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## Operation Update Report no. 3

### Nigeria: Hunger Report

 International Federation  
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRNG032	GLIDE n° xyz
Operation update n° 3: 31 July 2022	Timeframe covered by this update: 28 June 2021 to 30 June 2022 (12 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 NRCS would like to thank the following for their financial contributions to the Emergency Appeal: American, British, Canadian Japanese, and Netherlands Red Cross Societies, and Netherlands and Canadian Government	
<b>Other partner organizations actively involved in the operation:</b> The Interagency Emergency Preparedness and Working Group, the National Humanitarian Coordination Technical Working Group, the National Cash Working Group, The Northeast Coordination Forum, The Northwest Coordination Forum, and Humanitarian Country Team (HCT) are the coordination mechanisms that are available to support the operation. The National Emergency Management Agency coordinates emergencies at national level while the State Emergency Management Agencies at the states level. There is close collaboration with the Federal Ministry of Humanitarian Affairs, Disaster Management and Social development and the Federal Ministry of Health. There is also a good working relationship with MSF (Nutrition) and UNICEF (National Society Development.)	

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

This Operation Update is published to inform donors and other stakeholders on the progress since the launch of this Emergency Appeal in June 2021. Within the first 12 months of implementation, no major revisions were made to the Plan of Action except a realignment of figures to be reached against the Appeal Budget.

Given the drastic rise in numbers of affected people from 2.5 million at the start of the Appeal in June 2021 to 19.5 million people in 21 states by June 2022, and with the continuous negative impact of the hunger crisis in several parts of Nigeria, this Operation plans to scale up the response as summarized below:

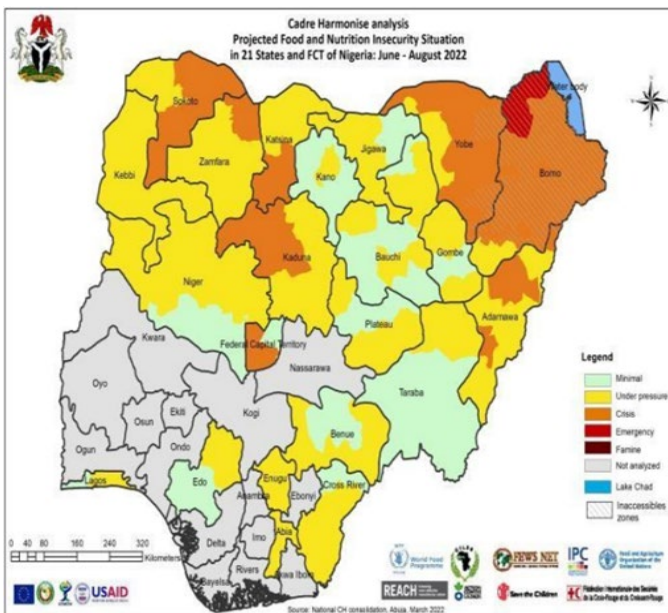
1. Scale-up the Appeal funding ask from CHF 4.1 million to CHF 27 million
2. Expand the Hunger Crisis Appeal geographical target to 11 states (from the current 7) which are in IPC Phase 3+ in Northwest and North Central namely: Nasarawa, Niger, Benue, Federal Capital Territory (FCT), in North Central and Jigawa, Kaduna, Katsina, Kano, Kebbi, Sokoto and Zamfara in the Northwest
3. Increase number of people targeted from 200,000 (33,000 HHs) to 1,092,300 (182,050 HHs) with a focus on Cash Plus (Emergency CVA for Basic Food Security and Livelihoods), Health and Nutrition and WASH as main areas of intervention
4. Update the detailed needs assessment conducted in September 2021, through a field mission to be conducted for the scale up process targeting additional four states

5. Revamp communication around the crisis through production of audio-visual materials in line with IFRC Africa Region Zero Hunger Initiative
6. Improve communications by engaging a consultant to carry out an audio-visual content of the issues in line with the scale up agenda.

To date, this Emergency Appeal, which seeks CHF 4,130,000 is 28% funded, up from the 18% reported in the 6 months update by end of December 2021. Further funding contributions remain very urgent to enable NRCS, with the support of the IFRC, to implement the planned activities and provide humanitarian assistance to those affected by the hunger crisis as quickly as possible, especially considering the increase in the number of persons projected to be facing hunger between June and August 2022 (19.5million). The American Red Cross has contributed a further USD 220,000 during the reporting period to take their total contribution to the appeal to USD 420,000, with British Red Cross further pledging GBP 300,000 which will be reflected in the next report. This has helped further the implementation of the appeal.

## A. SITUATION ANALYSIS

### Description of the disaster



The hunger crisis in Nigeria has gotten to a worrisome point with the country having the highest number of persons in West Africa (19.5 million) projected to be in crisis or worse (IPC Phase 3-5) including 1.2 million people in emergency phase (IPC phase 4). The Northern Region of the country has a high level of food insecurity compounded by long-running armed conflict and violence. Nigeria's North Central and Northwest region has in recent years seen a deterioration in the security situation marked by an increase in banditry, armed conflict, farmers and herders' conflict, climate change and nation-wide deteriorating economic situation. The crisis has accelerated during the past years because of the intensification of attacks and has resulted in widespread displacement across the region. In the region, bandit groups continue to raid villages, commit sexual violence, kidnap for ransom, and rustle cattle on large-scale. The bandit groups have jeopardized the livelihoods of about 21 million people living in Kaduna, Katsina, Kebbi, Niger, Sokoto and Zamfara states. Over 453,000 people are displaced in Zamfara, Katsina, Sokoto, Kano and Kaduna states as of January

2022. Conflict and banditry have disrupted livelihoods, led to forced displacement, human rights violation and obstruction of movement which has in turn reduced availability of foods, market access where food is available and lessened households' capacity to meet their essential needs. Women and children have been affected more by this displacement with access to education and proper nutrition for children being severely affected.

In Northwest and North Central (Benue, Niger, Plateau and FCT) Nigeria, 7.4 million people including IDP population in Zamfara and Sokoto States and 2.7 million people including IDP population in Benue state are projected to face acute food insecurity (Phase 3 – 5 above) in June to August 2022. These figures are increase over the June-August 2021 projections which projected 5.7 million people in Northwest and 2 million people in North Central (Benue, Niger, Plateau and FCT). 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). Zamfara North, Katsina Central and Katsina South are projected to be in crisis phase between June and August 2021. In the North Central, Benue State has the highest number of persons (321,726) in IDP camps currently in acute hunger crisis. The 2022 projections have seen more states in the Northwest and North Central moving into the IPC 3-5 phase. The higher prevalence of hunger crisis reflects the adverse effects of measures to contain the COVID-19 pandemic on the supply chain, climate change, the escalation of conflict around the world and within the country, some localized cereal production shortfalls, the unfavorable macro-economic conditions, which has had a major impact on the purchasing power of the poorest households, many of which were still experiencing job and income losses due to COVID-19 pandemic related restrictions.

