

www.ifrc.org
Saving lives,
changing minds.

Emergency Plan of Action Final Report

Niger /Maradi: Population Movement

 International Federation
of Red Cross and Red Crescent Societies

DREF operation	Operation n° MDRNE023;
Date of Issue: 12 August 2020	Glide number: OT-2019-000065-NER
Date of disaster: April/ May 2019	
Operation start date: 24 June 2019	Operation end date: 24 December 2019
Host National Society: Niger Red Cross Society	Operation budget: CHF 482,282
Number of people affected: 30, 000 people (about 4,286 households)	Number of people assisted: 31,054 (about 4,286 households) - Direct recipients: 30,000 people - Indirect recipients: 1,054 people
N° of National Societies involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC) and Spanish Red Cross.	
N° of other partner organizations involved in the operation: Ministry of Humanitarian Action and Disaster Management, Ministry of Public Health, Ministry of Women Development and Child Protection, Ministry of Interior, UNHCR, UNICEF, WFP, WHO, World Vision, Plan International, APBE, BEFEM/ALIMA, ICAHD international, CIAUD, Mercy Corps	

The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, Germany, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, and Fortive Corporation and other corporate and private donors. NLRC, the Belgian Government and the Canadian Government contributed in replenishing the DREF for this operation. On behalf of Niger Red Cross Society (NRCS), the IFRC would like to extend gratitude to all for their generous contributions.

A. SITUATION ANALYSIS

Description of the disaster

Following the deterioration of security situation in the north western states of Nigeria, Sokoto, Katsina and Zamfara, neighbouring the Maradi region of Niger has experienced a rise of insecurity due to armed groups, militias, and unidentified criminal gangs, starting in April 2019. Despite security measures taken by the Government of the Federal Republic of Nigeria by deploying military and police, the situation deteriorated rapidly, causing a population movement towards the department (local government) of Guidan Rounджи (Maradi Region). The number of refugees identified by the UNHCR in collaboration with the National Refugee Eligibility Commission (CNE) as of 10 June 2019 was 16,871 people (3,220 households).

In view of this situation, humanitarian coordination meetings were held under the joint leadership of the Governor of the MARADI region and UNHCR. These meetings resulted in a joint needs assessment between 9 and 10 June 2019. The meetings also included the government's technical services involved in the humanitarian issues and associated the United Nations agencies and other humanitarian organizations such as Niger Red Cross.

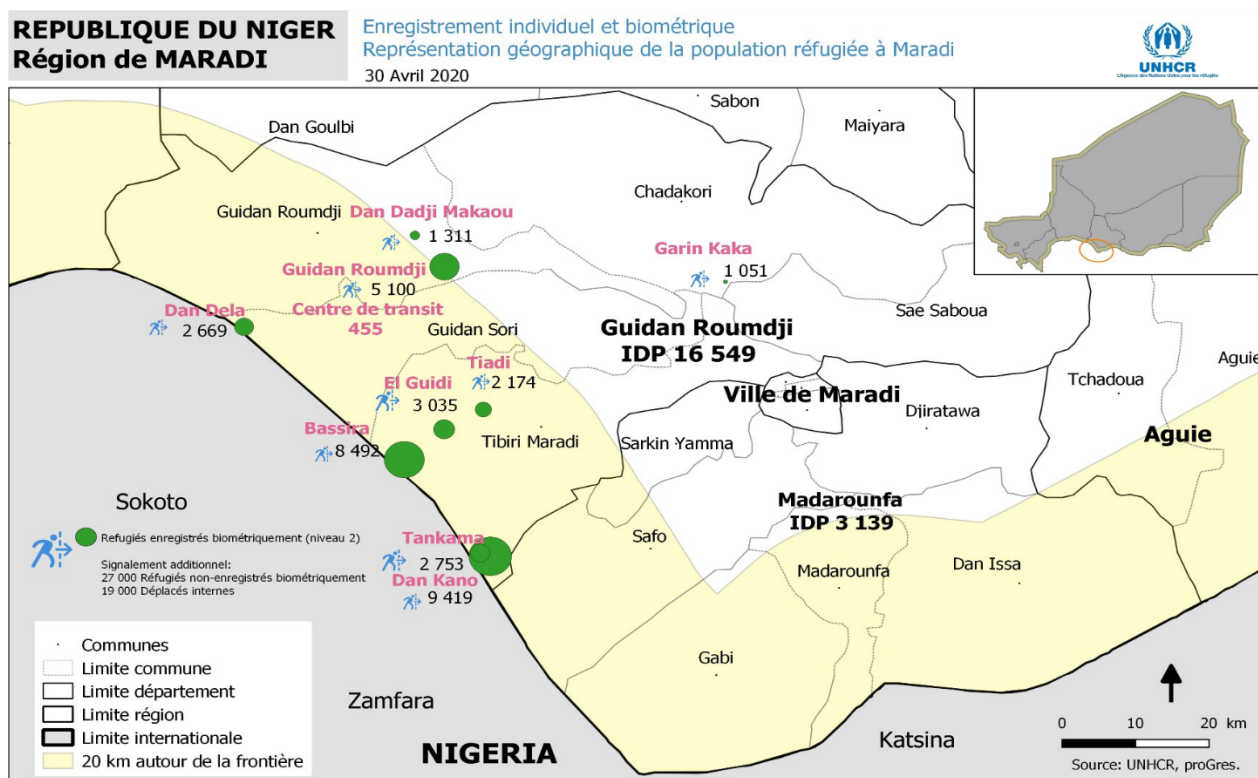


NRCs volunteers with community members carrying out awareness on the hygiene promotion and nutrition activities in Tankama /Photo IFRC 2019

To provide support to these refugee populations in MARADI, Niger Red Cross Society, with support from the International Federation of Red Cross and Red Crescent Societies (IFRC) initially launched a [DREF operation](#) for CHF 237,243 targeting 15,000 people (2,143 households) for a three-month period covering from 24 June to 24 September 2019. Due to delays in administrative procedures, the field teams effectively started implementation of the DREF activities on 17 July 2019 with the deployment of a Surge Support. At that time, the UNHCR monitored the context trend which revealed an increase in violence followed by a growing number of incoming refugees. These movements were the result of regular attacks by armed groups. The UNHCR's tracking therefore presented evolutionary statistical data ranging from 16,871 to 35,000 people recorded in July 2019. This increase in the number of refugees in Maradi Region had a negative impact on basic social sectors such as food security, education, health, water, hygiene, and sanitation. The needs expressed in terms of health, WASH, food security, nutrition, shelter, household items and protection (child protection, sexual and gender-based violence, psychosocial care, people with special needs and peaceful coexistence) thus increased accordingly. An additional joint multi-sector assessment was conducted from 27 to 28 August 2019. The aim was to identify existing needs that could be met before the relocation of refugees to the villages of opportunity chosen by the authorities. Government agencies, the UNHCR, the Niger Red Cross, the IFRC, the Spanish Red Cross and ICRC (working on Restoration of Family Links for unaccompanied children), were part of this assessment.

