

Appeal No: MDRNE021	Operation Update n°2 Date of issue: 30 April 2021	Timeframe covered by this update: 36 Months
	Operation start date: 13 April 2018	Operation timeframe: 44 months Operation end date: 31 December 2021
Glide No: OT-2014-000126-NER	IFRC Funding requirements: 3.4 million Swiss francs Federation-wide response funding requirements: to be confirmed	If Emergency Appeal/One International Appeal operation, DREF amount initially allocated: CHF 168,073

Red Cross Red Crescent Movement partners currently actively involved in the operation: International Committee of Red Cross (ICRC) and Luxembourg Red Cross are present in the region of Diffa while Spanish, Luxembourg, and Belgium Red Cross Societies are actively working in the region of Maradi, and International Federation of Red Cross and Red Crescent Societies (IFRC)

Other partner organizations actively involved in the operation: Ministry of Humanitarian Action and Disaster Management, Ministry of Interior, Ministry of Public Health, Ministry of Women Development and child Protection, Ministry of population, UNHCR, UNICEF, WFP, WHO, World Vision, MSF, Plan International, APBE, and BEFEM/ALIMA

Summary of major revisions made to emergency plan of action:

- This Operation Update aims to report on the accomplished objectives. After three (3) years of implementation, a total of 104,993 people reached with awareness sessions on epidemic prevention, healthy handwashing, and the demonstration of mosquito nets installation. This operation has experienced several security issues which have sometimes hampered the implementation of activities.
- This Operation Update was necessitated to request for a timeframe extension of the Niger Complex Emergency Appeal (EA) to 31 December 2021 after which, if the needs continue to grow, the operation will be included into the Niger operational plan 2022. The Niger Complex EA's activities of the second revision have not been fully implemented due to a prior lack in funding coupled with the COVID-19 pandemic. This extension will allow the operation to align with available funding and the annual year-end timeframe of 31 December 2021. The extension will enable the National Society (NS), with support from the IFRC, to continue the dissemination of epidemic prevention messages, and provision of safe water and adequate latrines for an additional 8 months. The current health risks are persistent in the geographic regions covered by the operation: three districts of the region of Diffa (50,000 people), and Guidan Roumdji department of the region of Maradi, which hosts a total of 40,000 Nigerian refugees. The planned response reflects the current situation and information available.

A. THE DISASTER AND THE RED CROSS RED CRESCENT RESPONSE TO DATE



Borehole handed over to community leaders. © IFRC Niger, 2020

- 13 April 2018: IFRC launched Emergency Appeal for 1.7 million Swiss francs to assist 43,113 people in Diffa region**
- 3 April 2019: IFRC revised the Emergency Appeal for 2.2 million Swiss francs with timeframe extension of 12 months and increased case load to 50,000**
- 23 March 2020: IFRC revised the Emergency Appeal for 3.4 million Swiss francs with timeframe extension of 12 months and increased case load to 90,000 (adding 40,000 in Maradi region)**
- 13 April 2021: This revision seeks a timeframe extension of 8 months (to 31 Dec 2021; target population remains at 90,000 people in the 2 regions)**

Situation overview

For several years, Niger has been experiencing a deplorable security and humanitarian situation on all its borders with neighboring countries. In addition to conventional threats such as the circulation of non-conventional weapons, drug and human trafficking and cross-border banditry, Niger is under pressure from non-governmental armed groups (NGAG) on three main fronts.

In the South-East

In the region of Diffa, the security situation remains essentially marked by repeated attacks and kidnappings for ransom demanded by non-governmental armed groups. According to UNOCHA, between January and September of 2020, approximately 402 people were killed, injured, or abducted, which resulted in death, injury, or continuous population movements, in the departments of N'Guigmi, Bosso, Mainé Soroa and Diffa in search for protection. As a reminder, the conflict in the region of Diffa started in 2013 and led to the establishment of the state of emergency by the Niger Government since 11 February 2015 and this is renewed every three months. The last renewal date was 9 January 2021. According to the Niger Government, as the security situation in these communities remains fragile, the decision of renewal is taken to ensure the safety of people and their property and restore public order in these parts of Niger. The state of emergency covers the regions of Diffa, Tillabery and Tahoua. All these regions have been under repeated attacks in recent years by terrorist groups, including Boko Haram Islamists in some locations in Diffa from their positions in Nigeria, and terrorist groups from northern Mali in western Niger.

The last attack in the region of Diffa occurred on 12 December 2020 when the municipality of Toumour was targeted by heavy attacks of the NGAG. These attacks caused enormous damage both in terms of loss of life and essential household items, leaving the population in an increased vulnerability. The first rapid joint needs assessments carried out by the Niger Red Cross and other humanitarian actors revealed that a total of 3,977 affected households, approximately 20,600 people needed emergency assistance. As of 20 January 2021, the number of affected households had almost doubled to 6,854 households with 47,936 people affected. Toumour is a rural commune in the department of Bosso with a population estimated at 60,000 inhabitants of which 31,626 people (approximately 9,250 households) were in a situation of displacement: 19,526 refugees, 8,339 internally displaced people (IDPs), 3,647 returnees and 114 asylum seekers.

[2021 OCHA A4 Situation hum Toumour 27012021 V2 \(reliefweb.int\)](#).

According to the UNHCR factsheet released on 31 January 2021, at least 269,589 people (74,621 households) are in a situation of forced displacement in the region of Diffa. This includes 127,233 Nigerian refugees, 104,588 IDPs, 35 659 returnees, and 2,109 asylum seekers.

[Narratif mise jour des chiffres globaux - Janvier 2021.pdf](#)

In the North-West

The security situation along the border between Mali and Burkina Faso began to deteriorate in 2017 with repeated incursions of non-state armed groups (NGAG) in the regions of Tillabery and Tahoua, particularly in localities of 50 to 80 km from the three borders. This phenomenon became much more pronounced in 2019 and 2020, resulting in attacks against the Government Defense and Security Forces (DSF) positions, targeted assassinations, and abuses against civilian populations (abductions, kidnappings, forced tithing, theft of livestock, etc.).

