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# Emergency Plan of Action Operation Update

## Niger: Complex Emergency Appeal

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency appeal: n° MDRNE021</b>	<b>GLIDE n° OT- 2014-000126 - NER</b>
<b>EPoA update n° 1; date of issue: 31 October 2018</b>	<b>Timeframe covered by this update: 6 months</b>
<b>Operation start date: 13 April 2018</b>	<b>Operation timeframe: 12 months and end date: 13 April 2019</b>
<b>Overall operation budget: CHF 1,680, 731</b>	<b>If Emergency Appeal operation, DREF amount initially allocated: CHF 168,073</b>
<b>Operations manager: Pierre DANLADI</b> , Operations and Programmes Coordinator, overall responsible for planning, implementation, monitoring, reporting and compliances	<b>National Society contact: ISSA MAMANE</b> , Executive Secretary, Niger Red Cross Society (NRCS)
<b>N° of people being assisted: 43,113 people</b>	
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation: ICRC, Luxembourg Red Cross, and Niger Red Cross Society and IFRC</b>	
<b>Other partner organizations actively involved in the operation: UNICEF, WFP, WHO, OXFAM, UNFPA, Save the Children, ONG KARKARA, Care International, Search for Common ground, and UNHCR</b>	

This operational update seek to inform on the progress of the implementation of the Niger Complex Emergency Appeal activities. The planned activities are continuing as planned. The modification of the EPoA arose in the section of Water hygiene and sanitation. Initially is was planned to construct 12 water points (boreholes). However following the advice of the donor, we integrated the constructed of one solar pump out the 12 water points.

## A. SITUATION ANALYSIS

### Description of the disaster

Since 2015, the Region of Diffa in Niger has been experiencing attacks by armed groups, disrupting basic social services such as health and education limiting agro-pastoral livelihoods and prompting population displacement. According to the UNHCR and the regional authorities, as of 30 June 2018, approximately 205,592 people, including 104,288 internally displaced people, 118,868 refugees, 25,731 returnees and 1,705 Asylum seekers are still displaced in the Diffa Region due to violence related to the lake Chad Basin crisis. To date, approximately 408,000 people requires urgent food assistance and more than 100,000 people are in need of nutrition assistance in Diffa. Overall, 419,000 people require humanitarian assistance in Diffa as a result of the armed groups-related insecurity (*USAID, Lake Chad Basin – Emergency Fact sheet n°20 of September 4, 2018*).

Further to recurrent malnutrition and food insecurity, Niger faces challenges related to epidemics and floods. From 1<sup>st</sup> January to 27 August 2018, flooding in Niger's Diffa region affected more than 10,892 people (1,572 households), damaging nearly 346 homes, and resulted in the loss of nearly 10,230 livestock. Additionnaly, relief organizations reported on increased number of contaminated wells in floods affected areas.

Population movement, fleeing violence by armed groups in neighbouring Nigeria exacerbated the context of humanitarian needs for urgent action. Humanitarian operation in view of responding to the enormous needs are always hampered by security incident in the region. Thus affecting the implementation of activities.

Security constraint is disrupting basic social services, hindering access and delivery of assistance. Livelihood activities have been curtailed by movement restrictions. In many areas, schools and Health Centres are closed, or staff have fled to save their life.



*Niger Red Cross volunteers carrying out awareness session on essential family practice in Diffa.*

According to the UNOCHA report of 10 September 2018, from January to August 2018, the security situation in the Diffa region was marked by an increase in abuses by armed groups and a decrease in civilian casualties related to these incidents, compared to the same period last year (2017). The period of January to August 2018 has recorded the highest number of incidents (47/94 or 50%). The communes of Gueskerou, Bosso, Maine Soroa and Chetimari are the most affected by the attacks of the armed groups of Lake Chad. On 4 June 2018, three (3) suicide bombers blew up their charges in the city of Diffa, killing 6 civilians. Three (3) military bases were also attacked by the elements of the armed groups respectively on 17 January, 23 January and 1<sup>st</sup> July in the localities of Toumour, Chétimari Wangou (Chetimari) and Bilabrin (N'guigmi). Another attack occurred on 29 April 2018 on a position of the Defence and Security Forces (FDS) at 50 kilometres from the city of Diffa between the villages of "Garin Wanzam" and "Ngagam" killing 3 soldiers and several army vehicles carried away. These and other criminal incidents (kidnapping with ransom demand, extortion and threats) are causing population movements between different sites and / or villages. The record of incidents between January and August 2018 indicates:

- 38 loss of life;
- 34 kidnappings;
- 03 attacks against health centers;
- 03 school attacks;

A total of 94 security incidents were recorded. [ner-diffa-les incidents de janvier a aout 2018.pdf](#)

The phenomenon of kidnappings of civilians against the payment of ransom has taken alarming proportions in recent weeks throughout the Diffa region. People armed with motorcycles burst into a house or around a village and kidnap their victims. Once the bandits are safe, the relatives of those captured are called by phone for the payment of the ransom. The latest case is that of an old lady and her daughter in the village of Gueskerou 35 kilometers from Diffa which occurred on 8 September 2018. The target was well chosen because the old lady is the mother of a member of the Niger parliament. The search to find the two abductees has not given anything yet, but a source close to the family said that the kidnappers demanded the payment of 20 million Naira, (equivalent to 34 million CFA francs XOF).