Considering the increased needs mentioned above, the NS requested an extension the DREF operation timeframe by three months with an increase of the budget to CHF 482,282 and an upwards revision of the target population to 30,000 beneficiaries – this was materialized in [Operation Update 1](#). In the run-up to this DREF, several concrete actions had been taken for the benefit of refugees and host populations as well.

Prior to the above, it is important to mention that by 30 April 2019, the UNHCR and the government (National Refugee Eligibility Commission, CNE) had carried out the biometric registration of 36,469 refugees (9,959 households), 67% of whom were minors, 23% women and 10% men. In addition, the number of unregistered refugees in the region has increased to a total of 26,953, due to a massive influx in April 2020. However, Registration has been stopped since the start of the year 2020 due to a lack of funding. The number of Internally displaced people (IDPs) has also surged since late March, reaching over 19,000 people. According to the UNHCR¹, the area is currently hosting more than 70,000 Nigerian refugees. The overwhelming majority of them live in more than 100 host villages, spread across a 20-kilometre strip along the border.



Les limites, les noms et la désignation utilisée sur cette carte n'impliquent pas l'approbation ou l'acceptation officielle des Nations Unies.
Auteur: Baraka Moussa, moussab@unhcr.org

Map indicating number of refugees registered in Maradi Region by 30 April 2020 ©UNHCR

¹ <https://data2.unhcr.org/fr/documents/download/77034>

Summary of response

Overview of Host National Society

In its role as auxiliaries to authorities, Niger Red Cross Society (NRCS) has been fully involved in organizing and implementing the response to the displacement of people from Nigeria who have settled in Guidan Roudji in the Maradi region (Niger). The NRCS has participated in all the coordination meetings, workshops as well as needs assessment missions conducted including the one carried out from 27 to 28 August 2019.

Since the onset of the implementation of the "Maradi Population Movement Operation" in June 2019, some 89 volunteers and 12 community leaders were identified and trained on health issues, WASH, screening cases of malnutrition as well as the referral system, community disease follow-up and first aid support. The trained people conducted mass awareness sessions at the markets, motor parks stations and public squares. The NRCS health specialist and disaster manager were fully involved specially in the training sessions. Thus, with the participation of the IFRC, several coordination and support missions were conducted in Maradi. The aim of these missions was to exchange with the various stakeholders including volunteers and to contribute to an improved and comprehensive coordination at the project level.

In addition to that and to facilitate the implementation of field activities including regular proximity monitoring, the IFRC deployed two Surges Supports respectively to support the first and second phase of the project.

In summary, the following activities were implemented:

- Community-Based Health and First Aid (CBHFA) and Epidemic Control for Volunteers (ECV).
- Community awareness in the context of Muslim communities on cholera and malaria (knowledge of the disease, signs and symptoms and then measures to avoid the disease).
- Awareness and practice of hand washing with soap and water.
- Awareness on compliance with hygiene and sanitation rules.
- Screening child malnutrition.
- Awareness of water treatment and conservation.
- First aid activities
- Referral system
- Awareness on protection, gender, and inclusion
- NSD (Volunteers insurance, volunteer training, volunteer briefing on their role and responsibility)
- Supply chain and fleet services.

Overview of Red Cross Red Crescent Movement in country

This DREF was developed and planned in close collaboration with the ICRC, the Belgian Red Cross, the Luxembourg Red Cross International Aid, the Spanish Red Cross and the IFRC Country Delegation. Indeed, regular meetings had been held to strengthen collaboration and find synergies for action that have had a positive impact on the work undertaken for the affected population. Also, field visits were carried out by the IFRC, the Luxembourg Red Cross, the Spanish Red Cross, and the Swedish Red Cross to assess the evolving situation with other humanitarian partners and regional authorities. On the other hand, a joint mission of the ICRC protection team, the NS' National Coordinator in charge of Restoring Family Links (RFL), accompanied by the regional focal point at the Maradi Region level under the coordination of Movement partners, visited from 26 June to 08 July 2019 eight villages where refugees from Nigeria live. This assessment mission also allowed them to better understand the issue of connecting family members.

The results of this assessment includes:

- 69 phone calls made;
- 2 cases of unaccompanied children found;
- 2 adults search requests launched.

At the end of the DREF, a capitalization workshop (lessons learned and good practices) was organized on Saturday, 21 December 2019 in the meeting room of the Maradi Trade Union Office. The workshop was attended by Red Cross Movement stakeholders, the refugee management committee, community leaders, volunteers, representatives of partners (WFP, UNHCR, Save the Children, WHO), representatives of technical services, such as the National Refugee Eligibility Commission (CNE), the Regional Directorate of Public Health (DRSP) and communities. The following points were identified at the end of the workshop:

- The implementation of the project activities was carried out in perfect collaboration between the IFRC and the NRCS and the other RC actors (Spanish and Luxembourg RC);
- The IFRC provided the NRCS with human resources, equipment and logistical resources support in the planning and implementation of project activities through monitoring, capacity building, and compliance with IFRC procedures and standards;

- The NRCS volunteers also benefited from several training and capacity-building sessions;
- Other humanitarian partners such as the United Nations Agencies (UNHCR, UNICEF, WFP, OCHA) also participated in these capacity-building workshops; NGOs, actors of the RCRC Movement, Save the Children, World Vision, Government Technical Services, the DRSP and the Maradi Regional Directorate in charge of Protection.

Overview of non-RCRC actors in country

The UNHCR began voluntary resettlement of refugees in October 2019 in ten (10) villages of opportunities identified 50 km from the border, to ensure adequate security to refugees' settlements from border attacks. Thus, three (3) villages (Garin Kaka, Dan Dadjji Makaou and the extension of the Chadakori site) were selected for the relocation of the displaced persons. Based on this, the UNHCR revised its initial response plan from three to six months, ranked the humanitarian emergency as level 2 and called on all partners to respond urgently as the situation in Maradi became an international humanitarian crisis.

Prior to the identification of the villages of opportunity and the multi-sector needs assessment, the UNHCR and several humanitarian partners had carried out the biometric registration of refugees. Indeed, a total of 2,781 refugees have been relocated since the onset of the operation in October 2019 as announced earlier. It should be noted that this relocation was made after several prerequisites:

- Mobilizing funds for servicing and protection/assistance response.
- Creating/strengthening basic structures (schools, water, health, civilian status,)
- Information and awareness of refugees.
- Transfer of refugees to a transit centre currently functioning
- Relocation to identified areas

It had been pointed out that the UNHCR had opted for the "host familiar" nexus, so, no camp had been built. The refugees had been welcomed in the host villages called for the circumstance "villages of opportunity". Prior to the relocation of refugees, several partners implemented activities for these refugees. These include:

- **WHO:** Through the Regional Directorate of Public Health (DRSP), the WHO, is in charge of health activities.
- **FAO:** Agriculture and environment sector
- **World vision:** with the distribution of NFI the realization of drilling and the construction of shower latrine blocks
- **The Government with the support of WFP:** the distribution of 1,000 tons of food items by the end of September 2019.
- **OCHA:** leading humanitarian coordination with all partners in Maradi.
- **Save the children, Mercy Corps** were also among other humanitarian partners outside the United Nations system that had assisted refugees in the areas of health and wash.

