



Integrated Community Recovery and Resilience in Borno State (IC2RB)
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Ali Tela, a 55-year-old man from Dalori community in Borno State. A beneficiary of VSLA
(Photo by UNDP, November 2020)

Project Summary

Country: Nigeria

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List of Acronyms

ADHS	Analysing Disrupted Health Systems
BSCOM	Basic Service Sustainability Committee
BSG	Borno State Government
CfW	Cash-for-work
EU	European Union
HTR	Hard-to-Reach
HRH	Human resources for health
IDP	Internally Displaced Person
LGA	Local Government Area
mhGAP	Mental Health Gap Action Programme
PHC	Primary Healthcare Centre
MRRR	Ministry for Reconstruction, Rehabilitation and Resettlement (Borno)
KIT	Royal Tropical Institute
SHC	Secondary Healthcare Centre
SAM	Severe Acute Malnutrition
SC	Stabilization Care Centres
SMoH	State Ministry of Health
SDGs	Sustainable Development Goals
SWG	Sub Working Group
UNDP	United Nations Development Programme
UNDSS	United Nations Department for Safety and Security
UNSDPF	United Nations Sustainable Development Partnership Framework
VSLA	Village Saving and Loan Associations
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

1. EXECUTIVE SUMMARY

The project, entitled “Integrated Community Recovery and Resilience in Borno State” (IC2RB), has been jointly implemented by the United Nations Development Programme (UNDP) and the World Health Organization (WHO) since November 2017. The project has two outcomes: a. Conflict-affected people in target communities, especially vulnerable people in areas of refugee, return and resettlement, have access to quality basic services; and b. Livelihoods of conflict-affected people in target communities are stabilized through environment and climate-resilient income opportunities. The project contributes to the United Nations Sustainable Development Partnership Framework (UNSDPF 2018-2022) Interim Cooperation Framework (ICF)/Country Programme Document (CPD 2018-2022) Outcome #1: By 2022, governments at all levels apply the principles of good governance and the rule of law in public service delivery.

Before the reporting period, UNDP and WHO had submitted a request for a no-cost extension of the project period up to 30 June 2022 for kind consideration by the EU Delegation which the donor generously approved. A request for an extension until 31/07/2024 was submitted but denied by the donor as it exceeded the operational implementation period of the Financing Agreement, which ends in August 2023.

Overall Achievements:

<UNDP>

- 816 beneficiaries in total, consisting of 384 females and 432 male beneficiaries, completed vocational training courses ranging from 3 months to 12 months and were supported with start up cash grants/kits
- 10 educational facilities (8 primary schools, 2 secondary schools, total of 98 classrooms) were rehabilitated and equipped.
- Reconstruction of police stations and markets in 3 strategic locations (“Hubs”)
- Restoration of agricultural production (start-up kit) for 7,600 households
- Rehabilitated and equipped vocational training institutes (polytechnics) in 3 strategic locations

<WHO>

- Rehabilitated 5 PHCs, 1 secondary, psychiatric hospital and college of nursing and midwifery
- Developed and supported a community mental health and psychiatric care outreach programme in the serviced communities
- Supported the development and revision of a State Human Resources for Health Strategy and Implementation Plan

Challenges and Lessons learned:

○ **Insecurity:** In 2021, the overall security in the North-East, particularly in Borno State as the epicentre of the protracted conflict, has remained fragile, unstable and unpredictable. Four LGAs remain completely inaccessible in Borno, while access to other LGAs were limited to the perimeters of one or two towns, often only reachable by helicopters. The road to Monguno, for instance, has been a death trap with military and civilians ambushed daily. There were heightened attacks around the LGAs which included abductions and the mounting of illegal checkpoints by the insurgents around the Maiduguri-Monguno Road and this has been affecting the movement of materials and personnel to the LGAs. All the roads to the LGAs where the project was being implemented remained either red or yellow by the United Nations Department for Safety and Security (UNDSS) ranking, meaning that most of the roads are not accessible to humanitarian workers except

by heavy escorts. In response, WHO and its partners have continued to rely on routine security information from the UNDSS to assess when it is possible to access the project locations and to mitigate the risks of attack.

- **COVID-19 pandemic:** The project continued under the impact of COVID-19 which affected the timelines for delivery. Nigeria experienced the third wave of the pandemic from a strain of the COVID-19 which was considered more virulent than the first and second waves. Mitigation measures and adherence to the non-pharmaceutical interventions of social distancing, use of face masks and hand hygiene were inculcated into the routines of the project implementation. Borno State completed phase 2 of the COVID-19 vaccination campaign, although the population's immunity was still low due to low coverage. In phase 2 about 27,416 persons were vaccinated with a first dose of the Moderna vaccine while 5,190 eligible persons were vaccinated with a first dose of AstraZeneca and also 2,717 eligible persons were vaccinated with a second dose with a cumulative 7,907 persons across the State, as of 21 September 2021.

- Monguno General Hospital and Biu General Hospital are still not completed. The Borno State government offered to fix Gur Primary School, which was attacked by an armed group. The Bama Government Technical College is not used due to a security issue in the area. The Borno State Ministry of Education is still discussing the issue of accessibility with the military. The Chabbal PHC is currently not in use due to population displacement and to the vandalization of the PHC.

- **Destruction of electricity transmission lines:** Borno State remained without a power supply from the national grid (PHCN) since February 2021 when the armed opposition groups destroyed the electricity power supply masts affecting the supply to Maiduguri and the adjoining communities. Efforts to fix the damaged TCN installations were short-lived as the suspected insurgents also destroyed them further and allegedly vowed to sustain the attacks and ensure the State is without a power supply. This in turn has increased the cost of operations in the State as every household and programmes now depend on generators for power generation and for use.

Given the challenges, while the project was supposed to have been completed in 2021, some health care-related activities did not finish as planned. To finish the remaining activities, UNDP and WHO submitted requests for a no-cost extension of the project period to the EU Delegation twice. The donor kindly accepted the requests and, as a result, the project period was extended up to 30 June 2022.

Budget:

Total budget transferred is US\$10,319,003 (UNDP) and \$6,208,246 (WHO). In the reporting quarter, \$138,894 was expensed, making \$16,098,222 the cumulative expense from November 2017 to March 2022. The total of the expenditure and commitment represent a delivery rate of 97 percent of the total budget transferred so far.

2. PROJECT CONTEXT

The project of Integrated Community Recovery and Resilience in Borno State (IC2RB), funded by the European Union (EU), was launched in December 2017 as part of the EU Borno Package. The project is jointly implemented by UNDP and WHO.

The overall objective of the project was to contribute to rebuilding the resilience of conflict-affected persons and communities in Borno in a sustainable and environmental-friendly way. To this end, UNDP and WHO embarked on implementation of the project activities in the target communities in the following interlinked and mutually reinforcing priority areas:

- Sustainable restoration of 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 through renewable (solar) energy).
 - Provision of well-measured training and incentive packages to health professionals, teachers and community workers (community members designated to support maintenance of community infrastructure).

- Establishment of participatory local governance processes responsible for basic service provision and for the 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:
 - Livelihood recovery interventions to provide affected communities with immediate short-term opportunities to earn an income and to meet their 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 programme is fully aligned to the Buhari plan and responds to the immediate need to support early recovery of communities across Borno and to build their resilience. It contributes to the Outcome 2 of the United Nations Sustainable Development Partnership Framework (UNSDPF 2018-2022) in Nigeria, "By 2022, citizens coexist peacefully, enjoying increased resilience, higher State capacity for humanitarian response, and reduced incidents of armed and violent conflicts in the country /cross border." This also contributes to the following SDGs: SDG 1 (No Poverty), SDG 2 (Zero Hunger), SDG 3 (Good Health & Well-Being), SDG 4 (Quality Education), SDG 5 (Gender Equality), SDG 6 (Clean Water and Sanitation), SDG 7 (Affordable and Clean Energy), SDG 8 (Decent Work & Economic Growth), SDG 10 (Reduced Inequalities) and SDG 16 (Peace, Justice & Strong Institutions).

