



Psychosocial Support & Protection activity at Riyom IDP Camp, Plateau

Appeal: <b>MDRNG043</b>	Total DREF Allocation: <b>CHF 695,477</b>	Crisis Category: <b>Yellow</b>	Hazard: <b>Complex Emergency</b>
Glide Number: -	People Affected: <b>734,000 people</b>	People Targeted: <b>15,000 people</b>	
Event Onset: <b>Sudden</b>	Operation Start Date: <b>17-07-2025</b>	New Operational End Date: <b>31-12-2025</b>	Total Operating Timeframe: <b>5 months</b>
Reporting Timeframe Start Date: <b>09-07-2025</b>		Reporting Timeframe End Date: <b>11-11-2025</b>	
Additional Allocation Requested: -		Targeted Regions: <b>Benue, Plateau</b>	



As of July 2025, over 615,000 people have been displaced in Benue State, with an additional 65,000 displaced in Plateau State. Many of the affected households are subsistence farmers who have lost access to their land at this critical planting season. The majority of displaced persons are currently living in overcrowded IDP camps or informal shelters, facing limited access to food, clean water, health services, and protection (IOM DTM Nigeria, Round 47).

Benue State is located in Nigeria's North-Central region, bordered by Nasarawa, Taraba, and Cross River States, as well as the Republic of Cameroon. Known as the "Food Basket of the Nation," Benue has a predominantly agrarian population, with over 80% relying on farming for their livelihoods. LGAs such as Guma, Gwer West, Ukum, Logo, Agatu, Apa, and Katsina-Ala have been at the centre of the crisis, particularly since the implementation of the Open Grazing Prohibition and Ranches Establishment Law in 2017. While the law was intended to reduce tensions, it has triggered retaliatory attacks from armed herder groups, resulting in recurring violence and destruction.

Plateau State, located directly north of Benue, shares borders with Kaduna, Bauchi, and Nasarawa States. It has a history of communal clashes, often linked to land ownership disputes and tensions between nomadic herders and farming communities. Since 2023, attacks have increased in scale and frequency, especially in Bokokos, Mangu, Bassa, Riyom, and Wase LGAs. In Riyom LGA, despite the growing number of displaced persons, no humanitarian organizations are currently present, leaving a critical gap in emergency response.

These recurring and targeted attacks across Benue and Plateau States have created a protracted protection crisis, triggering large-scale displacement, widespread destruction of infrastructure, and a growing humanitarian emergency. The situation remains fluid and volatile, with new incidents and security threats emerging weekly, reinforcing the urgent need for humanitarian intervention.



NRCS volunteers conducting beneficiary registration for IDPs in Benue State



NRCS Volunteers Collect Feedback & Complaints - Help Desk in Riyom, Plateau



Handover of Sanitation tools to the IDPs in Daudu Guma, Benue



Safe Space Activities for Children in Riyom IDP Camp, Plateau State

## Scope and Scale

The ongoing violence in Benue and Plateau States has evolved into a large-scale humanitarian crisis characterized by massive displacement, destruction of property, disruption of livelihoods, and the erosion of community resilience. According to data from the International Organization for Migration (IOM) and State Emergency Management Agencies (SEMA) dashboards as of 11 July 2025, the scale and complexity of the displacement continue to deepen, with humanitarian needs far exceeding available local capacity.

In Benue State, over 615,000 individuals are currently displaced across 23 Local Government Areas (LGAs). More than 200 villages have been razed, leaving families without shelter or sources of livelihood. In Plateau State, an estimated 65,000 people are displaced, primarily in Bokokos, Mangu, Barkin Ladi, and Bassa LGAs, following sustained and coordinated attacks on rural communities. At least 167 communities have been affected, with widespread destruction of homes and farmland.

Most displaced persons are subsistence farmers who have lost access to their farmlands during the critical planting season (May–August). Displacement sites in Makurdi, Daudu, Naka, and Udei in Benue, and Bokokos and Mangu in Plateau, are overcrowded and unstructured, with limited access to clean water, sanitation facilities, healthcare, and food. The living conditions are deteriorating rapidly, heightening risks of malnutrition, disease outbreaks, and protection concerns for women, children, and the elderly.

Combined, Benue and Plateau States now host over 680,000 internally displaced persons (IDPs), the majority of whom remain unable to return home due to continuing insecurity.

In response to official appeals from both BSEMA and PLASEMA, the Nigerian Red Cross Society, with support from the IFRC through this DREF operation, has been implementing a life-saving emergency response targeting the most affected and underserved LGAs - Bassa and Riyom in Plateau State, and Guma, Gwer West, Gwer East, Agatu, Otukpo, and Apa in Benue State.

So far, the NRCS has:

- Deployed National Disaster Response Team (NDRT) members and Branch Disaster Response Teams (BDRTs) to affected LGAs for rapid assessments, beneficiary registration, and monitoring.
- Completed beneficiary verification in all targeted LGAs across Benue and Plateau, in coordination with SEMA and local authorities.
- Commenced cash assistance preparation for 2,500 households (1,900 in Benue and 600 in Plateau) through the Financial Service Provider (FSP).
- Set up distribution sites for planned distribution of NFIs, scheduled between the last week of October and the first week of November 2025.
- Commenced community engagement and hygiene promotion activities, focusing on safe water practices, personal hygiene, and waste management in displacement sites and host communities.
- Held coordination meetings with BSEMA, PLASEMA, and the IFRC Abuja Delegation to ensure alignment with ongoing humanitarian interventions and avoid duplication of efforts.

The NRCS branches in Benue and Plateau have demonstrated strong operational capacity despite logistical and security challenges, supported by volunteers and local leadership. The operation's extension by two months will allow completion of all remaining distributions, conduct of PDM, and hosting of a lessons learned workshop to ensure accountability, documentation, and sustainability of the intervention.

## Source Information

Source Name	Source Link
1. Nigeria Red Cross Society	<a href="https://www.facebook.com/share/p/1B579eeZ9m/">https://www.facebook.com/share/p/1B579eeZ9m/</a>
2. Nigeria Red Cross Society	<a href="https://www.facebook.com/share/p/1EWHZ4iQup/">https://www.facebook.com/share/p/1EWHZ4iQup/</a>
3. Nigeria Red Cross Society	<a href="https://www.facebook.com/share/p/1HbuSqzo7X/">https://www.facebook.com/share/p/1HbuSqzo7X/</a>
4. Nigeria Red Cross Society	<a href="https://www.facebook.com/share/p/1D7eJ42nyN/">https://www.facebook.com/share/p/1D7eJ42nyN/</a>
5. Nigeria Red Cross Society	<a href="https://www.facebook.com/share/p/1MSEQBPZAF/">https://www.facebook.com/share/p/1MSEQBPZAF/</a>
6. Nigeria Red Cross Society	<a href="https://www.facebook.com/share/p/19mGy7TVQa/">https://www.facebook.com/share/p/19mGy7TVQa/</a>
7. Nigeria Red Cross Society	<a href="https://web.facebook.com/share/p/1ZdCWNaNj8/">https://web.facebook.com/share/p/1ZdCWNaNj8/</a>
8. The Guardian	<a href="https://guardian.ng/news/eu-gives-additional-e250000-in-humanitarian-aid-to-benue-plateau-idp/">https://guardian.ng/news/eu-gives-additional-e250000-in-humanitarian-aid-to-benue-plateau-idp/</a>
9. International Organization for Migration (IOM), DTM Nigeria	<a href="https://dtm.iom.int/reports/nigeria-north-central-benue-state-flash-report-216-2-june-2025?close=true">https://dtm.iom.int/reports/nigeria-north-central-benue-state-flash-report-216-2-june-2025?close=true</a>

## Summary of Changes

Are you changing the timeframe of the operation	Yes
Are you changing the operational strategy	No
Are you changing the target population of the operation	No
Are you changing the geographical location	No
Are you making changes to the budget	No
Are you requesting an additional allocation?	No



**Please explain the summary of changes and justification:**

The Population Movement DREF Operation was launched in July 2025, to support the Nigerian Red Cross Society (NRCS) in responding to the urgent humanitarian needs of displaced and host communities affected by conflict in Benue and Plateau States. The operation aims to provide life-saving assistance through the distribution of multipurpose cash grants and household items, WASH and hygiene promotion, and protection and community engagement activities.

