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Emergency appeal operation update

Niger: Complex Emergency

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRNE010
GLIDE n° [FL-2012-000141-NER](#) and [EP-2012-000116-NER](#)
Operation update – Timeframe extension
7 February 2013

Period covered by this Ops Update: October 2012 to January 2013 cumulative narrative and financial.

Appeal target (current): CHF 3,375,048

[<click here to view the attached Interim Financial Report>](#)

Appeal coverage: 51%; [<click here to go directly to the updated donor response report, or here to link to contact details >](#)

Appeal history:

- CHF 126,768 was allocated from the IFRC's **Disaster Relief Emergency Fund (DREF)** on 21 December, 2011 to support RCSN to provide initial assistance to assist some 6,500 most vulnerable households in the affected villages in four regions (Tillabéry, Tahoua, Dosso, and Diffa), and to assess the needs of the population in the most affected six regions (Tillabéry, Tahoua, Dosso, Diffa, Zinder and Maradi). DREF has been refunded with unearmarked funding.
- The **Emergency Appeal Niger: Food Insecurity** was initially launched on 30 January 2012 for CHF 3,756,836 for nine months to assist 350,000 beneficiaries in six regions: Diffa, Tahoua, Dosso, Tillabéry, Maradi and Zinder.
- A **Revised Emergency Appeal** was launched on 28 August 2012 and became **Niger: Complex Emergency (formerly Food Insecurity)** to support the Red Cross Society of Niger (RCSN) to deliver assistance to 32,000 households (224,000 beneficiaries) which include 17,000 Malian refugees and people affected by cholera outbreak. The timeframe was extended to 12 months and was to be completed by the end of February 2013. The delayed funding of the appeal led to a prioritization of the urgent needs and scaling down some of the food security activities that were no longer appropriate at the end of the planting season. The revised appeal also represented a six month operations update and beyond, and aims to concentrate on recovery with counter season food security activities in the regions of Tillabéry and Diffa. Supplementing these activities, an emergency nutritional (in partnership with UNICEF) programme targeting children below 5 years and women will continue in Dosso, Diffa and Niamey



Volunteers at Koffo health centre in Dosso region advocate the advantages of breastfeeding promote good hygiene and improved nutritional practices. Photo: Karin Tengby Swedish Red Cross (SRCS)

regions and monthly food distribution to some 20,000 Malian refugees and host families in Tillabéry and Tahoua regions planned to continue until end of December 2012.

- A **10-month summary report** was issued on 7 December, and reported on progress from the start of the operations until November 2012.
- This **Operation Update** reports on subsequent progress, updates the dynamic situation and announces a three month extension, bringing the total operational timeframe to 15 months. The operation will now be over by the end of May and the final report will be made available three months later in August 2013.

Summary:

The implementation of the complex operation which has been taking place in Niger has overstretched the National Society, which has been working hard to meet the priorities of the appeal as well as keeping its engagements towards its partnerships with WFP, UNICEF, UNHCR and the Movement partners based in Niger. The multitude of partners, although in general positive, does take its toll on the Red Cross Society of Niger (RCSN). Some staff members have left to engage with other organisations and those remaining are trying to keep up with the additional workload.

In addition, contingency planning is ongoing, based on the overlapping events of the current armed conflict to free northern Mali from extremist groups who took over the northern regions of the country nearly a year ago. The humanitarian repercussions, with population movement, epidemic outbreaks, and increased insecurity in Mali, have impacted neighbouring countries such as Niger. For the moment, no large movements of population have been recorded in the sub-region. Niger is sending 500 soldiers to join an international military campaign (MISMA) in Mali to reinforce troops from the West African regional partners, ECOWAS and to support French forces backing the Malian army; the exact number of troops is not yet known.¹

The revised emergency appeal has been focusing on the regions of Tillabéry and Diffa for food security and on post-harvest season recovery activities for resilience capacity building, however, due to lack of funding activities have not taken place in Tahoua. Activities have been carried out in targeted communities in Tillabéry region addressing the risk of cholera and other water-borne diseases, access to safe drinking water and sanitation and hygiene promotion. In the regions of Dosso, Diffa and Niamey work continues to focus on nutritional related activities.

Most of the planned activities under the Emergency Appeal have taken place even if they have reached a lower number of beneficiaries because of the low level of funding. A three month extension is being sought based on the following:

- The RCSN is committed to finalise all the remaining relevant and funded activities within the next two months, to be followed by a two week evaluation mission to assess outcomes for target beneficiaries.
- 2012 activities addressed related needs with the arrival of Malian refugees, and the need to focus on contingency planning.
- The floods operation (funded by DREF) needed all available operational capacity.
- In January, the National Society held its Annual General Assembly in Tillabéry region, which delayed some implementation.
- The constant changing security concerns during the past year due mostly to the conflict in northern Mali has particularly affected field visits by expatriate staff, limiting IFRC delegates' movements and relying heavily on the National Society's focal personnel in the regions.

The situation

Food insecurity

For decades Niger, the biggest country in West Africa has faced food insecurity. Niger covers a land area of almost 1,270,000 km². The northern two-thirds of Niger is desert and the entire food requirement depends on the rainy season from May to September to grow crops in the south. Increasingly the rains have been unpredictable, sporadic and insufficient. Since the 1960s rainfall has declined considerably.²

¹ Jan 12 (Reuters) <http://www.reuters.com/article/2013/01/12/mali-rebels-niger-idUSP6E7N601020130112>

² <http://www.irinnews.org/Report/92315/NIGER-Chasing-food-security>

However, in 2012 the rain was so abundant that the dry soil had difficulty absorbing water and the River Niger overflowed creating one of the worst floods affecting all eight regions of Niger. A total of 596,952 people were affected, 37,034 houses demolished with 91 deaths. Roads and other infrastructure were considerably damaged and cultivated lands were flooded; livestock lost, and in general this will also have negative consequences on food security. With no adequate water management to stock and use for agricultural purposes with proper irrigation practices, and despite a good harvest in 2012, the benefits of a good rainy season will have little impact on food security in Niger in 2013, which will continue to face food insecurity.