In the reporting period of 2021, the global Corona Virus (COVID-19) pandemic continued to cause further exacerbation of the already existing crisis in the North-East region. The number of confirmed cases in Borno State was 1,629, as of 3 March 2022.¹ The number is not that large in relation to the total population of the State of 5.86 million, but the pandemic had a profound impact on people's livelihood given the inflation and the preventive measures taken, such as the lockdown. It is projected that Nigeria's per capita GDP will approach its 2010 level by the end of 2021, wiping out an entire decade of economic growth. GDP per capita is projected to continue declining as population growth is outpacing economic growth. In addition, the security situation remained uncertain, keeping pressure on the region's fragile basic services which were already weakened by violence against civilians, including attacks on hospitals and the denial of humanitarian access.

3. PROGRESS TOWARDS DEVELOPMENT RESULTS

3.1 Progress towards project outputs

Table 1: Status of achievements against Specific Objective (SO) 1			
Specific Objective (SO)1 - Conflict-affected people in target communities, especially vulnerable people in areas of refuge, return and resettlement, have access to quality basic services			
Indicators	Baseline	2022 Target	2021 Results
OCI 1.1. Percentage of conflict-affected people with sustainable access to quality basic services (health, education,	Women: 25%	Women: 95%	Women: 81%
	Men: 17%	Men: 95%	Men: 82%

¹ Nigeria Centre for Disease Control website, as of 2 Aug 2020.

nutrition, water, sanitation and hygiene (WASH), renewable energy)	Total: 20% (5/2016)	Total: 95% (6/2022)	Total: 82% ²
OCI 1.2. Percentage of budget contribution of State and local governments to the running budgets for basic services delivery	0% (assumed, 2016)	Total: 50% (6/2022)	46.1% ³

Output 1.1 Engagement of community members in planning of basic services significantly increased, and related conflicts resolved effectively

Table 2: Status of achievement of output 1.1			
Indicators	Baseline	2022 Target	2021 Results
OPI 1.1.1. Percentage of community members that feel they are sufficiently involved in basic services planning.	Women: 0% Men: 0% Total: 0% (5/2016)	Women: 80% Men: 80% Total: 80% (6/2022)	Women: 35% Men: 61% Total: 51% ⁴
OPI 1.1.2. Percentage of community members that believe local conflicts are resolved jointly and effectively.	Women: 0% Men: 0% Total: 0% (5/2016)	Women: 80% Men: 80% Total: 80% (6/2022)	Women: 82% Men: 84% Total: 84% ⁵
Key Activities under Output 1.1: Engagement of community members in planning of basic services significantly increased, and related conflicts resolved effectively			Status: Achieved; ongoing; delayed
1.1.1: Mapping and profiling of local government structures and communities in places of displacement and of origin for 20 communities in 6 LGAs.			Achieved
1.1.2: Engage State, LGA and local governments into planning, rehabilitation and provision of basic services for 20 communities.			Achieved
1.1.3: Development of Community Recovery Plans with communities and local governments for 20 communities informing LGA economic development plans.			Achieved
1.1.4: 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.			Achieved
1.1.5 Technical and capacity support to the State coordination body (MRRR) and local governments for recovery coordination, community-level recovery planning and information management.			Achieved

Output 1.1 Results Narrative

² EU Questionnaire Survey, UNDP Nigeria, October-November 2020.

³ Borno State Government Budget 2021, Borno State Ministry of Finance.

⁴ EU Questionnaire Survey, UNDP Nigeria, October-November 2020.

⁵ Ibid.

All activities concerning basic service planning and conflict resolutions were completed before 2021, so there is no new activity to report in the reporting year. With the support provided, according to the questionnaire survey conducted, no less than 80 percent of the community members believe local conflicts were resolved jointly and effectively. However, the perception about involvement in the community planning process still showed a large gap between men and women. While 61 percent of men feel they are sufficiently involved in basic services planning, only 35 percent of women feel as such.

Output 1.2. Target communities provided with health facilities that are rehabilitated, equipped, staffed and providing essential health services

Table 3: Status of achievement of Output 1.2			
Indicators	Baseline	2022 Target	2021 Results
OPI 1.2.1. Number of primary and secondary health facilities rehabilitated, equipped, staffed and functioning	0 PHCs 0 SHCs (12/2016)	5 PHCs (6/2022) 3 SHCs (6/2022)	5 PHCs rehabilitated, equipped staffed and functioning 1 SHC rehabilitated, staffed and functioning
OPI 1.2.2. Percentage of people in target LGAs with access to quality health care	<10% (2017)	85% (6/2022)	80% of the targeted LGAs and returnee communities have access to health care services
OPI 1.2.3. Number of health workers trained	0 (2017)	150 (6/2022)	150 health workers (88 female and 62 male) were trained on BEmONC in the State 150 health workers (72 females and 78 males) were trained on Integrated Management of Childhood Illness
OPI 1.2.4. Percentage of health workers against the plan	0 (2017)	18% (6/2022)	100% of the planned number of health workers have been trained.
OPI 1.2.5. Number of mental health facilities rehabilitated, equipped and offering services.	0 (2017)	1 (6/2022)	27 staff (10 female and 17 male) of the Borno State Psychiatric Hospital have been given refresher training and are currently providing services in the newly reconstructed and equipped health facility
Key Activities under Output 1.2: Target communities provided with health facilities that are rehabilitated, equipped, staffed and providing essential health services			Status: Achieved; ongoing; delayed
1.2.1 Identification of primary health facilities and secondary health facilities for intervention			Achieved
1.2.2 Rehabilitation of health facilities, as per the Nigerian MoH norms and standards, and best practices recommended by WHO (3			Ongoing

<i>secondary health centres, 3 nutrition stabilization centres, 6 primary health centres, 6 primary health clinics and 8 health outposts)</i>	
<i>1.2.3 Regular supervision of rehabilitation and continued monitoring of the operational status of the health facilities, including inventory control.</i>	<i>Ongoing</i>
<i>1.2.4 Procurement and distribution of medical equipment and (limited and time-bound) supplies for specialized secondary health facility activities</i>	<i>Ongoing</i>
<i>1.2.5 Design of refresher training courses for existing health staff</i>	<i>Achieved</i>
<i>1.2.6 Development of incentive package for health facility staff in line with State Ministry of Health regulations.</i>	<i>Achieved</i>
<i>1.2.7 Development and strengthening of a free-of -charge emergency referral system</i>	<i>Achieved</i>
<i>1.2.8 Supervision and monitoring of quality of services provided by health facilities</i>	<i>Ongoing</i>
<i>1.2.9 Developing and supporting a community mental health and psychiatric care outreach programme in the serviced communities.</i>	<i>Achieved</i>

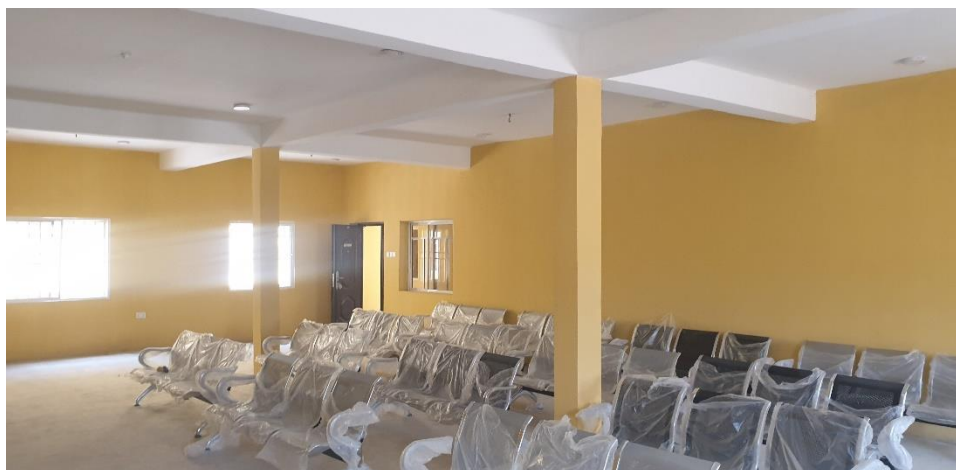
Output 1.2 Results Narrative

Indicator target 1.2.1. 20 PHCs and 3 SHCs rehabilitated, equipped, staffed and functioning. [Baseline: 0 PHC and 0 SHC]

Health service delivery has been ongoing in all the health facilities where WHO, through EU funding, has been supporting the restoration of health care services. Within the reporting period, WHO conducted at least 5 advocacy meetings with the leadership of the State ministry of health for improved staffing of the health facilities. In addition to the advocacy meetings, 16 sessions of supervisory visits were conducted to provide coaching sessions to the health workers on related PHC and secondary health care activities, and gaps identified were shared as feedback to the State for action.



