

<b>Emergency Appeal No.:</b> MDRNE021 <b>First launched on:</b> 13/04/2018	<b>Glide No:</b> 31-2014-123456-XXX
<b>Final report published on:</b> 12 February 2024	<b>Deadline covered by final report:</b> 13 April 2018 - 31 March 2022
<b>Number of people targeted:</b> 90,000	<b>Number of people assisted:</b> 176,193
<b>Funding coverage (CHF):</b> 3,400,000 million Swiss francs through the IFRC Emergency Appeal CHF 3,007,826 million at Federation level	<b>Amount DREF initially allocated:</b> 168,073 Swiss francs



# A. SITUATION ANALYSIS

## Description of the crisis:

### Context

Niger is facing a complex humanitarian crisis. In addition to persistent insecurity and violence perpetrated by armed groups against civilians and humanitarian actors, endemic poverty, climate change and its related effects, seasonal floods, pockets of drought and epidemics are making thousands of people vulnerable. In addition, the COVID-19 pandemic has exacerbated vulnerabilities and led to an increase in multi-sectoral humanitarian needs. According to the 2022 Humanitarian Needs Overview, 3.7 million people are in need of assistance, or 16.8% of the total population. Another factor amplifying this crisis is the insecurity in the border strips with Nigeria, Burkina Faso, and Mali. Incident trends at the national level indicate that the number of protection incidents has increased over the past three years, from 1,498 in 2019 to 3,373 as of 30 September 2021, an increase of more than 125 per cent. These incidents are mostly egregious cases of human rights abuses. The number of internally displaced persons has doubled over the past three years in the tri-border areas (Burkina Faso-Mali-Niger) and in the Lake Chad Basin.

Despite efforts by the Nigerien government and the governments of neighbouring countries to secure areas and encourage the return of displaced people to their places of origin. As of 30 September 2021, Niger registered an estimated 549,000 people on the move, including 264,000 internally displaced persons (IDPs), 250,000 refugees mainly from Nigeria and Mali, and 35,445 Nigeriens who had migrated to Nigeria but returned to Niger due to prevailing insecurity. Violence linked to the activities of armed groups has led to serious protection problems and limited access to essential social services in a context of high poverty in some areas. The number of protection incidents has increased over the past three years, from 1,498 in 2019 to 3,373 as of September 30, 2021, an increase of more than 125 per cent. In addition, as of November 30, 2021, 621 schools were closed, depriving more than 55,000 children of schooling. As a result, the needs of those affected have far exceeded available resources. The cross-sectoral analysis revealed that 58 per cent of IDPs have severe intersectoral needs (severity class 3) and reside in twelve out of eighteen departments hosting IDPs while 27 per cent have "extreme" humanitarian needs (severity class 4). This category is found in the departments of Guidan Roumdji and Madarounfa (Maradi region), Tassara and Tillia (Tahoua region), Abala and Tillabéry (Tillabéry region).

In Diffa, the humanitarian crisis caused by the war against the criminal sect Boko Haram that began in 2013 has caused a humanitarian situation in the region. The humanitarian situation thus remains serious and worrying in a region already affected by significant underdevelopment, poverty, climate change and its effects. Women, youth, and children are the main victims. In 2019, more than 450,000 people will be in need of humanitarian assistance and protection in the Diffa Region (HRP 2019). Although the security situation has improved significantly and population movements have been significantly reduced as a result of military operations and measures related to the state of emergency, needs remained substantial and persisted on a large scale in 2019, 2020 and 2021 as notified in the HRP humanitarian response plan document for Niger.

The increase in attacks against civilians, including internally displaced persons, refugees, and members of host communities, has been a serious concern since the beginning of the crisis in 2013 in the Diffa region. Abductions, robberies, and deadly attacks by armed groups (AGs) are reported almost daily and civilian casualties are rising dramatically. Since 11 February 2015, the government has periodically renewed a declaration of a state of emergency. The state of emergency/curfew was renewed on 15 June 2020 and will continue until further notice.

Prior to this, the UN Office of Humanitarian Affairs (OCHA) reported in May 2020 that a total of 68 security incidents by armed groups had been recorded in the region. According to the same source published on 30 April 2020, the Diffa region currently hosts 265,617 people equivalent to 73,378 households, including 126,492 refugees (47%), 102,726 internally displaced persons (IDPs), 39%, 34,300 returnees (1%).

In addition, the sudden increase in violence in Zamfara, Sokoto and Katsina states in northwestern Nigeria in late 2019-early 2020 forced thousands of people, mostly women and children, to flee violence and seek shelter and protection in Niger's Maradi region, thereby increasing the number of vulnerable people in a region already facing an emergency. serious.

For this reason, a DREF (MDRNE023) was launched on 24 July 2019 (with a 3-month extension, until 24 December 2019) with the objective of providing life-saving emergency services to 30 000 people (4 286 households), including 22 817 refugees (3 260 households) and 7 183 people from host communities in the areas of community health, WASH and PGI in eight villages in Guidan Roudji department in the Maradi region. This includes Dan Kano, Bassira, Elguidi, Tankama and Kelkele (villages hosting IDPs) and Dan Dadji, Makaou, Chadakori and Guidan Kaka (villages of opportunity identified by UNHCR).

Today, new waves of displaced people continue to seek shelter in villages near the Nigerian-Nigerian border. This increase in the flow of Nigerian refugees into Niger has led UNHCR to make an appeal (ongoing) to the Government of Niger for the granting of collective refugee status (prima facie). As this humanitarian situation continues in 2020, with a high probability of an increase in the current number of displaced people from Nigeria fleeing to Niger, the Niger NSRF and the IFRC have decided to integrate the DREF population movement operation into the Niger Complex Emergency Appeal initially implemented in the Diffa Region since 13 April 2018. The reasons and context of this crisis are rooted in insecurity, attacks and violence from a similar origin, and the consequences of population movements across the border. Humanitarian needs remain high in Niger, due to conflict, food shortages, child malnutrition and epidemics.

