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Emergency Plan of Action Final Report

Niger Food Security

International Federation of Red Cross and Red Crescent Societies

DREF operation: MDRNE019	**Glide number:** OT-2017-000117
Date of Issue: 29 May 2018	**Date of disaster:** July 2017
Operation start date: 25 August 2017	**Operation end date:** 24 January 2018
Host National Society: Niger Red Cross Society	**Operation budget:** CHF 261,041
Number of people affected: 1,131,300	**Number of people assisted:** 13,130 people or (2,020 HH)
National Societies involved in the operation: Niger Red Cross Society and IFRC	
Other partner organizations involved in the operation: WFP, UNICEF, Ministry of Public Health, IFRC and NRCS, CILSS/AGIR, FAO	

A. SITUATION ANALYSIS

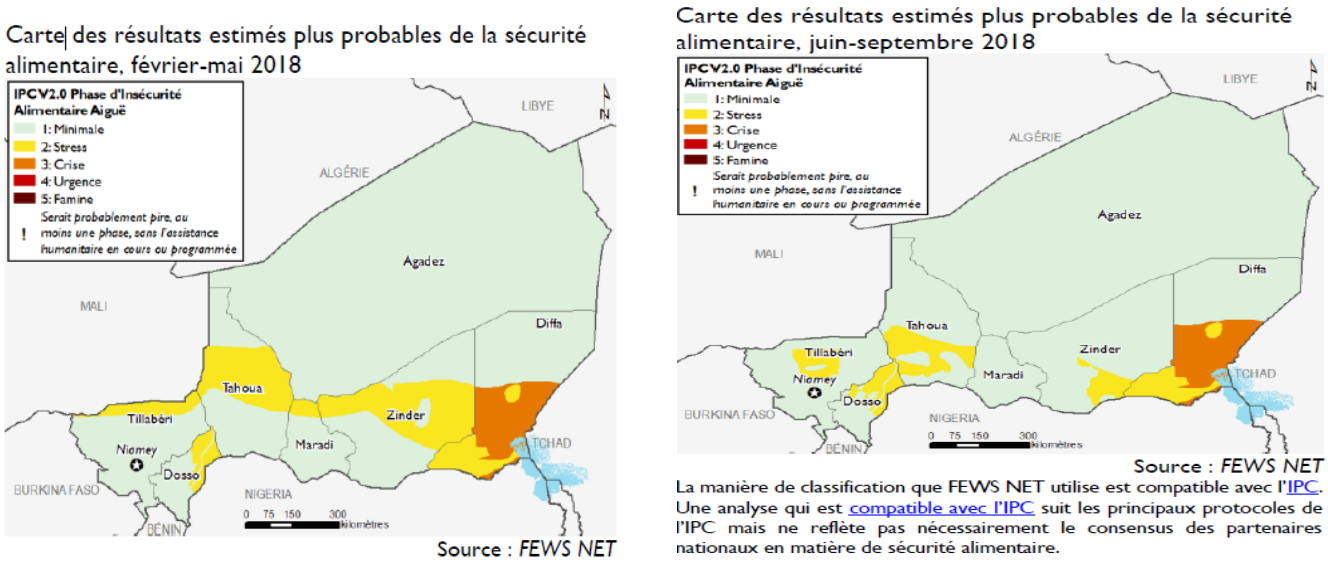
Description of the disaster

In March 2017, the *Cadre Harmonisé* (CH) on food security situation reported that the Sahel region was facing another food insecurity crisis with a scale considered to be the fifth largest food insecurity crisis since the year 2005. Within the last 15 years, the food crisis cycle has occurred in the years 2005, 2008, 2010, 2012 and 2017. These consecutive crisis, mainly caused by drought and lack of rainfall, have left local populations each time in a deeper state of vulnerability to food insecurity issues. In addition to this, civil insecurity, banditry and inter-communal conflicts, coupled with the disruption of livelihoods and the depletion of food stocks during the lean season, were 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 internally displaced people and refugees; an increase in food prices by 10 percent compared to the average and a drastic drop in the prices of the animals. Coastal countries and Nigeria have experienced high food price increase which, coupled with local currency depreciation, have reduced the purchasing power of households. These compounding factors have minimized the capacity of local populations to adapt to reinforce their coping mechanism and become resilient.

