

Emergency Plan of Action Operation Update

Niger: Population Movement

DREF No. MDRNE023		GLIDE n° OT-2019-000065-NER
Operations update n° 1: 26 September 2019		Timeframe covered by this update: 24 June 2019 to 10 September 2019
Operation start date: 24 June 2019		Operation timeframe: 6 months (New end date: 24 December 2019)
Overall operation budget: CHF 482,282	Second allocation budget: CHF 245,039	DREF amount initially allocated: CHF 237,243
<p>N° of people being assisted: 30,000 people¹ (4,286 households)</p> <ul style="list-style-type: none"> • 22,817 refugees (3,260 households) • 7,183 people (1,026 households) from host community <p>Total reached in First phase DREF 1: 14,754 persons</p> <ul style="list-style-type: none"> • 10,647 refugees (1521 HH) • 4,117 (588 host communities) 		
<p>Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC) and Spanish Red Cross</p>		
<p>Other partner organizations actively involved in the operation: Ministry of Humanitarian Action and Disaster Management, Ministry of Interior, Ministry of Public Health, Ministry of Women Development and child Protection, UNHCR, UNICEF, WFP, WHO, World Vision, Plan International, APBE, BEFEM/ALIMA</p>		

Summary of major revisions made to emergency plan of action:

This Operation Update seeks a second allocation of CHF 245,039 to reach out to an additional 15,000 people fleeing violence from Nigeria and now living in Maradi region of Niger – **new target will be 30,000 people (4,286 households) of which 22,817 refugees (3,260 households) and 7,183 people (1,026 households) from host community**. This is an increase from the 15,000 people (2,143 households) including 10,817 refugees (1,546 households) and 4,183 people (597 households) from host community originally targeted at the launch of this DREF operation.

The National society equally requests for **a three-month timeframe extension until 24 December 2019** to be able to reach out to additional targets, as the population movement crisis worsens by the day. The overall timeframe for this DREF operation will be six (6) months.

The operational strategy for this operation remains the same, as in the initial plan of action.

A. SITUATION ANALYSIS

Description of the disaster

After the first joint assessment conducted in June 2019 by UNHCR, Niger Government, Niger Red Cross Society (NRCS) and other humanitarian partners, which registered 16,871 refugees, a [DREF operation](#) was launched and CHF 237,243 were allocated to reach out to 15,000 people or 2,143 households for a period of three (3) months.

¹ The average size per household in Niger is seven (7) people.

However, the sudden increase of violence in Zamfara, Sokoto and Katsina states in northwestern Nigeria has led to a deterioration and increase of the emergency in Maradi region of Niger. Thousands of people, mostly women and children, have crossed the border into Niger, fleeing extreme violence. Like previous waves of displacement, the new waves of displacements have happened during the month of July and continued during the month of August and September with different trends: During the month of May/June 2019, massive arrival of around 20,000 Nigerian nationals, also from Sokoto State in Nigeria. In July, the number exploded up to 35,055 refugees, with 4,648 refugees in August and 2,115 during the first 2 weeks of September (as of 18 Sept): total refugees 41,818.

The new wave of displaced people has found refuge in villages near the Nigerian border of Niger, mainly in Maradi region. This increase in the flow of Nigerian refugees to Niger has led UNHCR to make a plea (in progress) to the government of Niger for the granting of collective refugee status. In addition, UNHCR continued with their registration process of the refugees with the Regional Directorate of Civil Status (DREC). This is currently taking place and the initial information is expecting a possible influx of nearly 75,000 refugees by the end of December 2019.

In view of all the above, the Government and UNHCR are not planning to build refugee camps, **but to relocate the refugees in villages called “Villages of Opportunities”, with a total of 10 already pre-identified.** A multisectoral needs assessment took place on 27 and 28 August 2019 in three (03) “villages of opportunities” identified by the government and the UNHCR in order to assess the situation of the refugees, their current number and also to study the measures and viability of these zones of possible relocation. The results of this assessment are the trigger of this DREF revision and was officially released to the International Federation of Red Cross and Red Crescent Societies (IFRC) on 13 September 2019. This multi-sectoral assessment included State services, UNHCR, all humanitarian partners present in Maradi, as well as Niger Red Cross Society (NRCS) and IFRC. This enabled the National Society and IFRC as well as other partners to effectively assess the large number of refugees and the necessary needs expected in the field to improve their living conditions. The results of this evaluation are as follows:

Commune	Village	Refugee population	Total
Guidan Roudji	Guidan Roudji	4,181	4,181
Guidan Sori	Guidan Sori	1,879	1,879
Tibiri	Bassira	8,169	33,643
	Dan Kano	10,793	
	El Guidi	1,580	
	Tankama	8,961	
	Tiadi	4,140	
Total			39,703

Initial data regarding the 3 Villages of Opportunity²:

