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Revised Emergency appeal

Niger: Complex Emergency Appeal

 International Federation
of Red Cross and Red Crescent Societies

(Revised) Appeal n° MDRNE021	50,000 people to be assisted	Appeal launched 13 April 2018
Glide n° OT-2014-000126-NER	168,073 Swiss francs DREF allocated	Update n° 1 issued 24 July 2018 Update n° 2 issued 02 November 2018
	2.2 million Swiss francs current Appeal funding requirements	Appeal ends 31 April 2020
	673,000 Swiss francs funding gap	(If Appeal extended) Extended 12 months

This revised Emergency Appeal seeks a total of **2.2 million** Swiss francs (increased from **1,68 million** Swiss francs), to enable the International Federation of Red Cross and Red Crescent Societies (IFRC) to continue supporting the **Niger Red Cross Society (NRCS)** to deliver assistance and support for **50,000** people (increased from 43,113 people) for **24** months (extended from 12 months), with a focus on the following areas: Health; Water, Sanitation and Hygiene promotion (WASH) and Protection, Gender and Inclusion (PGI). The revision of this Appeal introduces a Livelihoods and basic needs component and an extension of the targeted geographic area.

This revised Emergency Appeal results in a funding gap of **673,000** Swiss francs out of the total amount obtained since April 2018. The revised budget has been increased due to the growing needs of the affected population by food insecurity. The extension aims for the operation to continue the dissemination of epidemic prevention messages, provision of safe water and adequate latrines for an additional 12 months. The growing health risks have demanded for an expand in the geographic coverage of operations from a perimeter of 5 kilometres surrounding the 11 integrated health centres in Diffa region to nearby villages beyond the mentioned 5 kilometres perimeter. The planned response reflects the current situation and information available.



Photo: Community-based malnutrition screening by Red Cross volunteer /Niger RC

The disaster and the Red Cross Red Crescent response to date

13 April 2018: IFRC launches the Complex Emergency Appeal for CHF 1,68 million to assist 43,113 persons in health and care; water, hygiene and sanitation; in three departments of the region (Diffa, Maine Soroa and Goudoumaria).

24 July 2018: IFRC issues operations update N°1.

2 November 2019: IFRC issues 6 months update.

March 2019: The Emergency Appeal is revised upward from 2.2 million Swiss francs (increased from 1.7 million Swiss francs) to support 50,000 people (increased from 43,113 people) for 24 months (extended from initial 12 months).

The operational strategy

Overview of Humanitarian Needs

The Diffa region of Niger continues to experience violence, inter community conflicts, abduction and population movement as a result of armed groups activities. The security situation in Diffa is extremely volatile. Attacks by armed groups and military operations have kept people on the move, seeking safety and hoping for peace. According to UN OCHA snapshot of 7 February 2019,¹ the region of Diffa registered 156 security incidents in 2018. This has led to the rapid deterioration of the living conditions of the population. The Regional Directorate of Civil Status, Migration and refugees (DREC, French Acronym) published in July 2018 reports that at least 249,813 people are in precarious shelter conditions across the region of Diffa. This figure includes 118,868 refugees; 25,731 returnees; 104,288 IDPs and 940 asylum seekers. 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. The Niger Humanitarian Needs Overview (HNO 2019) estimates that in 2019, nearly 461,323 people, including 120,000 refugees, 104,000 IDPs and 26,000 returnees, will need humanitarian assistance in the region of Diffa out of which 289,211 will need food assistance.²

Since 2015, as a result of the violence caused by the militia's attacks in the Region of Diffa, the government has periodically renewed a declaration of state of emergency. The last renewal covered the period of 1 December 2018 to 1 March 2019. In 2017, the state of emergency was extended to the Regions of Tillabery and Tahoua due to the frequent influx of the militia from the Northern Mali.

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

According to the Niger's Ministry of Health Strategic Development Plan (PDS 2017 – 2021), health coverage in the region of Diffa is 45.5% resulting to poor access to health services particularly by vulnerable people (which is below the WHO standard on number of consultations per person per year). The health situation in the region of Diffa is also characterized by poor health evacuation systems. These factors have led to late admissions to health facilities, increase number of Health complications transferred to the health facilities including haemorrhages during deliverance, anaemia or uterine rupture etc. Population movement, floods, poor health coverage and inadequate water, sanitation and hygiene systems available are factors that favours outbreaks of epidemics in the region of Diffa.

From the epidemiological point of view, the Diffa region is marked by potential risk of cholera, hepatitis E virus and meningitis. The region of Diffa has experienced cholera and Hepatitis E virus epidemics in the past five years. The latest being hepatitis E virus disease in 2017 which affected 1,840 people and killed at least 38 people especially women and children. There is a resurgence of communicable diseases such as measles, diarrheal diseases and pneumonia particularly affecting children under five years leading to death, especially when those pathologies are associated with malnutrition.

Food Security. - According to the “Cadre Harmonisé” (CH) analysis published in December 2018,³ Niger is described as the most food insecure country in 2019 in West Africa. The CH analysis revealed that in the projected period from June - August 2019, at least 1,221,943 people are expected in phase 3 and 5 of the CH out of which 141,908 are found in the region of Diffa. The Humanitarian Needs Overview 2019 revealed that the situation of instability and population movement have a direct impact on the food situation of the populations of the region. Agro-pastoral production and fishing activities on the islands of Lake Chad remain very limited due to insecurity. Food security stakeholders estimate that 289,211 people will need food assistance in the Diffa region, including 120,000 refugees, 104,000 IDPs and nearly 26,000 returnees. This adds to a large proportion of the host population. The departments of N'guigmi, Bosso and Diffa are the most affected.