This implementation is led by NRCS through its branch structures in Benue and Plateau, with technical and coordination support from the IFRC Abuja Delegation. Implementation has progressed significantly despite operational challenges that affected implementation timelines in both states.

Key achievements and gaps are summarized below:

- Eleven (11) organized distribution points have been established with appropriate safety measures in both Benue and Plateau States. However, the planned distribution of 2,500 household NFI kits is yet to be completed due to delays in the vendor's procurement and delivery process.
- 2,500 households have been successfully registered for Cash and Voucher Assistance (CVA).
- A total of 729,495 persons were reached with health promotion sessions, protection and psychosocial first aid (PFA).
- 22 coordination meetings were held with the Response sector and Partners
- 10 peer support groups were formed and remain active.
- 96 hygiene promotion sessions have been conducted across both states, exceeding the planned target of 16 sessions.
- 147 volunteers were trained on Multisectoral approaches to camp management, hygiene promotion, CEA, PGI, safeguarding, and protection mainstreaming.
- 816 feedback debriefings and responses were held, demonstrating an effective feedback system.

While notable progress has been made across all sectors, some key activities remain pending due to factors beyond the control of NRCS. The key challenges include:

- Delay in Prepaid Card Production: The Financial Service Provider (FSP) could not produce prepaid cards for cash transfer at the agreed time due to a delay in the transfer of funds. The issue has now been resolved, funds have been transferred, and the FSP has committed to producing and delivering the cards within seven days.
- Delayed Delivery of NFIs: Delivery of NFIs to the branches was delayed due to the absence of a framework agreement for key items such as kitchen sets, as well as bureaucratic processes linked to public tendering and bid opening. The items have now been delivered, and distribution is scheduled for the last week of October through the first week of November.

To ensure quality implementation and proper documentation of outcomes, the NRCS is seeking a one-month extension - with a new end date being 31 December 2025, to allow the operation team to complete the following activities:

- Distribution of NFIs and Multipurpose cash grants to 2,500 households
- Conduct Post-Distribution Monitoring to assess the effectiveness and satisfaction of beneficiaries with the assistance received
- Organize a Lessons Learned Workshop with project staff, volunteers, beneficiary representatives and key stakeholders to capture best practices and improvement areas; and
- Complete and share the final project report with IFRC.

## IFRC Network Actions Related To The Current Event

**Secretariat**

The IFRC has a Country Delegation based in Abuja, Nigeria, which operates under the IFRC Africa Regional Office and is embedded within the Red Cross Movement Coordination Framework. The IFRC Nigeria Country Delegation works in close partnership with the NRCS, offering sustained technical, strategic, and operational support across Health, Disaster Risk Management, Cash, WASH, Protection, and National Society Development (NSD). The IFRC maintains a full-time in-country delegation, providing direct support to this operation and other ongoing emergency and development programmes.

IFRC facilitates and actively participates in inter-Movement coordination mechanisms, ensuring alignment between NRCS, ICRC and Partner National Societies- Norwegian, British, Australian and Italian Red Cross Societies.

In line with the IFRC's role as the Secretariat is providing strategic and operational coordination to NRCS under this DREF operation.

**Participating National Societies**

A number of Partner National Societies (PNSs) are supporting the National Society either directly in-country or remotely through bilateral and multilateral collaboration with the IFRC. These partners contribute with technical expertise, strategic planning support, and resource mobilization toward NRCS's emergency response and capacity development. Norwegian Red Cross (NorCross) is present in country and is providing technical and operational support for Integrated Community Case Management (iCCM) and Community-Based Surveillance (CBS), especially in IDP-affected LGAs in Benue. In



addition, the NorCross is also actively supporting Nutrition and Infant and Young Child feeding program in Benue, with production of locally made TomBrown, screening and referral of Malnourished Children.

The British Red Cross is a strategic bilateral partner to NRCS, providing technical and institutional development support in Disaster Management, Preparedness for Effective Response (PER) and branch development, which has strengthened the State Branches' capacity to respond to emergencies.

The American Red Cross is supporting the NRCS through the IFRC on Measles-Rubella Supplementary Immunization Activity (MR SIA) conducted in Nigeria in partnership with the National Primary Health Care Development Agency. The American Red Cross has contributed funding to both DREF and Emergency Appeal (EA) operations in Nigeria, including Flood and Malnutrition Appeal.

The Italian Red Cross is supporting the NRCS on Protection, Gender and Inclusion and Warehouse Support and Migration.

## ICRC Actions Related To The Current Event

The International Committee of the Red Cross (ICRC) operates a permanent delegation in Nigeria, with its country office based in Abuja and sub-delegations across select locations in the North-East and Middle Belt. However, for this specific emergency response in Benue and Plateau States, the ICRC is not providing direct support.

The ICRC has closed its Plateau sub-delegation, and there is no active ICRC response in Plateau State at this time in relation to this crisis. As of July 2025, the ICRC is not operationally engaged in the humanitarian response to the armed attacks and displacement in Benue and Plateau States. Although not actively responding to this emergency, the ICRC had previously supported the Nigerian Red Cross Society in Plateau State with the following capacity-building activities:

- Emergency First Aid Training (EFAT) for volunteers to strengthen local response capacity.
- Health Care in Danger (HCiD) training to enhance the safety and neutrality of health responders in insecure environments.
- Safe Access Framework (SAF) training to improve volunteer safety, risk awareness, and acceptance in volatile or conflict-prone communities.

## Other Actors Actions Related To The Current Event

<p><b>Government has requested international assistance</b></p>	<p>Yes</p>
<p><b>National authorities</b></p>	<p>In response to the June 2025 violent attacks in Benue and Plateau States, the Federal Government of Nigeria and the respective State Governments took immediate and coordinated actions aimed at restoring peace and providing relief to affected populations. These actions, however, remain insufficient to meet the scale of humanitarian needs, necessitating the activation of this DREF operation to complement ongoing government efforts.</p> <p>Following public condemnation of the violence by the President of the Federal Republic of Nigeria, the Federal Government directed security agencies to intensify operations in affected communities. The Inspector General of Police confirmed the arrest of 53 suspects, including 26 individuals linked to the Yelewata massacre, after the deployment of tactical units and intelligence teams to restore law and order across hotspot LGAs.</p> <p>The National Emergency Management Agency (NEMA) deployed response teams to both Benue and Plateau States to support state authorities in conducting rapid needs assessments, shelter planning, and coordination of relief activities. At the federal coordination level, NEMA continued to lead multi-agency disaster response efforts, convening regular coordination meetings involving government institutions, humanitarian partners, and the Red Cross Movement.</p> <p>At the subnational level, both Benue and Plateau State Governments have taken active measures to mitigate the impact of the crisis:</p> <p>In Plateau State, the local authorities imposed curfews in violence-affected LGAs, enhanced security patrols, and advocated for the establishment of state policing structures to improve local response capacity.</p> <p>The Benue State Government commenced the construction of shelters for approximately</p>



5,600 displaced households, allocated land for resettlement, and extended state health insurance coverage to internally displaced persons (IDPs) to improve access to basic healthcare.

Still, there are critical gaps around food assistance, non-food items (NFIs), and Water, Sanitation and Hygiene (WASH) services, especially in underserved LGAs, thereby justifying continued humanitarian intervention through the DREF operation.

The State Emergency Management Agencies (SEMA) in Benue and Plateau States continue to lead the coordination of humanitarian response at the state level. The Nigerian Red Cross Society State Branches are active participants in these coordination structures, contributing field data, needs assessments, and gap analyses that guide partner alignment and help avoid duplication of efforts.

Sectoral coordination remains active through various state-led and partner-supported platforms:

**Health Sector Coordination:** Led by the State Ministries of Health with technical support from the World Health Organization (WHO). The NRCS provides updates on health promotion, first aid services, referrals, and community-based disease surveillance (CBS) conducted in displacement sites and host communities.

