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Emergency Plan of Action Operation Update

Niger Complex Emergency Appeal

 International Federation
of Red Cross and Red Crescent Societies

Emergency Appeal n° MDRNE021	GLIDE n° OT-2014-000126-NER
EPoA update n° 1; date of issue: 24 July 2018	Timeframe covered by this update: 2 Months
Operation start date: 13 April 2018	Operation timeframe: 12 months and end date: 12 April 2019
Overall operation budget: CHF 1,680,731	If Emergency Appeal operation, DREF amount initially allocated: CHF 168,071.54
Project Manager: Pierre Danladi	National Society contact:
N° of people being assisted: 43,113 people	
Red Cross Red Crescent Movement partners currently actively involved in the operation: IFRC, ICRC, Luxembourg Red Cross and Niger Red Cross Society	
Other partner organizations actively involved in the operation: UNICEF, OMS, IOM, UNHCR, WFP, WHO, OXFAM, Care, Save the Children and ONG KARKARA	

Summary

- This Operation Update aims to report on the accomplished objectives. Despite security challenges on the ground, the operation has made good progress and so far, 7,528 people have been reached with interventions in the three target areas including 2,925 in Diffa, 2,758 in Maine Soroa and 1,845 in Goudoumaria. Given the limited access to operational sites the operation experienced two (2) months delay in implementing planned activities. One of the reasons of delay at the start of operation is consequent delay in signing of the e-contract.
- However major delay was due to security situations in Diffa, with a military operation ongoing (Amni Fakhat, against Boko Haram groups, which started in April 2018 and is expected to continue until August). Furthermore, there has been deterioration of the security context, with sporadic incidents occurring, with the last being on 5 June 2018 in Diffa, where three people including a man and two ladies carrying bomb blasted near a coranic school killing nine people and injuring more than 50 persons. This security incident has caused two months interruption of activities implementation. The activities were properly launched on 20 June 2018.
- Given the declining food security situation in Sahel region, including Niger, the Emergency Appeal is intended to be revised to include livelihoods and community resilience activities in coming weeks.

A. SITUATION ANALYSIS

Description of the disaster

Since July 2014, the Diffa region in Niger have been experiencing an unprecedented security crisis and serious humanitarian needs as a result of armed groups activities in the north of Nigeria as well as in the Niger territory. According to the Niger OCHA Humanitarian Needs Overview (HNO) of 2018, published in November 2017, at least 252,305 people including 108,470 Nigerian refugees, 129,015 internally displaced people (IDP) and 14,820 Nigeriens returnees are currently sheltering in precarious conditions, mostly in IDP camps and with host families across the region. The already limited basic services and resources have been overstretched in a region where communities have long been grappling with food insecurity, epidemics, malnutrition and cyclic droughts and floods.



Niger Red Cross Volunteers carrying out awareness sessions on the prevention of epidemics in Nguel-kolo (district of Diffa)

The continued influx of IDPs has put pressure on the capacity of health facilities, leading to reduced access to primary health care and referral for displaced populations and host populations. The health referral system is very slow (emergency state) and evacuation at night is very difficult, even impossible, in some localities like Nguigmi, Bosso or Ngourt. The health map of Diffa remains poorly defined due to population movements. The need for viable site identification for the construction of sustainable health infrastructure at the new host sites of the population remains a major challenge.

Following the violence by militant attacks in recent months, the Government of Niger declared a three-month state of emergency in Diffa, Tillabery and Tahoua regions, last renewal dates back to 17 June and will last until 18 September 2018. The state of emergency is expected to decrease the occurrence of violent attacks and consequently and increase the public's feeling of safety. However, reports also indicated that restrictions to movement may reduce not only opportunities for income generation, resulting in increased dependence in relief and livelihoods assistance, but access to health care as well.

Meanwhile, according to the Niger HNO 2018, statistics from 2015 indicate that at least 33 percent of children under one year were not vaccinated against measles and 15 percent were not against diphtheria, tetanus and polio 5, with little information on progress since. These figures are likely worse with the influx of IDPs and refugees. Overlaying this are the seasonal outbreaks that impact the Diffa community over the year. Endemic to the country, meningitis outbreak occurs during the months of March to May, while cholera and Hepatitis E outbreaks occur during the rainy season from June to September.

To further exacerbate the situation, recent droughts (April – June 2018) have worsened food security and the overall humanitarian situation. Up to 408,000 people are food insecure with 280,000 lacking access to potable water and adequate sanitation facilities. With the dry and hot weather continuing, no significant improvements can be expected to the food security situation in the coming months. The prevalence of Global Acute Malnutrition in the Diffa Region is at 14%, which falls into the category of serious emergency. This proportion is just under the 15% threshold of a critical emergency. The worst situation (> 15%) is in the town of Maïné-Soroa, located 70 km west from the city of Diffa. The region has the highest proportion of children under 6 months suffering from acute and severe malnutrition. In fact, this group-age represents more than 20% of CRENI admissions (Centre de récupération et d'éducation nutritionnelle intensive).

Based on the ongoing situation and need to reinforce the local capacities in Diffa already weakened by the current conflict since 2014, a decision was made to launch an emergency appeal to meet the short to medium term needs of an imminent crisis and provide assistance to communities at risk. The longer-term country operational plan for Niger is

revised to complement and reinforce support to NRCS and communities in Diffa and the country overall and can be accessed here.

These proposed actions, designed in coordination with other actors in the ground, aims to reduce epidemic impact, strengthen the community health situation in general, and improve the spread of better hygiene practices. Transversally, IFRC will be strengthening the NRCS, its operational capacity to be better equipped, trained and react to quickly deal with growing challenges in Diffa and beyond. The total budget of the operation is CHF 1,680,731 for 12 months. The operation seeks CHF 168,073 (10% of the total budget) DREF loan to kick off the operation.