An ICRC medical staff abducted with her colleagues 6 months ago were killed on 17 September 2018. This other incident has caused the interruption of Movement partners activities for more than two weeks.

As a result of the violence, the Government of Niger declared a three-month state of emergency in the region of Diffa starting February 2015. The state of emergency is renewed every three months, the last renewal being on 18 September 2018. The state of emergency is expected to decrease the occurrence of violent attacks and consequently increase the public's feeling of safety. Further, the government banned the population of this region of carrying out livelihood activities including agriculture, fishery and also the use of motobike. Also, the Government instructed the closure of market places especially the markets of Kintchandi, Gagamari et Ngagam. Lack of access for animals grazing areas, especially around the lake Chad and the obstacles to transhumance are all aggravating factors. However, reports also indicate 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.

With regard to the food security situation on the region of Diffa, the result of June 2018, mobile Vulnerability Analysis and Mapping (mVAM) survey conducted by WFP indicates that a significant proportion of households in the Diffa region suffer from low food consumption requiring humanitarian assistance. The same goes for the population affected by poor pastoral conditions in the North of Diffa (N'gourti).

According to mVAM report, a quarter of the households in Diffa region do not have enough food to support themselves, nor money to buy food supplies. Households are forced to use survival strategies more frequently, especially in the Commune of Maine Soroa, N'Guigmi and Toumour. According to the Niger Ministry of Public Health, from January to 30 September 2018, the MoH has registered 17,139 people (14.26%) affected by moderate acute malnutrition with the Health district of Diffa being the most affected in the region (7,799 people) followed by Bosso (2,571 people), N'guigmi (2,378 people) and Maine Soroa (2,026 people). In the same period, the MoH has reported 9,861 people (8.20%) with severe acute malnutrition in the region. The Health district of Diffa remains the most affected with 4,449 people affected.

Regarding epidemics diseases in the region of Diffa, the MoH reported 40 affected cases of Meningitis since January 2018 in the region including 38 affected cases in the Health district of Diffa, one (1) in Maine Soroa and one (1) in N'gourti. No cholera case was reported in the Diffa region in 2018. As per hepatitis E virus is concerned, the last affected cases were reported in the region on 21 May 2018. These are the latest affected cases of the 2017 Hepatitis E epidemic outbreak in the region. No case has been reported since then. Thanks to the activities of the NRCS Volunteers which strongly contributed to the reduction of the spread of epidemic diseases in the region, knowing that.

## **Summary of current response**

### **Overview of Host National Society**

The NRCS together with IFRC is fully involved in the response of the security and humanitarian crisis in the Diffa region of Niger. Since the onset of this crisis, the NRCS has deployed approximately 200 volunteers and a regional emergency team comprising 25 members to provide assistance alongside the humanitarian actors within and outside the Movement. 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 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 MoH 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. In 2017 alone, four DREF operations were launched in Niger to respond to meningitis and Hepatitis E outbreaks as well as food security and floods in the country. The Hepatitis E outbreak operation was carried out in Diffa, with complementary support provided by ICRC.

### **Overview of Red Cross Red Crescent Movement in country**

This operation has been developed and is planned to be implemented in close collaboration and communication with the ICRC and partner national societies 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 office 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 side), French Red Cross, Iranian Red Cross, 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 and Nutrition, the Spanish Red Cross is supporting the NS in the implementation of Food Security and WASH activities in the Maradi region, the Luxembourg Red Cross supports the National Society in the shelter and CTP(Cash Transfer Programming) 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 is supporting the National Society 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 Disaster Management 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 guesthouses in Diffa and Maine-Soroa and Nguigmi, with a branch structure consisting of President and 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 NRCS, 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 MoH on a daily basis involving all the MoH's partners including the NRCS. The National Society 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.

Meanwhile, the partners of the Nutrition Technical Group as well as those of the Nutrition and Health Sector Working Group in Diffa have planned to support 82,569 people in 2018, 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**

The humanitarian crisis in the region of Diffa is worsening due to the persistence of the security crisis, the emergence of multiple crisis including agropastoral, increase in prices of commodities, hepatitis E epidemic, drought and floods. It remains marked by the superposition of both chronic and acute vulnerabilities. The increasing insecurity at the borders of Nigeria and a situation of protracted displacement of population in the Diffa region as a result of armed groups attacks occurred in a context of sustained poverty, inadequate basic social services and a declining demographic curve in constant progression. According to the UNOCHA, Some 408,367 people are in need of food assistance and 100,855 people are receiving nutritional assistance, with both sectors recording increased needs compared to the previous year. Needs analysis shows the persistence of five major crises: food insecurity, malnutrition, epidemics, floods and populations movement. Nutrition indicators have deteriorated sharply, with more than 1.7 million people in need, an increase of 250,000 over 2017. In addition, the Protection Cluster has expanded its activities throughout the country. it revealed needs three times larger than in 2017 when only the Diffa region was covered.

### **Operation Risk Assessment**

Security remains the main issue in the region, the IFRC Security Officer conducted a security assessment in the region as well as in the departments where activities are being implemented. Further she trained 35 volunteers involved in this operation. The safety and security of the Red Cross staff and volunteers remain a high priority. To date, Red Cross staff and volunteers 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, the IFRC, ICRC and the NS have just signed the Movement Coordination Agreement on 27 September 2018 focussing the security issues in the region.