**WASH Sector Coordination:** Led by Rural Water Supply and Sanitation Agencies (RUWASSA) with UNICEF providing technical guidance on hygiene promotion and water quality management.

**Security Coordination:** Conducted at the LGA level, where local authorities and security agencies collaborate to ensure humanitarian access and the safety of volunteers. NRCS branches liaise closely with these actors to coordinate field movements and avoid exposure to emerging threats.

At the national level, the NRCS supported by the IFRC Country Delegation participates in multi-sectoral coordination mechanisms alongside government ministries and UN agencies, including Health, WASH, Protection, and Nutrition sectors. The IFRC provides technical and coordination support, representing the Movement in inter-agency coordination meetings and national clusters.

Within the Red Cross Movement, coordination is led by NRCS in collaboration with IFRC and ICRC, ensuring complementarity of interventions, unified planning, and adherence to Movement Coordination Agreement (MCA) principles.

## UN or other actors

A number of humanitarian actors are currently operational in internally displaced persons (IDP) camps and host communities across Benue and Plateau States, providing targeted sectoral support in health, nutrition, hygiene promotion, and protection. Despite these efforts, critical gaps persist, particularly in the provision of Non-Food Items (NFIs) and food assistance, which are essential for meeting immediate survival and recovery needs.

In Benue State, several humanitarian partners are actively responding to the crisis in Benue State, each focusing on specific sectors, including Health, cash interventions, water trucking, reproductive health services, including the distribution of maternal kits and support for survivors of gender-based violence (GBV) through safe spaces and referral pathways, child protection, nutrition programmes with a focus on children under five, pregnant, and lactating women, health surveillance, as well as capacity building for epidemic preparedness and response within state and local health structures.

Despite these interventions, there remains a significant gap in general food assistance and the distribution of NFIs such as kitchen sets, blankets, and household items. No partner is currently covering general food support across the majority of IDP settlements in Benue State. The absence of these essential services has contributed to increased vulnerability, negative coping mechanisms, and worsening health and nutrition conditions among displaced populations.

Importantly, the European Civil Protection and Humanitarian Aid Operations (ECHO) has replenished the DREF fund with CHF 250,000 to support the ongoing response, while also providing an additional contribution of EUR 250,000 directly to IOM to scale up cash assistance in Naka, Benue State. The NRCS is working closely with the IOM team on the field to coordinate effort and ensure greater reach among highly vulnerable displaced households.

In Plateau State, the Norwegian Refugee Council (NRC) recently implemented a multi-purpose cash assistance (MPCA) programme targeting 474 displaced families in Shendam



LGA, aimed at improving short-term access to essential goods and services. While this intervention has alleviated some immediate needs, its coverage remains limited both in scope and duration. Notably, Riyom LGA, one of the worst-affected areas in recent attacks remains completely uncovered by any humanitarian actor, despite hosting a rapidly growing population of newly displaced persons.

The NRCS DREF operation continues to fill these essential gaps, ensuring life-saving assistance to underserved communities and complementing ongoing interventions by government and international actors.

### Are there major coordination mechanism in place?

At the State level the NS Branch Secretaries sit on these coordination platforms to discuss humanitarian issues within the state and strengthen partnership among institutions and organizations.

Benue State:

1. Multi-Sectoral Coordination Committee
2. Stakeholders Coordination Committee
3. Emergency Operations Committee
4. Health Stakeholders Engagement Committee

Plateau State:

1. Plateau State Humanitarian Emergency Operations Centre
2. Emergency Preparedness and Response Team (EPRT) Network Plateau
3. Plateau State Health Partners' Coordination Platform

## Needs (Gaps) Identified

### Any identified gaps/limitations in the assessment

Despite the scale of displacement, humanitarian funding and presence remain very limited in the Middle Belt region, with most partners prioritizing ongoing emergencies in the Northeast. This has left affected communities in Benue and Plateau largely underserved.

Although the NRCS has conducted a formal multi-sectoral needs assessment in Benue and Plateau States, continuous engagement with affected populations through branch structures, volunteers, and participation in inter-agency coordination forums has provided a clear picture of the prevailing humanitarian gaps and priorities.

Field observations and community feedback indicate that no actors are currently providing shelter or NFI assistance in the affected LGAs of both states. Displaced families are living in overcrowded classrooms, unfinished buildings, or makeshift shelters without basic household items such as mats, blankets, mosquito nets, and cooking utensils. No agency is conducting general food distributions or implementing multipurpose cash support, leaving most displaced households predominantly subsistence farmers who lost access to their farmlands during the planting season, at high risk of food insecurity and malnutrition.

Water, Sanitation and Hygiene (WASH) conditions remain critical. Many water sources were destroyed or contaminated during the attacks, forcing affected populations to depend on unsafe water. Open defecation is widespread due to a lack of functional latrines. While UNICEF is trucking water to a single clinic in one of the IDP camps in Benue, the intervention is very limited and does not reach the larger displaced population. Hygiene promotion remains minimal, further compounding the risk of waterborne diseases.

Health access is limited, especially in remote or insecure LGAs. Several health facilities are either overstretched or non-functional, and there are no actors currently providing mental health or psychosocial support services at scale. Many displaced persons report ongoing trauma, anxiety, and grief with no structured psychosocial or protection services available.

In response, the NRCS has leveraged its community presence, volunteer network, and coordination mechanisms to provide critical assistance to the most affected households. With support from the ongoing Population Movement DREF, the NRCS has initiated multipurpose cash distributions to help vulnerable families meet urgent needs such as food, water, and shelter materials. Volunteers have been mobilized to conduct hygiene promotion sessions, distribute IEC materials, and provide basic first aid in displacement sites.

Furthermore, the NRCS continues to engage in coordination meetings with local authorities, NEMA/SEMA, and humanitarian partners to advocate for increased attention and resource mobilization for the Middle Belt crisis. Through its branch structure, the NRCS is monitoring evolving needs, identifying new displacement sites, and strengthening protection monitoring through community feedback mechanisms.

Overall, this DREF operation is providing lifesaving support to the most vulnerable displaced families while ensuring strong community engagement and coordination to bridge existing response gaps in Benue and Plateau States.



# Operational Strategy

## Overall objective of the operation

To provide immediate, lifesaving humanitarian assistance to 2,500 households (15,000 persons) affected and displaced populations in Benue and Plateau states of Nigeria, through provision of Emergency Cash Assistance, Non-food items, Health and Psychosocial Support, WASH assistance for an initial period of 4 months and now extended to a period of 5 months. This intervention is contributing to reach a larger target (approximately 30% of the population in need) with protection services, awareness raising on critical prevention messages touching on the health, safeguarding, hygiene and sanitation prevention.

## Operation strategy rationale

The Population Movement DREF operation was launched in response to the escalating humanitarian crisis caused by renewed communal violence and displacement in Benue and Plateau States, North-Central Nigeria. The intervention was designed to address the most urgent and unmet needs of displaced and host populations, particularly in underserved LGAs such as Riyom (Plateau State) and Goma, Gwer West, Ukum, Apa, and Logo (Benue State).

The operation was shaped through ongoing field observations, branch-level consultations, inter-agency coordination forums, and government-led displacement data, which consistently indicated severe humanitarian gaps across multiple sectors. Thousands of IDPs continue to live in overcrowded public facilities, makeshift shelters, and host communities with limited access to food, safe water, healthcare, and protection services.

The DREF response builds on its auxiliary role to government, its strong volunteer network, and its ability to access and serve populations in hard-to-reach areas where few other actors are operational, with a main objective to alleviate immediate suffering, preserve dignity, and reduce exposure to further risks, particularly for women, children, elderly persons, and other vulnerable groups.