Food distribution carried out by the shop owner under the supervision of RC volunteers /Photo NRCS 2018

In Niger, the Food security situation continued to be alarming. According to the FEWSNET report on Food security situation in Niger published in February 2018, the reportedly Stressed (IPC Phase 2) food security outcomes for poor households in pastoral areas in February 2018 could extend to the month of September 2018 with the premature deterioration of pastoral conditions as a result of the pasture deficit. Certain poor households in agricultural and agropastoral areas will be facing these same conditions through September 2018 due to

the premature depletion of their food stocks and their weak purchasing power. Armed attacks continue to disrupt local livelihoods and markets in the Diffa region, hindering trading opportunities with Nigeria and Libya. The persistent Crisis (IPC Phase 3) levels of acute food insecurity in this region will extend through at least September 2018. Without assistance, certain poor pastoral households could be facing Crisis (IPC Phase 3) conditions in June-July 2018.



Niger map indicating the areas at risk of food insecurity in 2018 in the two phases.
Source: FEWSNET report February 2018

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.

The recent smart survey carried out between November and December 2017 shows a prevalence of acute malnutrition of 13.9% for the Diffa region with fairly marked disparities at the departmental level. The departments of Mainé-Soroa (16% of MAG), Goudoumaria (14.4% of MAG) and N'Gourti (13.5% of MAG) are the most affected with prevalence that are between the emergency threshold and criticism of WHO. However, there is an improvement in the prevalence of malnutrition between 6 and 40% for the departments of Diffa, Bosso and N'Guiguimi compared to the results of the EFSA survey conducted in August 2017.

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

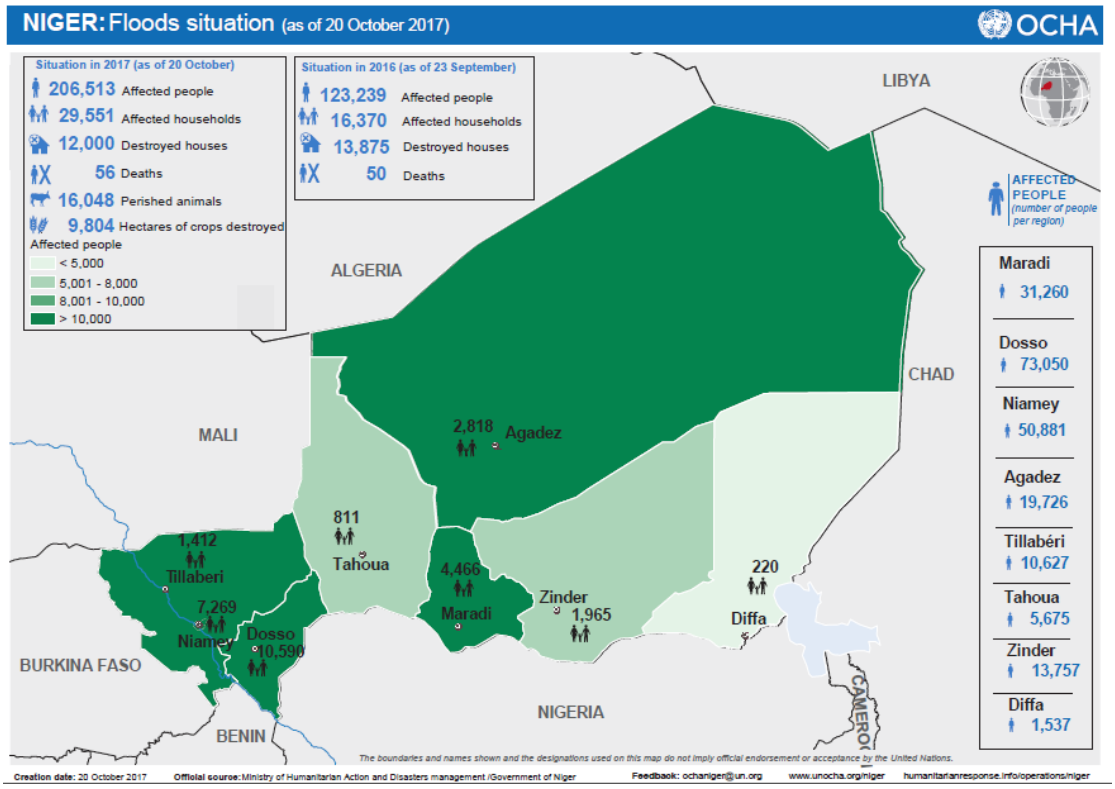
Source: WHO/UNICEF JMP (2017)

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 affected the country, the negative effects of recurrent floods on communities and livelihoods has worsened the situation. 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 was needed, including in sectors such as Health, WASH and Nutrition, Food Security and Education. The period was also favourable to malaria peak period, malnutrition and the outbreak of epidemics, mainly cholera. Damaged properties were 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.



With regards to the above map, the Dosso region was once again 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.