In addition to security concerns, recent outbreaks of cholera reported in neighbouring Maradi region of Niger as well as neighbouring states of Nigeria. Together with the porous border, concerns are heightened over the risks in the transmission of the diseases. Thanks to the volunteers activities, the region is still free from cholera while all the conditions are favorable for the spread of colera in the Region of Diffa.

## **B. OPERATIONAL STRATEGY**

### **Proposed strategy**

#### **Overall Objective:**

The overall objective of the operation remain 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.


The proposed 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 in the areas of Health: epidemic prevention, nutrition, maternal and neonatal health and water, sanitation and hygiene promotion. The second one aims to build the National Society's management and operational capacity to deliver third party programming, capitalizing on its privileged position as a local organisation present and respected throughout the country. This is being done through the 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.

Activities implementation is continuing as planned with no change in the number of volunteers and the project timeframe. However, due to request of donors, the WATSAN activities will have a slide modification. Initially, the EPoA planned the construction of 12 water points especially boreholes, and following advise of donors and the funding limit, the EPoA is going to be modified in order to construct one solar pump and 6 boreholes for the time being. The more the Emergency Appeal operation is going to be funded, the more boreholes are going to be constructed.

## C. DETAILED OPERATIONAL PLAN

 <b>Health</b> <b>People reached: 11,104</b> Male: 4,396 Female: 6,709		
<b>Outcome 1: The immediate risks to the health of affected populations are reduced</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# 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 including: 21,088 Female and 22,025 males	43,113	11,104 including 6,709 females and 4,396 males
<b>Output 1.1: Strengthened NS capacity to assess the immediate health risks and implement community-based disease prevention and health promotion</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
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: 30 Posters: 12,000 including 2,750 for cholera, 2,750 for Hepatitis E: 2,750 for Meningitis and 3,750 for malaria.
1.1.4. # of ECV and CBHFA document/manuals for the training of volunteers produced	220	120
1.1.5. # of data collection tools	300	300
1.1.6. # of posters produced for hand washing materials	5,000	4,100
<b>Output 1.3: Community-based disease for epidemic prevention and health promotion is provided to the target population</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>

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	11,104 including 6,709 females and 4,396 males
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 referred to the nearest Health centres for confirmation and care	3,000	1,570 (Malaria)
1.3.4. # of CAP survey carried out	2	0
1.3.5. # of soap purchased for the demonstration of hand washing techniques	300	300
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	11,104
1.3.8. # of soap distributed to the target beneficiaries	43,113	0
1.3.9. # of hygiene kits distributed to the target beneficiaries (see WASH section)	6,159	0
1.3.10. # 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
1.3.11. # of monitoring visit carried out for the epidemic prevention activities	55	22

**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	10,000	5,302
1.6.3. # of pregnant and lactating women reached with community-based routine malnutrition screening	2,000	472
1.6.4. # of severely malnourished children identified, referred and followed-up to the nutritional centres	3,000	347
1.6.5. # of people reached by the awareness session to children care-takers on key health / nutrition practices	7,000	5,302
1.6.6. # of people reached by the awareness sessions on the promotion of exclusive breastfeeding and adequate complementary feeding	6,159	5,302
1.6.7. # of lactating women trained on malnutrition screening	500	472
1.6.8. # of people reached by the management of early screening carried out by lactating women (PBM approach)	6,159	72
1.6.9. # of community discussions sessions carried out on the effect of malnutrition and the prevention measures	40	18
1.6.10. # of people reached by the community discussions sessions carried out on the effect of malnutrition and the prevention measures	5,000	3,256
1.6.11. # of children identified and followed for defaulters (malnourished children that stopped the treatment before the end of the care period)	50	00
1.6.12. # of nutrition centres supported with data collection tools and small equipment	10	00
1.6.13. # of waiting and culinary demonstration site rehabilitated at the Nutrition centres	5	00

**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	00
1.8.4. # of data collection tools produced	300	00
1.8.5. # of awareness session on essential family practices carried out	44	18
1.8.6. # of people reached by the awareness sessions on essential family practices carried out	15,430	11,104
1.8.7. # of family planning kits provided to the Health Centres	200	00
1.8.8. # of community-based awareness session on family planning carried out	44	18
1.8.9. # 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-litres bucket, two towels (50cmx 30cm), 5 pieces of soaps, a mosquito bed-nets)	500	00
1.8.10. # 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	00

**Progress towards outcomes**

- 1.1.1. At least 105 RC volunteers including 90 volunteers and 15 supervisors have been trained on epidemic control for volunteers manual and essential practices on 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 being implemented.
- 1.1.2. At least 60 community leaders have been trained on the epidemic seasonal calendar in the region, the knowledge of the potential epidemic diseases in the region, their mode of contamination and the universal prevention measures.
- 1.1.3. Based on the high unit price of the production of leaflets and the importance of using posters in public places, the NRCS produced 30 image boxes and 12,000 posters: including 2,750 focussing on cholera messages, 2,750 on Hepatitis E messages : 2,750 on Meningitis messages and 3,750 for malaria messages. The produced IEC material are being used by volunteers during the awareness sessions.
- 1.1.4. At least 120 IFRC booklets on the Epidemic Control for Volunteers (ECV) manual have been produced for the training of volunteers and also these documents are being used as reference documents during the implementation of activities; The reduced number is due to the fact that the project is using 105 volunteers and the 15 extra documents have been shared to the Red Cross branches in Diffa, Maine Soroa and Goudoumaria
- 1.1.5. At least 300 data collection tools produced by the IFRC WASH/coordinator and the National Field Health Coordinator have been produced and they are currently being used by volunteers to report on their daily activities.
- 1.1.6. At least 4,100 posters on handwashing techniques are produced for the demonstration of the better way of washing hands with soap as well as the key moments to wash hands.