### Strategic Objectives and Approach

1. Improve the ability of displaced households to meet their immediate food and essential household needs through Cash and Voucher Assistance (CVA): Given the widespread loss of livelihoods and restricted access to farmland and markets, cash assistance was prioritized to enable vulnerable households to meet their basic needs with flexibility and dignity. Each targeted household will receive an unconditional multipurpose cash grant of NGN 100,000 (approximately CHF 65), consistent with the Survival Minimum Expenditure Basket (SMEB) for the North-Central region.

So far, 2,500 households have been registered for CVA, and 57 staff and volunteers trained on targeting, registration, and distribution. Disbursement is expected to commence immediately following final validation and FSP clearance.

2. Reduce the risk of disease outbreaks through emergency WASH, health, and hygiene promotion: Destroyed water sources, poor sanitation, and overcrowded living conditions have increased the risk of waterborne diseases. To address this, NRCS volunteers have conducted 96 hygiene promotion sessions reaching an estimated 729,495 individuals across both states, focusing on safe water handling, handwashing, and sanitation practices.

Distribution of 2,500 water transport and storage containers is planned alongside ongoing hygiene promotion to further reduce public health risks. Collaboration with health partners such as WHO and UNICEF ensures harmonized messaging and technical alignment in health and WASH interventions.

3. Provide Mental Health and Psychosocial Support (MHPSS): To respond to widespread trauma and emotional distress, NRCS is providing Psychological First Aid (PFA) and psychosocial support through trained volunteers. To date, 729,495 individuals have been reached with PFA, protection, and health promotion messages, while 10 peer support groups (comprising women, youth, and widows) have been formed across the target LGAs. Referrals for severe mental health cases are being coordinated with primary health facilities, with continued integration of MHPSS within community outreach and protection activities.

4. Promote dignity and protection for vulnerable groups, especially women, girls, and children: Protection, Gender, and Inclusion (PGI) has been mainstreamed across all sectors to address increased risks of GBV, child protection concerns, and lack of privacy in overcrowded camps. NRCS volunteers trained in PGI principles (90 trained) have reached over 729,000 people with key protection messages. 3 GBV/child protection cases were identified and referred for appropriate support.

Through coordination with UNFPA, Save the Children, and local authorities, NRCS continues to strengthen referral pathways and ensure the inclusion of women, persons with disabilities, and marginalized groups in all activities.

5. Strengthen community engagement and accountability mechanisms: Community feedback and participation are central to the operation. NRCS has established feedback systems in eight LGAs and conducted 816 feedback debriefings, ensuring that beneficiary input informs ongoing implementation. 117 staff and volunteers have been trained on CEA and feedback tools, reinforcing accountability and transparency throughout the operation.

6. Improve safety, dignity, and living conditions through emergency shelter and household item support: Given the acute shortage of



basic household materials and the absence of other actors providing NFIs in Benue and Plateau, NRCS prioritized emergency shelter support through the distribution of core household items to 2,500 displaced households.

Although delivery of NFIs was delayed due to procurement and tendering processes, items have now been received and distribution has commenced in Benue to be completed through early November. Distribution points have been established in 11 safe locations across the two states, ensuring organized and secure beneficiary access.

#### Strategic Considerations

The operational strategy was shaped by several contextual and logistical factors:

- Critical coverage gaps: NRCS remains one of the few humanitarian actors present in targeted LGAs. Current gaps in food and NFI assistance have left thousands of households without basic means of survival.
- Time sensitivity: With the rainy season intensifying, rapid implementation is vital to prevent further deterioration of living conditions.
- Market functionality: Local markets in areas such as Makurdi, Daudu, Bokkos, and Jos South remain functional, validating the use of CVA.
- Community access and trust: NRCS' local presence and auxiliary status ensure community acceptance and operational access.
- Coordination and complementarity: The response complements activities by UNICEF, UNFPA, WHO, and NRC while avoiding duplication, ensuring collective coverage of urgent health, WASH, and protection needs.

## Targeting Strategy

### Who will be targeted through this operation?

The operation used a two-tiered targeting approach aimed at addressing both the immediate and longer-term humanitarian needs of crisis-affected populations. A total of 2,500 highly vulnerable households (approximately 15,000 individuals) were targeted for multipurpose cash assistance and essential non-food items (NFIs), with priority given to female-headed households, persons with disabilities, the elderly, and internally displaced persons (IDPs) residing in camps and host communities.

Simultaneously, community-based interventions in WASH, Health, Protection, Psychosocial Support (PSS), and Community Engagement and Accountability (CEA) were designed to reach up to 680,000 displaced persons (approximately 136,000 households) across all targeted LGAs. These interventions focus on hygiene promotion, emergency health services and referral support, mental health and psychosocial care, protection awareness, and functional feedback mechanisms to promote inclusivity, accountability, and protection for both displaced and host populations.

Geographically, the response prioritized high-impact and underserved Local Government Areas (LGAs), specifically Bassa and Riyom in Plateau State, and Goma, Gwer West, Gwer East, Agatu, Otukpo, and Apa LGAs in Benue State. These locations were identified through field assessments and coordination meetings as areas with the most severe levels of violence, destruction, and recurrent displacement, and with limited presence of other humanitarian actors, particularly in the areas of food security, NFIs, and WASH.

Targeting focused on the most vulnerable households within both displaced and host communities, based on vulnerability criteria aligned with protection and equity principles. The following groups were prioritized for assistance:

- Female-headed households with limited livelihood opportunities and high caregiving burdens.
- Pregnant and lactating women (PLWs) at heightened risk of malnutrition and health complications.
- Children under five years vulnerable to malnutrition and disease.
- Elderly persons and persons with disabilities (PWDs) facing mobility or communication challenges.
- Unaccompanied or separated children, where identified.
- Households hosting large numbers of displaced persons with overstretched resources.
- Youth and adolescent girls at risk of exploitation or early marriage.
- Widows and survivors of sexual and gender-based violence.
- Individuals with missing or deceased family members.
- Stateless persons and undocumented IDPs.

The NRCS adopted a community-based targeting mechanism, integrating local knowledge with humanitarian standards to ensure fairness and transparency. Vulnerability criteria were jointly developed and validated with local stakeholders, including community leaders, women's groups, and youth representatives. Household registration was conducted by trained volunteers and branch teams using disaggregated data by gender, age, and disability to enhance inclusivity.

To strengthen accountability, feedback and complaint mechanisms such as suggestion boxes, community help desks, and verbal reporting channels were established. These enable marginalized or excluded individuals to self-identify and appeal targeting decisions. Protection mainstreaming ensured that the targeting process was sensitive to social dynamics, avoiding any escalation of community tensions or exclusion of vulnerable groups due to bias or visibility gaps.

Although the displacement context is internal, the approach remained inclusive of non-indigenous and marginalized populations, such as IDPs who have experienced multiple displacements, stateless persons or undocumented migrants, and minority ethnic groups including Fulani and Tiv, who often face exclusion from traditional support systems. Volunteers were trained to recognize hidden vulnerabilities, such as stigma, non-verbal distress, or cultural and linguistic barriers. They were also sensitized to identify Restoring Family Links (RFL)



cases and refer them through established safe pathways for tracing and reunification. Throughout the operation, Protection, Gender, and Inclusion (PGI) principles and the Do No Harm approach guided all implementation stages to ensure equity and safety in delivery. Regular field monitoring and post-distribution monitoring (PDM) provided insights into inclusion levels and effectiveness of targeting. Furthermore, Community Engagement and Accountability (CEA) channels remain active, enabling affected persons to raise concerns, provide feedback, and appeal decisions transparently.

## Explain the selection criteria for the targeted population

The groups targeted under this DREF operation are selected based on a combination of humanitarian need, vulnerability status, and access constraints, as well as the operational capacity of the Nigerian Red Cross Society. The overall goal is to ensure that the most at-risk and underserved populations receive timely, life-saving support in the face of widespread displacement, destruction of livelihoods, and increasing protection risks.

These communities have suffered the loss of homes, farms, and income-generating assets, Inadequate access to basic services such as food, shelter, water, and healthcare, little to no humanitarian presence, with no actors currently providing food or NFIs.