Identifications	Villages of Opportunities		
	Dan Dadji Makao	Chadakori	Garin Kaka
Population	845 and 2,572 with the neighboring villages	6,752 and 49,916 for the total area covered	650, but no information on the neighboring villages.
Accessibility	To be improved	Good access	Good accessibility
Health Centre	None, nearest at 8 km	01 CSI to be renewed	None, nearest at 7 km
Schools	To totally renew	To be improved	Inexistent
Water access	Mini AEP nonfunctional 01 (1 borehole)	Water access existent, and 6 cemented wells	01 well et 01 borehole, insufficient.
Access Electricity	Solar panels	Electric network existent	Solar panels
Access Telephone	Instable	Existent	Existent
Area	6 ha (TBC)	38 ha (TBC)	Unknown (to be determined)
Latrines	Open defecation	Insufficient latrines	Open defecation
Markets	07km away or more	Market exists but barely any products available.	More than 10 km

² Rapid Needs WASH assessment-28 August 2019 (WASH Cluster). Annex 1

UNHCR has declared this situation a “**Level 2 (L2) International crisis**” which requires adequate humanitarian response and long-term strategy. More information on the initial situation which started in April 2019 can be found in the [Emergency Plan of Action](#).

The coordination of this operation is currently held by WFP & UNHCR and planned to be led by OCHA by the beginning of October (the office in Zinder is currently supporting the coordination, but the new office should start to operate in Maradi). IFRC and Niger Red Cross Society are currently participating in the WASH/ Health clusters coordination meetings in Maradi, as well as the general weekly coordination meetings held at UNHCR and OCHA in the capital city of Niamey. Through the DREF and the team of volunteers, the RCRC are providing a capital assistance to refugees and host communities. Furthermore, as auxiliary of the public powers, the Niger Red Cross Society is also setting a regular coordination system with the Governorate of Maradi, to ensure the actions and plans are well known by the public authorities.

Internally, IFRC Maradi has created with the Niger Red Cross Society, a Coordination Unit, led by the President of the RC branch in Maradi, together with the Health coordinator with the Spanish RC and the team of Luxembourg RC: the coordination system allows the interested actors to strengthen the position of the NS in terms of programmatic rationale, planning, programming and supporting the communication/ messaging.

The DREF operation team (volunteers and supervisors) coordinate on regular basis with the local authorities and other humanitarian actors: while doing the regular evaluations and assessments, through the referral system towards the CSI (Centre de Santé Intégré), by sharing field information on the needs of the refugees and host communities.

Having said that, it is to be said that the coordination mechanism is far from being efficient and effective: OCHA is not yet present in Maradi (supported remotely from Zinder), and UNHCR-WFP has limited coordination experience in such humanitarian settings in Maradi. The coordination mechanisms are being settled and the expectation is that it will be ready by the beginning of October 2019 through the opening of OCHA's bureau.

Summary of current response

Overview of Host National Society

As of August 2019, at least 39,703 refugees had arrived in the villages of Guidan Roudjji Department in Maradi. Niger Red Cross Society (NRCS) has been participating in crisis meetings led by government authorities, UN agencies and humanitarian organizations in the region. The regional branch of the NRCS in Maradi deployed about 15 volunteers as well as a regional emergency response team of five (5) members to provide assistance (first aid, psychosocial support, needs assessment and registration), alongside other humanitarian actors. The NS response through this DREF operation improved thanks to the deployment of a Surge support in Niger -- the latter with the support of the NRCS contacted the UNHCR, the administrative and health authorities and other humanitarian organizations on the ground for a better understanding of the context. Field trips with officials from NRCS helped to better understand the situation and were used to identify volunteers with the help of the community. As a result, a training of 50 volunteers, 06 supervisors and 12 community leaders was held from 05 to 10 August, focusing on health modules (cholera, malaria, nutrition), referral of cases, WASH, gender and inclusion, Community Engagement and Accountability and finally the first aid training held from 16 to 19 August 2019.

The National Society has a strong presence in Maradi region and has long experience in managing IFRC-funded programs. The most recent operation funded by the IFRC was the DREF operation was in Maradi in response to a cholera outbreak. The specific WASH actions implemented as part of Cholera operation reached 25,610 people (10,500 men and 15,110 women). It should be noted that the 2018 cholera outbreak in Maradi affected more than 3,824 people (546 households) and killed 78 people.

Overview of Red Cross Red Crescent Movement in country

As already highlighted in the initial plan of action, there is strong Movement presence in Niger as NS works with the ICRC, the Belgian RC, the Swedish RC, the Luxembourg RC, the Spanish Red Cross and the IFRC Country Office. Regular meetings are held to strengthen collaboration and find appropriate synergies that will have a positive impact on the work undertaken for the affected population. NRCS with the support of the IFRC Surge Support undertook coordination meetings with administrative, health, traditional authorities, host populations and refugees to better understand the situation with a view to properly implement the plan of action and make necessary changes per feedback received from the various stakeholders.

Since the arrival of refugees in the Maradi region, the Federation's country office has published two reports through the IFRC GO communication channel. In addition, the IFRC also provided support during the needs assessment mission by coordinating and participating in crisis meetings and multi-country meetings. Currently, the IFRC operates

in Maradi under the coordination of a Surge (RDRT), who works in perfect collaboration with the NRCS and is being supported by the Spanish RC staff. The NRCS, the Spanish RC and the IFRC collaborated in the joint and multi-sectoral assessment done on 27 and 28 August 2019 with all other relevant stakeholders looking for ways to assist the Niger government in the context of response to this displacement crisis.

