

Emergency Plan of Action Operation Update

Niger: Food Security

DREF Operation n° MDRNE019	GLIDE n°: OT-2017-000117
Date of issue: 14 November 2017	Timeframe covered by this update: 25 August to 25 October 2017
Operation start date: 25 August 2017	Operation timeframe: 25 August to 25 November 2017 (extended for two months until 25 January 2018)
Overall operation budget: CHF 261,041	N° of people being assisted: 13,130
Red Cross Red Crescent Movement partners currently actively involved in the operation: NRCS and IFRC	
Other partner organizations actively involved in the operation: WFP, Government, FAO, UNICEF	

Summary of revisions made to the Emergency Plan of Action (EPoA):

This Operation Update is issued to acknowledge challenges, mainly in-country security constraints, encountered since the start of this DREF's operation, causing delays in its implementation. Some activities could not be completed as planned. The Niger Red Cross Society (NRCS) is consequently **requesting a two-month extension of the DREF operational timeframe up to 25 January 2018**, to complete the implementation of remaining activities.

Amongst challenges encountered:

1. The transfer of funds from the DREF to the National Society were delayed, resulting in the postponement the start of the operation;
2. Regarding the implementation of nutrition activities, UNICEF is providing nutritional food for the SAM and WFP is providing nutritional food for the MAM, while the Ministry of Health, through the health centers, is responsible for the care and treatment of the malnourished people at the health center's level. The Niger Red Cross Society through this DREF operation is responsible for the community-based malnutrition screening and the transfer of the severe cases at the health centers for better care. Only after the launch of this operation, when Red Cross volunteers were already actively screening malnourished, pregnant and lactating women for malnutrition at community level, and referring them to health centers, was it discovered that people were not receiving any care because of the shortage of supplementary food at these health centers. This was the case for 17 Health Centers of the Loga Health district. The root cause of this issue seemed to reside with communication problems between health centers and partners responsible for providing the supplementary food. It is expected that the issue will now be resolved, in part with the support of NRCS' support, facilitating the communications between stakeholders with their field presence. While the situation is resolving itself, it resulted in delaying the implementation of the activities nonetheless. To date, the community-based screening has started afresh, and the activities are now ongoing.
3. On 5 October 2017, when four Americans and five Nigerien soldiers were attacked and killed in the Tillabery region, neighboring the Dosso region, although it was out of the DREF implementation area, the government of Niger instructed humanitarian organizations to suspend their activities in the region for at least two weeks for security reasons. This has again, caused the interruption of the activities for at least ten days.

Based on the above reasons, **a two-month extension, until 25 January 2018, is requested** to enable the Niger Red Cross Society to complete the planned activities. The revision of the timeframe will not have impact on the budget nor the core of the plan of action.

A. SITUATION ANALYSIS

Description of the disaster

The Sahel region is facing another food insecurity crisis, considered to be, in scale, the fifth largest food insecurity crisis since the year 2005. Within the last 15 years, the food crisis cycle has occurred in the year 2005, 2008, 2010, 2012 and now 2017. Local populations reached a very fragile state and remain vulnerable to issues attributed to food insecurity. The same population had previously been exposed to subsequent drought and lack of rainfall, this exposes them to further crisis on aspects of accessing food and water. In addition to this, the overall political and insecurity situation throughout Sahel countries heavily impacts the access to local markets and minimizes the capacity of local populations to become resilient and adapt to reinforce their coping mechanism. Civil insecurity, banditry and inter-communal conflicts, coupled with the disruption of livelihoods and the depletion of food stocks during the lean season, are among the factors that drastically limited the availability and access to food in the most affected areas. This situation was exacerbated by alarming displacement of people, involving nearly 4.9 million of internally displaced people and refugees. This has been compounded by an increase in food prices by 10 percent compared to the average and a drastic drop in the prices of the animals were noted, which has worsened during the lean season. Coastal countries and Nigeria have experienced high food price increase that, coupled with local currency depreciation, have reduce the purchasing power of households.

In Niger, the last Food security situation reports have been of worrying trend. According to the UNOCHA humanitarian bulletin of May-June 2017, published on 30 June 2017, the second technical meeting of the National Mechanism for the Prevention and Management of Food Crises has carried out an assessment of areas that are moderately to extremely vulnerable to food insecurity bringing them to 193 areas compared to 180 in December 2016 assessment report. This indicated an increase of 13 new zones. According to the report, the vulnerable population in need of food assistance during the lean season (June to September) has been re-assessed to 1,800,000 people including 370,000 people affected by the increase in the prices of cereals.

The Diffa region remains the most affected due to large population displacement following the security and humanitarian crisis. This region is hosting at least 408,000 food insecure people. But most of the humanitarian intervention in the country is targeting the region because of its vulnerability. At the pastoral level, the livestock food situation remains difficult, and even worrying particularly in the pastoral bands of the regions of Agadez, Zinder, Maradi and Tahoua.