¹ https://reliefweb.int/sites/reliefweb.int/files/resources/ner_snapshot_incidents_diffa_tahoua_tillaberi_07fev_2019.pdf

² https://reliefweb.int/sites/reliefweb.int/files/resources/ner_hno_2019.pdf

³ https://reliefweb.int/sites/reliefweb.int/files/resources/ner_bulletin_humanitaire_oct_nov_2018.pdf

Malnutrition is also a major public health problem and a challenge for development in Diffa region. According to the latest SMART data for Q4 of 2018, 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 Humanitarian Response Plan (HRP) ⁴ 2019 indicated that, the number of children 0 to 59 months suffering from severe acute malnutrition (SAM) in the region of Diffa is estimated at 15,600 and children 6-59 months suffering from moderate acute malnutrition (MAM) at 28,762. The 2019 HRP indicated that, in total, 12 032 pregnant women and 23,750 children from 6 to 23 months will be at risk of malnutrition and will need nutritional assistance. In total, 82,000 people will need nutritional assistance, including 2,389 people accompanying their relative to the nutritional centres (CRENI).

According to the results of the national malnutrition survey of children from 0 to 59 months whose data were collected in October 2018, the national average rate of Global Acute Malnutrition (GAM) is 14.4 percent. Prevalence rates exceeding the national average rate are recorded in the region of Maradi (15.4%), Tahoua (16.6%), Zinder (17.7%) and Diffa: Ngourty (15.8%) and Maine Soroa (19.3%) departments. ⁵ The nutritional status of children under five years is alarming in the Diffa region. In 2019, the Nutrition Working Group estimates that 100,855 people will need nutritional support.

Updated Response Strategy.

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

Based on the needs listed above, the health activities will continue as in the initial Emergency Appeal. Recognizing the close relationship between health and WASH, the WASH component of the intervention has been strengthened. As such, the operation focuses on ensuring that the affected population have access to safe drinking water, adequate sanitation facilities and are encouraged to have better hygiene practices.

Food Security and Livelihoods is a new component to the Appeal. The NRCS aims to ensure the immediate food needs are addressed for at least 3,500 households. This will be carried out in collaboration with the WFP. Therefore, an agreement will be signed with the WFP to provide food items while the Red Cross volunteers will be focusing on the distribution of the food rations during the lean period. In addition, food security will be strengthened through integrated activities including:

- Support to primary rain-fed production of staple crops to 500 farmers in the farming season 2019 (improved seed and tools, promotion of intercropping).
- Support to vegetable production with ten (10) women agricultural cooperative groups.
- Women economic empowerment through the mothers' clubs' approach for income generating activities and saving groups (20 groups).
- Support to pastoral communities with the rehabilitation of 5 pastoral wells.

Health. - Since the beginning of this crisis, IFRC has supported NRCS in responding to the needs of vulnerable people with the prevention of potential epidemics outbreaks (Cholera, hepatitis E and Meningitis). As the crisis continues, the displaced population are continues sheltering in IDP and Refugee camps. Therefore, the proposed revised Emergency Appeal will focus on the continuity of initial health activities as well as Nutrition. Newly proposed activities include training volunteers (originating from the target communities) 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, aqua-tabs 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 2019 Humanitarian Response Plan and include actions such as community-based

⁴ https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/ner_hrp_2019_3.pdf

⁵ http://fews.net/sites/default/files/documents/reports/NIGER_Food_Security_Outlook_122018_EN.pdf

malnutrition screening for children under 5 and pregnant and lactating women, referrals and awareness raising through trained volunteers.

WASH activities are complementary to activities promoting healthy lifestyle as well as social mobilization at the community level. It is important to strengthen community surveillance to facilitate early detection, investigation as well as early and rapid care-taking to mitigate the negative impact of diseases and epidemics at the community level. Community-based surveillance systems (CBS) will be set up and volunteers trained in CBS and Epidemic Control for Volunteers (ECV) prevent and respond to epidemics. A referral system will be set up to facilitate communication with the appropriate health facilities. The WASH activities will continue to complete the initially planned activities and to reach the population of rural areas where the needs are dire.

The WASH component of this revised Emergency Appeal aims to train volunteers and staff of the Diffa branch on assessment techniques, hygiene promotion and water treatment techniques, and support the construction of additional 10 boreholes, 15 blocks of latrines and handwashing facilities as well as 45 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 50,000 pieces of 250g soap, 7,143 buckets, 7,143 jerry cans and 14,286 sanitary towels, among others, will also continue to be distributed in the villages of the three target departments including Diffa, Goudoumaria and Maine Soroa.

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

Community Engagement and Accountability (CEA): since the start of this operation, target communities have been considered as equal partners and experts, as they are most knowledgeable about their own situation.