With regards to the food security situation and in a bid to address the food crisis, the IFRC granted CHF 261,041 on 25 August 2017 to support Niger RC Society in providing food and nutrition through cash transfer programming (voucher modality) and carry out prevention activities for 13,130 people (2,020 households) to enable the affected population to survive and meet its immediate needs. This DREF operation equally aimed at conducting an in-depth needs assessment to allow NS develop a long-term plan to address issues pertaining to the food crisis in Sahel region. The operation was set to last three months but was extended for an additional two months through an Operations Update issued on 14 November 2017. Indeed, this acknowledged the challenges, mainly in-country security constraints, encountered since the start of the DREF operation, causing delays in its implementation. Some activities could not be completed as planned and the extension allowed for Niger Red Cross Society (NRCS) to complete the implementation of remaining activities.

The major donors and partners of the DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, Canada, Denmark, Finland, Ireland, Italy, Japan, Luxembourg, Monaco, the Netherlands, Norway, Spain, Sweden and the USA, as well as DG ECHO, the UK Department for International Development (DFID), AECID, the Medtronic and Zurich Foundations and other corporate and private donors. On behalf of the Niger Red Cross Society (NRCS), the International Federation of Red Cross and Red Crescent Societies (IFRC) extends its gratitude to all partners for their generous contributions.

Summary of the response

Overview of Host National Society

In response to this food crisis, the Niger Red Cross Society participated in the analysis of the *Cadre Harmonisé* at country level; conducted rapid assessments in areas classified as hazardous to allow the drafting of the EPoA for this DREF operation; attended all relevant coordination meetings held in country; alerted local branches and mobilized volunteers.

Further, the DREF operation was implemented in the district of Loga, Dosso region, through a Cash Transfer Program targeting 2,020 households (13,130 people). The areas of implementation comprised three (3) municipalities including 22 villages.

Each beneficiary of this DREF operation received 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. It equally intended to provide a complete and balanced food assistance for 30 days per person. Sphere standards and indicators served as a reference. The standard basket that was provided for 2,100kcal comprises: 12.5 kg cereals, 1.35 kg vegetables, 0.75 litre of oil, 0.5 kg of sugar and 0.15 kg of salt for an approximate amount of CHF 9.7 per person. Through this response operation, 13,130 people where reached with above mentioned services in the region of Dosso, particularly in the district of Loga. Besides food assistance, nutritional and community health actions were carried out to enhance better care for people in need.

Overview of Red Cross Red Crescent Movement in country

The International Federation of Red Cross and Red Crescent Societies (IFRC) supports the Niger Red Cross through its country office in Niamey, the Sahel Cluster office in Dakar and the Africa Region Office based in Nairobi. From the beginning of this food and nutrition insecurity situation, a DMIS alert was shared in the IFRC disaster management information system network (DMIS). IFRC Niger and NRCS teams participated in the regional food security workshop held in Ouagadougou (Burkina Faso) on "***How to Work Alternatively on Food Security and Nutrition, Action Plan for Food Security Program***", and the launching of a Plan of Action for a three-year Programs 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 provided technical support to assist the National Society's operational team to better organize itself and to undertake in-depth evaluation which aimed to fine-tune strategies to enhance effective implementation. The partner National Societies are well established in the country and they support the National Society in the implementation of projects and programs in several sectors. Among them are the French Red Cross working in the area of health; the Spanish Red Cross, which is supporting the National Society in the implementation of food security and nutrition activities in the region of Maradi since 2008; the Luxembourg Red Cross, which is supporting the National Society in Shelter and Cash Transfer Programs, especially in the Diffa region; the Belgian Red Cross and the Irish Red Cross who are working in a consortium in the domain of community resilience as well as in the WASH. None of them was implicated in the response to this operation.

According to the National Society, there was no specific action taken by the ICRC in response to this crisis outside the areas mentioned above. It should be noted, however, that the ICRC, within its economic security programs (ECOSEC), implemented cereal banks in several parts of the country. However, gaps were still existing and the IFRC's support was to complement the good actions already undertaken by the ICRC and the other Movement partners.

Movement Coordination

The NRCS, in line with the dynamics of the Movement's partners (IFRC, ICRC, and PNSs) and other partners in the food security Cluster, provided an emergency response to households suffering from food and nutrition insecurity on the one hand, and strengthened the resilience of vulnerable households and the capacity of national actors to cope with shocks on the other hand. These two objectives aimed at addressing an integrated response including immediate food assistance during the lean season and, where conditions are favourable, 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, coordinated the action in the country with the support of the Sahel Cluster Support Team in Dakar by providing technical support through the development of strategies and follow-up of Country Action Plans. Discussions on food security DREF were included in the agenda of the Movement coordination meetings for information sharing and to see where applicable, the necessary synergies that could bring about improvement in achieving the objectives of this DREF operation.

