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## Operation Update Report no. 2

### Nigeria: Hunger Report

 International Federation  
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRNG032	GLIDE n° xyz
Operation update n° 2: 08 February 2022	Timeframe covered by this update: 28 June 2021 to 31 December 2021 (6 months)
Operation start date: 28 June 2021	Operation timeframe: 18 months End date: 31 December 2022
Funding requirements (CHF): 4,130,372	Emergency Appeal: DREF amount initially allocated: CHF 500,000
N° of people being assisted: 200,000 people (33,000 Households)	
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> Nigerian Red Cross Society (NRCS), International Federation of Red Cross and Red Crescent Societies (IFRC) and International Committee of Red Cross (ICRC). The IFRC and Nigerian Red Cross would like to thank the following for their financial contributions to the Emergency Appeal: American Red Cross, British Red Cross, Canadian Red Cross / Canadian Government, Japanese Red Cross, and Netherlands Red Cross / Netherlands Government.	
<b>Other partner organizations actively involved in the operation:</b> The Interagency Emergency Preparedness and Working Group and Humanitarian Country Team (HCT) are the two coordination mechanisms. The National Emergency Management Agency coordinates emergencies at national level while the State Emergency Management Agencies at the states level.	

#### Summary of major revisions made to emergency plan of action:

No major revisions were made to the Plan of Action except a realignment of figures to be reached against the Appeal Budget.

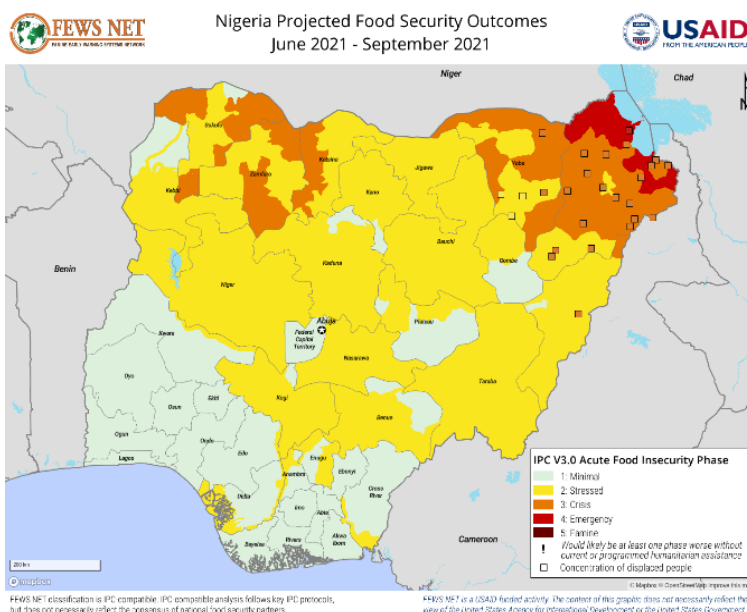
1. According to the EPoA, a target of 2,100 mothers was set but on re-alignment with the budget, 700 mothers are meant to be reached with conditional supplementary feeding. However, this does not change the overall target of the appeal.

To date, this Emergency Appeal, which seeks CHF 4,130,000 is 22% funded, up from the 12% reported in the 3 months update at the end of October 2021. Further funding contributions remain very urgently needed to enable the Nigerian Red Cross Society, with the support of the IFRC, to implement the planned activities providing humanitarian assistance to those affected by the hunger crisis as quickly as possible.

## A. SITUATION ANALYSIS

### Description of the disaster

Nigeria's Northwest region – particularly states of Zamfara, Sokoto, and Katsina – has in recent years seen a deterioration in the security situation, marked by an increase in banditry and violence. The crisis has accelerated during the past years because of the intensification of attacks and has resulted in widespread displacement across the region. Reportedly, nearly 280,000 people are displaced in the three states as of January 2021. Women and children have been affected more by this displacement with access to education, proper nutrition for children being severely affected. Disrupted livelihoods and reduced market access have lessened households' capacity to meet their essential needs. It is reported<sup>1</sup> that in Northwest Nigeria, 2.53 million people are projected to face acute food insecurity (Phase 3 and above) in June – August 2021 lean period. An estimated five percent of the total food insecure population (138,476 individuals) are internally displaced persons (IDPs), of which 26,000 are in the emergency acute food insecurity phase (CH phase 4). The higher prevalence of acute food insecurity also reflects the adverse effects of measures to contain the COVID-19 pandemic on the supply chain, the escalation of armed and community conflicts, some localized cereal production shortfalls, the unfavorable macro-economic conditions, and high food prices.