Operational challenges

In the region of Diffa, insecurity causes interruption of planned activities and therefore leading to the delay in activities implementation. Insecurity is also putting humanitarian and vulnerable people at risk of being abducted or even killed. The security situation in the region of Diffa is volatile and unpredictable. Some humanitarian stakeholders are leaving the region of Diffa for other regions and others are reducing their staff and the area of intervention because of lack of funding and insecurity. For instance, MSF Switzerland was working with 6 IHC, and decided to leave the region because of lack of funding, Save the children and Plan International have decided to drop some IHC and reduce the number of their staff and the area of intervention because of insecurity and lack of funding.

Another challenge is the severe deterioration of health and nutritional status of the affected population (GAM in Maine Soroa (19.3%) and the low access of the population to potable water, adequate sanitation and the deterioration of Nutritional status of children under 5 years putting them at high risk of epidemic outbreak.

Finally, numbers for affected people are increasing. The high level of people affected by food insecurity (272,488 people) and the increased number of people to be affected during the lean period (June to September). According to the Food Security Cluster, the 2018 cropping season agricultural production was in deficit with 350 deficit villages out of 606 in the region (58%). The pastoral campaign: animal feed production presents a negative balance of 1,287,476 tons of dry matter, which predicts that 36% of animals will be food insecure, as a result, 11,928 pastoralist households will be affected (77,533 people affected).

Coordination and operational support

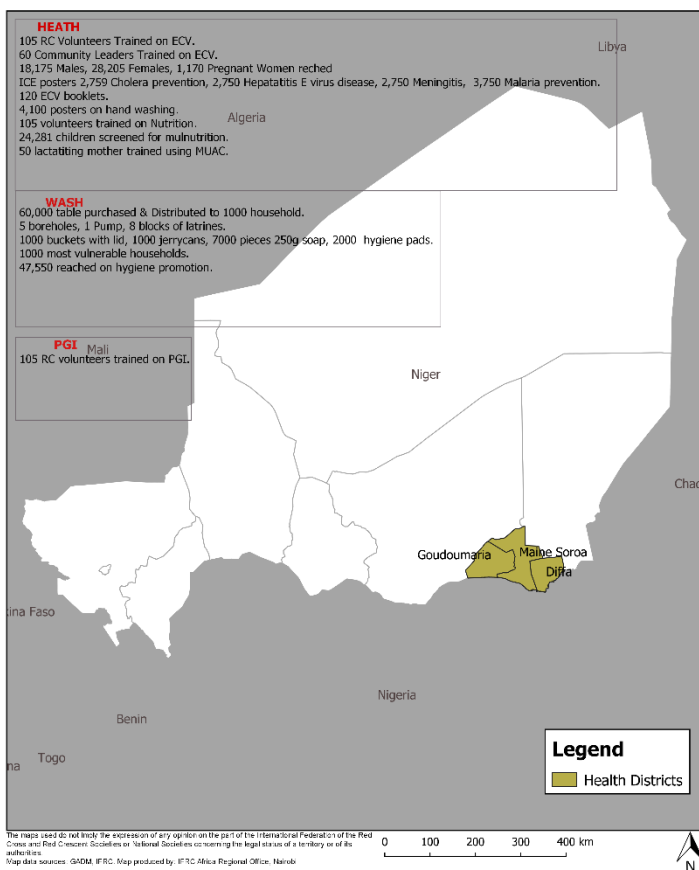
The revised emergency appeal operation will continue to be coordinated within the existing regional/country sectorial cluster coordination meetings as well as the regional and national Movement coordination meetings.

This operation has been developed and planned to be implemented in close collaboration and communication with the ICRC and Partner National Societies (PNSs) including Belgian Red Cross, French Red Cross, Luxembourg Red Cross, Danish Red Cross Spanish Red Cross, Iranian Red Crescent and Qatar Red Crescent. The ICRC and Luxembourg Red Cross are present in the region of Diffa. The ICRC is working in Bosso, Garin Wanzam, Toumour and NGuigmi areas while the IFRC/NRCS intervention in this revised EA is planned in Diffa centre, Maine Soroa and Goudoumaria health district areas. Luxembourg Red Cross supports the National Society in Shelter and Cash based Intervention (CBI) especially in the Diffa region. 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.



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Operational Support. - The IFRC team supporting the operation in place or remotely is composed by: Programmes and Operations Coordinator (based in Niamey), WASH Coordinator (based in Diffa); Finance Assistant, Logistic Assistant, IT Assistant. The Livelihoods Resource Centre provides technical assistance through regular missions

In addition, the National Society has assigned the following staff with a 50 per cent dedication: Field Health Coordinator (based in Diffa), NS Finance, WASH, Health and Programmes Coordinator. The members of the Diffa, Maine Soroa and Goudoumaria branches are fully involved in the implementation of this project. The operation actively involves community members and community leaders, through volunteerism and the development of Complaint Committees.

Operational progress.

Up to the date the operation has achieved the following landmarks:

Health

- 165 Red Cross volunteers and community leaders, including traditional healers were trained on Epidemic Control for volunteers (ECV) and nutrition activities. A total of 120 booklets of ECV manual have been produced to support volunteers training. The nutrition activities focused on community-based malnutrition

screening using Middle Upper Arm Circumference (MUAC), sensitization on exclusive breastfeeding for children aged 0 – 6 months, the root-causes of malnutrition and the relationship between malnutrition and other diseases.