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 labour in most areas. The high competition for labour income has

also resulted in lower than typical wage rates due to the high labour supply in many areas. Furthermore, income from agricultural labour is lower than usual, with most poor households engaged in labour work to earn some income. Income from agricultural labour in conflict affected areas, notably the Northeast, is minimal. Households also engage in other unskilled labour such as petty trading, water vending and firewood sales to earn some income.

The impact of the Russia-Ukraine conflict on local economies of African countries has been felt in Nigeria. Owing to high dependence of Nigeria on importation of wheat and staple foods, there has been a steady rise in the price of staples and agricultural inputs like fertilizer, which Nigeria imports from the warring countries. The conflict has affected local markets in Nigeria as well and even worsened the economic situation in a country that was already challenged by inflationary pressures and food supply chain disruptions due to insecurity and climate change.

This Emergency Appeal was approved on the 28<sup>th</sup> of June 2021 and targeted interventions in seven states of Northwest (Zamfara, Sokoto, Katsina, and Kebbi) and North Central (Benue, Nasarawa, and Niger) Nigeria with a plan to scale up to four additional states (Jigawa, Kaduna and Kano in the Northwest and FCT in the North Central).

## **Summary of current response**

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

The NRCS supported by IFRC undertook a Needs Assessment in 2021 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 interventions and health) were mapped across the targeted states.

Findings from the Needs Assessment indicated an urgent need for interventions in foods, livelihoods, and income generation. Of the respondents, about 25% were elderly and about 24% persons with disabilities. Most of the households interviewed experienced food crises with some of the 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 could not read or write in the local languages. As part of the response visibility materials such as banners for CVA, Nutrition, and Mothers Clubs were produced in the appropriate local languages based on these findings. Pre-address messages were also communicated in the local language. Mothers' clubs have been using tools recommended by the Federal Ministry of Health and these tools had pictorial images which the mothers are able to interpret and have discussions in the local languages thus covering the identified gaps in literacy and use acceptable media for communication. Community mobilisation and engagement was through the local leaders and volunteers in the community. However, face to face communication was the most explored channel while engaging with community members. The first point of call were the community leaders before engagement with community members.

Security assessments have been ongoing to regularly update the NS 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 regularly trains volunteers engaged to support the operation.

The following are the key highlights after the initial processes:

- Twelve volunteers and Branch staff trained as Trainer of Trainers in ECV/RCCE.
- Beneficiary identification and registration of 5000 HHs beneficiaries in Benue, Katsina, Kebbi, Nasarawa, Niger, Sokoto and Zamfara.
- Seven Hundred (700) mothers registered for conditional supplementary feeding cash grants across the 7 states
- A Financial Service Provider (FSP) was identified with Standard Operating Procedures (SOP) and Terms of Reference (ToR) completed.
- Two tranches of funds transfer were made to the FSP for 2 cash disbursements to registered beneficiaries in the 7 states.
- Two cash distributions have been carried out in the 7 states to a total of 11,302 benefitting HHs and pregnant and lactating mothers. In the first distribution, 4982 HHs (29,892 beneficiaries) were reached with multipurpose cash grants while 664 pregnant and lactating mothers were reached with grants for supplementary feeding purposes. In the second cash distribution, a total 4984 HHs (29,904 beneficiaries) were reached with

multipurpose cash grants and 672 pregnant and lactating mothers were reached with grants for supplementary feeding purposes.

- Ninety (90) volunteers mobilized and inducted into PGI (Protection Gender & Inclusion) and trained in anti-SGBV.
- Some 210 volunteers trained across 7 states on cash distribution procedures and PGI. 10 volunteers were selected from 3 LGAs in each state for the training.
- Two Post Distribution Monitoring (PDMs) conducted for the multipurpose grant (MPG) and nutrition CVA.
- Seventeen volunteers trained on how to set up and manage Oral Rehydration Points during an outbreak of Cholera or Acute Watery Diarrhoea to further support Health, Nutrition and WASH activities.
- Seventeen Branch volunteers (7 Branch Health Coordinators, 7 Mothers' club coordinators and 3 Rapid Response Team members) trained on Community Management of Acute Malnutrition (CMAM) & Infant and Young Child Feeding (IYCF).
- A total of 140 volunteers from 21 targeted LGAs across the 7 states mobilized and trained on CMAM and IYCF. This training was conducted by the Branch team of trainers and supported by the State Nutritionists
- 168 mothers' clubs set up in 21 LGAs across the 7 States - Sokoto 48, Katsina 20, Kebbi 20, Benue 20, Nasarawa 20, Zamfara 20, Niger 20. The target of the Appeal was 140 mothers' clubs.
- PGI training has been conducted for 7 branch focal points and 80 mothers club leaders in 4 branches of Benue, Nasarawa, Niger and Sokoto states. This training was specific to mothers' clubs
- CEA in-process survey/Distribution Exit Survey was conducted during the CVA exercises to get immediate response from the beneficiaries so that this feedback would be used to make informed decisions in subsequent cash distributions. This tool contained a set of questions to elicit response from the beneficiaries immediately after they were handed the cash.
- CEA Help Desk was established and is being used as a standby enquiry/complaint desk to get immediate response from the beneficiaries during CVA activities.
- Four phone numbers (Hotline) were shared with community members and beneficiaries, and they were printed on banners displayed during CVA exercise.
- A total of 274 feedbacks were received and responded to via these channels.
- Fifty one percent of feedbacks were received via help desk and 49% was received via the hotlines.
- Seventy-eight of the feedbacks were appreciation while 16% were people enquiring how to become volunteers and enquiry on the activity.
- Twenty-seven NRCS staff trained in core Protection Gender and Inclusion values.
- Trained mothers' club volunteers have conducted house to house visits sensitizing mothers, fathers and caregivers on mother and child nutrition, maternal and child health and hygiene promotion. They have been able to reach 16, 299 HHs (97,794 beneficiaries) in the target states.
- Some 34,051 children screened for malnutrition
- Some 1,914 (1,855 moderately malnourished and 904 severely malnourished) children identified as having signs of acute malnutrition and they have been referred to health centres.
- Weekly mothers' club meetings and awareness sessions ongoing in the 7 states with participants including men, women, lactating mothers, caregivers, and community leaders. Meetings cover sessions on complementary feeding, WASH, and Income Generating Activities (IGA), where the women learn new skills to enable low scale income.
- The communications department of NRCS and IFRC have been profiling the Appeal with the following articles aired on national and international televisions including social media platforms:  
Hunger Crisis Articles and Clips: Refer to Appendix 1 for more clips and stories:
  - <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 last half of 2022:

- Rehabilitation of 10 boreholes in the 7 states.
- Third tranche of Cash distribution to 5,000 HHs
- Supplementary cash grants to 700 pregnant and lactating women.
- Monitoring of Mothers Clubs and volunteers' activities towards providing needed support
- Integration of hygiene promotion and WASH training in mothers' clubs