In the South, in the region of Maradi

Since April 2019, the northwestern states of Nigeria Sokoto, Katsina and Zamfara neighboring the Maradi region of Niger have experienced a rise of insecurity due to armed groups, militias, and unidentified criminal gangs. According to the Nigerian authorities, the attacks of these armed groups began with cattle thefts in Katsina state followed by conflict clashes between farmers and animal herders of different ethnic groups present in the area. Despite security measures taken by the Government of the Federal Republic of Nigeria by deploying military and police, the situation deteriorated rapidly. Indeed, armed groups have adapted new operational tactics with use of machetes, thus carrying out abductions of local population followed often by acts of sexual violence. This situation caused a population movement towards the department (local government) of Guidan Roumdji (Maradi region). The number of refugees identified by the UNHCR in collaboration with the National Eligibility Commission as per 30 April 2019, was estimated to 36,469 refugees (9,959 households). The multiplication of attacks on the border strip with Nigeria at the beginning of the year 2020 ended by assassinations, kidnappings and looting of goods. According to the UNOCHA monthly report of September 2020, the biometric registration of refugees reported that, as of 31 August 2020, a total of 10,916 households (41,096 people) was registered in the region of Maradi, out of which 67% were children, 23% women, and 10% men. Among these registered refugees, there are 13,832 people with special needs, which corresponds to 34%.

[\(ner rapport mensuel sous bureau maradi zinder septembre 2020.pdf \(humanitarianresponse.info\)](#)

Summary of Red Cross Red Crescent response to date

Overview of Operating National Society

Since the beginning of the implementation of this operation in April 2018, the operation has achieved the following results in the following areas of focus:

Health:

- A total of **165** volunteers and community leaders were trained on Epidemic Control for Volunteers and Nutrition activities.
- **11** Community-based Surveillance (CBS) Committees are connected to Health Centers of areas of intervention for early detection of epidemic cases at the community level.
- A total of **16,100** Information, Education, and Communication materials (IEC) including posters, flyers, and pagivolts (illustrated flipcharts) were produced for community-based awareness session of epidemic prevention and health promotion.
- A total of **104,993** people were reached through awareness sessions on epidemic prevention, healthy handwashing, and demonstrations of mosquito-net installation.
- A total of **49,996** children under 5 years were screened for malnutrition.
- **150** lactating women were trained in community-based malnutrition screening using MUAC.
- A total of **5,120** long lasting impregnated mosquito bed nets were distributed to **2,560** households.

WASH:

- A total of **90** volunteers and **15** supervisors were trained in WASH activities.
- A total of **7,214** households were trained on safe water storage, water conservation and use of water treatment products.
- A total of **96,700** water purification tablets (**80,000** tablets purchased and **16,700** tablets donated by the Regional Directorate of Hydraulic) were distributed to the **1,421** most vulnerable households in areas where the population is consuming non-potable water.
- **1** solar pump, **6** boreholes and **12** blocks of community latrines were constructed to improve access to clean water to **4,000** people and access to adequate latrines to approximately **1,440** people.

- A stock of household items was received as in-kind donation from the Finnish Red Cross including **33,440** pieces of soap, **4,000** 10-litre buckets, **1,000** 25-litre jerrycans and **84** family tents. These items were distributed to **33,440** people (**4,777** households) at the rate of **7** pieces of soap per household, **2,000** households for buckets at the rate of **2** buckets per household, **1,000** households for jerry can at the rate of **1** jerry can per household and **84** most vulnerable households for family tents (one tent per household).



Household items distribution operation, © IFRC, 2020

- A total of **104,993** people (**38,066** men and **66,927** women) were reached with awareness sessions on hygiene promotion combined with hand washing techniques with soap.

Protection, Gender, and Inclusion:

- A total of **105** volunteers were trained on the IFRC Minimum Standards for Protection Gender and Inclusion in emergencies. The training focused on carrying out humanitarian activities without discrimination, through

a consideration of people's different needs, depending on their gender, age, disability, language etc. with a stress on special considerations to be given to vulnerable people in communities, which included: elderly, people with disabilities, pregnant and lactating women, children, people with chronic illness, women/children-heads of households, widows, orphans etc. Further, trainers emphasized on prevention and response to gender-based violence, with explanation of gender, the difference between gender and sex, and examples of cases of protection linked to gender-based violence. 35 volunteers of the region of Diffa were also trained on Sexual and Gender-Based Violence (SGBV).

Livelihoods and Basic Needs:

- **50** women and men were trained in management of mother's clubs in the regions (25 in the region of Diffa and **25** in the region of Maradi).
- **6** mothers' clubs were created, and they are currently carrying out community-based activities.
- **15,000kgs** of improve seeds including **10,000 kgs** of millet seeds and **5,000 kgs** of cowpea seeds are purchased and ready for distribution to **1,000** farmers for rainfed agriculture.
- **15,000 sachets** of 10grs each of fungicide were are equally purchased and stored for distribution to **1,000** farmers.

National Society Development:

- All the **105** volunteers involved in this operation are covered by IFRC insurance.
- Briefings on volunteers' roles and the risks they face have been provided to the selected volunteers.
- Volunteers' safety and wellbeing are assured. A security training was organized for **55** volunteers by the IFRC security officer while on mission in Diffa and the IFRC is providing security briefings whenever a field mission is planned.
- All volunteers are always wearing the Red Cross bibs and jackets.

All **105** volunteers have undergone training in all sectors of activities that they are currently carrying out in the field. All **105** volunteers have signed the Code of Conduct.

Niger Red Cross Society is present all over the country; it covers 8 administration regions with 8 regional committees and 72 local branches. It counts approximately 10,000 volunteers. In the region of Diffa, the Niger Red Cross Society is represented by 6 Red Cross branches including N'Guigmi, Diffa, Mainé Soroa, Bosso, N'Gourti and Goudoumaria and 12 community-based Committees, comprising approximately 500 volunteers. In the region of Maradi, the national society counts with 6 Red Cross branches including: Guidan Roumdji, Dakoro, Aguié, Madarounfa, Mayayi and Tessaoua. Volunteers in these two parts of the country are experienced in disaster response activities due to the perpetual disasters occurring in the area.

