Reaching out
Humanitarian relief for internally displaced people in Benue State, Nigeria
Acknowledgements

Christian Aid Nigeria thanks all of the key stakeholders who supported this project. We are grateful to our partners – Jireh Doo Foundation, Anglican Diocesan Development Service, Makurdi, in Benue and the Justice, Development and Peace Commission (JDPC)/Caritas in Jos.

We would like to acknowledge the support provided by Antoine Sanon, Christian Aid’s West African emergency manager, and Adrian Ouvry, from Christian Aid’s humanitarian division. This project would not have been possible without the support of Charles Usie, Christian Aid Nigeria’s country manager, and many members of the Abuja-based team, who provided crucial support from design to completion.

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Executive summary

Despite individual coping strategies, people displaced by violent conflict are vulnerable to risks and need humanitarian assistance during this period of crisis. Christian Aid strives to deliver relief activities which address these immediate needs and also contribute to sustainable development and peace.

It is against this background that Christian Aid Nigeria embarked on its first humanitarian project in response to the crisis in Benue, which had left thousands of people displaced and living in inhumane conditions in makeshift camps around the state.

Nine of Benue state’s 23 local government areas (LGAs) were affected by the crisis and it was reported that more than 50,000 people had been displaced at the time of Christian Aid’s intervention.

With the state government unable to provide camps, the majority of the displaced people took refuge in primary schools (which were not in use due to an ongoing teachers’ strike) and other abandoned buildings in safe communities within the state.

Christian Aid Nigeria and its partners, the Jireh Doo Foundation (JDF) and Anglican Diocesan Development Service (ADDS) Makurdi, set out to provide a direct and immediate response to the needs of Benue’s internally displaced people (IDPs). Almost 9,000 IDPs received timely, appropriate and targeted assistance ranging from food and non-food items, support to access medical care, water provision, WASH (water, sanitation and hygiene) training and psychosocial support.

The project took into consideration the principles of Christian Aid’s humanitarian policy as well as other humanitarian standards contained in the global SPHERE handbook. Services were delivered with a rights-based approach considering the IDPs right to life and dignity, and their rights to receive humanitarian assistance, protection and security.

The project also adhered to the ‘do no harm’ principle by not violating the rights and dignity of the IDPs and by avoiding making the situation worse than at the time the work began.

This report looks at Christian Aid Nigeria’s experience of working with local partners in response to a humanitarian emergency, the lessons learnt and the challenges faced.
Background

Communities in the north-central Nigerian state of Benue have been experiencing a serious humanitarian crisis since February 2014, caused by the frequent violent conflict between indigenous farmers and nomadic Fulani herders. The conflict has resulted in the loss of lives, while the destruction of farmland, cattle, homes and public property has caused the displacement of thousands of people in nine of the 23 LGAs in the state.

More than 300 people and almost 12,000 head of cattle have been killed in the conflict, while a further 32 people (mainly children and the elderly) died in the makeshift IDP camps due to harsh weather conditions in the month before Christian Aid’s project started.

The root cause of the conflict is the struggle over land resources as the Fulani herdsmen lead their cattle to graze on the crops of the indigenous farmers. Benue is the largest food producing state in Nigeria, with a large proportion of people relying on farming for their livelihoods.

Benue is also one of Christian Aid Nigeria’s focal states, and the crisis has affected communities where it runs health projects, putting them at higher risk.

From a rapid emergency needs assessment of the situation conducted by Christian Aid and its partners, it was evident there were no established IDP camps, with those affected mostly seeking refuge in churches and schools.

It was also observed that IDPs were living in inhumane conditions, including poor access to quality drinking water and hunger. These and other threats to health and wellbeing particularly faced women and children.

With all of this in mind, Christian Aid initiated the project *Emergency Humanitarian Relief Assistance project* to deliver immediate humanitarian emergency relief to IDPs in Benue.

The overall aim was to restore hope to the IDPs by providing immediate, lifesaving humanitarian relief. Christian Aid set out to achieve this using a participatory approach to relief distribution and the provision of psychosocial support involving partners, government agencies, host communities and the IDPs themselves.

The further objectives of the project were:

1. For Christian Aid partners to provide a direct and immediate response to the humanitarian crisis by supporting ongoing efforts by individuals and some cooperative bodies at household level in IDP locations in Benue state.