- A total of 47,550 people including 18,175 males, 28,205 females and 1,170 pregnant women have been reached with awareness sessions on epidemic prevention.
- 12,000 IEC materials/posters on cholera prevention, hepatitis E virus disease and Meningitis were produced to be used by Red Cross volunteers for public health awareness. In addition, 4,100 posters on handwashing technique were also produced for awareness sessions.



A boreholes construction site in the Maine Soroa Health district /Photo Niger RC

- The Red Cross volunteers also carried out the community-based malnutrition screening as well as referral of severe and moderate cases of malnutrition to the Nutritional centers. A total of 24,281 children were screened for malnutrition including 1,120 cases of Moderate Acute Malnutrition (MAM) referred to the *Centre de récupération et d'éducation nutritionnelle ambulatoire pour la Malnutrition modérée* (CRENAM) 541 cases of Severe Acute Malnutrition (SAM) referred to the *Centre de récupération et d'éducation nutritionnelle ambulatoire pour la Malnutrition sévère* (CRENAS) and 29 cases were referred to the *Centre de récupération et d'éducation nutritionnelle intensif* (CRENIS).
- A total of 50 lactating women have been trained on malnutrition screening using MUAC and they are equally carrying out community-based malnutrition screening at the community level.

WASH

- Procurement and distribution of water treatment product (global tabs): 60,000 tablets were purchased and distributed to 1,000 most vulnerable households in areas where the population are consuming non-potable water.
- Construction of 5 boreholes, one solar pump and 8 blocks of latrines.
- A total of 1,000 buckets with lids, 1,000 jerrycans, 7,000 pieces of 250g soap and 2,000 hygienic pads for women have been purchased and distributed to a total of 1,000 most vulnerable households. The first distribution of water-related non-food items were distributed in the Goudoumaria health district where other humanitarian organisations are not present.
- A total of 47,550 persons were reached with awareness session on hygiene promotion coupled with hand washing technique (including 18,175 males and 28,206 females and 1,170 pregnant women)

PGI

- A total of 105 RC volunteers were trained on Protection, gender and inclusion. The training focused on carrying out humanitarian activities without discrimination through a consideration of people's different needs depending on their gender, age, physical ability, language etc. However, special considerations are to be giving to vulnerable people in the community. They include: Elderly, people with handicaps, pregnant and lactating women, children, people with chronic illness, women/children head of households, widows, orphans etc. Further, the trainers emphasized on gender-based violence with the explanation of gender, the difference between gender and sex, cases of protection linked to gender-based violence was also explained to the participant. In addition, several examples of gender-based violence were explained to participants including rape, non-consensus sexual contact, physical aggression, forced or early marriage, and physical or emotional violence. Causes and consequences of gender based-violence were also described to the participants.

Community Engagement and Accountability (CEA)

- While implementing the operation plan, communities will remain consulted and involved. Sixty community leaders including the traditional rulers, the religious leaders, the koranic school teachers and the local administrative authorities like Mayors were involved. They are fully briefed on the programmes and are regularly contributing to the achievement of the objectives of the programme. To date, the community leaders have authorised volunteers to carry out awareness raising for the benefit of their population. This is an exit strategy to enable community empowerment and to prepare them for the recovery phase. Community village committees were set up in each of the 11 Integrated Health Centres where activities were implemented and they were strengthened to support with programmes activities such as targeting, implementation, monitoring and local coordination. Volunteers targeting was carried out by community members during villages assemblies. Further, complaint committees were put in place in each of the Integrated Health Centres. In areas where the construction of water points is completed, water management committees are set up and the members are trained on the management of water point. A small amount is requested from each family while fetching some water (the amount is based on the quantity of water fetched). The money collected is kept with the treasurer of the water management committee. In case the water point is broken down, they will use the money collected to repair it. Among the water management committee members, two people are trained to repair the device. This gives the target communities full ownership of the programmes. In addition, during non-food items distribution, the vulnerable people targeting was done by the vulnerable people as well as the distribution process under the supervision of Red Cross volunteers. The roles and responsibilities of these committees are formalized..

Security

The current security in the Diffa region evolves in a jagged pattern (alternating lull and attacks / incidents) in a context of low access to livelihoods and to basic social services including health centres and schools. The IFRC Niger's Country Security Plan has been reviewed considering the volatile security situation in Diffa region. The Country Office ensures that all activities and travels in the Diffa region should be carried out during daylight. Further, all the volunteers and staff of the NS must carry at all time a valid identity card and wearing Red Cross jacket and bibs for protection purposes.

During the implementation of this revised Emergency Appeal, the Regional Security Advisor will carry out two security assessment visits in Diffa. Meanwhile, security equipment will be purchased and used by IFRC staff during the project implementation timeframe. The ICRC sub-delegation in the region of Diffa will continue to be consulted to improve coordination around security issues. As such, a Movement Cooperation Agreement (MCA) for Diffa (with a security annex) was prepared and signed in September 2018, between the three main partners (ICRC; Niger Red Cross and IFRC), which was co-signed by the Luxembourg Red Cross. Furthermore, a larger MCA covering the whole country (more specifically, the four regions where ICRC is present), is in the process of discussion and forthcoming signature. The ICRC is providing its support to the Movement partners in the Diffa region in terms of regular security briefing to Red Cross teams, provision of security alert is ensured through SMS, emails and HF& VHF channel, and security incident notification. Furthermore, ICRC allowed IFRC to connect all its vehicles to the ICRC radio channel to improve communication.