## Summary of Response

As part of the implementation of the activities of the emergency appeal programme in the regions of Diffa and Maradi, it was initially planned to implement the project in the departments of Mainé Soroa, Diffa and Goudoumaria in the region of Diffa and Guidan-Roumji in the region of Maradi with four villages covered by the project, notably Bassira, Tankama, El Guidi and Kelkelé. To reach the right beneficiaries, the project team used the household economic analysis method whereby community members were brought together in a general assembly and a combination of criteria used to select beneficiaries with the participation of community members. The criteria used are as follows:

- Refugees due to Boko Haram threats and population movements due to insecurity
- Households with pregnant or breastfeeding women or children under five years of age
- Women who have completed antenatal consultations and successfully given birth in rural health centres.
- Excluded persons such as persons living with disabilities
- Identification of returnees residing in the villages of intervention of the project.

In summary, the activities carried out under this commitment are as follows:

### Health Promotion Services:

To ensure a quality implementation of health promotion activities in accordance with the programming, 10 training sessions were organized, including 6 in retraining in the regions of Diffa and Maradi. A total of 882 community workers were trained on different topics.

Volunteers trained in CBS were divided into 11 community-based surveillance committees attached to health centres in intervention areas for the early detection of cases at community level. The programme has identified 400 women organized in 16 mothers' clubs to support volunteers in CBS and Nutrition sensitization. To date, all mothers' clubs have a resilience fund or individual Income generating activities (IGAs) funded by weekly membership fees. These resilience funds have been strengthened as part of this project by an allocation of 200,000 CFA francs by the Red Cross. The CMs also benefited from materials and equipment

**Table 1:** Breakdown of number of persons trained by type of training conducted by department

Regions	Departments	CBS				Management of mothers' clubs			Community-based Malnutrition Screening (MUAC)/EFP	
		Volunteers		Community Leaders		Trained volunteers	Number of Clubs created	Number of active members	Trained volunteers	Trained breastfeeding women
		VC	VS	CT	Imams					
Diffa	Mainé Soroa,	30	5	10	10	4	-	-	35	30
	Diffa	30	5	10	10	17	6	150	35	46
	Goudoumaria	30	5	10	10	4	-	-	35	24
Maradi	Guidan-Roumji	40	5	6	6	25	10	250	45	110
<b>Total</b>		<b>130</b>	<b>20</b>	<b>36</b>	<b>36</b>	<b>50</b>	<b>16</b>	<b>400</b>	<b>150</b>	<b>210</b>

Following the training sessions, a multimedia awareness campaign was organized and allowed sensitization of 121,693 people on epidemic prevention and health promotion. Following the campaign, 49,996 children under 5 have been screened, and 10,120 long-lasting impregnated nets (LLINs) distributed to 5,060 households.

**Table 2:** Campaign results by region and by service areas

Regions	Departments	People sensitized on prevention and health promotion					Children under 5 screened with MUAC
		Men	Women	Total	Vulnerable populations		
					Pregnant women	Person with a disability	
Diffa	Mainé Soroa,	6,152	18,968	25,120	102	-	15,114
	Diffa	9,976	30,767	40,746	159	-	22,172
	Goudoumaria	6,371	19,645	26,016	74	-	11,539
	Subtotal	22,502	69,380	91,882	336	777	48,825
Maradi	Guidan-Roumji	12,941	16,870	29,011	-	649	1,171
<b>Total</b>		<b>35,443</b>	<b>86,250</b>	<b>121,693</b>	<b>336</b>	<b>1,426</b>	<b>49,996</b>

**Table 3:** Status of LLIN distributions by region

Regions	Departments	LLIN	LLIN Beneficiary Households
Diffa	Mainé Soroa	2,220	1,110
	Diffa	4,960	2,480
	Goudoumaria	2,119	1,060
	Subtotal	9,299	4,650
Maradi	Guidan-Roumji	821	410
Total		10,120	5,060

**WASH:**

As with health promotion activities, awareness-raising on WASH was also conducted by volunteers trained on this programme (see Table 1). Wash interventions have been carried out: awareness-raising campaigns for the benefit of 121,693 people (35,443 men and 86,250 women) on essential family practices; distributions of NFI kits to 3,256 households, hygiene, and sanitation kits to 5,300 households; dignity and childbirth kits to 375 and 1,100 pregnant women, respectively. The programme also carried out water works (a solar pump and 9 boreholes equipped with PMH) and sanitation works (14 blocks of latrines in schools and health centres).

Details of wash activities are set out in the tables below.

**Table 5:** Breakdown of trained volunteers and people sensitized by departments/villages

Regions	Departments	WASH works carried out		
		Forage	solar pump	latrine blocks
Diffa	Mainé Soroa,	8	1	4
	Diffa	0	0	3
	Goudoumaria	0	0	7
Maradi	Guidan-Roumji	0	0	
Total		6	1	14

**Table 6:** Breakdown of NFIs and kits in households by Region and health district

Region	Health districts	Kits NFI					Kitchen Kits	
		Soap	Bucket s	Jerry cans	Aquatab	Household s affected	Kitchen Kits	Affected households
Diffa	Mainé	7,798	858	304	0	1,114		
	Goudoumaria	6,328	806	127	0	904		
	Diffa	19 314	2,336	569	37,100	1,238	854	854
	<b>Subtotal</b>	<b>33 440</b>	<b>4,000</b>	<b>1,000</b>	<b>37,100</b>	<b>3,256</b>	<b>854</b>	<b>854</b>
Maradi	Guidan-Roumji	0	0	0	0	0	426	426
<b>Total kits distributed</b>		<b>33,440</b>	<b>4,000</b>	<b>1,000</b>	<b>37,100</b>	<b>3,256</b>	<b>1,280</b>	<b>1,280</b>

**Table 4:** Breakdown of kits for women of childbearing age and pregnant women by region and department

No.	Health districts	Dignity Kits	Childbirth Kits	Kit WASH
Diffa	Mainé	-	-	-
	Goudoumaria	-	-	-
	Diffa	-	-	-
	<b>Subtotal</b>	<b>0</b>	<b>700</b>	<b>2,900</b>
Maradi	Guidan-Roumji	375	400	2,400
<b>Total kits distributed</b>	<b>Total kits distributed</b>	<b>375</b>	<b>1,100</b>	<b>5,300</b>



*Kit distribution operation for pregnant and lactating women ©IFRC 2021*



*©IFRC 2022 Wash Equipment and Kits Distribution*

Within the framework of the programme's cooperation with the Finnish Red Cross, 152 family tents were distributed to 129 beneficiary households, including 107 flood victims and 4.5 physically disabled.