Completed Biu General Hospital (Phase 2)



Interior of Biu General Hospital (Phase 2) showing supplied furniture and medical equipment

This accounts for the improved service availability in the health facilities. Through advocacy and the supportive supervisory visits, up to 32 health workers have now been deployed and are resident in Monguno LGA offering health services at the General Hospital. Similar approaches have also helped to revitalize the Gwoza General Hospital where services were restored with at least 40 health workers after the initial interruption of health service delivery following the withdrawal of Médecins Sans Frontières from the facility. Through the integrated supportive supervisory visits in all the 5 PHCs rehabilitated through the project and additional 10 PHCs in the State, the delivery of comprehensive health services was reviewed based on PHC and MSP guidelines. The major gaps continue to be the use of a partograph in active management of labour and delivery. On the job trainings and coaching sessions were provided while formal trainings based on gaps are being planned.

Within the reporting period, WHO continued to monitor the expansion of Biu and Monguno General Hospitals where completion has been delayed. Monitoring visits have been intensified at all the levels to enhance the quality of work, to mitigate the impact of the delays and to address bottlenecks to timely implementation of the project. Once completed, the two General Hospitals will play a significant role in bridging the critical gaps in the delivery of comprehensive health services to the vulnerable within a cluster of more than 15 LGAs which would use the hospitals as zonal reference centres. Delivery of the remaining equipment, especially through international procurement, continued within the year. All equipment delivered was received by the State Ministry of Health and its representatives and will be installed as soon as civil works are completed. All the generators supplied to the health facilities are currently being used to support health care delivery at the 3 General Hospitals in the State.

Indicator target 1.2.5. 1 Primary health centre (5 total) mental health and/or psychiatric auxiliary staff in primary health care facilities. [Baseline: 0]

Monitoring of service delivery at the State Psychiatric Hospital continued within the year. A review of the registers shows the health facility had 3,456 consultations most of which were outpatient consultations. There are also a documented 128 admissions within the reporting period. Through the mhGAP strategy which has now been scaled down due to dwindling funding, WHO has supported the PHCs with the mental health screening and treatment in the 3 LGAs of Bama, Gwoza and Konduga LGAs using the mhGAP module. Within the reporting period of January-December 2021, a total of 10 outreach events were conducted with 433 patients treated, comprising 84 new male patients, 131 new females; while 102 male and 116 female patients came for follow-up care. The team providing mental health outreach services are also integrating the COVID 19 sensitization in all the health facilities of interest.

Table 4: Details of the health facilities				
S/NO	Name of LGA	Name of Health facility	Scope of Work	Status of Work
1	Konduga	28 housing health clinic Kejimatari	Renovation and equipping	Rehabilitation completed, equipped, staffed and offering health care services
2		Chabal Health clinic	Renovation of main building, the staff quarters and equipping	Rehabilitation completed, equipped, staffed and offering health care services
3	Bama	Bama FSP Clinic	Renovation and equipping	Rehabilitation completed, equipped, staffed and offering health care services
4	Gwoza	MCH Gwoza	Total demolition and erection of new structures	Rehabilitation completed, equipped, staffed and offering health care services
5	Biu	FSP Clinic Biu	Reconstruction and equipping	Rehabilitation completed, equipped, staffed and offering health care services
6	Mafa	Mafa General Hospital	Rehabilitation of postnatal ward, the children's ward, the theatre, the admin block and providing equipment for the entire facility. Rehabilitation of the 3 staff quarters	Rehabilitation completed, equipped, staffed and offering health care services
7	Biu	Biu General Hospital	Expansion of hospital structures; Paediatric, maternity complex, laboratory and Accident/emergency complex	The rehabilitation and equipping of the health facility is still ongoing
8	Monguno	Monguno General Hospital	Expansion of Hospital structures; Paediatric, maternity complex, laboratory and Accident/emergency complex Bidding is ongoing	The rehabilitation and equipping of the health facility is still ongoing
9	MMC	College of Nursing and Midwifery	Reticulation of water to offices, classrooms. Laboratories and hostels	Completed and the health facility has been awarded full accreditation
10	MMC	State Psychiatric Hospital	Rehabilitation and equipping	Rehabilitation completed, equipped, staffed, and offering health care services

Output 1.3. Severe malnutrition in target communities addressed through functioning nutrition stabilization centres available to the population in rehabilitated secondary health facilities

Table 5: Status of achievement of Output 1.3			
Indicators	Baseline	2022 Target	2021 Results

OPI 1.3.1. Number of functioning nutrition stabilization centres	0 (2017)	2 (6/2022)	1
OPI 1.3.2. Number of beds and patient capacity in a stabilization centre	0 (2017)	30 per facility, 60 in total (6/2022)	30
OPI 1.3.3. Percentage of severely malnourished children and adults in target locations with access to nutrition stabilization centres	Under 50% (2016)	100% (6/2022)	90%
Key Activities under Output 1.3: Severe malnutrition in target communities addressed through functioning nutrition stabilization centres available to the population in rehabilitated secondary health facilities			Status: Achieved; ongoing; delayed
<i>1.3.1 Establishment of SCs as per the MoH norms and best practice recommended by WHO</i>			<i>Achieved</i>
<i>1.3.2 Procurement and delivery of SC equipment and (limited and time-bound) necessary drugs for the SCs</i>			<i>Achieved</i>
<i>1.3.3 Conduct 6 days training for the SC staff on inpatient management of SAM</i>			<i>Achieved</i>
<i>1.3.4 Support scaling up of nutrition interventions including screening at community levels and referral to PHCs and SHCs</i>			<i>Achieved</i>
<i>1.3.5 Strengthening of referral system of SAM cases with medical complications from the PHCs and communities to the SHCs</i>			<i>Achieved</i>
<i>1.3.6 Strengthening of preventive health and nutrition messages at the SHCs and PHCs</i>			<i>Achieved</i>
<i>1.3.7 Regular supervision and monitoring of quality of services provided at the SCs</i>			<i>Achieved</i>

Output 1.3 Results Narrative

WHO continued to monitor the provision of health services at the specialist hospital stabilization centre. The health facility was upgraded from an 8 bed to a 30-bed capacity entity. The centre also now has the latest equipment needed in the management of SAM with complications; oxygen concentrators/cylinders, infusion pumps, suction machines, monitors with ECG, and other equipment. The stabilization centre at Biu General Hospital has been operational but on a temporary basis; the centres have been integrated into the paediatrics department with regular on-the-job training and coaching sessions provided to the nurses, midwives and doctors.

Indicator target 1.3.2: 30 beds and patient capacity in stabilization centres. [Baseline:0]

The activities were completed, and the target was achieved.

Indicator target 1.3.3: 100 percent of severely malnourished children and adults in target locations with access to nutrition stabilization centres. [Baseline: Under 50%]

The operations of the nutrition stabilization centre at the State specialist hospital have been optimal with a good demonstration of the humanitarian development nexus in the delivery of health services. The staff of the State ministry of health provides the leadership and governance functions at the facility while an international NGO was enlisted to provide support as part of the service delivery. There is joint implementation of services and senior health workers, as well as professors from the State through rosters provide reviews of the cases and provide trainings to the entire workers.

The health workers at the centre participate in the weekly mortality conference organized by the hospital and also participate in the grand ward round which also involves the entire paediatrics team. The centre has continued to provide a platform for training health workers and medical and nursing students on management of acute malnutrition with complications in the State. WHO facilitates monthly review meeting at the facility to encourage government ownership, to review efficiency of the health facility and to entrench sustainability.