Again, the displaced households are more exposed to health complications, waterborne diseases, and mental distress due to overcrowding and limited access to safe water, sanitation, and healthcare. Women, children, and the elderly face higher protection and dignity-related risks, such as: Gender-based violence (GBV) and exploitation, Child protection issues, including separation from caregivers and early marriage, Psychosocial trauma resulting from exposure to extreme violence and repeated displacement.

NRCS, with its network of local branches and trained volunteers, has trusted access and local acceptance in these hard-to-reach areas, making it possible to deliver assistance where others cannot. Its experience with cash programming, WASH, health, and protection allows for a rapid, accountable, and locally appropriate response.

The logic guiding the selection of beneficiaries is to address acute, unmet needs among the most vulnerable, while also delivering community-wide services that reduce health and protection risks across a broader affected population. This DREF operation deliberately prioritizes households and individuals that fall under one or more of the above-mentioned vulnerability criteria not only because of their heightened vulnerability, but also because they are often excluded or deprioritized in less targeted interventions. This will ensure that no group is fairly excluded which will in turn maximize the humanitarian impact, aligning with the Red Cross mandate, and its auxiliary and complimentary role.

## Total Targeted Population

Women	4,125	Rural	-
Girls (under 18)	3,375	Urban	-
Men	4,125	People with disabilities (estimated)	15%
Boys (under 18)	3,375		
Total targeted population	15,000		

## Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	Yes
Does your National Society have anti-sexual harassment policy?	Yes



Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
<p>Targeting and Inclusion Risks- Inclusion and exclusion errors during targeting could result in unmet needs or tensions in communities.</p>	<ul style="list-style-type: none"> <li>- NRCS is applying community-based targeting approaches, validated by local leaders and women/youth representatives.</li> <li>- Community Resilience Committees have been set up in each of the IDP Camps and Host Communities to support in selection and registration of beneficiaries</li> <li>- Feedback and complaints mechanisms have been set up, including help desks and suggestion boxes.</li> <li>- All volunteers involved in the operation have been trained on Protection, Gender, and Inclusion (PGI) principles.</li> </ul>
<p>Risk of Gender based Violence: Displaced women and girls are at increased risk of GBV, including sexual exploitation, abuse, and harassment, due to overcrowded shelters, lack of privacy, poor lighting, insecure WASH facilities, and absence of formal protection systems. Risks are especially high in unstructured IDP camps and informal settlements.</p>	<ul style="list-style-type: none"> <li>- Creation of safe spaces for children, women, elderly, including survivors of SGBV.</li> <li>- Awareness campaigns on Prevention, Mitigation and response to SGBV and PSEA, early child marriage, etc.</li> <li>- Assurance of safe and confidential communication between the NRCS and community members.</li> <li>- Assurance of safe referrals where the referred organizations and entities are trusted.</li> <li>- Provision of access to female-headed households to livelihoods, and support for pregnant and lactating women, PWDs and elderly.</li> <li>- DAPS framework to ensure dignity, access, protection and safety of all the vulnerable groups mentioned.</li> </ul>
<p>Delays in cash transfer delivery or misuse could undermine the effectiveness of CVA, due to challenges with Financial Service Providers (FSPs), weak digital infrastructure in rural areas, or low financial literacy among recipients.</p>	<ul style="list-style-type: none"> <li>- NRCS is using the existing framework agreements with vetted FSPs to streamline CVA delivery.</li> <li>- Post-distribution monitoring will be conducted to verify usage and satisfaction.</li> <li>- NRCS finance staff are being supported by IFRC to ensure accountability, reconciliation, and tracking of funds.</li> <li>- NRCS Hotlines have been shared with beneficiaries and host community members.</li> <li>- Help Desks established in each camp to receive feedback and complaints.</li> </ul>
<p>Perceived favoritism or exclusion may lead to complaints or mistrust in the Red Cross, especially in mixed host-IDP communities. This could be as a result of limited resources, high expectations, and pre-existing community grievances.</p>	<ul style="list-style-type: none"> <li>- NRCS is ensuring transparent communication on selection criteria and limitations of the DREF scope.</li> <li>- Both IDPs and vulnerable host households have been considered for support, in line with criteria.</li> <li>- Continuous community engagement and accountability processes are integrated to manage perceptions and strengthen trust.</li> </ul>
<p>Contextual and Security Risks resulting from the renewed attacks or insecurity in targeted LGAs may disrupt operations, expose staff and volunteers to danger, and restrict humanitarian access.</p>	<ul style="list-style-type: none"> <li>- NRCS conducted security risk assessments before deployment to high-risk LGAs.</li> <li>- Field teams have been trained to apply the IFRC Minimum Security Guidelines (MSR) principles.</li> <li>- Volunteers and staff have been trained on safety protocols, and coordination with local security agencies has been established.</li> <li>- Operational flexibility is built in to allow adaptation, postponement, or relocation of activities as needed.</li> <li>- Volunteers rely on regular security briefing from the NRCS and IFRC Security Units.</li> </ul>
<p>Access: Limited humanitarian access to hard-to-reach or insecure communities. Insecurity, poor road infrastructure, and rainy</p>	<ul style="list-style-type: none"> <li>- NRCS deployed prepositioned supplies from nearby warehouses to target locations</li> <li>- Local community-based volunteers were mobilized and engaged</li> </ul>



season affecting the ability to reach intended beneficiaries or complete activities on time

for outreach in difficult terrain.

- Activities are planned in consideration of the seasonal weather patterns and rain-induced access delays. Volunteers have also been provided with raincoats, umbrellas and rubber boats, to keep safe.

**Please indicate any security and safety concerns for this operation:**

The DREF operation is being implemented in a highly sensitive and insecure environment that had long been affected by recurrent violent conflict, displacement, and weak law enforcement. The targeted LGAs (Guma, Gwer East, Gwer West, Apa, Agatu, Otukpo, Riyom and Bassa) had experienced repeated attacks resulting from long-standing clashes between farming communities and armed herder groups.

Throughout the implementation, strong security and safety measures were prioritized to protect staff, volunteers, and beneficiaries. The teams worked in areas where humanitarian access was often restricted due to ongoing violence, threats from armed non-state actors, and heightened community tensions. Additional risks such as banditry, ambushes, and criminal activity along poorly maintained, and rain-damaged roads were also mitigated through careful planning, movement control, seeking security advice from IFRC and NRCS Security Unit, and risk management strategies that minimized accidents and logistical delays.

Comprehensive preventive and safety measures were integrated into all aspects of the operation. Security risk assessments were conducted by IFRC and NRCS State Branch teams before deploying to any location, allowing field teams and IFRC Surge to adapt their activities based on identified threats and access constraints. All personnel received briefings on personal safety, humanitarian principles, and conflict sensitivity, and were equipped with visibility materials, identification badges/membership cards, and protective clothing and wears. Volunteers were insured under the IFRC's volunteer insurance scheme, and psychosocial support was made available throughout the operation to prevent burnout and trauma among frontline workers.

Operational movements were strictly limited to daylight hours, guided by pre-approved movement plans and mandatory check-ins at departure and arrival points. Field teams avoided high-risk routes and maintained close coordination with local authorities and security actors to ensure safe access. In areas with heightened security threats, beneficiary registrations were postponed or adapted in response to real-time risk analysis.

Furthermore, the NRCS leveraged its long-standing community relationships and trust to reduce operational risks. Prior to interventions, extensive community engagement and sensitization meetings were held with local leaders, elders, youth groups, and women's associations and IDPs. These meetings and interactions have helped to clarify the purpose, scope, and impartiality status of the Red Cross response, thereby enhancing community cooperation and reducing the risk of hostility or misperception and contributed to the smooth implementation of the operation in a highly volatile environment.

Has the child safeguarding risk analysis assessment been completed?