- Revised Hunger Crisis Scale Up Plan of Action
- Continue CMAM & IYCF activities of the Mothers' Clubs
- Conduct awareness on exclusive breastfeeding and zero water campaign to support the World Breastfeeding Week.
- Integrate Epidemic Control and WASH component into the Mothers' Club modules for implementation
- Training for Mothers' club and 10 Health Action team members in each state to carry out Epidemic Control and WASH activities in the targeted communities.
- Conduct monitoring visits to target states.
- Post Distribution Monitoring for the 3<sup>rd</sup> tranche cash distribution
- Development and deployment of key PSEA messages.
- Refresher training for 210 volunteers on PGI minimum standards and gender inclusion
- Training of 7 branch focal points on SGBV/SEA

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**

The IFRC, through its Abuja Delegation office, is working closely with NRCS to provide technical and operational support as well as resource mobilization. There is only one Partner National Society (British Red Cross) present in-country supporting NRCS. BRC has recently supported the Hunger Crisis Appeal with CHF 243,448 and has pledged a further GBP 300,000 to be reflected in the next reporting cycle.

The ICRC has a country delegation in Nigeria with three sub-delegations in Port Harcourt, Jos and Maiduguri and an office in Kano covering 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 provides 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 (SEMAs) 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 programmes running in the north-western states. This response complements efforts of other stakeholders and agencies providing support to tackle food insecurity in Nigeria. The response is informed by 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 include 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 2 million children in Nigeria suffering from Severe Acute Malnutrition (SAM).

The NRCS identified three Local Governments in each of the targeted states for this intervention where detailed Needs Assessments were carried out from 29 August to 3 October 2021, except Zamfara due to high level of insecurity at the time. The assessment results suggest that about 85% of the 2,419 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 from 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 old being the most affected.

As of 26 September 2021, a total of 88,563 suspected cases of cholera were recorded with over 3,057 deaths from suspected cases, there are concerns that there might be an undercount given that many affected communities are in hard-to-reach areas with high-security challenges. The 2021 outbreak, which was associated with a higher case fatality rate than the previous four years was 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 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 give the communities relevant support targeting the most vulnerable social groups which include the children. Educational needs are thus 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. Security risks will continue to 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 was the suspension of activities in Zamfara as of 6 September 2021 due to the heightened insecurity situation in the state, resulting in loss of access to mobile network for communication across the state. Similarly, the access to the Northwest through Kaduna had been under suspension due to the fatal attack that saw train services suspended, flights suspended due to attempted incursion on the airside and the roads rendered unsafe from the daily abductions. However, activities have since resumed in the state after a security assessment showed that activities could be undertaken in the state, accessing through Kano and Sokoto airports.

Other operational risks which are being closely monitored and/or 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 will 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 shared with them. Further reinforcement of 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. Volunteers who are part of the operation will also sign volunteer code of conduct as imbedded in the operation strategy.

## **B. OPERATIONAL STRATEGY**

### **Strategy**

The National Society carried out a Needs Assessment in 18 Local Government Areas (18) of six states (Sokoto, Kebbi, Katsina, Niger, Nasarawa and Benue) between 29 August and 3 September 2021. The assessment lasted for 3 days with about 2,419 HHs interviewed on different themes (Health, WASH, Nutrition and Livelihood). The analysis of the assessment 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.

Branch capacity assessments have been conducted in the 7 states where the operation is being implemented to identify strengths and weaknesses of the Branches in implementing activities under the response. Gaps identified are taken into

consideration and inform decisions regarding procurement, mobilization of resources and deployments. Similarly, logistics assessments have been carried out in the 7 target states to identify and engage service providers at field level for the different procurements 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. Refer to Annex:1

### **Livelihoods and Basic Needs**

The operation adopted the Cash and Voucher Assistance strategy to support most affected households through multipurpose cash for basic needs and livelihood grants and income generating activities (IGAs) targeting households for agricultural production. Multipurpose cash to 5,000 HHs identified to be supported have been registered to receive cash grants to meet basic food needs. Multipurpose cash will be a continuous support to the identified and registered Activities most vulnerable people for 3 cycles. 3,000 HHs have been proposed to receive grants for start-up of Income Generating Activities (IGAs) and 3,000 farmers proposed to receive farming kits (seedlings, fertilizers, equipment). The activities will proceed on availability of funding. Farmers will be trained and supervised by state (government) Agric Extension Workers to promote good agricultural practice to build resilience. However, due to low funding of the Appeal now, prioritization is focused given to Emergency CVA activities.

### **Health**

Epidemic Control for Volunteers (ECV) and community mobilization and awareness on health and hygiene promotion trainings have been conducted. Due to the outbreak of cholera in most of the states in Nigeria in 2021, and potential for another outbreak in 2022, 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. Already, 24 volunteers have been trained in ORP. Four oral rehydration stations have been deployed to the branches and will be set up when need arises. The RC volunteers will also be trained in Psychosocial Support (PSS) to respond to Mental Health needs arising from the different insecurity events within the targeted population. PSS activities will be conducted based on funding availability. The over-arching approach for long-term sustainability will be the Community Based Health and First Aid (CBHFA) targeted at training volunteers at community level. Some of the training will also include First Aid.

### **Nutrition**

The Appeal targets pregnant and lactating mothers who need support and will benefit from complimentary feeding support in the form of cash (NGN10,000). Seedlings to set up homestead gardens will be provided based on funding availability. Volunteers have been trained in 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 Clubs have been 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, the appeal plans that communities identified with lack of good water sources will benefit from borehole rehabilitation. Construction of boreholes and latrines as initially proposed will be postponed. Hygiene kits will be distributed to households in need within the target population. Health and hygiene promotion will be factored as part of activities by volunteers as they work with Mothers clubs. As planned by the NRCS Team with support by the IFRC team, the registration of beneficiaries for the distribution of hygiene kits and other WASH items 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 on an agreed selection criterion. These activities will however be implemented based on the funding availability with rehabilitation of water sources being the major priority.

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


The operation ensures that CEA and how communities can be reached through trusted and preferred means of communication channels as identified by the community members/households are mainstreamed into the operation. The communities are informed on who we are as Red Cross and our fundamental principles at every engagement - during community entry, advocacy visits and meetings - to enable acceptance and trust. Attempts are made to ensure effective community participation to listen, collect and respond to community needs at every stage of engagement. Design and planning of activities involved the RC Branches, volunteers, and inputs from the targeted population. Planned activities were cross-checked with the identified targets and other stakeholders as well, to avoid duplication. Feedback and complaints system to ask questions or raise issues of concern have been set up and clearly advertised in the

different states/communities (community information centers, notice boards). Also, feedback channel and how to report sensitive feedback and complaints.

