying of 218 community health workers (CORPs). These volunteers are charged with providing essential malaria, diarrhoea and ARI treatment to under 5 children and have so far undertaken 4,430 consultations.
* WHO has supported the training, equipping, and management of 24 Hard-to-Reach teams (HRTs) - 89,000 consultations to date have happened. The HRTs are deployed to the most difficult areas and are directed to respond to IDP movements and areas that lack health facilities.
* WHO has rapidly rehabilitated a hospital ward, mobilized staff and delivered trainings to deal with a suspected Viral Haemorrhagic Fever (VHF) cases.
* WHO is supporting a measles vaccination campaign intended to cover 3.1 million children; and WHO has vaccinated over 1.8 million children under 5 against polio.
* In Borno, 160 sites are using the WHO Early Warning Alert Response System (EWARS), which covers around 85 percent of IDPs. WHO has trained hundreds of health facility surveillance focal points from 160 health facilities in Borno on EWARS since August 2016. These sites cover 13 LGAs and 26 IDP camps.
* WHO has been working with the Borno State Ministry of Health to set up a Health Resources Availability Monitoring System (known as HeRAMS) to collect information on the availability of health resources and services in this humanitarian crisis. WHO trained 89 local health staff to conduct the HeRAMS approach (Health Resources and Services Availability Monitoring) and assessed the availability of key health services in all health facilities across Borno.

**(i) Experience in similar actions** **in the past** **3 years**

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| **Name of the organisation: United Nations Development Programme (UNDP)****Lead applicant**  |
| **Project title:** **Support to de-radicalization, counter-terrorism and migration** | **Sector (ref. list of sectors in Sectorial experience in PADOR):** **De-radicalization and Social Cohesion** |
| **Location**  | **Cost of the action**  **(EUR)** | **Role: Coordinator,****co-beneficiary, affiliated entity** | **Donors to the action (name)[[11]](#footnote-11)** | **Amount contributed (by donor)** | **Dates** (from..to)dd/mm/yyyy  |
| Borno, Adamawa and Yobe States | €1,412,895 | Coordinator | Government of Japan | 1,500,000 USD | 01/03/2016- 28/02/2017 |
| **Objectives and results of the action** | The project aimed to support security agencies and civil society organizations in developing and disseminating counter-radical narratives to radical ideologies of fundamentalist groups in Nigeria. By the end of the project, over 300 security officers (drawn from various security organizations including NIS, NPF, NPS, NAPTIP, NCS, etc.), 200 judicial officers (drawn from FMoJ ,LACON, NSCDC, etc.); and 400 religious leaders have received various tailored trainings including how to counter radical narratives; and promote peace-building/reconciliation. |

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| **Name of the organisation: United Nations Development Programme (UNDP)****Lead applicant**  |
| **Project title:** **Livelihoods Support for Victims of Insurgency in the North East** | **Sector (ref. list of sectors in Sectorial experience in PADOR):** **Early Recovery and Livelihoods Support** |
| **Location**  | **Cost of the action**  **(EUR)** | **Role: Coordinator,****co-beneficiary, affiliated entity** | **Donors to the action (name)[[12]](#footnote-12)** | **Amount contributed (by donor)** | **Dates** (from..to)dd/mm/yyyy  |
| The 6 States of North East Nigeria | **EUR 5,557,669.09.**  | Coordinator | Government of Norway & UNDP | **EUR 5,557,669.09.**  | 01/01/2013- 28/02/2016 |
| **Objectives and results of the action** | The objectives of this support were to:* Reduce by 2017, the effects of conflicts and violence through effective peace architecture that promotes tolerance, a culture of peace, dialogue and negotiated solutions to conflict; and
* Strengthen accountability and respect for human rights with strengthened institutions ensuring enhanced integrity and reduced corruption through transparency, strengthened preventive and regulatory policies and frameworks, and engaged civil society and media.
* Unconditional cash transfers and Comprehensive Livelihoods assessment

