


www.ifrc.org
Saving lives,
changing minds.

Emergency appeal operations update

Niger: Population Movements

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRNE013		GLIDE n° OT-2014-000126-NER
Operations update n° 3		Timeframe covered by this update: 6 months
Emergency Appeal operation start date: 18 September 2014		Timeframe: 9 months ending in June 2015
Appeal budget: CHF 1,062,406	Appeal coverage: 35%	Total estimated Red Cross and Red Crescent response to date: CHF 372,742
Disaster Relief Emergency Fund (DREF) allocated: CHF 130,000		
N° of people being assisted: 80,000 people (11,400 households)		
Host National Society presence (volunteers, staff, branches): Niger Red Cross, Diffa Regional Branch; 300 volunteers, 5 staff		
Red Cross Red Crescent Movement partners actively involved in the operation: Luxembourg Red Cross, ICRC		
Other partner organizations actively involved in the operation: UN agencies, International NGO (Médecins Sans Frontières, Save the Children, ACTED, IRC, Samaritan's Pulse)		

Summary:

The Niger Red Cross Society supported by IFRC launched an appeal to assist 80,000 people in emergency health, water and sanitation; food security, nutrition, livelihoods and social cohesion; CHF 130,000 was allocated from DREF to allow emergency assistance in health, water and sanitation and NS capacity building. Through the contribution from American Red Cross, Japanese Red Cross Society, Red Cross of Monaco, Canada Red Cross Society and the Netherlands Red Cross, the DREF has been replenished and the plan of action has been initiated. The National Society and IFRC country representation are very grateful for this support that allowed the start of humanitarian assistance. However, due to low funding, (currently 35% of appeal covered) some activities have not been undertaken, and additional support is needed to achieve the entire project outcomes related to food and nutritional security, livelihood and social cohesion.

Key achievements of the operation include training and equipping of 66 volunteers in: CBHFA, use of water purification tablets, hygiene promotion and awareness of STDs and HIV/Aids, as well as training in nutritional screening for children. Approximately 5,558 people have been reached through awareness sessions. The NS has also partnered with WHO to deliver medicines to the Baroua health center on a monthly basis. The NS has also signed an MoU with WFP for distribution of food parcels to over 25,000 people monthly. In terms of water provision, one drill in Gagamari camp provides water to 16,000 people/day. Aquatabs(6.000) have been distributed to 500 communities.

In addition, implementation has been hampered because activities were suspended in February 2014 due to security deterioration in the zones of intervention. Activities not completed include screening of children, house to house visits for childhood nutrition, hygiene promotion, monthly community sanitization activities, community demonstrations for food preparation for children, nor any food security and livelihoods activities.

From the time this appeal was launched, population movements continue to be recorded and the context continues to change. Given this situation, and the delays due to security reasons, the operation will soon be revised and extended until Dec 2015.

The Situation

Since May 2013, the total number of displaced from Nigeria to Diffa region is more than 105,000, most of them being women and children. At the beginning the displaced were hosted in the communities. Due to unfavourable climate change (rainfall irregularities, agricultural and pastoral deficit) that led to food and nutritional insecurity to the majority of

communities, most of the displaced people prefer to stay in Lake Chad islands thanks to economic potentialities (fishing) instead of living in the host families which are already exhausted.

Since September 18th, the IFRC and Niger RC staffs were in Diffa to implement the operational plan of action in Baroua villages and Chad lake islands located in Baroua zone. Unfortunately on November 25th, a new afflux of more than 16.000 people from Damassak region Nigeria occurred. Activities therefore expanded to include this group. The displaced have been transitionally hosted in Gagamari site (25km from Diffa city and 10 km from Nigerian border). Up to date, multiple attacks are being observed in several zones of northern Nigeria pushing the thousands of Nigerians to find refuge in Niger.

In December 2014, the Prime Minister and his delegation visited Diffa region. Once in Diffa, the Prime Minister declared a national and international appeal for Diffa to assist both host and displaced population affected by the following challenges:

- Food insecurity: 405 out of 600 villages (53%) are in high category of food deficit,
- Malnutrition: 23% of the children under 5 years are with moderate malnutrition,
- More than 150.000 displaced population from Nigeria are hosted in Diffa (and others are still coming).

In January, attacks went on and increased displacements of the population. The humanitarian situation is becoming increasingly critical and the appeal funding is too low to engage in the activities related to food and nutritional security, livelihoods and social cohesion. Therefore, the operational plan of the IFRC Emergency Appeal needs to be revised.

In February, Diffa region (especially Diffa town and Bosso commune) has been attacked and this attack caused around 50.000 internal displaced people. All humanitarian activities have been suspended. Niger declared a state of emergency in response to Boko Haram attacks. It has been extended until 25 May.

Movements within Diffa, northern parts of Zinder, Tahoua, and Tillabery regions is possible only with military escorts. On 30 April, Niger authorities ordered populations out of the Lake Chad islands in order to launch military operations against militant. To date 25,700 people have been displaced from the islands around Lake Chad to Nguigmi and Bosso towns, in Diffa. It is estimated that 75% are Nigerians and third-country nationals with 47% women and 37% children.