Summary of current response

Overview of Host National Society

IFRC together with Niger Red Cross Society is fully involved in the response to the security and humanitarian crisis in the Diffa region of Niger. Since the approval of this EA, the IFRC Niger country office, has insured 105 Niger Red Cross volunteers to be involved in the operation through IFRC insurance unit system. IFRC has undergone coordination meetings with the NS, UN agencies (UNDP, UNICEF, WHO, UNFPA, OCHA) and other NGOs (DRC, ACTED, IRC, ACH, Oxfam, StC.) that are present in the same areas of intervention. A Movement Coordination Agreement (MCA) was also prepared and approved by IFRC senior management and is expected to be signed with the ICRC by mid-August, therefore replacing the previous MCA signed in 2015. The recruitment of the national staffs at all level has been carried out, this concerned the IFRC WASH coordinator; Logistic and IT Assistant, as well as the Finance and Administration Assistant. Further, others IFRC national staff specially the IT Assistant, the Logistic Assistant and a Finance and Administration Assistant who were working as volunteers have signed contracts. The Niger Red Cross Society on its own has mobilized approximately 105 volunteers comprising 90 volunteers and 15 supervisors to carry out activities alongside the humanitarian actors within and outside the Movement. These volunteers were trained on the Epidemic Control for Volunteers (ECV) manual and Nutrition. The volunteers training took place in the three targeted departments including Maine Soroa, Goudoumaria and Diffa respectively on 24 to 25 June 2018 for Maine Soroa, 26 and 27 June for Goudoumaria and 28 to 29 June 2018 for Diffa centre. The volunteers training was facilitated by the epidemiologist and the Nutrition focal points of the health Districts alongside the Health Coordinator of the NS. The areas of intervention have been identified by both the branch committees of the Red Cross, the Health Districts (MoH) and the Humanitarian Organizations present in the same area of intervention. The National Society has strong presence in the Diffa region and is regularly undertaking long-term development and humanitarian programming, including the IFRC-supported community-based nutrition, food security and water and sanitation programme, which has been extended to the most affected areas in Diffa to support the influx of displaced persons. The regional NRCS branch takes part in the field assessment team activities and participates in the crisis meetings with the regional authorities and other humanitarian actors. Due to its long-standing experience in responding to epidemics and other disasters, the Ministry of Health called upon the NRCS to contribute to the response to several outbreaks through social mobilization, community-based surveillance, and water, sanitation and hygiene (WASH) activities.

Overview of Red Cross Red Crescent Movement in country

This operation has been developed and planned to be implemented in close collaboration and communication with the ICRC and partner national societies (PNS) in the country. Regular coordination meetings are taking place to enhance collaboration and to find, where applicable, synergies that will have a positive impact of the work undertaken for the affected population. IFRC provides support to NRCS through its Niger country representation and the Africa region office. Since the onset of the disasters, there has been regular contact with the IFRC Niger and Africa region's health and disaster and crisis prevention, response and recovery team (DCPRR). Other Movement partners in country include: The International Committee of the Red Cross (ICRC), as well as partner National Societies comprising the Belgian Red Cross, French Red Cross, Iranian Red Crescent, Luxembourg Red Cross, Danish Red Cross, and Spanish Red Cross, which are based in the capital city of Niamey. The ICRC and Luxembourg Red Cross are also supporting the NS in the response to the security crisis in the Diffa region. Currently the ICRC is working in Bosso, Garin Wanzam, Toumour and NGuigmi areas while the IFRC/NRCS intervention in this EA is planned in Diffa centre, Maine Soroa and Goudoumaria areas. The French Red Cross is working on the field of Health, the Spanish Red Cross is supporting the NS in the implementation of Food Security and Nutrition activities in the Maradi region, the Luxembourg Red Cross which support the NS in the Shelter and CTP especially in the Diffa region, the Belgian Red Cross is working in the domain of community resilience as well as in the WASH aspect and the Danish Red Cross which is supporting the NS in the migration field.

NRCS has a central bureau in Niamey, 8 regional offices and 62 local branches, with expertise and departments in Health and Nutrition, Food Security, WASH, Migration, and DM covering and supporting its operations countrywide. The National Society has over 10,000 volunteers spread all over the country. Specifically, in Diffa, the National Society has offices and guest houses in Diffa, Goudoumaria and Maine-Soroa and Nguigmi, with a branch structure consisting of President & Vice president, SG and deputy, Treasurer and deputy, Youth coordinator. Currently, the biggest network of volunteers in Diffa is held by NRCS, with over 800 volunteers trained in first aid, food security and WASH.

Overview of non-RCRC actors in country

Over 13 national NGOs, 26 international NGOs, four (4) Red Cross Movement partners and 10 UN Agency representatives are currently working in the Diffa region and their numbers increase regularly. To facilitate the coordination of the humanitarian response, cluster meetings in each sector are taking place on a monthly basis. Meeting agendas are constantly updated, and information shared by clusters leads on a daily basis with all national and international partners.

The NS, IFRC, ICRC and Luxembourg Red Cross have been attending these meetings from the beginning of the crisis to identify potential gaps and to guide their action. The key role of the National Society has been reinforced through its recognition by the Ministry of Health as member of the National Crisis Committee.

In terms of epidemics response, crisis meetings are held at the Ministry of Health on a daily basis involving all the MoH's partners. The NS is a member of the National Crisis Committee that meets regularly to monitor the epidemiological situation. Due to its long-standing experience in managing the epidemics and other disasters, the MoH always call upon the NRCS to contribute to the response to the epidemics through social mobilization and community-based surveillance whenever the disaster occurs. It is important to note that, the MoH started awareness sessions through the Medias for the prevention of the Lassa Fever epidemic outbreak that is currently affecting the neighboring countries (Nigeria, Benin Republic and Guinee).

Meanwhile, the partners of the Nutrition Technical Group as well as those of the Nutrition and Health Sector Working Group in Diffa have planned for 2018 to support 82,569 people, with the following breakdown: 1) 15,635 children aged 0 to 59 months with severe acute malnutrition (SAM); 2) 28,762 children aged 6 to 23 months suffering from moderate acute malnutrition; 3) 12,032 pregnant women underweight; 4) 23,750 children aged 6 to 23 months at risk of malnutrition and who will need preventive nutritional supplementation; 5) 2,390 accompanying persons at the CRENI level who will receive food assistance.

Needs analysis and scenario planning

Needs analysis

After all the effort carried out by the government and the humanitarian actors in the response to the Diffa crisis, the National Society, the UN agencies, other humanitarian actors and the Niger government participated in the joint needs assessment which aimed to provide a multi-sectorial view on the situation and influence operational planning for the Niger humanitarian Response Plan for 2018. Food security, health, nutrition and water and sanitation were the sectors prioritized as having the most urgent needs. With multiple actors in the ground, the assessment highlighted the importance of coordination as operational coordination mechanisms were still limited, as well as accessibility to some affected population – either due to community tensions or logistical means. Overall, the assessment highlighted the gaps which exist as humanitarian agencies continue to increase their activities.