2. To strengthen the capacity of two Christian Aid partners – JDF and ADDS Makurdi – in delivering emergency humanitarian assistance in crisis situations.

The three-month project, which began in June 2014, covered three of the nine affected LGAs. This report gives a summary of the activities and outcomes of the project.
Activities

Pre-intervention

An initial meeting between Christian Aid and its partners and the executive secretary of the Benue State Emergency Management Agency (B-SEMA) provided an opportunity to establish a working relationship with the government agency responsible for humanitarian coordination in the state. This relationship was useful in understanding the gaps in the humanitarian support being offered to IDPs.

A rapid emergency needs assessment was carried out in some of the makeshift camps in the target LGAs, providing an opportunity for interaction with the IDPs and a better understanding of the exact emergency humanitarian needs.

The assessment also promoted the participation of the IDPs in designing an intervention suited to their needs and context, an approach which proved vital in ensuring the success of the project.

Intervention

The response was based on the provision of food supplies, non-food items, WASH and psychosocial kits to 1,848 households – 806 in four locations across Makurdi and Tarka LGAs and 1,042 in four camps in Ukum LGA.

To ensure the efficiency of the project, and as its partners were not experienced in carrying out humanitarian work, Christian Aid ran capacity building training on emergency response in a crisis situation. It was attended by Christian Aid Nigeria and partner staff, B-SEMA and some IDPs. From this training, partners developed a clearer understanding of strategies and methodologies used when delivering projects to meet emergency needs in Benue state. It also enhanced partners’ skills to carry out household registration of IDPs and use the information gathered to provide relief materials.

Host communities and IDPs were mobilised to actively participate in the registration process – which was carried out for all households – and the distribution of items. This ensured IDPs received items that met their urgent needs.

To further promote transparency and accountability, IDP camp leaders were part of the committees formed to purchase relief materials. This also ensured that needs were adequately met, based on preference and local context. Items were distributed and monitored using distribution cards and based on the target criteria.

Almost 9,000 IDPs were reached with humanitarian relief materials, including health, nutrition, non-food items, clothing, water and sanitation, and psychosocial services.

The psychosocial support included the distribution of footballs to men and male youths, games and cards for women and female youths, and building bricks and other toys for children. Football matches were organised among the youths, and the women and other female youths participated in dancing and other games.

‘These things made a big difference for us and helped to keep us going.’

Community member during a focus group discussion in Zaki Biam, Ukum
Post-intervention

Progress monitoring, monitoring assessment and end of project evaluation were conducted as part of the intervention. These involved focus group sessions and key informant interviews (KII) with IDP community members and leaders, partner staff and management and other non-project participants.

This provided IDPs with an opportunity to give feedback about the impact of the project. A respondent in an all-male focus group discussion held at the federal housing camp in Makurdi said: ‘You fed us and supported with important items like nets and medication at the right time, we are most grateful.’

Although it was considered a successful project and a large number of people were reached, there were some challenges which could be better addressed in future interventions.

For example, Reverend Matthew Asemagema, of Zaki Biam Catholic Church, who was also involved in supporting IDPs, said: ‘It would have been good to distribute items according to family size. Some larger families didn’t get enough for all the members.’

Another community member added: ‘I would have preferred money to spend on medicine for my child and to keep some back for later.’

Figure 1: Breakdown of IDPs reached

- Adult males 23%
- Adult females 29%
- Young persons (6 – 25 year) 11%
- Children Under 5 yrs 36%
Outcomes

A total of 3,310 people were reached with clean water and basic sanitation/hygiene kits.

This brought about improved WASH practices in IDP locations. By extension, host communities also adopted a positive attitude to WASH, such as hand-washing, purification of drinking water and personal hygiene. IDPs were able to collect and treat their water and store rainwater for drinking. Before the project, water collection, treatment and good WASH practices had been a challenge.

Nutrition education helped to change the attitudes of both IDPs and host communities. They began adopting a concept of mixed grain especially for children, reducing malnutrition among under-fives in IDP locations.

Long lasting insecticide nets for more than 1,300 IDPs reduced the morbidity and mortality rates due to malaria, especially among pregnant mothers, nursing mothers and under-fives.