Needs analysis and scenario planning

The joint multi-sector needs assessment conducted in August 2019 identified the following areas of interest:

- The construction and/or repair of health centres;
- The construction and/or rehabilitation of schools;
- Need for clean water as well as distribution networks;
- The construction and development of housing;
- Establishing opportunities for livestock's breeders.

Of the above-mentioned needs, humanitarian actors provided support in the areas of shelter, food security, health, water, hygiene, and sanitation (WASH) as well as protection, gender, and inclusion (PGI).

With regards to the targets, the NRCS targeted 30,000 people (4,286 households), including 22,817 refugees (3,260 HHs) and 7,183 people from host communities (1,026 HHs). The operation covered the areas of community health, WASH, PGI and distribution of NFI, Community Engagement & Accountability (CEA), Nutrition, Health and First Aid in five villages (DanKano, Bassira, Elguidi, Tankama and Kelkele) along the Niger/Nigeria border. Prior to the identification of opportunity villages, a multi-sector assessment of relocation needs was conducted by NRCS with the support of IFRC and had also covered their needs during the transition to the three (3) pre-identified Villages of Opportunity including DAN DADJI MAKAOU, CHADAKORI and GUIDAN KAKA.

To avoid tensions between refugees and host populations and with the aim to satisfy them all, selection criteria have been developed with the involvement of all stakeholders including local authorities and community leaders.

Criteria for the selection of refugees

- Being a refugee (from Nigeria)
- Living in the project area
- Being a female head of household
- Being an elderly person with dependent children
- Having a household size of more than 05 people
- Not receiving similar support from another partner or the Government.

Criteria for selecting host population

- Being a Niger national and living in one of the intervention areas
- Being a female head of household
- Being an elderly person with dependent children
- Being vulnerable among the vulnerable
- Having a household size of more than 07 people is an asset
- Hosting refugees from Nigeria
- Having a low source of income
- Not benefiting from similar support from another partner or government.



Non-food items beneficiaries' registration by NRCS' volunteers in Dan Kano
©IFRC

Risk Analysis

As this humanitarian emergency continues in 2020, with a probability of an increased number of displaced people escaping from Nigeria to Niger, the NRCS and the IFRC had thought of integrating the activities of the initial DREF into the [Niger Complex Emergency Appeal](#) being implemented in the Diffa region. Indeed, the reasons and context of this crisis have the same roots (insecurity, attacks, and violence of similar origins). Note that the appeal was revised in April 2020 to allow the International Federation of Red Cross and Red Crescent Societies (IFRC) to continue to support the Niger Red Cross Society (NRCS) in providing health, water, hygiene and sanitation (WASH) services and protection, gender and inclusion assistance (PGI) to affected households. The revision also introduced a "Livelihood and Basic Needs" component so that affected populations are empowered and allowed to extend the operational period to 36 months instead of the initial 12 months. In addition, discussions were held with Red Cross partners to find supplementary funds to implement long-term activities to support those affected in the Maradi region. As a result, the Luxembourg Red Cross is currently carrying out Shelter and WASH activities, Belgium RC is focusing on Income Generating Activities and the Spanish Red Cross is carrying out WASH activities in the same areas of intervention.

The risk analysis conducted throughout the implementation phase identified the following:

- An increase in insecurity due to the rise of crime groups in the project area. In fact, due to the porous border with Nigeria, armed groups crossed the border to attack people who escaped from Nigeria to Niger, although the areas were secure even at the time the incident happened.
- The poor road conditions, especially during the rainy season makes vehicles trafficking difficult if not impossible as the roads become impracticable.

To mitigate the above risks, the Government of Niger stepped up its security surveillance mechanisms at the Nigerian border. Similarly, the humanitarian actors were concerned about the risks of floods and epidemics outbreak. In addition, continued community disease follow-up has remained a key solution for the rapid detection of epidemic diseases outbreak and referral of cases by volunteers to the nearest health centres.

B. OPERATIONAL STRATEGY

Proposed strategy

The overall objective of this operation was to support 30,000 people (4,286 households), including 22,817 refugees (3,260 households) and 7,183 people from the host communities with mainly health services, WASH and PGI in the five host villages (DanKano, Bassira, Elguidi, Tankama and Kelkele as well as at the level of the three villages of opportunities (Dan Dadjé Makaou, Chadakori and Guidan Kaka)) identified in the Department (local government) of Guidan Roudji, Maradi region.

The NRCS as an implementing partner has been supported by the IFRC and other Movement partners (the Spanish Red Cross and the Luxembourg Red Cross). Indeed, in its implementation strategy, the NRCS through its staff and volunteers benefited from training and guidance on how to conduct awareness sessions. The sectors covered were education,

community disease follow-up, malnutrition screening and the referral system, protection, first aid and communication for behavioural change as a strategy for community engagement.

Thus, to reach the targeted 30,000 people, 89 NRCS volunteers and 12 community leaders were identified and trained in the topics mentioned above. At the end of these trainings, all benefited from the communication materials necessary to conduct the awareness sessions. With regards to community health, awareness-raising activities covered the following aspects:

- Cholera and malaria (knowledge of the disease, signs and symptoms and then measures to avoid diseases).
- Malnutrition screening and referral mechanisms to the nearest health centres.

In the area of water, hygiene and sanitation, volunteers were trained by the technical services of water resources. The areas covered during the implementation of the project's activities were:

- The purification of water by distributing Aqua Tabs and demonstrating their use to different recipient families who do not have access to safe drinking water. In addition, volunteers chlorinated the water at each water point to ensure it was safe to drink.
- Promoting hygiene and demonstrating hand-washing techniques for refugees and host communities in villages through the CEA approach.
- The procurement and distribution of household items related to water, sanitation, personal and environmental hygiene.

Considering actions to protect and include vulnerable/excluded persons, the NRCS with an active participation of the host community and refugees (men, women, girls, boys and people with special needs) carried out an assessment of specific needs such as persons with disabilities and risks of gender-based violence. They were also part of the outreach activities and distribution of the NFI. Specifically, the awareness raising sessions covered the following areas:

- The impact of the gender-based violence on survivors and their families;
- The factors influencing the occurrence of gender-based violence; and
- Actions to be taken in case of gender-based violence and available support services.

On issues relating to community engagement, it should be noted that the participatory approach was adopted with, of course, the involvement of existing community structures in the project's area of implementation. Indeed, the NRCS through volunteers and community leaders focused on gender integration and diversity as well as promoting NRCS' actions and missions within the communities. Also, information on the duration of the project, the criteria for participation, the area of intervention, the donor, the types of activities and the implementation strategy were made available to the beneficiary communities. Feedback and complaint response mechanisms were established to enable recipients and other stakeholders to file grievances and receive responses from the project coordination. Unfortunately, the feedback collected were all addressed verbally thus, were not documented.