The gaps in response are focused on affected persons in the Lake Chad islands and at the Komadougou River area, particularly in health and water, sanitation and hygiene promotion, as well as food security needs throughout the Diffa region (including food distribution). In non-emergency phases, the assessment illustrated the importance of livelihood assistance and building community resilience, including the need for social cultural activities to build cohesion.

According to the Niger 2018 UNOCHA HRP, the number of people in need of health in the region of Diffa, is estimated at 419,000, including 129,015 internally displaced persons (IDPs), 108,470 refugees (around 12 thousand refugees are in camp Sayam Forage, which occupies 113 hectares, the rest are spread all over Diffa, mostly in host communities), 14,820 returnees and 167,100 others. These figures include, the host population of Diffa (21%), the possible victims of floods, people at risk of meningitis, cholera and hepatitis E, as well as other epidemic-prone diseases such as measles. The different proportions of this population are: female (52%), children under 18 (55%), adults aged 18 to 59 (42%) and people aged 60 and over (3%). The needs relate to prevention, treatment, preparedness, vaccine response and case management during epidemics, as well as improved access to primary health care and referral for vulnerable populations.

Malnutrition is also a major public health problem and a challenge for development in the Diffa region. According to the latest SMART data for Q4 of 2017, the nutritional situation in the displaced sites of Diffa is considered as "serious". The prevalence of Global Acute Malnutrition (GAM) varies between 10% and 15% and that of chronic malnutrition between 35 and 40%. Further, the Niger HRP 2018 indicated that, the number of children 0 to 59 months suffering from severe acute malnutrition (SAM) is estimated at 15,635 and children 6-59 months suffering from moderate acute malnutrition (MAM) at 45,505. The 2018 HRP indicated that, in total, 13 576 pregnant and breastfeeding women and 23,750 children from 6 to 23 months will be at risk of malnutrition and will need a nutritional assistance. In total, 100,855 people will need nutritional assistance, including 2,389 people accompanying their relative to the nutritional centres (CRENI). The lowest prevalence of global acute malnutrition was observed in the department of Diffa (9.5%), which corresponds to a precarious situation. The prevalence of GAM is between 10% and 14% in the departments of

Goudoumaria, Mainé, and N'Guigmi, which ranks these departments in a serious situation according to the WHO classification. N'Gourti appears as the most affected department in the whole country by acute malnutrition with a prevalence of GAM well above the critical threshold of 15%, which makes this district an area in a situation of nutritional crisis.



According to the needs assessment jointly carried out by the government technical services in October-November 2017, the UN agencies and the Humanitarian organizations including the Niger Red Cross Society, the difficult access to basic services including high risks of protection of the displaced populations in the Diffa region have been recorded. Access to health services, which coverage was already very low before the crisis, water, sanitation and education has been emphasized as particularly problematic both by IDPs and refugees. This lack of access is accompanied by a lack of means of subsistence. The occurrence of Hepatitis E epidemic in 2017, mainly in the displacement sites has worsened the health situation of the population. This attests to precarious health conditions in which displaced populations and host communities live. Insecurity only exacerbates the problems of access to basic services.

Aggravating factors such as close proximity within the displaced populations of Diffa and the low level in the vaccination against meningitis and measles, the limited access to services and key infrastructure (Health, sanitation water and education), the weakness of hygiene systems in the IDPs and refugee camps, the recent outbreak of Lassa Fever Epidemic in the neighboring Nigeria, the recurrent outbreak of meningitis and poliomyelitis epidemic in the neighboring Nigeria and the porosity of the border favorable to the movement population constitutes a favorable context for the spread of epidemics in this region.

The needs assessment indicated that at least 280,000 people are in need of water hygiene and sanitation in 2018 in the Diffa region, all crises combined. Among these populations are: 121,072 IDPs, 258,558 people at risk of epidemics (cholera, hepatitis E), 2,754 people affected by the floods and 15,635 children affected by severe acute malnutrition.

With regards to water and sanitation component in the Diffa region, according to the CAP survey of September 2017, the indicators identified on WASH in the Diffa region revealed water access rate of 57% and a sanitation access rate of 40%. Despite the significant efforts made by the Government services and humanitarian actors in the area, the situation remains very problematic, especially in terms of sanitation. Access to water has improved significantly through the 2017 response plan but is subject to increasingly complex needs in areas where sources are difficult to access and require improved structures.

Based on the above needs, the NRCS, with support from IFRC, has decided to pre-empt the emergence of another potential outbreak through early preventive response. The NRCS also believe that the WASH activities will contribute to the reduction of the spread of cholera as well as Hepatitis E and stem another potential epidemic in an already vulnerable area. As the needs assessment revealed that the Diffa region is one of the most affected malnutrition areas in the country, therefore activities focusing on alleviating malnutrition will also be carried out in the target environment.

	Needs	Planned Response by Others	Planned RC Response
 HEALTH	419,000 people in need	90,000 people targeted by UNICEF	43,113 people targeted
		33,000 people targeted by UNHCR	
 WASH	277,000 people in need	127,638 people targeted by the cluster	43,113 people targeted
		38,770 people targeted by UNHCR	

Sources:

OCHA Humanitarian Response Plan Niger 2018; UNICEF Niger SitRep January 2018; UNHCR, Regional Refugee Response Plan 2018

Operation Risk Assessment

The security situation has deteriorated in the Diffa region due to its close proximity to North-East Nigeria. Armed groups have conducted sporadic attacks on security forces and mining operations, mainly at the border areas, and in the Lake Chad islands. Population movements and sporadic attacks continue to take place in the Diffa region, with security incidents happening on monthly bases: 1) An incident occurred on 22 March when Boko Haram raided the village of Toumour, killing five civilians; 2) Suicide attack took place in Diffa on 05 June at "Quartier Diffa Koura" against a Coranic school (madrassa). Attackers were 2 women and 1 man, with more than 50 casualties (10 deaths and 40 injured). Measures undertaken by Govt: market suspended, closure of the city, schools closed. ICRC measures: all travels were suspended but reactivated on 7 June after security/ police/ Army clearance.