Some of the identified structural causes of the recurring food crises that go beyond drought or climate change are:

- Niger has a population of approximately 16 million inhabitants and was ranked at the bottom of the 187 country by the UNDP's Human Development Index (HDI) in 2012 just after the DR of Congo.
- Food production has not kept up with population growth. Niger has the world's highest fertility rate, with an average of seven children per family, with a population growth estimated at 3.5 percent per year.
- Food production, at best, has grown at about 2.5 percent per year.
- Niger struggles with a structural deficit for the past 20 years and declining rainfall has exacerbated the problem.
- Research confirms that inadequate support is given to agriculture, lacking investment in biotechnology to improve yields, provide adequate inputs, agricultural infrastructure and irrigation systems.
- The country has one of the world's lowest scores in educating girls. Niger has the 11th highest maternal mortality rate in the world at 820 deaths/100,000 live births rate, and one of the highest infant mortality rates, which all highlight the low status of women in Niger, and the cause of the high fertility rate.
- The infant mortality encourages having large families to assure to have some children survive.
- Only four out of 10 girls are enrolled in primary school, two out of 10 attend secondary school, and only three out of 100 make it into high school, according to the UN Children's Fund (UNICEF). Educating women is crucial; they are also the main producers of food.
- Lack of proper irrigation. The Niger River system could potentially provide 330,000 hectares of irrigated agricultural land.

In 2011-2012, the food situation in Niger had deteriorated compared to the previous years. The combination of repeated drought, the onslaught of locust and the end of remittance coming from Nigerien workers that have returned from Libya in 2011 to economically fragile communities, where some families, heavily dependent on their financial support have been completely cut off at a worst time when several regions of Niger have been experiencing significant declines in cereal production and the price of food has become unaffordable to them.

The lean season, during March/April to September in most parts of Niger, is particularly difficult on poor households since food prices are generally at their highest and food availability at its lowest. The high infant mortality rate is comparable to levels recorded in neighbouring countries. However, the child mortality rate (children between the ages of 1 and 4) is exceptionally high (248 per 1,000) due to poor health conditions, early weaning and inadequate nutrition. According to the organization Save the Children, Niger has the world's highest infant mortality rate.³ Nonetheless, Niger has also the highest fertility rate in the world (7.52 births per woman according to 2012 estimates; this means that nearly half (49%) of the Nigerien population is under age 15.

With exceptional rains season during 2012, causing some flooding mostly in Niamey which affected hundreds of thousands of people in Niger; overall growing season has gone well and production prospects are generally good, with the exception of Tillabéry and Dosso. In other regions conditions are expected to improve with an above cereal harvest in 2012⁴; and rangeland for the livestock was also abundant. The food supply situation has improved significantly towards end 2012. However, the country's recent successive severe food crises have had adverse, longer-term impact on household assets, savings, levels of indebtedness⁵, and on the health and nutritional status of the population. With less or no remittance and the successive shocks the poor households are likely to continue to require assistance in 2013.

The "3N" initiative; the government of Niger has started a new program since 2011 – for 3 years, "Nigeriens feed Nigeriens", aiming at increasing the food production (<http://www.hubrural.org/L-initiative-3-N-les-Nigeriens.html>). An evaluation (funded by USAID) is presently ongoing for this initiative; the consultants have met with the NGO's in the country and it appears this initiative is not yet known by the various organisations working in food security. Closer

³ <http://www.savethechildren.org.uk/where-we-work/africa/niger>

⁴ <http://www.unocha.org/aggregator/sources/72>

⁵ <http://documents.wfp.org/stellent/groups/public/documents/ena/wfp251861.pdf>

cooperation and consultation with this programme would allow for greater benefit of all the interventions. It is hoped that the recommendations from the evaluation will facilitate closer links with the Government programme.

Malian refugees in Niger

The latest UNHCR figures estimates that some 54,000 Malian civilians have found refuge in Niger, fleeing fighting in northern Mali as well as political instability in the whole country. Most are hosted in three official camps – Tabareybarey, Mangaize and Abala in the Tillabéry region. A significant number are living in spontaneous settlements. All are located in harsh arid countryside where life is tough despite the assistance provided by UNHCR and other aid agencies. Contrarily to expectations, the recent armed conflict that started on 11 January 2013 to liberate northern of Mali has not brought noticeable new entries of refugees into the neighbouring countries.

Cholera

OCHA⁶ reported that cholera outbreaks exacerbated by the flooding have led to the deaths of at least 81 people in Niger and was responsible for a further 81 deaths throughout the country. More than 500,000 people in Niger have been affected negatively by the bad weather and by population movement. Cholera outbreaks have centred in the country's western Tillabéry regions near the border with Mali. The waterborne illness has infected nearly 4,000 people, mostly in four areas close to the Niger River. In the first week of January 2013, 2 new cases were detected while during third week, no new cases were detected.

Coordination and partnerships

Nationally

The RCSN has summarized the full extent of its partnerships and working relationships during the course of 2012 as an auxiliary to the authorities. It has been working with the technical departments of:

- Ministry of Public Health, particularly in the fight against epidemic outbreaks (cholera and malaria) and in nutrition.
- Ministry of Agriculture in food security.
- Ministry of Water and Environment in the rehabilitation of degraded soil.
- Ministry of National Education with kinder gardens and primary schools.
- And in various support activities with the Ministries of Justice; Population, Promotion of Women and Child Protection and the Ministries of Finance and of the Interior.