Recently the authorities have suggested to establish refugee camps to allow humanitarian assistance to the affected and improve coordination by harmonising the response. A few other factors have changed, such as the affected population are no longer in the targeted intervention areas, and the numbers displaced continues to rise, in addition to the 100.000 refugees and returnees, Diffa records more than 50.000 Internal Displaced People (IDP) due to start of fighting in Niger since February.

Unfortunately, security has not been established in the region and displaced people have no access to their fields to cultivate or feed their herd. Displaced populations of the islands of Lake Chad estimated at more than 5,000 can no longer engage in their fishing activity either.

Taking into account all these factors, Niger Red Cross Society will ask the IFRC and other partners to continue supporting them to assist the affected people until the end of 2015. The revision of the appeal is under preparation and includes new villages, reduction of areas of intervention, more emergency health, WATSAN, and recovery (food security and livelihoods) activities; with less food distribution, nutrition and cash for work, as some of this activities are supported by ICRC and other PNS (Luxembourg and Spanish RC).

Coordination and partnership

The National Society holds weekly crisis meetings at the Diffa level with the ICRC, IFRC and Luxembourg Red Cross and is building a common operational plan to provide holistic support to the affected persons. Regular consultations between Movement actors in Diffa regions (ICRC, Luxembourg Red Cross, Niger Red Cross and IFRC) are organized. A



coordination meeting has been recently organized in Niamey among the President of the NS, ICRC Head of delegation, Luxembourg Red Cross and IFRC Country Representative. Working sessions have been organized between the IFRC Ops Manager and ICRC staff (Economic Security, Health, Water and Habitation) to find complementary solutions. The Government of Niger, working through its Diffa Regional crisis committee led by the Governor and supported by OCHA and UNHCR, monitor the situation and organize weekly meetings, in which the RCSN's regional branch, IFRC and ICRC participate, alongside UN agencies (UNHCR, WFP, UNFPA, UNICEF and IOM) as well as national and international NGOs. The authorities and humanitarian agencies continue to assist displaced persons. ICRC assists in food while Luxembourg Red Cross provides temporary shelter and sanitation facilities to the displaced people. Save the Children, Care International, Samartain's Purse and United Nations agencies (FAO, UNHCR, WFP and IOM) are continuing to provide assistance. The table below show partnership agreements already achieved:



Organization	Assistance	Quantity
WHO	Medicines	IEHK (Inter-Agency Emergency Health Kit)
UNFPA	Condoms and contraceptives	For 8.000 people
UNICEF (via cluster WASH)	Aquatabs and PURE	For 8.000 people for 3 months
WFP	Food	Niger RC; Till December 2014

Operational implementation

Overview

Since the appeal has been launched (September 2014), an emergency plan of action has been elaborated and urgent activities have been implemented. Health, water and sanitation activities were conducted in Baroua area. Community volunteers have been trained, materials and tools to facilitate community sensitisation have been provided. In 3 months, the activities focused on 2 zones of intervention: Baroua area and Gagamari transitional camp. In general, 66 volunteers from islands located in Baroua zone and 34 from Gagamari have been trained. After training, volunteers started immediately the community sensitization, 16 out of 30 islands have been reached.

Baroua and Chad Lake Islands

Weekly mobile clinics have been organised in the islands to assist those who cannot access health centres services. They have been regularly conducted, using a purchased boat to access the islands. Before the security situation gets deteriorated, mobile clinics had been conducted in 10 villages. These islands are Kadeiram, Tchoukou Gabi, Karrounn, Arina, Kadia, Gadarmou, Klakmana, Kourna, Chilla, and Douwa. Through the partnership and cooperation agreement with WHO an IEHK kit has been provided (inter-Agency Emergency Health Kit) to assist the patients from the islands (host and displaced) who cannot easily access to health services. In total, 5.360 patients have been assisted by the mobile clinic services.

In addition to mobile clinics, sensitisation sessions on hygiene promotion, demonstrations on use of aqua tablets have been organised by the trained volunteers, identified from 28 islands, each islands being covered by 2 volunteers. At the time of reporting, 16 villages (5,558 people) have benefitted from the sensitisation activities.

Gagamari transitional camp

After the massive influx of the population from Damassak who fled to Gagamari transitional camp, emergency response has been provided in terms of water, hygiene and sanitation. Therefore, 12 public blocs of emergency latrines have been installed in the camp, the Government constructed more 10 latrines to cover the total use by 16.000 people accommodated in the camp. Besides, this appeal installed a moto pump drill providing 24,000 litres per day. To avoid the moto pump functioning the whole day, the drill is reinforced by 2 bladders of water that keep 4,000 litres each. Four volunteers have been trained on water distribution, and distribute water to the displaced population three times a day, at the same time sensitising on hygiene and sanitation those who come to get water. To reinforce hygiene and sanitation sensitisation, 30 volunteers (including 10 from the camp) have been trained on hygiene promotion and cholera prevention.