The National Society has a good experience in managing operations funded by IFRC either through DREF or Emergency Appeal as well as development programmes and has a good understanding of the IFRC tools and procedures. Niger Red Cross Society has been implementing the Niger EA targeting the affected villages of the Diffa region with emergency response since 2018. Further, the National Society has implemented several DREF operations like the rift valley fever DREF operation in 2016 in the region of Tahoua, meningitis epidemic outbreak in the region of Niamey, Dosso and Tillabery in 2017, hepatitis E epidemic outbreak operation in the region of Diffa in 2017, Niger population Movement DREF operation in the region of Maradi in 2018, as well as a cholera epidemic outbreak DREF operation in region of Maradi in 2018.

Niger Red Cross Society has also conducted several operations with the Movement partners such as:

- Community resilience project of Kiéché (in collaboration with the Irish Red Cross and the Belgium Red Cross), mainly in the areas of food security and nutrition.
- Resilience programme funded by Japanese funds.
- Local development project in Gaya (in collaboration with the Luxembourg Red Cross).
- A project on strengthening of synergies of health activities that contribute to integrated fight against malnutrition in the health district of Guidan Roumdji (in collaboration with the Spanish Red Cross).
- Health Programmes funded by French Red Cross in the regions of Agadez and Zinder.

Overview of Red Cross Red Crescent Movement in country

This operation has been developed and implemented in close collaboration and communication with the ICRC and Participating National Societies (PNS) in the country, including Belgian Red Cross, French Red Cross, Luxembourg Red Cross, Danish Red Cross, Spanish Red Cross, Italian Red Cross, Finnish Red Cross, and Iranian 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 N'Guigmi areas while the IFRC/Niger Red Cross Society (NRCS) intervention on the revised Emergency

Appeal operation is implemented in Diffa centre, Maine Soroa and Goudoumaria health district areas. Luxembourg Red Cross supports the National Society in the areas of shelter and family latrines. Regular coordination meetings are taking place to enhance collaboration and to find, where applicable, synergies that will have a positive impact on the work undertaken for the affected population. IFRC provides support to NRCS through its Niger country delegation and the Africa regional office. In case of a sudden disaster, the Movement responds as one Movement. All Movement partners joined their efforts efficiently to respond as one Movement. This was effective during floods disaster in Gueskerou, and the recent attack in Toumour as well as the Niger Response to COVID-19.

The IFRC, ICRC and NRCS have signed on 19 May 2020, a Movement Coordination Agreement (MCA), and its security annex. The MCA was first approved by IFRC senior management and signed with the ICRC on 19 May 2020 for two years to ensure a well-coordinated Movement approach avoiding gaps, overlaps and better support to the National Society. The NRCS on its own has mobilized approximately 105 volunteers comprising 90 volunteers and 15 supervisors to carry out activities alongside the humanitarian actors within and outside the Movement. These volunteers are trained in the Epidemic Control for Volunteers (ECV) manual and nutrition, as well as in sexual and gender-based violence. In addition, the IFRC has insured 105 NRCS volunteers involved in the operation through IFRC insurance unit system. The areas of intervention have been identified by both, branch committees of the Red Cross, health districts (MoH) and humanitarian organizations presents in the same area of intervention. The National Society has strong presence in the Diffa region and is regularly undertaking long-term development and humanitarian programming, including the IFRC supported community-based nutrition, food security and water and sanitation programme, which has been extended to the most affected areas in Diffa to support the influx of displaced persons.

Overview of other actors in country

As of 31 October 2020, over 14 national NGOs, 23 international NGOs, 4 Red Cross Movement partners and 11 UN Agencies representatives were working in the Diffa region and their number is decreasing due to insecurity and lack of funding. For instance, in March 2020, a total of 68 humanitarian actors were presents in the region of Diffa and by 31 October 2020 only 52 remain. To facilitate the coordination of the humanitarian response, Cluster meetings in each sector are taking place monthly. Meeting agendas are constantly updated, and information shared by Cluster leads on daily basis with all national and international partners. For more detail, see the following link: https://reliefweb.int/sites/reliefweb.int/files/resources/3w_po_diffa_octobre_2020.pdf

In this context, the National Society, IFRC, ICRC and Luxembourg Red Cross have been attending these meetings at the Diffa level from the beginning of the crisis to identify potential gaps and to guide their action. The key role of the National Society has been reinforced through its recognition by the Ministry of Health as member of the National Committee for Disaster and Crisis Response. In terms of epidemics response, crisis meetings are held at the Ministry of Health daily involving all the MoH partners. The National Society is a member of the National Crisis Committee that meets regularly to monitor the epidemiological situation. Due to its long-standing experience in managing the epidemics and other disasters, the MoH always calls the NRCS to contribute to the response to the epidemics through social mobilization and community-based surveillance, whenever a disaster occurs.

Needs analysis and scenario planning

Needs analysis

The impact of the crisis in Niger has not spared health infrastructures, making it even more difficult for people to access health facilities. During the year 2020, health infrastructures have been the target of attacks. About 30 health centres had to close due to insecurity. Torrential rains that fell in 2020 have destroyed or damaged at least 3 health facilities, depriving thousands of people of access to the care structures. According to the multisectoral needs assessment carried out by humanitarian actors in Niger in 2020, 25% of households in Niger reported having to walk more than an hour before reaching a health infrastructure ([PowerPoint Presentation \(reliefweb.int\)](#)). This situation is more serious in the region of Diffa where 48% of households responded having to walk for more than an hour to get to a health facility.