IPC 3 Food Insecurity situations in Northwest and Central states and seasonal calendar

The present food insecurity situation is compounded by the closure of borders, insecurity across the region and COVID 19 pandemic. All these factors have had a direct effect on the food prices, either due to the unavailability of enough food or lack of sources to purchase food items. Farmers are unable to access their farms due to the fear or attack or kidnapping and this has equally led to reduction in food production across the region.

Additionally, domestic petrol prices remain elevated, pushing up transportation costs. These economic factors are putting pressure on staple food prices across the country, particularly in deficit-producing areas. Prices for both staple and cash crops remain significantly above the five-year average and last year due to the poor macroeconomic conditions, high fuel prices and transportation costs, and high market demand due to the below-average 2020 harvest. Traders are putting further pressure on parties as the poor start to the rainy season has resulted in market speculation, and traders and households are withholding stocks. As a result, market supply across much of the country is lower than average.

Income-earning opportunities and wages are below average for most poor households across the country and even more restricted in conflict-prone areas. This is due to the poor macroeconomic conditions and the high levels of conflict across the country, resulting in stiff competition for labor in most areas. The high competition for labor income has also resulted in lower than typical wage rates due to the high labor supply in many areas. Furthermore, income from agricultural labor is lower than usual, with most poor households engaged in labor work to earn some income. Income from agricultural labor in conflict affected areas, notably the Northeast, is minimal. Households also engage in other unskilled labor such as petty trading, water vending, and firewood sales to earn some income.

This Emergency Appeal got approved by 28 June 2021 targeted at interventions in 7 states of Northwest (Zamfara, Sokoto, Katsina, and Kebbi) and North Central (Benue, Nasarawa, and Niger) Nigeria.

## Summary of current response

### Overview of Host National Society

The NRCS supported by IFRC undertook a detailed Needs Assessment in all the targeted states except Zamfara due to heightened insecurity situation. The different National Society Branches also underwent capacity assessments to identify gaps in their capacity to respond. Local service providers for programme delivery (food, livelihood and basic needs, WASH (Water Sanitation and Hygiene) interventions, health) were mapped out across the targeted states.

Findings from the Needs Assessment indicated an urgent need for food intervention followed by livelihood and income generating sources. Among the respondents, about 25% were elderly and about 24% persons with disability. Most of the households interviewed currently experience food crises with some of their coping mechanisms including borrowing money to purchase food items and reduction in the number of meals per day (twice, and in most cases, one meal per day). The assessment showed that sources of primary information include traditional leaders, community meetings, town announcers, family/friends, radio, TV, SMS, and social media while radio, family/friends, TV, Church and Mosque were the preferred communication channels. On literacy level, about 54% of the household representatives cannot read or write in the local languages.

Security assessments have been ongoing to regularly update the NS (National Societies) and IFRC on the security situation of the targeted states and to inform field engagements. This is done in coordination with the security team of the ICRC. The NS have identified and trained volunteers that will be involved in the operation.

The following are the key highlights after the initial processes:

- 12 volunteers and Branch staff trained as Trainer of Trainers in ECV/RCCE
- Beneficiary Identification and registration of 2100 beneficiaries in Kebbi, Sokoto and Niger states completed. Balance of 2900 to be registered in Zamfara, Katsina, Nasarawa and Benue states in January 2022.
- Preparation for multi-purpose cash transfers in January 2022 in the first 3 states (Kebbi, Sokoto & Niger).
- FSP (Financial Service Providers) identified, SoPs (Standard Operating Procedures) and ToRs (Terms of Reference) completed awaiting transfers to FSP. Decision will be UBA (United Bank of Africa) to transfer cash directly to UBA Bank (FSP) considering low burn rate by the NS.
- 90 volunteers mobilized and inducted in PGI (Protection Gender & Inclusion) and trained in anti-SGBV.
- Branches are in the process of mobilizing mothers' clubs to support nutrition activities.
- 300 mothers have been registered for conditional supplementary feeding cash grants. Balance of 400 mothers will be registered in January 2022.
- The communication department has been profiling the appeal and the following articles have been aired on national and international televisions including social media platforms.