Information on Partner National Societies in country and their various activities in Niger remain same as in [EPoA](#).

Overview of non-RCRC actors in country

At the start of the crisis, Niger government discussed potential return of the displaced persons to Nigeria. Unfortunately, the situation is worsening on the ground and the refugees do not intend for the moment to return to their home country due to the violence. Since then, UNHCR together with the Niger government, have taken steps for the relocation of the displaced people to the villages of opportunities identified for this purpose. These villages, Guidan Roudji, Guidan Sori and Tibiri, are located some 50 km away from the Nigerian border for improved safety of the displaced families.

The joint assessment mission by the Directorate of Civil Status, Migration and Refugees (DREC, French acronym) and UNHCR multisectoral assessment and registration conducted on 27 and 28 August 2019 reported 39,703 people (5,672 households) in 40 villages in the department of Guidan Roudji. Meanwhile, the refugees are currently in host communities. Based on this assessment and several strategic and operational factors, UNHCR has declared this situation of Maradi an international crisis that requires a more structured humanitarian intervention.

For the time being, the competent Niger government department - DREC - continues to organize refugee registration and coordination of assistance in collaboration with UNHCR. In addition, UNHCR's advocacy for the recognition of collective refugee status is being examined by the government of Niger.

Pending the first wave of relocation of refugees scheduled for October 2019, relief activities are being planned in the selected host villages. World Food Program (WFP) is carrying on with a general food distribution for the affected, the Regional Child Protection Directorate of the Ministry of Women's Development and Child Protection is conducting child protection activities, while World Vision is planning to distribute some household items (NFI) to host families, and to carry out some drilling of boreholes and latrines. UNICEF on its part is providing capacity building and NFI provision support (30 recreation kits, 30 school kits, 1,000 plastic mats and 1,000 blankets), Save the Children International is contributing to protection activities and NFI distribution (the number of items is not specified). Plan International is also involved in response activities through its contribution in the education sector. Although there are huge and urgent needs in the area of shelter, no humanitarian actor has planned emergency shelter intervention for the moment. The relocation of refugees will necessarily imply the engagement of humanitarian actors in providing shelter support and other sustainable solutions for a short to mid-term solution. To note, some private companies Dangote Group, are also providing support to the affected.

Needs analysis and scenario planning

Needs analysis

Humanitarian actors in collaboration with UNHCR and other UN agencies, undertook a second joint needs assessment and the ongoing registration of refugees. It is important to note that refugees and host community representatives were fully involved in this second joint and multi-sectoral assessment as they were in the first. This needs assessment mission conducted on 27 and 28 August 2019 by government technical services, United Nations agencies, IFRC, NRCS, Spanish RC and other partner organizations included several sectorial teams as follows:

1. **WASH component:** Government Technical Services (Hydraulics, Livestock, Rural Engineering, Education, Vital Statistics), UNICEF, UNHCR, ICAHD, WORLD VISION, RED CROSS, HANDICAP, MERCY CORPS, WFP, CIAUD, LIVING WATER AND WFP.
2. **Education component:** Government Technical Services (Regional Directorate of Primary Education, Primary Education Inspectorate), UNICEF, UNHCR, ICAHD International NGO and Humanity and Inclusion NGO.
3. **Health, Nutrition and WASH:** WHO, Ministry of Public Health, WFP, NRCS, IFRC.
4. **Protection and shelter:** UNHCR, DGMR / M, WFP, UNICEF, UNHCR partners, Ministry for the Promotion of Women and Child Protection and Ministry of Population.
5. **Food security and livelihoods:** FAO, Ministry of Agriculture, WFP, NRCS, Spanish RC.
6. **General situation:** DREC, UNHCR and the Region of Maradi's Governor services.

Also, the risk of these displaced becoming stateless as most of them do not have proper documentation to be able to move on with their lives while UNHCR continues advocacy for them to be recognized as refugees by the Niger government.