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

Logistics

Logistics activities aim to effectively manage the supply chain, including mobilization, procurement, customs clearance, fleet, storage and transport to distribution sites in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes and procedures.

Professional logistical support is provided by the Regional Logistics Unit in Nairobi in accordance with IFRC standards. The NRCS will use the existing warehousing facilities for storage and vehicles in the regional and local branches for efficient dispatch of NFI. IFRC leases two vehicles to be used during the operation. The NS warehouse in Diffa is of small capacity. Hence, delivery and storage of relevant materials and vehicles can be stored in the regional office building. Procurement will be executed following IFRC guidelines and procedures. As in other areas, support provided will be closely coordinated with the ICRC and other Movement partners to ensure complementarity of action and avoid duplication.

Proposed Areas for intervention

Overall objective:

The overall objective of the operation is to assist **50,000** people (7,143 households) in Health; Water, Sanitation and Hygiene promotion (WASH) and Protection, Gender and Inclusion (PGI) for 24 months. The operation integrates a new Livelihood and basic needs component described below:

Areas of Focus



Livelihoods and basic needs

People targeted: 24,500 (3,000 refugees, 9,000 IDPs and 12,500 local populations)

Male: 9,800

Female: 14,700

Requirements (CHF): 235,000

Proposed intervention

Niger is the most food-insecure country in 2019 in West Africa. The Cadre Harmonisé analysis forecasts at least 1,221,943 people in IPC 3 and 5 in the next lean period from June - August 2019. Of them 141,908 people live in the Diffa region. Food security stakeholders estimate that 289,211 people will need food assistance in the region, including 120,000 refugees, 104,000 IDPs and nearly 26,000 returnees. The drivers of this food insecurity situation are: looting and destruction of production, infrastructure and productive assets; Insecurity forcing people to move to more secure areas; occupation of territories and agricultural land; disruption of markets; poor governance and limited access to basic services; previous social and economic tensions; restriction of movement, transport and trade; erratic rainfall; unsustainable agricultural, livestock and fishery practices.

Activities: This section is new as it was not part of the initial Niger Complex Emergency Appeal.

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

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

Activities:

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

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

Activities:

- Sign agreement with WFP for the distribution of food during the lean period.
- Update the beneficiary list received from WFP.
- Carry out joint beneficiary/community selection with WFP.
- Train 90 Red Cross volunteers and 15 supervisors on food distribution techniques including the reception, handling, storage and distribution of food aid in the field.
- Request a rub hall from the WFP to avoid food spoilage.
- Train 90 Red Cross volunteers and 15 supervisors on food security interventions, including monitoring and data collection of basic indicators (HOUSEHOLDS food consumption, dietary diversification, coping strategy index).
- Carry out monthly food distribution process to 24,500 people in the targeted areas.
- Purchase distribution materials including scales, buckets, basin, cup, ropes etc.
- Design of tools for the reception of food aid, implementation and monitoring of distributions.

- Monitor the food distribution activities and progress against food security indicators.
- Report on the food distribution activities.

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

Activities:

Component 1: Support to agricultural production direct support to producers

- Procure agricultural inputs for 500 farmers (improved seeds for millet and cowpea (niebe) agricultural tools).
- Carry out the distribution of millet and cowpea (niebe) seeds and agricultural tools for rain-fed cropping season 2019.
- Promote good agronomic practices (intercropping, pest management...), using the Farmers' Field School methodology.

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

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

Component 3: Support to agro-pastoral communities

- Rehabilitate/construct 5 pastoral wells.



Health

People targeted: 50,000 (6,000 refugees, 18,500 IDPs and 25,500 local populations)

Male: 20,000

Female: 30,000

Requirements (CHF): 504,000

Proposed intervention

The Niger Red Cross Society targets 50,000 people including 20,000 males and 30,000 females to carry out health activities at the community level. This consist of prevention activities, preparedness and response to epidemics as well as improving access to primary health care and referral for vulnerable populations.

Activities:

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

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

Activities completed (but will be replicated as the revised EA is targeting new geographical areas with new volunteers from the NRCS):

- Training of 105 Red Cross volunteers on the knowledge and prevention of epidemic diseases;
- Training of 60 community leaders on the prevention of epidemic diseases.
- Support the production of ECV and CBHFA document/manuals for the training of volunteers Production of data collection tools.

Activities remaining to be completed: note that all the planned activities will be continued as the revised Emergency Appeal covers new geographical areas.

- Training of 90 volunteers and 15 supervisors on communicable disease surveillance and the use of epidemic control for volunteers' toolkit in coordination with MoH and District Health Offices.
- Training of 60 community leaders on communicable disease surveillance in coordination with MoH and District Health Offices.
- Training of 105 Red Cross Volunteers on first aid.
- Support the production of IEC materials for the social mobilization in coordination with the MoH/WHO/UNICEF (specific to a particular pathology).

- Support the production of ECV and CBHFA document/manuals for the training of volunteers.
- Production of data collection tools.
- Provide the ECV tool boxes to volunteers.