*Members of a disabled household, sheltering, stand with Nigerien © Red Cross volunteers IFRC Niger, 2021*

**Food Security, Livelihoods and Basic Needs**

**Multi-purpose cash grant**

In this area of intervention, priority was given to cash transfer to 3,500 households (2,000 households in Diffa and 1,500 households in Maradi). A total of 113,750,000 FCFA was distributed at a rate of 32,500 FCFA per household. These actions have been reinforced by support for the agricultural production of staple crops with 1,000 farmers for the 2021 season; support for vegetable production with ten (10) groups of women's agricultural cooperatives ; and women's economic empowerment through the mother's club approach.

## Development of the National Society

The programme contributed to the development of the RCSN through the training of 150 volunteers involved in the operation. The latter benefited from IFRC risk insurance coverage and systematically from a security briefing/debriefing throughout the operation.



*A beneficiary receiving cash for a total amount of XOF 32,500 © IFRC Niger. 2021*

### **Protection, Gender and Inclusion:**

Gender and inclusion issues were addressed throughout the program through the training of 150 volunteers, sensitization of RCSN staff and beneficiaries.

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

Since the beginning of this operation, the target communities have been considered partners and experts in their own right, as they are the ones who know their own situation best. To this end, several meetings on the different components of the project were held with community members in the intervention areas.

In addition to the complaints committees set up in the villages, the programme's 1-5-0 volunteers were also trained on accountability and community engagement.

### **Operational Risk Assessment**

The programme started on 13 April 2018 and continued with extensions until March 2022. Originally planned for 12 months, the programme designed mainly on health promotion and services in Diffa and Maradi has undergone several extensions which have made it possible to add other areas of intervention, namely protection, food security and the CEA for a period of 36 months.

There are several reasons for this:

- The scheduling conflict with existing programs running at the RCSN;
- Security events in the Diffa and Maradi regions (attacks on civilians and public infrastructure, violent tensions between herders and farmers and incidents related to improvised explosive devices, kidnapping for ransom) which constitute the area of intervention of the programme;
- The onset of the COVID-19 pandemic;
- Cholera outbreaks in the Mardi region in 2018 and 2021.

All these events have had a negative impact on the implementation of many of its interventions, including Niger's Emergency Appeal.

## **B. OPERATIONAL STRATEGY**

The overall objective of this operation is to assist 90,000 people (12,858 households), including 50,000 people from the Diffa region and 40,000 people from the Maradi region.

To achieve this objective, the RCSN has adopted a strategy based on the following actions: training and awareness-raising; distribution of information material; community-based disease surveillance; screening for malnutrition; WASH (Construction of water points, latrines and distribution of hygiene kits and materials); Food security (distribution of seeds to farmers, cash, and materials).

### **Health/Nutrition**

In the implementation of interventions, the activities of the health component of the emergency appeal programme were conducted on epidemic prevention, nutrition, and maternal and child health. Particular emphasis was placed on cholera, malaria, acute respiratory infections, Hepatitis E and the Coronavirus (COVID-19) pandemic. This strategy has been effective through refresher training for volunteers and community leaders on Outbreak Control for Volunteers (ECV), CBHFA and Risk Communication and Community Engagement (RCCE). The involvement of communities through community leaders (village chiefs, religious leaders, traditional healers, and representatives of mayors of the targeted areas) has strengthened community participation in the implementation of the programme; the link established with health reference structures has ensured effective referral of cases to health centres.

Volunteers and community leaders ensured community-based disease surveillance in their respective villages, referring identified cases in collaboration with health service officials. Meetings for exchanges and coordination between the various parties have made it possible to coordinate and improve interventions on the ground.

### **Water, hygiene, and sanitation**

The WASH activities developed by the volunteers in collaboration with the communities were preceded by a survey on water management, hygiene, and sanitation. This allowed the identification of households and the targeting of key activities by intervention area. Actions to promote good hygiene and sanitation water practices with demonstration and distribution of Aqua Tabs for the treatment and conservation of water at home have been conducted; handwashing at critical moments and the construction of water and sanitation facilities in schools and health facilities. All interventions were supported by the CEA approach strongly involving the administrative and community authorities.

### **Food security livelihoods and basic needs**

In the area of livelihoods and basic needs, the strategy has been to meet immediate food needs through cash transfers to the most vulnerable households during the lean season, while supporting agricultural production through the distribution of cereal seeds and strengthening women's economic opportunities through the IGAs of the Mothers' Clubs. A feasibility and value chain analysis made it possible to select income-generating activities.

Support was provided to 10 women's cooperatives for vegetable production. Support consisted of the provision of inputs and technical support for agricultural practices. Associated synergies between the various components ensured a coherent and integrated approach.

### **Protection, gender and inclusion**

The RCSN, with the active participation of the host community and refugees, carried out awareness-raising, needs and specific risk assessments of people of different genders, ages, and persons with disabilities (PBS). It collected and

analyzed data disaggregated by age and sex to inform sectoral activities. It organized briefings for the sector team on PGI minimum standards to include measures to address specific vulnerabilities, needs and capacities related to gender, disability and diversity factors.

During the field activities, the RCSN involved some Special Needs Persons (SPPs) who contributed directly to raising awareness or helping with the distribution of NFIs. This was community evidence of the non-exclusion of people regardless of gender, age, or disability. These activities were supported by volunteers trained on the themes of this program including the fundamentals of the ERP.

### **Community engagement and empowerment**

The participation of the target communities has been materialized in all activities and their reactions are regularly collected. Emphasis was laid on cultural specificities and community structures, gender mainstreaming and diversity, and the promotion of the RCSN's actions and missions within communities. Engagement with communities also involved informing them about their rights to complain and providing feedback during the operation. Since the beginning of the operation, the NS has used preferred communication channels as much as possible to meet information needs while introducing, where possible and accepted, innovative two-way communication tools to provide vital information and communicate with communities.