Antenatal care education and child delivery kits reached 265 pregnant women. Twenty-five children were born in the camps during the project period.

Ten IDPs – including two under-fives – who faced serious health challenges during the project period were referred to hospital for treatment and had their healthcare bills paid for.

Families were provided with sleeping mats by the project, so they no longer had to sleep on bare floors.

Close to 1,300 IDPs were reached with psychosocial support including organised games and traditional dance, and toys for children. These activities aim to reduce trauma among IDPs, improve health and social integration, and help them begin a return to normal life.

Knowledge of humanitarian emergency management among Christian Aid, partner staff, IDPs and B-SEMA has improved. Twenty-five people received capacity building training on emergency response and preparedness and as a result were better able to successfully implement the project.
Conclusion and recommendations

The *Emergency Humanitarian Relief Assistance* project was the first of its kind implemented by Christian Aid Nigeria. The final project review indicated that the project largely achieved its objective of providing a direct and immediate response to the humanitarian crisis in Benue state, reaching nearly 9,000 IDPs with urgent relief.

Learning from the project showed the availability of local capacity for emergency response is critical in building resilience to disasters and delivering rapid, effective response in emergencies. Regardless of the lack of capacity at the beginning of the project, Christian Aid Nigeria and its partners JDF and ADDS Makurdi, can be justly proud of having responded well to the needs of a highly vulnerable and otherwise neglected group of IDPs.

Christian Aid and its partners can draw on these achievements in future humanitarian responses to assist crisis-threatened and crisis-affected people by adopting the following recommendations:

1. **Needs assessment flexibility**: Maintain greater flexibility in the timing of the registration process, and include contingency budget /stock for the inevitable cases of vulnerable community members not present at the time of the original assessment.

2. **Improved accountability**: Share information more systematically and proactively with target groups at every stage, particularly the reasons for targeting them, what they should expect to receive and when.

   Involve beneficiaries, particularly women, more systematically in the design and rollout of the project, including the development of targeting/selection criteria for project components and the allocation and distribution of assistance.

   Ensure there is a channel for feedback and complaints that beneficiaries understand and can use.

3. **Cash-based approaches**: Cash distributions/transfer could be piloted in future humanitarian projects to assess whether this is a more efficient and faster means of responding to the priority needs of communities. Banks could be paid a service charge to distribute small amounts of cash on site on a staggered basis, providing their own security, with partner staff on hand to verify registration documents. Cash assistance would also be a way to bypass the need for cumbersome procurement and distribution of supplies.

4. **Improving understanding of gender and power dynamics**: Christian Aid should provide support to its partners to help them incorporate power and gender analysis into future project design, and specifically give practical examples of how to mitigate the dominance of older men in representing and speaking for displaced communities. Partners could also provide more detailed analysis of where and how rights-based and *do no harm* approaches have been applied, or involve Christian Aid or other technical assistance at the needs assessment stage to build this into the project design and report against it.

5. **Clearer recording and evidencing of project outputs and outcomes**: Be clear in reporting the results achieved against the original output /outcome targets, and annex any documentation.
that substantiates those results, including monitoring reports, as a means of verification.

Try to ensure there is at least one round of monitoring during project implementation by both male and female staff members, and document it. For this kind of project, post-distribution monitoring surveys are ideal.

6. **Advocacy:** Christian Aid, JDF and ADDS Makurdi could consider systematic advocacy to duty bearers in Benue and Taraba states (chiefly B-SEMA and other state level institutions) and other assistance providers to acknowledge and address the needs of IDPs displaced by communal violence.

In an ideal situation, Christian Aid could look to extend support to IDPs by providing basic essentials beyond a one-off intervention. This would ensure displaced people receive support within a timeframe that allows them to return back to their communities and rebuild (including provisions for them to start-up their lives again when they return home). Realistically, however, funding for this is unlikely to become available, which makes advocacy to institutional duty bearers all the more important.

7. **Taking forward capacity building in humanitarian response:**

Make use of the preparedness/contingency plans developed after the capacity building with JDPC to ensure a more proactive response to future displacement crises, with the next potential flashpoint being the 2015 elections.

*Below:* One recommendation following the work in Benue is to involve beneficiaries, particularly women, more in the design and rollout of projects.
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