Two hand washing kits are installed in the camp (one near the drill and the second near the latrines), five waste bins have been availed in the camp to allow the population the waste management.

Key changes that have affected implementation include resources mobilisation, the appeal funding is still low to complete the full plan of action. Contacts and efforts are being done with external partners to try to see if mobilisation can be done to cover the needs of the affected people. The Government of Niger and UNHCR set up refugees camps for voluntary relocation. However a big number of the returnees and the host families will remain in the communities with high needs of assistance.

Activity implementation was also halted on 6 February due to security considerations. Activities not completed include screening of children, house to house visits for childhood nutrition, hygiene promotion, monthly community sanitization activities, community demonstrations for food preparation for children, nor any food security activities.

C. Detailed Operational Plan

Health & care				
Outcome 1 Outcome 1: The immediate risks to the health of affected populations are reduced	Outputs			% of achievement
	Output 1.1: Community-based disease prevention and health promotion is provided to the target population			100% ¹
	Output 1.2: HIV / AIDS prevention and essential management provided			32%
Activities		Is implementation on time?		% progress (estimate)
		Yes	No	
1.1.1	Train 60 community based volunteers in CBHFA and communication on STD & HIV/AIDS	X		100%
1.1.2	Provide volunteers with first aid kits and information, education and communication material and means	X		100%
1.1.3	Procure two boats (canoes) for monitoring health mobile care activities in Lake Chad islands	X		100%
1.1.4	Procure life vests and safety equipment for boats and train volunteers on their use	X		100%
1.1.5	Finalise negotiations and sign an agreement with WHO for providing medicines	X		100%
1.1.6	Provide the health centres with medication received from WHO	X		100%
1.2.1	Organise monthly information, education and communication distributions alongside condoms to targeted risk groups	X		50%
1.2.2	Encourage voluntary testing and counselling on HIV/AIDS	X		50%
1.2.3	Sign agreement with UNFPA to provide tools and materials to at risk groups	X		50%
1.2.4	Strengthen health centre staff capacity in STD and HIV/AIDS through training and coaching		X	0%
1.2.5	Contract PLHIV association and organize assistance		X	10%
1.2.6	Distribute monthly supplementary food parcel to most vulnerable PLHIV (in cooperation with WFP)		X	30%
Progress towards outcomes				
1.1.1	Train 60 community based volunteers in CBHFA and communication on STD & HIV/AIDS In collaboration with the health district of Baroua, 66 volunteers have been identified from 28 islands and trained on basic CBHFA. These trained volunteers play at the same time the role of the community focal points involved in all community activities regarding community health. After the training, volunteers made an activity plan for their communities.			
1.1.2	Provide volunteers with first aid kits and information, education and communication material and means After the training, volunteers have been provided with IEC materials to facilitate them organising community awareness. First aids kits have not yet been procured due to the financial factors. However, with the support of World Health Organisation, medicines and materials have been provided to the health center of Baroua, comprising the same components as the first kits. The trained volunteers have been identified in 28 islands as each island is represented by 2 volunteers who organise sensitisation, sanitation activities, demonstrations, and facilitate the treatment of patients.			
1.1.3	Procure two boats (canoes) for monitoring health mobile care activities in Lake Chad islands Two boats have been provided. One boat is being used by local health structures for the treatment and			

¹ The % of the output achievement in this document were calculated as the average of the percentages in the activities related to that output.

care of the patients from the islands, the second by the Red Cross personnel and other humanitarian actors for facilitating the implementation and activities monitoring. The operation funds the fuel and maintenance of the boats and pays persons who drive the boats.

1.1.4 Procure life vests and safety equipment for boats and train volunteers on their use

To assure the security life of those using the boats (volunteers, personnel and partners), 20 life vests have been made available. The vests are kept by the committee in collaboration with Baroua health center responsible. Two (02) boats drivers have been recruited and briefed on the RC principles and vision. They facilitate all the displacements to the target islands.

1.1.5 Finalise negotiations and sign an agreement with WHO for providing medicines

An IEHK (inter-Agency Emergency Health Kit was provided and channelled to Baroua for implementing treatment services. Regular reports should be submitted to WHO to share information with them on the use of medicines and materials.

1.1.6 Provide the health centres with medication received from WHO

Baroua health center receive monthly the medicines and materials. In collaboration with the branch committee, the responsible of Baroua makes a monthly request basing on the needs of medicines and materials. Every month, a report from the health center is shared to give an overview of how medicines and materials have been used. Baroua health center receive monthly the medicines and materials. Between November 2014 and January 2015, 6 mobile clinics have been organised and 5.630 persons from 10 islands have been treated. These islands are Kadeiram, Tchoukou Gabi, Karrounn, Arina, Kadia, Gadarmou, Klakmana, Kourna, Chilla, and Douwa.