### Protection, Gender, and Inclusion

PGI has been mainstreamed in the intervention to ensure communities dignity, access, participation, and safety. PGI considerations were included in assessments. 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 have included some elements of PGI to forestall risks of gender-based violence against children, girls, persons with disabilities and young women.

## C. OPERATIONAL PLAN

 <p><b>Livelihoods and basic needs</b>  <b>People reached:</b> 29,904  Male: 1,401  Female: 1,015</p>		
<b>Outcome 1:</b> Livelihoods and basic needs Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods		
<b>Output 1.1:</b> Vocational skills training and/or productive assets to improve income sources are provided to target population		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
No. of IGA (Income Generating Activities) beneficiaries (HHs)	3,000	0
No. of agricultural production beneficiaries (HHs)	3,000	0
No. of volunteers trained on good agricultural practice by Agric extension workers (AEWs)	150	0
<b>Output 1.2:</b> Basic needs assistance for livelihoods security including multipurpose cash (MPC) is provided to the most affected communities		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Conduct Needs Assessment in seven (7) states	7	6
No. of volunteers and staff trained to conduct needs assessment	210	180
No. of multi-purpose cash (MPC) beneficiaries (HHs) registered	5,000	5,000
No. of HHs provided with multipurpose cash	5,000	4,984
<b>Progress towards outcomes</b>		
<b>Beneficiary Selection and Registration</b> 5,000 beneficiaries were selected and registered in Benue, Katsina, Kebbi, Nasarawa, Niger, Sokoto and Zamfara and 700 mothers registered for conditional supplementary feeding cash grants across the 7 states.		

## Needs Assessment

The needs assessment with 2,416 respondent HHs revealed cash in envelope (82%) as the preferred mechanism by the beneficiaries for receiving the cash assistance.

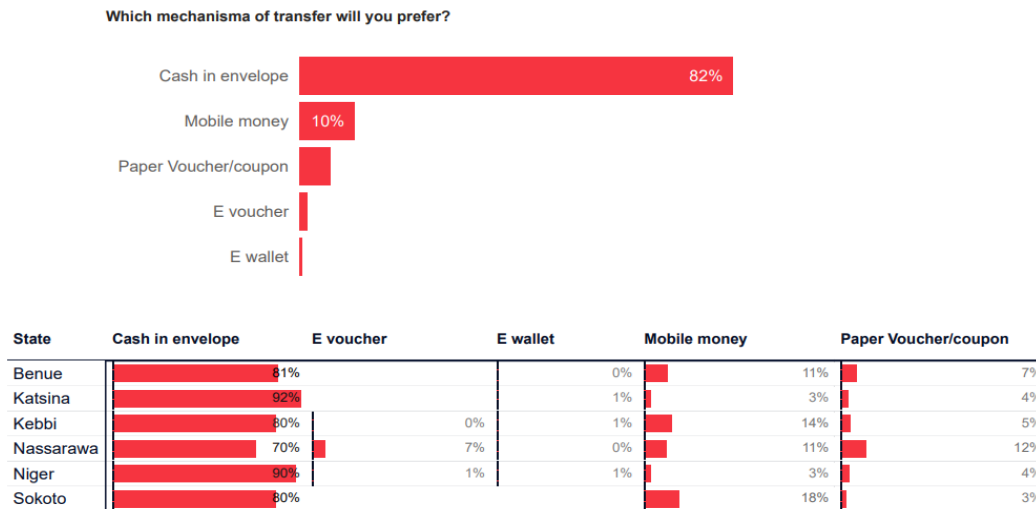


Figure 1. CVA mechanism preferred by beneficiaries.

## Training of Volunteers for Assessment

180 volunteers were trained across the six states - Benue, Katsina, Kebbi, Nasarawa, Niger and Sokoto. Most of the volunteers were drawn from the pool of 210 volunteers trained to support the hunger crisis response. The volunteers were trained in elements of needs assessment. The IFRC supported NRCS in the training which was held in the month of August 2021. The training was conducted in the branch offices of the NRCS in the six states. 30 participants were drawn from the three target LGAs 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.

## Multipurpose Cash and Conditional Supplementary Feeding Support

The multipurpose cash transfer programme is aimed at supporting the most affected households through CVA to allow them access and meet essential needs. Some 5,000 households and 700 mothers were identified and registered for the multipurpose cash and conditional supplementary feeding support respectively across the 21 LGAs of the 7 states. Following the identification of a Financial Service Provider (FSP) - UBA, Standard Operating Procedures (SOP) and Terms of Reference (ToR) were developed, and 2 tranches of funds transfer were made to the FSP for 2 rounds of cash disbursements to the registered beneficiaries in the states in February and May 2022.

During the first distribution, 4,982 HHs (29,892 beneficiaries) were reached with multipurpose cash grants while 664 pregnant and lactating mothers were reached with grants for supplementary feeding. In the second cash distribution, a total of 4,984 HHs (29,904 beneficiaries) were reached with multipurpose cash grants and 672 pregnant and lactating mothers reached with grants for supplementary feeding.

## Post Distribution Monitoring

Two Post Distribution Monitoring assessments have been conducted for the MPG and the Nutrition CVA in April and June/July 2022. Some of the key findings from the PDM include:

- The Cash distribution was the preferred modality as indicated in the PDM report and from the exit survey conducted. Most beneficiaries expressed appreciation for this support.

## Beneficiaries Cash Distribution Preference

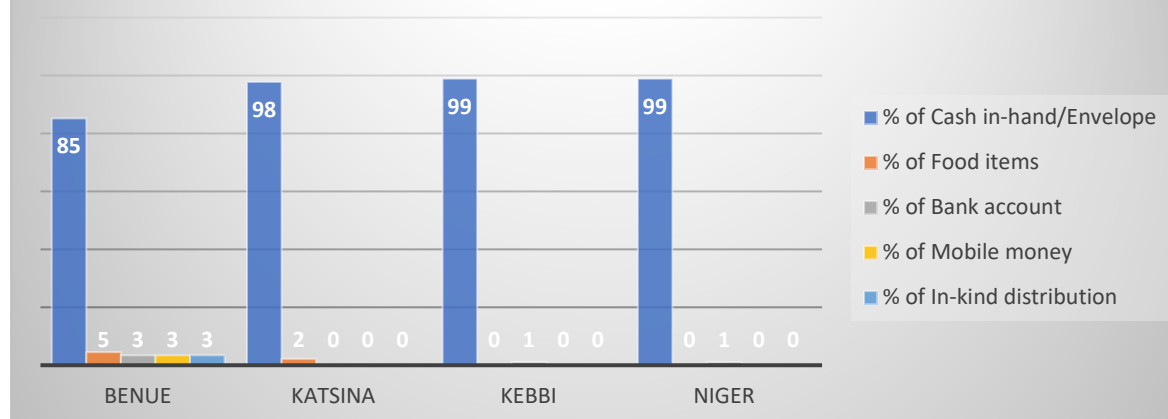


Figure 2 Beneficiaries preference of Cash in 4 sampled states.