Since the beginning of the year, 48 attacks have taken place in the Diffa region, mainly in areas close to the Lake Chad Basin. Humanitarian operations are ongoing but mostly restricted to areas considered safe alongside the national road N°1. Entire communities in the Lake Chad islands remain inaccessible to humanitarian actors due to military operations, and it is expected that more restrictions will be observed alongside the Komadougou river as special military operation that started in April and will last until August/ September 2018, in which is known as Operation Amni Farkhat, which will mobilize soldiers from the international force, and where airstrikes, mortar shells on villages are expected to take place.

Security risks and incidents will have a high impact on NRCS's and IFRC's capacity to implement this operation. As such, the safety and security of its staff and volunteers remain a high priority. To date, Red Cross staff are not targets and through close cooperation and coordination with ICRC, with a focus on neutrality and impartiality in the provision of assistance and support to the most vulnerable, this will continue as such. Further, IFRC Security Officer has planned a security assessment in the areas of implementation of the EA on July 2018, this will surely give a clear picture of the security situation in the region of Diffa, and will strengthen the IFRC security operations and structure



In addition to security concerns, recent outbreaks of Lassa fever as well as endemic diseases including cholera and Hepatitis E that are currently ongoing in the neighboring Nigeria, together with the porous border, concerns are heightened over the risks in the transmission of the diseases.

B. OPERATIONAL STRATEGY

Proposed strategy

Overall objective

The overall objective of the operation is to contribute to the epidemics prevention and strengthening the Health and Nutritional status of 43,113 people (6,159 households) in three districts of the Diffa region (Diffa centre, Maine Soroa and Goudoumaria), through awareness sessions, malnutrition screening and referral, community-based disease surveillance, wash activities and maternal and neonatal health.

This Emergency Appeal is not an isolated document disconnected from IFRC strategy. On the contrary, Niger team has ensured that the planned response is fully aligned with IFRC Africa strategy in terms of Disaster Response, and is also aligned with the Niger Operational Plan, and more precisely with the below outcomes (pages 6,7 and 8); outcome 4.1, 5.1 and 6.1.

Proposed strategy

This Emergency Plan of Action (EPoA) focused on two complementary axes of intervention: the first one is the direct delivery of services funded through the emergency appeal in the areas of Health: epidemic prevention, nutrition, maternal and neonatal health and water, sanitation and hygiene promotion. The second one aimed to build the National Society's management and operational capacity to deliver third party programming, capitalizing on its privileged position as a local organization present and respected throughout the country. This will be done through a reinforcement of staffing and volunteers management system, as well as through the development of a robust support services systems, complementary to the country operational plan.

The three districts of the Diffa region have been selected because they are affected by a serious security and humanitarian crisis and their populations are exposed to the emergence of epidemic diseases. This is due to several factors, including overcrowded conditions within the displaced populations, low levels of vaccination against meningitis and measles, limited access to services (health, sanitation, water and education) and inadequate hygiene practices amongst IDPs and refugee camps and its proximity with the neighboring Nigeria which is currently experiencing Cholera

and Lassa Fever Epidemic outbreak. These areas of intervention have also been selected as the ICRC is not operating in these locations. The ICRC is currently providing assistance in Bosso, Garin-Wanzam, Toumour and N'guigmi areas. In addition, the target areas all include refugees, internally displaced people and host populations. This will reinforce the impact of the Movement intervention in the Diffa region.

Recognizing the close relationship between health and WASH, the WASH component of the intervention will be a priority. As such, the operation will focus on ensuring that the affected population have access to safe drinking water, emergency sanitation facilities and are encouraged to have better hygiene practices.

This WASH package will be complemented by activities promoting good health as well as social mobilization at the community level. It will be 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. community-based surveillance systems (CBS) are set up and volunteers trained in CBS and Epidemic Control for Volunteers (ECV) manual to prevent and respond to epidemics. This will be a good platform for sharing of real-time information to enhance prompt action and response. A good referral system will be set up to facilitate communication with the appropriate health facilities.

In the delivery of its own, and third-party programming, special consideration will be given by the NRCS to children, pregnant women, and vulnerable individuals such as the ill and elderly, female-and child-headed households etc.

Health

In response to the ongoing Hepatitis E epidemic outbreak in the Diffa region of Niger, The IFRC supported NRCS with a DREF allocation of CHF 249,183. The DREF operation ended on September 2017 however the epidemic is still ongoing. Therefore, the proposed operation focused on the continuity of Hepatitis E epidemic response as well as contributing to the prevention of other potential epidemics. Proposed activities included the training volunteers in epidemic control, first aid and malnutrition screening, development and distribution of information, education and communication materials, as well as the repositioning of a limited number of cholera response kits for families which include soap, aquatabs for water purification, buckets and jerry cans.

Linked to nutrition as well as maternal and neo-natal health, the proposed actions aim to complement those indicated in the region-wide 2018 Humanitarian Response Plan and include actions such as community-based malnutrition screening for children under 5 and pregnant and lactating women, referrals and awareness raising through trained volunteers.

Water, sanitation and hygiene promotion

The WASH components of this appeal aimed to train volunteers and staff of the Diffa branch on assessment techniques, hygiene promotion and water treatment techniques, and support the provision additional boreholes, latrines and handwashing facilities as well as trash cans for solid waste collection. Information, education and communication (IEC) materials will also be developed, printed and distributed, to be accompanied by safe water, health and hygiene messaging. Non-food items including soap, buckets, jerry cans and sanitary towels, among others, will also be distributed

Protection, Gender and Inclusion


NRCS ensures that the emergency operation reaches all people without discrimination by considering people's different needs depending on their gender, age, physical ability, language etc. While this inclusive approach is embedded into each sector, the Niger Red Cross Society will focus on the training of volunteers on the minimum standard commitment and data disaggregation. The NRCS will also ensure that sexual and gender-based violence are prevented or mitigated. Further, the NS will make sure that the target communities understand issues related to discrimination, violence and exclusion. This will be carry out through awareness sessions.

Community Engagement and Accountability (CEA)

During this operation, target communities will be considered equal partners and experts, as they are most knowledgeable about their situation. Community management committees, representing a cross-section of the local population, will be set up and/or strengthened to support with programme activities such as targeting, implementation, monitoring and local coordination. This will give the communities full ownership of the programs. The roles and responsibilities of these committees will be formalized. While implementing the operation plan, communities will be consulted and involved. A competence transfer plan and exit strategy will be used to enable community empowerment and to prepare them for the recovery phase. IFRC and NRCS will also carry out a participatory mid-term evaluation to assess the quality of the operation. The analysis will focus on nutrition water hygiene and health. The recommendations of the evaluation will allow us to better guide our actions for greater efficiency, effectiveness and accountability.