Hunger Crisis Articles and Clips:

- <https://youtu.be/L851eophVyl> - Arise TV
- <https://youtu.be/3C8XPzVrKTI> - Plus TV Africa
- <https://youtu.be/HCH1F7y8DM> – TVC Breakfast
- <https://punchng.com/hunger-red-cross-raises-fund-for-2-5-million-sokoto-benue-residents/>
- <https://www.sunnewsonline.com/ifrc-launches-n1-823bn-emergency-appeal-fund-in-the-north-east/>
- <https://gatekeepersnews.com/2021/10/15/ifrc-launches-hunger-crisis-emergency-appeal-in-nigeria/>
- <https://independent.ng/food-insecurity-ifrc-launches-4-1m-swiss-francs-emergency-appeal-for-northern-nigeria/>
- <https://www.newtelegraphng.com/hunger-crisis-red-cross-to-rescue-2-5-million-nigerians-in-north/>

Plan for the first quarter of 2022:

- Direct transfer will be made to UBA to support Cash Transfers for 5000 HHs and 700 mothers, this will negate low burn rate with the NS whilst ensuring support to the beneficiaries.
- Setting up of mothers' clubs
- Rehabilitation of 10 boreholes and public toilets.
- Step down training on ECV/RCCE
- Set of ORP kits in the 4 selected states.

The security situation remains a challenge, but the NS and the security team are closely monitoring to ensure a safe environment to implement the activities.

## Overview of Red Cross Red Crescent Movement in country

IFRC presence in Nigeria: IFRC through its West Coast Cluster Office Delegation in Abuja is working closely with the NRCS to provide technical and operational support as well as resource mobilization. There is only one partner National Society present in-country supporting NRCS, which is the British Red Cross (BRC). The BRC has recently supported the Hunger Crisis Appeal with CHF243,448.

ICRC presence in Nigeria: The ICRC has a country delegation with three sub-delegations in Port Harcourt, Jos and Maiduguri and an office in Kano in areas affected by armed conflict (North-East), and communal clashes (North Central and South South). The ICRC has adapted the ongoing assistance activities to include COVID-19 Prevention measures in the five states of Adamawa, Borno, Plateau, Rivers and Yobe. ICRC also supports Risk Communication Activities in Cross River, Delta, Edo, Enugu, Bauchi, Kano, Kaduna, Benue, and Taraba.

Relating to this Plan of Action, Red Cross Red Crescent Movement (Movement) coordination meetings have been introduced in which ICRC, IFRC and the NRCS participate. Multiple engagements continue to take place between IFRC, NRCS and ICRC on different areas for coordination. The ICRC are providing support especially in the Security sector and Branch capacity information.

IFRC and NRCS are observers in the Humanitarian Country Team (HCT) and a member of the Inter-Cluster Coordination Team (ICCT), and relevant IASC (Inter Agency Standing Committee) Clusters and inter-agency working group meetings/forums, including the Food Security Cluster. Cluster and working group members include NGOs, UN agencies and public authorities. The RC Movement coordination will work alongside the northwest coordination body led by UNICEF.

## Overview of non-RCRC actors in country

At the national level, the Interagency Emergency Preparedness Working Group and HCT are the two coordination mechanisms. The National Emergency Management Agency (NEMA) coordinates emergencies at national level while the State Emergency Management Agencies coordinate at the state level. UN agencies such as UNICEF, UNFPA and WFP are present in the intervention areas, and other NGOs such as MSF, Hellen Keller, ACTED, PUI and Save the Children, have ongoing programs running in the north-western states. The proposed response will complement efforts of other stakeholders and agencies providing support to tackle food insecurity. This will be informed by a stakeholder mapping, assessments and regular coordination with relevant stakeholders actively supporting and responding to food insecurity situation in the operational areas. However, it is known that few humanitarian actors are operating in the targeted areas to provide needed assistance for those facing food consumption deficits.

## Needs analysis and scenario planning

### Needs analysis

Millions of people across the Northwest and North Central parts of Nigeria are projected to continue to suffer from Food Insecurity with contributing factors identified to be heightened insecurity conditions including banditry, kidnapping and community clashes/conflicts causing widespread settlement damage. High food price is also a key driver of the situation which is a cascading effect of inflation and insecurity across the region.

Malnutrition is also prevalent across the region especially in the Northwest with an estimated number of 2 million children in Nigeria suffering from Severe Acute Malnutrition (SAM).

The NRCS identified 3 Local Governments in each of the targeted states for this intervention where detailed Needs Assessments were carried out from 29 August 2021 to 3 October 2021. The Assessment results suggest that about 85% of the 2419 households surveyed were in urgent need of food and livelihood support. The source of food was identified to be farm crops (maize, beans, cassava, millet, rice) and income generated by selling the farm produce to local markets, however, these sources have been disrupted over time due to heightened insecurity situations. In addition, Nigeria is experiencing one of the worst cholera outbreaks in years across 31 states including the targeted states for this intervention with children between 5 to 14 years being the most affected.