Yes

## Planned Intervention



### Shelter Housing And Settlements

**Budget:** CHF 187,774

**Targeted Persons:** 2,500

**Targeted Male:** -

**Targeted Female:** -

### Indicators

Title	Target	Actual
# of households who receive NFIs	2,500	0
# of organized distribution points established with safety measures	9	11



## Progress Towards Outcome

- Training of ninety (90) volunteers on the multisectoral operational strategies focusing on RCRC History and Fundamental Principles, DREF Response, Code of Conduct, PGI, PSEA, SGBV, Safer Access/Safety and Security, CVA, WASH, and CEA was conducted for volunteers and staff of Plateau and Benue Red Cross Branches.
- Household NFIs (mats, kitchen/cooking sets, buckets, blankets, mosquito nets, jerry cans) have been procured and delivered to the branches. the distribution to 2,500 affected households is planned for the last week of October 2025.
- A total of 11 Distribution Points (7 in Benue State and 4 in Plateau State) is setup to ensure safety and security of the beneficiaries, volunteers and staff of the NRCS and IFRC.



## Multi Purpose Cash

**Budget:** CHF 168,016

**Targeted Persons:** 15,000

**Targeted Male:** -

**Targeted Female:** -

## Indicators

Title	Target	Actual
# of households registered for CVA	2,500	2,500
# of staff/volunteers trained in CVA targeting, registration, and distribution	30	57
# of households who confirmed they received cash grants	2,500	0

## Progress Towards Outcome

- Fifty- Seven (57) NRCS volunteers were trained on Cash Voucher Assistance (CVA).
- Payment to the FSP (UBA) has been made and the Multipurpose cash assistance for 2500 Households is slated for the last week of October 2025.
- Beneficiary selection and registration was successfully conducted in 8 LGAs; Benue State (Goma, Gwer West, Gwer East, Apa, Agatu, Otukpo) and Plateau State (Riyom and Bassa). Benue state is allocated 1900 households while Plateau State is allocated 600 households. Volunteers and staff of the NRCS supported the registration process with the participation of Community Resilience Committees and in some locations SEMA staff observed the process.



## Health

**Budget:** CHF 62,840

**Targeted Persons:** 680,000

**Targeted Male:** 348,645

**Targeted Female:** 380,850

## Indicators

Title	Target	Actual
# of individuals reached with PFA or referred for further mental health care	15,000	121,583
# of coordination meetings with health sector stakeholders attended	16	22



# of people reached with health promotion sessions	680,000	729,495
# of peer support groups formed and active	8	10

## Progress Towards Outcome

Activities on health and hygiene promotions were conducted across all the target 8 LGAs and host communities of the response. The NRCS, in collaboration with local health authorities and partners, strengthened referral pathways for individuals with severe or chronic health conditions, ensuring timely access to appropriate care.

- Awareness sessions on mental health and wellbeing were conducted across displacement sites to improve understanding, reduce stigma, and promote help-seeking behaviors.
  - Volunteers carried out health promotion and disease prevention education, focusing on malaria prevention, hygiene practices, and respiratory illness control to reduce morbidity in affected communities.
  - Severe mental health cases identified during outreach activities were referred to designated health facilities and partner organizations with the capacity to provide specialized mental health services.
  - 10 Peer support groups were established, targeting widows, adolescents, the elderly, and other vulnerable groups. Through these groups, Psychological First Aid (PFA) was provided to individuals and persons experiencing psychosocial distress due to separation and displacement were identified and referred for further support. So far 121,583 persons have been reached with PFA.
- 7,500 mosquito nets were procured and delivered to the Branches for distribution by the last week of October 2025 to affected population targeting registered 2,500 households.



## Water, Sanitation And Hygiene

**Budget:** CHF 76,491

**Targeted Persons:** 15,000

**Targeted Male:** 348,645

**Targeted Female:** 380,850

## Indicators

Title	Target	Actual
# of hygiene kits distributed	2,500	0
# of hygiene promotion sessions conducted	16	96
# of WASH items containers distributed	2,500	0

## Progress Towards Outcome

- Trained 90 hygiene promoters on key information on WASH and disease prevention messages.
- WASH messaging posters were produced and distributed in the affected areas of the intervention, and it is integrated into other sectoral activities including CEA, Health and PGI outreach es.
- Procurement and delivery of aqua tabs, multipurpose soaps, buckets and jerry cans to the branches completed and the distribution to the beneficiaries is planned for action by the last week of October 2025. The Benue Red Cross Branch received philanthropic donations of sanitary pads and soaps, distributed to the adolescent groups in the IDP camp in Makurdi International Market.
- Conducted 96 Hygiene promotion sessions in all the 8 different IDP camps and host communities. Demonstrations on proper handwash and keeping the environment clean for proper sanitation were conducted in the IDP camps and host communities by the NRCS volunteers.
- Established community resilience committees in the 8 targeted LGAs who supported in the beneficiary selection and registration process and other activities (WASH, PGI, Health, CEA) of the response.
- Community-led cleanup campaigns conducted in the 8 LGAs and they are supported with sets sanitation tools (wheelbarrows, rakes, hoes, rakes, rain boats, spades, dustbins, hard gloves, helmets, brooms etc.).





## Protection, Gender And Inclusion

**Budget:** CHF 5,693

**Targeted Persons:** 680,000

**Targeted Male:** 348,645

**Targeted Female:** 380,850

### Indicators

Title	Target	Actual
# of volunteers trained on PGI principles, safeguarding, and protection mainstreaming	80	90
% of targeted households meeting at least one vulnerability criterion	100	149
# of GBV or child protection cases identified and safely referred	-	3
# of people reached with protection messages (disaggregated by sex/age)	680,000	729,495
# of people assisted through tracing or family reunification	-	2

### Progress Towards Outcome

- NRCS trained 90 volunteers on PGI principles, safeguarding, PSEA, SGBV, code of conduct and protection mainstreaming.
- Protection, Gender and Inclusion was mainstreamed across all sectors, including MHPSS and CEA activities.
- Targeting criteria prioritized women, PWDs, elderly, and female-headed households during the beneficiary selection and registration process.
- Sensitization of community members, community leaders and stakeholders on SGBV in the target community was conducted in all the 8 LGAs through the form of Focus Group Discussions (FGDs) and individual interactions. while at the same time protection messaging were integrated into the outreach activities.
- Safe spaces were created in the IDP camps with MHPSS activities conducted for children, women, and elderly in the IDP camps. In additional 300 women and girls were trained on liquid soap making in Benue State (Guma and Naka IDP Camps) in order to build livelihood resilience for the IDPs.
- Feedback channels to report on SGBV and PSEA sensitive cases has been widely advertised. the team conducted radio show in the form of a Camp Radio in the IDP Camps to reach more IDPs as other commercial radios are usually not listened to frequently in most of the IDP Camps.
- The two identified cases in Plateau State are link to the existing tracing services of the NS and monitor referral outcomes continues.
- Fliers/posters for CEA feedback mechanisms and SGBV referral pathways were disseminated across the 8 LGAs including the IDP Camps and host communities.



## Community Engagement And Accountability

**Budget:** CHF 40,733

**Targeted Persons:** 15,000

**Targeted Male:** -

**Targeted Female:** -

### Indicators

Title	Target	Actual
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# of staff and volunteers trained on CEA, including feedback mechanisms	80	117
% of feedback mechanisms established	6	8
# of feedback debriefings held and responses/actions taken	80	1,073
# of LGAs where community consultations were conducted	6	8
# of Help Desks established in the IDP Settlements	6	9

## Progress Towards Outcome

- The NRCS conducted community consultations in all targeted 8 LGAs before and during the intervention, through FGDs, KII and community meetings.
- Feedback mechanisms were set up (help desks, FGD, Individual feedback and complaints collections by volunteers, social media, hotlines) at displacement sites and in host communities.
- Nine (9) Help desks have been established and positioned in the IDP camps/sites (3 in Plateau and 6 in Benue).
- 117 volunteers and staff have been trained on CEA principles and feedback collections.
- NRCS facilitated debriefings and response to community feedback in coordination with programme and CEA teams.
- IEC materials with key messages on CEA, CVA, WASH, protection, and available referral services/pathways were developed, translated into local languages and disseminated.
- Established and supported existing Community Resilience Committees who supports the implementation process of the activities and participate in the decision-making process during the beneficiary selection and registration.
- Crested T-shirts and caps for volunteers and staff have been produced and distributed for use by the volunteers and staff.
- Feedback and complaints are being collected from the Beneficiaries by the volunteers and through the NRCS Hotline.
- 3 successful Radio sessions have been conducted in Guma and Gwer West and focal point such as PGI, Health and CEA took turns to discuss topics and respond to feedback which the IDPs came into the studio live to share.