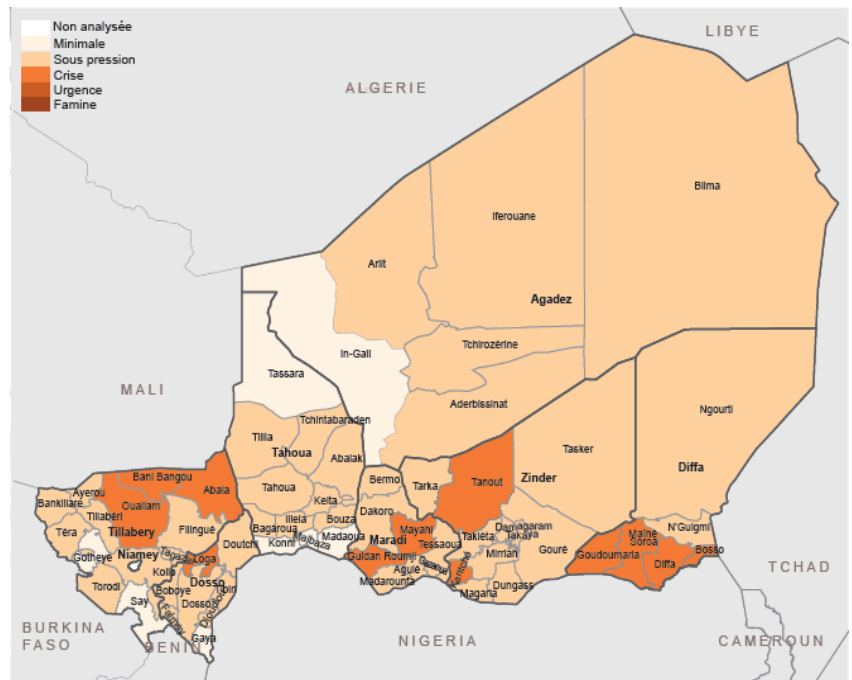
According to the Map below, almost 11 districts of Niger were in crisis phase, including the districts of Bosso, Diffa, Goudoumaria, Mainé-Soroa, Loga, Ouallam, Bani-Bangou, Abala, Mayahi, Guidan-Roumji, and Tanout. Meanwhile most parts of the country are under pressure phase.



Niger Red Cross volunteer carrying out malnutrition screening to a child Photo: CRN 2017

With regards to the Map below, the district of Loga targeted by the NRCS, is classified among the most affected and in crisis phase. This area was targeted by the NRCS because it has the highest number of food insecure population that are not considered in the interventions of other partners (WFP, ICRC and the government). The humanitarian needs related to food and nutrition remain high in the region of Dosso and particularly in the district of Loga where coverage remains very low. According to the President of the NRCS Society, the National Society intervention in the Loga district area will have more impact compared to most popular areas where most of the other humanitarian organization are concentrated.

Malnutrition is also a major public health problem and a challenge for development in Niger. Since the 2005 emergency, the prevalence of Acute Global Malnutrition in Niger has fluctuated but remains above the alert threshold of ten percent and close to the WHO emergency threshold of 15 percent. Due to recurrent food crises in Niger, the number of children and pregnant or nursing mothers in need of humanitarian assistance is increasing, according to the Humanitarian Country Team (HCT). The causes of malnutrition in Niger are complex, multi-sectoral and interconnected: inadequate quantity and quality of food, difficult access to basic health services and drinking water, environmental sanitation, and so on. All this is compounded by certain cultural practices (early weaning, lack of dietary diversity, etc.). Often present at the same time, these factors create a vicious circle leading to under-nutrition.



Proportion de la population¹ en crise alimentaire dans leur région (phases 3 et 4 du CH)

Niger map indicating the areas affected by food insecurity.

Source: Niger Food Security Cluster in July 2017

According to the Niger Nutrition Working Group projection, approximately 1.5 million people will require nutritional assistance during the year 2017. More than three-quarter of them (1,390,967 people) live outside of Diffa. Among these people, nutritionists estimate that they can take care of 309,174 children with severe acute malnutrition (SAM) including 46,376 cases with medical complications, 475,000 children aged 6 to 23 months (boys and girls) suffering from moderate acute malnutrition (MAM) and 163,000 pregnant women.

According to the UNICEF Niger, situation report of July- August 2017, as of end of August (week 35), a total of 221,573 under-five children suffering from SAM were admitted to rehabilitation centers (national data). This represents 72 percent of the expected 2017 revised caseload. Amongst these children 26,900 cases presented medical complications (12 percent) and 194,673 cases (88 percent) were directly admitted in Outpatient Treatment Programme (OTP). Compared to the same period of last year (week 35, 2016), there is a decrease of 12 percent in new SAM admissions in OTPs (27,286 children) and a slight decrease of one percent in IPFs (302 children). The analysis of monthly reports from January to June shows that performance indicators are conformed to the International standards, with recovery rate of 88 percent a death rate of one percent and a default rate of six percent. According to the national nutrition survey based on SMART methodology in 2016, the prevalence of global acute malnutrition (GAM) rate was set at 10 percent and that of severe acute malnutrition (SAM) rate at 1.9 percent at the national level.

Taking into consideration the result of this survey, which should have resulted in a decrease in admissions at the end of 2016 and throughout 2017, the Nutrition Working Group estimated that the number of severe acute malnourished children in 2017 should be reduced by one third compared to 2016. However, in view of the current situation, this improvement remains relatively low. For nutrition specialists, the 2017 targets for certain regions were clearly under estimated. This is particularly the case of the regions of Dosso and Niamey. Following this observation, a revision of the targets for SAM and MAM in 2017 took place. Further, based on the trends of previous years (2015 and 2016), targets for all regions were revised upwards (21 percent) except for Dosso and Niamey regions where targets were increased by 100 percent.

In Niger, access to safe drinking water and sanitation remains relatively low. According to WHO and UNICEF Joint Monitoring Program for Water Supply and Sanitation, estimates on the use of water, sanitation and Hygiene in 2015, at the national level, 46 percent of the population of Niger have access to basic water service, 42 percent have access to unimproved water point and two percent consumes surface water. In rural areas (where more than 82 percent of the national population lives), the rate of access to basic water point is 36 percent, that is, less than one in two Nigeriens living in this environment has access to drinking water.