As of 26 September 2021, a total of 88,563 suspected cases of cholera were recorded with over 3,057 dead from suspected cholera, there are concerns that there might be an undercount given that many affected communities are in hard-to-reach areas with high-security challenges. This year's outbreak, which is associated with a higher case fatality rate than the previous four years is also worsened by the COVID-19 pandemic. States with high-level of rainfall are worst hit due to seasonal flooding. Aside from being endemic and seasonal in Nigeria, cholera is also common in environments with high-level of poor sanitation, lack of clean food and water, and areas where open defecation is a widespread practice. Round 6 of the Displaced Tracking Matrix (DTM) assessments indicate that over 55% (30% girls,

25% boys) of children below the age of 18yrs are displaced and living in camps and host communities. The DTM matrix covered eight states i.e., Benue, Nasarawa and Plateau (north central) and Kaduna, Kano, Sokoto, Katsina and Zamfara (north-west). This situation shows the increased need to support the communities with relevant support targeting the most vulnerable social groups which include the children. Educational needs thus are relevant to complement this appeal activities.

### **Operation Risk Assessment**

Security risks to staff, volunteers, and beneficiaries in targeted locations are expected to pose the biggest operational challenges in terms of risk and concern. The security risk will continuously be closely monitored throughout this response. Security assessments have been conducted to help plan the areas of response (considering access, operational feasibility, and duty of care) and to mitigate identified potential risks. One of the major decisions taken is the suspension of activities in Zamfara (as of 6 September 2021) due to the heightened insecurity situation in the recent period and resulting into loss of access to mobile network for communication across the state.

Other operational risks which are being closely monitored and managed include the occurrence of protection risks such as Sexual and Gender Based violence (SGBV), and Sexual Exploitation and Abuse (SEA) at community levels. Cash and Voucher Assistance (CVA) related risks, such as extortion and theft are also considered in activity design and monitoring controls.

The rainy season in Nigeria is potentially pose challenges as some of the states are already experiencing flooding. However, the National Society is experienced in carrying out flood preparedness and response activities and, with support from the IFRC. As these risks are continually monitored, volunteers supporting this operation will be covered through a volunteer insurance. The NS has also rolled out training for volunteers on the code of conduct with issues around PSEA (Prevention of Sexual Exploitation and Abuse) and PGI being discussed and share with them. Further reinforcement on PSEA and PGI will be rolled down to the volunteers to ensure that duty of care and do no harm approaches are observed. In this and other operations. Volunteer who are part of the operation will also sign volunteer codes of conduct as imbedded in the operation strategy.

## **B. OPERATIONAL STRATEGY**

### **Strategy**

The National Society carried out a Detailed Needs Assessment in 18 Local Government Areas (18) of six states. The assessment lasted for 3 days with about 2,419 HHs interviewed on different sectors (Health, WASH, Nutrition and Livelihood). The analysis of the report revealed that targeted communities needed urgent support for food and livelihood as most of them could not afford three meals a day and had to adapt to different coping mechanisms including eating once or at most, twice a day. Some of the health concerns identified are malaria, cholera, measles, and diarrhea, amongst others. However, these findings will be validated by engaging with communities to ensure that the results effectively capture the communities' needs.

Branch capacity assessments are ongoing to identify the implementing branches' strengths and weaknesses. Gaps identified will be taken into consideration and inform decisions regarding procurement, mobilization of resources and deployments. Similarly, logistics assessments have been carried out to identify and engage service providers at field level for the different procurement that will be done within all sectors.

The communications team have captured pictures, videos, and stories from some of the affected population highlighting the communities' need for support of food within host communities and IDP (internally displaced persons) camps. Constant engagement with communities is ongoing to ensure that actual needs are being met while continuous assessment is done.

### **Livelihoods and Basic Needs**

Some 5,000 HHs identified to benefit from this support will be registered to receive cash grants to purchase basic food needs, 3,000 HHs will receive grants for start-up of Income Generating Activities (IGAs) and 3,000 farmers will receive farming kits (seedlings, fertilizers, equipment). Farmers will also be trained and supervised by Agric Extension Workers to promote good agricultural practice.

### **Health**

Community Based Health and First Aid (CBHFA) is targeted at training volunteers at community level. Some of the trainings will include First Aid, Epidemic Control for Volunteers (ECV) and community mobilization and awareness on health and hygiene promotion. Due to the outbreak of Cholera in most of the states in Nigeria, this appeal also seeks to contribute to the efforts of preparing and responding to the outbreak by training staff and volunteers on different response approaches including the use of ORP (Oral Rehydration Point) kits. Oral rehydration stations will be set up and social mobilization for oral cholera vaccinations in the Red Cross Branches will be carried out. The RC volunteers will be trained

on Psychosocial Support (PSS) to respond to Mental Health needs arising from the different insecurity events within the targeted population.