C. DETAILED OPERATIONAL PLAN

Kindly note that the DREF loan covers the training of volunteers and two months activities focussing on community-based awareness sessions, and malnutrition screening and reference.

	<p>Health People reached: 7,528 Male: 3,688 Female: 3,840</p>	
Outcome 1: The immediate risks to the health of affected populations are reduced		
Indicators:	Target	Actual
# of volunteers trained by NRCS in epidemic control target: 105 volunteers including 90 vol. and 15 supervisors	105	105
# of people reached by NRCS with services to reduce relevant health risk factors Target: 43,113 people	43,113	0
Output 1.1: Strengthened NS capacity to assess the immediate health risks and implement community-based disease prevention and health promotion		
Indicators:	Target	Actual
1.1.1. # of volunteers trained on communicable disease surveillance and the use of epidemic control for volunteers' toolkit in coordination with MoH and District Health Offices	105	105
1.1.2. # of community leaders trained on communicable disease surveillance in coordination with MoH and District Health Offices	60	60
1.1.3. # of IEC materials for the social mobilization in coordination with the MoH/WHO/UNICEF specific to a particular pathology. produced	Image boxes: 30 Posters: 5,000 Leaflets: 10,000	Image boxes: 0 Posters: 4,200 Leaflets: 12,000
1.1.4. # of ECV and CBHFA document/manuals for the training of volunteers produced	220	120
1.1.5. # of posters produced for hand washing materials	5,000	A4 format: 2,600, A3 format: 1,500
Output 1.3: Community-based disease for epidemic prevention and health promotion is provided to the target population		
Indicators:	Target	Actual
1.3.1. # of people reached with awareness sessions on the knowledge of the diseases, the symptoms, the mode of contamination and the prevention measures using IEC materials	43,113	7,528
1.3.1.2. # of awareness sessions carried out, on the knowledge of the diseases, the symptoms, the mode of contamination and the prevention measures using IEC materials	132	12
1.3.2. # of community-based disease surveillance team put in place in the district at risk	18	18
1.3.3. # of suspect cases identified and the referred to the nearest Health centres for confirmation and care	500	0
1.3.4. # of CAP survey carried out	2	0
1.3.5. # of soap purchased for the demonstration of hand washing techniques	300	100
1.3.6 # of hand washing equipment (kettles) purchased and installed in public places such as schools, mosques and churches	45	0
1.3.7. # of people reached by the demonstration of hand washing technique with the use of soap	43,113	7,528
1.3.8. # of soap distributed to the target beneficiaries (see WASH section)	43,113	0

1.3.9. # of hygiene kits distributed to the target beneficiaries (see WASH section)	6,159	0
1.3.10. # of Mosquito bed-nets purchased and transported	12,318	0
1.3.11. # of households reach by the mosquito bed-nets distribution	6,159	0
1.3.12. # of Cholera family kits purchased and prepositioned in health centres including: (pieces of 200 grams soap (7/family), PUR/aquatab for water purification (120 sachets), 2 pieces of tissue for water filtration (50 cm x 50 cm), leaflets on the management of cholera (1 copy), leaflet on the use of PUR and aquatab (1 copy), 25-litres Jerrycan for water transportation (1piece), 20 litres bucket for water storage (1 piece)	300	0
1.3.13. # of calcium hypochlorite (HTH) tins purchased (tin of 45 kgs)	6	0
1.3.14. # of volunteer protection material purchased	105	0
1.3.15. # of body bags purchased and prepositioned in Diffa	100	0
1,3.16. # of monitoring visit carried out the epidemic prevention activities	66	12
Output 1.6: Severe Acute Malnutrition is addressed in the target population.		
Indicators:	Target	Actual
1.6.1. # of volunteers and supervisors trained on malnutrition screening, detection of cases and referral and counter referral to and from the nutrition centre	105	105
1.6.2. # of children under 5 reached with community-based routine malnutrition screening	4,000	0
1.6.3. # of pregnant and lactating women reached with community-based routine malnutrition screening	2,000	0
1.6.4. # of severely malnourished children identified, referred and followed-up to the nutritional centres	3,00	0
1.6.5. # of people reached by the awareness session to children care-takers on key health / nutrition practices	7,000	2,015
1.6.6. # of people reached by the awareness sessions on the promotion of exclusive breastfeeding and adequate complementary feeding	20,159	0
1.6.7. # of lactating women trained on malnutrition screening	6,159	0
1.6.8. # of people reached by the management of early screening carried out by lactating women (PBM approach)	2,000	0
1.6.9. # of community discussions sessions carried out on the effect of malnutrition and the prevention measures	60	8
1.6.10. # of people reached by the community discussions sessions carried out on the effect of malnutrition and the prevention measures	5,000	840
1.6.11. # of children identified and followed for defaulters (malnourished children that stopped the treatment before the end of the care period)	50	0
1.6.12. # of nutrition centres supported with data collection tools and small equipment	10	0
1.6.13. # of waiting and culinary demonstration site rehabilitated at the Nutrition centres	5	0
Output 1.8: Output 1.8: Minimum initial maternal and neonatal health services provided to target population.		
Indicators:	Target	Actual
1.8.1. # of volunteers trained on essential family practices	90	90
1.8.2. # of supervisors trained on essential family practices	15	15
1.8.3. # of IEC material produced to support the awareness sessions activities	5,000 leaflets; 5,000 posters	0
1.8.4. # of awareness session on essential family practices carried out	132	12
1.8.5. # of people reached by the awareness sessions on essential family practices carried out	15,430	1,750,
1.8.6. # of family planning kits provided to the Health Centres	200	0
1.8.7. # of community-based awareness sessions on family planning carried out	132	12
1.8.8. # of post-delivery kits purchased and prepositioned at the Health centres of the area of intervention. The kit includes: a baby bath basin, a 20-	500	0