Within the reporting period, feedback was gathered from eight LGAs: Apa, Agatu, Guma, Gwer-West, Gwer-East, and Otukpo in Benue State, and Bassa and Riyom in Plateau State. A total of 1,073 feedback entries were received, with Benue State contributing the majority (786 entries) and Plateau State recording 287 entries.

The feedback primarily reflected community encouragement and appreciation (715 entries, 66.6%), followed by suggestions/requests (162 entries, 15.1%), questions (50 entries, 4.7%), and a smaller number of observations (13 entries, 1.2%). Most questions and suggestions centered on whether the number of beneficiaries would increase and the timing of distributions, reflecting a sense of frustration and dependence on humanitarian assistance. Several comments also indicated fear of the unknown and uncertainty regarding the evolving crisis.

The majority of feedback came from women (495 entries, 78.8%), while men contributed 204 entries (29.8%). Respondents were primarily in the 30–69 years age range. Feedback was collected through house-to-house visits (598 entries), help desks (420 entries), and a smaller number via hotline calls and community meetings/FGDs, ensuring diverse channels for community voices to be captured.

A total of 727 loops were closed as some open feedback were questions about the date and time of the distribution, which the volunteers could not provide at the time of the report. this will be closed once the date of the distribution is finalized.



## Secretariat Services

**Budget:** CHF 64,786

**Targeted Persons:** 1,500

**Targeted Male:** -

**Targeted Female:** -

## Indicators

Title	Target	Actual
Field coordinator deployed and operational	1	1



# of technical support missions or inputs provided by IFRC	6	6
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## Progress Towards Outcome

- The IFRC deployed a Surge Field Coordinator for a period of 3 months to oversee implementation and ensured real-time decision-making.
- IFRC is providing technical support in PMER, logistics, finance, security, WASH, CVA, CEA, and PGI via in-country IFRC delegation.
- Coordination meetings are held with project branches twice a week, to track progress, and keep up with the updates on the field.
- IFRC facilitate Movement coordination meetings and alignment with PNS (NoRCross), and UN partners (IOM).



## National Society Strengthening

**Budget:** CHF 89,144

**Targeted Persons:** 120

**Targeted Male:** -

**Targeted Female:** -

## Indicators

Title	Target	Actual
# of PDM surveys conducted; percentage of beneficiaries satisfied with assistance	6	0
# of staff/volunteers trained on DREF response and cross-sectoral themes	120	147
# of volunteers equipped with visibility materials and safety kits; number insured	120	140
# of lessons learned Workshop conducted	1	0

## Progress Towards Outcome

- A total of 147 branch staff and volunteers were trained on DREF implementation, CEA, PGI, and cash response across the two branches of the intervention.
- Provided visibility materials, volunteer insurance, and safety kits to enhance safe access and volunteer welfare covering at least 140 Branch staff and volunteers involved in the operations.

# About Support Services

## How many staff and volunteers will be involved in this operation. Briefly describe their role.

The successful implementation of the DREF Population Movement Response operation in Benue and Plateau States is being made possible through the dedicated efforts of both the Nigerian Red Cross Society (NRCS) staff and its trained volunteers' network. These human resources were mobilized through the respective NRCS State Branches and were technically and strategically supported by the IFRC Nigeria Country Delegation and deployed Surge Field Coordinator. Their continuous coordinated engagement ensured that activities were better executed, aligned with humanitarian standards, and responsive to the needs of affected communities.

Approximately 140 NRCS community-based volunteers and Branch staff were directly engaged in implementing field activities across the two states. Prior to deployment, all volunteers received training covering key technical areas such as disaster response, protection principles, WASH, CVA, About the RCRC Principles, Community Engagement and Accountability (CEA), and safer access. They were also provided with visibility materials (T-shirts, Caps, Bibs, Rain Boots, Raincoats etc.) and protective gear to ensure safety and proper



identification during field operations. In line with standard procedures, volunteers were insured by NRCS under the IFRC volunteer accident insurance scheme, ensuring their well-being while serving on the frontlines.

A team of about 12 to 24 NRCS staff and focal points, drawn from both headquarters and branch levels, oversaw field implementation and coordination. This team included the Director of Disaster Management, the Disaster Management (DM) Coordinator, the NHQ DM Officer, Branch Secretaries, Branch Disaster Management Officers, Health and WASH Officers, Finance and Administration Officers, Logistics Officers, Communications and PMER (Planning, Monitoring, Evaluation, and Reporting) Focal Points, as well as PGI and CEA focal points. Together, they ensured that the operation was coordinated, documented, and effectively managed.

The IFRC Nigeria Country Delegation provided continuous technical and coordination support both remotely and in-country. This included contributions from the Operations Coordinator, Senior Disaster Management Officer, one deployed Field Coordinator (funded under the DREF), and technical specialists in Programmes, PMER, Logistics, Finance, Communication, and Security. Their support ensured operational oversight, technical validation, and adherence to established standards throughout the implementation process.

Overall, the operation is being overseen by the NRCS Director of Disaster Management, with day-to-day coordination managed by the HQ Disaster Management Officer, Branch Secretaries in Benue and Plateau States. The DREF-funded Field Coordinator ensured integrated implementation across sectors and maintained close coordination with the Senior DM Officer and Operations Coordinator. Sectoral leads from NRCS including those responsible for Disaster Management, Health, WASH, CEA, PGI, Logistics, Finance, and PMER provides updates to the Field Coordinator to ensure alignment with operational objectives, timelines, and quality standards. This structured approach strengthened coordination, enhanced efficiency, and ensured that the response remained well-organized and impactful at all levels.

## **Does your volunteer team reflect the gender, age, and cultural diversity of the people you're helping? What gaps exist in your volunteer team's gender, age, or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?**

As part of the DREF Population Movement Response operation, the Nigerian Red Cross Society (NRCS) demonstrated a strong commitment to strengthening the diversity, inclusivity, and representativeness of its volunteer teams. This approach ensured that the response reflected the composition of the communities being served and remained sensitive to the specific needs of vulnerable groups, including women, children, persons with disabilities, and displaced populations.

Volunteer recruitment and deployment processes prioritized gender, with deliberate efforts made to engage equitably female volunteers, particularly in activities involving women, girls, and survivors of Sexual and Gender Based Violence (SGBV). Female volunteers played key roles in delivering psychosocial support, hygiene and health promotion, safe space, PSEA, and community engagement activities, where cultural sensitivity and trust were essential to ensuring meaningful participation and safe access for all.

The NRCS also ensured that volunteers were drawn directly from within the affected communities, including both displaced persons and host populations settlements. This localized approach enhanced the relevance and effectiveness of the operation, as volunteers were already familiar with local languages, customs, and social dynamics. Their community connections significantly improved acceptance, strengthened communication, and facilitated the smooth delivery of humanitarian services.

Youth volunteers were actively engaged through existing Red Cross Youth Structures, taking part in key activities such as peer education, hygiene and health promotion, and community feedback and complaint collection. The operation also took steps to promote the participation of persons with disabilities in the interventions and assistance provided, recognizing the importance of including diverse perspectives in humanitarian action. Although participation of persons with disabilities remained limited, the NRCS explored inclusive entry points and organized sensitization sessions to promote disability inclusion and awareness among volunteers and staff.

Volunteers received training on Beneficiary Registration Tool, WASH, CVA, SGBV, PSEA, Protection, Gender, and Inclusion (PGI) principles, with a particular focus on identifying and responding to the specific needs of vulnerable groups. They were also trained on safeguarding, safer access, and community accountability standards, ensuring that their engagement upheld the dignity, safety, and rights of all affected persons throughout the response.