Most of the cases are referred cases of severe acute malnutrition (SAM) from the Northern and Central Borno Zones. In the reporting quarter, a total of 183 SAM cases with complications were admitted and managed at the centre. The recovery rate was 98 percent. Within the reporting period the centres have also managed more than 100 other paediatric cases.

On nutritional screening in the communities, our team screened 12,389 under five children for malnutrition in hard-to-reach settlements within the period. Of these, 6 (0.04 percent) children had SAM (with and without complications) and were linked up to the appropriate treatment centres for further management. There were also 82 cases of moderate acute malnutrition which were successfully provided with supplementary feeding and micronutrients through collaboration with the Food Security and Nutrition Sectors in the State. Acute malnutrition cases from the Northern and Central Borno Zones are now being treated at the facility.



Routine monitoring visits to the nutrition stabilization center to assess the level of operations of the unit, September 2021. (Photo: WHO)

Output 1.4. Human resources supply and capacities (specialized/operational) to deliver health care services in target communities and rehabilitated facilities sustainably strengthened.

Table 6: Status of achievement of Output 1.4			
Indicators	Baseline	2022 Target	2021 Result
OPI 1.4.1. Human Resources for Health Plan for Borno State exists and is endorsed by the Ministry of Health.	0 (2016)	1 (6/2022)	2 (2020)

OPI 1.4.2. Indexing capacity of the College of Nursing and Midwifery	100/year (2016)	200/year (6/2022)	200/year (2020)
Key Activities under Output 1.4: Human resources supply and capacities (specialized / operational) to deliver healthcare services in target communities and rehabilitated facilities sustainably strengthened.			Status: Achieved; ongoing; delayed
1.4.1: Curriculum review, improvement of training and development of the midwifery and nursing schools			Achieved
1.4.2: Provision of equipment and teaching aids for the schools			Achieved
1.4.3 Support of the development and revision of a State Human Resources for Health Strategy and implementation plan			Achieved

Output 1.4 Results Narrative

Indicator target 1.4.1. One Human Resources for Health Plan for Borno State exists and is endorsed by the Ministry of Health. [Baseline: 0]

Though the development of a human resources for health policy and strategic plans have been completed, it was necessary to enhance retention of health workers in the health facilities. There is no standard framework for health workers' incentivization in the State hence WHO supported the State in developing such an incentive framework. So far key informant interviews have been completed and a workshop was convened with health sector stakeholders chaired by the permanent secretary, Ministry of Health. The stakeholders validated the findings from the key informant interviews and developed a draft framework for incentivization of health workers. More than 90 stakeholders from State ministries, departments and agencies, health workers union, regulatory bodies, partners and the academia attended.



Group work session to develop the incentive framework for health workers in Borno State

Indicator target 1.4.2. 200 nurses and midwives trained in 2018 and 2019. [Baseline: 100]

This activity was completed in the previous quarter. WHO continues to monitor the activities at the college for effectiveness and quality improvement in learning since the attainment of full accreditation in quarter 1, 2020.

Output 1.5. Target communities are provided with sustainable access to water, education and renewable energy for key community infrastructure

Table 7: Status of achievement of Output 1.5			
Indicators	Baseline	2022 Target	2021 Results
OPI 1.5.1. Number of school-age children accessing quality education in their communities	Girls: 0 Boys: 0 Total: 0 (5/2016)	Girls: 7,398 Boys: 6,302 Total: 13,700 (6/2022)	Girls: 11,222 Boys: 11,653 Total: 22,875
OPI 1.5.2. Number of households with access to clean drinking water in their communities	HH: 0 (5/2016)	HH: 15,000 (6/2022)	HH: 24,500
OPI 1.5.3. Percentage of communities with access to renewable energy	0% (5/2016)	100% (6/2022)	100% (13 communities out of 13 communities planned)

Key Activities under Output 1.5 : Target communities are provided with sustainable access to water, education and renewable energy for key community infrastructure	Status: Achieved; ongoing; delayed
<i>1.5.1: Construction/ rehabilitation of water and sanitation facilities for domestic use and production for 20 communities and 3 LGA hubs.</i>	<i>Achieved</i>
<i>1.5.2: Rehabilitation and equipping of 11 boreholes for irrigation and community use</i>	<i>Achieved</i>
<i>1.5.3: Rehabilitation and equipping of 10 educational facilities (8 primary schools, 2 secondary schools and a total of 98 classrooms)</i>	<i>Achieved</i>
<i>1.5.4: Installation of renewable (solar) energy systems to power water & sanitation systems, schools and health care centres in 20 communities and 3 LGA hubs.</i>	<i>Achieved</i>
<i>1.5.5: Reconstruction of police stations and markets in 3 strategic locations ("Hubs")</i>	<i>Achieved</i>
<i>1.5.6. Equipping of four educational facilities to be established/rehabilitated in Maiduguri</i>	<i>Achieved</i>

Indicator target 1.5.1. 13,700 (Girls: 7,398; Boys; 6,302) school-age children accessing quality education in their communities. [Baseline: 0]

In 2021, school furniture was provided to three rehabilitated learning facilities, Government Girls' Secondary School (GGSS) Konduga, Government Technical College (GTC) Bama and Government Central Primary School Mafa. The provision of furniture at three rehabilitated facilities supports access to quality education for 3,600 youth including 1,700 female and 1,900 youths, which is in accordance with the plan of Borno State towards better education and a stronger Nigeria. The provided furniture includes classrooms 2-seater desks, office tables, office chairs, science laboratory tables and chairs, executive chairs, beds, cupboards, pillows and mattresses.

5 KVA solar power inverters were installed at GGSS Konduga and at the Government Central Primary School Mafa. With the installation of solar power, 2,100 youths (1,000 females and 1,100 males) were equipped with the opportunity to learn under extreme weather conditions.

Remedial work for police station Mafa commenced and completed in 2021. Heavy winds had caused considerable damage to police station Mafa in July 2020. Following consultations between the MRRR, the donor and UNDP, an agreement was reached to undertake repair work.



Government Girls' Secondary School (GGSS), Konduga, February 2021 (Photo: Ahmad Abdullahi, UNDP Nigeria)



5 KVA solar power installed at Mafa School, March 2021 (Photo: UNDP)

Indicator target 1.5.2. 23,000 households with access to clean drinking water in their communities. [Baseline: 0]

Before 2021, all activities for clean drinking water were completed. Therefore, there was no activity in the reporting year. Through the project, 14 boreholes were completed, providing access to clean drinking water to 24,500 households.

Indicator target 1.5.3. 100% of communities with access to renewable energy. [Baseline: 0]

All the communities have access to renewable energy. The list of all the civil works under the project with their status are shown in Annex 1.

Table 8: Status of achievements against Specific Objective (SO) 2			
Specific Objective (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).			
Indicators	Baseline	2022 Target	2021 Results ⁶

⁶ Questionnaire Survey, UNDP Nigeria, October-November 2020.

OCI 2.1. Percentage of vulnerable households in target communities with stabilized income/livelihoods.	All: 18% Female-headed: 15% (5/2016)	All: 80% Female-headed: 85% (6/2022)	All: 26% Female-headed: 22%
OPI 2.2. Average household income per month in target communities (areas of return and resettlement)	All: €60 Female-headed: €40 (5/2016)	All: €120 Female-headed: €120 (6/2022)	All: €62.51 Female-headed: €63.31
OPI 2.3. Percentage of households in target communities borrowing money to buy food	All: 48% Female-headed: 69% (5/2016)	All: 15% Female-headed: 10% (6/2022)	All: 70% Female-headed: 67%
OPI 2.4. Percentage of households in target communities with sustainable agricultural output	All: 10% Female-headed: 5% (5/2016)	All: 80% Female-headed: 85% (6/2022)	All: 52% Female-headed: 42%

Results Narrative

The results of the questionnaire survey in October and November 2020 indicate that the livelihoods of the members of the target communities have improved, but the improvement is not significant enough to fully achieve the targets under the projects. Most notably, as many as 70 percent of households still borrowed money to buy food at least once in the past year. Another indicator that was not achieved is the percentage of vulnerable households in target communities with stabilized incomes and livelihoods. The total percentage slightly improved from 16 percent in 2016 to 26 percent, but it is far from the project target of 80 percent. The root cause is the deterioration in the overall security situation in the State. Despite both government and development partners' efforts to improve the livelihoods of the people, the security situation, which has not improved and even worsened, seriously constrained the project's impact.