All 150 Red Cross volunteers involved in this operation were trained on CEA, particularly in social communication and behaviour change. The criteria for selecting volunteers or beneficiaries were made with the support of the community and their active participation.

### **Coordination**

The Red Cross / Red Crescent Movement is present in Niger with the ICRC, IFRC, RCSN and PNSs, including the French Belgium, Danish, Spanish, Italian, and Luxembourg Red Cross Societies, and Iranian Red Crescent. Movement coordination meetings are organized every month under the leadership of the President of the RCSN. Security issues and the implementation of operations are discussed in these meetings. Discussions on population movements take place at the Movement's regular monthly field meetings, which bring together all Movement partners in the region of intervention, namely CRC, Luxembourg Red Cross and IFRC. The Movement Cooperation Agreement (MCA) and its security annex have been signed since 2020 and have just been signed by the ICRC, the IFRC and the NS on 19 May 2020. This document clearly sets out the responsibilities of each organization.

## **Operational Support Services**

### **Human resources**

The regional committees of the Red Cross of Diffa and Maradi deployed 150 community volunteers to implement this operation. The NS provided two health and WASH coordinators based in Diffa and Maradi to provide operational support. With support of technicians, the Committees monitored the daily activities of volunteers through regular field visits and constant telephone communications. At the national headquarters of the NS, the health coordinator, the disaster management coordinator, the logistician, and a financial assistant have been assigned to manage this operation. A communications officer carried out field missions for media coverage of the activities.

At IFRC level, the staff supporting disaster management worked respectively throughout the implementation of the programme from the start to the final phase. Under the supervision of the IFRC Representation in Niger, all activities

were coordinated by the IFRC Programme and Operations Manager. The IFRC Field Coordinator is field-based and covers the Diffa, Zinder and Maradi regions due to its proximity, which has increased IFRC support to the operation.

### **Logistics and Supply Chain**

All non-food items required for the operation were procured locally in Maradi in accordance with logistics standards agreed by the International Federation.

Fuel and vehicle maintenance costs have been budgeted for NS and IFRC support. A 4x4 Land Cruiser was leased through the IFRC rental system for the entire programme period to support the implementation of the operation which was based in Diffa. The IFRC and RCSN logistics departments supported the effective and responsible implementation of the operation by supporting the programme teams in the procurement, vehicle management, distribution, and storage of non-food relief items. The rental of vehicles involved in the operation contributed to the implementation of activities on the ground. The Regional Logistics Unit (RLU), the Security Unit and the PRD Unit in Resource Mobilization from Nairobi of the IFRC in Nairobi also supported the operation in international procurement and to strengthen the capacity of the logistics focal persons of IFRC Niger and RCSN through technical support in the standardization of chat systems.

### **Communications**

All communications activities were carried out by the RCSN's communications department. The National Society ensured that videos, photos, facts and figures were regularly provided to inform on the progress of implementation. Messages were regularly updated based on community feedback. During the field operation, the visibility of the work of RCSN volunteers was enhanced by the production of volunteer bibs that were distributed to volunteers and staff involved in conducting the planned activities. At the end of the implementation period, the National Society conducted interviews with beneficiaries to assess their level of satisfaction.

The National Society, through its Communications Department, provided regular updates on the operation for the use of traditional media (radio, TV, print media) and social networks of National Societies and IFRC through appropriate documentation and reports to capitalize on the experience gained.

### **Security**

The security environment across Niger remains highly volatile and insecure, despite apparent and localized improvements in the Maradi and Diffa region. Given that perpetrators may have come from a community served by the CRCR Movement, adequate security risk mitigation measures were implemented. To this end, all staff assigned to the programme have closely monitored the security situation on the ground. All changes to the security situation and protective measures have been communicated. Red Cross staff remained visible by wearing the corresponding visibility clothing.

### **Planning, monitoring, evaluation and reporting**


Ongoing monitoring is provided by the RCSN regional branches, the NS Health and WASH Coordinator and the IFRC Field Coordinator. The RCSN at headquarters level, in close collaboration with the IFRC country office, monitors the progress of the operation and provides the necessary technical expertise. The RCSN is assisted by the PMER Officer of the IFRC Country Office and the Deputy Operations Coordinator for the planning, implementation, monitoring, documentation and reporting of planned activities. All planned activities were conducted in collaboration with affected communities and local authorities.

Brief weekly updates on the overall progress of the operation, and regular monitoring reports were sent to programme stakeholders. Ongoing evaluations and analyses of the programme have been carried out. These made it possible to monitor and curb bottlenecks during the implementation of the operation. Thus, two needs assessments were carried out in 2019 and 2020 with the consequence of readjusting the care needs of the programme, the extension of the zones taking into account the mobility of the beneficiaries due to security events and natural hazards that occurred during implementation.


### Administration and finance

The National Society ensured the appropriate use of financial resources in accordance with the conditions set out in the Funding Agreement signed between the National Society and the IFRC Country Office. This management of financial resources was conducted in accordance with the procedures of the RCSN and Appeal Programme guidelines. Financial and logistical oversight is provided by the Finance, Logistics and Coordination Departments of the Country Office.

## C. DETAILED OPERATIONAL REPORT

 <b>Shelters, housing and settlements</b>			
<b>Households affected: 152</b> Male: 138 Female: 14			
<b>Objective:</b>		<i>Communities in disaster- and crisis-affected areas are restoring and enhancing their long-term security, well-being and recovery through shelter and settlement solutions.</i>	
<b>Key indicators:</b>	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>

In this area of shelter, although this section is not included in the component of the emergency appeal programme, interventions have been made through the distribution of tents donated by the Finnish Red Cross to the National Society.

