

Revised Emergency Appeal Niger: Complex Emergency

Appeal n°: MDRNE021	90,000 people to be assisted (50,000 people in Diffa and 40,000 people in Maradi)	Appeal launched: 13 April 2018 Emergency Appeal Revision: 13 April 2019
Glide n° OT-2014-000126-NER	168,073 Swiss francs DREF allocated	
	3.4 million Swiss francs current Appeal funding requirements	With this extension, Appeal end date: 13 April 2021
	1.5 million Swiss francs funding gap	Publication date: 23 March 2020

This second revised Emergency Appeal seeks a total of **3.4 million** Swiss francs (increased from 2.2 million Swiss francs), to enable the International Federation of Red Cross and Red Crescent Societies (IFRC) to continue supporting the **Niger Red Cross Society (NRCS)** to deliver assistance and support for **90,000 people** (increased from 50,000 people) for **36 months** (extended from 24 months), with a focus on the following areas: **livelihoods and basic needs, Health; Water, Sanitation and Hygiene promotion (WASH), Protection, Gender and Inclusion (PGI); and National Society Development (NSD)**. The second revision of this Appeal enhances National Society Development component and an extension of the targeted geographic area.

With the extended timeframe and geographic scope, this second revised Emergency Appeal has now a 1.5 million Swiss francs funding gap. The revised budget has been increased due to the persistent and growing needs of the affected population facing food insecurity and with WASH and health needs. The extension will enable the National Society, with support from the IFRC, to continue the dissemination of epidemic prevention messages, provision of safe water and adequate latrines for an additional 12 months. The growing health risks have demanded for an expansion in the geographic coverage of operations from the three districts of the region of Diffa to Guidan Roudji department of the Maradi region that hosts a total of 40,000 Nigerian refugees. The planned response reflects the current situation and information available.

The Emergency Appeal funding level is, as of 19 February 2020, around 1.837 million Swiss francs, which represents 83.3% of the required budget. The amount spent up to date is around 84.5% of the total amount received, making the total funds available up to April 2020 of the remaining 15.5%.

The disaster and the Red Cross Red Crescent response to date

- 13 April 2018:** IFRC launches the Complex Emergency Appeal for CHF 1.68 million to assist 43,113 persons in health and care; water, hygiene and sanitation; in three departments (Diffa, Maine Soroa and Goudoumaria).
- 24 July 2018:** IFRC issues operations update number 1.
- 2 November 2018:** IFRC issues 6-months update.
- April 2019:** The Emergency Appeal is revised upward to 2.2 million Swiss francs to support 50,000 people for 24 months.
- March 2020:** The Emergency Appeal is revised for the second time to support 90,000 people: 50,000 people affected by the security crisis in the region of Diffa and 40,000 Nigerian refugees in the Guidan Roudji department of the region of Maradi.

The operational strategy

Summary of Red Cross response to date

From April 2018 to date, the Niger Complex Emergency Appeal operation has achieved the following:



HEALTH



165 trained on Epidemic Control for Volunteers (ECV) and nutrition activities



11 community-based disease surveillance integrated Health Centers (IHC).



16,100 Information, Education and Communication (IEC) materials (posters) on health.



104,993 people reached with awareness sessions on epidemic prevention, healthy hand washing and the demonstration of mosquito net installation



49,996 children under 5 years screened on malnutrition.

150

lactating women have been trained on malnutrition screening using MUAC.



5,120 mosquito nets were distributed to **2,560** households.



WASH



90 volunteers and **15** supervisors were trained on WASH activities.



7,214 households were trained on safe water storage and the use of water treatment products.



97,100 total tablets (**80,400** were purchased, and **16,700** tablets donated by the Regional Directorate of Hydraulic.) Total of 97,100 tablets were distributed to **1,421** most vulnerable households in areas where the population is consuming non-potable water



2,750 people were reached with **200** soap; **500** of the most vulnerable households received **500** buckets with lids and **500** jerrycans; and **1,000** women received **2,000** sanitary pads.



38,542 pieces of soap were received as in-kind donation from the Finish Red Cross.

104,993

people (**38,066** males and **66,927** females, of which **1,433** were pregnant females) were reached with awareness sessions on hygiene promotion coupled with hand washing technique with soap.

Protection, Gender and Inclusion

A total of 105 RC volunteers were trained on PGI. The training focused on conducting humanitarian activities without discrimination through a consideration of people's different needs depending on their gender, age, physical ability, language, etc. Special considerations are given to people in a situation of vulnerability in the community, such as the elderly, people with disabilities, pregnant and lactating women, children, people with chronic illness, women/children head of households, widows, orphans, among others. Further, the trainers addressed gender-based violence and the protection mechanisms.

National Society Development

- All the 105 volunteers involved in this operation are covered by the IFRC insurance.
- Briefings on volunteers' roles and the risks they face have been provided to the selected volunteers.
- All the 105 volunteers are aware of their roles and responsibilities.
- Volunteers' safety and wellbeing is insured, a security training was organised to 55 volunteers by the IFRC security officer while on mission in Diffa and the IFRC is providing security briefing whenever a field mission is planned.
- All volunteers are wearing at all time the Red Cross bibs and jackets.
- All the 105 volunteers have undergone training in all the sector of activities they are currently carrying out on the field.

Impact

Thanks to Niger Red Cross volunteers, the recent Cholera epidemic outbreak that erupted in the region of Maradi and spread to the neighboring Zinder and Dosso regions didn't reach the region of Diffa, despite the overcrowding conditions in which refugees and internal displaced people are living. Further, the neighboring Borno State of Nigeria is also experiencing Cholera and Lassa fever, but the region of Diffa was spared from epidemic diseases. Further, the 11 disease surveillance teams made up of trained community leaders and the Red Cross volunteers are key element for early detection of epidemic and other diseases at community level. In addition, the construction of 12 boreholes and a solar pump improved access to safe water to more than 7,000 people, thus

reduced the occurrence of water borne and water relate diseases. The presence of water points at community level has also reduced the distance to access safe water thus reducing the risk of ladies of being raped on the road to the water points. Finally, the construction of 15 block of latrines improved access to adequate sanitation to at least 1,000 people mostly student and health patients.