- Over 55 percent of the respondents who were also beneficiaries of the CVA were females
- Most of the beneficiaries of the CVA fall between the ages of 55-60 years and above, meaning that the aged and the most vulnerable were targeted by the programme.
- The CVA targeted a significant number of households with females and PWDs (People with Disabilities), especially in Niger. Overall, 65 HHs were female headed households while 457 PWDs were among the beneficiaries.

In April 2022, the IFRC facilitated a workshop and field visit to assess and check the quality/level of integration of CEA within the CVA intervention for this response. The workshop was conducted at NHQ level, and a field visit conducted as part of the CVA activities during the PDM exercise. This was done using the CEA in CVA checklist and has been to identify areas to improve such as building the exit strategy with communities for the appeal or CVA activities in the target communities. We received an intern from the Norwegian Refugee Council who as part of his assignment assisted in this process.

The FSP contract expired at the end of May 2022 and efforts are being made to get a more comprehensive FSP package with more modalities for CVA. The process is now at an advanced stage with the identification of three FSPs.



### Health

People reached: 97,794

Male: 34,265

Female: 63,529

**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	24
Train 100 Volunteers in 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
<b>Output 1.2:</b> Severe Acute Malnutrition is addressed in the target population.		
Indicators:	Target	Actual

140 mothers' clubs set up across 7 states	140	168
Provide 700 mothers with conditional supplementary feeding support	700	665
Support 210 mothers with homestead gardens	210	0
Procure MUAC tape for screening of malnutrition in 7 states	7	7
140 Mothers clubs' members are trained on screening through (MUAC) and referrals of malnourished children as need arises	140	140
1,050 children screened for severe acute malnutrition (SAM)	1,050	31,292
200 children referred to Stabilization Centers	200	1,914

Twelve (11 males and 1 female) trainers were trained on ECV/RCCE and Cholera ORT. The trainers are expected to cascade the training to 420 volunteers in branches and 72 volunteers for ORT. Four ORP kits are already deployed to 4 states and ready for use in the event of a cholera outbreak.

The needs assessment showed that about 7% of mothers interviewed indicated that they breast fed their children for less than 6 months with about 48% indicating that they breast fed their children for between 6 and 12 months. However, the project is reinforcing the need for exclusive breastfeeding practices. The conditional supplementary feeding support to pregnant and lactating mothers and the mothers' club activities are reinforcing this as well. 700 mothers have been identified and registered (100 mothers per state). 665 of the identified pregnant and lactating mothers have been given conditional supplementary feeding cash grants thus indirectly reaching 3,990 beneficiaries.

June Reporting Sheet																											
State	Total # of households visited		Total # of mothers/care givers of children 0-59 months reached with messages on IYCF		Total # of children 6-59m screened using MUAC Tape showing (GREEN)		Total # of children 6-59 months screened using MUAC tape(YELLOW)		Total # of children 6-59M screened using MUAC tape showing (RED)		Total # of children presenting symptoms of Oedema		Total # of children 6-59m referred to health facility		Total Referred	No. of children confirmed with SAM from the HF		No. of children confirmed with MAM from the HF		No. of children receiving RUTFs in health facility		No. of children not following protocol for RUTF		No. of children not made weekly visit to the health facility (defaulters)			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F		M	F	M	F	M	F	M	F	M	F	M	F
	Zamfara	2400	1670	2476	1366	1877	3243	169	119	288	57	66	128	18		24	118	189	307	63	60	39	59	102	121	9	14
Kebbi	1592	2932	5962	520	856	1376	99	88	187	24	18	40	30	39	86	103	189	15	14	12	13	22	21	50	57	41	69
Niger	2400	5961	5754	4804	5278	10082	34	15	49	9	11	20	2	3	39	27	66	26	16	13	10	0	0	0	0	0	0
Benue	1564	1436	2302	1552	1505	3057	67	73	140	7	4	11	1	0	37	33	70	0	0	0	1	0	1	15	20	17	19
Nassarawa	2316	927	1815	2015	2052	4067	136	152	288	37	47	84	23	25	48	83	131	0	1	1	2	0	0	0	0	0	0
Katsina	2310	785	2646	1716	1733	3449	416	362	778	268	303	571	87	65	480	490	970	206	229	207	234	147	124	0	0	0	0
Sokoto	3717	14	4492	2991	3027	6018	47	78	125	25	28	53	4	1	76	105	181	6	7	19	19	25	26	8	15	14	20
<b>TOTAL</b>	<b>16,299</b>	<b>13,725</b>	<b>25,447</b>	<b>14,964</b>	<b>16,328</b>	<b>31,292</b>	<b>968</b>	<b>887</b>	<b>1,855</b>	<b>427</b>	<b>477</b>	<b>904</b>	<b>165</b>	<b>157</b>	<b>884</b>	<b>1,030</b>	<b>1,914</b>	<b>316</b>	<b>327</b>	<b>291</b>	<b>338</b>	<b>296</b>	<b>293</b>	<b>82</b>	<b>106</b>	<b>81</b>	<b>122</b>

Figure 3 Summary of total number of children 6-59 months screened and referred in the month of June 2022.

### Training on Infant and Young Child Feeding (IYCF), Community Management of Acute Malnutrition (CMAM), and setting up of Oral Rehydration Points (ORP).

A 2-day training of 24 Branch response members on how to set up and manage Oral Rehydration Points during an outbreak of Cholera or Acute Watery Diarrhea was conducted in June. Another set of 17 Branch volunteers (7 Branch Health Coordinators, 7 Mothers' club coordinators and 3 Rapid Response Team members) was trained on CMAM & IYCF. Facilitators were drawn from the Nutrition Department of the Federal Ministry of Health, who also provided technical support and shared Government approved IEC materials with the NRCS for production and dissemination to targeted states. The training addressed topics on components of CMAM, screening of children for malnutrition and oedema/referral, exclusive breastfeeding, complementary feeding, IYCF counselling, engaging fathers in mothers' club activities, income generating activities, healthy cooking demonstrations, etc. At the end of the training, the branch trainers were provided with materials to enable them to cascade the training to the targeted mothers' club volunteers.

### **Two-day state level training of 140 Mothers' club volunteers on CMAM and IYCF across 7 states - 20 volunteers per state**

A total of 140 volunteers from 21 targeted LGAs across the 7 states were mobilized and trained on CMAM and IYCF. This training was conducted by the Branch team of trainers and supported by the State Nutritionists who provided technical support and linkages to the referral centers. Trained volunteers were also provided with household level sensitization materials, visibility materials, reporting tools and referral booklets to aid their response at community level. Each Mothers' Club (MC) volunteer was assigned to establish or reactivate and manage at least one mother's club in their respective communities. So far, **168 mothers' clubs** have been set up in 21 LGAs - Sokoto 48, Katsina 20, Kebbi 20, Benue 20, Nasarawa 20, Zamfara 20, Niger 20. For better coordination, the MC in Sokoto will be merged into 20 groups to enable the volunteers to manage efficiently.