 <b>Food Security and Livelihoods</b>			
<b>Persons reached: 17,350 people, including 12,000 refugees, 4,000 internally displaced persons and 1,350 members of the local population.</b> Male: 12,250 Female: 5,100 <b>Households affected: 3,500 including 2,450 refugee households, 700 IDP households and 350 households from the local population.</b> Male: 1,225 Female: 2,275			

<b>Objective:</b> <i>Communities, especially in areas affected by disasters and crises, are restoring and strengthening their livelihoods.</i>			
<b>Key indicators:</b>	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
	<i># of volunteers trained in the CEA approach</i>	150	150
	<i># of focus areas in which the CEA approach has been implemented</i>	7	7
	<i># of information and communication visits to the authorities on the planned money transfer</i>	7	4
	<i># of the rapid market assessment</i>	2	1
	<i># of complaint management committees set up in the intervention area</i>	7	7
	<i># of a feasibility study conducted for the programming of cash transfers to inform on a better delivery mechanism</i>	2	4
	<i># of contract signed with the service provider to deliver cash for this programme, in accordance with IFRC procurement procedures</i>	1	1
	<i># of distribution materials produced for money transfer programmes (SIM cards)</i>	3,500	3,500
	<i># of people targeted by money transfer activities: 3,500 households: 2,000 in Diffa and 1,500 in Maradi)</i>	3,500	3,500
	<i>Cost in % for the money transfer service provider</i>	4.5%	4%
	<i>Amount of fund distributed to beneficiaries</i>	113,750,000	113,750,000
	<i>Amount of fund dedicated to the money transfer service provider (in XOF) for a single distribution</i>	51,187,500	4,550,000
	<i># of households affected by cash distribution</i>	3,500	3,500
	<i># of people who received improved rainfed seed</i>	1,000	1,000
	<i>Quantity in Kg of seed received per beneficiary</i>	15	15
	<i># of post-distribution follow-ups (PDM) carried out</i>	1	3

The main objective of this section is to help communities, especially in areas affected by disasters and crises, to restore and strengthen their livelihoods. In the area of livelihoods, several activities have been carried out in the

area of food security. Thus, the beneficiaries of the program received support according to well-established standards and criteria. This support consisted of:

- Support for the primary rainfed production of staple crops to 1000 farmers for the 2021 agricultural season (improved seeds and tools, promotion of intercropping).
- Support for vegetable production with ten (10) groups of women's agricultural cooperatives.
- Women's economic empowerment through the mothers' club approach to income-generating activities and savings groups (10 groups).
- 50 women and men, including 25 in Diffa and 25 in Maradi, were trained in the management of mothers' clubs in the region.
- 10 mothers' clubs have been established, and they are currently carrying out community activities.

Under the cash, 3,500 vulnerable households have been identified, including 2,000 in Diffa and 1,500 in Maradi. Each household received an amount of XOF 32,500 (24,500 people). The operation was conducted in collaboration with Zamani Telecom and with the support of the IFRC through a cash transfer surge deployed for this purpose. In total, 7 villages, including 3 in Diffa (Diffa centre, Manié Soroa and Goudoumaria) and 4 in Maradi (Basira, Tankama, El Guidi and Kelkelé) were covered by the cash assistance operation. Prior to the cash distribution operation, a market study and feasibility study were conducted in both regions. The objective was on the one hand to assess the functionality of local markets and on the other hand to study the feasibility of cash transfers by the most appropriate approach in the areas of intervention of the project. The results of the study showed that food was available locally and that Zamani Telecom's network covers almost 100% of the intervention villages. A field visit was also carried out on information and communication to community members and authorities on the planned cash-based intervention. Finally, a post-distribution follow-up (PDM) was conducted, the results of which are as follows: most respondents said they were satisfied with the operation, with 69% for Diffa and 77% for Maradi. Analysis of the data showed that 99% of respondents did not make any complaints. This does not mean that everything went well and that constraints were not recorded.

	<p><b>Health and care</b>  <i>(Mental Health and Psychosocial Support / Community Health / Medical Services)</i>  <b>People affected: 121,693</b>  Male: 35,443  Female: 86,250</p>		
<b>Objective:</b>	<i>Strengthen the holistic individual and community health of the affected population through community-level interventions and health system strengthening.</i>		
<b>Key indicators:</b>	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>

<i># of Red Cross volunteers trained in ECV, CBFHA, RCCE, first-aid and psychosocial support</i>	150	150
<i># of community leaders on ECV and RCCE</i>	72	72
<i># of nets distributed</i>	10,120	12,858
<i># of awareness sessions on epidemic risks and prevention measures using IEC equipment carried out.</i>	60	48
<i># of people reached by the RCSN with awareness sessions on epidemic risks and prevention measures.</i>	104,993	90,000
<i># of community-based disease surveillance systems established or reactivated.</i>	17	17
<i># of pieces of soap purchased for the handwashing demonstration.</i>	300	500
<i># of individuals to whom the RCSN provided services to reduce relevant nutritional risk factors.</i>	49,996	25,000
<i># of posters produced to support awareness sessions on good family practices</i>	16,100	2,000
<i># of people affected by RCSN with malnutrition screening</i>	49,996	25,000
<i># of awareness-raising sessions conducted with caregivers on key health/nutrition practices</i>	30	48
<i># of people reached through awareness sessions on key health and nutrition practices</i>	49,996	90,000
<i># of awareness-raising sessions conducted on the promotion of exclusive breastfeeding and adequate complementary feeding</i>	30	48
<i># of people reached by awareness-raising sessions on the promotion of exclusive breastfeeding and adequate complementary feeding</i>	49,996	25,000
<i># of breastfeeding women trained to screen for malnutrition using MUAC</i>	150	150
<i># of children detected by breastfeeding women at the community level Target</i>	425	400

<i># of people affected by a discussion on the effects of malnutrition and prevention measures</i>	49,996	25,000
<i># of people reached by community health activities</i>	121,693	90,000
<i># of volunteers trained in essential family practices</i>	150	150
<i># of awareness sessions conducted on essential family practices</i>	52	48
<i># of people reached through awareness sessions on essential family practices</i>	12,693	90,000
<i># Number of post-delivery kits purchased</i>	1,100	500
<i># of people reached by the distribution of post-delivery kits</i>	1,100	500
<i># of mother-baby kits distributed</i>	1,100	0
<i># of dignity kits distributed</i>	375	0

### **Achievements:**

To provide health services and reduce health risks, the National Society, with the support of the IFRC, conducted activities like awareness-raising sessions at the community level, screening for malnutrition at community level and referral of severe cases to the nearest health centres. Training 150 volunteers on ECV, CBFHA and RCCE and 72 community leaders on EVC and RCCE to support volunteers during programme activities.