The Diffa region continues to experience violence, inter-community conflicts, abductions, and population movement because of non-governmental armed groups activities. Further the security situation in the Maradi region remains volatile at the border strip of Nigeria, due to the persistence of criminal attacks. Indeed, there is a resurgence of insecurity in the Guidan Roudji department, particularly in the communities of Guidan Roudji and Guidan Sory bordering Sokoto State in Nigeria. Most often, these are armed group attacks and cattle thefts, sometimes resulting in loss of life and injury. Eleven attacks were recorded in the region of Maradi in May 2020, 82% of which occurred in Guidan Roudji department. The damage caused resulted in two people killed, two wounded and more than a thousand head of cattle carried away. There was also an apparent lull in the Madarounfa department with some IDPs returning home.

Other reasons of the health system not functioning well in the regions of Diffa and Maradi are the closure of integrated health centres in high-risk areas, flee of personnel out of fear of being abducted by armed groups, lack of motivation of health personnel remaining in duty, etc. Furthermore, the emergency measures undertaken by the Government (including restriction of vehicle movement and ambulances as well as health personnel in the region) are also affecting the functioning of the health system.

Regarding the health sectors, the number of patients has also decreased seriously due to COVID-19. The community members estimated that the health facilities are areas for easy contamination to the virus.

Thus, because of these barriers, more than 73% of children under 5 years of age in the region of Diffa were delivered at home or in a home of a third person, which increases the risk of maternal death. Three departments in the Diffa region are the most affected by this problem: Maine Soroa (87.32%), N'Gourti (85.48%) and Goudoumaria (87.76%). Another impact of the crisis is a severe deterioration of health and nutritional status of the affected population. Global Acute Malnutrition (GAM) in Maine Soroa (19.3%) and a low access of the population to drinking water, adequate sanitation, and a deterioration of nutritional status of children under 5 years are putting them at high risk to the epidemic outbreak. The region of Diffa experienced hepatitis E epidemic virus in 2017 while the region of Maradi was seriously affected by the cholera epidemic in 2018. Due to the increase in the number of refugees and displaced population and to the fact that they live in overcrowded conditions, if measures are not taken, these regions will develop epidemics again.

In fact, the COVID-19 pandemic threatens to disrupt essential health services due to supply and demand barriers. According to the WHO analysis, the major disruptions to health services in Niger could leave 624,400 children without oral antibiotics for pneumonia, 974,800 children without the DTC vaccine, leading to a reduction in deliveries in health facilities for 78,800 and 176,900 fewer women receiving family planning services. This would result in a 16% increase in infant mortality and a 6% increase in maternal mortality during the next coming 12 months. Maintaining essential health services during the COVID-19 pandemic is crucial to prevent these adverse consequences and to protect the progress made in recent years in reducing child and maternal mortality.

From the epidemiological point of view, the Diffa and Maradi regions are marked by potential risk of cholera, hepatitis E virus, meningitis, as well as the spread of coronavirus. 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 has killed at least 38 people especially women and children. There is a resurgence of infectious 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.

Up to Proportions ranging from 15% to 20% of urban populations normally dependent on casual/daily employment, self-employment activities and poor pastoralist populations in addition to vulnerable rural populations under economic stress (IPC Phase 2) who are moving into Crisis (IPC Phase 3) are added to those already food insecure in Crisis (IPC Phase 3) because of adverse natural/climatic and human-induced shocks. In the absence of this assistance, very poor households are likely to be in crisis (CPI Phase 3) until September 2021.

Operation Risk Assessment

The implementation of this operation could be affected by the following risks:

- An escalation of insecurity due to the emergence of perpetrating conflict actors within the intervention areas. Although the affected areas are currently secure, due to the porous nature of the border with Nigeria, armed groups could cross the border to attack people who fled to Niger.
- The tow affected areas are prone to floods during the rainy season and therefore Diffa and Maradi, may experience flooding, which could lead to flooding in the intervention area.
- The region of Maradi has experienced cholera outbreaks in the past, the most recently in 2018. As such, the influx of refugees in the region could create a resurgence of cholera cases. It is important to note that the first cases of the 2018 cholera outbreak originated from neighbouring Nigeria.
- The second or third potential wave of the COVID-19 could also cause an interruption of all humanitarian activities with a total restriction of movement.
- Political decision to interrupt activities in the areas of intervention.

To mitigate the above risks, the Government of Niger must increase its security surveillance at the border side with Nigeria covering the regions of Maradi and Diffa. Further, humanitarian stakeholders must continue to sensitize communities to risks related to flooding as well as epidemic outbreaks. In addition, an installation of a community-based disease surveillance remains a key solution for rapid detection of epidemic outbreaks.

B. THE OPERATIONAL STRATEGY

Proposed strategy

The overall objective of this operation was to assist 90,000 people (12,858 households) including 50,000 people from the region of Diffa and 40,000 people from the region of Maradi in the sector of Food security and livelihood, Health; Water, Sanitation & Hygiene Promotion (WASH), Protection, Gender, and Inclusion (PGI) and National Society Development (NSD) for 36 months.


For all the above, the Niger Red Cross Society (NRCS) and the IFRC country delegation requested a timeframe extension to continue implementing the Emergency Appeal until 31 December 2021. This will allow the IFRC, in direct coordination with the NRCS and the IFRC Niger country delegation to:

1. Continue implementing the current programmes as they are a key element to reduce human vulnerability in a region that lacks WASH and health sanitation infrastructure.
2. Keep fundraising for its projects and programmes in support to humanitarian crisis happening in Lake Chad, and more precisely in Niger affected region (Diffa).
3. Extend the programme towards food insecurity to:
 - Provide coordinated food and agricultural assistance to 90,000 people to save lives and restore/protect livelihoods.
 - Strengthen the capacity of households to withstand shocks in crisis-affected areas as well as COVID-19 pandemic effect.
4. Extend the geographic coverage of the Emergency Appeal Operation towards Maradi region due to the:
 - Root causes of the vulnerabilities (insecurity, attacks from armed groups, lack of infrastructure, lack of investments) and emerging needs
 - Similarities in typical the needs and services that IFRC and NRCS would like to offer to the population in need (health, WASH services and infrastructure)
5. Continue implementing COVID-19 activities to stop the spread of the virus in the target area.