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

Activities completed:

- 48 community-based awareness sessions on epidemic prevention in 11 IHC in the three department of the region of Diffa including Diffa, Maine Soroa and Goudoumaria.
- Establishment of community-based disease surveillance in each district at risk.
- Disease surveillance activities and reference of suspect cases to the nearest Health centres for confirmation and care.
- Procurement of 7,000 pieces of 250g soap and hygiene kits to be distributed to the population at risk in the cholera affected areas of 1,000 households.
- 6,793 demonstrations of hand washing technique with the use of soap.
- Distribution of 7,000 pieces of 250g soap and hygiene kits to targeted vulnerable people (1,000 households out of 6,159 households).

Activities remaining to be completed: note that all the planned activities will be continued as the revised Emergency Appeal covers new geographical areas

- Carry out awareness sessions on the knowledge of the diseases, the symptoms, the mode of contamination and the prevention measures using IEC materials.
- Put in place community-based disease surveillance in each district at risk.
- Carry out disease surveillance and the reference of suspect cases to the nearest Health centres for confirmation and care.
- Carry out 2 KAP surveys.
- Purchase soap and hygiene kits to be distributed to the population at risk in the cholera affected areas.
- Purchase 45 hand washing equipment (kettles) and install them in public places such as school's mosques and churches.
- Carry out demonstration of hand washing technique with the use of soap.
- Distribute the soap and hygiene kits to the targeted vulnerable people.
- Pre-positioning of 300 Cholera family kits including: (pieces of 200g 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 (1 piece), 20 litres bucket for water storage (1 piece);
- Monitor the epidemic prevention activities.

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

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

- Train/refresher trainings of 90 volunteers and 15 supervisors on malnutrition screening, detection of cases and referral and counter referral to and from the nutrition Centre.
- Community-based routine malnutrition screening to children under 5 and pregnant and lactating women;
- Referral and follow-up discharge of severely malnourished children to the nutritional Centers.
- 48 Awareness session to children care-takers on key health / nutrition practices.
- 48 Awareness sessions on the promotion of exclusive breastfeeding and adequate complementary feeding.
- Two batches of training of 25 lactating women each on malnutrition screening.
- Management of early screening carried out by lactating women (PBM approach)
- Community discussions on the effect of malnutrition and the prevention measures

Activities remaining to be completed. note that all the planned activities will be continued as the revised Emergency Appeal covers new geographical

- Train/refresher training of 90 volunteers and 15 supervisors on malnutrition screening, detection of cases and referral and counter referral to and from the nutrition Centre.
- Carry out community-based routine malnutrition screening to children under 5 and pregnant and lactating women.
- Referral and follow-up discharge of severely malnourished children to the nutritional Centers.
- Carry out awareness session to children care-takers on key health / nutrition practices.
- Carry out awareness sessions on the promotion of exclusive breastfeeding and adequate complementary feeding.
- Training of lactating women on malnutrition screening.

- Management of early screening carried out by lactating women (PBM approach)
- Community discussions on the effect of malnutrition and the prevention measures
- Follow-up for defaulters (malnourished children that stopped the treatment before the end of the care period)
- Support the 10 nutrition Centers with data collection tools and small equipment.
- Rehabilitation of the waiting and culinary demonstration site at 5 Nutrition Centers.

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

Activities remaining to be completed:

- Training of 90 volunteers on essential family practices.
- Training of 15 supervisors on essential family practices.
- Production of IEC material to support the awareness sessions activities.
- Production of data collection tools.
- Carry out awareness session on essential family practices.
- Provision of family planning kits to the Health Centers.
- Carry out community-based awareness session on family planning.
- Purchase and distribute 500 post-delivery kits to women that have completed the prenatal consultations and have successfully delivered in the health Centre at the rural areas. The kit includes: a baby bath basin, a 20-litres bucket, two towels (50cmx 30cm), 5 pieces of soaps, a mosquito bed-nets).



Water, sanitation and hygiene

People targeted: 50,000 (6,000 refugees, 18,500 IDPs and 25,500 local populations)

Male: 20,000

Female: 30,000

Requirements (CHF): 715,000

Proposed intervention

Despite the work carried out by the Government and its partners in WASH infrastructures in the region of Diffa, the needs remain enormous. The region of Diffa is in high risk of epidemic diseases due to its position close to the Borno state of Nigeria where cholera epidemic outbreak is ongoing and to the living condition of the IDPs and refugees which favours the eruption epidemic diseases. This operation aims at reducing the risk of waterborne and water related diseases by ensuring daily access to safe water, adequate sanitation as well as by carrying out hygiene promotion activities and hygiene-related goods distributions. The Niger Red Cross Society will continue the construction of boreholes, block of latrines and the distribution of WASH related non-food items to the affected population. The water – sanitation and hygiene activities target 50,000 vulnerable people.

Activities:

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

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

Activities completed:

- Conduct training for 90 NRCS volunteers and 15 supervisors on carrying out water, sanitation and hygiene assessments.
- Conduct initial assessment of the water, sanitation and hygiene situation in the target districts (three target districts).
- Continuously monitor the water, sanitation and hygiene situation in targeted areas (three time during the project timeframe).
- Coordinate with other WASH actors on target group needs and appropriate response.
- Participate to the WASH Cluster meetings at the regional and the national level.