### **House to house sensitizations and awareness of community members and mothers' club groups on IYCF, maternal nutrition and hygiene promotion**

The trained MC volunteers conducted house to house visits, sensitizing mothers, fathers and caregivers on the mother and child nutrition, maternal and child health and hygiene promotion. These volunteers also met with the community leaders and key community influencers to advocate for an all-inclusive intervention where fathers, mothers, young, elderly and people with special needs are targeted and reached through this community health intervention. In the first month of implementation, June 2022, a total number of 16, 299 households were reached in the targeted states.

### **Screening of children 6 to 59 months for malnutrition, using the MUAC tape**

At household level, the volunteers also identified and screened children aged 6 to 59 months for severe and moderate acute malnutrition, using the Mid Upper Arm Circumference (MUAC) tape, as well as screening for oedema. All the children who showed signs of oedema and diagnosed as severely or moderately malnourished were referred to the health facilities for proper treatment, while the caregivers were sensitized on how to boost their children's immune system and health using locally available foods. Out of the 35,051 eligible children reached in the households, 31, 292 children were screened as healthy, and 1,914 as malnourished and referred accordingly (1,855 moderately malnourished and 904 severely malnourished).

### **Weekly Mothers' club meetings and awareness sessions**

Once every week, the MC volunteers hold MC meetings and awareness sessions with the community mothers' club members to discuss the activities. Participants in this meeting include men, women of reproductive age, lactating mothers, caregivers, and community leaders. In the first month of implementation, 479 mothers' club meetings were held with 10,106 community members participating. During these meetings, the MC groups carry out healthy cooking demonstrations where women come with variety of nutritious food items and showcase their cooking skills, while others share ideas and learn the recipes. They discuss the various classes of food and their nutritional benefits to mother and child, and how to combine the meals for a child from 6 months old. Local complementary feeding recipes are also shared with the mothers and caregivers to boost the immune system of the children while taking care of key nutritional needs. Water, Sanitation and Hygiene promotion sessions are also conducted during these meetings where the MC groups discuss risky hygiene behaviors and how to promote good hygiene practices to improve maternal and child health.

The Mothers' Clubs also engage in Income Generating Activities (IGA) where the women learn new skills to enable low scale income. There have been several testimonies and success stories (example figure 4 and 5) from the beneficiaries on how they have greatly benefited from the IGA and the new skills learnt have helped the women support their husbands to carter to the family needs. The women engage in making of liquid soap, mat, how to bake local cake and other pastries, how to prepare shea butter, etc. The women who benefited from the Cash Voucher Assistance are among the targeted beneficiaries and members of the Mothers' Club intervention.

Figure 4 Success Story from Abagena community of Makurdi, Benue State



Figure 5 MUAC screening Acute Malnutrition for Abagena Community child (name withheld)

This baby's MUAC was 11.5cm when this picture was taken. He was referred to FSP Daudu, Guma LGA by Eunice Kaveen – RC Volunteer, where he received treatment for acute malnutrition and now his MUAC now reads 13.5cm.

At the end of the month, the Branch Mothers' Club Coordinator convenes a Mother's Club review meeting at the Divisional (LGA) level where all the MC members gather to share experiences and discuss the activities, strategies, and action plan for the next operational month.



## 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
No of boreholes rehabilitated/constructed across 7 states	10	0
No. of HHs assisted with Aqua tabs for water purification	5,000	0
No of people assisted through construction and rehabilitation of boreholes	81,000	0

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

Indicators:	Target	Actual
No. of toilets constructed across 7 states	70	0
No. of toilets rehabilitated across 7 states	70	0

**Output 1.3:** Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population

No. of volunteers trained in WASH/hygiene promotion	140	0
No of HHs supported with hygiene kits	350	0

**Progress towards outcomes**

The needs assessment identified the preferred Hygiene NFIs. Menstrual and sanitary kits remain a major priority in this response as noted in the needs assessment.

**What do women use during menstrual flow?**

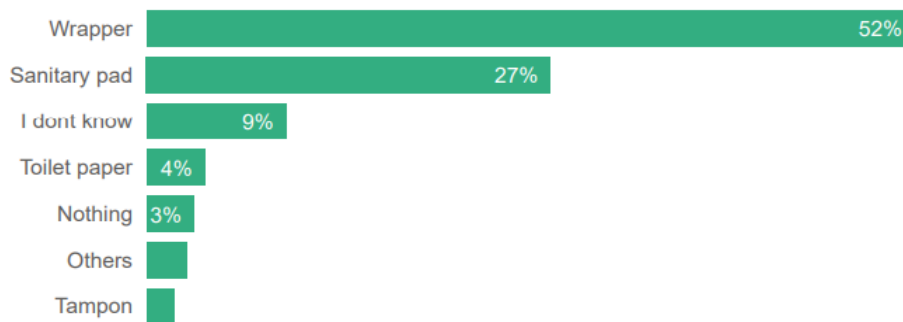


Figure 6 What women use during Menstrual flow.

The logistics assessment conducted identified potential suppliers in the different communities and states who may be able to supply specific items.

The mothers' club activities contributed to Water, Sanitation and Hygiene promotion, as sessions are conducted during the mother's club meetings to discuss the risk hygiene behaviors can pose and how to promote good hygiene practices to improve maternal and child health.

WASH activities are prioritized for second half of 2022 and will focus on rehabilitation of boreholes. This will however be determined by the level of funding to push forward the activities.



## 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
No. of volunteers and staff trained and mobilized on PGI	210	147
No. of PGI analysis conducted	2	0

Indicators:	Target	Actual
No. of staff & volunteers trained to include anti-SGBV outreach activities	210	60
No. of key officials trained on engagement with communities in conflict.	21	0

### Progress towards outcomes

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 was excluded.

The cash transfers which targeted the most vulnerable with the selection criteria had 55 percent female beneficiaries. More than 50 percent of the CVA beneficiaries are between the ages of 55-60 years. The CVA also targeted households with a significant number of female persons living with disabilities. The PMER team confirmed that many of the beneficiaries interviewed during the two PDMs were old people and persons living with disabilities.

**PGI training on Minimum Standards in emergencies**

Sixty (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 standards in an emergency and in anti-SGBV. The training was focused on the volunteers understanding of their role in PGI and advancing the ‘do no harm’ principle in the execution of the project objectives.

**PGI Training for Branch staff and Volunteer**

A further 87 participants were trained in PGI, and the training was conducted for 7 branch focal points and 80 mothers club leaders in 4 branches of Benue, Nasarawa, Niger and Sokoto states. The training for the branch focal persons was a training of trainers facilitated by the NRCS gender focal person while the training of the mother’s club at the branches was facilitated by the trained PGI focal points at the respective branches. The training was geared towards mainstreaming PGI into the mothers’ club group which is key for women to learn protection issues and to have a safe space to discuss issues around gender-based violence and steps to take in reporting such issues.