Some 10,120 mosquito nets were received and distributed. Prior to distribution, the project team targeted female heads of household. Priority was given to refugee women heads of household, followed by male refugees and finally indigenous women heads of household. A total of 1100 women were identified and have received mother-baby kits. The selection criteria were pregnant and lactating women with an up-to-date antenatal or postnatal consultation log. A total of 375 dignity kits were distributed,

### **Challenges:**

- Delay in the start of activities
- Insecurity in the area

### **Lessons Learned**

- The integration of volunteer training sessions (3 themes together, Health-Nut, CEA) has accelerated the implementation of awareness sessions;
- The household-by-household strategy adopted by the volunteers made it possible to reach a maximum of households in the 5 localities of the project on various themes;

- Multiple forms of support to beneficiaries according to well-defined criteria (support for mothers of malnourished children, distribution of kits and cash) have greatly contributed to improving the living conditions of beneficiaries and also the use of health centers by communities.



## Water, sanitation and hygiene

**People reached by awareness sessions: 121,693**

Men: 35,443

Women: 86,250

Objective:	<i>Ensure safe drinking water, sanitation, and hygiene awareness of communities during the relief and recovery phases of the emergency operation, through community and organizational interventions.</i>		
	Indicator	Actual	Target
<b>Key indicators:</b>	<i># of affected households receiving basic hygiene items and kits</i>	5,300	5,300
	<i>% of affected people who use hygiene items regularly after distribution</i>	98,05%	100%
	<i>% of target population using handwashing stations at the exit of toilets</i>	98,51%	100%
	<i>% of target population able to correctly name two times when handwashing is crucial</i>	98,98%	100%
	<i>% of households storing drinking water in clean, covered containers</i>	100%	100%
	<i>% of people indicating that they dispose of children's feces safely</i>	95,37%	100%
	<i># of pieces of soap distributed</i>	33,440	33,440
	<i># of households reached by aqua tab distribution</i>	1,238	1,421
	<i># of people reached by awareness sessions on good hygiene practices through volunteers</i>	121,693	90,000
	<i># of volunteers trained for WASH activities</i>	150	150
	<i># of households trained on drinking water storage, water conservation and use of water treatment products.</i>	121,693	121,693
	<i># of solar pumps realized</i>	1	2
	<i># of boreholes carried out</i>	8	15

<i># of community latrine blocks completed</i>	14	14
<i># of pieces of soap donated by Finland distributed</i>	33,440	33,440
<i># of 10-litre buckets distributed</i>	4,000	4,000
<i># of 25-litre jerry cans distributed</i>	1,000	1,000
<i># of households receiving hygiene items and NFI,</i>	5,400	5,400
<i># of households storing their drinking water in sanitized and covered containers</i>	54,00	5,400

### Achievements

The program has improved access to drinking water and sanitation through the construction of water and sanitation works. Strategies on the sustainability of WASH actions, distribution of materials and kits, access to awareness on good Wash practices have been mounted. More than 121,693 indirect beneficiaries were reached by hygiene behaviour change awareness-raising activities.

### Challenges

One of the major challenges of the WASH component has been the construction of water and sanitation works. Indeed, only 8 boreholes equipped with PMH have been conducted of the 15 planned, as well as an autonomous water point equipped with solar pumps out of 2 planned. This discrepancy is explained by the scheduling conflict experienced by the SN and the security challenge in the implementation area. Added to this is the delay in the mobilization of funds.

### Lessons Learned

- The presentation and involvement of the beneficiary population and community leaders at all stages of the project allowed everyone to understand the project, ensure monitoring and take ownership of the activities.
- Thanks to awareness-raising messages, the wash kits distributed are used for useful purposes by the beneficiaries.
- Good hygiene practices for children in the community reported by parents contribute to the reduction of waterborne diseases.
- Coordination between Movement actors and State technical services facilitated implementation.

### Protection, gender and inclusion



**People affected: 121,693 people, including 15,000 refugees, 10,000 internally displaced persons**

Male: 35,443

Women: 86,250

**Objective:** *Communities identify the needs of groups most at risk and particularly disadvantaged and marginalized, due to inequality, discrimination, and other forms of non-respect of their human rights and respond to their specific needs.*

<b>Key indicators:</b>	<b>Indicator</b>	<b>Real</b>	<b>Target</b>
	<i># of volunteers trained on gender and diversity and minimum standards of protection, gender, and inclusion in emergencies.</i>	150	150
	<i># of people sensitized on preventing and responding to sexual and gender-based violence in all community outreach activities.</i>	121,693	90,000
	<i># of people trained on sexual and gender-based violence or who have integrated a session on sexual and gender-based violence into a training.</i>	150	150
	<i># of people who received a briefing and signed the code of conduct.</i>	150	150
	<i># of people sensitized on preventing and responding to sexual and gender-based violence in all community outreach activities.</i>	<b>121,693</b>	90,000

**Achievements:**

The displacement of Nigerian refugees and returnees tends to affect men, women, and children in different ways, as people with special needs (NHPs) such as people with disabilities, people with chronic diseases, widows, children, pregnant and lactating women, the elderly, etc. Family and household structures can be changed, and gender roles changed. Due to the sudden loss of family and community structures, women, children, adolescents, and vulnerable people are exposed to serious protection risks, such as military recruitment, exploitation, and neglect. Women and girls are particularly affected. Sexual and gender-based violence (SGBV) is often present during conflict and continues in emergencies. This is why the operation aims to improve equitable access to basic services (taking into account different needs) and to prevent and respond to sexual and gender-based violence and all forms of violence against children. To achieve this goal, the National Society, with support from IFRC, organized trainings, including training 150 volunteers on sexual and gender-based violence. During the training, they were informed about the Code of Conduct with a focus on the Movement 's Principles.