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

- 1.3.1 After the volunteers and community leaders training on epidemic, the volunteers have been deployed in the communities for community-based awareness sessions on the prevention of potential epidemic diseases that could occur. So far the volunteers have reached 11,104 people including 6,709 females and 4,396 males.
- 1.3.2. The trained volunteers have constituted community-based disease surveillance teams comprising trained volunteers, the community leaders and the head of women associations. A total of 18 community-based surveillance teams have been set up. This is to note that this activity is not new since last year while carrying out Hepatitis E DREF operations activities, the same volunteers have established disease surveillance teams, the NRCS has just re-activated the already existing teams to be functional.
- 1.3.3. At least 1,570 malaria victims were identified at community level and referred to the nearest health centres this includes: 452 in Diffa, 712 in Maine Soroa and 406 in Goudoumaria. The volunteers activity is ongoing.
- 1.3.4. The project team has not carried out CAP survey at the beginning of the project because It was not identified as a priority in the activities funded through the DREF loan.
- 1.3.5. At least 300 pieces of 250 grams soap have been purchased for the demonstration of hand washing techniques in the communities. This activity was combined with the door-to door approach of awareness sessions within the communities;
- 1.3.6. The purchase of hand washing equipment (kettle) to be installed in public places such as schools, Mosques and churches is not yet done. The hand washing equipment will be provided after the completion of the construction of public latrines.
- 1.3.7. At least 11,104 people were reached by the demonstration of handwashing techniques with soap in the communities;
- 1.3.8. The procurement process of pieces of 250 grams soap has been launched but the supplier is yet to deliver the items, therefore, soap has been distributed;
- 1.3.9. No hygiene kit has been distributed so far, the procurement process is underway.
- 1.3.10. No cholera kit has been prepositioned, the procurement is not yet to be done.
- 1.3.11. At least 22 monitoring visits were carried out for the epidemic prevention activities. The regional committee, the IFRC WASH coordinator and the NRCS Health field coordinator are visiting the implementation of activities on weekly basis. Further, the IFRC operation Coordinator visited the activities implementation three (3)times. Further more, the IFRC HoCO visited the implementation of action in the three target areas with the IFRC security Officer from Nairobi.

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

- 1.6.1. A total of 105 RC volunteers including 90 volunteers and 15 supervisors were trained on community-based malnutrition screening, detection of cases and referral and counter referral to and from the nutrition centre.
- 1.6.2. At least 5,302 children under 5 were reached with community-based routine malnutrition screening in the target area including 670 in Maine Soroa, 83 in Goudoumaria and 4,549 in Diffa. It is important to note that the activities started in the Diffa Health District before it was launched in Maine Soroa and Goudoumaria. This justifies why the number of screened children is high in Diffa.
- 1.6.3. At least 472 pregnant and lactating women are so far reached with community-based routine malnutrition screening including 261 in Maine Soroa, 61 in Goudoumaria and 290 in the Health District of Diffa.
- 1.6.4. At least 347 severely malnourished children were so far identified, referred and followed-up to the nutritional centres. This include: 49 in Maine Soroa, 8 in Goudoumaria and 290 in the Health district of Diffa.
- 1.6.5. At least 5,302 people are reached by the awareness sessions to children care-takers on key health / nutrition practices. This includes: 670 in Maine Soroa, 83 in Goudoumaria and 4,549 in Diffa Health District.
- 1.6.6. At least 5,302 people are reached by the awareness sessions on the promotion of exclusive breastfeeding and adequate complementary feeding. This includes: 670 in Maine Soroa, 83 in Goudoumaria and 4,549 in Diffa Health District.
- 1.6.7. So far 472 lactating women are trained on malnutrition screening.
- 1.6.8. Only 72 children are so far reached by the management of early screening carried out by lactating women (PBM approach).
- 1.6.9. At least 18 community discussions sessions are carried out on the effect of malnutrition and the prevention measures.
- 1.6.10. At least 3,256 people are reached by the community discussions sessions carried out on the effect of malnutrition and the prevention measures.
- 1.6.11. No cases of defaulters (malnourished children that stopped the treatment before the end of the care period) has been reported.

- 1.6.12. Activity not yet carried out  
1.6.13. Activity not yet carried out.

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

- 1.8.1. A total of 90 volunteers are trained on essential family practices;  
1.8.2. A total of 15 supervisors are trained on essential family practices;  
1.8.3. No IEC materials are so far been produced to support the awareness sessions activities on essential family practice;  
1.8.4. No data collection tools produced are so far;  
1.8.5. A total of 18 awareness session on essential family practices have been carried out reaching 11,104 people  
1.8.6. At least 11,104 people are reached by the awareness sessions on essential family practices carried out  
1.8.7. No family planning kits have been provided to the Health Centres so far.  
1.8.8. At least 18 community-based awareness session on family planning carried out within the target communities;  
1.8.9. No post-delivery kits has purchased for prepositioning at the Health centres of the area of intervention. A negotiation is ongoing with the UNFPA to provide the post-delivery kits and the Red Cross teams will distribute to the target Health Centres and follow up on the utilization.  
1.8.10. No post-delivery kits has been distributed to women that have completed the prenatal consultations and have successfully delivered in the health centre at the rural areas. Negotiation ongoing for an agreement with UNFPA.