At the regional level, a monitoring and coordination plan was 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, the management and reporting tools were harmonized with other National Societies of the Sahel region which were beneficiaries of the food security and nutrition DREF allocation.

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

Overview of non-RCRC actors in country

The Niger government
Activities of this operation have complemented those already undertaken by the Government of Niger which produced a National Response Plan (NRP) for this food crisis. On 28 April 2017, the Prime Minister and Head of 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 pastoral crisis in the north of the country, adding that "the food security situation in Niger was extremely worrisome. That is why it was important to intervene during the 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 needs was over 142 billion CFA Francs, of which the Government has mobilized 56 percent and so 44 percent were still needed to be mobilized.

Other NGOs, and United Nations agencies
At the moment of issuing this Food Security DREF, about 51 percent of the humanitarian needs in Niger were covered. Concerning food security, 74 percent had been taken care off, while only four percent of the nutrition needs, and 15 percent of the health needs had been addressed. The coverage was mainly in the Region of Diffa, while the humanitarian needs related to food and nutrition remained high in the region of Dosso and particularly in the district of Loga where coverage was very low.

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

Needs analysis and scenario planning

Over the last decade, the food crisis in Niger has 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. Indeed, 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 remained 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 adaptation 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 UNOCHA HRP 2018, at least 1,422,000 people will face food crisis in Niger during the 2018 lean period while 380,000 children under 5 will be affected by severe acute malnutrition.

As a reminder, projections in the regional harmonized framework (Cadre Harmonisé) indicated that between August and September 2017, the population of Loga was classified in phase 3 to 5, an increase of 42 percent compared to March-June 2017. 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).

According to the UNOCHA humanitarian bulletin of May-June 2017, published on 30 June 2017, the technical meeting of the National Mechanism for the Prevention and Management of Food Crises carried out an assessment of areas that are moderately to extremely vulnerable to food insecurity bringing them to 193 areas compared to 180 in the 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 2017 lean season (June to September) were re-assessed to 1,800,000 people including 370,000 people affected by the increase in the prices of cereals.

Risk Analysis

- Security: Niger is experiencing attacks by armed groups especially in the region of Diffa Tillabery and Tahoua. The operation areas were not at risk, but action was taken to prevent any incident.
- Accessibility of target areas linked to the road: During the rainy season, the unpaved roads of the countryside were deteriorated and some structures such as the bridges were destroyed, making it very difficult to travel and have access to certain areas. Some places were completely cut off from large cities throughout the rainy season while others were not accessible by trucks.

Measures taken in line with these risks:

- In terms of security, the National Society and the IFRC country Office set up security rules and took steps to facilitate the implementation of the operation activities.
- Concerning accessibility to intervention areas, the NS made it possible by signing an agreement with the food vendors who transported the foodstuffs to the targets villages for distribution.

B. OPERATIONAL STRATEGY

Main objective

This DREF operation sought to provide food, nutrition and carry out prevention activities for 2,020 households (13,130 people) in the region of Dosso, particularly in the district of Loga to enable the affected population to survive and meet its immediate needs during the lean period.

Proposed strategy

This operation, starting with the DREF as an immediate response to the emergency, was not a one-off and isolated aid project. It was planned to be part of a regional longer-term approach. The use of the DREF made it possible to urgently support the affected households while building on resilience actions at the community level. The development of a four-year program (2017-2020) was to be initiated, which will be a multi-sectoral community resilience program that considers preparedness as well as emergency response with continuity on recovery, within a resilience approach. Unfortunately, this four-year program is yet to be developed because the result of the analysis of in-depth assessment carried out was not published on time. Note that the result of the in-depth analysis is still in Dakar, yet to be published. Considering that the food crisis 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 Cluster and Niger Country Office formulated a request for this DREF to support the NS to provide immediate food and nutritional assistance for the most vulnerable people living in the food vulnerable pockets, while data are gathered to develop the four-year program.

Each beneficiary of this DREF operation received 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. It equally intended to provide a complete and balanced food assistance for 30 days per person. Sphere standards and indicators served as a reference. The standard basket that was 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. Through this response operation, 13,130 people where reached with above mentioned services in the region of Dosso, particularly in the district of Loga. Besides food assistance, nutritional and community health actions were carried out to enhance better care for people in need.

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 for the population to ensure the food intake until the harvest season. At the same time, as the harvest was foreseen for October or early November, the cash distribution, in the form of vouchers, were mainly needed in September. The National Society chose the Cash Transfer Program to inject funds to stop households from resorting to negative coping mechanisms and prevent malnourished children from death while the four-year Program is under way.