With regards to non-food items distribution, the affected population of the three target districts of the Diffa region have regained their dignity as to date they are able to fetch and store water with their own containers. Most of the affected population are practicing good hygiene and they are washing hands at key moments with soap. Affected population are sleeping under mosquito nets thus reducing their exposure to malaria.

In the field of nutrition, most of the women at community level can screen their children for malnutrition with Mid-Upper Arm Circumference (MUAC). They are aware of status of acute moderate and severe acute malnutrition. This will improve the detection of malnourished children at community level, referral as well as early care at the nutritional centers.

Needs assessment and targeting

The conflict in the Lake Chad region is one of the worst humanitarian crisis on the planet. Seven years after the beginning of the crisis, the humanitarian situation remains serious in an area already affected by epidemics, floods, significant underdevelopment, poverty and the effects of climate change. Women, young people and children are the main victims. This situation has been exacerbated since 2018 by the actions of various armed groups (AG), such as armed attacks, looting, threats, etc., which have contributed to the intensification of violence, the polarization of conflicts, and the forced displacement of thousands of Nigerien populations. The security situation in the region of Diffa remains essentially extreme volatile marked by repeated attacks by AG. Some 674 people were killed, wounded or abducted by armed groups between January and August 2019, resulting in secondary displacement of people mainly seeking protection. According to the report of the Regional Directorate of Civil Status, Migrations and Refugees (DREC) published in September 2019, the region of Diffa currently hosts 260,353 people (68,819 households), including 119,541 refugees (46%), 109,404 Internally Displaced People (IDPs) (42%), 29,954 returnees (12%) and 1,454 asylum seekers (1%). This population is composed by 80% of female and children. The Niger Humanitarian Needs Overviews¹ (HRP 2020) highlighted that in 2019, nearly 244 human lives were lost as a result of armed conflict, with 225 attacks as of 31 August 2019.

The increase in attacks against civilians, including internally displaced persons, refugees and members of host communities, has been a concern throughout 2019. Kidnappings, robberies and deadly attacks by AG are reported almost daily. The number of civilian casualties in 2019 is the highest ever recorded since the beginning of the security crisis in 2015, which resulted in the death of more than 250 people and the abduction of at least another 250. In addition, markets and health centres are frequently attacked, hundreds of schools have been burned down and teachers and health personnel are systematically threatened and accused of promoting Western education.

Furthermore, the sudden increase of violence in Zamfara, Sokoto and Katsina states in north-western Nigeria in 2019 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.

For this reason, a DREF operation (MDRNE023) was launched on 24 July 2019 (with a 3 months extension, until 24 December 2019) that had the objective 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 in the areas of community health, WASH and PGI in eight villages of the department of Guidan Roudjji 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 new waves of displaced people continue to seek for shelter in villages near the Nigerian border with Niger, in the 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 (*prima facie*). 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 41,818 refugees by January 2020². Since this humanitarian situation continues in 2020, with high probability of an

¹https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/13012020_ner_hno_2020.pdf

²<https://data2.unhcr.org/fr/documents/download/73999>

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 being implemented in the Region of Diffa. The reasons and context of this crisis have the same roots in insecurity, attacks and violence coming from a similar origin.

Together with this situation, Diffa and Maradi also are confronted with a dire food insecurity situation, aggravated by the current conflict. The forecasts show that Niger will be the most affected country in the Sahel. According to the latest food security assessments (Cadre Harmonisé, 2019), the crisis has contributed to the soaring food insecurity in the following countries: Niger, Burkina Faso, Mali, Mauritania, Gambia, Cape Verde, Guinea, Guinea Bissau, Senegal and Chad. The Cadre Harmonisé (CH) for June, July and August 2019 estimates that at least 1,932,539 people will be in the phase 3 to 5 of CH, which corresponds to the crisis phase.

The drivers of this food insecurity situation are looting and destruction of production, infrastructure and productive assets; insecurity forcing people to move to more secure areas; occupation of territories and agricultural land; disruption of markets; poor governance and limited access to basic services; previous social and economic tensions; restriction of movement, transport and trade; erratic rainfall; and unsustainable agricultural, livestock and fishery practices.

The main effects and impacts of this food insecurity are the lack or restriction of access to means of production (land, inputs, water, etc.); lack or insufficient access to social services and productive services; loss of assets; competition for natural resources; price increase on agricultural inputs; and increasing social tensions, among others.

For all the above, the IFRC requests an extension to continue implementing the Emergency Appeal until April 2021. This will allow the IFRC, in direct coordination with the NRCS and the IFRC Niger country office (CO) to:

1. Continue implementing the current programmes as they are a key element to reduce human vulnerability in a region that lacks WASH and health sanitation infrastructure.
2. Keep fundraising for its projects and programmes in support to underfunded humanitarian crisis happening in Lake Chad, and more precisely in Niger affected region (Diffa).
3. Extend the programme towards food insecurity to:
 - I. Provide coordinated food and agricultural assistance to 408,000 people to save lives and protect livelihoods;
 - II. Strengthen the capacity of households to withstand shocks in crisis-affected areas.
4. Extend the geographic coverage of the Appeal Operation towards Maradi region due to the:
 - I. Root causes of the needs (insecurity, attacks from AGs, lack of infrastructure, lack of investments);
 - II. Similarities in the needs and services that IFRC and NRCS would like to offer to the population in need (health, WASH services and infrastructure);
 - III. Leaving the livelihoods and basic needs component in Maradi, since it will already have been covered by IFRC 2020 Operational Plan. The expansion strategy is informed by growing health risks, food insecurity crisis and needs of basic services.

Households targeted will be carried out during village assemblies which gathers community members, community-leaders, as well as the local administrative authorities. During the meeting, the Red Cross volunteers will explain the criterion for the selection of the households and based on that the community members will do the selection.

National Society Development

With the support of Youth and Volunteerism delegate from the Italian Red Cross, the Niger Red Cross Society has just developed its strategic plan for volunteer development with the objectives of:

- Strengthening active participation of volunteers to the affairs of the National Society
- Integration and development of youth at all levels of the association through the increase of the effectiveness volunteer's action.
- Collection and analysis of reliable and up-to-date data to assess the social impact of volunteer's actions
- Guarantee the safety and security of volunteers through volunteer insurance.
- Increase the skills and contribution of communities and volunteers in the actions of the National Society
- Implementing various policies on volunteering, the youth and gender.
- Creating new forms of volunteering through raising the competence of volunteers.