Operational support services

Human resources: To implement the project's activities, the 89 NRCS volunteers were identified based on the following criteria:

- Know how to read and write.
- Be committed to volunteering.
- Have consideration in the community
- Be credible and dynamic in the community.
- Be already a volunteer and available.
- Living in the village.
- Have an understanding of gender issues and the inclusion of people with special needs

In addition to the 89 volunteers, 12 community leaders and the technical services involved participated in the implementation of the project activities. At the same time, a local monitoring mechanism was set up through the NRCS regional branch committee in charge of the regular and daily monitoring of the project's activities and the national coordination provided mainly by the members of the national headquarters of the NRCS, the health coordinator, the disaster management coordinator, the national logistics manager and a financial assistant as well as the communication manager. They carried out several follow-up missions and presented recommendations for improvement. In addition to that, success stories as well as testimonies and pictures were collected during the implementation phase.

At the IFRC level, the deployment of two "Surge personnel for General Support" specializing in disaster management respectively for the first and second phase of the operation, which ended on 24 December 2019. Under the supervision of the IFRC Country Representative, the first Surge worked from July to September, while the second was deployed for the second part of the operation, that is from October to December 2019. Both based in Maradi, to be closer to the regional committee and the operations, the surge personnel's aim was to support the NRCS to have an effective and efficient implementation plan, including mobilizing, training volunteers and activities monitoring.

All the project activities were coordinated by the IFRC Country Representative, the IFRC Program and Operations Coordinator Delegate as well as the IFRC Field Coordinator based in Diffa who also covers the regions of Zinder and Maradi.

Logistics supply chain and Distribution Strategy: Under the leadership of the NRCS' National Logistics Coordinator, the Maradi Regional Red Cross Committee purchased all household items (HHI) at the Maradi region level. This procedure complied with the IFRC norms and standards. In fact, in accordance with the standards of the RCRC Movement, the tender was launched on 28 November 2019. All bids were registered under closed folders at the Maradi regional committee of the Regional Red Cross before the closing date. The counting of the offers took place on 30 November 2019 in the presence of those members. As a result of the administrative and financial technical analysis of the bids, the contract was awarded to two suppliers who met all the conditions listed in the tender.

As for storage, the items were stored in the main warehouse of the Maradi regional Red Cross committee. In terms of distribution strategy, the items were transported to the intervention villages by rental trucks. In addition, the IFRC, through its leasing system, made available to the regional committee a four-wheel drive vehicle to oversee the implementation of the project activities during this period.

From 11 to 16 December 2019, the NRCS distributed HHI kits consisting of: Buckets, long lasting impregnated mosquito nets, soap, jerrycan, aqua tabs, First Aid kits to targeted communities and post-delivery kits to women who gave birth in December in health centres.

Organization and method of distribution

The distribution strategy adapted by the NRCS was to have a logistics base at the Maradi central warehouse from which the distribution sites received their stocks according to the evolution of the operation. This allowed the coordination to carry out field monitoring visits and supervision. Before each distribution, the list of targeted persons and the biometric refugee card issued by the UNHCR or the family card for the host populations were checked to ensure compliance with the lists and to avoid fraud and other misconduct.

At the distribution sites, the NRCS teams were organized into six workshops according to the following tasks:

- Distribution card control workshop
- Casting workshop for buckets, mosquito nets and soap.
- Aqua Tabs distribution workshop
- Start-up and daily distribution reporting workshop



Non-food items distribution to refugees and local population in Dankano - Photo IFRC 2019

Communications: Communication and visibility activities revolved around the production of videos, photos, T-shirts, and caps. In total, 160 T-shirts and 160 caps were produced and distributed to the NRCS volunteers in charge of implementing the project's activities. It should also be noted that the close monitoring mechanisms established by the NRCS and the IFRC provided regular and continuous information against the initial planning.

In addition to that, in terms of behavioural change activities, a group of actors including opinion leaders (taxi drivers, religious leaders, traditional midwives, community leaders and teachers) were targeted as agents of change for social mobilization and communication activities. At the end of the project, the NRCS held interviews with the recipients to assess their level of satisfaction.

Security: In terms of security, despite apparent and localized improvements in the Maradi region, the whole country was insecure during the project implementation, and remains so until now. Mitigation measures were taken by the NRCS and the IFRC to monitor the security trend. From the NRCS side, volunteers received online training on personal safety rules, safety management and the safety of volunteers. Also, the acceptance approach was adapted by the NRCS by producing T-shirts, caps, and vests for volunteers in charge of the implementation of the project activities.

In addition to that, all field trips were subject to strict compliance with IFRC security protocols and that all field visits were approved in advance by the IFRC Country Representative and previously coordinated with the local authorities. Also, it was initiated to coordinate the field visits with the authorities and other implementing partners. Coordination in monitoring the security trend through UNOCHA daily and monthly bulletins enabled the IFRC and the RCRC Movement to closely monitor the security trend at the country level in general and particularly the project area of intervention. All these safety

prevention and management mechanisms enabled coordination to make evidence-based decisions to mitigate risks and incidences occurrences.


Planning, Monitoring, Evaluation, and Reporting (PMER): To ensure that project activities were implemented in accordance with the initial planning and strategy, the IFRC through the "Surge General Support" in collaboration with the NRCS Monitoring and Evaluation focal point provided follow-up reports on implementation. Also, several field monitoring missions were organized either to monitor the level of implementation or to supervise the distribution of household items.

In addition, a workshop on best practices and lessons learned was held at the end of the project. Its objective was to share knowledge with and between employees who participated, either directly or indirectly, in the implementation of the project's activities. The synergy of action and the close monitoring mechanism were identified as key elements that contributed to the success of the project.

Administration and Finance: For effective and efficient management of financial resources that meet the IFRC and the RCRC standards, the IFRC Country Representative Office signed a memorandum of understanding (MoU) with the NRCS based on the implementation of the Project Funding Agreement (PFA). This MoU outlined the key elements for financial and logistics procedures to be applied when implementing the project. In its close monitoring and capacity building strategy, the NRCS staff with the support of the IFRC established and implemented a systematic compliance system for all financial expenses. So, for any logistics purchases process, conducted by the NRCS, the IFRC was fully involved.

The system in place required the coordination between the IFRC Finance & Admin team in Niamey, together with the one of the NS, and also technical support from the RC structure in Maradi through the Spanish RC.