**Water, sanitation and hygiene**

People reached: 60,000

Male:27,600

Female:32,400

**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%.	45%
% of constructed sanitation facilities maintained by target population. Target: 30%. Currently 5% in rural areas	30%	5%

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

Indicators:	Target	Actual
1.1.1. # of trained on carrying out water, sanitation and hygiene assessments	105	105
1.1.2. # of initial assessment on water, sanitation and hygiene situation in the target districts carried out	3	02
1.1.3. # of monitoring sessions on water, sanitation and hygiene situation in targeted areas (three time during the project timeframe)	3	02
1.1.4. # of coordination meetings carried out with other WASH actors on target group needs and appropriate response	12	09
1.1.5. # of WASH Cluster meetings attended at the regional and the national level	Regional level: 12 National level: 12	At regional level: 5 At national level: 5
1.1.6. # of water management committee at each water points put in place	12	00

**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	60,000
1.2.2. # of household water treatment products (aquatabs) distributed	1,724,520	60,000
1.2.3. # of people reached by the distribution of household water treatment	43,113	7,000

1.2.4. # of monitoring sessions on the use of water through household surveys and household water quality tests carried out	12	2
1.2.5. # of people trained on safe water storage, and safe use of water treatment products	43,113	11,104
1.2.6. # of monitoring sessions on treatment and storage of water through household surveys and household water quality tests. carried out	12	02
1.2.7. # of boreholes constructed to improve access of clean water to 6,000 people	12	00
<b>Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
1.3.1. # of consultation for the selection of the design of public latrines to be constructed	25	15
1.3.2. # of blocks of three latrines constructed	15	00
1.3.3. # of health centres and schools that benefited from the public latrines	3 health centres 4 schools	3 health centres 4 schools
1.3.4. # of constructed block of latrines equipped with handwashing facilities, anal cleansing material or water and ensure they remain functional.	15	00
1.3.5. # of trash cans for solid waste collection purchased and distributed (3 in each of the target school and Health Centre)	21	00
1.3.6. # of long-lasting impregnated mosquito bed-nets for Malaria prevention purchased	12,318	2,000
1.3.7. # of long-lasting impregnated mosquito bed-nets distributed to the 6,159 households for Malaria prevention	12,318	2,000
1.3.8. # of household reached by the distribution of long-lasting impregnated mosquito bed-nets distribution for Malaria prevention	6,159	1,000
1.3.9. # of monitoring sessions carried out on sanitation activities	12	02
<b>Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
1.4.1. # of volunteers trained on hygiene promotion techniques using leaflets, posters and image boxes	105	105
1.4.2. # of posters with messages on hygiene promotion to support the volunteer's activities produced	5,000	00
1.4.3. # of leaflets with messages on hygiene promotion to support the volunteer's activities produced	10,000	00
1.4.4. # of images boxes with messages on hygiene promotion to support the volunteer's activities produced	25	00
1.4.5. # of community-based awareness session on hygiene promotion carried out	44	18
1.4.6. # of people reached with community-based awareness sessions on hygiene promotion	43,113	11,104
<b>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</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
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.	43,113	7,000
1.5.2. # of sanitary pads to be used for three months (for 6,159 identified women) purchased	18,477	4,032 for 2,000 women
1.5.3. # of pieces of 250grs soaps to be distributed during the hygiene promotion to the 6,159 households purchased	43,113	7,000
1.5.4. # of bucket with lid for water storage purchased	6,159	1,000
1.5.5. # of jerrycan for water transportation purchased	6,159	1,000
1.5.6. # of hygiene kits sufficient for three month(s) to 6,159 hh purchased	18,477	00

1.5.7. # of buckets and jerrycans distributed	6,159	1,000
1.5.8. # of households reached by the distribution of bucket and jerrycans	6,159	1,000
1.5.9. # of people of targeted communities training on the use of distributed hygiene kits.	6,159	500
1.5.10. # of people in need of additional distribution	0	5,159
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	00

#### Progress towards outcomes

- 1.1.1. A total of 105 RC volunteers have been trained on WASH activities focusing on carrying out water, sanitation and hygiene assessments, hygiene promotion using posters, leaflets and image boxes, the use of households water treatment, water storage and water testing. This includes 90 volunteers and 15 supervisors. The training was conducted by the Diffa WASH Cluster Coordinator, the NS's WASH Coordinator and the IFRC WASH Coordinator.
- 1.1.2. At least two initial assessments on water, sanitation and hygiene situation in the target districts were carried out resulting on an average access to clean water (51% of target population), open air defecation (85%) and poor hygiene practice (70%) among the target population
- 1.1.3. At least 02 monitoring sessions on water, sanitation and hygiene situation in targeted areas have been carried out within the target area. This resulted in the identification of the design of latrine commonly used by this population as well as the identification of places for the construction of water facilities (sola pump and boreholes)
- 1.1.4. The IFRC and NRCS team are regularly attending to the coordination meetings with other actors. The Diffa WASH cluster meetings are held on monthly basis. So far the IFRC and NS teams attended 5 WASH cluster meetings at the regional level and 4 Movement WASH actors meetings. The Movement WASH actors meeting are held at the ICRC Office with ICRC WATAB staff, IFRC WASH Coordinator, National Society staff and Luxembourg Red Cross WASH staff. Therefore, a total of 9 meetings were held so far.
- 1.1.5. The IFRC and NRCS team are regularly attending to the coordination meetings with other actors at the National and regional level. The Diffa WASH Cluster meetings are held on monthly basis as well as the Niger national WASH cluster meetings. So far the IFRC and NS teams attended 5 WASH cluster meetings at the regional level and 5 WASH cluster meetings at the regional level. Therefore the teams have attended a total of 10 clusters meetings at both level.
- 1.1.6. No waster management committee is put in place at the water points. This will be done when the construction works will finished