In order to reach these objectives, the Niger Red Cross Society put in place a plan of action which includes the following activities:

1. Creation of volunteering and youth policy;

2. Creation of gender and diversity policy;
3. Dissemination of policies and volunteer's code of conduct,
4. Equipment of the NS branches office with new information and communication technology equipment,
5. Creation of a charter for services and activities of the National Society. The IFRC will support the implementation of this plan of action through this revised Emergency Appeal.

Health

In the region of Diffa, the fragile security environment results in the breakdown of health services (closure of integrated health centres in high risk areas, flee of personnel out of fear of being abducted by, lack of motivation of health personnel remaining in duty). Furthermore, the emergency measures undertaken by the Government of Niger (including restriction of the movement of vehicles and ambulances) also restricts the movement of health personnel in the region of Diffa.

Epidemics are recurrent in the affected area and mainly linked to problems of access to safe drinking water, in addition they spread quickly due to insufficient knowledge and health infrastructure. In April 2017, the first case of hepatitis E appeared in the region of Diffa and the virus then spread over the two years, 2017 and 2018.

The nutritional situation remains worrying in Niger, with more than two million people affected by malnutrition. Acute malnutrition (emaciation) affects 10 to 15% of Niger's children year after year, and chronic malnutrition (stunting) affects almost half of them (45.7% in 2019). According to the 2019 SMART³ nutrition survey, more than one child in ten (10.7%) suffers from emaciation (acute malnutrition), 2.7% of whom are severely malnourished. Anaemia affects 61% of children under 5 years of age and 49% of women of childbearing age; it is the leading cause of maternal deaths in Niger (28% of causes). Acute malnutrition and chronic malnutrition, influencing each other, have multidimensional structural causes, exacerbated by specific events or shocks whose effects persist over time, threatening the lives of children and increasing the burden on households. The underlying structural causes include household food insecurity (especially rural households), low coverage of health, sanitation and drinking water services, inadequate care for mothers and children (hygiene practices, infant and young child feeding, time spent with children, workload and psychological state of mothers, etc.). Among the fundamental causes are the extent of poverty, low maternal literacy, high fertility with low interrelationship intervals, sometimes unfavourable social, cultural and religious norms, the impact of climate change, and certain governance problems (particularly in the policy of free care for children under 5 years of age), with insufficient investment in the sector and particularly in prevention. The NRCS will also ensure that the 105 volunteers of the region of Diffa are trained on first Aid as those of the region of Maradi were already trained during the implementation of Niger Population Movement DREF operation in 2019.

Protection, gender and inclusion

According to the Niger Humanitarian Response Plan (HRP) 2020, from January to September 2019, more than 1,175 attacks and protection incidents were perpetrated against the civilian population in the regions of Diffa, Tillabéri, Maradi and Tahoua, which is double than the number of incidents recorded in 2018. The protection risks for children include the risk of exploitation and child labour in the different sites; malnutrition and complications of diseases; dropping out of school; physical and psychological aggression; and other violence against children.

Food Security and Livelihoods

This component needs to be strengthened as some activities were not implemented in 2019, such as food distribution in collaboration with WFP. The NRCS aims to ensure that the immediate food needs are addressed for at least 3,500 households (2,000 households in Diffa and 1,500 households in Maradi). This will be carried out through a cash transfer programme for three months. Therefore, an agreement will be signed with a service provider, be it a bank or mobile telephone company to provide cash while the Red Cross volunteers will be focusing on information and sensitization during the lean period. In addition, food security will be strengthened through integrated activities that support:

- 1,000 farmers with primary rain-fed production of staple crops during the 2020 farming season (improved seed and tools, promotion of intercropping).
- Ten women agricultural cooperative groups engaged in vegetable production.
- Ten mother's clubs that have access to income generating activities and saving groups.
- Five pastoral wells rehabilitated used by pastoral communities.

³ <https://www.humanitarianresponse.info/en/operations/niger/document/niger-rapport-final-de-lenquete-nationale-de-nutrition-avec-la>

Updated Response Strategy

The operation focuses on two complementary axes of intervention: the first one is the direct delivery of services funded through this revised Emergency Appeal in the areas of Health (epidemic prevention, nutrition, maternal and neonatal health); WASH; Food Security; and protection, gender and inclusion. The second one aims to build the NRCS's management and operational capacity to deliver, capitalizing on its privileged position as a local organization present and respected throughout the country. This is being done through a reinforcement of staffing and volunteers management system, as well as through the development of a robust support services systems, complementary to the country operational plan.

Based on the needs listed above, activities to be implemented will be the same both in Diffa and Maradi. The health activities will continue as in the first Revised Emergency Appeal. Recognizing the close relationship between health and WASH, the WASH component of the intervention has been strengthened. As such, the operation focuses on ensuring that the affected population have access to safe drinking water, adequate sanitation facilities and are encouraged to practice healthier hygiene practices.

Health: Since the beginning of this crisis, IFRC has supported NRCS in responding to the needs of vulnerable people with the prevention of potential epidemics outbreaks (Cholera, hepatitis E and Meningitis). As the crisis continues, the displaced population are continuing to shelter in IDP and Refugee camps with many people in a fresh displacement. Therefore, the proposed revised Emergency Appeal will focus on the continuity of initial health activities as well as Nutrition. Newly proposed activities include training of volunteers on psychosocial support as they encountered various situations during the implementation of activities, development and distribution of information, education and communication materials, as well as the prepositioning of a limited number of cholera response kits for families, which include soap, aqua-tabs for water purification, buckets and jerry cans.

Linked to nutrition as well as maternal and neo-natal health, the proposed actions include actions such as community-based malnutrition screening for children under 5 years of age and pregnant and lactating women, referrals and awareness raising through trained volunteers, training of lactating women on malnutrition screening using MUAC as well as sensitization of essential family health (family planning). It is important to strengthen community surveillance to facilitate early detection, investigation as well as early and rapid caretaking to mitigate the negative impact of diseases and epidemics at the community level. Community-based surveillance systems (CBS) will continue to be set up and volunteers trained in CBS and Epidemic Control for Volunteers (ECV) prevent and respond to epidemics. A referral system will be set up both in Diffa and Maradi to facilitate communication with the appropriate health facilities.