RCSN has also reinforced its partnership with the “Food Crisis and Coordination of Early Warning Systems Committee” (la Cellule Crise Alimentaire et la Coordination du Système d’Alerte Précoce (CSAP) for disaster and crisis management.

Internationally

During the year RCSN has developed and consolidated its cooperation with Movement partners in Niger (both those in country and for the PNS's supporting the programmes through IFRC): IFRC, ICRC and the Participating National Societies (PNS) Danish Red Cross, French Red Cross, Irish Red Cross, Luxemburg Red Cross, Monaco Red Cross, Norwegian Red Cross, Spanish Red Cross and Swedish Red Cross. Cooperation has also been reinforced with the Algerian Red Crescent.

In addition RCSN has consolidated its cooperation with an NGO Illimi Da Bani⁷ as well as the UN institutions: WFP, UNICEF, UNHCR, OCHA as well as the World Bank, DFID and ECHO.

The appeal has been funded by the Danish, Japanese, Monaco, Norwegian and Swedish Red Cross <http://ifrc.org/docs/appeals/Active/MDRNE010.pdf>.

Red Cross and Red Crescent action

In Niger, synergies and complementarities of actions have been put in place by the Movement partners and the Red Cross Society of Niger has made room for a platform for exchange, communication and consultation. Movement

⁶ <http://vaccinenewsdaily.com/africa/319935-cholera-kills-81-in-niger/>

⁷ <http://www.illimi-da-bani.org/>

partners hold monthly meetings where feedback is given as to the implementation of the respective activities. This Movement coordination has allowed the PNS, IFRC, ICRC and the RCSN to mutually improve working in partnership.

The activities of Movement partners working in Niger are:

IFRC

The country delegation (2 delegates and 5 local staff) has been supporting the RCSN engaged in various emergency and development activities, and has in parallel to the Food Insecurity Emergency Appeal, launched a DREF operation in response of the floods and cholera situations. On a longer term basis, support is given for sustainable development programmes to assist vulnerable population in building their resilience. The IFRC has been responsible for coordinating all the support received by the PNS; supported RCSN building and reinforcing its capacities not only at headquarters level but also at regional and at local committee levels and has assured the financial support to address the priorities of the complex emergencies.

ICRC

Has supported RCSN with contributions of food and non food items in support of the communities affected by food insecurity, the 2012 floods and support to the Malian refugees'. ICRC provides support to prisoners detained in 22 prisons in Niger. ICRC has contributed to the building of the RCSN office in the Ouallam department and the warehouse in Ifférouane; it has also rehabilitated the Red Cross office in Bilma and has contributed to the vaccination of livestock in the regions of Agadez and Tillabéry. ICRC has financed the training of volunteers in Community Based First Aid, has organised "safer access" training in addition to various other regional knowledge sharing and educational sessions in the regions of Agadez, Diffa, Tahoua, Maradi and Zinder. Sensitizing sessions around the protection of the emblem, and various other initiatives as well as supporting publications and financing of core costs.

French Red Cross

Has been contributing to the fight against malnutrition in Agadez and Zinder regions. It has also partnered with the Irish Red Cross in cash transfer activities contributing to the 2012 food insecurity programme. They assist to improve the maternal health of women of childbearing age and newborns in the Zinder region and to reduce maternal and infant mortality in achieving universal access to a comprehensive package of services for the Prevention of Mother to Child Transmission (PMTCT) in Agadez. FRC also works to improve access to safe drinking water and basic sanitation and hygiene for people in Zinder, Niger.

Iran Red Crescent

The National Society has contributed with pharmaceutical product donations in addition to running a medical clinic in Niamey.

Irish Red Cross

Is supporting a community oriented food security and watsan project in 45 villages in Zinder; and has supported the rehabilitation of the Red Cross office in Tanout. They also, in partnership with the French Red Cross, has contributed to food insecurity with a cash transfer programme

Luxemburg Red Cross

LRC has supported the emergency operations following the floods that have affected the region of Dosso.

Monaco Red Cross

MRC has contributed with orthopaedic surgical interventions in Niamey Hospital benefiting vulnerable populations.

Spanish Red Cross

Has supported cholera prevention activities in 12 villages in Ayorou and in the Tabareybarey refugee camp in Tillabery and supported the empowerment of women in Tahoua region (Tahoua and d'Ilélla departments). In Maradi region they have supported prevention and care of moderate malnourished in one department, Guidan Roundji and the construction of cereal banks and vegetable gardens and also income generating activities for women groups. In 3 regions (Maradi, Tahoua and Niamey) they have supported the protection and reinsertion of vulnerable children faced with human trafficking, exploitation and mistreatment.

Partner national society's bilateral support per sector and region;

Sector	Agadez	Maradi	Tahoua	Zinder	Niamey	Tillabéry	Dosso
Nutrition	French RC	Spanish RC		French RC			

Food Security	Qatar RC	Spanish RC	Spanish RC Qatar RC	French RC Irish RC Qatar RC		Qatar RC	
Livelihoods			Spanish RC				
Child protection		Spanish RC	Spanish RC		Spanish RC		
Shelter/NFI							Luxembourg RC
Water/sanitation				French RC Irish RC		Spanish RC	
Livestock feedin			Qatar RC	Qatar RC		Qatar RC	
Other activities					Iranian RC (clinic)		

The Norwegian Red Cross and Swedish Red Cross have contributed jointly to the emergency appeal and have supported two consecutive Norwegian Red Cross food security operations managers to support the implementation of the operation.

Red Cross Society of Niger Capacity Building

Capacity building has become a priority within the National Society's development strategy to reinforce its foundations and increase efficiency in the implementation of services to bring better support to its vulnerable population. This includes improving its work environment and humanitarian interventions particularly in training, recruiting and refresher training of qualified personnel, and in developing resource and financial mobilisation.