Results of the action include:* Conduct of solid waste and debris assessment in the three North Eastern states of Adamawa, Borno and Yobe in 2015.
* Capacity of women groups in the North East built on tolerance, social cohesion and conflict prevention.
* Support to the Gombe state government to meet the immediate needs of IDPs and host communities in 7 Local Government Areas (LGAs) through the provision of farm inputs and agro-processing equipment to about 1,396 households.
* A total of 1,500 IDPs benefited from the intervention comprising 1,049 males and 451 females. The breakdown shows that 355 (314 males and 41 females) were provided with various agricultural inputs, such as, 25kg of cowpea, 25kg of maize, 15kg of millet, 6kg of sesame, 40kg of groundnuts, 70kg of soya beans; and herbicides, insecticides, fungicides and fertilizers.
* Restoration and Stabilization of Disrupted Livelihoods, loss of income and Productive Means and Early Recovery in selected communities of Borno and Yobe States: Support was provided to 8,900 households –IDPs and host communities - in Borno (4,900 households) and Yobe (4,000).
* 86,000 IDPs benefitted from unconditional cash transfers in Borno and Adamawa states.
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| **Name of the organisation:** **United Nations Development Programme (UNDP)****Lead applicant**  |
| **Project title:** **Support to Early Recovery and Social Cohesion in the North East Nigeria (SERSC)** | **Sector (ref. list of sectors in Sectorial experience in PADOR):****Early Recovery and Livelihoods Support** |
| **Location**  | **Cost of the action**  **(EUR)** | **Role: Coordinator,****co-beneficiary, affiliated entity** | **Donors to the action (name)[[13]](#footnote-13)** | **Amount contributed (by donor)** | **Dates** (from..to)dd/mm/yyyy  |
| Borno, Adamawa and Yobe States | € 1,412,895 | Coordinator | Government of Japan | € 1,412,895 | 01/03/2016 - 28/02/2017 |
| Objectives and results of the action | The project was approved and funded by the Government of Japan in March 2015 with the objective to contribute to the social stabilization and recovery of the most affected populations and communities in Adamawa, Borno and Yobe. By the end of the project, 1,783 farmers including returnees and IDPs had been supported with various agricultural inputs such as seeds, fertilizers, and water pumps to restore their means of livelihoods; 480 men and women were supported with equipment or grants to start up small businesses and enterprises; 11 community infrastructures like schools and government buildings were rehabilitated or reconstructed across the three states. In addition, over 500 community members who provided unskilled labour as construction workers were provided with immediate opportunities to generate daily income through a cash-for-work programme that was linked to the restoration of community infrastructure. |

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| **Name of the organisation:** **United Nations Development Programme (UNDP)****Lead applicant**  |
| **Project title:** **Empowerment and Livelihoods Support for the Victims of Boko Haram Insurgency in the North East** | **Sector (ref. list of sectors in Sectorial experience in PADOR):****Early Recovery and Livelihoods Support** |
| **Location**  | **Cost of the action**  | **Role: Coordinator,****co-beneficiary, affiliated entity** | **Donors to the action (name)[[14]](#footnote-14)** | **Amount contributed (by donor)** | **Dates** (from..to)dd/mm/yyyy  |
| Borno, Adamawa and Yobe States | EUR 1,036,000 | Coordinator | Government of Japan | EUR 1,036,000 | 31/03/2017 - 30/03/2018 |
| Objectives and results of the action | The project aims to empower and restore means of livelihoods to victims of Boko Haram insurgency in the North East, particularly Adamawa, Borno and Yobe. The project builds on the past interventions funded by the Government of Japan and scaling up of the area-based approach to early recovery and livelihoods in the North East. The project will restore means of livelihoods to 1,200 farmers through the provision of agricultural inputs (seedlings, fertilizers, herbicides, pesticides and spraying machines); and support 100 fish farmers with inputs (fingerlings, feeds and vaccines); 200 farmers are targeted beneficiaries for support in irrigation farming (chicks, feeds and vaccines); and 200 in animal husbandry - cattle rearing (kids, lambs, calves plus feeds and vaccines). Another 200 male/female small-scale business owners (petty traders, tailors, hairdressers, and oil processors), will be supported to resuscitate their lost businesses. The third component of the project will deal with the reconstruction of destroyed community infrastructures (3 in Borno and one each in Adamawa and Yobe), such as hospital facilities, schools and local government facilities, while also creating short-term employment for 250 skilled workers and 600 unskilled workers in the respective communities. |