WASH: Activities are complementary to activities promoting healthy lifestyle as well as social mobilization at the community level. The WASH activities will continue to complete the initially planned activities and to reach the population of rural areas where the needs are dire. The WASH component of this revised Emergency Appeal aims to train volunteers and staff of the Diffa and Maradi branches on assessment techniques, hygiene promotion and water treatment techniques, and support the construction of additional 15 boreholes, 20 blocks of latrines and 100 handwashing facilities as well as 70 trash cans for solid waste collection. Information, education and communication (IEC) materials will also be developed, printed and distributed, to be accompanied by safe water, health and hygiene messaging. Non-food items including 90,000 pieces of 250g soap (50,000 to Diffa and 40,000 to Maradi), 12,858 buckets (7,143 in Diffa and 5,715 in Maradi), 12,858 jerry cans (7,143 in Diffa and 5,715 in Maradi) and 28,800 sanitary towels (17,280 in Diffa and 11,520 in Maradi), among others, will also continue to be distributed in the villages of the two target regions in Diffa and Maradi

Protection, Gender and Inclusion (PGI): NRCS will continue to ensure that the revised emergency operation reaches all people without discrimination by considering people's different needs depending on their gender, age, physical ability, language etc. While this inclusive approach is embedded into each sector, the NRCS will also focus on the training of volunteers on the minimum standards for protection, gender and Inclusion and data disaggregation. NRCS will also continue to ensure that sexual and gender-based violence are prevented or mitigated. Further, the NS will continue to make sure that the target communities understand issues related to discrimination, violence and exclusion.

Community Engagement and Accountability (CEA): Since the start of this operation, target communities have been considered as equal partners and experts, as they are most knowledgeable about their own situation. The revised Emergency Appeal will focus on strengthening the CEA component and NRCS has just appointed the Organizational Development Coordinator as CEA focal point.

While implementing the operation plan, communities will remain consulted and involved. Sixty community leaders including the traditional rulers, the religious leaders, the koranic schoolteachers and the local administrative

authorities such as Mayors were involved. They are fully briefed on the programmes and are regularly contributing to the achievement of the objectives of the programme. To date, the community leaders have allowed volunteers to carry out awareness raising for the benefit of their community. This is an exit strategy to enable community empowerment and to prepare them for the recovery phase.

Community village committees were set up in each of the 11 Integrated Health Centres where activities were implemented and they were strengthened to support with programmes activities such as targeting, implementation, monitoring and local coordination. Further, complaint/feedback collection committees were put in place in each of the Integrated Health Centres. In areas where the construction of water points is completed, water management committees are set up and the members are trained on the management of water point in order to give to the communities the full ownership of the programmes.

Operational challenges: In the region of Diffa and Maradi, insecurity causes interruption of planned activities and therefore leading to implementation delays. Insecurity is also putting humanitarian and vulnerable people at risk of being abducted or even killed. The security situation in the target areas is volatile and unpredictable. Some humanitarian stakeholders are leaving the region of Diffa and others are reducing their staff. However, the Red Cross volunteers are continuing to implement activities in the field as they belong to the community.

Another challenge is the severe deterioration of health and nutritional status of the affected population and the low access of the population to potable water, adequate sanitation and the deterioration of nutritional status of children under 5 years putting them at high risk of epidemic outbreak.

Coordination: The revised Emergency Appeal operation will continue to be coordinated within the existing regional/country sectorial cluster coordination meetings as well as the regional and national Movement coordination meetings. In the region of Diffa, the Luxembourg Red Cross, ICRC, IFRC and the NRCS are present. Luxembourg Red Cross supports the National Society in Shelter and Cash and Voucher Assistance (CVA). Regular coordination meetings are taking place to enhance collaboration and to find, where applicable, synergies that will have a positive impact of the work undertaken for the affected population.

In the case of Maradi, the Spanish Red Cross was present long time ago with the regional branch of the NRCS. IFRC and Luxembourg Red Cross are just establishing themselves in the region. The Spanish Red Cross is supporting WASH in schools. Luxembourg Red Cross is dedicated to the construction of shelters while IFRC and the NS will continue implementing the revised Emergency Appeal activities. The Movement partners will ensure regular coordination meetings and build up on synergy opportunities.

This revised Emergency Appeal has been developed in close collaboration with all the Movement partners active in the region. IFRC provides support to NRCS through its Niger country office and the Africa region office. To note, at the NRCS headquarter in Niamey, Movement partners represented are Belgian Red Cross, French Red Cross, Luxembourg Red Cross, Danish Red Cross, Spanish Red Cross. Iranian Red Crescent and Qatar Red Crescent. The national Movement coordination meetings are held on monthly basis under the coordination of the President of the National Society.

Coordination with external partners is a priority for the Niger Red Cross Society and the IFRC. Since the beginning of the implementation of the DREF operation in Maradi, the NS and IFRC staff are regularly attending coordination meetings led by UNHCR and local authorities. Sectorial cluster meetings are also held in the region. The IFRC and NS are regularly attending the cluster meeting to share information and plan their intervention in accordance to other partners.

Operational Support: The IFRC team supporting the operation is composed of: Programmes and Operations Coordinator, Planning, Monitoring, Evaluation and Reporting (PMER) Officer, Finance Officer, Finance Assistant, Logistic & IT Assistant and a field Coordinator (based in Diffa).

The IFRC field Coordinator will regularly carry monitoring visits in Maradi. The IFRC PMER and Finances Officers are supporting all IFRC funded programmes with the NRCS as well as training the National Society staff on the field of PMER and Finance. The PMER will carry out regular monitoring field visit to ensure that all indicators are achieved, also he will ensure that all the operation document are archived for monitoring and audit needs. As for Finance Officer, he will ensure that all the expenses follow the planned budget and the support of these two staffs will be a good asset to make sure that all reports (financial and narrative are produced before the due dates). The Livelihoods Resource Centre provides technical assistance through regular missions.

In addition, the National Society has assigned the following staff with either 100% or 50% dedication: Field Health and WASH Coordinator (based in Diffa) 100%, NS Finance Assistant, WASH, Health and Programmes

Coordinator. The community members of the Maradi, Diffa, Maine Soroa and Goudoumaria branches are fully involved in the implementation of this project. The operation actively involves community members and community leaders, through volunteerism and the development of Complaint Committees.