### **Nutrition**

The Appeal will target pregnant and lactating mothers who need support and will benefit from complimentary feeding support in form of cash and seedlings to set up homestead gardens. Volunteers will be trained on MUAC (Mid Upper Arm Circumference) Screening using tapes to identify and refer Moderate and Severe Acute Malnourished children to the nearest stabilization centers mapped out within the communities. Mothers Club will be formed and through them exclusive breastfeeding will be encouraged. Infant and Young Child Feeding (IYCF) training will be used to improve proper feeding of infants and young children to counter malnutrition.

### **WASH**

As food needs cannot be met without safe drinking and cooking water, communities identified with lack of good water sources will benefit from borehole construction or rehabilitation. Hygiene kits will be distributed to households in need within the target population.

Communities that were identified to have poor hygiene structures will benefit from latrine construction or rehabilitation to reduce open defecation, change social behaviors, and reduce risk of illness arising from such conditions.

As planned by the NRCS Team with support by the IFRC team, the registration of beneficiaries of the respective sectors will be carried out to ensure effectiveness in distribution and implementation of the operation. The Community Resilience Committees, representatives of the diverse groups including women, elderly and people living with disability will be fully involved in the process to ensure that households in need of support are identified and registered.

### **Community Engagement and Accountability (CEA)**

The operation will ensure that CEA and how communities can be reached through trusted and preferred means of communication channels as identified by the community members/households is mainstreamed into the operation. The communities will be informed on who we are as RC and our fundamental principles at every engagement - during community entry, advocacy visits and meetings - to enable acceptance and trust. There will be effective community participation to listen, collect and respond to community needs at every stage of engagement. The design and planning will involve the RC Branches, volunteers, and inputs from the targeted population. The planned activities will be cross-checked with the identified targets and other stakeholders as well to avoid duplication. Feedback and complaints system will be set up and clearly advertised in the different states/communities (community information centers, notice boards) to ask questions or raise issues of concern. Also, on the feedback channel and how to report sensitive feedback and complaints.

Community satisfaction and perception will be assessed using a survey (during and after implementation) to measure the level of people's awareness of activities/assistance, level of participation and engagement, and impact of Red Cross response activities. An exit strategy will be developed in advance with the participation of every sector, implementing states, districts, volunteers, and community members. Training of volunteers on CEA approaches and on-site monitoring will be ensured during the program operation. To ensure accountability, findings from community perception/satisfaction surveys will be related back to communities, while lessons learned, and recommendations will be shared with the different sectors and operations to inform decisions and future programs.

### **Protection of Gender and Inclusion**

PGI will be mainstreamed throughout the intervention to ensure communities dignity, access, participation, and safety. PGI considerations will be included in assessments, ensuring a gender and diversity analysis to guide the response with an understanding on diverse needs and capacities. Timely identification of protection risks and violations through systematic and coordinated protection monitoring and analysis will inform preventative, responsive, and remedial interventions, and enhance accountability. Activities implemented will include protection components to address risks of gender-based violence against children, girls, and young unaccompanied women.

## C. OPERATIONAL PLAN



### Livelihoods and basic needs

People reached: 2,416

Male: 1,401

Female: 1,015

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

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

Indicators:	Target	Actual
Needs Assessment in 7 targeted states to identify Needs in Population	7	6
Identification and Selection of IGA (Income Generating Activities) beneficiaries	3,000	0
Procurement of farm implements	3,000	0

**Output 1.2:** Basic needs assistance for livelihoods security including multipurpose cash MPC is provided to the most affected communities

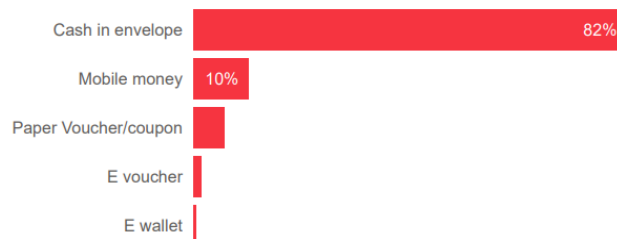
Indicators:	Target	Actual
Conduct Needs Assessment in seven (7) states	7	6
Training of 210 Volunteers on Assessments	210	180
Community and Beneficiary selection for multi-purpose cash (MPC) beneficiaries	5,000 HHs	2100
Distribution of multipurpose cash to beneficiaries	5,000 HHs	0

### Progress towards outcomes

#### Beneficiary Selection and Registration

Following the needs assessment where 2,416 HHs (Female 1,015; Male 1,401 respondents) confirmed the CVA approach as the preferred mechanism by the beneficiaries. The needs assessment indicated that 82% of the respondents chose cash in the envelope as their preferred mechanism.

Which mechanism of transfer will you prefer?