1.2.1 Organise monthly information, education and communication distributions alongside condoms to targeted risk groups

The trained volunteers who have been identified in 28 islands as each island is represented by 2 volunteers who organize IECs in the target communities (see 1.1.2). From November 2014 to end of January 2015, 4 sessions have been organized in the islands targeting 123 people. In total, 94 pregnant women sensitized on family planning and post natal consultations.

1.2.2 Encourage voluntary testing and counselling on HIV/AIDS

During their awareness campaigns in the community, volunteers include the sessions of encouraging the population (especially the youths) for voluntary testing. They also include counselling on people living with HIV/AIDS.

1.2.3 Sign agreement with UNFPA to provide tools and materials to at risk groups

The Red Cross Branch committee of Diffa signed the cooperation agreements with UNFPA to distribute contraceptives, women hygiene clothes, shoes to women at age of production.

1.2.4 Strengthen health centre staff capacity in STD and HIV/AIDS through training and coaching

This activity has not yet done but planned among the priorities.

1.2.5 Contract PLHIV association and organize assistance

The activity was being implemented before the temporally suspension of the activities in the islands.

1.2.6 Distribute monthly supplementary food parcel to most vulnerable PLHIV (in cooperation with WFP)

Beneficiaries are selected by trained volunteers in collaboration with authorities, activities planned after visiting all the target islands. Negotiations with WFP are in process but hindered by the complex security situation occasioning more displacements of the population.

Water, sanitation, and hygiene promotion				
Outcome 2: Immediate reduction in risk of waterborne and water related diseases in targeted communities	Outputs			% of achievement
	Output 1: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population			45%
	Output 2: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population			46%
	Output 3: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population			15%
Activities		Is implementation on time?		% progress (estimate)
		Yes	No	
2.1.1	Conduct refresher training for 60 volunteers on use of water purification tablets	X		100%
2.1.2	Provide access to safe water through building five new wells and maintaining 10 existing water points	X		20%
2.1.3	Train communities in operation and maintenance of water points	X		5%
2.1.4	Train communities on use of water purification tablets	X		50%
2.1.5	Distribution water purification tablets and oral rehydration salts to health centres	X		50%
2.2.1	Construct five latrines at the health centres and public buildings	X		30%
2.2.2	Conduct hygiene promotion campaign	X		68%
2.2.3	Train volunteers on PHAST, cholera prevention and hygiene promotion messaging	X		100%
2.2.4	Provide sanitation tools and protection material and organize monthly community sanitation activities	X		33%
2.3.1	Print and distribute 10,000 hygiene promotion leaflets	X		10%
2.3.2	Conduct door-to-door visits	X		20%
Progress towards outcomes				
2.1.1	<p>Conduct refresher training for 60 volunteers on use of water purification tablets In collaboration with the health district of Baroua, 66 volunteers have been identified from 28 islands and trained on basic CBFA. These trained volunteers play at the same time the role of the community focal points involved in all community activities regarding community health. After the training, volunteers made an activity plan for their communities. In addition, 34 volunteers from Gagamari have been trained as well.</p>			
2.1.2	<p>Provide access to safe water through building five new wells and maintaining 10 existing water points In general, there is a big challenges for the community living in the islands to access potable water. A technical study is being conducted by the NRCS personnel to identify the zones. Meanwhile, the population are provided with 6.000 aquatabs to treat water before drinking. To assist the November 2014 displaced population gathered in the transit camp of Gagamari, 1 water access point with a drilling system has been installed in the camp to serve potable water to 16.000 persons per day. The drill is supported by 2 water bladders with the capacity to provide 42.000 litres a day.</p>			
2.1.3	<p>Train communities in operation and maintenance of water points Four (04) persons from Gagamari transit camp have been trained for water points management. They</p>			

organise the water distribution and keep the security for the infrastructures.

2.1.4 Train communities on use of water purification tablets.

During the awareness sessions, the volunteers demonstrate the use of aqua tablets. In total, 6,000 aquatabs have been distributed among 500 households. This is a temporary response as the operation will not always be there to distribute aqua tablets.

2.1.5 Distribution water purification tablets and oral rehydration salts to health centres

During the sensitization campaigns, the community volunteers distributed 6,000 aquatabs to 500 communities located in Arina island. In addition 900 pieces of soaps have been distributed to 300 households installed in the transit camp of Gagamari.

2.2.1 Construct five latrines at the health centres and public buildings

A technical study is being conducted by the NRCS personnel to identify the beneficiary zones. Meanwhile, the trained community volunteers organise the sensitization in the community on hygiene behaviour change. The use of latrine is still a challenge, as the volunteers need to change the community mind sets on latrine use before setting up infrastructures. In Gagamari transit camp, 12 emergency latrines have been constructed and handed over to the population. The population set up the management committee to assure hygiene and appropriate use of the latrines.