#### **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**

- 1.2.1. At least 60,000 household water treatment product (aquatab) sufficient for 7,000 people to be used for two months have been purchased so far. The procurement will continue in order to cover the target population.
- 1.2.2. A total of 60,000 household water treatment products (aquatabs) have been distributed to 1,000 households (7,000 people) to be used for two months.
- 1.2.3. The households water treatment distribution reached 1,000 households (7,000 people). These aquatabs are to be used for two (2) months.
- 1.2.4. At least two (2) monitoring sessions on the use of water through household surveys and household water quality tests carried out. This survey reached 200 households.
- 1.2.5. At total of 11,104 people are trained on safe water storage, and safe use of water treatment products through the door-to-door visits.
- 1.2.6. At least two (2) monitoring sessions on the treatment and storage of water through household surveys and household water quality tests are carried out within the communities of the target population.
- 1.2.7. The process of construction of solar pump and boreholes have been launched. The tenders have been launched and a company has been selected for the construction of Solar Pump. The construction work has not yet started. The company is transporting the material to the target place. The company promises to deliver the work by the end of Decemcer 2018.

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

1.3.1. At least 15 consultations have been made for the selection of the design of latrines to be constructed. It appears that target population is used to blocks of two, three or four latrines, the women sections are separated from men sections. The communities have decided to select blocks of three latrines

1.3.2. No latrines have been constructed yet, the construction work is ongoing. The companies have been selected and the construction work is ongoing.

1.3.3. The latrines construction targets 3 Health Centres and 4 schools. As agreed with the target population, there will be two blocks of latrines for each school or Health centre to separate the women block and the men block.

1.3.4. No construction work has been started yet.

1.3.5. No trash cans for solid waste collection has been purchased and distributed

1.3.6. A total of 2,000 long-lasting impregnated mosquito bed-nets for Malaria prevention have been purchased and distributed to 1,000 most vulnerable households. The process is continuing with the second batch of 2,000 Mosquito nets that is being purchased.

1.3.7. The 2,000 long-lasting impregnated mosquito bed-nets are distributed to 1,000 most vulnerable households in the target area.

1.3.8. At least 1,000 most vulnerable households (7,000 people) have benefitted from the distribution of the 2,000 LLIM nets.

1.3.9. A total of two (2) monitoring sessions carried out on sanitation activities, the first was conducted with the aim of identifying the places to construct the sanitation facilities, the second monitoring sessions was to select the design of latrines commonly used by the target population.

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

1.4.1. A total of 105 volunteers are trained on hygiene promotion techniques using leaflets, posters and image boxes. This includes 90 volunteers and 15 supervisors;

1.4.2. No posters with messages on hygiene promotion to support the volunteer's activities have been produced so far, the NS is utilizing a stock of posters from a former project. At least 50 posters have been dispatched in the three target departments:

1.4.3. No leaflet produced with messages on hygiene promotion during the reporting period.

1.4.4. No image boxes are produced. However the NS is using 30 copies from its stock to support volunteers activities on the field.

1.4.5. A total of 18 community-based awareness sessions on hygiene promotion have been carried out so far and this allows to reach 11,104 people

1.4.6. A total of 11,104 people are reached with community-based awareness sessions on hygiene promotion. This includes 3,443 people in Maine Soroa, 2,797 in Goudoumaria and 4,864 in Diffa

**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**

1.5.1. At least 43,113 people are in need 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. However, due to the funding, the NRCS has selected 1,000 most vulnerable households to benefit from this at the first phase.

1.5.2. At least 4,032 sanitary pads to be used for three months (for 2,000 identified women) are purchased and distributed in the target area;

1.5.3. At least 7,000 pieces of 250 grams soap to be distributed during the hygiene promotion to the 1,000 households are purchased

1.5.4. A total of 1,000 bucket with lids have been purchased for the distribution to the most vulnerable households.

1.5.5. A total of 1,000 25-litres jerrycan for water transportation have been purchased

1.5.6. No hygiene kits have been purchased so far;

1.5.7. The total 1,000 buckets, 1,000 jerycans and 7,000 soaps were distributed to 1,000 most vulnerable household in the three target areas.

1.5.8. A total of 1,000 most vulnerable people in the three target areas have received the water and hygiene related items;

1.5.9. So far 500 people are targeted for communities training on the use of distributed hygiene kits.

1.5.10. Initially 6,159 people were targeted for the distribution of WASH related items, the distribution reached 1,000 households (7,000 people). Therefore 5,159 households are still in need of additional distribution

1.5.11. No household survey was carried out on the use of hygiene kits and user's satisfaction through household surveys.