Security

During the implementation of this revised Emergency Appeal, security assessment missions to Diffa will be carried out. Meanwhile, security equipment will be purchased and used by IFRC staff during the project implementation timeframe. The ICRC sub-delegation in the region of Diffa will continue to be consulted to improve coordination around security issues. As such, a Movement Cooperation Agreement (MCA) for Diffa (with a security annex) is under discussion, between the three main partners (ICRC, NRCS and IFRC). Furthermore, a larger MCA covering the whole country (more specifically, the four regions where ICRC is present), is also in the process of discussion and forthcoming signature. The ICRC is providing its support to the Movement partners in the Diffa region in terms of regular security briefing to Red Cross teams, provision of security alert is ensured through SMS, emails and HF& VHF channel, and security incident notification. Furthermore, ICRC allowed IFRC to connect all its vehicles to the ICRC radio channel to improve communication.

To reduce the risk of RCRC personnel falling target to crime or violence, active risk mitigation measures have been adopted. This includes situation monitoring and implementation of minimum-security regulations. All Red Cross personnel actively involved in the operations must have completed the respective IFRC security e-learning courses (i.e. Stay Safe Personal Security, Security Management, or Volunteer Security).

Logistics

Support is provided by the Regional Logistics Unit in Nairobi in accordance with IFRC standards to effectively manage the supply chain, including mobilization, procurement, customs clearance, fleet, storage and transport to distribution sites. The NRCS will use the existing warehousing facilities for storage and vehicles in the regional and local branches for efficient dispatch of household items (His). IFRC leases two vehicles to be used during the operation. The NS warehouse in Diffa is of small capacity. Hence, delivery and storage of relevant materials and vehicles can be stored in the regional office building. Procurement will be executed following IFRC guidelines and procedures. As in other areas, support provided will be closely coordinated with the ICRC and other Movement partners to ensure complementarity of action and avoid duplication.

The **exit strategy** of this operation will be possible through the training and involvement of community-based volunteers as well as community leaders. In the field of health, community-based disease surveillances teams are put in place in all the intervention areas. The teams are composed of trained volunteers and community-leaders. These people will continue their activities after the timeframe of the project. With regards to malnutrition screening, community ladies are trained on malnutrition screening using MUAC, these ladies will continue to screen and detect malnourished children as well as referring them to the nearest nutritional centres for care.

Concerning WASH activities, all the constructed water points and latrines are equipped with water and sanitation management committees, these people have taken the control of the constructed infrastructures since the day of the reception. They are collecting a small amount of fund anytime a household fetches water from the water point. They will use the fund to repair the water and sanitation facilities in case they are broken down.

The IFRC and NRCS also put in place mother's clubs which are groups of women that works together in a team for the development of their community. The Mother's clubs will continue to work and to be developed their income generating activities in the affected communities.

Covid-19 Preparedness and Response

On 31 January 2020, IFRC launched a global [Emergency Appeal](#) to support its worldwide membership to deliver assistance and support to communities affected or at risk of being affected by the COVID-19 (novel coronavirus) outbreak. Besides critical components such as health interventions, risk communication and community engagement (RCCE) and other form of support to medical services, the global Emergency Appeal has a strong focus on National Society institutional preparedness. This component considers how the humanitarian landscape is changing due to challenges brought by the COVID-19 pandemic and considers the development of effective and relevant guidance to ensure that ongoing activities will factor in these new risks. As auxiliaries to public authorities, Red Cross and Red and Crescent National Societies have a strong role to play in supporting domestic operations focused on preparedness, containment and mitigation against the pandemic.

Focus is also given to supporting National Societies to maintain critical service provision through ongoing Emergency Appeals, while adapting to COVID-19. This includes ensuring the health and safety of staff and

volunteers and developing plans specifically for emergency health service provision where relevant. As such, the National Society actions dedicated to COVID-19 and those conducted through ongoing operations will be mutually beneficial and built upon common synergies.

IFRC continues to assess how emergency operations in response to disasters and crisis should adapt to this particular crisis and provide necessary guidance to its membership on the same.

Proposed Areas for intervention

Overall objective:

Assist 90,000 people (50,000 people from the region of Diffa and 40,000 people from the region of Maradi) in 12,858 households in Health; Water, Sanitation and Hygiene promotion (WASH) and Protection, Gender and Inclusion (PGI) and National Society Development (NSD) for 36 months.

Areas of Focus



Livelihoods and basic needs

People targeted: 40,000 (15,000 refugees, 12,500 IDPs and 12,500 local populations)
 Male: 18,800
 Female: 21,200
 Requirements (CHF): 997,000

Proposed intervention

The November 2019 Cadre Harmonisé (CH) analysis for Niger - which this year included the refugee population - estimates the number of food-insecure people for the lean period in 2020 at more than 2 million people, including about 100,000 refugees. The Food Security Cluster's needs analysis and projections for the Humanitarian Needs Overview (HNO) 2020 are based on the results of the November 2019 CH analysis, which estimates the number of people in need for the current period (October-December 2019) and the projection for the lean period in 2020 (June-August 2020). Three types of vulnerability to food insecurity have been defined within the Food Security Cluster, which overlap in the most affected regions: - Acute food insecurity (linked to seasonality) - Food insecurity linked to natural disasters, mainly floods - Food insecurity linked to population movements (linked to security issues). In this regard, the number of estimated People in Needs are as follows:

- 1.9 million people in need from local populations
- 106,000 refugees in need
- Estimated People in Need Projection (PiN): 1,047,110 women, 1,039,056 children under 18 years of age, 85,244 persons with disabilities, 904,140 adults aged 18 to 59 years, 70,479 persons over 59 years of age. The region of Diffa and Maradi are amongst the most affected by food insecurity in the country.

Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods

Output 1.1: Vocational skills training and/or productive assets to improve income sources are provided to target population.

Activities: *Note that all the planned activities will be continued as the revised Emergency Appeal covers new geographical areas*

- Strengthen women economic empowerment using the Mother's club approach (10 women groups)
- Train Red Cross staff and volunteers in Mothers clubs' approach, saving groups and sensitization to market-based livelihoods (value chain development).
- Support to 20 women groups for income-generating activities (including entrepreneurship and business skills).
- Implement saving and loan schemes with the mother's clubs.
- Monitoring of activities with the 20 women groups.
- Draft a case study on the learning of the implementation of mothers' clubs in Niger with support from the IFRC Livelihoods Resource Centre.