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| **Name of the organisation:** **United Nations Development Programme (UNDP)****Lead applicant**  |
| **Project title:** **Niger Delta Job Creation and Conflict Prevention Initiative (Youth Employment Project)** | **Sector (ref. list of sectors in Sectorial experience in PADOR):****Delta State 2015 Poverty Mapping and social Exclusion Survey** |
| **Location**  | **Cost of the action** **(EUR)** | **Role:  Coordinator,****co-beneficiary, affiliated entity** | **Donors to the action (name)[[15]](#footnote-15)[1]** | **Amount contributed (by donor)** | **Dates** (from..to)dd/mm/yyyy  |
| Balyesa, Delta and Rivers States | EUR 18,724,390.91 | Affiliated Entity | Government of Delta  State | EUR 18,724,390.91 | 03/01/2012 - 31/12/2016 |
| Objectives and results of the action | The project was approved and funded by Delta State Government from 2008 with the objective to establish functional multi-purpose youth training centres, organize regular training in demand driven technical skills, and reduce incidence of conflict and improved mind-set. By the end of the project, these centres adopted the city and guilds curriculum 1 and 2, that exposed students to international standards in their profession, their mind-sets were changed and re-orientation at these centres recorded positive impact, 60% of the graduates have been employed all over the states, and 40% are self-employed in various skills like carpentry and joinery, welding and fabrication, motor mechanics and diesel plant fitting. |

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| **Name of the organisation:** **United Nations Development Programme (UNDP)****Lead applicant** |
| **Project title: *Off-Grid Solar PV-Based Sustainable Energy for All (SE4ALL)*** | **Sector (ref. list of sectors in Sectorial experience in PADOR):****Access to Renewable Energy** |
| **Location**  | **Cost of the action** **(EUR)** | **Role:  Coordinator,****co-beneficiary, affiliated entity** | **Donors to the action (name)[[16]](#footnote-16)[1]** | **Amount contributed (by donor)** | **Dates** (from..to)dd/mm/yyyy  |
| Adamawa State, North-Eastern part of Nigeria | EUR 5,064,620 | Donor and Coordinator | The United Nations Development Programme (UNDP) | EUR 5,064,620 | 01/01/2014 - 31/12/2016 |
| Objectives and results of the action | The project was initiated by the Energy Commission of Nigeria (ECN) with the financial support of the United Nations Development Programme (UNDP). The objective of the project was to address the challenges of rural access to sustainable, affordable and reliable energy services in 12 communities that were most affected by the Boko Haram insurgency in Hong Local Government Area of Adamawa. The project utilized solar energy resources for electricity generation to meet the energy demand and need for water supply, street lightening and improved health care services, home lighting and mobile phone charging devices to over 1,200 people in the communities, displaced by the insurgents. The intervention of deploying off-grid solar PV for borehole water supply, health care and others has enabled an overwhelming return of the residents to the villages from the IDP camps, thereby improving their lives and livelihoods. Specifically, the interventions:* Provided solar home system (solar lanterns), mobile phone chargers to 1,558 households with over 13,000 people. The Solar Home System + Mobile Phone Charger installed in their homes enabled children read at night and helped women in their household chores at night. Cottage industries like tailoring is enhanced as kerosene lamps were replaced;
* Constructed a solar-powered water pump borehole in each of the communities to provide clean portable drinking water to over 13,065 people (6,514 males and 6,551 females);
* Equipped the community primary health centre in each of the 12 communities with solar PV powered vaccine storage refrigerator and provided solar PV for the provision of electricity for lighting and electronic appliances in the health centres;
* Constructed solar streetlights in the village square/playground of each community. Hence, a total of 24 solar streetlights were constructed.
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| **Name of organization: World Health Organization**  Co-applicant |
| **Project title: Intensification of Nigeria’s Polio Eradication Effort 2011-2015** |  **Sector (ref. list of sectors in Sectorial experience in PADOR):** Health |
| **Location**  | **Cost of the action** **(EUR)** | **Role:  Coordinator,****co-beneficiary, affiliated entity** | **Donors to the action (name)[[17]](#footnote-17)[1]** | **Dates** (from..to)dd/mm/yyyy  |
| All states of Nigeria and FCT according to the schedule of Supplemental Immunization Activities (SIAs).  | €700m | Coordinator  |