State	Cash in envelope	E voucher	E wallet	Mobile money	Paper Voucher/coupon
Benue	81%		0%		11%
Katsina	92%			1%	3%
Kebbi	80%		0%	1%	14%
Nassarawa	70%		7%	0%	11%
Niger	90%		1%	1%	3%
Sokoto	80%				18%

Figure 1. Cash Transfer mechanism preferred by State.

Some 2,100 HHs (12,600 beneficiaries) have been registered in three states i.e., Kebbi, Niger and Sokoto with the balance of 2,900 to be completed in January 2022 from the remaining four States. NRCS will draw from the recent experience of implementing CVA programmes with the support of British Red Cross in three states outside the Hunger Crisis Appeal states. The capacities received from the BRC were replicated in the Kebbi, Sokoto and Niger beneficiary registration with volunteers being trained in mobile data collection and beneficiary registration tool. Ninety (90) volunteers were trained across the three states. Most of the volunteers were drawn from the volunteers who participated in the needs assessments. The volunteers were trained in elements of the needs assessment as noted below:

Training of volunteers for assessment:

- The IFRC supported NRCS in the training of volunteers in the month of August 2021. The training was conducted in the branch offices of the NRCS in six states including Benue, Nasarawa, Niger, Katsina, Kebbi, and Sokoto. 30 participants were drawn from the three target LGAs (Local Government Area) in each of the six states. The training involved plenary sessions and presentations on:
  - Safer Access
  - Community entry and communication skills
  - Volunteer Code of conduct
  - Prevention of Sexual Exploitation and Abuse
  - Usage and Installation of the Kobo collect app.



## Health

**People reached: 312**

Male: 11

Female: 301

**Outcome 1:** The immediate risks to the health of affected population are reduced and the psychosocial impacts of the emergency are lessened

**Output 1.1:** Target population is provided with rapid medical management of injuries and diseases.

Indicators:	Target	Actual
Train 80 volunteers on Oral Rehydration Therapy (Cholera preparedness)	80	12
Train 100 Volunteers on Community Based Health and First Aid (CBHFA).	100	0
Conduct ECV/RCCE training sessions for 420 volunteers in branches who will conduct sensitization on community outbreaks and prevention	420	12

**Output 1.2:** Severe Acute Malnutrition is addressed in the target population.

Indicators:	Target	Actual
Support 700 mothers with conditional supplementary feeding support and 210 mothers with homestead gardens.	700	300
140 Mothers clubs' members are trained on screening through (MUAC) and referrals of children as need arises	140	0

Twelve (11 male and 1 female) Trainers were trained in the ECV/RCCE and Cholera ORT. The trainers are expected to cascade the training to the 420 volunteers in branches and 72 volunteers for ORT. Four ORP Kits are already in stock and ready for deployment before the approach of the rain season when Cholera cases tend to increase.

The needs assessment showed that about 7% of mothers interviewed indicated that they breast feed their children for less than 6 months with about 48% indicating that they breastfeed their children for between 6 and 12 months. However, the project will reinforce the need for exclusive breastfeeding practices. The support to pregnant and lactating mothers will reinforce this activity and through the mother's club, the IYCF training will be conducted; 300 mothers have been registered so far for the conditional supplementary feeding in Kebbi, Sokoto and Niger states with 400 remaining to be registered from Nasarawa, Katsina, Benue and Zamfara; and 100 mothers are being registered per state.

The NRCS has commenced recruitment and mobilization of 140 mothers' club members across the 7 states. This is being done with strict adherence to the outlined selection criteria, which includes.

- Females of reproductive age (18 years and above)
- Females who are based in the communities and have no plans of relocating in the next 6 months
- Females who fluently speak and understand the local language
- Females who are willing to participate in the community-based health and nutrition programme actively and voluntarily.

Mothers Club will be formed and through them exclusive breastfeeding will be encouraged. IYCF training will be used to improve proper feeding of infants and young children to counter malnutrition.

Mothers' clubs will be built around health centres so that the mothers have referral points for identified severe acute malnutrition cases. From the Mothers Clubs, 210 mothers will be identified for training on homestead gardens. This effort will be done in the first quarter of 2022.