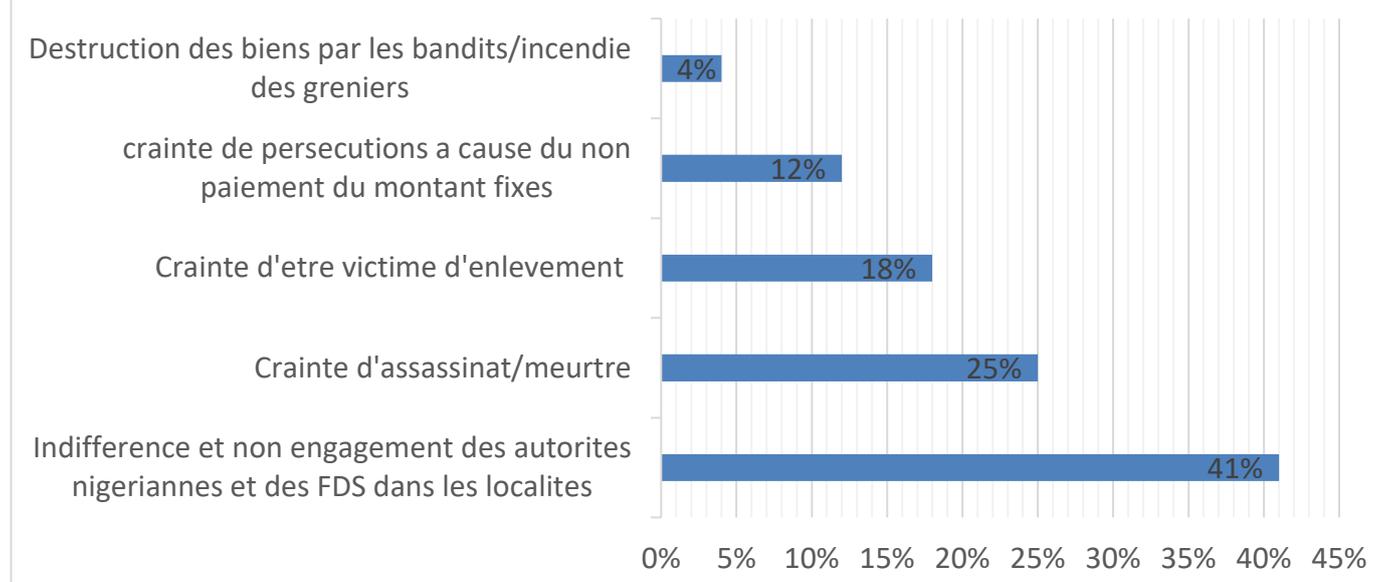
Results of the assessment:

- According to the Nigerian authorities, the situation was triggered by banditism in Katsina State (theft of livestock from some armed groups). Increased insecurity and people from Katsina State in Nigeria fled to Niger in search for security.
- Non-state armed groups increased the intensity of their actions (kidnappings, rapes etc.).
- During the month of May/June 2019, massive arrival of around 20,000 Nigerian nationals, also from Sokoto State in Nigeria. In July, the number exploded up to 35,055 refugees, with 4,648 refugees in August and 2,115 during the first 2 weeks of September (as of 18 Sept): total refugees 41,818.
- Most refugees are ethnic Hausa (subgroup Gobirawa, Katsinanwa, Zanfarawa), Kanori, Peul and Tuaregs.
- Women (54%) and children constitute the majority of the population. Securing property in the villages of origin is declared as the reason for the absence of adult men.
- Most of the refugees from the state of Sokoto, come from the villages of Dogon Hanou, Garin Bawa, Filli, Maguire and Natogue and others (Tankifili, Garin Bouzou, Dogouwa Tsamiya, Hoyi , Araga, Garin Chado, Takalmawa, etc.)
- Main actors: WFP (food items); UNHCR (Protection); Mercy Corps (shelter, with 150 tents distributed); Health (APBE); mobile latrines (World Vision).
- Main Gaps:
 - Protection: dignity kits for women
 - Protection: relocate away from the border with Nigeria.
 - NFIs: dress for women and children.
 - Host families: need to work on integration process.
 - Health : need to support the health centers with equipment (manly in Sanguirawa and Tsouloulou)
 - PSS: need to provide PSS.

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Raisons de fuite



On the basis of the ongoing crisis and high probability of having a more permanent settlement of these refugees from Nigeria in Niger, there is an urgent need to support the affected communities to cover the sectors of sustainable housing in the opportunity villages, food security, basic needs, health, water, hygiene and sanitation (WASH) as well as protection, gender and inclusion (PGI). The Protection Department of UNHCR, the Ministry of Women's Empowerment and Child Welfare, World Vision and Save the Children are working on protection. The gap persists in community health, WASH and shelter activities with a need for long-term housing.

Targeting

Through this Operation update, the NS is planning to scale up the targets to assist 30,000 people (4,286 households), including 22,817 refugees (3,260 households) and 7,183 people from host communities (1,026 households), currently living in host villages while awaiting their relocation to the villages of opportunity. The DREF operation will cover the areas of community health, WASH, PGI and the distribution of NFIs and to some extent shelter.

The proposed DREF revision expects to cover the needs of 30,000 persons (refugees and host communities), who are currently located in five (5) host villages along the border with Nigeria – this includes Dan Kano, Bassira, Elguidi, Tankama and Kelkele (Table 1 below). In addition, NRCS with IFRC support hopes to continue covering their needs during the transition to the three (3) pre-identified Villages of Opportunity (table 2) including DAN DADJI MAKAOU, CHADAKORI and GUIDAN KAKA, planned for October 2019. As such, the total number of beneficiaries will remain the same, but the services will be split between the Villages of Opportunities and current host villages.