2.2.2 Conduct hygiene promotion campaign

After the training, volunteers have been provided with IEC materials to facilitate them organising community awareness. The trained volunteers have been identified in 28 islands as each island is represented by 2 volunteers who organise sensitisation, sanitation activities, demonstrations, and facilitate the treatment of patients. In total 5,558 people have been sensitized on hygiene promotion, sanitation, cholera prevention and nutrition. In Gagamari transit camp, 30 volunteers have been trained and conduct bi-weekly sensitization campaigns to 16,000 accommodated in the camp.

2.2.3 Train volunteers on PHAST, cholera prevention and hygiene promotion messaging

In collaboration with the health district of Baroua, 66 volunteers have been identified from 28 islands and trained on basic CBHFA. These trained volunteers play at the same time the role of the community focal points involved in all community activities regarding hygiene promotion. In addition, 34 volunteers from Gagamari have been trained as well. In total 100 volunteers (Baroua and Gagamari) have been trained.

2.2.4 Provide sanitation tools and protection material and organize monthly community sanitation activities

Sanitation material kits have been purchased and made available to the branch committees. The volunteers organised 2 sanitation activities in collaboration with the communities available. Unfortunately, the security situation did not allow the community to organise such activities.

2.3.1 Print and distribute 10,000 hygiene promotion leaflets

At the beginning, 1,000 hygiene promotion leaflets and 10 image boxes have been provided to the volunteers to facilitate their sensitisation sessions. This could not continue to the security deterioration.

2.3.2 Conduct door-to-door visits

Even though the community volunteers focused on mass sensitization, some visits have been conducted in different households in the island and in the transit camp. Before the activities suspension, 1,800 households have been visited by the volunteers and 94 children have been detected and referred. The visits targeted hygiene behaviour change, malnutrition cases and persons living with HIV/AIDS.

Food security, nutrition, and livelihoods

Outcome 3: Immediate food needs of the disaster affected population are met	Outputs		% of achievement
	Output 1: Appropriate food rations are distributed to vulnerable households		100%
	Output 2: Household income is maintained where income sources are disrupted		0%
Activities	Is implementation on time?		% progress (estimate)
	Yes	No	
3.1.1. Sign agreement with WFP to distribute food parcels	X		100%
3.1.2. Update monthly the beneficiary list received from WFP	X		100%
3.1.3. Train 60 volunteers on distribution techniques	X		100%
3.1.4. Distribute monthly food parcels to 25,000 persons in targeted communities	X		100%
3.2.1. Identify and develop baselines in villages for cash programme		X	0%
3.2.2. Identify beneficiaries based on selection criteria		X	0%
3.2.3. Strengthen logistics, financial and managerial capacities of branches to implement cash for work programming		X	0%
3.2.4. Support cash for work activities in 20 villages		X	0%
3.2.5. Equip the villages with appropriate agricultural tools and the most appropriate species to plant		X	0%
Progress towards outcomes			
<p>3.1.1. Sign agreement with WFP to distribute food parcels The cooperation agreement has signed between WFP and the Diffa regional committee took end in December 2014 and have not been renewed. However, this activity went on under the agreement with ICRC and the volunteers are still distributing food to the identified beneficiaries. The major task for the RC committee is to mobilise the trained volunteers for food distribution.</p> <p>3.1.2. Update monthly the beneficiary list received from WFP Before food distribution, the RC volunteers are used to identify the beneficiaries and provide them with vouchers that will be referred to on the distribution time.</p> <p>3.1.3. Train 60 volunteers on distribution techniques In total 50 volunteers have been trained on distribution techniques. They organise these activities in collaboration with the authorities, other partners and the beneficiary representatives.</p> <p>3.1.4. Distribute monthly food parcels to 25,000 persons in targeted communities Activity initiated and ongoing, more than 25.000 beneficiaries reached every month. The beneficiaries comprise both displaced and host households. It is important to remind that by the end of 2014, more than 100.000 displaced people have been reported in Diffa . The attacks of 6 February in Diffa region left behind around 50.000 internal displaced people whose food items were on the first priorities.</p> <p>3.2.1. Identify and develop baselines in villages for cash programme Villages identified but this activity could not be implemented with the current funding.</p> <p>3.2.2. Identify beneficiaries based on selection criteria This activity has been put on hold until the fund is sufficient.</p>			

- 3.2.3. Strengthen logistics, financial and managerial capacities of branches to implement cash for work programming**
Activity put on hold due to the insufficient funds
- 3.2.4. Support cash for work activities in 20 villages**
Not yet initiated due to the insufficient funds
- 3.2.5. Equip the villages with appropriate agricultural tools and the most appropriate species to plant**
Activity put on hold due to the funds insufficiency.