litres bucket, two towels (50cmx 30cm), 5 pieces of soaps, a mosquito bed-nets)		
1.8.9. # of post-delivery kits distributed to women that have completed the prenatal consultations and have successfully delivered in the health centre at the rural areas.	500	0
Progress towards outcomes		
<p>1.1.1. At least 105 RC volunteers including 90 volunteers and 15 supervisors have been trained on epidemic control for volunteers' manual, essential family practices and Nutrition. The volunteers training took place in Diffa, Maine Soroa and Goudoumria. The training was facilitated by the epidemiologists and Nutrition focal points of the target health districts (MoH) and the NRCS health Coordinator. The volunteers were selected in the villages where activities are going to be implemented.</p> <p>1.1.2. At least 60 community leaders have been briefed on epidemic control for volunteers and they are facilitating volunteers access within the community</p> <p>1.1.3. At least 4,200 posters and 12,000 leaflets have been produced to be used by volunteers during awareness sessions. These includes: 2,750 leaflets for cholera, 2,750 leaflets for hepatitis E, 2,750 leaflets for meningitis and 3,750 leaflets for malaria.</p> <p>1.1.4. At least 120 booklets on the Epidemic Control for Volunteers (ECV) have been produced for the training of volunteers</p> <p>1.1.5. At least 4,100 posters for hand washing techniques have been produced including 2,600 posters of A4 format laminated and 1,500 posters of A3 format.</p> <p>1.1.6.</p> <p>1.3.1. At least 7,528 people were reached with awareness sessions on the knowledge of the diseases, the symptoms, the mode of contamination and the prevention measures using IEC materials</p> <p>1.3.1.2. At least 12 awareness sessions were carried out, on the knowledge of the diseases, the symptoms, the mode of contamination and the prevention measures using IEC materials. 4 sessions per target are;</p> <p>1.3.2. At least 18 community-based disease surveillance teams are put in place in the district at risk (3 in Diffa, 3 in Maine Soroa and 3 in Goudoumaria)</p> <p>1.3.3. The community-based disease surveillance teams are carrying out their activities, but no suspect case have been reported yet;</p> <p>1.3.4. CAP survey not yet carried out;</p> <p>1.3.5. At least 100 pieces of soap have been purchased for hand washing demonstration;</p> <p>1.3.6. The hand washing equipment will be purchased and installed after the construction of public latrines</p> <p>1.3.7. At least 7,528 people reached by the demonstration of hand washing technique with the use of soap. This is a cumulative for the three target areas;</p> <p>1.3.8. The soap dedicated for distribution to beneficiaries have not yet been purchased;</p> <p>1.3.9. The hygiene kit dedicated for distribution to beneficiaries have not yet been purchased;</p> <p>1.3.10. The Mosquito bed-nets have not yet been purchased, the process is ongoing</p> <p>1.3.11. No mosquito bed-nets have been distributed so far;</p> <p>1.3.12. No cholera kits are purchased so far;</p> <p>1.3.13. No calcium hypochlorite (HTH) tins purchased so far;</p> <p>1.3.14. No volunteers protection material purchased;</p> <p>1.3.15. No body bags have been purchased so far;</p> <p>1.3.16. At least 12 monitoring visits have been carried out including 4 in Diffa, 4 in Maine and 4 in Goudoumaria</p> <p>1.6.1. At least 105 volunteers were trained on malnutrition screening, detection of cases and referral and counter referral to and from the nutrition centre</p> <p>1.6.3. Activity ongoing</p> <p>1.6.2. Activity is ongoing</p>		

1.6.4. Activity ongoing

1.6.5. At least 2,015 of people reached by the awareness sessions to children care-takers on key health / nutrition practices

1.6.6. Activity ongoing

1.6.7. Activity ongoing

1.6.8. Activity ongoing

1.6.9. At least 8 community discussions sessions were carried out on the effect of malnutrition and the prevention measures, (three (3) in Diffa, 3in Maine Soroa and 2 in Goudoumaria

1.6.10. At least 840 people are reached by the community discussions sessions carried out on the effect of malnutrition and the prevention measures this includes 298 in Diffa, 317 in Maine Soroa and 225 in Goudoumaria

1.6.11. Activity ongoing

1.6.12. Activity ongoing:

1.6.13. Activity ongoing

1.8.1. At least 90 volunteers were trained on essential family practices

1.8.2 At least 15 supervisors were trained on essential family practices

1.8.3. Activity ongoing

1.8.4. At least 12 of awareness sessions are carried out on essential family practices carried out (4vsessions in each of the target area)

1.8.5. At least 1,750 people were reached by the awareness sessions on essential family practices

1.8.6. Activity ongoing

1.8.7. At least 12 community-based awareness sessions on family planning are carried out in the three target areas

1.8.8. Activity ongoing;

1.8.9. Activity ongoing.



Water, sanitation and hygiene

People reached:

Male:

Female:

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

Indicators:	Target	Actual
% of target population with access to an improved water source. Target: 50% Currently:36%	50%.	0
% of constructed sanitation facilities maintained by target population. Target: 30%. Currently 5% in rural areas	30%	0


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

Indicators:	Target	Actual
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1.1.1. # of trained volunteers carrying out water, sanitation and hygiene assessments, hand washing techniques and hygiene promotion	105	90 volunteers and 15 supervisors
1.1.2. # of initial assessment on water, sanitation and hygiene situation in the target districts carried out	3	0
1.1.3. # of monitoring sessions on water, sanitation and hygiene situation in targeted areas	66	3
1.1.4. # of coordination meetings carried out with other WASH actors on target group needs and appropriate response	12	5
1.1.5. # of WASH Cluster meetings attended at the regional and the national level	Regional level: 12 National level: 12	Regional level: 2 National level: 3
1.1.6. # of water management committee at each water points put in place	12	0
Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population		
Indicators:	Target	Actual
1.2.1. # of households water treatment product sufficient for 43,113 people to be used for three months purchased	1,724,520	0
1.2.2. # of household water treatment products (aquatabs) distributed	1,724,520	0
1.2.3. # of people reached by the distribution of household water treatment	43,113	0
1.2.4. # of monitoring sessions on the use of water through household surveys and household water quality tests carried out	12	0
1.2.5. # of people trained on safe water storage, and safe use of water treatment products	43,113	0
1.2.6. # of monitoring sessions on treatment and storage of water through household surveys and household water quality tests. carried out	12	0
1.2.7. # of boreholes constructed to improve access of clean water to 6,000 people	12	0
Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population		
Indicators:	Target	Actual
1.3.1. # of consultation for the selection of the design of public latrines to be constructed	25	5
1.3.2. # of blocks of three latrines constructed	15	0
# of health centres and schools that benefited from the public latrines	3 health centre 4 schools	0
1.3.3. # of constructed block of latrines equipped with handwashing facilities, anal cleansing material or water and ensure they remain functional.	15	0
1.3.4. # of trash cans for solid waste collection purchased and distributed (3 in each of the target school and Health Centre)	21	0
1.3.5. # of long-lasting impregnated mosquito bed-nets for Malaria prevention purchased	12,318	0
1.3.6. # of long-lasting impregnated mosquito bed-nets distributed to the 6,159 households for Malaria prevention	12,318	0
1.3.7. # of household reached by the distribution of long-lasting impregnated mosquito bed-nets distribution for Malaria prevention	6,159	0
1.3.8. # of monitoring sessions carried out on sanitation activities	12	0
Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population		
Indicators:	Target	Actual
1.4.1. # of volunteers trained on hygiene promotion techniques using leaflets, posters and image boxes	105	105
1.4.2. # Number of people reached through hygiene promotion through posters to support the volunteers activities	5,000	0