**PGI Training for NRCS staff**

A total of 27 NRCS staff were trained (12 females, 15 males) on core Protection Gender and Inclusion such as the overarching principles of PGI, how to mainstream PGI in programmes and how to have inclusive organization. The training was participatory and engaging. The training has helped to expose staff to PGI values such as importance of gender inclusion in programme planning and implementation, gender diversity, disability disaggregated data (SADDD) analysis, and PGI minimum standard.

**CEA Survey/ Distribution Exit Survey**

During the cash distribution, exit survey was conducted to get immediate response from the beneficiaries during the activity so that the feedback would be used to make informed decisions in subsequent cash distributions.

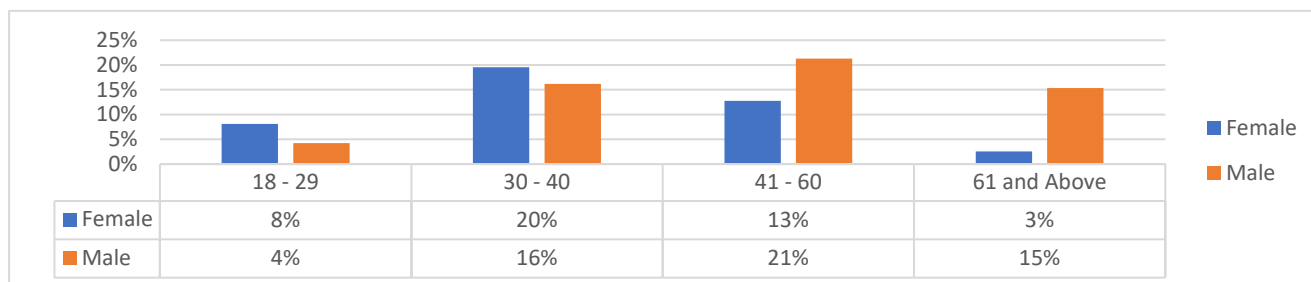


Figure 7 Age of respondents

There is good representation of ages of respondents to the survey, however more female respondents will be targeted in ensuing processes. 56% of the respondents were male and 44% female.

Some of the feedbacks and recommendations received during the exercise include:

- Most of the beneficiaries acknowledged that the Red Cross is distributing cash in their community and said they got the correct amount of money.
- Red Cross staff/volunteers were rated 59% good and 41% satisfactory while bank staff were rated 61% good and 49% satisfactory.

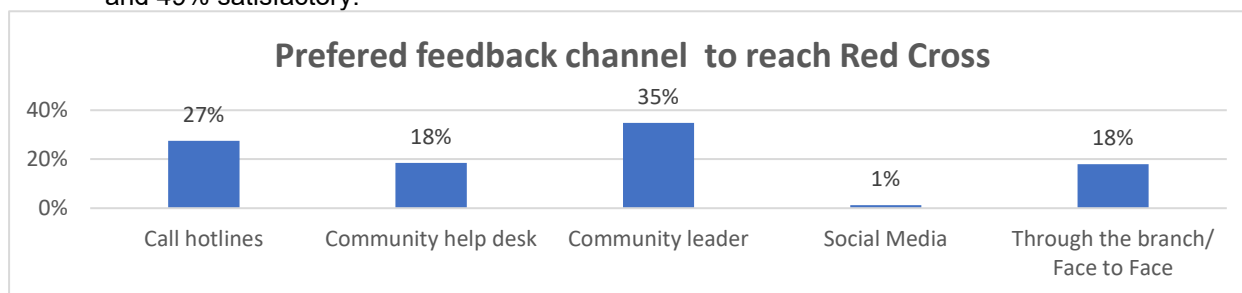


Figure 8• 35% respondents preferred to reach the Red Cross via their community leaders and 27% through the hotlines while 18% preferred visit the Red Cross via the Branch Office for Face-to-Face interaction.

- 100% of the respondents mentioned that they trust information from the Red Cross and were not requested to give kickbacks by anyone.
- 89% of the respondents said they felt safe during the exercise whilst the 11% who stated they did not feel safe did not state reasons for feeling unsafe.

These channels were communicated to the community through the pre-address and where well received.

### Recommendations

1. Continuous capacity building of branch staff/ volunteers until they understand CEA and how to interpret the questions.
2. Continuous use of the tools so that volunteers/staff will get used to it.
3. Percentage of sex and level of vulnerability should be targeted per state to encourage more inclusiveness so that more female beneficiaries will speak up.
4. NHQ CEA FP needs an updated excel software and tools such as a functional laptop to analyze and submit reports as at when due.

The recommendations are well noted and will be addressed as the operation proceeds. An IM Surge profile is being identified to provide more extensive support in the development of a dashboard for CEA and ensure a functional tracking of data.

### CEA Help Desk

The CEA Help Desk is being used as a standby enquiry/complaint desk to get immediate response from the beneficiaries and general community members during the CVA activities so that the feedback will be used to make informed decisions in subsequent cash distributions. Most beneficiaries who had complaints reached out to the help desk officers who provided support to them during the CVA distribution exercise. 10% of the beneficiaries for the CVA (MPC and Supplementary conditional grants) were targeted for this.

Over and above the help desk a hotline number was provided to the communities. The Hotline number is a means which is mainstreamed into operations of the National Society. Through this channel communities mainly were providing their appreciation of the programme. However, the Face-to-face interaction through the Help Desk proved more popular for the beneficiaries and community members.

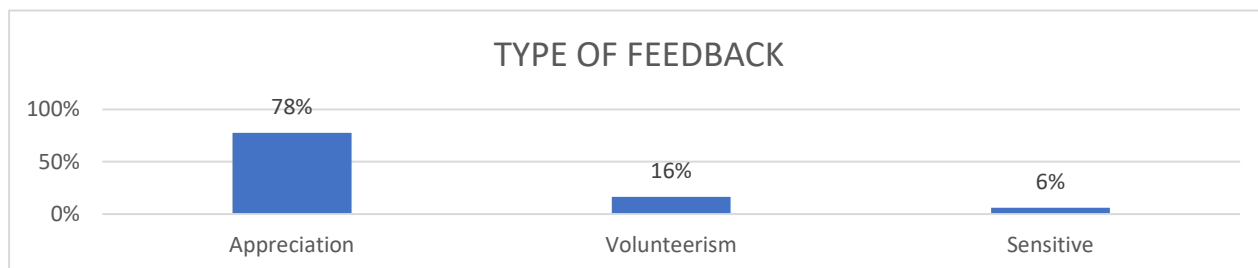
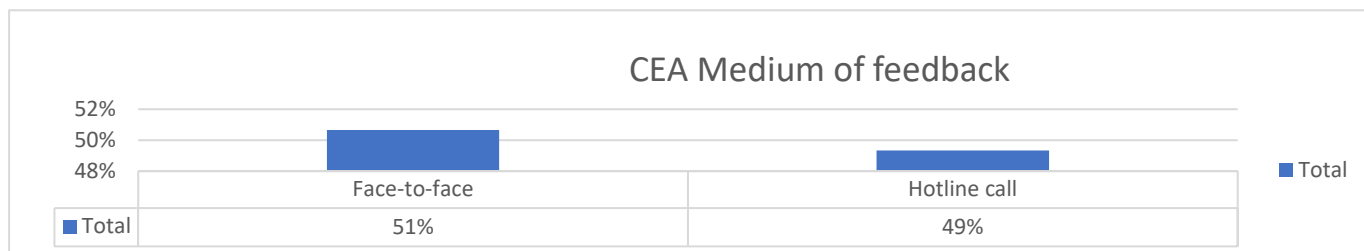


Figure 9 Type of feedback received through both hotline and help desk

Sensitive cases were followed up through the PDM and addressed accordingly using appropriate channels. and referral pathways.