Output 2.1. Vulnerable households in target communities are provided with immediate employment opportunities

Table 9: Status of achievement of Output 2.1			
Indicators	Baseline	2022 Target	2021 Results⁷
OPI 2.1.1. Number of people benefitting from stabilized household income.	All: 0 Female-headed: 0 (5/2016)	All: 88,920 Female-headed: 20,450 (6/2022)	All: 91,304 Female-headed: 38,421

⁷ Questionnaire Survey, UNDP Nigeria, October-November 2020.

OPI 2.1.2. Number of community members benefitting from immediate employment opportunities.	Women: 0 Men: 0 Total: 0 (5/2016)	Women: 6,820 Men: 8,000 Total: 14,820 (6/2022)	Women: 2,473 Men: 14,001 Total: 16,474
Key Activities under Output 2.1: Vulnerable households in target communities are provided with immediate employment opportunities			Status: Achieved; ongoing; delayed
<i>2.1.1: Participatory identification of beneficiaries and compilation of comprehensive registry of beneficiaries for cash-for-work and other livelihoods initiatives</i>			<i>Achieved</i>
<i>2.1.2: Immediate income generation through cash for work on selected community infrastructure and productive assets (Women: 6,820; Men: 8,000; Total: 14,820 beneficiaries)</i>			<i>Achieved</i>

Indicator target: 2.1.1. 88,920 (20,450 female-headed households) people benefitting from stabilized household income. [Baseline: 0]

To date, 91,394 households including 38,421 female-headed households, benefitted from stabilized their income. This is a final figure based on an impact survey conducted from October to November 2020.

Indicator target 2.1.2. 14,820 (8,000 men; 6,820 females) community members benefitting from immediate employment opportunities. [Baseline: 0 men; 0 female]

Since the beginning of the project to date, 16,474 (women: 2,474 and men:14,001) have received immediate employment opportunities. Each worker was employed for at least 10 days.

Output 2.2. Environmentally friendly agricultural production of food and cash crops revitalized in target communities

Table 10: Status of achievement of Output 2.2			
Indicators	Baseline	2022 Target	2021 Results⁸
OPI 2.2.1. Percentage of households with own food production/cash-crop production six months after receipt of support	All: 0 Female-headed: 0 (5/2016)	All: 90% Female-headed: 90% (6/2022)	All: 67% Female-headed: 64%
OPI 2.2.2. Percentage of households in target communities benefiting from an agricultural support package (seeds, tools, loans)	All: 0 Female-headed: 0 (5/2016)	All: 60% Female-headed: 60% (6/2022)	All; 27% Female-headed: 28%
Key Activities under Output 2.2: Environmentally friendly agricultural production of food and cash crops revitalized in target communities			Status: Achieved;

⁸ Questionnaire Survey, UNDP Nigeria, October-November 2020.

	ongoing; delayed
2.2.1: Restoration of agricultural production (start-up kit) for 7,600 households	Achieved
2.2.2: Restoration of livestock production (restocking) for 2,400 households	Achieved
2.2.3: Rapid assessment of viable value chains (partnership with NIRSAL or similar)	Achieved
2.2.4 Build community technical capacity for selected value chains through training (partnership with NIRSAL, BOADP or similar)	Achieved

Indicator target 2.2.1. 90 percent of female-headed household with own food production / cash-crop production six months after receipt of support. [Baseline: 0% (0% female-headed household)].

The activities were completed in 2019 and there was no activity under output 2.2 in 2021. The questionnaire survey results showed that the number of households able to sustain their own food production /cash-crop production six months after receipt of support was 67 percent.

Indicator target 2.2.2. 60 percent (60 percent female-headed) households benefiting from an agricultural support package (seeds, tools, loans). [Baseline; 0% (0% female-headed household)]

The impact survey conducted in October and November 2020 showed that 27 percent of households in targeted communities benefitting from agriculture support package (seed, tools, loans). These results show that, while the support enabled many farmers households to establish their own sustainable livelihood, the percentage of such self-reliant households did not reach the level targeted.

Output 2.3. Market-based skills of displaced women and youth developed, and local economy revitalized

Table 11: Status of achievement of Output 2.3			
Indicators	Baseline	2022 Target	2021 Results
OPI 2.3.1. Number of vulnerable community members benefitting from vocational training and start-up packages	Women: 0 Youth: 0 Total: 0 (5/2016)	Women: 1000 Youth: 1,400 Total: 2,400 (6/2022)	4,682 (on agriculture) + 816 (planned on non-agriculture, women: 384, men: 432)
OPI 2.3.2. Percentage of economically active female and youth-headed households in target communities	Women: 0 Youth: 0 Total: 0 (5/2016)	Women: 90% Youth: 80% Total: 86% (6/2022)	Women: 32% ⁹ Youth: 33% Total: 32%
OPI 2.3.3. Percentage of female and youth-headed households with a stable income for 6 months after support	All: 0 Female-headed: 0 (5/2016)	All: 75% Female-headed: 95% (6/2022)	All: 26% Female-headed: 22%

⁹ Questionnaire Survey, UNDP Nigeria, October-November 2020.

Key Activities under Output 2.3: Market-based skills of displaced women and youth developed, and local economy revitalized	Status: Achieved; ongoing; delayed
<i>2.3.1: Conduct rapid assessment for market-based skills gaps</i>	<i>Achieved</i>
<i>2.3.2: Participatory selection of conflict-affected youth and women for skills development</i>	<i>Achieved</i>
<i>2.3.3: Establish and equip satellites of vocational training institutes (polytechnics) in 3 strategic locations</i>	<i>Achieved</i>
<i>2.3.4: Conduct vocational training for 900 beneficiaries (350 women, 400 youth) in selected market skills in partnership with existing institutions</i>	<i>Achieved</i>
<i>2.3.5 Start-up grants for 800 groups of youth/women entrepreneurs to facilitate start-up of micro and small businesses</i>	<i>Achieved</i>
<i>2.3.6 Promote local capital development through establishment of 3 VSLAs of 10 – 15 members in each of the 20 communities for beneficiaries under output 2.1 and 2.2</i>	<i>Achieved</i>

Indicator target 2.3.1. 2,400 (1,000 women; 1,400 youth) vulnerable community members benefitting from vocational training and start-up packages. [Baseline: 0]

All activities of vocational training were completed by the end of the Quarter 2, 2020, so there was no activity in 2021. Since inception of the project, 816 beneficiaries in total consisting of 384 females and 432 male beneficiaries completed vocational training courses ranging from 3 months to 12 months.

Indicator target 2.3.2. 86 percent (90 percent women; 80 percent youth) of economically active female and youth headed households in target communities. [Baseline: 0% (0 % women; 0% youth)].

According to the UNDP Impact Survey on Livelihood Oct-Nov 2020, 32 percent female-headed households, 33 percent of youth-headed, and total of 32 percent households were economically active.

Indicator target 2.3.3. 75 percent (95 percent female-headed household) female and youth-headed households with a stable income six months after support. [Baseline: 0% (0% female-headed household)]

According to the UNDP Impact Survey on Livelihood Oct – Nov 2020, 26 percent of male-headed and 22 percent female-headed households had a stable income six months after support.

<Cash Grant>

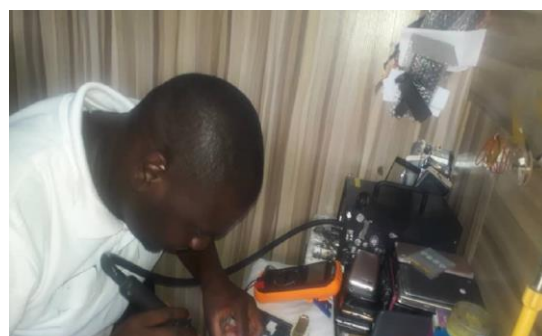
All activities regarding cash grants were completed by the end of Quarter 3, 2020, so there was no activity in 2021. All the qualified graduated beneficiaries received a start-up grant of ₦180,000 in two equal instalments.