Outcome4:Critical nutritional status of the targeted community is improved	Output		% of achievement
	Output 1: Screening for acute malnutrition carried out for children under age 5 and referrals provided for children under 5 with acute malnutrition		48%
	Output 2: Information regarding better infant and young child feeding practices is made available and applied by to mothers of children under 5 and/or of malnourished children		47%
	Output 3: Integrated health centres in the targeted areas have the capacity to receive and care of all referred malnourished cases		0%
Activities	Is implementation on time?		% of progress (estimate)
	Yes	No	
4.1.1. Recruit and train 160 community-based volunteers for nutritional screening and referral of children	x		41%
4.1.2. Undertake house visit to children released from nutritional centres		x	0%
4.1.3. Strengthen screening and referral systems, baseline and follow-up on cases of malnutrition		x	0%
4.1.4. Conduct screening of all children from six months to five years every three months	x		100%
4.1.5. Refer moderate acute malnourished children to nutritional centres	x		100%
4.1.6. Distribute nutritional supplies in partnership with WFP and UNICEF		x	0%
4.2.1. Organize information, education and communication sessions on good nutritional practices and breastfeeding	x		70%
4.2.2. Organize demonstrations on food preparation for children		x	0%
4.2.3. Encourage pregnant women undertake health centre visits and register births	x		70%
4.3.1. Provide support and training to nutritional centres according to needs on the therapeutic food		x	0%
4.3.2. Provide health centres with ready-to-use therapeutic food (in cooperation with WFP)		x	0%
Progress towards outcomes			
4.1.1. Recruit and train 160 community-based volunteers for nutritional screening and referral of children 66 volunteers have also been trained in nutritional screening and referrals of detected cases.			
4.1.2. Undertake house visit to children released from nutritional centres The first 3 months were concentrated on health and hygiene activities. This activity should have been implemented in the second term but finally put on hold due to the deterioration of the security situation.			
4.1.3. Strengthen screening and referral systems, baseline and follow-up on cases of malnutrition This activity should have been implemented in the second term but finally put on hold due to the			

deterioration of the security situation.

4.1.4. Conduct screening of all children from six months to five years every three months

When organizing community sensitization and door to door visits, volunteers conduct surveillance and detect malnutrition cases among the children under 5 years. Before the security deterioration, 94 children have been detected, 18 children screened and referred. The health center results confirmed 5 cases among them are MAS.

4.1.5. Refer moderate acute malnourished children to nutritional centres

As of 6 February, 94 children have been detected, 18 children screened and referred. The health center results confirmed 5 cases among them are MAS.

4.1.6. Distribute nutritional supplies in partnership with WFP and UNICEF

Not yet implemented.

4.2.1. Organize information, education and communication sessions on good nutritional practices and breastfeeding

Activity initiated: 123 women have been sensitized on nutritional and best feeding good practices.

4.2.2. Organize demonstrations on food preparation for children

This activity was planned during the 3 second term of the project. The security situation did not allow its implementation.

4.2.3. Encourage pregnant women undertake health centre visits and register births

During the community sensitization and door to door visits, 123 women have benefited encouragements to undertake health anti and post natal visits and registering the births.

4.3.1. Provide support and training to nutritional centres according to needs on the therapeutic food

Not yet implemented due to the funding challenges

4.3.2. Provide health centres with ready-to-use therapeutic food (in cooperation with WFP)

Not yet implemented due to the funding challenges

Outcome 5: Reduced food insecurity among affected households	Output		% of achievement
	Output 1: Productive assets are replaced and retained		0%
	Output 2: Productive assets/inputs for primary production provided in accordance with the seasonal calendar		0%
	Output 3: Natural resource management is supported for sustainable recovery		0%
	Output 4: Improve Red Cross safer access and community cohesion amongst refugee and host families		0%
Activities	Is implementation on time?		% of progress (estimate)
	Yes	No	
5.1.1. Train volunteers and beneficiaries on replanted cereal		x	0%
5.1.2. Test plots of replanted maize		x	0%
5.2.1. Identify five women associations (host) and five refugees households with cropping potential and land for gardening		x	0%
5.2.2. Train beneficiaries in vegetables planting, conservation and marketing		x	0%
5.2.3. Identify and select farms in cooperation with the authorities to build fences		x	0%
5.2.4. Procure and distribute seeds and fertilizers		x	0%
5.2.5. Monitor, coach and accompany women throughout the		x	0%

vegetable growing process until harvest			
5.3.1. Recruit socio-community facilitator to be based in Diffa		x	0%
5.3.2. Training of 100 volunteers on promotion of peace and protection of the most vulnerable groups		x	0%
5.3.3. Organise educational sessions, short plays or forums on peace and cohabitation		x	0%
5.3.4. Organize meeting of leaders of different community representation		x	0%

Progress towards outcomes

All the activities for this outcome have not been implemented due to a combination of factors such as security deterioration and insufficient funding