Table 1: Current Host Villages

Villages	Refugee Populations	Host population	Total
Dan Kano	10,844	2,370	13,214
Bassira	4,703	1,961	6,664
Elguidi	4,200	1,036	5,236
Tankama	2,822	1,070	3,892
Kelkele	794	200	994
Total	23,365	6,637	30,000

Table 2: Villages of Opportunity:

Village	Refugee Populations	Host population	Target population	Total
Dan Dadji Makaou	3,000	780	260	3,260
Chadakori	4,000	6,752	2,250	6,250
Guidan Kaka	3,000	541	180	3,180
Total	10,000	8,073	2,690	12,690

As indicated in the most **likely scenario** of the [EPoA](#), the security situation has deteriorated in north-western Nigeria, leading the Niger government to consider discussions with UNHCR to relocate refugees rather than set up refugee sites/camps. In result, the NS through this Operation update, is activating the planned response for this scenario which entailed widening of response scope by requesting supplementary funding to reach out to additional families affected by this situation.

Sustainability strategy

Since this humanitarian situation will certainly continue into 2020, with high probability of an increase in the current number of displaced persons from Nigeria fleeing to Niger, NRCS and IFRC are rethinking the strategy to the response, with a possibility of integrating the current activities of the DREF population movement operation into the [Niger Complex Emergency Appeal](#) being implemented in the Region of Diffa. This is *because the* reasons and context of this crisis have both the same roots (insecurity, attacks and violence coming from a similar origin). The Emergency Appeal was revised in April 2019 to enable the International Federation of Red Cross and Red Crescent Societies (IFRC) to continue supporting the Niger Red Cross Society (NRCS) to deliver Health; Water, Sanitation and Hygiene promotion (WASH) and Protection, Gender and Inclusion (PGI) assistance to affected households. The revision also introduced a Livelihoods and basic needs component to ensure affected populations are empowered and allowed for operational timeframe extension to 24 months from initial 12 months. Discussions will be held with Red Cross partners to source for additional funding to allow implementation of long-term activities to support the affected people in Maradi region.

Operation Risk Assessment

The operational risks highlighted in the EPoA remain valid throughout the operational timeframe.

B. OPERATIONAL STRATEGY

Overall Operational objective

The overall objective of this operation is to provide lifesaving emergency services to 30,000 people (4,286 households), including 22,817 refugees (3,260 households) and 7,183 people from host communities of in the areas of community health, WASH and PGI in eight (8) villages of the department of Guidan Roudji in the region of Maradi. This includes Dan Kano, Bassira, Elguidi, Tankama and Kelkele (villages hosting the displaced persons) as well in Dan Dadji, Makaou, Chadakori and Guidan Kaka (Villages of Opportunity).

The operational strategy for this operation remains unchanged from that set in the initial plan of action. As such, activities will be maintained in the areas of health, WASH and PGI but the target will be increased by 100% to ensure that the maximum number of affected persons and host communities benefit from the services.

The new phase of this DREF will imply a continuity of the actions in the current zone of intervention, this is the villages current villages along the border between Niger and Nigeria, as well as the 3 new “villages of opportunity”. The distribution activities will be done in full coordination with the humanitarian partners to avoid possible duplications. Community health activities, WASH, malnutrition screening, referral cases will be implemented directly by the existing team, but new volunteers will need to be selected and trained for the three new locations where the displaced will be relocated. Host communities will be involved in the identification phase of fieldworkers (volunteers, supervisors and community leaders), who will also be involved in the implementation phase. Further, as refugees are mostly hosted by within local communities which are already struggling with insufficient resources, it remains extremely relevant to include host communities as direct beneficiaries in this operation.

This operation expects to support the needs of the refugees and host communities, being most of them mothers with children, which are those in more need of protection. The number of women and children in the overall refugee population, and the conditions of arrival in Niger, obliges this response to have a special focus on this sector of the population with specific actions to reduce their vulnerabilities.

Regarding the community-based surveillance teams, it will be made of the local population, refugees and host communities, which will be trained in early detection of disease. The system will consist in teams in each location where refugees and host communities are to detect possible health situations, contact the Niger RCS team, and activate the appropriate measure: referral, or immediate communication to the NS response teams to intervene. The process implies a training on the local community who will be trained on identifying health cases for early detection and early response. This system will also apply in the Villages of opportunities.

In addition, during the implementation of this DREF operation, the NRCS/ IFRC will ensure that villages count with Assemblies made of host communities and refugees, and will represent together community leaders, community members and various groups of people, including women's groups, youth groups and older persons, to discuss on their common needs. Niger Red Cross (NRCS) and IFRC will clearly explain the criteria for selecting community volunteers. Based on the criteria mentioned, the NRCS will also allow community members to choose the volunteers needed to implement the activities. Complaint committees will be established, and the Red Cross will explain their role and responsibilities. Once a month, the Niger Red Cross will return to the host villages to explain the outcome of the operation. In addition, community leaders will be trained on the knowledge of most recurring diseases, their mode of contamination and the universal prevention measures. The trained community leaders will then join Red Cross volunteers to provide disease surveillance in the community as well as outreach sessions in the community. In addition, DREF operation will support a one-day training course on community engagement and accountability (CEA) for the additional volunteers to better engage communities during this DREF operation.