C. DETAILED OPERATIONAL PLAN

	<p>Health</p> <p>People reached: 31,054</p> <p>Male: 13,043</p> <p>Female: 18,011</p>	
Outcome 1: Vulnerable people's health and dignity are improved through increased access to appropriate health services.		
Indicators:		
Number of people reached by NRCS with services to reduce relevant health risk factors	30,000	31,054
Output 1.1: Communities are provided by NS with services to identify and reduce health risks		
Indicators:	Target	Actual
Number of volunteers trained on CBHFA and ECV	89 volunteers	89 volunteers
Number of volunteers trained on CEA	89 volunteers	89 volunteers
Number of community leaders trained.	18 leaders	12 leaders
Number of posters produced	1,500 posters	1,800 posters in A4 format 500 posters in A3 format
Number of images boxes produced.	15 image boxes	100 image boxes
Number of flyers produced	3,500 fliers	3,600 flyers
Number of visibility materials produced.	160 T-shirt, 160 caps and 160 volunteer bibs	160 T-shirt, 160 caps and 160 volunteer bibs
Number of Long-lasting impregnated mosquito nets purchased	12,858 mosquito nets	12,858 mosquito nets
Number of people reached with the distribution of Mosquito nets	30,000 people (4,286 HH)	30,000 people or 4,286 HH
Narrative description of achievements		
The NRCS, as an implementing partner under the supervision of the IFRC and with the support PNS (the Spanish Red Cross and the Luxembourg Red Cross), conducted the activities of this DREF. Indeed, to reach the target of 30,000		

beneficiaries, 89 NRCS volunteers and 12 community leaders were identified and trained to conduct the activities. The NS initially planned to reach 18 community leaders but since activities were carried out in 6 main villages where refugees were established, the training targeted the 6 local community leaders and 6 refugee leaders.

At the end of these trainings, all benefited from the communication materials necessary to conduct the awareness sessions. Specifically, in community health, awareness-raising activities covered the following aspects: The NS produced 1,800 flyers with messages for cholera prevention, 1,800 fliers with messages for malaria prevention, 1,800 posters for hand washing techniques, 100 images boxes, 500 posters in A3 formats for hand washing technics. These IEC materials were distributed by Red Cross volunteers within the affected community.

The NS was able to purchase 12,858 long lasting impregnated mosquito nets (LLIMN) and they were distributed to 4,286 households. The distribution ratio depended on the number of people in the household and was provided by the UNHCR.

Number of people in the household	Number of LLIMN distributed
1 to 2 people	1 piece
3 to 5 people	2 pieces
6 to 9 people	3 pieces
10 and more	4 pieces

Challenges

Difficulties encountered include the following:

- IFRC and Niger RC had great delays in setting up this DREF operation due to several reasons: 1) Delays in completing the eContract process for the MoU (which affected also the time taken to transfer the fund to Niger NS); 2) Delay in finding the volunteers in Guidan Roumji (although it was initially thought of using volunteers from Madarounfa, this was just not possible due to acceptance issues: identifying the adequate personnel, as well as to identify and train the supervisors, was challenging; 3) Delay in deploying the RDRT to the site. Together with the Red Cross team, the implementation team was confronted with coordination issues. The role of the local authorities, UNHCR, OCHA (absent in Maradi region) was unclear; 4) A fourth element that played a role in the delays was the security situation, with armed groups from Nigeria entering Niger and harming refugees and host communities, which obliged the volunteers to be on standby on several occasions.
- The unavailability of Maradi Regional Public Health Directorate officers due to overwork, which caused a delay regarding to the start-up of community actor training activities.
- Poor coordination with the UNHCR in terms of NFI distribution ratio. At the preparation of this operation, it was agreed that each household will receive 3 Long Lasting Impregnated Mosquito Nets (LLIMN). However, during a coordination meeting, the UNHCR advised that the distribution of NFI must follow the number of people per household. This created a confusion for volunteer, and they ended up distributing with errors. However, all the target households received the items.
- The preparation and use of communication materials for awareness raising among amongst targeted communities.

Lessons Learned

- In order to speed up with the implementation of DREF operation, as DREF is live saving activities, IFRC need to simplify the procedures for cash delivery to the National Society.
- Close monitoring and coordination of field visits contributed to handle difficulties et reach the initial planning.
- The use of volunteers and community leaders to implement the project activities had helped to establish a community strategy through follow-up, awareness raising activities, home visiting, screening, referral system
- The project had contributed to the increased availability of maternal and child health services.
- Beneficiary community groups indicated that they were satisfied with the availability and accessibility of the NRCS/IFRC services
- Improve coordination with all partners involved in the operation before undertaking any activity.

Output 1.2: Communities are supported by the NS to effectively detect and respond to infectious diseases outbreak

Indicators:	Target	Actual
Number of community discussion sessions held on communicable disease prevention.	90 sessions	72 sessions
Number of people reached with community discussion sessions.	30,000 people	31,054 people
Number of coordinated meetings attended by NRCS staff	20 meetings	18 meetings
Number of community-based disease surveillance teams put in place.	6 community teams	5 community teams

Number of awareness sessions carried out on community-based health promotion and disease prevention using CEA basic approach	72 sessions	72 sessions
Number of platforms put in place for exchange of data and surveillance information with other stallholders.	2 platforms	2 platforms
Number of post-delivery kits purchased	600 post-delivery kits	667 post-delivery kits
Number of women reached with the distribution of post-delivery kits	600 women	667 women

Narrative description of achievements

The NS volunteers held community discussions with group of people (youths, females, gents, elderly, nationals, refugees, and mixed groups). A total of 72 sessions were held.

The NS and IFRC have attended all the coordination meetings led by the UNHCR and the government authorities, cluster thematic meetings (specially health, WASH and Protection). Some of the coordination meetings were held in the capital city of Niamey and led by the UNHCR while other coordination meetings were held at field level and led by the Governor of the region of Maradi. The coordination meeting is held once during a month, be it in Niamey or in the field. Further, cluster thematic meetings were also held in Niamey and Maradi. They were also held once a month.

In addition, the NS purchased 667 posts delivery kits and they were distributed to 667 lactating and pregnant women in collaboration with the Head of Integrated Health Centres. These kits reached more women than planned because they turned out to be cheaper than the amount budgeted. The criteria used for the selection of the beneficiary of the delivery kits were as follows: 1) women who delivered at the health centres and 2) pregnant women who is following prenatal consultation at the health centres. The post-delivery kit comprises a basin for baby bath, 3 pieces of wrappers for the mother, 5 pieces of 250 grs soap and one piece of long-lasting impregnated mosquito bed-nets.

On issues relating to community engagement, it should be noted that the participatory approach was adopted with, of course, the involvement of existing community structures in the project's area of implementation. Indeed, the NRCS through volunteers and community leaders focus on gender integration and diversity as well as promoting the NRCS' actions and missions within the communities. Also, information on the duration of the project, the criteria for participation, the area of intervention, the donor, the types of activities and the implementation strategy were made available to the beneficiary communities. Feedback and complaint response mechanisms have also been established to enable recipients and other stakeholders to file grievances and receive responses from the project coordination.

Challenges

Initially it was planned to distribute the post-delivery-kits to women who have respected the 4 prenatal consultations at the Integrated Health Centre and delivered at the Health Centre. However, after discussions with the UNHCR, it was realized that the refugees are continuously arriving, and some of them arrived already pregnant and such, would not have enough time to respect the 4 prenatal consultancies before given birth. The criteria was thus changed into all pregnant refugee woman that goes for prenatal consultation at the Health Centre and those who delivered at the Integrated health Centres.