Prevention and community care for people suffering from acute malnutrition was ensured by supporting the organization of screening and awareness campaigns, referencing of malnourished children, training of mothers on the ‘BP Mother approach’. The approach enabled mothers to measure themselves and their children regularly to know their nutritional

status to anticipate the kind of care a child would need in the event of a nutritional problem. These actions helped to remove people from a famine situation that could result in death, deformation or poor growth in children.

Niger RC volunteers carrying out awareness sessions on the promotion of exclusive breastfeeding and adequate complementary feeding.

The water component

Water, Sanitation and Hygiene promotion (WASH) was also a priority, recognizing the close relationship between nutrition and WASH. Thus, WASH activities were 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 tests.

This package was backed by activities that promote good hygiene and health as well as social mobilization and effective education at the community level. It was 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) was set up and volunteers trained in CBS and Vulnerability Capacity Assessment (VCA) to prevent and respond to epidemics. This was a good platform for the sharing of real-time information to enhance prompt action and response. A good referral system was set up to facilitate communication with the appropriate health facilities.

For the food assistance service, cash transfer was the main option. The Cash transfer was done by distributing vouchers. This choice was an effective way 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 that context, cash transfer programming was 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 big cities of the project area. The requested items were available at affordable prices. However, there were no shops in the targeted villages. Therefore, an agreement was found with the food providers to create shops in the target villages during the period of implementation. Note that the shops were located in the capital of the department (Loga) at about 50 kilometres distance from the target villages and 80 kilometres for others. This determined the option of the cash transfer approach that reduced the cost of transporting food and provided more opportunity to the beneficiaries to quickly acquire the food items they need. A call for tender was then launched to select capable suppliers to meet the food needs of the identified beneficiaries. A voucher was given to each family member, depending on his category, to enable them to introduce themselves to the suppliers before receiving their food.

Communities

During this operation, beneficiaries were considered as full stakeholders. Community management committees (beneficiaries targeting community, implementation committee, monitoring committee and coordination committee, etc.) were set up and their responsibilities formally established to carry out activities. This gave the communities a full ownership of the program. While implementing the operational plan, communities were involved, and implementing agents were executing a competence transfer plan to enable community empowerment and prepare them for the recovery phase. The in-depth assessments considered the short and long-term aspects. The analysis focused on food security, nutrition, livelihoods and health as well as Movement Coordination at field level. The recommendations of the assessment are still awaited because the analysis was carried out in Dakar after the data was collected at field level.

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)

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 stablished 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 (through voucher for one-month food)	13,130	12,920
1.1.9 Number of Post Distribution Monitoring carried out	1	1

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	4,000	7.099
1.2.2 Number of SAM people transferred to the Nutritional centres for treatment	200	365
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)	350	545
1.2.6 Number of community discussion held, and people reached on malnutrition	22	22
1.2.7 Number of malnourished lost cases discovered and followed	37	35
1.2.8 Number of nutritional centres and learning point rehabilitated and managed	17	17

Narrative description of achievements

1.1.1 Twenty-four (24) meetings were held with the authorities and the stakeholders including one held with the regional committee of Red Cross, the second with the regional authorities and government technical services to explain the objectives of the project and to request their support in the implementation of all activities and one meeting held in each village targeted for this operation (22 villages);

1.1.2 Fifty-seven (57) community management structures were established and put in place in the area of intervention;

1.1.3 The NRCS teams carried out beneficiaries needs analysis, markets analysis, security and the corruption risk analysis, gender and vulnerability group analysis, government support analysis, competencies and capacities of the stakeholders, weather condition risk analysis before undertaking the CTP. At the end of the day,9 feasibility analysis was conducted.

1.1.4 Some 14, 245 people were identified, and they were given vouchers for food distribution including: 1,274 children aged 0-23 months, 3,240 children aged 2 to 6 years old 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. They were all given vouchers.

1.1.5 All the distribution equipment was produced to ease volunteers' activity. This includes the vouchers, 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 Three (3) providers were identified at the level of the commune and a contract agreement was drafted and signed by the President of the NRCS and the selected providers.

1.1.7 All the distribution tools were produced successfully and were duly used for the success of the operation.

1.1.8 Some 14, 245 people were targeted for the voucher distribution and were all given the vouchers however, only 12,920 people were reached by the food distribution at the food shops. This is because 1,274 children aged 0-23 months were counted but they were not given food because they were taken into consideration in their mother's food ration.

1.1.9 A Post Distribution Monitoring (PDM) was carried out after the distribution targeting 100 households. Almost 98% of the target families received their food and they used them for consumption.

1.2.1 The routine malnutrition screening was carried out by both RC volunteers and community-members (especially women). This activity reached 7,099 people.