During 2012 the National Society has:

- Trained 19 volunteer focal points to help in family tracing and restoring family links (RFL)
- Trained 30 volunteers (in Aderbissinat, Ingall and Iférouane in Community Based First Aid (CBFA) and on the fundamental Movement principles.
- Refresher training was given to 16 instructors on CBFA RFL.
- Training of 24 new trainers and instructors in CBFA.
- 709 volunteers have been trained in detecting, screening and referral of malnutrition cases.
- 117 volunteers and team leaders were trained in disaster management within the national disaster response teams (NDRT).
- 5 volunteers were trained in community market vegetable gardening techniques.
- RCSN has validated its administrative, financial and accounting procedures manual as well as a Red Cross manual on security and on the "Safer Access" initiative.
- RCSN has created its website; has built headquarters for the Red Cross branch in Ouallam; has finalised the construction of a warehouse in Iférouane; has rehabilitated the branch offices of Bilma, Magaria and Tanout and built a security wall outside the Red Cross committee of Konni.
- RCSN was able to take on the payments of indemnities and salaries of some managers and support staff members.
- The society has also been able to acquire computer equipment.

Progress towards outcomes

In view of the challenges mentioned and the constant need for re-planning during 2012 in view to adjust to the humanitarian priorities, the following points summarize the need for a three months extension:

- The RCSN is committed to finalise all the remaining relevant and funded activities within the next two months, to be followed by a two week evaluation mission⁸ before closing the operation to review and highlight the impacts of the assistance provided to the target beneficiaries.
- During 2012 activities were focused to increase the related needs with the arrival of Malian refugees at the border, and increased the need to focus on contingency planning.

⁸ The evaluation mission will include "lessons learned" which might give the NS/IFRC/other partners an opportunity to plan for a more long term interventions - building resilience etc)of the Food security operation is planned for the last month - hopefully security situation will permit this to take place.

- The floods operation (funded by DREF) needed all available operational capacity. In December, the RCSN supported the authorities in erecting tents to provide temporary shelter on a camp site in Seno, outside Niamey, for 500 households made homeless by the floods.
- In January, the National Society held its Annual General Assembly in Tillabéry region, where the members of governance from all the eight regions, involving all the programme coordinators from headquarters. This annual requirement delayed some of the implementation of some activities.
- The National Societies admits that it has to increase its operational capacities for 2013 (see more under National Society capacities). As they state in their annual activity report for 2012 - they need to reinforce their capacities in many areas.
- The constant changing security concerns during the past year due mostly to the conflict in northern Mali has particularly affected field visits by expatriate staff, limiting IFRC delegates' movements and relying heavily on the National Society's focal personnel in the regions.

There have been other "challenges" on financial processes which include keeping track of the working advance system applied by the IFRC and late financial reporting leading to delays in further cash transfers. This has revealed some weaknesses on the financial management side of the RCNS, particularly at branch level, with some reporting on time while others still unable to justify balance causing delays in funding activities in some regions.


The revised emergency appeal has been focusing on the regions of Tillabéry and Diffa for food security and on post-harvest season recovery activities for resilience capacity building, however, due to lack of funding activities have not taken place in Tahoua.

Activities have been carried out in targeted communities in Tillabéry region addressing the risk of cholera and other water-borne diseases, access to safe drinking water and sanitation and hygiene promotion. In the regions of Dosso, Diffa and Niamey work continues to focus on nutritional related activities.

As reported earlier, due to the lack of funding the psycho-social interventions for Malian refugees will not take place.

Most of the planned activities under the Emergency Appeal have taken place even if they have reached a lower number of beneficiaries because of the low level of funding which stands at 51% with some CHF 1,729,091 received.

Relief distributions (food and basic non-food items)	
Outcome 1 (emergency): Enable access to food and other livelihoods to 5,000 households in Diffa, Tahoua and Tillabéry regions.	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> • The rate of exodus and seasonal migration is reduced in the targeted areas 	<ul style="list-style-type: none"> • Mobilize and retrain 30 volunteers/supervisors (with training on communication, distribution and screening techniques). • Distribute cash to 2,000 heads of families suffering from cereal deficit and unfit for field work (i.e.: disabled, elderly, female or child headed households).
<ul style="list-style-type: none"> • 5,000 households can meet their food needs for 2 months (cash transfer, cash-for-work (CFW) and food distribution) 	<ul style="list-style-type: none"> • CFW to fix dunes, barriers and set-up anti-erosion infrastructure (around 2,700 households).
<ul style="list-style-type: none"> • Over 17,000 refugees and host families received food for at least 3 months in (Ayorou, Ouallam, Abala and Tillabéry) 	<ul style="list-style-type: none"> • Negotiate and sign local field agreements with WFP and distribute food provided by WFP for 3 months. • Conduct quick training of 20 volunteers on distribution techniques. • Rent 3 warehouses in 3 locations. • Purchase distribution equipment. • Monitor, evaluate and report on distribution activities. • Prepare specific reports for WFP/UNHCR.
Outcome 2 (emergency): 1,500 families in Ayorou, Ouallam, Abala and Tillia receive NFI to improve their living conditions	
Outputs (expected results)	Activities planned