Lessons Learned

Following the conversations held with local health authorities, it was highlighted that this type of distribution programs to pregnant women following the regular visits to CSI, increased awareness and presence in prenatal consultation as well as the number of women delivering at the health centres

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

Indicators:	Target	Actual
Number of volunteers trained for malnutrition screening.	89 volunteers	89 volunteers
Number of children under 5 screened for malnutrition.	1,000 children	667 children
Number of pregnant and lactating women screened for malnutrition	400 women	299 women
Number of severe and moderate malnourished cases identified and referred to the nutrition centre	400 children	129 children
Number of lactating women trained on malnutrition screening.	400 women	70 women
Number of children screened by lactating women	400 children	301 children

Narrative description of achievements

Despite the delays in term of implementation, the community actors and NRCS volunteers identified and trained were able to identify a significant number of malnourished children and women.

During the first phase of the DREF, the monthly Screening and referral system were able to refer 125 malnourished children of 6 months to 5 years old aged and 27 malnourished breastfeeding pregnant women to the nearest health centres. It is

important to note that the Ministry of Health signed an agreement with WFP and UNICEF for malnutrition management in the same area. According to the agreement, WFP provided food input for moderate acute malnourished people at the community level while UNICEF provides food inputs for severely cases of malnourished people at the health Centres. Therefore, when the NS started community-based malnutrition screening, it appeared that most of children identified with moderate acute malnutrition were already under WFP programme and were receiving food input from the WFP. Nevertheless, the NS volunteers continued to carry out malnutrition screening to identify those who miss the screening process put in place by the WFP and those who had not received food input because of shortage. This helped to complement the work done by WFP.

Challenges

The irregularity of inputs supply to support malnourished cases referred to health centres had resulted to a hesitancy of women to go with their children to the health centres for support and medical follow-up.

Lessons Learned

To avoid stock depletion and the discouragement of women, the Health Centres should be given a minimum of health kits or medical inputs and reinforce the partnership with them. WFP and UNICEF, in charge of providing food input respectively for moderate and severe cases, are required to regularly monitor the stock of food inputs at the health centres.

Outcome 2: The immediate risks to the health of the affected populations are reduced through improved access to medical treatment

Indicators:		
Number of people identified with health problems and treated and /or referred to the nearest Integrated Health Centre.	500	379

Output 2.1: Improved access to health care and emergency health care for the targeted population and communities.

Indicators:	Target	Actual
Number of First Aid kits purchased.	40 First-Aid kits	40 First Aid kits
Number of volunteers trained on First Aid	89 volunteers	89 volunteers
Number of people reached with First Aid treatment.	400 people	617 people
Number of visits carried out to the refugee compound.	90 visits	112 visits
Number of people treated during home visit.	120 people	238 people
Number of people referred to the health facilities for immediate and appropriate care.	500 people	379 people

Narrative description of achievements

Despite some issues, most of the activities were implemented as initially planned. However, first aid activities could not be carried out as originally planned at the border level because of insecurity. Finally, first aid actions were carried out during the door-to-door and mass awareness raising sessions.

The number of visits increased because some of the volunteers were to initially carry out First Aid activities at the border level and others were to focus on home visits. But due to insecurity at the borders, the volunteers could not implement activities at the borders and all concentrated in home visits. This explains the overachievement in the number of home visits.

Challenges

Insecurity could not allow volunteers to carry out first aid activities at the border as initially planned. Volunteers ended up searching people injured through door to door visits.

Lessons Learned

The synergy of action established by the NRCS with the support of the IFRC and other implementing partners in the identification and referral system of severe cases has contributed significantly to the achievement of project-level indicators and the concerned health centres. The NS was in charge of identifying people with health problems at community level and referring them to the nearest health centres where they were received by head of the Health Centres, MSF and APBE (a local NGO sponsored by the UNHCR) for treatment. It was a good idea to establish a direct partnership with the Health Centres for medical support.



Water, sanitation, and hygiene

People reached: 31,054

Male: 13,043

Female: 18,011

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

Indicators:	Target	Actual
Number of people identified with health problems linked to water consumption or water related diseases.	30,000	31,054

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

Indicators:	Target	Actual
Number of volunteers trained on carrying out water, sanitation, and hygiene assessment.	89	89
Number of initial assessments carried out on water, sanitation, and hygiene situation.	2	2
Number of coordination meeting held with wash actors	12	12

Narrative description of achievements

In the area of water, hygiene and sanitation, volunteers were trained by the technical services of water resources. The areas covered during the implementation of the project's activities were:

- The purification of water by distributing Aqua Tabs and demonstrating their use to different recipient families who do not have access to safe drinking water. In addition, volunteers chlorinated the water at each water point to ensure it was safe to drink.
- Promotion of hygiene and demonstration of hand-washing techniques to refugees and host communities in the target villages through the CEA approach.
- The purchase and distribution of household items related to water, sanitation, personal and environmental hygiene.

In all, the activities were carried out as initially planned, which led to satisfactory results. The completion rate exceeded 100%. The Project team attended 6 WASH cluster meetings in Niamey and 6 at the regional level (Maradi).

Challenges

Difficulty to get the test pools, but with the support of other Implementing partners the NRCS volunteers and communities' leaders were able to get the materials and conducted the water quality assessment.

Lessons Learned

- For a comprehensive implementation, the project coordination unit had participated to all the meetings organized by the Wash group (cluster) and WASH-related activities done by other partners.
- The good collaboration between the NRCS volunteers and communities' leaders and with support of the regional directorate in charge of water resources contributed to the implementation of the project activities.

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
Number of people that have access to clean drinking water.	30,000	30,000
Number of Aqua Tabs purchased.	771,480	333,210
Number of people reached with the distribution of water treatment product.	30,000	4,286 households (30,000 people)
Number of buckets and jerrycans purchased.	8,572 buckets	8,286 buckets
Number of Jerrycans purchased	8,572 jerrycans	8,286 jerrycans
Number of people reached with the distribution of buckets	4,286 HH	4,143 HH