## Enabling Approaches



### Strengthening National Societies

**Result S1.1: National Societies' capacity building and organizational development objectives are facilitated to ensure that National Societies have the legal, ethical, and financial foundations, systems and structures, skills, and capacities to plan and implement projects.**

#### Objective:

*Communities in high-risk areas are prepared and able to respond to disasters.*

Key indicators:	Indicator	Actual	Target
	<i># of volunteers involved in this operation in relation to their legal, ethical, and financial basis</i>	150	150
	<b>Result S1.1.1: National Societies have effective and motivated volunteers who are protected 980</b>		
	<b>Indicators</b>		
	<i># of motivated and protected volunteers during the implementation of the programme</i>	150	150
	<i># of insured volunteers</i>	150	150
	<i># of volunteers who received full information about their role and the risks to which they are exposed.</i>	150	150
	<i># of volunteers informed of their rights and responsibilities</i>	150	150
	<i># of volunteers whose safety and well-being are assured.</i>	150	150
	<i># of properly trained volunteers</i>	150	150
	<i># of volunteers involved in the decision-making processes of the projects they implement.</i>	150	150
	<b>Result S1.1.2: National Societies have the necessary infrastructure and systems in place to operate.</b>		
	<i># of RCSN staff and volunteers trained on the principles and rules of humanitarian assistance</i>	150	200
	<i>% of volunteers registered in the database and volunteer management</i>	0%	100%

<i># of volunteer retention / recognition and social entrepreneurship strategies put in place</i>	1	10
<i># of RCSN staff and volunteers trained on the principles and rules of humanitarian assistance</i>	0	200
<i># of Movement partners involved in coordination meetings</i>	10	9
<i># of people deployed in Niger to support the implementation of the project.</i>	2	2
<b>Ensuring accountability</b>		
<i># of security assessments completed</i>	2	1
<i># of staff and volunteers who received a safety briefing during the EA Progress towards results</i>	200	170

cc				
Age group	Direct beneficiaries			Indirect beneficiaries
	Men	Women	Total	
0 to 5	26,250	29,750	56,000	0
6 to 12 years	3,400	7,550	10,950	0
13 to 17 years	2,250	3,450	5,700	0
18 to 29 years	4,200	3,546	7,746	50,722
30 to 39 years	6,067	11,250	17,317	112,525
40 to 49 years	22,015	20,835	42,850	286,790
50 to 59 years	12,700	12,750	25,450	170,716
60 to 69 years	3,125	3,005	6,130	36,729
70 to 79 years	2,170	1,880	4,050	18,270
80+	0	0	0	0
<b>Total</b>	<b>82,177</b>	<b>94,016</b>	<b>176,193</b>	<b>675,752</b>



**Coordination and partnerships**

<b>Objective:</b>	<i>Communities in high-risk areas are prepared and able to respond to disasters.</i>		
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<b>Key indicators:</b>	<b>Indicator</b>	<b>Real</b>	<b>Target</b>
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**Achievements**

The Red Cross and Red Crescent Movement is present in Niger with the ICRC, IFRC, RCSN and PNSs, including the French, Belgium, Danish, Spanish, Luxembourg, and Italian Red Cross Societies, and Iranian Red Crescent. Coordination meetings of the Movement are organized every month under the leadership of the President of the RCSN, where security issues and the implementation of operations are discussed. Discussions on population movements take place at the regular monthly meetings of the Movement and on the ground, which brings together all the Movement's partners in the Diffa region, namely the ICRC, the Luxembourg Red Cross and the IFRC. Movement Cooperation Agreement (MCA) and its security annex were signed by the ICRC, the IFRC and the NS on 19 May 2020. This document highlights the responsibilities of each organization. Similarly, to improve communication on security issues, all IFRC vehicles are connected to the ICRC's radio room channel.

**External coordination**

The NS has active presence in the various clusters and coordination mechanisms that assist displaced populations and vulnerable communities in the affected regions. The NS, the IFRC, the ICRC and the Luxembourg Red Cross participated in the meetings in Diffa and Maradi from the beginning of the crisis to identify potential gaps and guide their action. The key role of the NS has been strengthened by its recognition through the Ministry of Health as a member of the National Disaster and Crisis Response Committee. With regard to the response to epidemics, daily crisis meetings are held at the Ministry and in the regional health directorates, involving all the Ministry's partners. The NS is a member of the National Crisis Committee, which meets regularly to monitor the epidemiological situation. Because of its long experience in managing epidemics and other disasters, the Ministry of Health continues to call on the National Society to contribute to the response to epidemics through social mobilization and community surveillance in the event of disasters.

IFRC and NS teams are also members of thematic coordination meetings led by UN agencies. Niger's health, WASH and Protection cluster meetings are held monthly, and issues related to the movement of the Nigerien population are regularly discussed in each thematic cluster meeting. A coordination meeting is regularly organized under the leadership of UNHCR, bringing together all humanitarian organizations working on population movement in Niger. The IFRC is also a member of the Country Humanitarian Team (HCT) where monthly meetings are held under the leadership of the Humanitarian Coordinator. In the field, the IFRC and the country team regularly participate in coordination meetings organized by the government and field meetings led by UN agencies in Diffa and Maradi regions. Discussions regularly focus on the implementation of activities and the evolution of the situation of displaced populations.



## Community Engagement and Accountability

**Objective:** *Communities in high-risk areas are prepared and able to respond to disasters.*

Key indicators:	Indicator	Real	Target
	<i>Number of volunteers identified and trained</i>	150	150

### Achievements

A complaints management and feedback committee composed of four members (two women and two men) has been set up in the seven localities concerned by the cash assistance activity. These committees, made up of community members and elders, helped thwart cases of fraud committed during the registration process. For example, some polygamous households have tried to divide into 2 or 3 female-represented households to receive more help. These cases were reported during the validation of the lists of beneficiaries that preceded the distribution operations.

It was also observed that some households were not registered by volunteers during their visit because they could not find any adults in the household. These cases were reported by the committees and were taken into account by the NS for further processing. This exercise made it possible to establish the final list of beneficiaries with the collaboration of all stakeholders, community members, members of the regional committees of Diffa and Maradi, and representatives of local elected officials.

To promote community engagement and accountability of key stakeholders, namely communities and their representatives, a contact and information mission was conducted with customary authorities and municipal representatives. The aim was to share information about the project and its activities. During implementation, communities, through key informants, were involved in the targeting process and in identifying and selecting criteria for improved millet and cowpea seeds. The involvement of community volunteers in all implementation processes shows that the project was mindful of its responsibility towards the beneficiaries and promoting the participation and ownership of its actions by the members of the communities in the intervention area.