<ul style="list-style-type: none"> • 1,500 households are well equipped to face the rainy season. • 1,500 mothers received mosquito nets in integrated health centres (IHC) 	<ul style="list-style-type: none"> • Purchase and distribute 3,000 mosquito nets, 1,500 buckets, 3,000 jerry cans and 800 kitchen sets. • Identify mothers with children released from CRENI and provide with mosquito nets. • Register beneficiaries (host families and refugees). • Bring the relief items to the distribution places. • Distribute NFI during awareness-raising sessions. • Monitor, evaluate and report on distribution activities.
<p>Outcome 3 (recovery): Ensure medium and long-term access, availability and utilisation of food by the target population.</p>	
<p>Outputs (expected results)</p>	<p>Activities planned</p>
<ul style="list-style-type: none"> • 30 villages have benefited from strengthening their cereal banks (in partnership with WFP) leading them to having cereals to sell at village level and to fill their cereal banks (10 tonnes for the new ones and 5 tonnes for the existing banks). • 15 villages have benefited from the building of cereal banks and donations of cereals. 	<ul style="list-style-type: none"> • Identify and select 30 villages with cereal banks that need to be reinforced in the zone of intervention. • Identify and select 15 villages with chronic cereal deficit in order to assist in the creation of cereal banks. • Elaborate and finalize the agreement with WFP to provide cereals for all 45 banks. • Organize training/refresher sessions for the management committees of the cereal banks. • Carry out monitoring and evaluation activities of the cereal management by the cereal banks. • Document the process and use the “lessons learnt” to improve future interventions.
<ul style="list-style-type: none"> • 2,500 most vulnerable households in 12 villages have received improved seeds (15kg) for the forthcoming season. 	<ul style="list-style-type: none"> • Develop a suppliers list based on approved “improved” seed producers in coordination with the regional agricultural authorities and FAO/INRA (<i>INRA, Institut National de la Recherche Agronomique/National Institute for Agricultural Research</i>). • Identify the 2,500 most vulnerable households in 12 villages. • Monitor and evaluate the distribution and storage activities with a view to ensuring sustainability.
<ul style="list-style-type: none"> • 100 households or famers’ association set-up vegetable gardens including drip-irrigated for counter-season cultures. 	<ul style="list-style-type: none"> • Identify households and areas with cropping/gardening potential. • Support communities to set-up vegetable gardens, including drip-irrigation systems. • Support communities to initiate counter season culture. • Provide seeds, fertilizer and agricultural tools. • Support repair or improve the water infrastructure. • Assist the most vulnerable villages with the highest potential in agricultural production with long-term food security interventions.
	<p>A community based Red Cross volunteer and her children seen in the vegetable garden in Boula Gandatché, Coummne de Koure, Dosso region.</p> <p>Photo: K. Tengby, SRCS</p>
<ul style="list-style-type: none"> • The target communities have anti-erosion and other infrastructure. 	<ul style="list-style-type: none"> • Work with the communities in 50 villages on anti-erosion and water harvesting measures according to the communal development plan to improve agriculture production. • Equip the above villages with soil working tools and the most appropriate

	species to plant (herbaceous plants, fruit trees, trees for firewood or fodder)
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Progress Outcomes 1 to 3:

- 300 households benefited from cash transfers in Tillabéry and in Tahoua.
- 1,000 livestock breeders have received fodder (500 farmers received one-bag fodder each in Tillabéry and in Tahoua region 500 bags of fodder were distributed to approximately 39 farmer associations). During the distribution, information sessions take place on best practice on fodder conservation in times of abundant harvest in order to prepare for the next lean season.
- 325 families were able to implement soil rehabilitation measures through CFW activities with the digging of 35,190 “half moons” for dune retention on 112 hectares of degraded soil in the regions of Tillabéry and Tahoua.
- The retention of 154 hectares of moving dunes was done in Diffa.
- 69,190 trees were planted in rehabilitated sites in Diffa, Tahoua and Tillabéry.
- Improved herbaceous seeds were sowed in rehabilitated sites in Tokoyegoria to help restore the environment.
- 37,5 tonnes of improved millet, niébé seeds were distributed to 2,500 households (10kg of millet and 5kg of niébé for one hectare of cultivated land per household).

Challenges: The low funding delayed or restrained from being able to reach the full number of targeted beneficiaries with cash transfer and the distribution of fodder to the small scale agro-pastoralists and has also delayed the construction and the provisions of seeds to cereal banks and finally, it has also delayed setting up and starting community vegetable gardens. In the final report a consolidated review and number of beneficiaries will be updated and may vary with the figures reported on in this update.

Emergency Health

Outcome 4: Contribute to reducing malnutrition rates among children from six months to five years, as well as pregnant and breastfeeding women in 230 villages in Dosso, Diffa and Niamey regions.

Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> • All children from 6 to 59 months in the targeted villages are screened by trained community volunteers in their own communities and the malnourished children and mothers are referred to some 82 integrated health clinics (IHC) • Young women, pregnant and breastfeeding women know the importance of breastfeeding. • The IHCs in the targeted as receive and care for all referred malnourished cases. • The rate of acutely malnourished children is held below the national average. 	<ul style="list-style-type: none"> • Based on its successful experience of this ach in Dosso in 2011, recruit/train or retrain 460 community-based volunteers at a rate of 2 per target village (training in screening of children and mothers) and 50 supervisors on anthropometric measurements, bilateral oedema detection and interpretation of nutritional index. • Organize IEC sessions on good nutritional practices and breastfeeding. • Organize demonstrations on food preparation for children. • Strengthen the screening, baseline and follow-up on the malnourished in the community. • RCSN health coordinator to visit the IHC, CRENAM, CRENI, CRENAS in the targeted areas with the local/regional health authorities and assess the capacities of the centres to receive and manage acute malnourished cases. • Conduct monthly screening of children from six month to five years. • Refer moderate acute malnourished children to CRENAM. • Provide support and training to CRENAM according to needs and provide ready to use therapeutic food/food supplies from WFP/UNICEF. • Refer severe acute malnourished children without/with complications to CRENAS/CRENIS. • Organize weekly distribution of ready-to-use therapeutic food for severe acute malnourished cases without complications, if CRENAS is not accessible. • Provide transport for referral of severe acute malnourished cases to CRENI if there are difficulties in accessing these centres. • Distribute cash grants to families of 400 discharged children from CRENAS/CRENI to provide follow up nutrition. • Support the rehabilitation of some 20 IHC.