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| Donor/partner |  In millions US$ |
| FGoN (direct) |   175,247,929  |
| WB (credit to FGoN) |     75,610,799  |
| EU |     65,226,219  |
| Korea |       5,000,000  |
| BMGF |   230,398,412  |
| Canada |     33,798,255  |
| Germany |     73,675,377  |
| USAID |     22,989,000  |
| Rotary  |       4,630,000  |
| **Total** | **686,575,991**  |

 | 9 August 2011 – February  2014 |
| Objectives and results of the action | The **overall objective** of the project is to support the ongoing efforts of the Federal Government of Nigeria to interrupt polio transmission in the security compromised states by December 2014. Specific objective:  To implement strategies including local innovations aimed at increasing population immunity to levels that can interrupt poliovirus circulation |

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| **Name of organization: World Health Organization**  Co-applicant |
| **Project title:** Provision of coordinated life-saving health services in the newly liberated areas in Borno state  |  **Sectorial experience in PADOR:** Health |
| **Location**  | **Cost of the action** **(EUR)** | **Role:  Coordinator,****co-beneficiary, affiliated entity** | **Donors to the action (name)[[18]](#footnote-18)[1]** | **Dates** (from..to)dd/mm/yyyy  |
| Borno state | €4m | Coordinator  | Japan, USAID | September 2016 – on-going |
| Objectives and results of the action | The project has enabled WHO to scale up its programme in Borno and contributes towards the provision of health assistance to conflict affected populations in Borno. The objectives of the project are as follows:* Support the provision of integrated basic primary healthcare services.
* Provide medicines and medical equipment.
* Establish effective referral mechanism for severally ill patients.
* Strengthen health sector coordination in Borno.
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| **Name of organization: World Health Organization** Co-applicant |
| **Project title:** Disease surveillance, monitoring of health services capacities and coordination of response to control outbreaks and epidemics in North Eastern Nigeria |  **Sectorial experience in PADOR:** Health |
| **Location**  | **Cost of the action** **(EUR)** | **Role:  Coordinator,****co-beneficiary, affiliated entity** | **Donors to the action (name)[[19]](#footnote-19)[1]** | **Dates** (from..to)dd/mm/yyyy  |
| Northeast Nigeria | €3.5m | Coordinator  | USAID | Oct 2016 – ongoing |
| Objectives and results of the action | The project is focused on obtaining a detailed understanding of the availability of key health services across the affected states and ensuring disease surveillance is essential to reduce health risk and particularly to ensure an early response to cases of epidemic-prone diseases, and severe conditions such as complications of severe acute malnutrition (SAM) to avoid unnecessary morbidity and mortality.The project also assesses, monitors and coordinates adequate distribution of health service delivery with the SMOHs and implementing partners through the deployment of the Health Resources Availability Mapping System (HeRAMS) across affected states. |

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| **Name of organization: World Health Organization**  Co-applicant |
| **Project title:** Ebola preparedness and response in Nigeria |  **Sectorial experience in PADOR:** Health |
| **Location**  | **Cost of the action** **(EUR)** | **Role:  Coordinator,****co-beneficiary, affiliated entity** | **Donors to the action (name)[[20]](#footnote-20)[1]** | **Dates** (from..to)dd/mm/yyyy  |
| All states of Nigeria and FCT.  | €1m | Coordinator  | African Development Bank | July 2014 – June 2015 |
| Objectives and results of the action | * To contain the disease within the identified geographical location and interrupt transmission to other parts of the country
* To improve community knowledge about preventive actions that help control the spread of the Ebola virus disease
* To reduce stigma and discrimination associated with EVD
 |