1.4.3. # Number of peoples reached by volunteers through leaflets with messages on hygiene promotion	10,000	0
1.4.4. # of images boxes with messages on hygiene promotion to support the volunteer's activities produced	25	0
1.4.5. # of community-based awareness session on hygiene promotion carried out	132	0
1.4.6. # of people reached with community-based awareness sessions on hygiene promotion	43,113	00
Output 1.5: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population		
Indicators:	Target	Actual
1.5.1. % of people in needs for hygiene NFIs, including soap, water storage, and menstrual hygiene for the community based on health risks and user preference in targeted communities in coordination with the WASH group or Cluster.	0	0
1.5.2. # of sanitary pads to be used for three months (for 6,159 identified women) purchased	18,477	0
1.5.3. # of pieces of 250grs soaps to be distributed during the hygiene promotion to the 6,159 households purchased	43,113	0
1.5.4. # of bucket with lid for water storage purchased	6,159	0
1.5.5. # of jerrycan for water transportation purchased	6,159	0
1.5.6. # of hygiene kits sufficient for three month(s) to 6,159 hh purchased	18,477	0
1.5.7. # of bucket and jerrycans distributed	6,159	0
1.5.8. # of people reached by the distribution of bucket and jerrycans	6,159	0
1.5.9. # of people of targeted communities trained on the use of distributed hygiene kits.	6,159	0
1.5.10. # of people in need of additional distribution	0	0
1.5.11. # of household survey carried out on the use of hygiene kits and water treatment products and user's satisfaction through household surveys and household water quality tests	2	0
Progress towards outcomes		
<p>1.1.1. At least 105 volunteers are trained on carrying out water, sanitation and hygiene assessments, hand washing techniques and community-based hygiene promotion; this includes 90 volunteers and 15 supervisors</p> <p>1.1.2. No initial assessment on water, sanitation and hygiene situation in the target districts has been carried out so far;</p> <p>1.1.3. At least 3 monitoring missions were carried out in the area of intervention to identify the places to construct wash and latrines facilities and determine the models of latrine that is suitable for beneficiaries.</p> <p>1.1.4. At least 5 coordination meetings were carried out with other WASH actors including WASH cluster meetings and bilateral meetings with WASH actors (UNICEF, Luxembourg Red Cross, ICRC, ACF, ACTED, Save the Children etc....)</p> <p>1.1.5. The IFRC and Niger Red Cross team attended 5 WASH cluster meetings at regional and national level. (Three meetings at the national level and two at the regional level).</p> <p>1.1.6. There is no water management committee put in place so far.</p> <p>The Niger Red Cross Society is just starting the implementation of EA activities in the region of Diffa. The main field activities carried out so far is the training of volunteers, attendance to cluster meetings and visit of the area of intervention in order to identify the place for the construction of water and latrines facilities.</p>		
<p>1.2.1. Activity not started;</p> <p>1.2.2. Activity not started;</p> <p>1.2.3 Activity not started;</p> <p>1.2.4. Activity not started;</p> <p>1.2.5. Activity not started;</p> <p>1.2.6. Activity not started;</p> <p>1.2.7. Activity not started</p>		
<p>1.3.1. At least 5 meetings have been carried out with the WASH actors, the beneficiaries, the RC branch committees and the health centres to determine the area of intervention, the place of Water and sanitation facilities and the design of infrastructure to construct.</p> <p>1.3.2. Activity not started;</p> <p>1.3.3. Activity not started;</p>		

1.3.4. Activity not started; 1.3.5 Activity not started; 1.3.6. Activity not started; 1.3.7 Activity not started.
1.4.1. At least 105 volunteers are trained on hygiene promotion techniques using leaflets, posters and image boxes 1.4.2. Activity not started; 1.4.3. Activity not started; 1.4.4. Activity not started, 1.4.5. Activity not started; 1.4.6. Activity not stated.
1.5.1. Activity not started; 1.5.2. Activity not started 1.5.3. Activity not started; 1.5.4. Activity not started; 1.5.5. Activity not started

 <p>Protection, Gender and Inclusion People reached: Male: Female:</p>		
Outcome 1: Communities identify the needs of the most vulnerable and particularly disadvantaged and marginalised groups, as a result of inequality, discrimination and other non-respect of their human rights and address their distinct needs		
Indicators:	Target	Actual
% of community members that understands and respect the protection, gender and inclusion of disadvantage and marginalized groups in all the activities implemented. Target 80%	80%	0
# of volunteers trained on the respect of gender and others diversity factors and the minimum Standard commitment. Target: 105 volunteers including (90 vol. and 15 supervisors)	105	105
Output 1.1: NS programmes improve equitable access to basic services, considering different needs based on gender and other diversity factors.		
Indicators:	Target	Actual
1.1.1. # of volunteers trained on the respect of gender and other diversity factors and the minimum Standard commitment	105	0
1.1.2. # of assessment of specific needs of the affected population based on criteria selected from the minimum standard commitments on gender and diversity carried out	12	0
1.1.3. # of measures to address vulnerabilities specific to gender and diversity factors (including people with disabilities) identified and implemented	12	0
Output 1.2: Emergency response operations prevent and respond to sexual- and gender-based violence and all forms of violence against children.		
Indicators:	Target	Actual
1.2.1. # of minimum Standard Commitments used as a guide to support sectoral teams to include measures to mitigate the risk of SGBV	12	0
1.2.2. # Standard Operating Procedures (SOPs) for Protection/SGBV including mapping of referral pathway (in line with the forthcoming SOP template in the revised Minimum Standard Commitments) developed	01	0
1.2.3. % of keys messages on preventing and responding to SGBV in all community outreach activities produced and implemented	12	0
1.2.4. # of people (IFRC, NS staff and volunteers) trained on addressing SGBV (or integrate a session on addressing SGBV in standard/sectorial trainings)	150	0
1.2.5. # of people (IFRC, NS staff and volunteers) who signed the Code of Conduct and have received a briefing in this regard	105	105
1.2.6. # of child protection concerns identified and documented	12	0