## Water, sanitation, and hygiene

**People reached: 2,416**

Male: 1,401

Female: 1,015

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

**Output 1.1:** Daily access to safe water which meets Sphere and WHO (World Health Organization) standards in terms of quantity and quality is provided to target population

Indicators:	Target	Actual
Provide safe water to 81,000 people in targeted communities through 10 borehole constructions across 7 states and household water treatment using Aqua tabs.	10	0
Train population of targeted communities (on safe use of water treatment products)	81,000	0
Rehabilitation of 10 boreholes across 7 states in target communities	10	0

**Output 1.2:** Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population

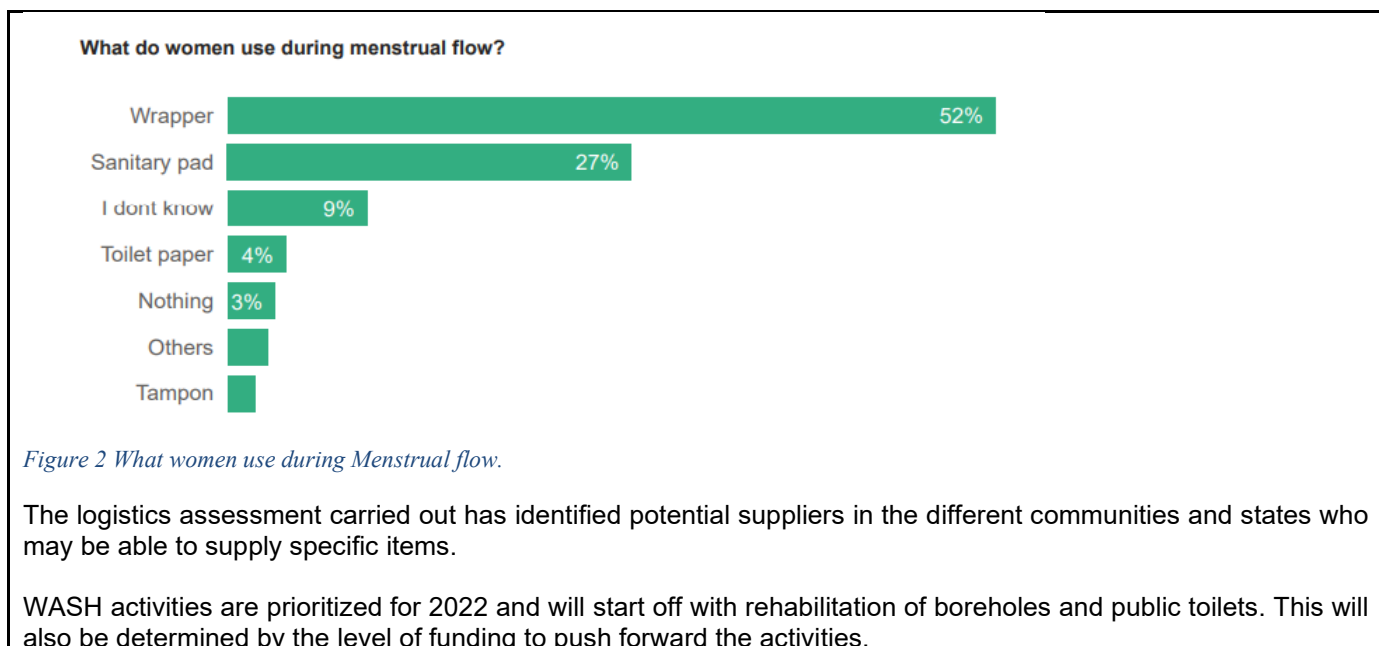
Indicators:	Target	Actual
Construct 10 toilets across 7 states [TBD: households, schools, health centers, public areas]	10	0
Rehabilitation of 10 toilets across 7 states in target communities	10	0


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

Determine the needs for hygiene NFIs, including soap, water storage, and menstrual hygiene for each community based on health risks and user preference in targeted communities in coordination with the WASH group or cluster.	7	6
Distribute 350 hygiene kits, sufficient for 1 month to 350 HHs.	350	0

### Progress towards outcomes

The needs assessment identified the preferred Hygiene NFIs. For water storage, jerry cans and buckets with lids will be provided in the 6 states. Menstrual and sanitary kits remain a major priority in this response as noted in the needs assessment.



 <p><b>Disaster Risk Reduction</b>  <b>People reached: 90</b>  Male: 52  Female: 38</p>		
<b>Outcome 1:</b> Communities in high-risk areas are prepared for and able to respond to disaster		
<b>Output 1.1:</b> Communities take active steps to strengthen their preparedness for timely and effective response to disasters.		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Community visits and entry (Flood preparedness)	7	6
Formation of Community structures for flood preparedness	7	6
<b>Progress towards outcomes</b>		
<p>The National Society at branch level has carried out advocacy visits to stakeholders involved in Disaster Risk Reduction efforts to coordinate activities at the targeted communities. Community Resilience Committees (CRC) made up of 5 members per LGA at 3LGAs per state in 6 states have been setup as the first point of contact in a flood response. The CRC members who are 90 in total (38 female and 52 male) work closely with the community they represent and with the National Society to provide timely and effective information on hazards and their effects.</p> <p>The National Society will work with the formed structures to prepare communities before flood season begins and provide timely and effective response in such cases,</p> <p>Some of the challenges faced are the lack of preparedness kits at NS Headquarter and Branch level and limited resources to train the CRC members on Floods Preparedness and Response.</p>		