Red Cross volunteers support health centres to screen mothers and children for malnutrition in Koffo, in Dosso region.

Photo: Photo: K. Tengby, SRCS



<ul style="list-style-type: none"> • Infants and young child feeding practices are improved through nutrition and health education. 	<ul style="list-style-type: none"> • Organize workshops for peer educators • Conduct weekly cooking demonstrations. • Train 80 volunteers on infant and young child feeding practices and balanced diets (peer-to-peer education). • Train the targeted groups on ORS use and hygiene promotion. • Raise awareness activities on health promotion. • Organize cleaning up campaigns at community level.
<ul style="list-style-type: none"> • Pregnant and breastfeeding women have access to quality health services. 	<ul style="list-style-type: none"> • Strengthen the capacity of “maternity units” and equip 20 units with beds, linen and mosquito nets, as well as medicine. • Train community-based volunteers to support around 90 IHCs. • Organize IEC sessions in the community to encourage mothers and pregnant women to visit the IHCs for prenatal consultation and to vaccinate their children. • Train or recycle birth attendants. • Negotiate cooperation with UNFPA and UNICEF and MoH. • Produce IEC material on family planning. • Meet with district chiefs, traditional and religious leaders to educate them about the benefits of family planning and the difficulties related to early marriage.
<p>Outcome 5: To prevent further spread of cholera amongst 17,000 refugees and host populations over three months.</p>	
<p>Outputs (expected results)</p>	<p>Activities planned</p>
<ul style="list-style-type: none"> • 90% of the population living in cholera affected areas are using water purification tablets (aqua tabs). • Refugees are aware of cholera and the prevention and contamination canal. 	<ul style="list-style-type: none"> • Conduct refresher training for 60 volunteers on the use of water purification tablets/aqua tabs. • Provide 6,000 tablets of aqua tabs for water purification, train and promote their use among the population. • Provide 9,000 ORS tablets and 1,500 bars of soap. • Provide Doxycyclin tablets (antibiotic treatment) as needed. • IEC on cholera prevention and aqua tabs distribution. • Conduct door-to-door visits and refer suspect cases to health centres. • Organize sensitizing campaigns for the population living in areas at risk. • Monitor, evaluate and report on activities.
<p>Outcome 6: Improve the psycho-social status of the refugees including their integration and social cohesion.</p>	
<p>Outputs (expected results)</p>	<p>Activities planned</p>
<ul style="list-style-type: none"> • Refugees and the host population in Abala, Mangaizé and Tchintabaraden feel secure and are living in harmony. 	<ul style="list-style-type: none"> • Set-up representative committees for refugees and mobilization mechanisms. • Prevent gender based violence and set-up community awareness-raising committees. • Organize awareness-raising session for refugees (in agreement with the health sector) in HIV/AIDs prevention, on feeding and malnutrition

	<p>prevention.</p> <ul style="list-style-type: none"> • Set-up orientation, counselling, and listening centres. • Establish and lead four educational chatting spaces for the refugees. • Identify and regularly monitor people presenting specific needs (pregnant and nursing women, unaccompanied children, the sick, the elderly people and SGBV victims, etc.) • Monitor the refugee representative committees in planning, holding meetings and decision making. • Organize refugees and host communities around community activities in various areas. • Train refugees and representatives of host communities in community-based first aid. • Support games and activities initiated during official celebrations (African refugee day, woman's day, etc.). • Organize refugee and local cultural days (dances, sports, cuisines, etc.).
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Progress Outcome 4: Contribute to reducing malnutrition rates among children from six months to five years, as well as pregnant and breastfeeding women in 230 villages in Dosso, Diffa and Niamey regions.

The RCSN and UNICEF partnership has allowed the screening, referring and distribution activities to take place as planned. The final figures for the nutritional screening activities for 2012 are not yet available; however, they will be captured in the final report for this operation.

Since the start of the emergency operation, the following achievements have taken place:

In Dosso:

- 132 volunteers have been trained in identifying, screening and referring cases of malnutrition to the various integrated health centres.⁹
- 54,388 children were screened; 37,085 children were referred and 6,680 children admitted into CRENAM.
- 13,358 pregnant and breastfeeding women were screened.
- 5,631 pregnant and breastfeeding women were referred to CRENAM. 1
- 1,685 children have been monitored.
- 66,242 people were sensitized in awareness activities on health and nutrition promotion: 20,238 men and 46,004 women.
- Cash was distributed to the families of 150 children for a total of CHF 4,875.
- 108 women released from CREDI received food protection rations and cash distributions of CFA 32,500 per woman (approximately CHF 65).
- 22,237 tonnes of corn soya blend (CSB) and 22,809 tonnes of oil were distributed to pregnant and lactating women.
- 9,923 tonnes of supplement plumpy (SPP) for MAM and 7,350 tonnes of CSB were distributed to families of children between 6 to 59 months.

Challenge:

Delays incurred in supplementary feeding. Several health centres were out of stock of essential medicines. In the health centres, some staff did not have adequate training to handle malnutrition cases and lacked administrative competencies for admission and release formalities.

In Diffa activities focused on:

- 69 volunteers have been trained in identifying, screening and referring cases of malnutrition to the various integrated health centres.
- 30 villages were targeted and 9 health centres involved (14 villages and 4 health centres in the department of Bosso; 16 villages and 5 health centres in the commune of Gueskerou.
- 31 CRENAM were made functional out of the foreseen 32.

⁹ CRENAM Centre for Outpatient Nutritional Rehabilitation for Moderate Malnutrition. CRENI Intensive Nutritional Rehabilitation Centre. CRENAS Centre for Outpatient Nutritional Rehabilitation for Severe Malnutrition.