1.2.7. # of children reached with psychosocial activities	500	0
1.2.8. # of child-friendly spaces established and community-based child protection activities, including educational ones carried out	6	0
Progress towards outcomes		
IFRC is working on an MoU with UNWOMEN to provide the training and capacity building on all the components on Gender/ protection components planned in the program. The discussion started in April 2018, and the MoU is currently under discussion, with a first draft released by end of June 2018.		

Strengthen National Society		
Strategy for implementation Outcome S 1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform		
Indicators:	Target	Actual
# of volunteers involved in this operation with respect to their legal, ethical and financial foundation. Target: 105 volunteers	105	105
# of volunteers motivated and protected during the implementation of the programme. Target:105 volunteers	105	105
Output S1.1.4: National Societies have effective and motivated volunteers who are protected		
Indicators:	Target	Actual
# of volunteers insured	105	105
# of volunteers who have received briefings on volunteers' roles and the risks they face	105	105
# of volunteers who have received psychosocial support to volunteers	105	63
# of volunteers who are aware of their rights and responsibilities	105	105
# of volunteers briefed on their safety and wellbeing	105	85
# of properly trained volunteers	105	105
# of volunteers engaged in decision-making processes of respective projects they implement	105	105
Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved		
Indicators:	Target	Actual
# of NRCS staff and volunteers trained on the principles and rules for humanitarian Assistance	114	114
Output S2.1.4: Supply chain and fleet services meet recognized quality and accountability standards		
Indicators:	Target	Actual
# of NS staff trained on warehousing management	11	11
Output S2.1.5: Integrated services are provided to the NS working internationally		
Indicators:	Target	Actual
# of IFRC support provided to the NRCS in terms of integrated services. (NFIs and international purchased items will transit by the Dakar (Senegal) before reaching to Niger. This requires the involvement of the IFRC colleagues at the Sahel cluster	8	3
Strategy for implementation Outcome S 2.2: The complementarity and strengths of the Movement are enhanced		
Indicators:	Target	Actual
# of meeting held with Movement partners	12	4
# of Movement partners involved in the same operation	12	5
Output S2.2.1: In the context of large scale emergencies the IFRC, ICRC and NS enhance their operational reach and effectiveness through new means of coordination.		
Indicators:	Target	Actual
# of SMCC and Movement coordination meeting held with Movement partners	12	4

# of the IFRC and NS staff members attending to the Movement Coordination meetings at all level (National and field level)	16	16
Strategy for implementation Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.		
Indicators:	Target	Actual
# of volunteers wearing bibs and jacket during the implementation of activities	200	200
# of Media publication informing on the EA activities	12	2
Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues.		
Indicators:	Target	Actual
# of the well documented situation regarding the complex emergency and the work of the National Society and shared with media channels to profile the Red Cross and Red Crescent appropriately;	12	2
Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.		
Indicators:	Target	Actual
# of rapid assessment carried out during the time frame of the EA	3	1
Output S4.1.4: Staff security is prioritised in all IFRC activities		
Indicators:	Target	Actual
# of people using IFRC Security briefing during the timeframe of the EA	120	105
# of Movement coordination meetings held regarding the security issues	12	5
Progress towards outcomes		
<p>Since the approval of this EA, the IFRC Niger country office has carried out the following activities:</p> <ul style="list-style-type: none"> - Insurance of 105 Niger Red Cross volunteers to be involved in the operation through IFRC insurance unit system. - Coordination meetings with the NS, UN agencies (UNDP, UNICEF, WHO, UNFPA, OCHA) and other NGOs (DRC, ACTED, IRC, ACH, Oxfam, etc..) that are present in the same areas of intervention. - Coordination meetings were also held with the local authorities to inform on the RC activities in relation to the implementation of the EA and its area of intervention. The IFRC and NRCS staff visited the Governor of Diffa region, the Prefets of Diffa, Maine Soroa and Goudoumaria, the Mayors of the three targeted department and the Health District Officers of these areas. - Coordination with ICRC: A Movement Coordination Agreement (MCA) was prepared and approved by IFRC senior management and is expected to be signed with the ICRC by mid-August, therefore replacing the previous MCA signed in 2015. - Coordination meetings with PNS: regular meetings are being held with Luxembourg Red Cross and ICRC on the implementation of activities to see where application, the synergies that will enhance the RC Movement presence in the region. - Recruitment of the national staffs at all level has been carried out, this concerned the IFRC WASH coordinator; Logistic and IT Assistant, as well as the Finance and Administration Assistant. Further, others IFRC national staff specially the IT Assistant, the Logistic Assistant and a Finance and Administration Assistant who were working as volunteers have signed contracts. - Preparation of the Logistic Component to address the EA activities; - The Niger Red Cross Society on its own has mobilized approximately 105 volunteers comprising 90 volunteers and 15 supervisors to carry out activities alongside the humanitarian actors within and outside the Movement. The volunteers were selected within the communities targeted for the implementation of this EA. - Training of volunteers: The selected volunteers were trained on the Epidemic Control for Volunteers (ECV) manual and Nutrition. The volunteers' training took place in the three targeted departments including Diffa, Maine Soroa and Goudoumaria respectively on 24 to 25 June 2018 for Maine Soroa, 26 and 27 June for Goudoumaria and 28 to 29 June 2018 for Diffa centre. The volunteers training was facilitated by the epidemiologist and the Nutrition focal points of the health Districts alongside the Health Coordinator of the NS. - Identification of the area of intervention: The areas of intervention have been identified by both the Health Districts (MoH); the branch committees of the Red Cross and the Humanitarian Organizations present in the same area of intervention; these areas are targeted because of their vulnerability to epidemic diseases and malnutrition. 		

D. BUDGET

Reference documents



Click here for:

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

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How we work

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

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



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



**Enable healthy
and safe** living.



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