## The lead applicant, the co-applicant(s) and affiliated entities

|  |  |
| --- | --- |
| **Name of the lead applicant** | United Nations Development Programme (UNDP) |
| EuropeAid ID | US-2008-FIB-2702949105 |
| Nationality[[21]](#footnote-21)/ Country and date of registration[[22]](#footnote-22) | N/A - International Organisation |
| Legal Entity File number[[23]](#footnote-23) | 6000055554 |
| Legal status[[24]](#footnote-24) | International Organisation (UN) |
| **Co-applicant(s) [[25]](#footnote-25)** |  |
| Name of the co-applicant | World Health Organisation |
| EuropeAid ID  | CH-2008-GOJ-0802761859 |
| Nationality/ Country and date of registration | 07 April 1948 |
| Legal Entity File number (if available) | 6000053109 |
| Legal status | International Organisation (UN) |
| **Affiliated Entity(ies)[[26]](#footnote-26)**  | N/A |
| Name of the Affiliated-Entity  |  |
| EuropeAid ID |  |
| Nationality / Country and date of registration |  |
| Legal status: |  |
| Specify to which entity you are affiliated (lead applicant and/or the co-applicant).Specify the kind of affiliation you have with that entity. | N/A |

## Associates participating in the action

|  |  |
| --- | --- |
|  | **N/A** |
| **Full legal name**  |  |
| **EuropeAid ID number**[[27]](#footnote-27) |  |
| **Country of Registration** |  |
| **Legal status**[[28]](#footnote-28) |  |
| **Official address** |  |
| **Contact person** |  |
| **Tel**: country code + city code + number |  |
| **Fax**: country code + city code + number |  |
| **E-mail address** |  |
| **Number of employees** |  |
| **Experience of similar actions**, in relation to role in implementing the proposed action |  |
| **History of cooperation** with the applicants |  |
| **Role and involvement in preparing** the proposed action |  |
| **Role and involvement in implementing** the proposed action |  |

## Declarations

### Declaration by the lead applicant (full application)

The lead applicant, represented by the undersigned, being the authorised signatory of the applicant, in the context of the present call for proposals, representing any co-applicant(s), affiliated entity(ies) in the proposed action, hereby declares that

1. the lead applicant has the sources of financing specified in section 2 of the Guidelines for Applicants;
2. the lead applicant has sufficient financial capacity to carry out the proposed action or work programme;
3. the lead applicant certifies the legal statutes of the lead applicant, of the co-applicant(s) and of the affiliated entity(ies) as reported in part 3 and 4 of this application;
4. the lead applicant, the co-applicant(s) and the affiliated entity(ies) have the professional competences and qualifications specified in section 2 of the Guidelines for Applicants;
5. the lead applicant undertakes to comply with the obligations foreseen in the affiliated entity(ies)'s statement of the grant application form and with the principles of good partnership practice;
6. the lead applicant is directly responsible for the preparation, management and implementation of the action with the co-applicant(s) and affiliated entity(ies), if any, and is not acting as an intermediary;
7. if the requested amount is above EUR 60.000 the lead applicant, the co-applicant(s) and the affiliated entity(ies) are not in any of the situations excluding them from participating in contracts which are listed in section 2.3.3 of the Practical Guide (available from the following Internet address: : <http://ec.europa.eu/europeaid/prag/document.do?locale=en>. Furthermore, it is recognised and accepted that if the lead applicant, co-applicant(s) and affiliated entity(ies) (if any) participate in spite of being in any of these situations, they may be excluded from other procedures in accordance with section 2.3.4 of the Practical Guide;
8. the lead applicant and each co-applicant and affiliated entity (if any) is in a position to deliver immediately, upon request, the supporting documents stipulated under section 2.4 of the guidelines for applicants.
9. **the lead applicant and each co-applicant and affiliated entity (if any) are eligible in accordance with the criteria set out under sections 2.1.1 and 2.1.2 of the guidelines for applicants;**
10. if recommended to be awarded a grant, the lead applicant, the co-applicant(s) and the affiliated entity(ies) accept the contractual conditions as laid down in the standard grant contract annexed to the guidelines for applicants (annex G) (or the PA Grant Agreement, where applicable);

These are the sources and amounts of Union funding received or applied for the action or part of the action or for its functioning during the same financial year as well as any other funding received or applied for the same action

N/A

The lead applicant is fully aware of the obligation to inform without delay the Contracting Authority to which this application is submitted if the same application for funding made to other European Commission departments or European Union institutions has been approved by them after the submission of this grant application.