National Society Capacity building

Outcome 6: The quality of the operation is supported through protecting and promoting the National Society's development, capacities and future sustainability	Output		% of achievement
	Output 1: Diffa regional branch and four local committees offices are rehabilitated and have effective communications systems		50%
	Output 2: Temporary capacity to be added to the NS through international partners' support is defined		67%
	Output 3: The transport capacity of Diffa regional branch is improved		67%
Activities	Is implementation on time?		% of progress
	Yes	No	
6.1.1. Small rehabilitation of the Diffa and N'guigmi branches and the headquarters	x		50%
6.1.2. Install internet in two local branches (Bosso and Maine Soroa)	x		50%
6.1.3. Produce stickers, placards, flags and poster to be used during activities and constructions	x		100%
6.1.4. Purchase a generator to Diffa local branch	x		100%
6.1.5. Recruit an Operations Manager (local staff) to be based in Diffa	x		50%
6.1.6. Organize and lead monthly Red Cross and Red Crescent Coordination meetings	x		100%
6.2.1. Train four local branches senior staff in PMER	x		50%
6.2.2. Monitor, evaluate and report on operational activities	x		100%
6.2.3. Support two medical doctors from Global Fund TB project to train National Society and health centre staff	x		50%
6.3.1. Lease two vehicles for monitoring the activities in Diffa	x		100%
6.3.2. Provide four motorbikes for local committees to monitoring the activities		x	0%
6.3.3. Support the branches with fuel and maintenance	x		100%
Progress towards outcomes			
<p>6.1.1. Small rehabilitation of the Diffa and N'guigmi branches and the headquarters Diffa office has been supported in materials and equipment to facilitate their work. Though the funds did not allow rehabilitation or equipment of N'guigmi office, ICRC rehabilitated and equipped the sub-</p>			

office of Bosso and N'guigmi.

6.1.2. Install internet in two local branches (Bosso and Maine Soroa)

The security situation and the insufficient funds did not allow this activity to be implemented.

6.1.3. Produce stickers, placards, flags and poster to be used during activities and constructions

This activity was enhanced due to security issues. Visibility was on all related RC activities, materials, vehicles, constructions,...

6.1.4. Recruit an Operations Manager (local staff) to be based in Diffa

An operation manager was recruited for 3 months and was based in Diffa to monitor and coordinate the activities. Due to the security deterioration in the zone of intervention, this position has been temporally suspended and would resume after identifying the new operations strategy.

6.1.5. Organize and lead monthly Red Cross and Red Crescent Coordination meetings

Monthly coordination meetings have been organized among the RC components operating in Diffa. The joint plan is done to complete one other and stand as one RC Movement.

6.2.1. Train four local branches senior staff in PMER

Activity initiated and regular reports are submitted on agreed standards.

6.2.2. Monitor, evaluate and report on operational activities

Activity on going

6.2.3. Support two medical doctors from Global Fund TB project to train National Society and health centre staff

Activity planned

6.3.1. Lease two vehicles for monitoring the activities in Diffa

Two vehicles are leasing system to facilitate the operation implementation

6.3.2. Provide four motorbikes for local committees to monitoring the activities

Due to security reasons, motorbikes are not allowed in the zone of intervention

6.3.3. Support the branches with fuel and maintenance

Activity implemented

Contact information

For further information specifically related to this operation please contact:

- **Niger Red Cross Society:** Ali Bandiaré, President; Tel: +227 96 97 35 29; email: crniger@intnet.net
- **IFRC Country Representation:** Pierre Kana, Country Representative; Tel: +227 20 738 334; email: pierre.kana@ifrc.org
- **IFRC Regional Representation:** Momodou Lamin Fye, Regional Representative for Sahel; phone: +221 33 869 36 41 or +221 77 332 56 72; email: momodoulamin.fye@ifrc.org
- **IFRC Zone:** Daniel Bolaños Gonzalez, Disaster Management Coordinator, Phone:+254 20 2835213; email: daniel.bolanos@ifrc.org
- **In Geneva:** Cristina Estrada, Operations Support, Phone: +41 22 730 4260, email: cristina.estrada@ifrc.org
- **Zone Logistics Unit:** Rishi Ramrakha; Phone +254 20 283 5142, email: rishi.ramrakha@ifrc.org

For Resource Mobilization and Pledges:

- **IFRC West and Central Africa:** Elisabeth Seck, Resource Mobilization Officer; phone:+221 33 869 36 60; email: elisabeth.seck@ifrc.org

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

- **In IFRC Zone:** Robert Ondrusek, PMER Coordinator; Phone: +27 11 303 9700; email: robert.ondrusek@ifrc.org

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 Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

www.ifrc.org
Saving lives, changing minds.



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

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

Disaster Response Financial Report**MDRNE013 - Niger - Population Movement**

Timeframe: 12 Sep 14 to 30 Jun 15

Appeal Launch Date: 18 Sep 14

Interim Report

Selected Parameters

Reporting Timeframe	2014/9-2015/3	Programme	MDRNE013
Budget Timeframe	2014/9-2015/6	Budget	Approved
Split by funding source	Y	Project	PNE032
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		1,062,406				1,062,406	
B. Opening Balance							
Income							
Cash contributions							
<i>American Red Cross</i>		23,802				23,802	
<i>British Red Cross</i>		84,082				84,082	
<i>Canadian Red Cross (from Canadian Government*)</i>		37,589				37,589	
<i>Japanese Red Cross Society</i>		35,100				35,100	
<i>Red Cross of Monaco</i>		12,064				12,064	
<i>The Netherlands Red Cross (from Netherlands Government*)</i>		180,105				180,105	
C1. Cash contributions		372,742				372,742	
C. Total Income = SUM(C1..C4)		372,742				372,742	
D. Total Funding = B + C		372,742				372,742	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		372,742				372,742	
E. Expenditure		-335,047				-335,047	
F. Closing Balance = (B + C + E)		37,695				37,695	