C. DETAILED OPERATIONAL PLAN

	<p>Health People reached: 14,764 Male: 6,370 Female: 8,394</p>	
Outcome 1: Vulnerable people's health and dignity are improved through increased access to appropriate health services.		
Indicators:	Target	Actual
Number of people reached by NRCS with services to reduce relevant health risk factors	30,000	14,764
Output 1.1: Communities are provided by NS with services to identify and reduce health risks		
Indicators:	Target	Actual
Number of volunteers trained on CBHFA and ECV	89 volunteers	56 volunteers
Number of volunteers trained on CEA	89 volunteers	56 volunteers
Number of community leaders trained.	18 leaders	12 leaders
Number of posters produced	1,500 posters	1,000 posters
Number of images boxes produced.	15 image boxes	0 image boxes
Number of fliers produced	3,500 fliers	2,500 fliers
Number of visibility materials produced.	160 T-shirt, 160 caps and 160 volunteer bibs	100 T-shirt, 100 caps and 100 volunteer bibs
Number of Long-lasting impregnated mosquito nets purchased	12,858 mosquito nets	6,429 mosquito nets
Number of people reached with the distribution of Mosquito nets	30,000 people or 4,286 HH	15,000 people or 2,143 HH
Progress towards outcomes		

Health Output 1.2: Communities are supported by the NS to effectively detect and respond to infectious diseases outbreak		
Indicators:	Target	Actual
Number of community discussion sessions held on communicable disease prevention.	90 sessions	25 sessions
Number of people reached with community discussion sessions. (Target: 15,000)	30,000 people	14,764 people
Number of coordinated meetings attended by NRCS staff	20 meetings	10 meetings
Number of community-based disease surveillance teams put in place.	6 community teams	5 community teams
Number of awareness sessions carried out on community-based health promotion and disease prevention using CEA basic approach	72 sessions	15 sessions
Number of platforms put in place for exchange of data and surveillance information with other stallholders.	2 platforms	2 platforms
Number of post-delivery kits purchased	600 post-delivery kits	200 post-delivery kits
Number of women reached with the distribution of post-delivery kits	600 women	200
Progress towards outcomes		
<ul style="list-style-type: none"> • Five (5) community teams have been set in 5 villages (host villages), instead of 6 villages. • A focal point for the data collection has been identified and is in charge of this portfolio. • Meetings are held every 2 weeks in each community, so 10 meetings so far. • There has been a delay in starting the activities, primarily because of the time taken to receive the funds and to transfer them to Maradi. Volunteers were chosen and trained, but the human resources available in that area has been challenging (it was required to have local population to be accepted by the host communities): people with capacity to communicate, raise awareness, and be proactively involved has been challenging for IFRC-HNS. For these reasons, once the team in place, once trained, with all the required material for proper daily monitoring tools, the activities have been carried out without mayor difficulties and the volunteers and supervisors well accepted. • Purchase of new delivery kits for the beneficiaries' refugees and host communities • Contact the health authorities to follow the schedule of distribution of post-delivery kits in collaboration with Niger RCS volunteers in the field • Intensify the techniques of CEA to engage communities to achieve our common goals • Increase plan and organize the sensitization sessions on disease prevention to reduce the risk of diseases. 		
<p>There has been great delay in starting the implementation of the activities, due to the late signature of the MoU, and the process of training the teams before field deployment. However, the DREF operation team has been able to catch-up quickly.</p> <p>IFRC and Niger RC had great delays in setting up this DREF operation due to several reasons: 1) Delays in receiving the funds in Niger (which affected also the time taken to sign the MoU with the NS); 2) Delay in finding the volunteers in Guidan Roumji (although we initially thought of using volunteers from Madarounfa, this was just not possible due to acceptance issues: identifying the adequate personnel, as well as to identify and train the supervisors, was challenging; 3) Delay in deploying the RDRT to the site. Together with us, the DREF has been confronted with difficulties in terms of coordination: it was unclear the role of the local authorities, UNHCR, OCHA (absent in Maradi region); 4) A forth element that has played a role in the delays has been the security situation, with armed groups from Nigeria entering Niger and harming refugees and host communities, which obliged the DREF volunteers to be stand by on several occasions.</p> <p>However, once the new volunteers/ supervisors were screened, the trained done, the coordination being settled and clearer for all the humanitarian actors, and Niger Armed Forces have had a better presence in the border with Nigeria, the operation was able to run smoothly. The analysis done by IFRC CO Niger is that, the current situation is favorable to catch-up the existing delays and to quickly respond to the needs.</p>		
Health Output 1. 6: Severe Acute Malnutrition is addressed in the target population.		
Indicators:	Target	Actual
Number of volunteers trained for malnutrition screening.	89 volunteers	56 volunteers