1.2.2 Some 365 children affected by SAM were identified and referred to the nutritional centres for care and treatment;

1.2.3 22 awareness sessions to children care-takers on key health/nutrition practices were carried out by RC volunteers, this activity reached 9,650 people.

1.2.4 22 awareness sessions were carried out on the promotion of exclusive breastfeeding and adequate complementary feeding, reaching 17,650 people.

1.2.5 Some 542 children were screened by their mothers through the Management of early screening by mothers (PBM approach).

1.2.6 About 22 community discussion were held in the 22 target villages, reaching 3,640 people.

1.2.7 After the consultation with nutritional centres, it appeared that 37 children admitted to the centres were carried away by their parents, without completing their treatment. They were considered as lost cases. Among the 37, the Niger Red Cross volunteers succeeded to identify 35 of them and they were returned to the nutritional Centres to complete their children care.

1.2.8 The area of implementation for this operation comprised 17 nutritional centres with waiting and culinary demonstration areas. These areas were constructed with local materials (sticks, ropes and straw for the roof) and they were all damaged by climate effect. These 17 waiting areas were rehabilitated through this DREF operation.

Challenges

While the volunteers were carrying out the malnutrition screening and referral to the nutritional Centres, the Red Cross discovered that there was a shortage of nutritional food at the health/nutritional centres for the treatment of the SAM and the MAM cases. Most of the cases referred to the nutritional centres were thus not assisted. Therefore, the community-based malnutrition screening activity had to be stopped as the Red Cross could not carry on the identification of malnourished people without any adequate treatment measures provided to them afterwards.

Following-up on this issue, the IFRC and NRCS met UNICEF and WFP which were responsible to provide nutritional food to the health centres upon request from the Health Centre. It appeared that they were not aware of the shortage of the nutritional food at the Loga health district. The Red Cross was advised to inform the Health personnel to send their requested needs for the nutritional foods to be provided to the health Centre. However, this interrupted the activities for at least one month. After this follow-up by the Red Cross, the nutritional food was provided to the health Centre, and malnutrition screening and referral activities resumed within the community.

Lessons Learned
- It is always important to carry out coordination meetings with all the stakeholders in the area of intervention to know who does what. This will enable to easily identify the failure and correct the gap for rapid and efficient response. - The beneficiaries were the keys actors of the implementation of this DREF operation. All activities were carried out by the beneficiaries' committees.

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

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	17,650
1.1.5 Number of people reached by the hygiene promotion activities	13,130	17,650
1.1.6 Number of volunteers trained on CBS, ECV and Wash	50	50

Narrative description of achievements

1.1.1 A community-based surveillance team was set up in all the 22 villages covered by the DREF operation. Hence 22 community-based surveillance teams were set up and installed. Each team was made up of five trained volunteers and five community members including four women. The team is linked to the nearest health centre.

1.1.2 2,019 households (17,650 people) received water treatment tablets to be used for three months. Prior to the distribution of the water treatment tablets, the Red Cross volunteers carried out an awareness and the demonstration sessions on the use of the water treatment tablets.

1.1.3 17,650 people were reached by the awareness sessions on safe water storage and the use of safe water treatment tablets.

1.1.4 2,019 households were reached through the distribution of water treatment tablets and demonstration sessions on their usage. They are currently adequately using the tablets and storing water for safe consumption.

1.1.5 17,650 people were reached by awareness sessions on hygiene promotion. The in-depth needs assessment has shown that they are effectively practicing good hygiene rules.

1.1.6 50 Niger Red Cross volunteers were trained on Community based surveillance, Epidemic control for volunteers and WASH. The trained volunteers are members of the target communities. They are currently continuing to act as community-based disease surveillance agents in their villages.

Challenges

- Due to the shortage of the water treatment tablets in the country, the National Society ordered from the neighbouring countries especially in Benin Republic, Burkina Faso and Nigeria. Further, it was difficult to deal with the Customs services for the custom clearance on the water treatment tablets until the President of the National Society finally met the Government for discussions to release the tablets for humanitarian usage.

- The second challenge was the use of the tablets. The beneficiaries had never used tablets for water purification. It was therefore very important to guide them on the usage. Many questions were raised on the

issue, but volunteers have clarified them and finally the beneficiaries learned to use them correctly and are now asking for more.

Lessons Learned

- In case there is no specific item in the country, it is always important to refer to the cluster coordination. For this case. Due to the shortage of Aquatabs in Niger, the WASH cluster advised to use an equivalent which was found in the country named "Global tabs". However, this came late, because the NS had already ordered from neighbouring countries.

- Aquatabs is a chemical, therefore, it is always important to explain its usage to the beneficiaries to avoid to over use it.

- The beneficiaries were involved in all activities. They were the keys actors of the implementation of this DREF operation. It makes things easier when community members are fully involved.

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

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
1.1.1 Number of Niger Red Cross Staff that participated to the Food security and Nutrition RDRT refresher training	3	2
1.1.2 Level of food insecurity in the affected area	crisis	under pression
1.1.3 Number of volunteers that attended the training on community-based malnutrition screening techniques	50	50
1.1.4 Number of volunteers and NS staffs that participated to the NDRT refresher training on food security, nutrition and livelihood	30	30
1.1.5 Number of Niger Red Cross personnel that attended the regional lesson learnt workshop	2	3

Output 1.2: Communities capacities to respond to the emergencies and implement Food security, nutrition and livelihood programmes is strengthened

Indicators:	Target	Actual
1.2.1 Number of community management structures established	57	57
1.2.2 Number of community-based teams for nutrition and food security surveillance put in place	22	22
1.2.3 Number of national media that attended the meeting to inform on the project	15	15
1.2.4 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

Narrative description of achievements

1.1.1. Two (2) Niger Red Cross staff including the Food Security Coordinator and the Nutrition focal person attended the food security and nutrition RDRT refresher training organised by the IFRC in Bamako, Mali from 14-23 May 2017.

1.1.2. The in-depth assessment on food security and nutritional situation indicated that the area of intervention is currently under pressure. This coincides with the analysis of the *Cadre Harmonisé* for the period of March to May 2018. Last year, before the implementation of the DREF operation, it was at the crisis stage.

1.1.3. About 50 Red Cross volunteers were trained on community-based malnutrition screening techniques. However, only 25 succeeded in the end of training evaluation (50 percent);

1.1.4. Some 30 Red Cross volunteers and staffs attended the NDRT refresher training on food security and livelihood.

1.1.5. Three (3) Niger Red Cross personnel including the National President (representing the Sahel plus group's President to chair the meeting), the Executive Secretary and the Food Security Coordinator attended the lessons learnt workshop held in Dakar, Senegal.

1.2.1. Some 57 community management committees were established and put in place in three communes including 33 in the communes of Loga for 11 villages, nine (9) in the communes of Sokorbé for six (6) villages and 15 in the commune of Falwell for five (5) villages. These includes community-based committees on: community targeting, implementation, monitoring, and coordination.

1.2.2. Some 22 community- based teams for nutrition and food security surveillance are established and put in place. One per target village.

1.2.3. About 15 national media attended a meeting at the National Society Headquarter to inform on the project. They were mostly online media and newspapers.

1.2.4. From the onset of this DREF operation, the IFRC and NRCS teams attended all the national food security cluster meetings, CTP working group meetings and Movement Coordination meetings. At least eight (8) Food security cluster meetings, two (2) CTP working group meetings and two (2) Movement Coordination meetings were held.

Challenges

- The NRCS 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 was about. In addition, the NRCS and the IFRC team in the field were summoned to stop their activities for at least ten (10) 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 or two weeks for security reasons.

- The lean period started in June and the Red Cross response came in October, this was almost at the end of the lean period. As such, the Red Cross volunteers had to rush to respond within the needed period.

Lessons Learned

- Once the *Cadre Harmonisé* and FewsNet release the national food security situation and the projection of the lean period, it is important to start planning the response. This will enable a timely response and more impactful operation, making the lifesaving activities much more relevant.
- There is a need for an IFRC Security delegate to be deployed in the country to always assess the security situation as Niger is presenting three regions with security issues. This includes the regions of Diffa, Tillabery and Tahoua.

D. BUDGET

The overall budget for this operation was CHF 261,041, of which CHF 255,236 (97.77 %) were spent. A balance of CHF 5,805 will be returned to the DREF.

The budget lines "Water, Sanitation and Hygiene" and "Utensils & Tools" were are overspent by CHF 4,596 and CHF 6,268 respectively because they were not budgeted during planning. However, the DREF operation provided the purchase, transportation and distribution of Aqua tabs for water purification for beneficiaries in 22 villages.

The line "Transport and Vehicles Costs" was overspent because a National Society vehicle which was broken down, was repaired to complement the transportation of the field team in the 22 villages that covered the DREF operation. These repairs caused a deficit of CHF 1,887 (27.94%) in the transport budget line. This was because one team was distributing the food vouchers while another team was conducting nutrition activities.

"Professional fees" budget line was overspent by CHF 246 because it was planned in the RDRT budget, however, when reporting, it appears on a different budget line. This refers to the payment of the security guard at the RDRT residence.