Household's targeting was done during village assemblies which gathers community members, community leaders, as well as the local administrative authorities. During the meeting, the NRCS volunteers explained the criteria for the selection of the households and based on that the community members have carried out beneficiary selection.

C. DETAILED OPERATIONAL PLAN

STRATEGIC AREAS OF FOCUS

	<p>Livelihoods and basic needs</p> <p>People reached: 17,350 including 12,000 refugees, 4,000 IDPs and 1,350 local populations</p> <p>Male: 12,250 Female: 5,100</p>	
<p>Outcome 1: Communities, especially in disaster and crisis affected areas, restore, and strengthen their livelihoods</p>		
<p>Output 1.1: Skills development and/or productive assets and/or financial inclusion to improve income sources are provided to target population (off-farm livelihoods)</p>		
Indicators	Target	Actual
Strengthen women economic empowerment using the Mother's club approach (10 women groups)	10	6

Train Red Cross staff and volunteers in Mothers clubs' approach, saving groups and sensitization to market-based livelihoods (value chain development).	50	50
Technical support from Livelihoods Resource Centre to build National Society capacities in the MC approach and train a local committee.	3	1
Carry out feasibility analysis and market study for income generating activities.	1	0
Support to 10 women groups for income-generating activities (including entrepreneurship and business skills).	10	0
Implement saving and loan schemes with the mother's clubs.	10	6
Monitoring of activities with the 10 women groups.	10	6
Draft a case study on the learning of the implementation of mothers' clubs in Niger with support from the IFRC Livelihoods Resource Centre	1	0
Output 1.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities		
Indicators	Target	Actual
# of volunteers trained on CEA approach	170	105
# of intervention areas in which CEA approach was implemented.	4	3
# of information and communication visits to authorities on intended cash transfer	17	0
# of Rapid Market Assessment	1	0
# of complaint management committees put in place in the intervention area	17	11
# of feasibility study for Cash Transfer Programming to inform on better delivery mechanism carried out	4	0
# of contract signed with Service Provider to deliver the cash for this program, according to the IFRC Procurement Procedures	1	0
# of distribution materials produced for cash transfer programming (SIM Cards)	3,500	0
# of people targeted to be reached with cash transfer activities:3,500 households: 2,000 in Diffa and 1,500 in Maradi)	3,500	0
% cost for cash transfer service provider	4%	0
Amount of fund dedicated for the cash transfer service provider (in XOF) for 3 distributions	13,650,000	0
# of households reached with cash distribution	3,500	0
# of post distribution monitoring (PDM) carried out	3	0
# of households targeted for the post distribution monitoring	100	0
Output 1.3: Household livelihoods security is enhanced through food production, increased productivity, and post-harvest management (agriculture-based livelihoods)		
Indicators	Target	Actual
Component 1: Support to agricultural production direct support to producers		
# agricultural inputs for 1,000 farmers (improved seeds for millet): (in kgs)	10,000	10,000
# agricultural input for 1,000 farmers (improved seeds of Cowpea in kgs)	5,000	5,000
# of people reached with the distribution of millet and cowpea seeds and agricultural tools for rain-fed cropping season 2021.	1,000	1,000
# of farmers practicing good agronomic practices (intercropping, pest management, etc.), using the Farmers' Field School methodology.	1,000	1,000
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)	10	6
# of improved inputs seeds for vegetable production purchased	500	0
# of NPK fertilizers bags purchased vegetable production	50	0
# of Urea fertilizer bags purchased for vegetable production	50	0
# of women cooperative groups reached with the distribution of fertilizer	10	0
# of women cooperative groups trained on appropriate agronomic practices for vegetable production (including techniques on organic fertilizers, pest management, seed multiplication).	10	0
# of follow up visit to women work throughout the vegetable growing process until harvest.	12	0
# of monitoring visit of activities with the 10 cooperatives carried out	12	0
Component 3: Support to agro-pastoral communities		
# of non-functional pastoral wells identified	5	0
# of pastoral wells rehabilitate/constructed	5	0
# of follow up visits carried out by the IFRC to assess the impact of the pastoral wells by agro-pastoral communities	15	0
Progress towards outcomes		
<p>Needs analysis and population to be assisted: The November 2019 Cadre Harmonisé (CH) analysis for Niger - which this year included the refugee population - estimates the number of food-insecure people for the lean period in 2020 at more than 2 million people, including about 100,000 refugees. The Food Security Cluster's needs analysis and projections for the Humanitarian Needs Overview (HNO) 2020 are based on the results of the November 2019 CH analysis, which estimates the number of people in need for the period of October-December 2019 and the projection for the lean period in 2020 (June-August 2020). Three types of vulnerability to food insecurity have been defined within the Food Security Cluster, which overlap in the most affected regions: - Acute food insecurity (linked to seasonality) - Food insecurity linked to natural hazards, mainly floods - Food insecurity linked to population movements (linked to security issues). In this regard, the number of estimated People in Need are as follows: 1.9 million people in need from local populations - 106,000 refugees in need - Estimated People in Need Projection (PiN): 1,047,110 women, 1,039,056 children under 18 years of age, 85,244 persons with disabilities, 904,140 adults aged 18 to 59 years, 70,479 persons over 59 years of age. The region of Diffa and Maradi are amongst the most affected by food insecurity in the country.</p> <p>This Area of Focus aims to ensure the immediate food needs are addressed for at least 3,500 households (2,000 households in the region of Diffa and 1,500 households in Maradi). This will be carried out through 3 unconditional cash transfer during the lean period covering three (3) months. Each household will receive XOF 32.500 equivalent to CHF 53.09. This amount is the value of the food basket in the country, calculated by the Niger Cash working group and validated by the Government. In addition, food security will be strengthened through integrated activities including:</p> <ul style="list-style-type: none"> • Support to primary rain-fed production of staple crops to 1,000 farmers in the farming season 2021 (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 (10 groups). • Support to pastoral communities with the rehabilitation of 5 pastoral wells. <p>Activities already carried out:</p> <ul style="list-style-type: none"> • Training of Red Cross staff and volunteers on Mothers club approach • Procurement of improved seeds for rain fed agriculture (millet and Cowpea). <p>Any challenges the National Society may have met, and what they are doing to deal with these challenges: The main challenges encountered is the security issues. The Red Cross was able to overcome by briefing the staff and volunteers before any field mission. The Red Cross staff and volunteer must wear at all time the volunteer's bibs and the Red Cross jacket. All volunteers have carried out stay safe security online training.</p>		