Number of people reached with the distribution of jerrycans	2,000	4,143 HH
Narrative description of achievements		
<p>All the NFI kits needed to implement the Wash activities were purchased and distributed to targeted families. As mentioned above, the NRCS volunteers and the community's leaders with a close support of the IFRC country representative worked together to achieve the planned activities. In the first phase of this operation, the NS purchased 93,210 aquatabs and these tablets were distributed to 1,195 most vulnerable households at a rate of 78 tablets per households. In the second allocation, the NS purchased 240,000 tablets and distribution process was done following the number of people in the household as required by the UNHCR. In total, 333,210 aqua tabs were purchased and distributed to 4,286 households (30,000 people).</p> <p>A total of 8,286 buckets and 8,286 jerrycans were also purchased by the NS. These items were distributed to 4,143 households for each item, the distribution ratio applied was 2 buckets and 2 jerrycans per household.</p>		
Challenges		
<p>The closure of the border by the government of the Federal Republic of Nigeria led to an increase in prices of WASH kits. Noted that, Nigeria is the main provider of these kind of products. As a result of this situation, the project had encountered delay in the acquisition of those articles.</p>		
Lessons Learned		
<ul style="list-style-type: none"> • Evaluate on time the prices of items at the major markets of Niamey and Maradi • Launch offers over time to save time and be within the time • The distribution of WASH kits (including aqua-Tabs tablets) at refugee sites has contributed to the prevention of certain water-related diseases and the availability of water at household level. 		
Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population		
Indicators:	Target	Actual
Number of volunteers trained on hygiene promotion technique.	89	89
Number of awareness sessions carried out on hygiene promotion.	72	87
Number of people reached with the hygiene promotion sessions and demonstration of hand washing technique.	30,000	31,054
Narrative description of achievements		
<p>The awareness raising sessions conducted by the NRCS Volunteers with the support of communities' leaders on topics like promoting hygiene and sanitation had helped to reach the beneficiaries and therefore improve their hygiene condition.</p>		
Challenges		
<p>The main challenge is the security situation in the area of implementation as well as lack of Red Cross volunteers in the affected area. Half of the volunteers came from Maradi, and they were obliged to leave the area early for security reasons.</p>		
Lessons Learned		
<p>It is always important to work with the local volunteers, because they are members of the community and they are most understandable by the community members.</p>		
Output 1.5: Hygiene promotion activities which meet Sphere standards and training on how to use those goods is provided to the target population		
Indicators:	Target	Actual
Number of sanitary pads purchased.	21,000	17,600
Number of people reached with the distribution of sanitary pads	7,000	8,800
Number of people reached with the training on the use of sanitary pads;	7,000	8,800
Number of pieces of 250 grams soaps purchased;	30 000	30,000
Number of people reached with the distribution of soap;	30,000	30,000
Number of sanitation kits purchased;	21	21
Number of sanitation kits distributed.	21	21
Number of environmental cleaning sessions held.	12	12
Narrative description of achievements		
<p>The awareness raising sessions conducted by NRCS volunteers with the support of community leaders on topics like promoting hygiene and sanitation helped to reach the beneficiaries and therefore improve their hygiene condition.</p>		

Some 17,600 hygiene pads were purchased by the NS and distributed to 8,800 women at a rate of two (2) per woman.

Some 30,000 pieces of 250 grs soap were purchased and distributed to 30,000 people. The distribution rate was also done with respect to standards prescribed by UNHCR. However, as for the pieces of soap, one piece was given to be used per person, reaching overall target of 30,000 people.

Some 21 sanitation kits comprising of 1 wheelbarrow, 10 rakes, 10 nose masks, 10 brooms, 10 shovels, 10 80-litres basins, 10 pairs of boots, 10 pairs of household's gloves, 10 aprons, and 10 pickaxes each were purchased by the NS. These sanitary kits were distributed to 5 communities at a rate of 2 kits per community.

Challenges

The delay in the implementation of the project's activities and the closure of the border by the Government of the Federal Republic of Nigeria had a negative impact on the implementation of this part of the project.

Lessons Learned

Launch tenders as soon as possible and implement field activities as planned.



Protection, Gender and Inclusion

People reached: 167

Male: 70

Female: 97

Outcome 1: Protection, Gender & Inclusion Outcome 1: Communities become more peaceful, safe, and inclusive through meeting the needs and rights of the most vulnerable.

Indicators:	Target	Actual
Number of people with specific needs identified and assisted	300	167

Output 1.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.

Indicators:	Target	Actual
Number of specific risk assessment carried out.	2	2
Number of people identified with specific needs with data disaggregated into sex and age;	500	167
Number of briefing for sector team carried out;	1	1
Number of volunteers trained on minimum standard for PGI.	89	89

Narrative description of achievements

Considering actions to protect and include vulnerable/excluded persons, the NRCS with an active participation of the host community and refugees (men, women, girls, boys and people with special needs) carried out the assessment of specific needs and risks on gender based and people with specific needs such as persons with disabilities. They were also part of the outreach activities and distribution of the NFI. Awareness raising sessions covered the following areas:

- The impact of Gender-Based Violence on survivors and their families.
- The factors influencing the occurrence of Gender-Based Violence
- Actions to be taken and available support services.

The area of implementation of this operation is unsecured due to the regular influx of armed groups from neighbouring Nigeria. Therefore, risk assessments were carried out twice in collaboration with UNDSS and the NS colleagues. Prior to the implementation of this activity, NRCS volunteers supported by community leaders first conducted a needs assessment. To consider, the needs of all community members, men, women, girls, and boys were involved. People with specific/excluded needs, such as people with disabilities and specific needs, also participated in the assessment process. This approach enabled the project's activities to be implemented according to the needs of everybody.

Challenges

It is always important to consider people with specific needs during humanitarian activities, and to better identify them community members must be involved in the activities.

Lessons Learned

The NS was able to identify people with several type of disabilities in this operation. There were physical disabilities, people with mental problems, people affected with post-traumatic stress disorder (PTSD) etc. therefore, there is an urgent need to support households comprising persons with disability in order to reduce their vulnerabilities.

Strategies for Implementation		
Outcome 1: Effective and coordinated international disaster response is ensured		
Indicators:	Target	Actual
Number of targeted people acknowledging that support received from RC was timely and useful	At least 70% of targeted people or 21,000 people	70% or 21,000 people
Output 1.1: NS compliance with Principles and Rules for Humanitarian Assistance is improved		
Indicators:	Target	Actual
Number of NS volunteers insured.	89	89
Number of NS volunteers reached with the briefing on their roles and the risk they face.	89	89
Number of NS volunteers who knows their right and responsibilities;	89	89
Number of volunteers trained	89	89
Number of village committees held.	72	72
Number of complain committees put in place.	6	6
Number of strategies put in place to ensure that communities can participate in the response and influence decision making.	2	2
Number of complaints registered during the implementation of this operation	50	18
Narrative description of achievements		
<p>All activities were carried out in accordance with the initial planning. Indeed, the involvement of all stakeholders as well as the awareness during the implementation process contributed to a timely implementation, and this despite the delay in starting up the operation. Also, the sharing of information on the project including the types of activities, the conditions of participation, the area of intervention, the duration of the project, the donor, the stakeholders, the roles and responsibilities of the participants including the NRCS volunteers, community leaders and the establishment of a feedback and complaint management mechanism facilitated mutual understanding. As a result, there were fewer complaints that were recorded during the implementation phase.</p>		
Challenges		
<ul style="list-style-type: none"> • Meetings of village assemblies were not documented through reports • Complaints were collected orally at the complaints mechanisms committees 		
Lessons Learned		
<p>The involvement of local authorities and community leaders in the whole process of implementation and joint project activities monitoring has fostered its ownership by the communities. In addition to that, this has also contributed to the capacity building of these actors including members of the regional committee of the NRCS.</p>		
Output 1.2: Supply chain and fleet services meet recognized quality and accountability standards		
Indicators:	Target	Actual
Percentage knowledge capacity of the NS staff to manage logistics	90%	80%
Narrative description of achievements		
<p>Regarding the purchase of the kits and other NFI items, the NRCS National Office, the IFRC and members of the Regional Committee of the NRCS of Maradi region were fully involved in drafting, publishing, and counting the bids. Also, during the distribution, several teams were formed. Indeed, the regional committee and the nation coordination teams plus those of the IFRC oversaw field activities while volunteers and community leaders were responsible for distribution with roles and responsibilities dedicated to each member.</p>		
Challenges		
<p>The delay in the implementation of the project's activities and the closure of the border by the Government of the Federal Republic of Nigeria have had a negative impact on the implementation of this part of the project</p>		
Lessons Learned		
<p>Launch tenders as soon as possible and implement field activities as planned and in accordance with the memorandum of understanding.</p>		

D. THE BUDGET

The overall budget for this operation was CHF 482,282 of which CHF 434,725 (90%) was utilized. A balance of CHF 47,557 was returned to the DREF pot.

Explanation of variances:

Relief items, constructions, supplies:

- **Water Sanitation and Hygiene:** Budget line is overspent by CHF 54,429 (31.48%). This is due to the procurement of WASH related items. Actually, the DREF activities were implemented when the borders between Nigeria and Niger were closed. Please note that most of the requested items normally originate from neighbouring Nigeria and due to the closure of the borders, all prices had increased significantly. This caused a deficit on the provided budget line.
- **Medical and First Aid:** The budget line was only spent by CHF 7,850 (7%) because volunteers First Aid training and most activities carried out under First Aid were loaded under Volunteers budget line. This explains why the budget line is underspent and the budget line provided for volunteers is overspent.

Personnel:

- **International staff:** The budget line for international staff was overspent by CHF 2,652 (11%) because, the Surge support deployed to Niger had to live in the affected region to better follow up activities' implementation. Therefore, the IFRC CO rented a house in the region of Maradi for his accommodation. Further, the IFRC CO had to purchase house equipment such as Kitchen utensils, towel, and the bedsheets, which caused extra expenses on the Surge support budget line.
- **Volunteers:** This budget line was overspent by CHF 3,338 (11%). This is due to the security issues. Initially, volunteer trainings were planned to take place in the affected areas. However, due to security issues, the project team relocated the trainings in the capital of the region of Maradi, thus requiring transport fees for volunteer displacement. Furthermore, volunteers training on First Aid were loaded on this budget line which shows an underspent on First Aid line. This has caused a deficit in this budget line.

General Expenditure:

- **Office costs:** The costs on this line were underestimated when planning the budget. In addition, the surge support deployed was installed in Maradi, as the IFRC does not have an office in the region and the IFRC requested the support of Spanish Red Cross to provide a working space for the Surge Support in its office in Maradi which was accepted. However, the Spanish Red Cross decided to share the internet, water, and electricity costs. Imputation of these supplementary costs led to a CHF 13,703 (276%) deficit on the Office cost budget line.

Reference documents:

[Operation Update 1](#)

[Emergency Plan of Action \(EPoA\)](#)

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

Niger Red Cross National Society

- Issiakou Soumana Gaoh, Programmes Coordinator; email: issiagaoh@yahoo.fr, phone: +227 96961505
- Yayé Seydou, Disaster management Coordinator; email : yayesaidou@gmail.com, phone:+227 90131250

IFRC Niger Country Office

- Alberto Bocanegra Vidal, Niger Country Representative, phone: +227 80063248; email: alberto.bocanegra@ifrc.org ;
- Pierre Danladi, Operations and Programmes Coordinator; phone: +227 800680 49; email: pierre.danladi@ifrc.org;

IFRC office for Africa Region:

- Adesh Tripathee, Head of Disaster Crisis Prevention, Response and Recovery Department, Nairobi, Kenya; phone +254731067489; email: adesh.tripathee@ifrc.org
- Khaled Masud Ahmed, Regional Operations Coordinator, Disaster Crisis Prevention, Response and Recovery Department, phone: 254 780 440908; email: khaled.masud@ifrc.org

In IFRC Geneva:

- Nicolas Boyrie, Operations Coordination, Senior Officer, DCPRR Unit Geneva; email: Nicolas.boyrie@ifrc.org
- Eszter Matyeka, DREF Senior Officer, DCPRR Unit Geneva; email: eszter.matyeka@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- **IFRC Africa Regional Office for Resource Mobilization and Pledge:** Franciscah Cherotich Kilel, Senior Officer Partnership and Resource Development, Nairobi, email: franciscah.kilel@ifrc.org

For In-Kind donations and Mobilization table support:

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

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

- **IFRC Africa Regional Office:** Philip Komo Kahuho, PMER Manager, Email: philip.kahuho@ifrc.org; phone: +254 732 203081

How we work

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

www.ifrc.org

Saving lives, changing minds.



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

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

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/06-2020/08	Operation	MDRNE023
Budget Timeframe	2019/6-2019/12	Budget	APPROVED

Prepared on 21/Sep/2020

All figures are in Swiss Francs (CHF)

MDRNE023 - Niger - Population Movement

Operating Timeframe: 24 Jun 2019 to 24 Dec 2019

I. Summary

Opening Balance	0
Funds & Other Income	434,725
DREF Allocations	434,725
Expenditure	-434,725
Closing Balance	0

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	205,330	147,018	58,312
AOF5 - Water, sanitation and hygiene	192,520	212,502	-19,982
AOF6 - Protection, Gender & Inclusion	2,055		2,055
AOF7 - Migration			0
Area of focus Total	399,905	359,519	40,385
SF11 - Strengthen National Societies		10,286	-10,286
SF12 - Effective international disaster management	58,202	44,438	13,764
SF13 - Influence others as leading strategic partners	24,176	20,482	3,694
SF14 - Ensure a strong IFRC			0
Strategy for implementation Total	82,377	75,205	7,172
Grand Total	482,282	434,725	47,557

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/06-2020/08	Operation	MDRNE023
Budget Timeframe	2019/6-2019/12	Budget	APPROVED

Prepared on 21/Sep/2020

All figures are in Swiss Francs (CHF)

MDRNE023 - Niger - Population Movement

Operating Timeframe: 24 Jun 2019 to 24 Dec 2019

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	279,783	235,156	44,627
Water, Sanitation & Hygiene	172,878	227,307	-54,429
Medical & First Aid	106,906	7,850	99,056
Logistics, Transport & Storage	39,601	34,391	5,210
Distribution & Monitoring	15,804	13,215	2,589
Transport & Vehicles Costs	23,797	21,176	2,621
Personnel	59,077	61,385	-2,308
International Staff	24,000	26,652	-2,652
National Society Staff	6,012	2,329	3,683
Volunteers	29,065	32,404	-3,338
Workshops & Training	29,420	28,102	1,318
Workshops & Training	29,420	28,102	1,318
General Expenditure	44,966	49,158	-4,192
Travel	6,000	5,832	168
Information & Public Relations	18,650	18,457	193
Office Costs	4,950	18,653	-13,703
Communications	13,366	5,580	7,786
Financial Charges	2,000	636	1,364
Indirect Costs	29,435	26,532	2,903
Programme & Services Support Recover	29,435	26,532	2,903
Grand Total	482,282	434,725	47,557