Contact information

Reference documents ↘

Click here for:

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

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

In the Niger Red Cross Society

- **Executive Secretary**; Issa Mamane; phone: +227 96399041 email: issamamane2003@yahoo.fr;
- **Operational coordination:** Issiakou Soumana Gaoh, Programmes Coordinator, phone: +227 96961505; email: issiagaoh@yahoo.fr ;

IFRC Country Office Team:

- **Alberto Bocanegra**, Country Representative, phone: +227 20 73 83 34, Mob. +227 88 69 99 99; email: alberto.bocanegra@ifrc.org;
- **Pierre DANLADI**, Operations and Programmes Coordinator; phone: +227 98 97 21 68; email: pierre.danladi@ifrc.org;

IFRC Regional Office in Africa

- **Adesh TRIPATHEE,** Head of Disaster Crisis Prevention, Response and Recovery Department, Nairobi, Kenya, Mob +254 (0) 731067489, Email: Adesh.TRIPATHEE@ifrc.org,
- **Nicolas Verdy**, Operations Coordinator, Food Security Crisis; phone: +254 780 771 161; email: nicolas.verdy@ifrc.org ;

IFRC Geneva

- **Eszter Matyeka**, DREF Senior Officer; phone: +41 75 4198604; email: eszter.matyeka@ifrc.org;

For IFRC Resource Mobilization and Pledges support:

- **Kentaro Nagazumi**, Head of Partnership and Resource Development, phone: +254 202 835 155; email: Kentaro.nagazumi@ifrc.org;

For In-Kind donations and Mobilization table support:

- **Rishi Ramrakha**, Head of Africa Regional Logistics Unit; phone: +254 733 888 022; email: rishi.ramrakha@ifrc.org;

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

- **Fiona Gatere**, PMER Coordinator, phone: +254 780 771 139; email. fiona.gatere@ifrc.org;

How we work

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

www.ifrc.org
Saving lives, changing minds.

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

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

Disaster Response Financial Report

MDRNE019 - Niger - Food Crisis

Timeframe: 28 Aug 17 to 25 Jan 18

Appeal Launch Date: 28 Aug 17

Final Report

Selected Parameters			
Reporting Timeframe	2017/7-2018/4	Programme	MDRNE019
Budget Timeframe	2017/8-2018/4	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							
Other Income							
DREF Allocations		*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		-255,236				**-255,236**	
F. Closing Balance = (B + C + E)		5,805				**5,805**	

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Split by funding source	Y	Project	*
Subsector:	*		

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III. Expenditure

Account Groups	Budget	Expenditure					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	TOTAL	
	A						B	A - B
BUDGET (C)			**261,041**				**261,041**	
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene			4,596				**4,596**	**-4,596**
Utensils & Tools			6,268				**6,268**	**-6,268**
Cash Disbursment	138,112		141,974				**141,974**	**-3,862**
Total Relief items, Construction, Sup	138,112		152,839				**152,839**	**-14,727**
Logistics, Transport & Storage								
Transport & Vehicles Costs	6,752		8,639				**8,639**	**-1,887**
Total Logistics, Transport & Storage	6,752		8,639				**8,639**	**-1,887**
Personnel								
International Staff	24,500		20,262				**20,262**	**4,238**
National Society Staff	39,402		29,284				**29,284**	**10,118**
Volunteers	475		441				**441**	**34**
Total Personnel	64,377		49,987				**49,987**	**14,390**
Consultants & Professional Fees								
Professional Fees			246				**246**	**-246**
Total Consultants & Professional Fe			246				**246**	**-246**
Workshops & Training								
Workshops & Training	18,810		14,647				**14,647**	**4,163**
Total Workshops & Training	18,810		14,647				**14,647**	**4,163**
General Expenditure								
Travel	10,700		9,760				**9,760**	**940**
Information & Public Relations	210		0				**0**	**210**
Office Costs	2,940		1,109				**1,109**	**1,831**
Communications	2,820		1,840				**1,840**	**980**
Financial Charges	389		592				**592**	**-203**
Total General Expenditure	17,059		13,301				**13,301**	**3,758**
Indirect Costs								
Programme & Services Support Recov	15,932		15,578				**15,578**	**354**
Total Indirect Costs	15,932		15,578				**15,578**	**354**
TOTAL EXPENDITURE (D)	**261,041**		**255,236**				**255,236**	**5,805**
VARIANCE (C - D)			**5,805**				**5,805**	

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Reporting Timeframe	2017/7-2018/4	Programme	MDRNE019
Budget Timeframe	2017/8-2018/4	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	255,236	5,805	
Subtotal BL2	261,041		261,041	261,041	255,236	5,805	
GRAND TOTAL	**261,041**		**261,041**	**261,041**	**255,236**	**5,805**	