## Protection Gender and Inclusion

**People reached: 60**

Male: 37

Female: 23

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

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

Indicators:	Target	Actual
Volunteers and staff trained and mobilized on PGI	210	60
PGI Analysis Conducted	2	0

Indicators:	Target	Actual
Volunteers trained to include anti-SGBV outreach activities	210	60
Key officials will be trained on engagement with communities in conflict.	21	0

### Progress towards outcomes

NRCS has a new focal point for PGI, and the officer will be working closely with the IFRC for PGI Capacitation to support NRCS in all PGI initiatives. Efforts are underway to ensure that PGI activities are incorporated from the start of the project going forward. IFRC is supporting this drive to strengthen the capacity of the NS to integrate and mainstream PGI. To date, 60 volunteers have been mobilized and inducted on PGI. The 60 volunteers (23 females and 37 males) were trained in 2 states (Sokoto and Kebbi) on PGI minimum standard in an emergency and trained in anti-SGBV. The training was focused on the volunteers understanding their role in PGI and advancing the 'do no harm' principle in the execution of the project objectives.

During the registration, there was no challenge related to PGI within the communities due to the initial CEA/Community Entry activities conducted before the registration process. Persons with disabilities representatives were present during community entry meetings while for those that could not come out due to their condition, the registration team visited them at home to capture their details according to the selection criteria. Also, everyone within the communities was given equal opportunity and consideration based on the selection criteria, no group or category of persons were excluded.

The NRCS has also received training in PGI from the BRC as part of support towards the NS with regards to mainstreaming PGI and PSEA activities. The PGI officer in the NS has received extensive training on the programme and will be key in the implementation of PGI activities in the Hunger Crisis project.

## Strengthen National Society

**Output 1.1: National Societies have the necessary corporate infrastructure and systems in place**

Indicators:	Target	Actual
Branch Capacity Assessment	7	6
Engage 210 Volunteers in the operation	210	180

### Progress towards outcomes

Branch capacity assessment conducted was thorough to ensure the NRCS branches have the required capacity to implement the project and other future projects. Key members of each branch attended the assessment and a meeting with the Branch Chairman was held with the branch management leadership. There were several gaps identified which could be addressed with additional support provided. These gaps range from no standard operating procedure or guide on PGI/PSEA issues, poor documentation, reporting to identifying and working with local partners. Most of the branches lack financial sustainability capacity to support the daily running of their branch.

Zamfara remains the only branch that is yet to conduct the assessment due to the security situation in the State. The NS is however looking at options to carry out the assessment using the NS staff in the state.

An Emergency First Aid Training was organized jointly by the ICRC, IFRC and British Red Cross for the Emergency First Aid Team (EFAT) members of which Benue and Kebbi branches under the Hunger Crisis states benefitted from.

Within the programme, the NRCS has been utilizing NDRT (National Disaster Response Teams) members to deliver on the Beneficiary registration process. The same capacity is being utilized for other cash and voucher assistance programmes.

With support from the IFRC, the NRCS is also working on its M and E capacity. There is currently a gap in Information Management which is currently being covered by the IT department but may need to train the PMER department on IM (Information Management) functions to strengthen their capacity. An IM person is currently being sourced either through the region or surge.

## D. Financial Report

*Of the total Emergency Appeal budget of CHF 4,130,000, CHF 916,140 has been received (DREF loan excluded), a coverage of 22%. To date, CHF 227,301 has been utilized. Further funding contributions are very urgently needed to cover prioritized activities.*

*Movement of funds will be attached.*



Movement\_of\_Funds\_  
by\_M-code MDRNGO:

### **Budget by Area of Intervention**

AOF1	Disaster Risk Reduction	35,332
AOF2	Shelter	
AOF3	Livelihoods and Basic Needs	2,230,620
AOF4	Health	441,783
AOF5	Water, Sanitation and Hygiene	130,831
AOF6	Protection, Gender, and Inclusion	40,127
AOF7	Migration	
SFI1	Strengthen National Societies	566,999
SFI2	Effective International Disaster Management	290,631
SFI3	Influence others as leading strategic partners	157,731
SFI4	Ensure a strong IFRC	236,319
<b>TOTAL</b>		<b>4,130,373</b>

## Contact Information

### Reference documents



Click here for:

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

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

#### In the Nigeria Red Cross Society

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#### For Performance and Accountability support

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## How we work

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

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



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



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



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