Activities remaining to be completed: **note that all the planned activities will be continued as the revised Emergency Appeal covers new geographical area**

- Conduct training for 90 NRCS volunteers and 15 supervisors on carrying out water, sanitation and hygiene assessments.
- Conduct initial assessment of the water, sanitation and hygiene situation in the target districts (three target districts).
- Continuously monitor the water, sanitation and hygiene situation in targeted areas (three time during the project timeframe).

- Coordinate with other WASH actors on target group needs and appropriate response.
- Participate to the WASH Cluster meetings at the regional and the national level.
- Put in place water management committee at each water point

Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population

Activities completed:

- Procurement of 60,000 households water treatment product enough for 1,000 people to be used for three months.
- Distribution of water treatment products (aquatabs) for 1,000 households.
- Monitoring of the use of water through household surveys and household water quality tests.
- Training of targeted communities on safe water storage, on safe use of water treatment products.
- Monitoring of treatment and storage of water through household surveys and household water quality tests.
- Construction of 5 boreholes and one solar pump for 6,000 people (one solar pump and five boreholes are currently under construction) in 12 boreholes (see the places of construction in the table above)

Activities remaining to be completed: **note that all the planned activities will be continued as the revised**

Emergency Appeal covers new geographical areas

- Purchase households water treatment product sufficient for 50,000 people to be used for three months;
- Distribute water treatment products (aquatabs) for 50,000 people (7,143 households) sufficient for 90 days.
- Monitor the use of water through household surveys and household water quality tests;
- Train population of targeted communities on safe water storage, on safe use of water treatment products.
- Monitor treatment and storage of water through household surveys and household water quality tests.
- Carry out the construction of 12 boreholes for 6,000 people in villages and IDP camps with difficult access to water within the three target departments.

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

Activities completed:

- Select design for public latrines based on consultation with targeted communities with considerations for cultural preference, safety, access for children and disabled, anal cleansing practices, national standards, and menstrual hygiene as well as environmental impact and sustainability.
- Construct 15 blocks of three latrines in three health Centre and four schools (8 blocks of latrines are currently under construction)
- Purchase and distribute mosquito bed-nets to 2,000 households for Malaria prevention (2,000 mosquito nets were purchased and distributed to 1,000 households)
- Monitor the sanitation activities

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

- Construct 15 blocks of three latrines in three health Centre and four schools (two blocks of three latrines in each schools and health Centre) in the three target districts of the Diffa region
- Ensure toilets are clean and maintained through community mobilization (put in place toilet management committees) in all the 15 blocks of latrines constructed
- Equip the 15 blocks of latrines with handwashing facilities, anal cleansing material or water and ensure they remain functional.
- Distribute 21 trash cans for solid waste collection (3 in each of the target school and Health Centre)
- Purchase and distribute mosquito bed-nets to be distributed to the 6,159 households for Malaria prevention.
- Monitor the sanitation activities.

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

Activities completed:

- Determine the needs for hygiene NFIs, including soap, water storage, and menstrual hygiene for the community based on health risks and user preference in targeted communities in coordination with the WASH group or Cluster.
- Procurement of 2,000 sanitary pads to be used for three months (for 1,000 identified women)
- Purchase 7,000 pieces of 250grs soaps to be distributed during the hygiene promotion to the 1,000 households
- Purchase 1,000 bucket with lid for water storage.

- Purchase 1,000 jerrycan for water transportation.
- Distribute 1,000 bucket and jerrycans to the 6,159 households.
- Train population of targeted communities in use of distributed hygiene kits.
- Determine whether additional distributions are required and whether changes should be made.
- Monitor use of hygiene kits and water treatment products and user's satisfaction through household surveys and household water quality tests.

Activities remaining to be completed:

- Determine the needs for hygiene NFIs, including soap, water storage, and menstrual hygiene for the community based on health risks and user preference in targeted communities in coordination with the WASH group or Cluster.
- Purchase 21,428 sanitary pads to be used for three months (for 7,143 identified women).
- Purchase 50,000 pieces of 250grs soaps to be distributed during the hygiene promotion to the 7,143 households.
- Purchase 7,143 bucket with lid for water storage.
- Purchase 7,143 jerrycan for water transportation.
- Distribute 21,429 hygiene kits for three month(s) to 7,143 households.
- Distribute 7,143 bucket and jerrycans to the 7,143 households
- Train population of targeted communities in use of distributed hygiene kits.
- Determine whether additional distributions are required and whether changes should be made.
- Monitor use of hygiene kits and water treatment products and user's satisfaction through household surveys and household water quality tests.



Protection, Gender and Inclusion

People targeted: 18,000 (3,000 refugees, 6,000 IDPs and 9,000 local populations)

Male: 8,820

Female: 9,180

Requirements (CHF): 31,000

Proposed intervention

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

Activities:

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

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

Activities completed:

- Training of 90 NRCS volunteers and 15 Supervisors on the respect of gender and other diversity factors and the minimum Standard for PGI.

Activities remaining to be completed:

- Training of 90 NRCS volunteers and 15 Supervisors on the respect of gender and other diversity factors and the Minimum Standard for PGI.

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

Activities completed:

- Use IFRC Minimum Standard for PGI as a guide to support sectoral teams to include measures to mitigate the risk of Sex and Gender Based Violence (SGBV).

Activities remaining to be completed:

- Use Minimum Standard for PGI as a guide to support sectoral teams to include measures to mitigate the risk of SGBV.

- Develop Standard Operating Procedures (SOPs) for Protection/SGBV including mapping of referral pathway (in line with the forthcoming SOP template in the revised Minimum Standard for PGI).
- Include messages on preventing and responding to SGBV in all community outreach activities.
- Hold basic ½ day training with IFRC and NS staff and volunteers on addressing SGBV (or integrate a session on addressing SGBV in standard/sectorial trainings).
- Establish a system to ensure IFRC and NS staff and volunteers have signed the Code of Conduct and have received a briefing in this regard.
- Map and make accessible information on local referral systems for any child protection concerns
- Provide psychosocial support to children.
- Establish child-friendly spaces and community-based child protection activities, including educational ones.

Strategies for Implementation

Requirements CHF 720,000

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

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

Progress towards outcomes:

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

- The NS Programmes Coordinator.
- The NS Health Coordinator.
- The NS Field Health and Nutrition Coordinator.
- The NS Finances Assistant.
- The members of the Diffa, Maïne Soroa and Goudoumaria Branches.
- 105 volunteers.
- All the 105 volunteers are insured through IFRC Insurance unit.
- Briefings on volunteers' roles and the risks they face have been provided to the selected volunteers.
- All the 105 volunteers are aware of their rights and responsibilities.
- Volunteers' safety and wellbeing is insured, a security training was organised to 35 volunteers by the IFRC security Officer while on mission in Diffa and the IFRC is providing security briefing whenever a field mission is planned. Further, IFRC vehicles dedicated to this operation are connected to the ICRC radio room channel. All volunteers are wearing at all time the Red Cross bibs and jackets.
- All the 105 volunteers have undergone training in all the sector of activities they are currently carrying out on the field.

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

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

Progress towards outcomes:

Activities completed:

- Strengthen the capacity of the NRCS on its compliance with Principles and Rules for Humanitarian Assistance.
- Strengthen the capacity of the NRCS on its compliance with Principles and Rules for Humanitarian Assistance.
- Training of 105 volunteers on their roles and responsibility.
- Provision of accident insurance to all the volunteers involved in this operation.
- Training of 105 volunteers on knowledge of the Movement principles.
- Training of 105 volunteers on gender, diversity and minimum standard for protection, gender and inclusion.

Activities remaining to be completed:

Strengthened the capacity of the NRCS on its compliance with Principles and Rules for Humanitarian Assistance

Output S2.1.4: Supply chain and fleet services meet recognized quality and accountability standards*Progress towards outcomes:*Activities completed:

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

Activities remaining to be completed:

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

The IFRC signed an agreement with the Niger Red Cross Society to store non-food items in the NS warehouse situated in Niamey, further the Diffa Red Cross branch has a warehouse in Diffa, this is being used to store all the purchase items before their distribution on the field.

Output S2.1.5: Integrated services are provided to the NS working internationally*Progress towards outcomes:*Activities completed:

For now, all the items were purchased locally.

Activities remaining to be completed:

The NFIs and international purchased items will transit by the Dakar (Senegal) before reaching to Niger. This requires involving the IFRC colleagues at the Sahel CCST.

Outcome S2.2: The complementarity and strengths of the Movement are enhanced**Output S2.2.1: In the context of large-scale emergencies the IFRC, ICRC and NS enhance their operational reach and effectiveness through new means of coordination.***Progress towards outcomes*

Activities completed:

Movement coordination meetings are taking place on monthly basis in Niamey gathering all Movement partners in the country including ICRC, IFRC, Partner National Societies and Niger Red Cross Society. Further, at the regional level, the Movement Coordination meetings are also held under the lead of the ICRC. The Movement coordination meeting in Diffa gathers the Movement partners in Diffa specially ICRC, IFRC, Luxembourg Red Cross and Niger Red Cross Society.

Activities remaining to be completed:

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

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

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

*Progress towards outcomes*Activities completed:

All activities are well documented. There are reports on most of the activities carried out in this EA.

Activities remaining to be completed:

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

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

*Progress towards outcomes*Activities completed:Activities remaining to be completed:

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

Output S4.1.4: Staff security is prioritised in all IFRC activities*Progress towards outcomes*Activities completed:

- The IFRC security Officer from Nairobi was on mission on July 2018 to Diffa and she had the opportunity to train Red Cross volunteers on the MSR.
- The IFRC is regularly attending to the security meeting with all other NGO's security focal points. Further, IFRC is member of INSO and we regularly received alerts and reports on security incidents in the region.
- IFRC and NRCS are permanently attending to the Movement coordination meetings with ICRC and Luxembourg Red Cross, as well as the cluster sectorial meetings with Government, UN agencies and other NGOs.
- A security meeting was carried out by the IFRC security Officer from Nairobi while on mission in Diffa on July 2018.

Activities remaining to be completed:

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

Funding requirement

HEALTH	504,000
FOOD SECURITY AND LIVELIHOOD	235,000
WATER, SANITATION AND HYGIENE	715,000
PROTECTION, GENDER AND INCLUSION	31,000
STRENGTHEN NATIONAL SOCIETY CAPACITIES	125,000
ENSURE EFFECTIVE INTER'L DISASTER MANAGEMENT	595,000
TOTAL FUNDING REQUIREMENTS	2,205,000

Elhadj As Sy
Secretary General

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**.