<Village Savings and Loan Associations (VLSAs)>

All activities about VSLAs were completed by the end of Quarter 3, 2020, so there was no activity in 2021. In total, 1,058 beneficiaries (568 female and 490 male) were provided with access to finance. With the loan, 318 businesses were established, of which 179 were by female owners. The areas of the businesses include livestock, trading, hair dressing, tailoring and car maintenance.

3.2 Human interest story

Many beneficiaries have started their own businesses making use of the cash grants. One of the beneficiaries is Ramat Bukar. A father of 4 children, he was displaced from Kala Balge in 2016 and now lives in Maiduguri, the Borno State capital. The attack on his community resulted in the loss of his son, his home and businesses. Back in Kala Balge, he was a businessman dealing in sales and minor repairs of GSM phones but arriving in Maiduguri with his wife and remaining 3 children in 2016, Bukar was unable to raise the capital to restart his business. Under the project, he was supported with training in GSM and computer repairs and provision of the start-up cash grant. Thanks to that, he now makes up to ₦3,000 a day from phone repairs, almost six times what he was earning as a labourer. "This intervention has changed my life. Before now, I hardly made ₦500 a day as a daily wage labourer. I was squatting in an internally displaced persons (IDPs) camp in Muna. Things were not good. But now with this UNDP assistance, I can gladly tell you that my situation changed. Now I make up to ₦3,000 daily. This money has been helping me to feed my family and even to pay my house rent," he says.



*Ramat Bukar, a beneficiary of a start-up cash grant, repairing a mobile phone in his shop. November 2019
(Photo: CCDRN)*

4. CROSS-CUTTING ISSUES

1.1 Gender results

Gender results	Evidence
Gender result 2: Under the cash for work component of the project linked to the basic infrastructure component (output 2), at minimum 10% of female beneficiaries are to be included. This figure was allocated in consideration of construction works and was not the preferred choice of income-generating activities for women in the region. Nonetheless, some of the less onerous tasks of the projects are to be offered to the women. This gender outcome is still being monitored as the civil works are under preparation.	Evidence 2: List of cash for work workers to be submitted by the contractors
Gender result 3: Under the livelihood component of the project (output 1), at least 40% of the beneficiaries should be women. This gender outcome is still being monitored as the livelihood activities are ongoing.	Evidence 3: List of the beneficiaries in each activity
Gender result 4: Under the social cohesion component of the project (output 3), at least 40% of women will be involved in the local government staff to be trained.	Evidence 4: Attendance records of the workshops/trainings.

1.2 Partnerships

In Implementation of the project, UNDP has partnered with the following stakeholders for creation of humanitarian-development-peace nexus:

- 1) CCCM/Shelter/NFI Sector Working Group (including International Organization for Migration (IOM) and the Office of the United Nations High Commissioner for Refugees (UNHCR))

In the process of identifying the infrastructures that will benefit not only for development but also for humanitarian needs and peacebuilding, UNDP consulted with the sector working group. As a result, UNDP decided to support the civil work to dig the trench around the Pulka community for decongestion of the densely populated IDP camps.

2) WASH Sector Working Group (including IOM, UNHCR and UNICEF)

UNDP consulted with the UN Agencies in the WASH SWG ((Water, Sanitation and Hygiene Sub Working Group) to identify the civil works to create a nexus with humanitarian support. It resulted in identification of the civil works of the supplementary tasks for the earth dam in Pulka, WASH facilities in the expanded camp in Pulka and the solar power for the water borehole in Konduga GSS.

3) Borno State government (MRRR as the focal point)

MRRR plays the pivotal role of UNDP cooperation with the Borno State government under this project. UNDP and MRRR signed a long-term agreement (LOA) for cooperation, under which MRRR implements the vocational training and the civil works in LOA.

1.3 Environmental Considerations

Social and environmental sustainability are being enhanced through application of the UNDP Social and Environmental Standards (<http://www.undp.org/ses>) and related Accountability Mechanism (<http://www.undp.org/secu-srm>).

1.4 South-South and Triangular Cooperation

Not applicable

4.1 Strengthening National Capacity

Results achieved	Institution	National capacity strengthened
Skill for livelihood of youths was strengthened	816 beneficiaries in total consisting of 384 females and 432 males	816 beneficiaries in total consisting of 384 females and 432 male beneficiaries completed vocational training courses ranging from 3 months to 12 months and supported with start-up cash grants/kits

5. COMMUNICATION AND VISIBILITY

Articles on Agency Websites
UNDP
UNDP provides startup grants for displaced families Reviving livelihoods through village savings and loans association Peugeot Nigeria: 50 youths from Borno complete technical skills training thanks to UNDP and EU support
WHO
https://www.afro.who.int/news/studying-nursing-just-got-lot-easier-says-student-nurse-college-nursing-and-midwifery https://www.afro.who.int/news/who-representative-urges-borno-last-polio-sanctuary-remain-vigilant-despite-certification https://www.afro.who.int/news/eu-and-who-support-accreditation-maiduguri-college-nursing-and-midwifery

Examples of coverage in the National Media
https://globalsentinelng.com/2020/12/03/boko-haram-mental-health-disorder-cases-has-doubled-in-borno-who-laments/ https://leadership.ng/eu-who-rehabilitates-borno-psychiatric-hospital-destroyed-by-boko-haram/?amp=1 https://nationalaccordnewspaper.com/zulum-commissions-borno-State-psychiatric-hospital-rebuilt-by-who/ https://www.sunnewsonline.com/who-hands-over-refurbished-psychiatric-hospital-to-borno-govt/ https://thenewshawk.ng/who-hands-over-rehabilitated-borno-psychiatric-hospital-to-govt/ https://www.thisdaylive.com/index.php/2020/12/05/eu-who-rehabilitate-borno-psychiatric-hospital-destroyed-by-boko-haram/ https://www.reddit.com/r/Nigeria_FreeSpeech/comments/k684lr/who_hands_over_refurbished_psychiatric_hospital/ https://guardian.ng/news/who-supports-treatment-of-301-mental-health-patients-in-borno/ https://www.today.ng/news/nigeria/hands-refurbished-psychiatric-hospital-borno-government-330406 https://futureworld.com.ng/2020/12/04/who-rebuilds-psychiatric-hospital/ https://dailytracker.com.ng/mental-health-disorder-cases-have-doubled-in-borno-who-laments/ https://www.scrollreport.com/2020/12/who-hands-over-psychiatric-hospital-to-borno/ https://www.pulse.ng/news/local/who-rehabilitating-23-healthcare-facilities-in-north-east/q43lplq https://www.afro.who.int/news/strengthening-healthcare-system-north-east-nigeria-priority-who https://dailytimes.ng/2019/05/23/who-rehabilitate-23-health-facilities-in-borno-adamawa-yobe/ https://www.latestnigeriannews.com/news/7238459/who-rehabilitating-23-healthcare-facilities-in-northeast.html

newslocker.com/en-ng/news/general-news/who-rehabilitating-23-healthcare-facilities-in-north-east/view/
https://www.nigeria70.com/nigerian_news_paper/who_rehabilitates_23_selected_healthcare_centres_in/1594614
<https://guardian.ng/news/who-revives-23-health-centres-to-protect-peoples-lives/>
<https://www.nan.ng/health/who-begins-rehabilitation-of-healthcare-facilities-in-north-east/>
<https://silverbirdnews24.com/who-kicks-off-the-rehabilitation-of-healthcare-facilities-in-north-east/>
<https://www.worldstagegroup.com/we-are-rehabilitating-23-healthcare-facilities-in-north-east-who/>
<https://nnn.com.ng/insurgency-who-rehabilitating-23-healthcare-facilities-in-north-east/>
<https://www.thisdaylive.com/index.php/2020/07/23/berthing-the-dream-of-a-world-class-nursing-school/>
<https://www.sunnewsonline.com/40-years-after-borno-nursing-college-gets-accreditation/>

6. MONITORING AND EVALUATION

Key M&E activity (monitoring visit, evaluation, review exercise)	Key outcomes/ observation	Recommendation	Action taken
M&E activity 1: Monitoring of vocational training in two institutes, the Ramat Polytechnic and the Mohamed Lawan College of Agriculture	It was confirmed that almost all participants learned enthusiastically and were trying to make the best use of the opportunity to improve their livelihoods. At the same time, it was observed that some beneficiaries had difficulty receiving their transportation costs via bank transfers for several reasons.	1. To look into the issues of bank transfer among some beneficiaries and to address these issues. 2. To monitor the impact on livelihood after provision of the cash grant.	1. Specific cases of failure of bank transfer were examined, and the issues were addressed. All beneficiaries received the transportation costs. 2. Monitoring of the impact on livelihoods after provision of the cash grant will be implemented.
M&E activity 2: Monitoring the needs of civil works in Pulka (trench, earth dam, and WASH facilities in the IDP camp)	The needs of the works have been confirmed on the ground. In the case of the earth dam, its low water was observed.	1. Trench: to start the work through a partnership with MRRR 2. Earth dam: to develop technical specifications for the work 3. WASH facilities: to develop	1. Trench: the work started. The progress and the impact will be monitored. 2. Earth dam: A mission with an MRRR engineer has been arranged to develop the technical specifications

		technical specifications for the work	3. WASH facilities: The fixed technical specifications will be received from WASH SWG
M&E activity 3: Monitoring of needs of the civil work in Konduga GGSS.	It was observed that the students and the teachers have insufficient access to water, which limit the school's operation.	To develop the technical specifications of the work to provide water and to organize the public bidding.	The technical documents were developed, the public bidding for the constructor was done, and the contract was signed.

7. RISK MANAGEMENT

Risks	Mitigation Measures
Security (including spread of virus)	1. UNDP made sure that preventive measures are taken through implementation of the vocational training. The measures include distancing, provision of face masks, frequent washing of hands. 2. With the restriction on movement of people and goods, including construction material, UNDP maintains frequent communication and cooperation with the State government to have the necessary access to locations.
Financial	UNDP as the Implementing Partner will undertake all reasonable efforts to ensure that none of the project funds [UNDP funds received pursuant to the Project Document] are used to provide support to individuals or to entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999).
Environmental	Social and environmental sustainability will be enhanced through application of the UNDP Social and Environmental Standards (http://www.undp.org/ses) and related Accountability Mechanism (http://www.undp.org/secu-srm).

8. CHALLENGES

- o Insecurity: In 2021, the overall security in the North-East, particularly in Borno State as the epicentre of the protracted conflict, has remained fragile, unstable and unpredictable. Four LGAs

remain completely inaccessible in Borno, while access to other LGAs were limited to the perimeters of one or two towns, often only reachable by helicopters. The road to Monguno, for instance, has been a death trap with military and civilians daily ambushed. There were heightened attacks around the LGAs surrounding it with abductions, mounting of illegal checkpoints by the insurgents around the Maiduguri-Monguno Road and this has been affecting the movement of materials and personnel to the LGAs.

All the roads to the LGAs of implementation remained either red or yellow by UNDSS ranking, meaning that most of the roads were inaccessible to humanitarian workers except by heavy escorts. In response, the WHO and its partners have continued to rely on the routine security information from the UNDSS to assess when it is possible to access the project locations and mitigate the risks of attack.

- o COVID-19 pandemic: The project continued under the impact of COVID-19 which affected the timelines for delivery. Nigeria experienced the third wave of the pandemic from a strain of the COVID 19 which was considered more virulent than the first and second waves. Mitigation measures and adherence to the non-pharmaceutical interventions of social distancing, use of face masks and hand hygiene were inculcated into the routines of the project implementation.

Borno State completed the second phase of the COVID-19 vaccination campaign. However, the population's immunity was still low from low coverage. During phase 2, about 27,416 persons were vaccinated with a first dose of the Moderna vaccine while 5,190 eligible persons were vaccinated with a first dose of the AstraZeneca and also 2,717 eligible persons were vaccinated with a second dose with a cumulative 7,907 eligible persons across the State as of 21 September 2021.

- o Monguno General Hospital and Biu General Hospital are still uncompleted. The Borno State government committed to repair Gur Primary School which was attacked by an armed group. The Bama Government Technical College is not used due to a security issue in the area. The Borno State Ministry of Education is still discussing the issue of accessibility with the military. The Chabbal PHC is currently not in use due to population displacement and vandalization of the PHC.

- o Destruction of the electricity transmission lines: Borno State remained without a power supply from the national grid (PHCN) since February 2021 when the armed opposition groups destroyed the electricity power supply masts affecting supply to Maiduguri and the adjoining communities. Efforts to fix the damaged TCN installations were short-lived as the suspected insurgents also destroyed them further and allegedly vowed to sustain the attacks and ensure the State remained without a power supply. This in turn has increased the cost of operations in the State as every household and programmes now depend on the generators for power.

Given the challenges, while the project was supposed to have been finished in 2021, some health care-related activities were not completed as planned. To finish the remaining activities, UNDP and WHO submitted requests for a no-cost extension of the project period to the EU Delegation twice. The donor kindly accepted the requests and, as a result, the project period was extended up to 30 June 2022.

9. LESSONS LEARNED

As the major lesson learned under the project, engagement with sector working groups is very effective for identification of opportunities for the creation of humanitarian-development-peace nexus cooperation cases. Under this project, UNDP consulted with the CCCM/Shelter/NFI Sector working groups and, as a result, decided to support the civil work

to dig the trench around the Pulka community for decongestion of the IDP camps that are densely populated.

In addition, UNDP consulted with the UN Agencies in the WASH SWG to identify the civil works to create a nexus with humanitarian support. It resulted in identification of the civil works of the supplementary tasks of the earth dam in Pulka, WASH facilities in the expanded camp in Pulka and the solar power for the water borehole in Konduga GSS. These cases will surely also contribute to humanitarian and peacebuilding aims.

10. CONCLUSIONS, RECOMMENDATIONS AND OPPORTUNITIES FOR FOLLOW-UP

To date , 43 infrastructures have been handed over to the government. All the facilities already handed over are providing services to the communities, except for the three facilities; Gur Primary School which was attacked by an armed group which the Borno State government offered to rehabilitate, Bama government technical college is not used due to the security issue in the area where MRRR is continuously following up with the Ministry of Education and Chabbal PHC is currently not in use due to population displacement and vandalization of the PHC. The beneficiaries' information have been shared with the State Operations Coordinating Unit (SOCU) on 16 June 2021.

The insurgency and counterinsurgency efforts are now the main drivers of continued conflict in the North-East and have significantly disrupted economic activities. A large percentage of agricultural lands, which have been destroyed, are now becoming accessible in some stable parts of Borno but some are inaccessible due to military restrictions and the fear of insurgency attacks. Market places and trade routes for an area once known for its bustling cross-border trade were early targets of the non-State armed groups and have complicated the prospects of reviving the local economy although there has been a lot of improvements in the socio-economic recovery of Borno State. Concurrently, climate change has further contributed to the disruption of the economic, social and cultural life in North-East Nigeria, which has historically been closely tied to Lake Chad. The dwindling and unpredictable water levels over the last decades have jeopardized the livelihoods of millions.

Furthermore, the COVID-19 pandemic has exacerbated the situation in North-East Nigeria. Due to COVID-19 mitigation measures, which include a lockdown and social distancing, many families have lost their jobs and livelihoods. COVID-19 has also affected children, as schools have been closed and these safe spaces are no longer available to the community. In terms of programme implementation, the physical monitoring of project activities became limited due to the restrictions on movement.

These challenges have slowed down the progress of many planned activities. The capacity building training opportunities were postponed due to surge of COVID-19 and similarly poor security situation and absence of power supply remained a hindering factor in rehabilitation of basic infrastructure.

With these challenges, some activities for improved health care services remained to be completed as of 15 May 2021, as of the end of the planned project period. Given the situation, UNDP and WHO requested a no-cost extension of the project period up to end December 2021 for the kind consideration of the EU Delegation.

A no-cost extension was requested for four times as under:

1. May 2020 to Nov 2020
2. Nov 2020 to May 2021

3. May 2021 to Dec 2021
4. Dec 2021 to Jun 2022

UNDP completed its portion of the project in November 2021. Given the challenges Stated, the civil works of the General Hospitals in Biu and Monguno were not completed before the planned end date of the project period. The Crown Agents Nigeria Limited conducted a structural integrity test and a building assessment in October-November 2022 and submitted a technical report.

Annex 1

Table of completed activities

Project Sector	Target proposed beneficiaries	Cumulative female beneficiaries reached as at January 2021	Cumulative male beneficiaries reached as at January 2021	LGA	Ward	No. of communities	Summary Results (outputs delivered or if outcome}
Health/Nutrition (WHO)	60,000	75,322	43,142	Biu, Konduga, Mafa, Gwoza, Bama, Monguno	11	11	Most of the activities are either fully completed or ongoing. Nutrition interventions (screening, training, stabilization centres are ongoing, mental health interventions (screening, treatment, and referrals ongoing, The health care services are ongoing in the 7 completed PHCs Mafa General Hospital, State Psychiatric Hospital, State Nutrition Stabilization Centre. The expansion of Biu and Monguno General Hospitals is ongoing
Education	13,700	5,822	5,653	Biu, Konduga, Mafa, Gwoza	8	8	Primary schools and secondary schools reconstructed

Livelihood	14,970	2,262	12,708	Biu, Kaga, Konduga, Mafa, Gwoza, Bama, Monguno, MMC, Kukawa	17	17	14,970 beneficiaries employed under cash-for-work modality
Food security & agriculture	7,002	3,142	3,860	Biu, Konduga, Mafa, Gwoza, Bama, Monguno, Jere, Damboa	22	22	Rainy season agriculture, agricultural extension services, livestock and animal feed provided.
Housing/shelter	3,000	1,500	1,500	Bama	2	2	3,000 households supported with housing material and cash-for-work
Other basic services (water, market and community centre)	4,682	1,966	27,16	Biu, Konduga, Mafa, Bama, Monguno, Gwoza and Jere	07	21	On farm agriculture trainings for farmers during the entire cultivation season involving the Agriculture Development Programme

Vocational skills trainings	820	384	436	All	All	N/A	Training has been completed at other 4 institutions, namely: 1. RAMAT POLYTECHNIC 2. MOHAMET LAWAN COLLEGE OF AGRICULTURE 3. NIGERIAN INSTITUTE OF LEATHER STUDIES 4. PEUGEOT AUTOMOBILE OF NIGERIA
Start-up cash grant	750	375	415	All	All	N/A	Support with cash grant completed, benefitting 790 in total
Protection	4,500	2,250	2,250	Mafa, Gwoza, Bama	3	3	3 police stations rehabilitated

Annex 2
Infrastructural facilities part of EU-funded interventions.

UNDP

No	Infrastructure	Location	Status	Date of completion (Actual or estimated)	GPS (Latitude)	GPS (Longitude)
1	Schools	Mafa-Ngwom Primary School	Completed	Dec 2018	11.88201	13.34039
2		Konduga-Konduga Girls Secondary School	Completed	Dec 2018	11.66195	13.40651
3		Biu Primary School	Completed	Feb 2019	10.852377	11.992695
4		Gur Primary School	Completed	Dec 2018	10.7709	12.20104
5		Malari Primary School	Completed	May 2019	11.6975	13.34767
6		Pulka Primary School	Completed	Jan 2019	11.2195	13.78249
7		Izge secondary school	Completed	Jan 2019	10.99717	13.33279
8		Izge primary school	Completed	Jan 2019	10.99717	13.33279
9		Mafa Primary School (New works)	Completed	April 2020	11.92394	13.59999
11		Konduga Secondary School (New works)	Completed	November 2020	11.66195	13.40651
12		Mafa-Adamkolo Borehole	Completed	November 2020	11.83	13.19088
13		Mafa Town 1	Completed	May 2019	11.92394	13.59999
14		Mafa Town 2	Completed	May 2019	11.92394	13.59999
15		Konduga-Auno Borehole	Completed	May 2019	11.84708	12.93436
16		Konduga Town 1	Completed	July 2019	11.66195	13.40651
17		Konduga Town 2	Completed	July 2019	11.66195	13.40651

18	Boreholes	Konduga Secondary School borehole	Completed	July 2020	11.66195	13.40651
19		Njimtilo in Konduga 1	Completed	July 2019	11.84816	13.01883
20		Njimtilo in Konduga 2	Completed	July 2019	11.84816	13.01883
21		Monguno Town	Completed	February 2020	12.68686	13.62045
22		Bama Town 1	Completed	June 2019	11.519182	13.68629
23		Bama Town 2	Completed	June 2019	11.519182	13.68629
24		Bama Technical College borehole	Completed	July 2020	11.519182	13.68629
25		Ngwom	Completed	June 2019	11.88201	13.34039
26	Police Station	Pulka Police Station	Completed	March 2019	11.2195	13.78249
27		Bama Town-Police Barrack	Completed	May 2019	11.519182	13.68629
28		Mafa Town Police Station with toilet	Completed	Feb 2021)	11.92394	13.59999
29		Solar Panel for Ngwom Police Station	Completed	Feb 2020	11.88201	13.34039
30	Vocational Centre Training	Biu VTC Building	Completed	Nov 2018	10.61656	12.18254
31		Maiduguri VTC Building	Completed	Feb 2019	11.837508	13.13515
32		Benishiekh VTC Building	Completed	Dec 2018	11.80991	12.5063
33		Bama Technical College	Completed	November 2020	11.519182	13.68629
34	Market stall	Mafa Market Stall	Completed	July 2019	11.92394	13.59999
35	Community Center/Dispensary	Community Centre/Dispensary in Izge	Completed	Jan 2019	10.99717	13.33279

WHO

S/NO	Name of LGA	Name of Health facility	Scope of Work	Status of Work	GPS (Latitude)	GPS (Longitude)
1	Konduga	28 housing health clinic Kejimatari	Renovation and equipping	Renovation equipping completed and presently offering health care services and	N 11'38'42"	E 13'25'29"
2		Chabal Health clinic	Renovation of main building, the staff quarters and equipping	Renovation and equipping completed	11.346217	13.676118
3	Bama	Bama FSP Clinic	Renovation and equipping	Renovation equipping completed and presently offering health care services	11.528315	13.694912
4	Gwoza	MCH Gwoza	Total demolition and building of new structures	Renovation equipping completed and presently offering health care services	N 11'4'18.63"	E 13'41'26.094"
5	Biu	FSP Clinic Biu	Reconstruction and equipping	Renovation and equipping completed and presently offering health care services	10'35'13.6"N	12'12'24.1"E

6	Mafa	Mafa General Hospital	Rehabilitation of postnatal ward, the children's ward, the theatre, the admin block and providing equipment for the entire facility. Rehabilitation of the 3 staff quarters	Completed rehabilitation of health facility structure, the staff quarters and also completed delivery of furniture equipment . Health care service delivery is ongoing	11.311648	13.715185
7	Biu	Biu General Hospital	Expansion of hospital structures; pediatric, maternity complex, laboratory and accident/ emergency complex	Phase 2 of project was completed while Phase 1 is not completed and requires reconstruction/remedial works, as recommended by Structural Integrity Test Report	N 10'36'11.3"	E 12'12'09.2"
8	Monguno	Monguno General Hospital	Expansion of hospital structures; including the pediatric, maternity complex, laboratory and accident/ emergency complex	Not completed. Requires reconstruction/remedial works as recommended by Structural Integrity Test Report	N 12'41'8.502"	E13'36'25.488"

9	MMC	College of Nursing and Midwifery	Equipping of the College of Nursing and Midwifery with 372 units of classroom furniture, equipping of Laboratories, practical demonstration rooms, 800 recommended textbooks Reticulation of water to offices, classrooms Laboratories and hostels	Completed and full accreditation awarded	11°49'27"N	13°8'37"E
10	MMC	State psychiatric hospital	Total reconstruction of all the structures at the Hospital complex	Reconstruction and equipping completed	N15°51'04.0"(11.851116)	E 13°10'05.6"
11	MMC	State specialist hospital	Expansion of the State nutrition stabilization centre	Reconstruction and equipping completed	N11°50'16.8"(11.838007)	E 13°08'59.0"(13.149731)