We acknowledge that if we participate in spite of being in any of the situations listed in Section 2.3.3.1 of the Practical Guide or if the declarations or information provided prove to be false we may be subject to rejection from this procedure and to administrative sanctions in the form of exclusion and financial penalties representing 2 % to 10 % of the total estimated value of the grant being awarded and that this information may be published on the Commission website in accordance with the conditions set in Section 2.3.4 of the Practical Guide.

We are aware that, for the purposes of safeguarding the EU’s financial interests, our personal data may be transferred to internal audit services, to the Early Detection and Exclusion System, to the European Court of Auditors, to the Financial Irregularities Panel or to the European Anti-Fraud Office.

Signed on behalf of the lead applicant

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| **Name:** | Mandisa Mashologu |
| **Position:** | Country Director a.i., UNDP Nigeria |
| **Signature:** |  |
| **Date and place:** | Abuja, 24th April 2017 |

### Mandate (for co-applicant(s))



### Affiliated entity(ies)

N/A

1. To obtain information about the deadline for submission, please see section 2.2 of the guidelines. [↑](#footnote-ref-1)
2. Any reference to European Union financing also refers to European Development Fund grants where applicable. [↑](#footnote-ref-2)
3. When the Contracting Authority has evaluated the concept note it informs the lead applicant of the outcome and allocates a proposal number. [↑](#footnote-ref-3)
4. IOM, DTM, December 2016 [↑](#footnote-ref-4)
5. Recovery and Peace Building Assessment (RPBA) for North-East Nigeria, World Bank, 2016 [↑](#footnote-ref-5)
6. Attacks on education in North East Nigeria, HRW, 2016, <https://www.hrw.org/report/2016/04/11/they-set-classrooms-fire/attacks-education-northeast-nigeria> [↑](#footnote-ref-6)
7. HeRAMS report, WHO February 2017. [↑](#footnote-ref-7)
8. IOM, DTM, December 2016 [↑](#footnote-ref-8)
9. The rules and regulations of both organizations are available here: <http://www.popp.undp.org>; <http://www.who.int/about/finances-accountability/accountability/who-financial-regulations-and-rules.pdf> [↑](#footnote-ref-9)
10. <http://www.undp.org/content/undp/en/home/librarypage/operations1/undp-social-and-environmental-standards.html> [↑](#footnote-ref-10)
11. If the donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State [↑](#footnote-ref-11)
12. If the donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State [↑](#footnote-ref-12)
13. If the donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State [↑](#footnote-ref-13)
14. If the donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State [↑](#footnote-ref-14)
15. [1] If the donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State [↑](#footnote-ref-15)
16. [1] If the donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State [↑](#footnote-ref-16)
17. [1] If the donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State [↑](#footnote-ref-17)
18. [1] If the donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State [↑](#footnote-ref-18)
19. [1] If the donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State [↑](#footnote-ref-19)
20. [1] If the donor is the European Union or an EU Member State, please specify the EU budget line, EDF or EU Member State [↑](#footnote-ref-20)
21. For individuals. [↑](#footnote-ref-21)
22. For organisations. [↑](#footnote-ref-22)
23. If the applicant has already signed a contract with the European Commission. [↑](#footnote-ref-23)
24. E.g. non-profit, governmental body, or international organisation. [↑](#footnote-ref-24)
25. Add as many rows as co-applicant(s) [↑](#footnote-ref-25)
26. Add as many rows as affiliated entities [↑](#footnote-ref-26)
27. This number is available to an organisation which registers its data in PADOR. For more information and to register, please visit <http://ec.europa.eu/europeaid/pador_en> [↑](#footnote-ref-27)
28. E.g. non-profit, governmental body or international organisation. [↑](#footnote-ref-28)