Disaster Response Financial Report

MDRNE013 - Niger - Population Movement

Timeframe: 12 Sep 14 to 30 Jun 15

Appeal Launch Date: 18 Sep 14

Interim Report

Selected Parameters

Reporting Timeframe	2014/9-2015/3	Programme	MDRNE013
Budget Timeframe	2014/9-2015/6	Budget	Approved
Split by funding source	Y	Project	PNE032
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			1,062,406			1,062,406		
Relief items, Construction, Supplies								
Construction - Facilities	82,550						82,550	
Construction Materials			193			193	-193	
Clothing & Textiles	12,264		1,629			1,629	10,636	
Food	20,000						20,000	
Seeds & Plants	82,032						82,032	
Water, Sanitation & Hygiene	45,500		19,024			19,024	26,476	
Medical & First Aid	5,660		25			25	5,636	
Utensils & Tools	39,528		1,316			1,316	38,212	
Other Supplies & Services	13,217		4,325			4,325	8,892	
Cash Disbursement	58,467						58,467	
Total Relief items, Construction, Sup	359,219		26,512			26,512	332,707	
Land, vehicles & equipment								
Land & Buildings			1,364			1,364	-1,364	
Vehicles	15,881						15,881	
Computers & Telecom	5,472		-288			-288	5,759	
Office & Household Equipment	7,000						7,000	
Total Land, vehicles & equipment	28,352		1,077			1,077	27,276	
Logistics, Transport & Storage								
Storage	3,774						3,774	
Distribution & Monitoring	3,000		3,268			3,268	-268	
Transport & Vehicles Costs	40,770		15,881			15,881	24,889	
Logistics Services			500			500	-500	
Total Logistics, Transport & Storage	47,544		19,649			19,649	27,895	
Personnel								
International Staff	149,674		104,667			104,667	45,007	
National Staff	60,339		16,727			16,727	43,612	
National Society Staff	75,807		19,857			19,857	55,950	
Volunteers	66,721		1,151			1,151	65,569	
Total Personnel	352,540		142,402			142,402	210,139	
Consultants & Professional Fees								
Consultants	3,762		637			637	3,125	
Professional Fees	18,010		3,470			3,470	14,540	
Total Consultants & Professional Fees	21,772		4,107			4,107	17,665	
Workshops & Training								
Workshops & Training	22,119		4,091			4,091	18,028	
Total Workshops & Training	22,119		4,091			4,091	18,028	
General Expenditure								
Travel	11,751		12,284			12,284	-533	
Information & Public Relations	12,335		485			485	11,850	
Office Costs	25,113		4,763			4,763	20,351	
Communications	16,228		1,354			1,354	14,875	
Financial Charges	6,416		2,803			2,803	3,613	
Other General Expenses	14,434		148			148	14,286	
Shared Office and Services Costs	79,740		38,566			38,566	41,174	
Total General Expenditure	166,018		60,402			60,402	105,616	
Operational Provisions								

Disaster Response Financial Report**MDRNE013 - Niger - Population Movement**

Timeframe: 12 Sep 14 to 30 Jun 15

Appeal Launch Date: 18 Sep 14

Interim Report

Selected Parameters

Reporting Timeframe	2014/9-2015/3	Programme	MDRNE013
Budget Timeframe	2014/9-2015/6	Budget	Approved
Split by funding source	Y	Project	PNE032
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			1,062,406			1,062,406		
Operational Provisions			55,374			55,374	-55,374	
Total Operational Provisions			55,374			55,374	-55,374	
Indirect Costs								
Programme & Services Support Recov	64,842		20,385			20,385	44,457	
Total Indirect Costs	64,842		20,385			20,385	44,457	
Pledge Specific Costs								
Pledge Earmarking Fee			1,051			1,051	-1,051	
Total Pledge Specific Costs			1,051			1,051	-1,051	
TOTAL EXPENDITURE (D)	1,062,406		335,047			335,047	727,359	
VARIANCE (C - D)			727,359			727,359		

Disaster Response Financial Report**MDRNE013 - Niger - Population Movement**

Timeframe: 12 Sep 14 to 30 Jun 15

Appeal Launch Date: 18 Sep 14

Interim Report

Selected Parameters

Reporting Timeframe	2014/9-2015/3	Programme	MDRNE013
Budget Timeframe	2014/9-2015/6	Budget	Approved
Split by funding source	Y	Project	PNE032
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	1,062,406		372,742	372,742	335,047	37,695	
Subtotal BL2	1,062,406		372,742	372,742	335,047	37,695	
GRAND TOTAL	1,062,406		372,742	372,742	335,047	37,695	