Health

People Reached: 104,993 including 71,445 refugees, 22,226 IDPs and 11,322 local populations

Male: 51,447

Female: 53,546

Outcome 1: The immediate risks to the health of affected populations are reduced		
Indicators	Target	Actual
# of people reached by NRCS with services to reduce relevant health risk factors	90,000	104,993
Output 1.1: Communities are provided by NS with services to identify and reduce health risks		
Indicators	Target	Actual
# of Red Cross Volunteers trained on ECV, CBFHA, RCCE, First aid and psychosocial support	170	105
# of community leaders on ECV and RCCE	72	60
# of first aid kits provided for Red Cross volunteers (50 kits)	50	0
# of IEC materials for the social mobilization in coordination with the MoH/WHO/UNICEF produced	170	105
# of images boxes that illustrate disease prevention for community-based sensitization produced	60	0
# of poster that illustrate disease prevention for community-based sensitization produced	2,500	0
# of posters that illustrate hand washing techniques with soap produced	2,500	0
# of data collection tools developed and produced	500	100
# of ECV toolboxes to volunteers produced	170	105
Output 1.2: Community-based disease for epidemic prevention and health promotion is provided to the target population		
Indicators	Target	Actual
# of awareness sessions on the risks related to epidemics and the prevention measures using IEC materials carried out	48	38
# of people reached by NRCS with awareness sessions on the risks related to epidemics and the prevention measures	90,000	104,993
# of community-based disease surveillance put in place or re-activated.	17	11
# of early detection cases identified by the community-based disease surveillance teams	NA	0
# of KAP survey carried out.	2	0
# of pieces of soap purchased for handwashing demonstration.	500	300
# of handwashing equipment purchased and put in place.	100	0
# of handwashing demonstration sessions carried out	NA	0
# of cholera kits purchased and prepositioned	500	0
Output 1.3: Severe Acute Malnutrition is addressed in the target population		
Indicators	Target	Actual
# of people reached by NRCS with services to reduce relevant nutrition risk factors. Target: 25,000 people	25,000	5,000

# of posters produced to support awareness sessions on good family practices	2,000	0
# of people reached by NRCS with malnutrition screening. Target: 25,000 people	25,000	5,000
# of awareness sessions carried out to children's caretakers on keys health/ nutrition practices Target: 48	48	30
# of people reached with awareness sessions on keys health/ nutrition practices. Target: 25,000 people	25,000	5,000
# of awareness sessions carried out on the promotion of exclusive breastfeeding and adequate complementary feeding. Target: 48	48	30
# of people reached by awareness sessions on the promotion of exclusive breastfeeding and adequate complementary feeding. Target: 25,000 people	25,000	5,000
# of lactating women trained on malnutrition screening using MUAC. Target: 150	150	150
# of children screened by lactating women at community level Target: 400 people	400	425
# of people reached by discussion on the effect of malnutrition and the prevention measures. Target: 25,000 people	25,000	5,000
Output 1.4: Minimum initial maternal and neonatal health services provided to target population		
Indicators	Target	Actual
# of people reached by community-based health activities	90,000	45,000
# of volunteers trained on essential family practices	170	105
# of awareness sessions carried out on essential family practices Target: 48	48	30
# of people reached by awareness sessions on essential family practices	90,000	45,000
# of family planning kits received from UNFPA and distributed	NA	0
# of Post-delivery kits purchased.	500	0
# of people reached by distribution of post-delivery kits	500	0
Progress towards outcomes		
Needs analysis and population to be assisted:		
<p>In the region of Diffa, the fragile security environment results in dysfunction of health services (closure of integrated health centers in high-risk areas, flee of personnel out of fear of being abducted, 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. Further, due to the recent Coronavirus pandemic, patients in Niger are reluctant to visit health facilities for fear of being contaminated. Many people are dying at community level because of lack of truthful information. The COVID-19 pandemic threatens to disrupt essential health services due to supply and demand barriers.</p> <p>This Area of Focus targets 90,000 people including (50,000 people in the region of Diffa and 40,000 people in the region of Maradi. The target population is composed of refugees, internally displaced people, returnees, asylum seekers and local population as well as persons with disabilities.</p>		
Activities already carried out:		
<ul style="list-style-type: none"> Awareness session at community level Malnutrition screening at community level and referral of severe cases to the nearest health centres. 		
Any challenges the National Society may have met, and what they are doing to deal with these challenges:		
The main challenge encountered is security issues, and insufficiency of funding.		