- 37,359 children were screened, of these 17,005 were referred and 6,731 of these were confirmed malnourished.
- The screening of 8,073 pregnant and breastfeeding women led to 2676 of these being referred for signs of malnutrition.
- Over 30,000 people benefit indirectly from screening and referral.

Challenge:

Generally the educational level of the volunteers is weak and they have not benefited from sufficient refresher training sessions. More training is planned during 2013.

Progress to Outcome 5: To prevent further spread of cholera amongst 17,000 refugees and host populations over three months. Activities have largely focused on prevention with projects to prevent water borne disease and in particular cholera with the following:

- The training 70 teams of volunteers paired up in groups of two took place in the departments of Ayorou, Tillabéry and Téra to fight against cholera: sensitization on prevention methods; on hygiene promotion; hand washing demonstrations and the distribution of water purification tablets (Aquatabs).
- Purchase and distribution of 400,000 Aquatabs for 50,000 households (75 tablets per household) for 15 days.
- Purchase and distribution of 200 boxes of soap for 2,000 households (3 soap bars per household) and 10,000 Doxycyclin tablets (antibiotic treatment), 7,000 rehydration salts (ORL); 500 litres of chlorine to the integrated health centres in the affected areas.
- 35,000 people benefited from the sensitization sessions on prevention and hygiene.

Progress to Outcome 6: Improve the psycho-social status of the refugees including their integration and social cohesion. Early March, a joint mission was carried out by ICRC/IFRC/RCSN to assess the situation and meet with UNHCR. Following negotiations with UNHCR it was decided not to pursue the planned activities around psycho-social support to refugees. This outcome will no longer take place.

Water, sanitation, and hygiene promotion

Outcome 7: To increase access to clean water, improve sanitation facilities and promote hygiene among the 20 most vulnerable villages in the targeted areas of Zinder, Diffa, Tahoua and Dosso.	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> • At least 5,000 of the most vulnerable beneficiaries have access to safe drinking water. • 8,000 beneficiaries have access to improved sanitation. • 15,000 beneficiaries reached through hygiene promotion. 	<ul style="list-style-type: none"> • Construct 5 new wells and rehabilitate 15 existing water points. • Train communities in operation and maintenance of water points to ensure they are used in a sustainable way. • Train communities on the use of household water treatment and safe storage. • Construct improved sanitation facilities (20 latrines in IHCs, schools and public buildings for public use). • Conduct hygiene promotion activities in targeted areas. • Train volunteers on PHAST and hygiene promotion. • Print and distribute 10,000 hygiene promotion leaflets.

Progress to Outcome 7: To increase access to clean water, improve sanitation facilities and promote hygiene among the 20 most vulnerable villages in the targeted areas of Zinder, Diffa, Tahoua and Dosso.

There has been no progress reported since the last Operations Update. As reported previously, the water and sanitation assessment was completed in March. Not much progress has been made based on the available resources and prioritization of the food security activities. The assessment has allowed RCSN to identify preliminary water and sanitation needs in Zinder and Tahoua regions.

Disaster Risk Reduction and disaster preparedness

Outcome 8: To improve the community, branch and national capacity of RCSN to prepare for disaster risk reduction and respond to future food crisis and build resilience.

Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> • All recovery activities incorporate disaster risk reduction (DRR) approach. • Branch and national staff have knowledge in food security and develop skills to strengthen livelihoods. • Enhanced preparedness for food insecurity through increased awareness and analysis of hazard risks. 	<ul style="list-style-type: none"> • Mobilize and recycle 60 volunteers / supervisors with training on communication, distribution and screening techniques. • Train the RCSN staff and volunteers at community, branch and national level, in food security assessment, planning and project implementation. • Support RCSN logistics capacity in food security and other operations. • Set-up community awareness campaigns in disaster preparedness and DRR including contingency plans at the branch and community levels. • Provide technical training for volunteers to help affected families to reconstruct livelihoods including drip irrigation systems, and vegetable gardens. • Set-up national disaster response teams (NDRT) in four targeted regions and improve their skills in DRR. • Rehabilitate radio stations in five targeted regions and procure IT equipment.

Progress to Outcome 8: To improve the community, branch and national capacity of RCSN to prepare for disaster risk reduction and respond to future food crisis and build resilience.

There has been no recent progress reported since last Operations Update.

Security

The security situation in Niger has deteriorated in recent months with the ongoing French-led intervention in northern Mali. While vehicle accidents remain the largest threat to IFRC personnel in Niger, the indirect threat of extremist or militant attack or kidnapping is present throughout the country, including in the capital Niamey. Banditry and common criminality also pose threats to IFRC personnel. IFRC personnel should consult with the Niger Country Representative for a specific list of areas in Niamey that are strongly recommended to be avoided at this time. The Africa zone security team will continue to monitor the situation and provide specific security advice as necessary.

The IFRC operation is adapting to changing circumstances, and key information is obtained through ongoing participation of the Red Cross in task force meetings, led by the Prime Minister's Office and OCHA.

Contact information

For further information specifically related to this operation please contact:

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

- **IFRC Africa Zone PMER:** Robert Ondrusek, PMER / QA Delegate; phone: +254 731 067 277; email: robert.ondrusek@ifrc.org
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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 (NGOs) 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.