Number of children under 5 screened for malnutrition.	1,000 children	0 children
Number of pregnant and lactating women screened for malnutrition	400 women	0 women
Number of severe and moderate cases identified and referred to the nutrition centres	400 children	0 children
Number of lactating women trained on malnutrition screening.	400 women	0 women
Number of children screened by lactating women	400 children	0 children
Health Outcome 2: The immediate risks to the health of the affected populations are reduced through improved access to medical treatment		
Indicators:	Target	Actual
Number of people identified with health problems and treated and /or referred to the nearest Integrated Health Centre.	500 people	5 people
Health Output 2.1: Improved access to health care and emergency health care for the targeted population and communities.		
Indicators:	Target	Actual
Number of First Aid kits purchased.	40 first-aid kits	20 first-aid kits
Number of volunteers trained on First Aid	89 volunteers	56 volunteers
Number of people reached with First Aid treatment.	400 people	0 people
Number of visits carried out to the refugee compound.	90 visits	55 visits
Number of people treated during home visit.	120 people	120 people
Number of people referred to the health facilities for immediate and appropriate care.	500 people	5 people
Progress towards outcomes		
<ul style="list-style-type: none"> • 20 first-aid kits (instead of 25), have been purchased and delivered to the volunteers. This is because of the delay in establishing the referral system, which took longer than expected due to several reasons: security, setting up the transportation system, arranging prices for referrals. This has been setup now. • 56 volunteers have been trained in first aid. • Population receives first aid assistance during their home visits and sick people are referred to CSI. • One of the main difficulties the program has been confronted to was, together with the HR difficulty in finding proper local volunteers with the capacity and quality to undergo awareness raising campaigns, has been the difficulty to put in place the referral system: being the reason of this, the lack of coordination mechanism and the time it has taken place to set it up. OCHA's absence in Maradi has had (and still has) consequences in terms of efficiency and effectiveness in some humanitarian partner's programs, but it is settling down. OCHA's office in Zinder is taking over the coordination and should lead the response by October 2019. • Train 50 lactating women to screen for malnutrition. • Increase by double the number of visits to refugee households to be closer to the beneficiaries • Strengthen the case referral system to relieve patients who do not have the opportunity to go on their own to CSIs. • Introduce in the programme MAM and MAS, all malnourished children screened. 		



Water, sanitation and hygiene

People reached: 13,681

Male: 5,799

Female: 7,882

Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities		
Indicators:	Target	Actual
Number of people identified with health problems linked to water consumption or water related diseases.	30,000	13,681
Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities		

Indicators:	Target	Actual
Number of volunteers trained on carrying out water, sanitation and hygiene assessment.	89	56
Number of initial assessments carried out on water, sanitation and hygiene situation.	2	2
Number of initial assessments carried out on water, sanitation and hygiene situation.	12	6 2
Number of coordination meeting hold with WASH actors	12 (weekly meetings + ad hoc meetings)	8 (weekly meetings) + ad hoc meetings
Progress towards outcomes		
<ul style="list-style-type: none"> 56 volunteers have been trained Weekly coordination meetings take place with the Spanish RC and NRCS for 2 field assessments (first assessment on the current host villages, and the second one in the villages of opportunities). Purchase of 8 pull testers to check water quality in each location. 		
Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population		
Indicators:	Target	Actual
Number of people that have access to clean drinking water.	30,000	15,000
Number of Aquatabs purchased.	771,480	93,210
Number of people reached with the distribution of water treatment product.	30,000	15,000
Number of buckets and jerrycans purchased.	8,572 buckets and 8,572 jerrycans	4,000 buckets and 4,000 jerrycans
Number of people reached with the distribution of bucket and jerrycans.	4,286 HH	2,000 HH
Progress towards outcomes		
<ul style="list-style-type: none"> All the NFI equipment has been purchased. Beneficiaries have been identified. Price of aquatabs have increased in the market due to the high demand and procuring them becomes difficult. Distributions are in process. Price of buckets and jerry cans have increased, here the reason of a lower number. Buy and distribute the remaining Aquatabs Purchase of the remaining buckets and jerrycans, following the limitations due to the increase of prices in the local market. Assist 30,000 target people to consume drinking water during the next 3 months of DREF 		
Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population		
Indicators:	Target	Actual
Number of volunteers trained on hygiene promotion technique.	89	56
Number of awareness sessions carried out on hygiene promotion.	72	15
Number of people reached with the hygiene promotion sessions and demonstration of hand washing technique.	30,000	13,681
Progress towards outcomes		
<ul style="list-style-type: none"> 56 volunteers have been trained in hygiene promotion. 10 community awareness sessions have been conducted in the field. The number of awareness session on hygiene promotion was increased to drive and guide community members in good practices. Reach 30,000 people in activities related to hygiene promotion Encourage weekly sessions related to the sanitation of the living environment of refugee and indigenous populations 		
Output 1.5: Hygiene promotion activities which meet Sphere standards and training on how to use those goods is provided to the target population		

Indicators:	Target	Actual
Number of sanitary pads purchased.	21,000	10,500
Number of people reached with the distribution of sanitary pads	7,000	3,500
Number of people reached with the training on the use of sanitary pads;	7,000	3,500
Number of pieces of 250 grams soaps purchased;	30,000	15,000
Number of people reached with the distribution of soap;	30,000	15,000
Number of sanitation kits purchased;	21	11
Number of sanitation kits distributed.	21	11
Number of environmental cleaning sessions held.	12	00
Progress towards outcomes		
<ul style="list-style-type: none"> Buy and distribute the remaining pieces of soap to cover the next 03 months for the hygiene of populations Buy and donate 10 health kits to communities to help them clean up their living environment Training of 50 women in the use of sanitary napkins in the coming days Educate people to keep their environment healthy through weekly community sanitation activities Complete the rest of the distribution of sanitary napkins 		