Water, Sanitation and Hygiene

People Reached: 123,677 including 75,625 refugees, 32,652 IDPs and 15,400 local populations


Male: 60,602

Female: 63,075

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

Indicators	Target	Actual
% of target population with access to an improved water source.	60	46
Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities		
Indicators	Target	Actual
% of constructed sanitation facilities maintained by target population.	60%	30%
# of assessments carried out on water, sanitation, and hygiene situation in the target area (availability of water point per population group, availability of sanitation facilities, and if population are making good hygiene practice)	3	0
# of WASH cluster meetings attended at national and regional level	24	12
# of water management committee put in place	17	7
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
# of people provided with safe water (according to WHO standards)	90,000	3,000
# of aqua tab purchased	540,000	96,700
# of people reached with the distribution of aqua tab	7,000	537
# of boreholes constructed.	15	6
# of solar pump constructed	2	1
# of set of set of chlorination and water testing kit (pool tester)	8	0
# of surveys carried out to monitor the use of water through household and household water quality	3	0
# of people trained on safe water storage, on safe use of water treatment products	90,000	537
# of monitoring sessions on treatment and storage of water through household surveys carried out	4	0
Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population		
Indicators	Target	Actual
# of people provided with excreta disposal facilities.	2,138	1,440
# of blocks of latrines constructed.	20	12
# of constructed blocks of latrines equipped with hand washing equipment.	20	12
# of trash can purchased.	75	0
# of mosquito nets purchased.	25,716	5,120

# of people reached with the distribution of mosquito nets people	90,000	2,560
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
# of needs assessment carried out to 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.	2	1
# of people reached by hygiene promotion activities.	50,000	30,000
# of sanitary pads purchased.	9,600	0
# of people reached with the distribution of sanitary pads.	3,200	0
# of 250 grams pieces soap purchased.	90,000	33,440
# of people reached with the distribution of pieces of soaps	12,858	33,440
# of bucket, and jerrycan purchased	12,858	4,000
# of jerrycans purchased	12,858	1,000
# of people reached with the distribution of buckets	90,000	4,000
# of people reached with the distribution of jerrycans	90,000	1,000
# of people trained on use of sanitary pads.	9,600	0
Progress towards outcomes		
Needs analysis and population to be assisted:		
<p>Despite the work carried out by the Government and its partners in WASH infrastructures in the region of Diffa and Maradi, the needs remain enormous. The two regions (Diffa and Maradi) are in high risk of epidemic diseases due to their position close to the Borno, Zamfara, and Katsina states of Nigeria where cholera epidemic outbreak is ongoing and to the living condition of 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 NRCS 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 90,000 vulnerable people.</p>		
Activities already carried out:		
<ul style="list-style-type: none"> • Procurement and distribution of water purification tablets • Construction of boreholes • Construction on public latrines • Procurement and distribution of WASH related non-food items 		
Any challenges the National Society may have met, and what they are doing to deal with these challenges:		
The main challenges encountered were the security issues and insufficiency of funding.		

	<p>Protection, Gender, and Inclusion</p> <p>People Reached: 30,000 including 15,000 refugees, 10,000 IDPs and 5,000 local populations</p> <p>Male: 14,700</p> <p>Female: 15,300</p>	
Outcome 1: Communities become more peaceful, safe, and inclusive through meeting the needs and rights of the most vulnerable		
Indicators	Target	Actual

% of community members that understand and respect the protection, gender, and inclusion of disadvantaged and marginalized groups in all the activities implemented. Target 80%	80%	55%
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
# of volunteers trained on gender and diversity and the Minimum Standards for Protection, Gender, and Inclusion in Emergencies.	170	105
# of assessment of specific needs of the affected population based on criteria selected from the Minimum Standards for PGI in Emergencies carried out	3	0
Output 1.2: Programmes and operations prevent and respond to sexual- and gender-based violence and other forms of violence especially against children		
Indicators	Target	Actual
# of people reached with the awareness raising on preventing and responding to SGBV in all community outreach activities.	90,000	30,000
# of people trained on SGBV or integrated a session addressing SGBV in a training.	25	105
# of people who received a briefing and signed the code of conduct.	172	105
Progress towards outcomes		
Needs analysis and population to be assisted: 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 already carried out:		
<ul style="list-style-type: none"> • Training of volunteers on the minimum standard for Protection gender and inclusion • Briefing of volunteers on the code of conduct • Training of volunteers on SGBV. 		
Any challenges the National Society may have met, and what they are doing to deal with these challenges].		
<ul style="list-style-type: none"> • Security issues • Shortage of funding. 		

ENABLING ACTIONS

Strengthen National Society

Outcome S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical, and financial foundations, systems and structures, competences, and capacities to plan and perform

Indicators	Target	Actual
# of volunteers involved in this operation with respect to their legal, ethical, and financial foundation	170	105
Output S1.1.1: National Societies have effective and motivated volunteers who are protected		
Indicators		
# of volunteers motivated and protected during the implementation of the programme	170	105
# of volunteers are insured	170	105
# of volunteer's who received complete briefings on volunteers' roles and the risks they face	170	105

# of volunteers that have received psychosocial support to volunteers	170	0
# of volunteers briefed on their rights and responsibilities	170	105
# of volunteers' whose safety and wellbeing are ensured	170	105
# of volunteer properly trained	170	105
# of volunteer engaged in decision-making processes of respective projects they implement	170	105
Output S1.1.2: National Societies have the necessary corporate infrastructure and systems in place		
Indicators	Target	Actual
# of NRCS staff and volunteers trained on the principles and rules for humanitarian Assistance	200	0
% of Volunteer registered in the volunteer Database and management	100%	0
# of Volunteer Retention/Recognition and Social Enterprising strategy put in place	10	0
# of Branches trained on Leadership	8	0
# of NS Management Strategic Review Meetings held	1	0
# of NS OCAC/OD Priority issues for Capacity Building carried out	1	1
# of NS BOCA assessment	8	5
# of region that have received the Youth Policy and Youth Engagement	8	4
Output S1.1.3: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened		
Indicators	Target	Actual
# of NRCS staff and volunteers trained on Disaster risk reduction activities	170	105
# of Red Cross staff and volunteers trained on Disaster response and risk reduction activities	200	10
% of the NS DRR strategy revised	100%	0
% of the multi hazard contingency plan developed and improved through simulation drills	100%	0
% of NS capacity enhanced in assessment and planning for DRR and resilience projects	100%	0
Outcome S2.1: Effective and coordinated international disaster response is ensured		
Indicators	Target	Actual
# of Movement partners involved in the coordination meetings.	9	10
Output S2.1.1: Effective and respected surge capacity mechanism is maintained.		
Indicators	Target	Actual
# of surge support deployed in Niger to support project implementation.	2	0
Output S2.1.2: NS compliance with Principles and Rules for Humanitarian Assistance is improved		
Indicators	Target	Actual
# of NRCS staff and volunteers trained on the principles and rules for humanitarian Assistance	200	0
Ensuring accountability		
Output S3.1.1 Staff security is prioritized in all IFRC activities		
Indicators	Actual	Target
# of security assessment conducted	2	1
# of staff and volunteers briefed on security during the timeframe of the EA	200	105
Progress towards outcomes		
Needs analysis and population to be assisted:		
The IFRC through this revised Emergency Appeal will ensure that all the volunteers involved in this operation are insured through IFRC insurance system. Further, the RC volunteers will be briefed on their roles and the risk they are facing during the implementation of this operation as well as on their right and responsibility. In addition, as this is an insecurity		

area, the National Society will ensure that all the volunteers are trained on security and that security briefing is carried out on the prevailing situation.