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.
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International Federation of Red Cross and Red Crescent Societies

MDRNE010 - Niger - Food Insecurity

Interim Report

Selected Parameters	
Reporting Timeframe	2011/12-2012/12
Budget Timeframe	2011/12-2013/2
Appeal	MDRNE010
Budget	APPROVED

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	3,375,048					3,375,048
B. Opening Balance	0					0
Income						
<u>Cash contributions</u>						
<i>Danish Red Cross</i>	89,825					89,825
<i>Danish Red Cross (from Danish Government)</i>	15,102					15,102
<i>Japanese Red Cross Society</i>	124,000					124,000
<i>Norwegian Red Cross</i>	38,700					38,700
<i>Norwegian Red Cross (from Norwegian Government)</i>	689,153					689,153
<i>Red Cross of Monaco</i>	36,179					36,179
<i>Swedish Red Cross</i>	633,736					633,736
C1. Cash contributions	1,626,695					1,626,695
<u>Inkind Personnel</u>						
<i>Norwegian Red Cross</i>	80,099					80,099
C3. Inkind Personnel	80,099					80,099
C. Total Income = SUM(C1..C4)	1,706,794					1,706,794
D. Total Funding = B + C	1,706,794					1,706,794
Appeal Coverage	51%					51%

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	1,706,794					1,706,794
E. Expenditure	-1,080,531					-1,080,531
F. Closing Balance = (B + C + E)	626,263					626,263

International Federation of Red Cross and Red Crescent Societies

MDRNE010 - Niger - Food Insecurity

Interim Report

Selected Parameters	
Reporting Timeframe	2011/12-2012/12
Budget Timeframe	2011/12-2013/2
Appeal	MDRNE010
Budget	APPROVED

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		3,375,048					3,375,048	
Relief items, Construction, Supplies								
Shelter - Relief	2,667	1,997				1,997	670	
Construction - Facilities	140,196						140,196	
Clothing & Textiles	21,078	187				187	20,891	
Food	293,137	1,884				1,884	291,253	
Seeds & Plants	242,157	81,458				81,458	160,699	
Water, Sanitation & Hygiene	100,490	19,933				19,933	80,557	
Medical & First Aid	83,216	1,516				1,516	81,700	
Teaching Materials	30,809	972				972	29,837	
Utensils & Tools	82,765	14,162				14,162	68,603	
Other Supplies & Services	288,868	101,739				101,739	187,129	
Cash Disbursement	468,627	25,639				25,639	442,989	
Total Relief items, Construction, Supplies	1,754,010	249,486				249,486	1,504,524	
Land, vehicles & equipment								
Vehicles	176,471						176,471	
Computers & Telecom	20,000	8,626				8,626	11,374	
Office & Household Equipment		5,138				5,138	-5,138	
Others Machinery & Equipment	4,412						4,412	
Total Land, vehicles & equipment	200,883	13,764				13,764	187,119	
Logistics, Transport & Storage								
Storage	3,922	1,200				1,200	2,722	
Distribution & Monitoring	12,745	2,693				2,693	10,052	
Transport & Vehicles Costs	163,373	62,455				62,455	100,918	
Logistics Services		4				4	-4	
Total Logistics, Transport & Storage	180,040	66,353				66,353	113,687	
Personnel								
International Staff	333,529	256,828				256,828	76,701	
National Staff	84,392	6,815				6,815	77,577	
National Society Staff	169,520	113,664				113,664	55,856	
Volunteers	164,578	29,934				29,934	134,644	
Total Personnel	752,019	407,240				407,240	344,779	
Consultants & Professional Fees								
Consultants	7,843	449				449	7,394	
Professional Fees	23,137	9,795				9,795	13,342	
Total Consultants & Professional Fees	30,980	10,243				10,243	20,737	
Workshops & Training								
Workshops & Training	18,157	4,930				4,930	13,227	
Total Workshops & Training	18,157	4,930				4,930	13,227	
General Expenditure								
Travel	35,098	36,207				36,207	-1,109	
Information & Public Relations	43,431	2,893				2,893	40,538	
Office Costs	79,588	29,457				29,457	50,131	
Communications	65,147	20,808				20,808	44,339	
Financial Charges	9,706	-8,156				-8,156	17,862	
Other General Expenses		4,620				4,620	-4,620	
Shared Office and Services Costs		10,011				10,011	-10,011	
Total General Expenditure	232,970	95,840				95,840	137,130	
Operational Provisions								
Operational Provisions		165,505				165,505	-165,505	
Total Operational Provisions		165,505				165,505	-165,505	
Indirect Costs								

Indirect Costs

International Federation of Red Cross and Red Crescent Societies

MDRNE010 - Niger - Food Insecurity

Interim Report

Selected Parameters	
Reporting Timeframe	2011/12-2012/12
Budget Timeframe	2011/12-2013/2
Appeal	MDRNE010
Budget	APPROVED

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		3,375,048					3,375,048	
Programme & Services Support Recov	205,989	60,636					60,636	145,353
Total Indirect Costs	205,989	60,636					60,636	145,353
Pledge Specific Costs								
Pledge Earmarking Fee		4,934					4,934	-4,934
Pledge Reporting Fees		1,600					1,600	-1,600
Total Pledge Specific Costs		6,534					6,534	-6,534
TOTAL EXPENDITURE (D)	3,375,048	1,080,531					1,080,531	2,294,517
VARIANCE (C - D)		2,294,517					2,294,517	

International Federation of Red Cross and Red Crescent Societies

MDRNE010 - Niger - Complex Emergencies

Selected Parameters	
Reporting Timeframe	2011/12-2012/12
Budget Timeframe	2011/12-2013/2
Appeal	MDRNE010
Budget	APPROVED

All figures are in Swiss Francs (CHF)

IV. Project Details

Project	Name	Opening Balance	Income	Expenditure	Closing Balance	Budget	Variance
		A	B	C	A + B + C	D	D - C
Disaster_Management							
PNE023	Niger- Food Insecurity	0	1,706,794	-1,080,531	626,263	3,375,048	2,294,517
Sub-Total Disaster_Management		0	1,706,794	-1,080,531	626,263	3,375,048	2,294,517
Total	Niger - Complex Emergencies	0	1,706,794	-1,080,531	626,263	3,375,048	2,294,517