Output 1.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities.

Activities: *(New with this second revised EA)*

- Carry out volunteer training on CEA approach
- Prepare and implement CEA activities.
- Information and communication to authorities on intended cash transfer intervention
- Carry out a Rapid Market Assessment
- Carry out feasibility study for Cash Transfer Programming to inform on better delivery mechanism
- Procure and contract a Service Provider to deliver the cash for this program, according to findings of the Feasibility Study
- Carry out targeting of people to be reached (3,500 households: 2,000 in Diffa and 1,500 in Maradi)
- Production of distribution materials for cash transfer programming
- Put in place the complaint management committees
- Support the cost of the cash transfer service provider (three distributions)
- Conduct cash distributions to targeted population for three months
- Conduct post-distribution monitoring during the token's distribution to the targeted population, a mid-term monitoring exercise after the first installment, and a final exercise after all households have received their three installments.

Output 1.3: Household livelihoods security is enhanced through food production and income generating activities

Activities: These activities are planned to be carried out at the beginning of the rainy season. The seeds will be purchased in April before the end of the time frame of the Revised EA. Purchasing the seeds now will require storage process

Component 1: Support to agricultural production direct support to producers

- Procure agricultural inputs for 1000 farmers (improved seeds for millet and cowpea (niebe) and agricultural tools).
- Carry out the distribution of millet and cowpea (niebe) seeds and agricultural tools for 2019 rain-fed cropping season.
- Promote good agronomic practices (intercropping, pest management, etc.), using the Farmers' Field School methodology.

Component 2:

- Identify 10 existing and functional women cooperatives in market gardening (with access to water): 8 women groups are identified.
- Purchase improved inputs seeds and fertilizers for vegetable production: the procurement process is currently ongoing.
- Monitoring of activities with the 10 cooperatives.

Component 3: Support to agro-pastoral communities

- Rehabilitate/construct 5 pastoral wells: Five pastoral wells have been identified.

Activities: Note that all the planned activities will be continued as the revised Emergency Appeal covers new geographical areas

Component 1: Support to agricultural production direct support to producers

- Procure agricultural inputs for 1000 farmers (improved seeds for millet and cowpea (niebe) and agricultural tools).
- Carry out the distribution of millet and cowpea (niebe) seeds and agricultural tools for rain-fed cropping season 2019.
- Promote good agronomic practices (intercropping, pest management, etc.) using the Farmers' Field School methodology.

Component 2: Support vegetable production with 10 cooperatives (nutrition-sensitive agriculture).

- Identify 10 existing and functional women cooperatives in market gardening (with access to water).
- Purchase improved inputs seeds and fertilizers for vegetable production.
- Carry out the distribution of inputs to the women cooperative groups.
- Train women cooperative groups on appropriate agronomic practices for vegetable production (including techniques on organic fertilizers, pest management, seed multiplication).
- Follow up women work throughout the vegetable growing process until harvest.
- Monitoring of activities with the 10 cooperatives.

Component 3: Support to agro-pastoral communities

- Identification of 5 non-functional pastoral wells
- Rehabilitate/construct 5 pastoral wells.



Health

People targeted: 90,000 (40,000 refugees, 30,000 IDPs and 20,000 local populations)

Male: 42,300

Female: 47,700

Requirements (CHF): 749,000

Proposed intervention

The NRCS targets 90,000 people including 42,300 males and 47,700 females to carry out health activities at the community level. This consist of prevention activities, preparedness and response to epidemics as well as improving access to primary health care and referral for vulnerable populations.

Outcome 1: The immediate risks to the health of affected populations are reduced

Output 1.1: Strengthened NS capacity to assess the immediate health risks and implement community-based disease prevention and health promotion.

New Activities:

- Training of 105 Red Cross Volunteers of the region of Diffa on first aid (volunteers in Maradi have received First Aid training).
- Carry out volunteer training on psychosocial support.
- Equip the Red Cross volunteers in the regions of Diffa and Maradi with first aid kits (50 kits)
- Support the production of IEC materials for the social mobilization in coordination with the MoH/WHO/UNICEF.
- Production of data collection tools.
- Provide the ECV toolboxes to volunteers.

Output 1.3: Community-based disease for epidemic prevention and health promotion is provided to the target population

Activities: Note that all the planned activities will be continued as the revised Emergency Appeal covers new geographical areas

- Carry out awareness sessions on the knowledge of the diseases, the symptoms, the mode of contamination and the prevention measures using IEC materials.
- Put in place community-based disease surveillance in each district at risk.
- Carry out disease surveillance for early detection and the referral of suspect cases to the nearest Health centres for confirmation and care.
- Carry out two KAP surveys.
- Purchase soap for hand washing demonstration.
- Purchase 100 hand washing equipment and install them in public places such as schools, mosques and churches.
- Carry out demonstration of hand washing technique with the use of soap.
- Pre-positioning of 500 Cholera family kits including: (pieces of 200g soap (7/family), PUR/aqua tab for water purification (120 sachets), 2 pieces of tissue for water filtration (50 cm x 50 cm), leaflets on the management of cholera (1 copy), leaflet on the use of PUR and aqua tab (1 copy), 25-litres Jerrycar for water transportation (1 piece), 20 litres bucket for water storage (1 piece);
- Monitor the epidemic prevention activities.

Output 1.6: Severe Acute Malnutrition is addressed in the target population

Activities: Note that all the planned activities will be continued as the revised Emergency Appeal covers new geographical area

- Carry out community-based routine malnutrition screening to children under 5 and pregnant and lactating women.
- Referral and follow-up of severely malnourished children to the nutritional Centers.
- Carry out awareness session to children caretakers on key health/nutrition practices.
- Carry out awareness sessions on the promotion of exclusive breastfeeding and adequate complementary feeding.
- Training of lactating women on malnutrition screening using MUAC.
- Management of early screening carried out by lactating women (PBM approach)
- Community discussions on the effect of malnutrition and the prevention measures
- Follow-up for defaulters (malnourished children that stopped the treatment before the end of the care period)
- Support the 15 nutrition Centers with data collection tools and small equipment.

- Rehabilitation of the waiting and culinary demonstration site at 10 Nutrition Centers.