The revised Emergency Appeal will also support the implementation of National Society Development activities including the development of gender and diversity policy, the development of National Society youth and volunteerism strategy, the dissemination of the policies and the code of conduct of volunteers, the collection of volunteer data based and creation of a volunteer database in all the regions, the recruitment of Youth and Volunteer coordinator for the National Society, the equipment of the NRCS branches (eight branches) with computers and the development of internal communication activities for volunteers. This revised Emergency Appeal will support the roll out of OCAC recommendation and the implementation of BOCA assessment in all the regions.

D. Financial Report

Please see attach financial report. In summary, funding coverage towards the current emergency appeal of 3.4 million Swiss francs is 89%.

Contact information

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

In the Niger Red Cross Society

- **Interim Executive Secretary and Programmes Coordinator:** Issiakou Soumana Gaoh, email: issiagaoh@yahoo.fr, phone: +227 96961505
- **Executive Secretary:** Adamou Agmaraki, email: agadamou@croix-rouge.ne, phone: +227 96888567

In the IFRC

- **IFRC Country Delegation**
Pierre Danladi, Operations and Programmes Coordinator; phone: +227 80063249; email: pierre.danladi@ifrc.org
Spela Juntunen, Programmes Support Delegate, phone : +227 81938944 ; email : spela.juntunen@ifrc.org
- **IFRC Regional Office for Africa**
Adesh Tripathee, Head of DCPRR; phone: +254 780 930278; email: adesh.tripathee@ifrc.org;

For IFRC Resource Mobilization and Pledges support:

- **IFRC Regional Office for Africa** Louise Daintrey-Hall, Head of Partnerships and Resource Development Regional Office for Africa, Email: louise.daintrey@ifrc.org; phone: +254 110 843978

For In-Kind donations and Mobilization table support:

- **Logistics Coordinator** 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 Regional Office for Africa** Philip KAHUHO, PMER Manager; email: philip.kahuho@ifrc.org, phone: +254 732 203081

Reference documents



Click here for:

- Previous Appeals and updates

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 always 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.

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/04-2021/02	Operation	MDRNE021
Budget Timeframe	2018-2021	Budget	APPROVED

Prepared on 10 Apr 2021

All figures are in Swiss Francs (CHF)

MDRNE021 - Niger - Complex Emergency

Operating Timeframe: 13 Apr 2018 to 13 Apr 2021; appeal launch date: 13 Apr 2018

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	0
AOF2 - Shelter	0
AOF3 - Livelihoods and basic needs	997,000
AOF4 - Health	749,000
AOF5 - Water, sanitation and hygiene	1,017,000
AOF6 - Protection, Gender & Inclusion	34,000
AOF7 - Migration	0
SFI1 - Strengthen National Societies	240,000
SFI2 - Effective international disaster management	363,000
SFI3 - Influence others as leading strategic partners	0
SFI4 - Ensure a strong IFRC	0
Total Funding Requirements	3,400,000
Donor Response* as per 10 Apr 2021	3,009,086
Appeal Coverage	88.50%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	5,912	5,912	0
AOF2 - Shelter	0	0	0
AOF3 - Livelihoods and basic needs	144,334	6,990	137,345
AOF4 - Health	340,097	209,903	130,194
AOF5 - Water, sanitation and hygiene	584,018	461,162	122,856
AOF6 - Protection, Gender & Inclusion	7,982	2,793	5,189
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	436,301	347,314	88,987
SFI2 - Effective international disaster management	959,917	737,387	222,530
SFI3 - Influence others as leading strategic partners	91,746	91,817	-71
SFI4 - Ensure a strong IFRC	18,696	18,696	0
Grand Total	2,589,003	1,881,973	707,030

III. Operating Movement & Closing Balance per 2021/02

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	2,466,283
Expenditure	-1,881,973
Closing Balance	584,310
Deferred Income	0
Funds Available	584,310

IV. DREF Loan

* not included in Donor Response	Loan :	168,073	Reimbursed :	168,073	Outstanding :	0
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Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/04-2021/02	Operation	MDRNE021
Budget Timeframe	2018-2021	Budget	APPROVED

Prepared on 10 Apr 2021

All figures are in Swiss Francs (CHF)

MDRNE021 - Niger - Complex Emergency

Operating Timeframe: 13 Apr 2018 to 13 Apr 2021; appeal launch date: 13 Apr 2018

V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	99,601				99,601		
British Red Cross	343,973				343,973		
China Red Cross, Hong Kong branch	25,470				25,470		
Finnish Red Cross	2,986	64,651			67,636		
Finnish Red Cross (from Finnish Government*)	553,302				553,302		
Italian Government Bilateral Emergency Fund	542,444				542,444		
Japanese Red Cross Society	72,600				72,600		
Norwegian Red Cross	349,308				349,308		
Red Cross of Monaco	17,401				17,401		
Swedish Red Cross	204,909				204,909		
Swiss Red Cross	100,000				100,000		
The Netherlands Red Cross (from Netherlands Govern	89,638				89,638		
Total Contributions and Other Income	2,401,632	64,651	0	0	2,466,283	0	
Total Income and Deferred Income					2,466,283	0	