 Protection, Gender and Inclusion People reached: 1,015 Male: 430 Female: 585		
Outcome 1: Protection, Gender & Inclusion Outcome 1: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable.		
Indicators:	Target	Actual
Number of people with specific needs identified and assisted	300	145
Output 1.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.		
Indicators:	Target	Actual
Number of specific risk assessment carried out.	2	1
Number of people identified with specific need with data disaggregated into sex and age;	500	145
Number of briefing for sector team carried out;	1	1
Number of volunteers trained on minimum standard for PGI.	89	56
Progress towards outcomes		
<ul style="list-style-type: none"> Organize monthly specific risk assessment related to gender and inclusion Reinforce awareness on the acceptance of people with specific needs in their community Involve more PBS in every programme and activity of DREF 		

Strategies for Implementation People reached: 10,500 Male: 4,449 Female: 6,051		
Outcome 1: Effective and coordinated international disaster response is ensured		
Indicators:	Target	Actual
Number of targeted people acknowledging that support received from RC was timely and useful	At least 70% of targeted people or 21,000 people	35% or 10,500 people

Output 1.1: NS compliance with Principles and Rules for Humanitarian Assistance is improved		
Indicators:	Target	Actual
Number of NS volunteers insured.	89	56
Number of NS volunteers reached with the briefing on their roles and the risk they face.	89	56
Number of NS volunteers who knows their right and responsibilities;	89	56
Number of volunteers trained	89	56
Number of village committees held.	72	72
Number of complain committees put in place.	6	6
Number of strategies put in place to ensure that communities can participate in the response and influence decision making.	2	2
Number of complaints registered during the implementation of this operation	50	1
Progress towards outcomes		
<ul style="list-style-type: none"> • Avail 33 more volunteers for the continuation of DREF activities • Train new volunteers about their rights and duties. • Register and find solutions to the various complaints collected in the community following the activities of DREF • Multiply the contacts of Red Cross officials with community members to allow them to present their concerns and complaints freely and safely. No complaint has been received so far. 		
Output 1.2: Supply chain and fleet services meet recognized quality and accountability standards		
Indicators:	Target	Actual
Percentage knowledge capacity of the NS staff to manage logistics	90%	80%
Progress towards outcomes		
<ul style="list-style-type: none"> • Create a regional technical coordination structure for the activities of the Maradi Region including logistics manager • Strengthen the logistical capacities of the regional technical staff 		

D. BUDGET

This operation update seeks a second allocation of CHF 245,039 which together with the initial CHF 237,243 allocated, will bring the total budget for this operation to CHF 482,282. Please see attached budget for details.

DREF OPERATION

MDRNE023 - Niger - Maradi Population Movement DREF

20/09/2019

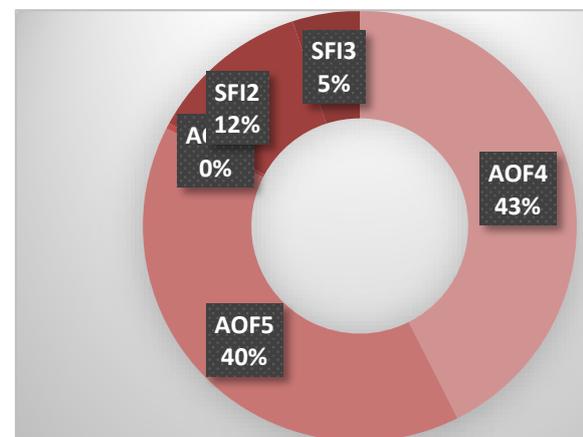
Budget by Resource

Budget Group	Budget
Water, Sanitation & Hygiene	172,877
Medical & First Aid	106,905
Relief items, Construction, Supplies	279,782
Land, vehicles & equipment	0
Distribution & Monitoring	15,804
Transport & Vehicles Costs	23,798
Logistics, Transport & Storage	39,602
International Staff	24,000
National Society Staff	
Volunteers	
Personnel	59,077

Consultants & Professional Fees	0
Workshops & Training	29,420
Workshops & Training	29,420
Travel	6,000
Information & Public Relations	18,650
Office Costs	4,950
Communications	13,366
Financial Charges	2,000
General Expenditure	44,966
Depreciation	0
Contributions and Transfers	0
DIRECT COSTS	452,847
INDIRECT COSTS	29,435
TOTAL BUDGET	482,282

Budget by Area of Intervention

AOF4	Health	205,331
AOF5	Water, Sanitation and Hygiene	192,519
AOF6	Protection, Gender and Inclusion	2,055
SFI2	Management	58,202
SFI3	Influence others as leading strategic partners	24,176
TOTAL		482,282



Reference documents



Click here for:

- [Emergency Plan of Action \(EPoA\)](#)

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

www.ifrc.org

Saving lives, changing minds.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace