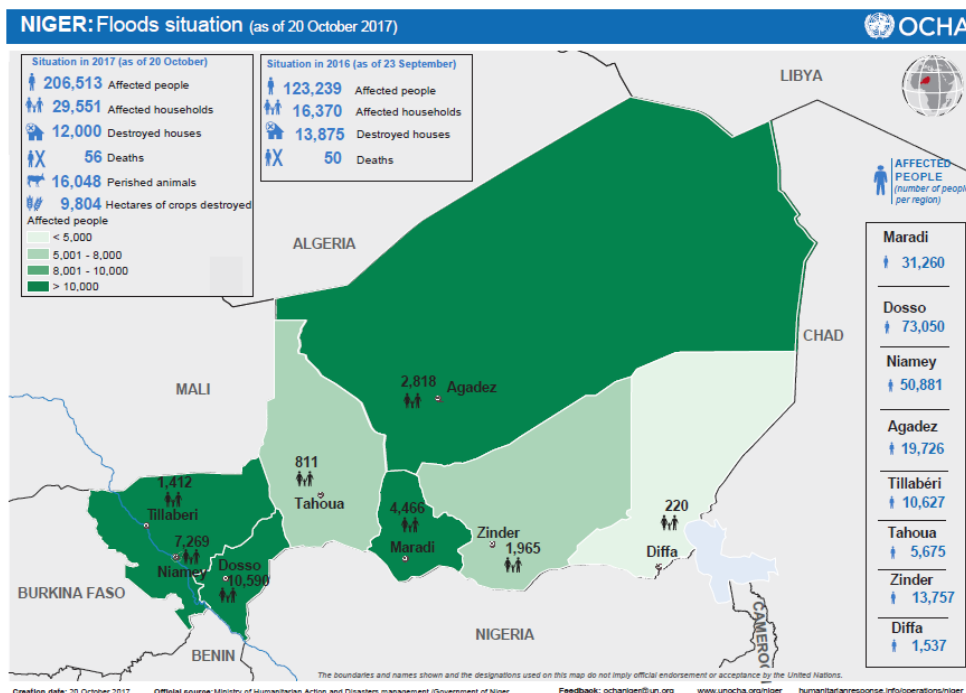
Niger	Drinking water			Sanitation			Hygiene		
	National*	Rural*	Urban*	National	Rural	Urban	National	Rural	Urban
	2015	2015	2015	2015	2015	2015	2010	2010	2010
Safely managed	-	-	-	9	5	24	-	-	-
Basic service	46	36	89	4	0	20	9	5	30
Limited service	10	10	8	8	3	28	75	78	57
Unimproved	42	51	4	8	6	16	-	-	-
No service	2	3	0	71	85	13	16	17	13

Source: WHO/UNICEF JMP (2017)

As for access to sanitation in Niger, in the rural areas only five percent benefit from safely managed latrines, against nine percent in urban areas. Seventy-one percent of the Niger population uses open defecation. It should however be noted that sanitation in Niger is much more an individual issue. Collective systems for the disposal of wastewater, rainwater and solid waste are non-existent in rural areas. The State and its partners have invested more in the implementation of waste management systems (gutters, latrines, rubbish dumps, landfill) in the urban areas, but they are insufficient and very poorly exploited. Efforts have been made in urban areas in the domain of sanitation, but much remains to be done. The problem is much bigger in rural areas where only a few actions have been undertaken.

In addition to the food and nutritional crisis that is affecting the country, the negative effects of recurrent floods on communities and livelihoods are to be expected during this season. The precipitation of June and July 2017 caused severe flooding in several localities in the country, causing tens of thousands of disaster victims and significant losses of human and animal life. According to the Niger Civil Protection Services, the estimated number of people affected by flood as of 20 October 2017 is 206,513 people including 56 deaths.

A great mobilization of inputs and resources is needed, including in sectors such as Health, WASH and Nutrition, Food Security and Education. The period is also favorable to malaria peak period, malnutrition and the outbreak of epidemics, mainly cholera. Damage properties are estimated at 12,000 houses collapsed, 16,048 animals washed away by water and 9,804 hectares of crops destroyed. All together these incidents affected 29,551 households in eight regions of the country.



Regarding the above map, the Dosso region is the most affected floods-area in the country with at least 73,050 people affected. This has also contributed in the food security crises in the region.

Summary of current response

Overview of Host National Society

The Niger Red Cross Society (NRCS) has extensive experience in food and nutrition crisis management. Since the food crisis of 2005, the NRCS has worked alongside the other National Societies in the sub-region, strengthened its operational capacity and has gained experience in operations management. Further to this operational experience, the National Society has diversified its response strategy and response tools. This is the case for instance, with the use of Cash transfer tool to respond to crisis whenever possible. There is also the systematic involvement of communities in operations. The RCS has successfully managed food security and nutritional operations in recent years (2005, 2008, 2011-2012, 2015). In addition to these operations, food security and nutrition Programmes are developed with the support of PNSs and external partners. It should also be noted that Niger was the first country in West Africa and the Sahel to implement a Cash transfer Programmes. The Niger Red Cross Society carried out cash transfer programs from 2007 to 2017 with the support of the IFRC and other partners. Hence, several National Societies' staff and volunteers have extensive experience in managing cash transfers Programmes. The NRCS also has National Disaster Response Team (RDRT) and volunteers trained in cash transfer programming. Further, the Niger Red Cross Society's Food Security and Nutrition Officers have strongly participated in the Food security, Nutrition and Livelihood RDRT training that took place from 14 to 23 august 2017 in Bamako (Mali). The training focused on the implementation of Food security Programmes with the use of updated tools such as Cash Transfer Programmes, Mega V, ODK, kobo. In addition, the participants have benefitted from a training on the Community Engagement and Accountability (CEA) in the implementation of all the Programmes on the field. Practical exercises were also carried out the field to ensure that the training programs were understood. Below are some projects and Programmes implemented by the NRCS:

N°	PROJET / PROGRAMMES / YEAR	PARTNERS
01	2014-2016 Building Community Resilience project in the rural area of Kiétché (Dogondoutchi district)	Government of Belgium via the Belgian Red Cross
02	2008-2017 Food security and nutrition project in the Maradi region	Spanish Red Cross
03	2012-2015 Prevention and food collection project in 85 villages and 19 health centers in the Dogondoutchi district	Government of Japan/ IFRC
04	Cash transfer program set up by the NRCS from 2007 to 2017	IFRC

Concerning the response to this food crisis, the actions already undertaken by the Niger Red Cross Society include:

- Participation in the analysis of the harmonized framework at the country level;
- Rapid assessments in areas classified as hazardous;
- Attendance to the country coordination meetings;
- Alerting local branches and mobilizing volunteers;
- Development of country plans.

Further, the NRCS is implementing its response plan in the district of Loga, Dosso region, through a CTP targeting 2,020 households (13,130 people). So far, the areas of implementation including three municipalities thus 22 villages, beneficiaries targeting are completed. The food distribution is currently ongoing, and it is scheduled to ends by the end of this month.

As for the previous DREF operations, the NRCS has in the last two years (2016-2017), benefited from several DREFs, either to respond to the food crisis or epidemics crisis or to respond to population movements and migration. The DREF tools and the IFRC emergency Appeals are well known and used by the NRCS and this reassures them of its rational management. For example, for the year 2017, the NRCS implemented the following: The Rift Valley fever epidemic outbreak DREF operation in the Tahoua region from October 2016 to January 2017, the Meningitis epidemic outbreak in four regions including Niamey, Tillabery, Dosso and Tahoua from April to July 2017 (CHF237,000) and currently the NRCS is implementing the Hepatitis E epidemic outbreak DREF operation in the Diffa region (CHF 249,183). In addition, the NRCS has just completed the implementation of an Emergency Appeal from 2014 to 2017 on the population movement in the Diffa region.

The NRCS has a team of trained volunteers in disaster management, food security and nutrition. With the assistance of the IFRC, the British Red Cross and the IFRC's Livelihood Center and PNSs, the NRCS has received specific training on food security and livelihoods. Finally, the National Society have an up-to-date strategic plan with a Plan of Action and a contingency plan.

Overview of Red Cross Red Crescent Movement in country

The International Federation of Red Cross and Red Crescent Societies (IFRC) is supporting the Niger Red Cross through the IFRC country office in Niamey, Niger, from the Sahel cluster office in Dakar, Senegal and the Regional Directorate for Africa based in Nairobi. Since the beginning of this food and nutrition insecurity situation, a DMIS alert has been shared in the IFRC disaster management information system network (DMIS). The IFRC's Niger and NRCS teams participated in the IFRC's regional food security workshop on "How to Work Alternatively on Food Security and Nutrition Action Plan for Food Security Program", and the launch of Plan of Action for a three-year Programmes including an emergency response during the lean period. Subsequently, discussions were held with several partners such as Partner National Societies and ECHO, for the mobilization of resources and potential partners.

For this operation, the IFRC is providing technical support to assist the National Society's operational team to better organize itself and to undertake in-depth evaluation which will help to fine-tune strategies to enhance effective implementation. The Partner National Societies are well established in the country and supports the NRCS in the implementation of projects and Programmes in several sectors of activity. Among them are the French Red Cross working in the field of health; the Spanish Red Cross, which supports the NRCS in the implementation of food security and nutrition activities in the Maradi region since 2008 to date; the Luxembourg Red Cross, which supports the NRCS in the Shelter and Cash Transfer Programmes, especially in the Diffa region; the Belgian Red Cross and the Irish Red Cross which are working in a consortium in the domain of community resilience as well as in the WASH aspects.



NRCS' volunteers conducting meeting with the beneficiaries
Photo NRC 2017

The information received from the National Society indicates that there is no specific action taken by the ICRC dealing with this crisis outside the areas mentioned above. It should be noted, however, that the ICRC, within its economic security Programmes, implemented cereal banks in several parts of the country. However, gaps still exist and the IFRC's support will serve to complement the good actions already undertaken by the ICRC and the other partners of the Movement.

Movement Coordination

The NRCS, in line with the dynamics of the Movement's partners (IFRC, ICRC. PNSs) and other partners in the food security Cluster, provides an emergency response to households suffering from food and nutrition insecurity on the one hand, and strengthens the resilience of vulnerable households and the capacity of national actors to cope with shocks on the other hand. These two objectives aim at addressing an integrated response including immediate food assistance during the lean season and, where conditions are favorable, strengthens or restores livelihoods. Resilience is an integral part of this approach because it provides an opportunity for affected populations to better resist future shocks.

For the implementation of this DREF operation, the IFRC through its country representation of Niger, is coordinating the action in the country with the support of the Sahel cluster in Dakar by providing technical support through the

development of strategies and follow-up of country action plans. Discussions on this DREF food security will be included in the agendas of the Movement's coordination meetings for information sharing and to see where applicable, the necessary synergies that can bring about improvement in achieving the objectives of this DREF.

At the regional level, a monitoring and coordination plan is established to support the NRCS. According to the specific needs of the National Society, the Sahel Cluster setup a specific coordination mechanism in collaboration with the Niger delegation. In the implementation of this coordination, it is necessary to harmonize management and reporting tools with other National Societies of the Sahel region who are beneficiaries of a DREF food security nutrition.

On the security front, both the IFRC and the ICRC are supporting the NRCS to enhance the safety of people and property throughout the implementation period of the operation.

Overview of non-Red Cross Red Crescent (RCRC) actors in country

The governments of the countries concerned

Activities of this operation will complement those already undertaken by the Government of Niger which has produced a National Response Plan (NRP) for the current food crisis. On 28 April 2017, the Prime Minister and Head of the Niger Government summoned all the government officials, heads of diplomatic representations and humanitarian organizations working within the framework of food security, to draw their attention to the food crisis. The Prime Minister explained that after the 2016 rainy season campaign, Niger faced a huge forage deficit which was the main cause of the ongoing pastoral crisis in the north of the country, adding that "the food situation in Niger is extremely worrisome. That is why it is important to intervene during this lean period from August to September to alleviate the difficulties of the populations".

The Prime Minister further noted that concerning cereals needs, there was a gap of about 43,000 tons; also 68,700 tons for livestock feed and 13,051 tons for seeds are needed. The total need is over 142 billion CFA Francs, of which the Government has mobilized 56 percent and so 44 percent still needs to be mobilized.

Other NGOs, and United Nations agencies

About 51 percent of the humanitarian needs in Niger as of 9 May 2017 were covered. Concerning food security, 74 percent has been taken care off, while only four percent of the nutrition needs, and 15 percent of the health needs have been addressed. It should be noted that this coverage is mainly in the Region of Diffa. The humanitarian needs related to food and nutrition remain high in the region of Dosso and particularly in the district of Loga where coverage remains very low.

In brief, the mobilization of NGOs and UN agencies falls short of expectations despite the unanimous belief that the food crisis was real. Humanitarian meetings are organized at national and regional levels. At the national level, the Niger Red Cross and the IFRC regularly participate in the various meetings especially those organized by governments and cluster coordination (Food Security, Nutrition and Wash).

Needs analysis and scenario planning

Needs analysis

Over the last decade, food crisis in Niger have become increasingly intense and widespread. This can mainly be explained by the impact of climate change on rainfall: the late start of the rainy season, more frequent dry days, greater flood frequencies. The consequences on cereal production and pastoral activity are direct, and thus on the food security of populations: Sixty percent of Niger families can only cover three to five months of their annual food needs. Today, people struggle to recover from a crisis since others follow in a recurrent manner. Millions of people are becoming prisoners of an endless cycle: during each crisis, they lose their crops and livestock or brave them to survive. They are becoming increasingly vulnerable.

Despite the mitigation measures put in place by the Nigerien government and humanitarian partners with the implementation of various development projects, food security remains one of the biggest challenges in the country. Low production capacity and inadequate income in most households, limit access to food. That is why humanitarian efforts must be continued and durable solutions must be developed to enhance the resilience of the population.

Vulnerability in terms of food security is mainly due to the structural poverty of certain social groups (women, unemployed, etc.), indebtedness, inappropriate feeding habits, limited adaptations strategies, deficits in the domain of agriculture, market structure, population dynamics and recurrent crisis. Even in years with a good harvest, three to four million people depend on humanitarian assistance. According to the FAO, 4.2 million people face food insecurity in Niger and 7.5 million are at risk.

As a reminder, projections in the regional harmonized framework indicate that between August and September, the population of Loga was classified in phase 3 to 5, an increase of 42 percent compared to March-June. Thus, the above quoted period which is the lean period when households face food difficulties, is very critical this year with negative nutritional implications especially on pregnant and lactating women and children in areas where this food shortage is at its peak (phase 4).

B. OPERATIONAL STRATEGY

Proposed strategy

Main objective

To provide food, nutrition and carry out prevention activities for 2,020 households (13,130 people) to enable the affected population to survive and meet its immediate needs.

Proposed strategy

This operation, starting with the DREF as an immediate response to the emergency, is not a one-off and isolated aid project. It is part of a regional longer-term approach. The use of the DREF make it possible to urgently support the affected households while building on resilience actions at the community level. A four-year programme (2017-2020) has been initiated, which is a multi-sectoral community resilience programme that considers preparedness as well as emergency response with continuity on recovery, within a resilience approach. Considering that the food crises in the Sahel is cyclical and that it is especially difficult during the lean period, response actions during these four years would specifically target food vulnerable pockets. The Sahel and Niger Cluster have formulated a request for this DREF to support the NRCS to provide immediate food and nutritional assistance for the most vulnerable people living in the food vulnerable pockets.

This DREF aims at providing food assistance for 13,130 people in the Dosso region, particularly in the district of Loga. Besides food assistance, nutritional and community health actions are carried out to enhance better care for people in need. Each beneficiary is to receive food assistance to cover the estimated caloric requirements of either 1,850 kcal for children aged two to six years old; 2,100 kcal per adult person and 2,500 kcal for pregnant or lactating women. The DREF aims to provide a complete and balanced food assistance for 30 days per person. Sphere standards and indicators will serve as a reference. The standard basket that will be provided for 2,100kcal comprises: 12.5 kg cereals, 1.35 kg vegetables, 0.75 liter of oil, 0.5 kg of sugar and 0.15 kg of salt for an approximate amount of CHF 9.7 per person.

The Loga district of Niger remains one of the most affected food insecurity area in the country compounded with the floods effect that has washed out population properties. Therefore, it was urgent that the NRCS provided support for one month, so that the population can ensure the food intake until the harvests arrive. At the same time, as the harvest was foreseen for October, the cash distribution, in the form of vouchers, were mainly needed in September. The National Society has chosen the Cash transfer Programme to inject funds to stop households from resorting to negative coping mechanisms and prevent malnourished children from death while the four-year Programme is under way.

Prevention and community care for people suffering from acute malnutrition is ensured by supporting the organization of screening and awareness campaigns, referencing of malnourished children, training of mothers on the 'BP Mother approach'. The approach enables mothers to measure themselves and regularly their children to know their nutritional status to anticipate the kind of care a child would need in the event of a nutritional problem. These actions help remove people from a famine situation that can result in death, deformation or poor growth in children.

The water component

Water, Sanitation and Hygiene promotion (WASH) is also a priority, recognizing the close relationship between nutrition and WASH. Thus, WASH activities are implemented to ensure access to drinking water through the distribution of

household water treatment products to vulnerable households; training the population of targeted communities on safe water storage and safe use of water treatment products, monitoring treatment and storage of water through household survey and household water quality test.

This package is backed by activities that promote good hygiene and health as well as social mobilization and effective education at the community level. It is important to strengthen community surveillance to facilitate early detection, investigation as well as early and rapid care taking to mitigate the negative impact of diseases and epidemics at the community level. A community-based surveillance system (CBS) is set up and volunteers trained in CBS and Vulnerability Capacity Assessment (VCA) to prevent and respond to epidemics. This is a good platform for the sharing of real-time information to enhance prompt action and response. A good referral system is set up to facilitate communication with the appropriate health facility.

For the food assistance service, cash transfer is the main option. Such transfer may be done by distributing vouchers. This choice is an effective way for us to respond immediately to various needs while respecting the dignity of everyone and to give the affected populations the opportunity to make choices, to support local markets and to restart the recovery of the local economy. In the current context, cash transfer programming is more appropriate and more efficient.

To better coordinate the cash transfer activity, the Niger Red Cross Society carried out a market assessment which revealed that the markets functioned efficiently in the country and more particularly in the project area. The requested items are available with affordable prices. This determined the option of the cash transfer approach that will reduce the cost of transporting food and provide more opportunity to the beneficiaries to quickly acquire the food items they need. A call for tender is launched to select capable suppliers to meet the food needs of the identified beneficiaries. A card with barcode is given to each family head to enable them to introduce themselves to the suppliers to receive their food.

Communities

During this operation, beneficiaries are considered as full stakeholders. Community management committees (community targeting, implementation, monitoring, coordination, etc.) are set up and their responsibilities formally established to carry out activities. This gives the communities a full ownership of the program. While implementing the operation plan, communities are involved, and implementing agents are executing a competence transfer plan to enable community empowerment and prepare them for the recovery phase. The in-depth assessments will consider the short and long-term aspects. The analysis will focus on food security, nutrition, livelihoods and health. The recommendations of the assessment will allow us to better guide our actions for greater efficiency and effectiveness.


Host National Society

- Decentralization of coordination and the full strengthening of the capacities of branches,
- Strengthening local committees or branches (human resources, equipment, etc.),
- More leadership for National Societies,
- Increased integration into the food security and nutrition platforms.

IFRC

- Capacity building for the Disaster Response Team (DRTS),
- Linking (continuity of short-term response to long-term community resilience),
- Implementation of an effective system for better operational coordination (internal to the Movement/external partnership including local government actors, regional platforms and OCHA/UN coordination mechanisms) and better monitoring in the country,
- Resource mobilization/tools and available mechanisms / potential partners / financing plan to ensure the continuity of the operation.

C. DETAILED OPERATIONAL PLAN

 Livelihoods and basic needs People reached: 14,245 Children of 0-23 months: 1,274 Children aged 2 – 6 years old: 3,240 Pregnant and lactating women: 1,525 Adults (Male and Female): 8,206		
Outcome 1: Food and nutrition needs of the most vulnerable people targeted are met during the lean period in Dosso region (June - September 2017)		
Indicators:	Target	Actual
Number of people reached by the food distribution through the food voucher	13,130	14,245
Number of people screened for malnutrition	-	ongoing
Output 1.1: Food distribution for 13,130 vulnerable people is provided		
Indicators:	Target	Actual
1.1.1 Number of meetings held for Community information and communication (authorities, stakeholders)	24	24
1.1.2. Number of community management structures established and put in place	57	57
1.1.3 Number of feasibility analysis carried out on the response tools	9	9
1.1.4 Number of people targeted for food distribution through voucher	13,130	14.245
1.1.5 % of distribution equipment produced	100%	100%
1.1.6 Number of shops identified, and contract signed for food distribution	3	3
1.1.7 % of distribution tools produced	100%	100%
1.1.8 Number of people reached by the food distribution (voucher for one-month food)	13,130	ongoing
1.1.9 Number of Post Distribution Monitoring carried out	1	Yet to do
Output 1.2: Community-based prevention and care-taking of acute malnutrition is ensured		
Indicators:	Target	Actual
1.2.1 Number of people reached by the routine malnutrition screening	-	ongoing
1.2.2 Number of SAM people transferred to the Nutritional centres for treatment	-	ongoing
1.2.3 Number of awareness session to children care-takers on key health/nutrition practices carried out and people reached	22	22
1.2.4 Number of awareness session carried out on the promotion of exclusive breastfeeding and adequate complementary feeding	22	22
1.2.5 Number of children screened by their mothers through the Management of early screening by mothers (PBM approach)	-	ongoing
1.2.6 Number of community discussion held, and people reached on malnutrition	-	ongoing
1.2.7 Number of malnourished lost cases discovered and followed	-	ongoing
1.2.8 Number of nutritional centres and learning point rehabilitated and managed	-	ongoing
Progress towards outcomes		
1.1.1	At least 24 meetings were held with the authorities and the stakeholders including one held with the regional committees of Red Cross, the second one with the regional authorities and government services to explain the objectives of the project and to request their support in all the activities implementation and one meeting held in the villages targeted for this operation (22 villages);	
1.1.2	At least 57 community management structures were established and put in place;	
1.1.3	The NRCS teams has carried out beneficiaries needs analysis, markets analysis, security and the corruption risk analysis, gender for vulnerability group, government support analysis, competencies and capacities of the stakeholders, weather condition risk analysis before undertaking the CTP.	

- 1.1.4 At least 14, 245 people were targeted for food distribution including: 1,274 children aged 0-23 months, 3,240 children aged 2 to 6 years olds for 1,850 Kcal/person/day; 1,525 Pregnant and lactating women for 2,500 Kcal/person/day and 8,206 adults for 2,100kcal /person/day.
- 1.1.5 All the distribution equipment has been produced to easy the volunteers' activity. This includes the voucher, the beneficiaries targeting forms, the list of identified villages and the type of staple food to be distributed and amount of food related to each group of Kcal needed depending on the kcal.
- 1.1.6 At least three (3) providers have been identified at the commune level and the contract have been drafted and signed by the President of the NRCS and the targeted providers.
- 1.1.7 All the distribution tools were produced successfully, and they are being used for the success of the operation
- 1.1.8 At least 14,245 people have been targeted and the distribution is currently ongoing. We cannot tell the number of people reached so far.
- 1.1.9 The Post Distribution Monitoring will be carried out after the distribution;
- 1.2.1 The routine malnutrition screening is ongoing.
- 1.2.2 The activity is currently ongoing;
- 1.2.3 At least 22 awareness sessions to children care-takers on key health/nutrition practices were carried out and people reached 17,650 people
- 1.2.4 At least 22 awareness sessions were carried out on the promotion of exclusive breastfeeding and adequate complementary feeding and this have reached 17,650 people,
- 1.2.5 Activity currently ongoing;
- 1.2.6 Activity currently ongoing
- 1.2.7 Activity currently ongoing
- 1.2.8 Activity currently ongoing

Challenges:

After the training of volunteers on malnutrition screening, the Red Cross has discovered that there were no nutritional food at the health centres for the treatment of the SAM people and therefore, the community-based malnutrition screening had to stop as the Red Cross cannot continue to identify malnourished people without any adequate treatment measures provided to them. Kindly note that the UNICEF and the WFP are responsible to provide nutritional food to the health centres after they have received the request from the Health Centre. The IFRC and NRCS have met the UNICEF and WFP on the issue, and it appears that they were not aware of the shortage of the nutritional food at the Loga health district. They advised that the Red Cross should inform the Health personnel to send their requested needs and the nutritional foods will be provided to the health Centre.



Water, sanitation and hygiene

People reached: 17,650

Male: 8,472

Female: 9,178

Outcome 1: Reduction in risk of water-borne and water-related diseases in the targeted communities

Indicators:	Target	Actual
Number of household reached with the distribution of household water treatment tablets	2,020	2,019
Output 1.1: Diseases related to water and food hygiene are reduced		
Indicators:	Target	Actual
1.1.1 Number of community-based surveillance system established and put in place	22	22
1.1.2 Number of household reached with the distribution of water treatment tablets	2,020	2,019
1.1.3 Number of people reached by the awareness session on safe water storage and safe water treatment product	13,130	17,650
1.1.4 Number of household using treatment tablets and adequate water storage	13,130	ongoing
1.1.5 Number of people reached by the hygiene promotion activities	13,130	ongoing
1.1.6 Number of volunteers trained on CBS, ECV and Wash	50	50
Progress towards outcomes		

1.1.4 The monitoring of the treatment and storage of water through household surveys and households water quality test will be done during the PDM. Prior to the distribution of the aquatabs, the Niger Red Cross volunteers have carried out awareness sessions and demonstration on the use of aquatabs before handing over the tablets. The community-based disease surveillance teams are assigned to monitor the proper use of the aquatab.

Strengthen National Society		
Outcome 1: The capacities of the NS and the Sahel plus to respond to emergencies and implement food security, nutrition and livelihood programmes is strengthened		
Indicators:	Target	Actual
Number of NS that has strengthened its capacity to response to emergencies and implement food security, nutrition and livelihood programmes	1	1
Output 1.1: Strengthening the capacities of the National Society and Sahel to respond to emergencies and implement Food security, nutrition and livelihood Programmes		
Indicators:	Target	Actual
Number of Niger Red Cross Staff that participated to the Food security RDRT refresher training	3	2
% of food insecurity in the affected area		
Number of volunteers that attended the training on community-based malnutrition screening techniques	50	50
Number of volunteers and NS staffs that participated to the NDRT refresher training on food security and livelihood	30	30
Number of Niger Red Cross personnel that attended the regional lesson learn workshop	2	Yet to
Output 1.2: Communities capacities to respond to the emergencies and implement Food security, nutrition and livelihood programmes is strengthened		
Indicators:	Target	Actual
Number of community management structures established	57	57
Number of community-based teams for nutrition and food security surveillance put in place	22	22
Number of national media that attended the meeting to inform on the project	15	15
Number of coordination meeting attended by the project team to inform on the implementation of this programmes (Food security cluster, nutrition clusters, CTP working group and Movement coordination meeting)	18	12
Progress towards outcomes		
<p>1.1.1. Two Niger Red Cross staff including the Food Security Coordinator and the Nutrition focal person attended the food security refresher training organised by the IFRC in Bamako, Mali from 14-23 May 2017.</p> <p>1.1.2. The in-depth assessment on food security and nutritional situation is yet to be carried out, however, the ToR is drafted, the tools preparation is completed, priority is given to the emergency food distribution before undertaking the in-depth assessment.</p> <p>1.1.3. At least 50 Red Cross volunteers have been trained on community-based malnutrition screening techniques. However, only 25 have succeeded in the end of training evaluation (50 percent)</p> <p>1.1.4. At least 30 Red Cross volunteers and staffs have attended the NDRT refresher training on food security and livelihood.</p> <p>1.1.5. The lessons-learned workshop is yet to be organised. This will take place at the end of the implementation of the DREF activities.</p> <p>1.2.1. At least 57 community management committees are established and put in place in three communes including 33 in the communes of Loga for 11 villages, nine in the communes of Sokorbé for six villages and 15 in the commune of Falwell for five villages. These includes community-based committees on: community targeting, implementation, monitoring, and coordination.</p> <p>1.2.2. At least 22 community- based teams for nutrition and food security surveillance are established and put in place. One per village.</p> <p>1.2.3. At least 15 national Media have attended a meeting at the National Society Headquarter to inform on the project.</p> <p>1.2.4. Since the beginning of this project, the IFRC and NRCS teams have been attending to the National food security cluster meetings, CTP working group meetings and Movement Coordination meetings. At least eight Food security cluster meetings, two CTP working group meetings and two Movement Coordination meeting were held.</p>		

Challenges:

The NRCS has encountered some challenges while implementing these activities starting from the volunteers' level of understanding. The facilitators had to use translators to make volunteers understand what the training is concerned about. In addition, the NRCS and the IFRC team in the field were summoned to stop their activities for at least ten days after the terrorist attack at the Tillabery region killing four American and five Nigerian soldiers. Although this did not affect the DREF implementation area, the Government requested all the humanitarian Organisation working in and around the Tillabery region to stop their activities for one to two weeks for security reasons.

Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

For further information, specifically related to this operation please contact:

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For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

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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**.

Disaster Response Financial Report

MDRNE019 - Niger - Food Crisis

Timeframe: 28 Aug 17 to 28 Nov 17

Appeal Launch Date: 28 Aug 17

Interim Report

Selected Parameters

Reporting Timeframe	2017/8-2017/10	Programme	MDRNE019
Budget Timeframe	2017/8-2017/11	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		261,041				261,041	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		261,041				261,041	
C4. Other Income		261,041				261,041	
C. Total Income = SUM(C1..C4)		261,041				261,041	
D. Total Funding = B +C		261,041				261,041	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		261,041				261,041	
E. Expenditure		-234,467				-234,467	
F. Closing Balance = (B + C + E)		26,574				26,574	

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Budget Timeframe	2017/8-2017/11	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			261,041			261,041		
Relief items, Construction, Supplies								
Cash Disbursement	138,112						138,112	
Total Relief items, Construction, Sup	138,112						138,112	
Logistics, Transport & Storage								
Transport & Vehicles Costs	6,752		1,911			1,911	4,841	
Total Logistics, Transport & Storage	6,752		1,911			1,911	4,841	
Personnel								
International Staff	24,500		4,500			4,500	20,000	
National Society Staff	39,402						39,402	
Volunteers	475		475			475	0	
Total Personnel	64,377		4,975			4,975	59,402	
Workshops & Training								
Workshops & Training	18,810		290			290	18,520	
Total Workshops & Training	18,810		290			290	18,520	
General Expenditure								
Travel	10,700		3,023			3,023	7,677	
Information & Public Relations	210		355			355	-145	
Office Costs	2,940						2,940	
Communications	2,820		194			194	2,626	
Financial Charges	389		1,096			1,096	-707	
Total General Expenditure	17,059		4,667			4,667	12,392	
Operational Provisions								
Operational Provisions			208,624			208,624	-208,624	
Total Operational Provisions			208,624			208,624	-208,624	
Indirect Costs								
Programme & Services Support Recove	15,932		14,002			14,002	1,931	
Total Indirect Costs	15,932		14,002			14,002	1,931	
TOTAL EXPENDITURE (D)	261,041		234,467			234,467	26,574	
VARIANCE (C - D)			26,574			26,574		

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Selected Parameters

Reporting Timeframe	2017/8-2017/10	Programme	MDRNE019
Budget Timeframe	2017/8-2017/11	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster management	261,041		261,041	261,041	234,467	26,574	
Subtotal BL2	261,041		261,041	261,041	234,467	26,574	
GRAND TOTAL	261,041		261,041	261,041	234,467	26,574	