Output 1.8: Minimum initial maternal and neonatal health services provided to target population

Activities:

- Training of 170 volunteers on essential family practices.
- Training of 24 supervisors on essential family practices.
- Production of IEC material to support the awareness sessions activities.
- Production of data collection tools.
- Carry out awareness sessions on essential family practices.
- Provision of family planning kits to the Health Centers.
- Carry out community-based awareness session on family planning.
- Purchase and distribute 500 post-delivery kits to women that have completed the prenatal consultations and have successfully delivered in the health Centre at the rural areas. The kit includes: a baby bath basin, a 20-litres bucket, two towels (50cmx 30cm), 5 pieces of soaps, a mosquito bed-nets).



Water, sanitation and hygiene

People targeted: 90,000 (40,000 refugees, 30,000 IDPs and 20,000 local populations)

Male: 42,300

Female: 47,700

Requirements (CHF): 1,017,000

Proposed intervention

Despite the work carried out by the Government and its partners in WASH infrastructures in the region of Diffa and Maradi, the needs remain enormous. The two regions (Diffa and Maradi) are in high risk of epidemic diseases due to their position close to the Borno, Zamfara, and Katsina states of Nigeria where cholera epidemic outbreak is ongoing and to the living condition of IDPs and refugees which favours the eruption epidemic diseases. This operation aims at reducing the risk of waterborne and water related diseases by ensuring daily access to safe water, adequate sanitation as well as by carrying out hygiene promotion activities and hygiene-related goods distributions. The NRCS will continue the construction of boreholes, block of latrines and the distribution of WASH related non-food items to the affected population. The water – sanitation and hygiene activities target 90,000 vulnerable people.

Activities:

Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities

Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities

Activities: Note that all the planned activities will be continued as the revised Emergency Appeal covers new geographical area

- Conduct initial assessment of the water, sanitation and hygiene situation in the target districts (three target departments in the region of Diffa and one department in the region of Maradi).
- Continuously monitor the water, sanitation and hygiene situation in targeted areas (three time during the project timeframe).
- Coordinate with other WASH actors on target group needs and appropriate response.
- Participate to the WASH Cluster meetings at the regional and the national level.
- Put in place water management committee at each constructed water point.

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

Activities: Note that all the planned activities will be continued as the revised Emergency Appeal covers new geographical areas

- Purchase households water treatment product (aqua tabs) sufficient for 120,000 people to be used for three months.
- Distribute water treatment products (aqua tabs) for 90,000 people (12,858 households) sufficient for 90 days.
- Monitor the use of water through household surveys and household water quality tests.
- Train population of targeted communities on safe water storage, on safe use of water treatment products.
- Monitor treatment and storage of water through household surveys

- Carry out the construction of 15 boreholes for 12,000 people in villages and IDP camps with difficult access to water within the 3 target departments.
- Construct a solar pump

Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population

Activities: Note that all the planned activities will be continued as the revised covers new geographical areas.

- Construct 20 blocks of three latrines in public places (in the target areas)
- Ensure toilets are clean and maintained through community mobilization (put in place toilet management committees) in all the 15 blocks of latrines constructed
- Equip the 20 blocks of latrines with handwashing facilities, anal cleansing material or water and ensure they remain functional.
- Distribute 75 trash cans for solid waste collection (3 in each of the target school and Health Centre)
- Purchase and distribute mosquito bed-nets to be distributed to the 12,858 households for Malaria prevention.
- Monitor the sanitation activities.

Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population

New activities:

- Determine the needs for hygiene NFIs, including soap, water storage, and menstrual hygiene for the community based on health risks and user preference in targeted communities in coordination with the WASH group or Cluster.
- Purchase 28,800 sanitary pads to be used for three months (for 9,600 identified women).
- Purchase 90,000 pieces of 250grs soaps to be distributed during the hygiene promotion to the 12,858 households.
- Purchase 12,858 buckets with lid for water storage.
- Purchase 12,858 jerrycans for water transportation.
- Distribute 45,000 hygiene kits for three months to 12,500 households.
- Distribute 12,858 buckets and jerrycans to the 12,858 households
- Train population of targeted communities in use of distributed hygiene kits.
- Determine whether additional distributions are required and whether changes should be made.
- Monitor use of hygiene kits and water treatment products and user's satisfaction through household surveys and household water quality tests.



Protection, Gender and Inclusion

People targeted: 90,000 (40,000 refugees, 30,000 IDPs and 20,000 local populations)

Male: 42,300

Female: 47,700

Requirements (CHF): 34,000

Proposed intervention

Displacement of Nigerian refugees and returnees tends to affect men, women and children in different ways, as people with specific needs (PSN) such as persons with disabilities, people with chronic illness, widows, children, pregnant and lactating women, elderly, etc. The structure of families and households can be altered, and gender roles changed. Due to the sudden loss of family and communitarian structures, women, children, adolescents, and PSN face serious protection risks such as military recruitment, exploitation and neglect. Women and girls are particularly affected. Sexual and gender-based violence (SGBV) is frequently present during conflict and continues into the emergency settings. The operation aims at improving equitable access to basic services (considering different needs) and at preventing and respond to sexual and gender-based violence and all forms of violence against children.

Outcome 1: Communities identify the needs of the most vulnerable and particularly disadvantaged and marginalised groups, as a result of inequality, discrimination and other non-respect of their human rights and address their distinct needs

Output 1.1: NS programmes improve equitable access to basic services, considering different needs based on gender and other diversity factors

Activities: Note that this activity needs to be continued as the operation is covering a new geographical area

- Training of 170 NRCS volunteers and 24 Supervisors on the respect of gender and other diversity factors and the Minimum Standard for PGI.

Output 1.2: Emergency response operations prevent and respond to sexual- and gender-based violence and all forms of violence against children

Activities:

- Use Minimum Standard for PGI as a guide to support sectoral teams to include measures to mitigate the risk of SGBV.
- Develop Standard Operating Procedures (SOPs) for Protection/SGBV including mapping of referral pathway (in line with the forthcoming SOP template in the revised Minimum Standard for PGI).
- Include messages on preventing and responding to SGBV in all community outreach activities.
- Hold basic half-day training with IFRC and NS staff and volunteers on addressing SGBV (or integrate a session on addressing SGBV in standard/sectorial trainings).
- Establish a system to ensure IFRC and NS staff and volunteers have signed the Code of Conduct and have received a briefing in this regard.
- Map and make accessible information on local referral systems for any child protection concerns
- Provide psychosocial support to children.
- Establish child-friendly spaces and community-based child protection activities, including educational ones.

Strategies for Implementation

Requirements CHF 603,000

The IFRC through this revised Emergency Appeal will ensure that all the volunteers involved in this operation are insured through IFRC insurance system. Further, the RC volunteers will be briefed on their roles and the risk they are facing during the implementation of this operation as well as on their right and responsibility. In addition, as this is an insecurity area, the National Society will ensure that all the volunteers are trained on security and that security briefing is carried out on the prevailing situation.

The revised Emergency Appeal will also support the implementation of National Society Development activities including the development of gender and diversity policy, the development of National Society youth and volunteerism strategy, the dissemination the policies and the code of conduct of volunteers, the collection of volunteer data based and creation of a volunteer database in all the regions, the recruitment of Youth and Volunteer coordinator for the National Society, the equipment of the Niger Red Cross branches (eight branches) with computers and the development of internal communication activities for volunteers. This revised Emergency Appeal will support the roll out of OCAC recommendation and the implementation of BOCA assessment in all the regions.

Outcome SFI 1.1: National Society capacity building and organizational development objectives are facilitated to ensure the National Society has the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform

Output S1.1.4: National Societies have effective and motivated volunteers who are protected

Progress towards outcomes:

The following NRCS staff are fully involved in the implementation of this operation:

- The NS Programmes Coordinator.
- The NS DM Coordinator
- The NS Health Coordinator.
- The NS Field Health and Nutrition Coordinator.
- The NS Finances Assistants (1 and 2).
- The members of the Diffa, Maïné Soroa, Goudoumaria, and Guidan Rounджи Red Cross branches

Activities:

- Ensure 194 volunteers involve in the new operation for 2020 are insured through IFRC Insurance Unit.
- Carry out the briefing of volunteers on their role and the risks they are facing
- Carry out the briefing of volunteers on their rights and responsibilities
- Carry out security training and regular security briefing on the prevailing situation,
- Development of the NS youth and volunteerism strategy
- Develop a gender and diversity policy.
- Dissemination policies and the code of conduct of volunteers
- Data collection and creation of a volunteer database in all the regions
- Recruitment of Youth and Volunteer coordinator for the NS
- Equipment of the Niger Red Cross branches (8 branches) with computers
- Development of internal communication activities for volunteers

Outcome SFI 2.01: Effective and coordinated international disaster response is ensured

Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved

Progress towards outcomes:

Activities:

- Strengthened the capacity of the NRCS on its compliance with Principles and Rules for Humanitarian Assistance
- Refresher Training of 194 volunteers on their roles and responsibility.
- Provision of accident insurance to all the volunteers involved in this operation.
- Training of 194 volunteers on knowledge of the Movement principles.
- Training of 194 volunteers on gender, diversity and minimum standard for protection, gender and inclusion
- Strategies to ensure community participation are put in place.
- Monitoring of community committees.
- Basic documentation of community feedback received through various channels
- Carry out the implementation of OCAC self-assessment recommendations
- Carry out BOCA assessment for four regional branches of the Niger Red Cross Society

Output S2.1.4: Supply chain and fleet services meet recognized quality and accountability standards

Progress towards outcomes:

Activities:

- Warehousing, good reception, forwarding, fleet, fuel costs, not related to a specific area of focus (Output S2.1.4).

The IFRC signed an agreement with the Niger Red Cross Society to store non-food items in the NS warehouse situated in Niamey, further the Diffa Red Cross branch has a warehouse in Diffa, and Maradi regional branch has a rub hall. These facilities are being used to store all the purchased items before their distribution on the field.

Output S2.1.5: Integrated services are provided to the NS working internationally

Progress towards outcomes:

Activities remaining to be completed:

The NFIs donated by partners and international purchased items will require the involvement the IFRC colleagues at the RLU.

Outcome S2.2: The complementarity and strengths of the Movement are enhanced

Output S2.2.1: In the context of large-scale emergencies the IFRC, ICRC and NS enhance their operational reach and effectiveness through new means of coordination.

*Progress towards outcomes*Activities:

- Strengthening Movement Coordination and Cooperation (Output S2.2.1).
- Ensure the participation of the IFRC and NS to the Movement Coordination meetings at all level (National and field level).

Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.

Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues

Activities

- Ensure that the situation regarding the complex emergency and the work of the National Society is well documented and shared with media channels to profile the Red Cross and Red Crescent appropriately.
- Support the appeal and other major milestones throughout the operation using people-centred, community level compelling content, including web stories, blogs, video footage and photos with extended captions.
- In collaboration with programmes, work on advocacy messages to address the different issues linked to the current situation.
- Maintain a social media presence throughout the operation utilizing IFRC platforms such as Facebook and Twitter.
- When security permits, organize media visits to profile the operation.

Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.

*Progress towards outcomes*Activities:

- Work on needs and capacity assessments, rapid assessments for markets, planned and budgeted monitoring and evaluation activities and learning opportunities other assessments, evaluations and research;

Output S4.1.4: Staff security is prioritised in all IFRC activities

*Progress towards outcomes*Activities:

- Security assessment and service provided through expert.
- Implementing and adapting IFRC security norms and guidelines to Diffa context.
- Gathering security information and provide security analysis to IFRC mission in Diffa and Maradi to secure EA operations.
- Coordination with RCRC actors in Diffa, as well as with other stakeholders regarding security issues
- Providing capacity building in IFRC security norms and standards to RCRC staff and volunteers working in Diffa.

Funding requirement

Area of Intervention	Needs in CHF
LIVELIHOODS AND BASIC NEEDS	997,000
HEALTH	749,000
WATER, SANITATION AND HYGIENE	1,017,000
PROTECTION, GENDER AND INCLUSION	34,000
STRENGTHEN NATIONAL SOCIETIES	240,000
EFFECTIVE INTERNATIONAL DISASTER MANAGEMENT	363,000
TOTAL FUNDING REQUIREMENTS	3,400,000

Jagan Chapagain

Secretary General

Reference documents



Click here for:

- [Previous Appeals and updates](#)
- [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.

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



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and **peace**.