## D. FINANCIAL REPORT

The appeal budget was 3,400,000 million Swiss francs. The appeal coverage is CHF 1,766,762.31 (39 per cent). The expenditure as of 05 February 2024 is CHF 2,946,535 (approximately 88,50 per cent). Balance of CHF 62,806 will be transferred to the Niger Unified Plan. Detailed expenditure is outlined in the final financial report at the end of this report.

## Contact Information

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

### In the Red Cross Society of Niger

- Executive Secretary; Issiakou Soumana Gaoh, email: [issiagaoh@yahoo.fr](mailto:issiagaoh@yahoo.fr) phone: +227 96961505
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### In the IFRC

- IFRC Regional Office for Coordinator DM Africa: Rui Alberto Oliveira, Acting Head of Disaster Crisis Prevention, Response and Recovery Department, Nairobi, Kenya; email: [rui.oliveira@ifrc.org](mailto:rui.oliveira@ifrc.org)

### In IFRC Geneva

- Programme and Operations focal point: Nicolas Boyrie, Operations Coordination, Senior Officer, DCPRR; email: [nicolas.boyrie@ifrc.org](mailto:nicolas.boyrie@ifrc.org)
- DREF Compliance and Accountability: Eszter Matyeka, DREF Senior Officer, DCPRR Unit Geneva; email: [eszter.matyeka@ifrc.org](mailto:eszter.matyeka@ifrc.org)
- IFRC Country Cluster Support Team: Niamey: Thierry Balloy, Head of Niger Cluster Delegation, email: [thierry.balloy@ifrc.org](mailto:thierry.balloy@ifrc.org)
- Dorien Irene Dolman, Public Health Delegate; email: [dorien.dolman@ifrc.org](mailto:dorien.dolman@ifrc.org)

### To support IFRC resource mobilization and pledges:

- IFRC Africa Regional Office for resource Mobilization and Pledge: Louise Daintrey Head of Unit, Partnerships & Resource Development; email: [louise.daintrey@ifrc.org](mailto:louise.daintrey@ifrc.org)

### For Performance and Accountability support (planning, monitoring, evaluation, and reporting enquiries)

- IFRC Regional Office for Africa Beatrice Atieno Okeyo, Head of PMER & QA, email: [beatrice.okeyo@ifrc.org](mailto:beatrice.okeyo@ifrc.org), phone: +254 732404022

### Reference documents

Click [here](#) to:

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

## How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. 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.

# Emergency Appeal

## FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/4-2024/2	Operation	MDRNE021
Budget Timeframe	2018-2023	Budget	APPROVED

Prepared on 22 Apr 2024

All figures are in Swiss Francs (CHF)

### MDRNE021 - Niger - Complex Emergency

Operating Timeframe: 13 Apr 2018 to 31 Mar 2022; appeal launch date: 13 Apr 2018

## I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	0
AOF2 - Shelter	0
AOF3 - Livelihoods and basic needs	997,000
AOF4 - Health	749,000
AOF5 - Water, sanitation and hygiene	1,017,000
AOF6 - Protection, Gender & Inclusion	34,000
AOF7 - Migration	0
SFI1 - Strengthen National Societies	240,000
SFI2 - Effective international disaster management	363,000
SFI3 - Influence others as leading strategic partners	0
SFI4 - Ensure a strong IFRC	0
<b>Total Funding Requirements</b>	<b>3,400,000</b>
<b>Donor Response* as per 22 Apr 2024</b>	<b>3,009,086</b>
<b>Appeal Coverage</b>	<b>88.50%</b>

## II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	7,365	7,365	0
AOF2 - Shelter	0	0	0
AOF3 - Livelihoods and basic needs	342,354	349,658	-7,304
AOF4 - Health	323,191	330,963	-7,771
AOF5 - Water, sanitation and hygiene	459,733	579,003	-119,271
AOF6 - Protection, Gender & Inclusion	12,023	12,023	0
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	399,803	468,581	-68,777
SFI2 - Effective international disaster management	990,249	985,132	5,117
SFI3 - Influence others as leading strategic partners	173,667	188,647	-14,980
SFI4 - Ensure a strong IFRC	299,440	23,648	275,791
<b>Grand Total</b>	<b>3,007,826</b>	<b>2,945,020</b>	<b>62,806</b>

## III. Operating Movement & Closing Balance per 2024/02

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	3,007,826
Expenditure	-2,945,020
<b>Closing Balance</b>	<b>62,806</b>
Deferred Income	0
Funds Available	62,806

## IV. DREF Loan

* not included in Donor Response	Loan :	168,073	Reimbursed :	168,073	<b>Outstanding :</b>	<b>0</b>
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# Emergency Appeal

## FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/4-2024/2	Operation	MDRNE021
Budget Timeframe	2018-2023	Budget	APPROVED

Prepared on 22 Apr 2024

All figures are in Swiss Francs (CHF)

### MDRNE021 - Niger - Complex Emergency

Operating Timeframe: 13 Apr 2018 to 31 Mar 2022; appeal launch date: 13 Apr 2018

## V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	99,601				99,601		
British Red Cross	343,973				343,973		
Finnish Red Cross	3,003	64,651			67,654		
Finnish Red Cross (from Finnish Government*)	1,094,827				1,094,827		
Hong Kong Red Cross, Branch of the Red Cross Socie	25,470				25,470		
Italian Government Bilateral Emergency Fund	542,444				542,444		
Japanese Red Cross Society	72,600				72,600		
Norwegian Red Cross	349,308				349,308		
Red Cross of Monaco	17,401				17,401		
Swedish Red Cross	204,909				204,909		
Swiss Red Cross	100,000				100,000		
The Netherlands Red Cross (from Netherlands Govern	89,638				89,638		
<b>Total Contributions and Other Income</b>	<b>2,943,175</b>	<b>64,651</b>	<b>0</b>	<b>0</b>	<b>3,007,826</b>	<b>0</b>	
<b>Total Income and Deferred Income</b>					<b>3,007,826</b>	<b>0</b>	