**Protection, Gender and Inclusion**

**People reached: 114**

Male: 46

Female: 68

**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%	20%
# 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	00

**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	00
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	00
1.1.3. # of measures to address vulnerabilities specific to gender and diversity factors (including people with disabilities) identified and implemented	12	00

**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 to gender and diversity used as a guide to support sectoral teams to include measures to mitigate the risk of SGBV	12	00
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	00
1.2.3. # of messages on preventing and responding to SGBV in all community outreach activities produced and implemented		
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	00
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	00
1.2.6. # of child protection concerns identified and documented	12	00
1.2.7. # of children reached with psychosocial activities	500	00
1.2.8. # of child-friendly spaces established and community-based child protection activities, including educational ones carried out	6	00

Progress towards outcomes

1.1.1.	There was no proper training on the respect of gender and other diversity factors and the minimum Standard commitments to gender and diversity during the reporting period. However, 105 volunteers were briefed on the respect of gender and other diversity factors throughout the implementation of this project. Meanwhile, there is negotiation going on with UNFPA to carry out proper training on SGBV.
1.1.2.	No assessment of specific needs of the affected population based on criteria selected from the minimum standard commitments on gender and diversity was carried out.
1.1.3.	A total of 105 volunteers were briefed on measures to address vulnerabilities specific to gender and diversity factors (including people with disabilities) identified during the implementation of this project.
<b>Output 1.2: Emergency response operations prevent and respond to sexual- and gender-based violence and all forms of violence against children.</b>	
None of the activities of this output has been carried out so far.	

<b>Strengthen National Society</b>		
<b>Strategie 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</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# 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
<b>Output S1.1.4: National Societies have effective and motivated volunteers who are protected</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
1.1.4.1. # of volunteers insured	105	105
1.1.4.2. # of volunteers who have received briefings on volunteers' roles and the risks they face	105	105
1.1.4.3. # of volunteers who have received psychosocial support to volunteers	105	00
1.1.4.4. # of volunteers who are aware of their rights and responsibilities	105	105
1.1.4.5. # of volunteers briefed on their safety and wellbeing	105	105
1.1.4.6. # of properly trained volunteers	105	105
1.1.4.7. # of volunteers engaged in decision-making processes of respective projects they implement	105	105
<b>Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
2.1.3.1. # of NRCS staff and volunteers trained on the principles and rules for humanitarian Assistance	114	114
<b>Output S2.1.4: Supply chain and fleet services meet recognized quality and accountability standards</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
2.1.4.1. # of NS staff trained on warehousing management	11	11
<b>Output S2.1.5: Integrated services are provided to the NS working internationally</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
2.1.4.2. # 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	00
<b>Strategie for implementation Outcome S 2.2: The complementarity and strengths of the Movement are enhanced</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of meeting held with Movement partners	24	6
# of Movement partners involved in the same operation	4	4

<b>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.</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
2.2.1.1.# of SMCC and Movement coordination meeting held with Movement partners	12	06
2.2.1.2. # of IFRC and NS staff members attending to the Movement Coordination meetings at all level (National and field level)	16	16
<b>Strategie 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.</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of volunteers wearing bibs and jacket during the implementation of activities	200	200
# of Media publication informing on the EA activities	12	00
<b>Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues.</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
3.1.1.1.# 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	00
<b>Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
3.1.2.1. # of rapid assessment carried out during the time frame of the EA	3	2
<b>Output S4.1.4: Staff security is prioritised in all IFRC activities</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
4.1.4.1. # of people using IFRC Security briefing during the timeframe of the EA	120	115
4.1.4.2. # of Movement coordination meetings held regarding the security issues	12	6
<b>Progress towards outcomes</b>		
<p>1.1.4.1. A total of 105 volunteers involved in this operation are insured.</p> <p>1.1.4.2. All the 105 volunteers involved in this operation have received briefings on volunteers' roles and the risks they face;</p> <p>1.1.4.3. None of volunteers involved in this operation has received psychosocial support.</p> <p>1.1.4.4. All the 105 volunteers involved in this operation are aware of their rights and responsibilities. They are all brief on their rights and responsibilities</p> <p>1.1.4.5. All the 105 volunteers involved in this operation are briefed on their safety and wellbeing;</p> <p>1.1.4.6. All the 105 volunteers involved in this operation are properly trained before they start the implementation of activities.</p> <p>1.1.4.7. All the 105 volunteers involved in this operation are engaged in decision-making processes of respective projects they implement</p>		
2.1.3.1. At least 114 NRCS staff and volunteers are trained on the principles and rules for humanitarian Assistance		
2.1.4.1. A total of 11 NS staff are trained on warehousing management		
2.1.4.2. This operation has not yet requires international procurement. All the items are so far purchased locally.		
2.2.1.1. Movement coordination meetings are held on monthly bases. Since the beginning of this operation, 6 meetings have been held with the presence of the IFRC and the NS teams;		
2.2.1.2. At least 16 IFRC and National Society staff members are regularly attending the Movement Coordination meetings at all level (national and field level) this concerned especially 10 staffs at the national level and 6 at the regional level.		
3.1.1.1.The operation has just started some few months ago, there is no 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; This could be done after six months implementation.		
3.1.2.1. At least two rapid assessments were carried out on the WASH situation during the time frame of the EA		
4.1.4.1. At least 115 people including 105 volunteers and 10 staff are using IFRC Security briefing during the timeframe of the EA.		

At least 6 Movement coordination meetings regarding the security issues are held. The Movement security meetings are held on monthly basis in Diffa. However, during the Movement coordination meetings at the National level, security issues are also discussed.

## **D. BUDGET**

The implementation rate of the Niger Complex Emergency Appeal (MDRNE021) against the budget is 15.46%. However, the implementation rate against the funding is 48%.