It must be noted that Face to Face through the Help Desk and the Hotline are the widely used feedback tools.



## For enquiries and feedback

**MTN-08031230430**

**AIRTEL-07080601149**

**9MOBILE-08099937357**

**GLO-07056990020**



A sure sign of hope



Figure 10 Hotline Numbers used by the Nigerian Red Cross and shared with the communities.

These numbers are on all visibility materials displayed at the distribution sites and help desks.



### Disaster Risk Reduction

**People reached: 90**

Male: 52

Female: 38

**Outcome 1:** Communities in high-risk areas are prepared for and able to respond to disaster

**Output 1.1:** Communities take active steps to strengthen their preparedness for timely and effective response to disasters.

Indicators:	Target	Actual
No of people reached through Community Based Early Warning activities	57,660	0
No of branches mobilized	7	0
No of volunteers trained	210	0
Community visits and entry (Flood preparedness)	7	6
Formation of community structures for flood preparedness	7	6

#### Progress towards outcomes

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 in 3 LGAs per state in 6 states have been set up as the first point of contact for flood response. The CRC members who are 90 in total (38 females and 52 males) work closely with the community they represent and with the National Society to provide timely and effective information on hazards and their effects.

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. The Readiness check conducted in 6 branches had recommendations on training and retraining the branch volunteers and Emergency First Aid Team (EFAT) members to liaise with community members in floods preparedness and mitigation and contributing to improving community resilience to flooding events.

From the Post Distribution Monitoring reports, there is need to re-orient the CRCs. Some of the challenges faced are the lack of preparedness kits at NS Headquarters and Branches and limited resources to train the CRC members on Floods Preparedness and Response.

## Strengthen National Society

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

Indicators:	Target	Actual
No. of Branch Capacity Assessments conducted	7	6
No. of volunteers engaged for the operation	210	180
No. of staff trained	32	
No. of documentaries produced	2	0
No. of volunteers insured	500	0
No. of volunteers provided psychosocial support	500	0
No. of surge delegates deployed		1

#### 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 each 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 insecurity situation in the State. The NS is however looking at options to carry out the assessment using the NS staff in the state.

Within the programme, the NRCS deployed NDRT (National Disaster Response Teams) members to deliver on the beneficiary registration process. The same capacity is being utilized for other CVA programmes and the setting up of mothers' clubs

With support from the IFRC, the NRCS is 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.

Two members from the cluster, 1 IFRC and 1 NRCS have been supported to undergo the PECT training in Nairobi Kenya. This was aimed at improving technical capacities in CVA activities in line with the scale up of activities.

The Hunger Crisis Appeal is also managing a fund of CHF25,792 from UNICEF aimed at strengthening NRCS capacities in Project Management, Financial Management and Governance. The results are in line with NSD outcomes under the Hunger Crisis Appeal. A consulting firm has been identified under the Appeal to conduct the NSD training for the HQ and Branch staff and leaders. The trainings will resume in August 2022.

## D. Financial Report

Of the total Emergency Appeal budget of CHF 4,130,000, CHF 1,150,447 has been received (DREF loan excluded), a coverage of 28%. To date, CHF 1,045,878.80 has been utilized. Of the CHF 500,000 DREF loan, CHF 200,000 has been allocated for reimbursement to the DREF pot. Further funding contributions are very urgently needed to cover prioritized activities.

Movement of funds as of 30 June 2022 is attached.



**Movement\_of\_Funds  
\_by\_M-code 30 June 2022**

## **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>

### **APPENDIX 1**

1. <https://punchng.com/hunger-red-cross-raises-fund-for-2-5-million-sokoto-benue-residents/>
2. <https://www.sunnewsonline.com/ifrc-launches-n1-823bn-emergency-appeal-fund-in-the-north-east/>
3. <https://gatekeepersnews.com/2021/10/15/ifrc-launches-hunger-crisis-emergency-appeal-in-nigeria/>
4. <https://independent.ng/food-insecurity-ifrc-launches-4-1m-swiss-francs-emergency-appeal-for-northern-nigeria/>
5. <https://www.newtelegraphng.com/hunger-crisis-red-cross-to-rescue-2-5-million-nigerians-in-north/>
6. <https://youtu.be/L851eophVyl> - Arise TV
7. <https://youtu.be/3C8XPzVrKTI> - Plus TV Africa
8. [https://youtu.be/\\_HCH1F7y8DM](https://youtu.be/_HCH1F7y8DM) – TVC Breakfast
9. <https://www.premiumtimesng.com/news/top-news/537555-hunger-red-cross-sets-up-140-mothers-clubs-in-seven-states.html>
10. <https://www.thisdaylive.com/index.php/2022/06/09/red-cross-raises-the-alarm-over-hunger-in-north-west-north-central/>
11. <https://guardian.ng/news/hunger-crisis-appeal-targets-200000-nigerians-says-red-cross/>
12. <https://www.youtube.com/watch?v=DDvy3H6GI4> – TVC News
13. <https://independent.ng/hunger-crisis-nigeria-red-cross-disburses-more-cash-support-to-seven-northern-states/>
14. <https://www.thenews-chronicle.com/nigerian-red-cross-sets-up-140-mothers-clubs-to-tackle-acute-hunger-and-malnutrition-in-most-impacted-communities/>
15. <https://www.thenicheng.com/red-cross-targets-200000-vulnerable-nigerians-with-cash/>
16. <https://pmexpressng.com/nigeria-hunger-crisis-appeal-red-cross-gives-cash-support-to-persons-in-northern-nigeria/>
17. <https://radionigeria.gov.ng/2022/03/19/nigeria-red-cross-provides-funds-800-indigent-people-in-sokoto/>
18. <https://cityvoice.ng/nigerian-red-cross-distributes-cash-to-nigerians-facing-acute-hunger-in-north-west-north-central-nigeria/>
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**NRCS Facebook**

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## Contact Information

### Reference documents



Click here for:

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

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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 always promote 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**.