## Reference documents



Click here for:

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

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

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## How we work

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

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



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



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



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

## Disaster Response Financial Report

## MDRNE021 - Niger - Complex Emergency

Timeframe: 13 Apr 18 to 13 Apr 19

Appeal Launch Date: 13 Apr 18

Interim Report

## Selected Parameters

Reporting Timeframe	2018/4-9	Programme	MDRNE021
Budget Timeframe	2018/4-2019/4	Budget	ORIGINAL
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
<b>A. Budget</b>			1,680,731			1,680,731	
<b>B. Opening Balance</b>							
<b>Income</b>							
<b>Cash contributions</b>							
<i>American Red Cross</i>			99,601			99,601	
<i>British Red Cross</i>			64,896			64,896	
<i>China Red Cross, Hong Kong branch</i>			25,470			25,470	
<i>Japanese Red Cross Society</i>			55,500			55,500	
<i>Norwegian Red Cross</i>			180,788			180,788	
<i>Red Cross of Monaco</i>			17,401			17,401	
<i>Swiss Red Cross</i>			100,000			100,000	
<b>C1. Cash contributions</b>			<b>543,656</b>			<b>543,656</b>	
<b>C. Total Income = SUM(C1..C4)</b>			<b>543,656</b>			<b>543,656</b>	
<b>D. Total Funding = B +C</b>			<b>543,656</b>			<b>543,656</b>	

\* 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>B. Opening Balance</b>							
<b>C. Income</b>			543,656			543,656	
<b>E. Expenditure</b>			-259,963			-259,963	
<b>F. Closing Balance = (B + C + E)</b>			283,692			283,692	

## Disaster Response Financial Report

## MDRNE021 - Niger - Complex Emergency

Timeframe: 13 Apr 18 to 13 Apr 19

Appeal Launch Date: 13 Apr 18

## Interim Report

Selected Parameters			
Reporting Timeframe	2018/4-9	Programme	MDRNE021
Budget Timeframe	2018/4-2019/4	Budget	ORIGINAL
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

## III. Expenditure

Account Groups	Budget	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	Expenditure	
							TOTAL	Variance
	A						B	A - B
<b>BUDGET (C)</b>				<b>1,680,731</b>			<b>1,680,731</b>	
<b>Relief items, Construction, Supplies</b>								
Construction Materials				2,346			2,346	-2,346
Clothing & Textiles	58,092							58,092
Water, Sanitation & Hygiene	330,076							330,076
Medical & First Aid	120,351							120,351
<b>Total Relief items, Construction, Sup</b>	<b>508,519</b>			<b>2,346</b>			<b>2,346</b>	<b>506,173</b>
<b>Land, vehicles &amp; equipment</b>								
Computers & Telecom	2,000							2,000
Office & Household Equipment				2,116			2,116	-2,116
<b>Total Land, vehicles &amp; equipment</b>	<b>2,000</b>			<b>2,116</b>			<b>2,116</b>	<b>-116</b>
<b>Logistics, Transport &amp; Storage</b>								
Distribution & Monitoring	28,258			4,585			4,585	23,672
Transport & Vehicles Costs	48,000			9,567			9,567	38,433
Logistics Services	15,000							15,000
<b>Total Logistics, Transport &amp; Storage</b>	<b>91,258</b>			<b>14,152</b>			<b>14,152</b>	<b>77,105</b>
<b>Personnel</b>								
International Staff	216,000			76,156			76,156	139,844
National Staff	58,400			15,265			15,265	43,135
National Society Staff	33,240			9,379			9,379	23,861
Volunteers	186,039			1,817			1,817	184,222
<b>Total Personnel</b>	<b>493,679</b>			<b>102,618</b>			<b>102,618</b>	<b>391,062</b>
<b>Consultants &amp; Professional Fees</b>								
Professional Fees				8,561			8,561	-8,561
<b>Total Consultants &amp; Professional Fees</b>				<b>8,561</b>			<b>8,561</b>	<b>-8,561</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	44,464			11,237			11,237	33,227
<b>Total Workshops &amp; Training</b>	<b>44,464</b>			<b>11,237</b>			<b>11,237</b>	<b>33,227</b>
<b>General Expenditure</b>								
Travel	4,000			8,442			8,442	-4,442
Information & Public Relations	184,500			17,180			17,180	167,320
Office Costs	12,512			3,652			3,652	8,860
Communications	32,300			12,390			12,390	19,910
Financial Charges	2,000			-2,655			-2,655	4,655
Other General Expenses	202,920			31			31	202,889
Shared Office and Services Costs				20,518			20,518	-20,518
<b>Total General Expenditure</b>	<b>438,232</b>			<b>59,558</b>			<b>59,558</b>	<b>378,674</b>
<b>Operational Provisions</b>								
Operational Provisions				43,510			43,510	-43,510
<b>Total Operational Provisions</b>				<b>43,510</b>			<b>43,510</b>	<b>-43,510</b>
<b>Indirect Costs</b>								
Programme & Services Support Recover	102,580			15,866			15,866	86,714
<b>Total Indirect Costs</b>	<b>102,580</b>			<b>15,866</b>			<b>15,866</b>	<b>86,714</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>1,680,731</b>			<b>259,963</b>			<b>259,963</b>	<b>1,420,768</b>
<b>VARIANCE (C - D)</b>				<b>1,420,768</b>			<b>1,420,768</b>	