## **Will surge personnel be deployed? Please provide the role profile needed.**

To ensure the effective and timely implementation of the DREF Population Movement Response operation, the IFRC deployed a Field Coordinator for a duration of three months to support the Nigerian Red Cross Society in the field. The deployment of this surge personnel significantly strengthened coordination, provided technical oversight, and facilitated real-time decision-making in the affected areas of Benue and Plateau States, and NRCS HQ.

The Field Coordinator served as the primary operational focal point for the response, working closely with NRCS HQ and branch teams, volunteers, local authorities, and partners. This role was instrumental in bridging operational priorities with field realities, ensuring that the response remained well-coordinated and contextually relevant despite the complex and dynamic nature of the situation.

The deployed individual possessed a strong background in emergency response coordination and demonstrated extensive experience in managing humanitarian operations in displacement settings and brought critical expertise in field logistics, security management, and team leadership, coupled with a solid understanding of Red Cross Red Crescent operational protocols. His experience in working with National Societies and supporting community-based programming was very helpful, especially in addressing cross-cutting themes such as Protection, Gender and Inclusion (PGI), Community Engagement and Accountability (CEA), volunteer safety and being, partnership



building, and safeguarding.

The key role of the Field Coordinator is to effectively supervise the day-to-day implementation of activities across all sectors of the response. This includes overseeing volunteer deployments, ensuring adherence to safety and security protocols, facilitating effective beneficiary engagement, and coordinating with both local and international stakeholders to prevent duplication and promote a harmonized and efficient response.

In addition to the deployment, the IFRC Delegation is providing continuous technical support and resource management.

## **If there is procurement, will it be done by National Society or IFRC?**

Procurement for the DREF Population Movement Response operation was primarily led by the NRCS in accordance with the IFRC procurement standards and procedures. The NRCS, drawing on its extensive experience in managing procurement for emergency operations, successfully handled the local procurement of essential relief items including health items, WASH materials, Non-Food Items (NFIs), IEC and visibility materials, and Personal Protective Equipment (PPEs). Procurement activities were carried out through existing supplier relationships and framework agreements where available, which helped to fast-track delivery processes immediately when contracts are signed with selected vendors/suppliers and ensures quality assurance across all supplies.

The procurement was focused entirely on in-kind distribution rather than replenishment. Relief items were sourced locally to minimize delivery timelines, support local markets, and reduce logistics costs. The procurement timeline for standard kits and NFIs ranged between 14 to 50 days, depending on the time when the NRCS started the procurement process and when the final procurement decisions were taken for qualified vendors to supply.

For the Cash and Voucher Assistance (CVA) component, the NRCS leveraged its existing framework agreement with a Financial Service Provider (FSP) that was already familiar with Red Cross cash transfer protocols. The agreement remained active throughout the operation, allowing the FSP to deploy promptly once targeting and registration were completed. This arrangement is good but needs further improvement to facilitate the timely disbursement of unrestricted multipurpose cash grants to selected households across the targeted Local Government Areas (LGAs), to enhance flexibility and dignity in the assistance provided. Based on the agreement, the selected FSP do not accept pre-financing which contributes to delays in the cash transfer process as the NRCS have to meet 80% of expenses on their first tranche disbursement of any transfer is made to them. However, due to these bottlenecks, the NRCS agreed for the IFRC to pay the CVA budget line for the beneficiaries directly to the FSP to reduce further delays in the CVA intervention.

All procurement activities were closely monitored by the IFRC team, with additional support provided with ongoing technical guidance, validation, and quality control.

## **How will this operation be monitored?**

The DREF operation was closely monitored through routine field updates/reporting, supervision visits, community feedback, and monitoring. The NRCS Planning, Monitoring, Evaluation, and Reporting (PMER) team, in collaboration with Branch Secretaries and program staff, was responsible for tracking implementation progress against planned activities and ensuring that the operation remained on course to achieve its objectives.

Progress was systematically tracked using tools and templates developed by NRCS and reviewed by the IFRC. These included activity tracking sheets, volunteer reporting templates, distribution checklists/delivery notes, and Community Engagement and Accountability (CEA) feedback mechanism. Post-Distribution Monitoring (PDM) questionnaires to engage beneficiary satisfaction have been developed to assess the effectiveness and relevance of the assistance provided immediately after the actual distribution of NFIs and Cash. Key performance indicators that are being monitored throughout the operation include the number of households receiving cash and voucher assistance (CVA) and Non-Food Items (NFIs), the number of hygiene materials distributed, hygiene and health promotion sessions conducted, people reached with Health, WASH, Mental Health and Psychosocial Support (MHPSS) and protection activities, and the number of feedback mechanisms established and responded to.

The IFRC is providing strong technical support through regular monitoring visits, field-level accompaniment, and spot checks to ensure accountability and compliance with operational standards. The deployed Field Coordinator is providing continuous operational oversight, validation of activities in the field, supportive supervisions of data collection, verification, and reporting.

Operational updates, and financial reports were produced by NRCS with technical support from the IFRC and submitted in line with DREF reporting requirements.

## **Please briefly explain the National Societies communication strategy for this operation**

The NRCS communication strategy seeks to enhance coordination, visibility, and accountability throughout the DREF Population Movement Response operation. Internal communication across operational teams have been strengthened through structured and consistent coordination meetings, supportive supervision and monitoring between headquarters, branches, field volunteers, IFRC and Partners. Frequent coordination calls are being held to review progress, address challenges, and plan upcoming activities, while there is a dedicated WhatsApp group, to facilitate real-time information exchange during field deployments. In addition, email summaries and progress tracking tools supported documentation and cross-team collaboration, ensuring timely and effective internal communication



and decision-making.

Externally, the NRCS has effectively communicated the progress and impact of the operation through situational updates, and social media updates on platforms such as Twitter (X), and Facebook. The Society also uses its participation in sectoral coordination meetings to share operational updates, highlight achievements, and reinforce collaboration with government agencies, humanitarian actors, and other partners especially in the two states. The IFRC Country Delegation provided technical and visibility support, contributing to the development of communication materials such as newsletter that captured the impact of the response on affected communities. All communication materials are in adherence to Red Cross Movement visibility and branding guidelines, ensuring a unified and dignified public image of the operation.

At the community level, the NRCS successfully ensured two-way communication through its established CEA approach, empowering affected persons with timely and accessible information about the operation. Communities received clear information through pre-distribution sensitization sessions, community meetings, and printed IEC materials translated into local languages. Where relevant, megaphone announcements, community meetings, and posters were also used to reinforce key messages and instructions related to registration, cash assistance, hygiene and health promotion, and protection services.

To promote feedback and accountability, the NRCS established help desks and toll-free hotline numbers at the IDP camps and in the host communities, enabling community members to ask questions, raise concerns, and provide feedback on the activities and assistance received. Feedback collected through these mechanisms was regularly reviewed and analyzed to inform programme adjustments, ensuring that the response remained community-driven, inclusive, and responsive to the needs and priorities of affected populations.



# Budget Overview

International Federation of Red Cross and Red Crescent Societies

## 5.1 PROJECT PARTNER EXPENDITURE CERTIFICATION

PROJECT PARTNER NAME	NIGERIAN RED CROSS SOCIETY
PROJECT NAME	Nigeria Population Movement
IFRC PROJECT CODE	PNG52, MDRNG043
CURRENT REPORTING PERIOD	14/07/2025-14/11/2025

### 5.1.1 BUDGET & EXPENSES BY PROJECT PARTNER ONLY PER PLANNED OPERATIONS & ENABLING APPROACH (Local Currency)

Planned Operations / Enabling Approaches	Budget Local Currency (A)	Prior Period Expenses Local Currency (B)	Current Period Expenses Local Currency (C)	Total (Year to date) Local Currency (D) (B+C)	Budget Balance Local Currency (E) (A-D)	Percentage budget spent (F) (D/A)	Explain implementation > 110% for Interim and Final Report and < 90% for Final Report only (G)
Shelter and Basic Household Items	339,750,000		138,712,658	138,712,658	201,037,342	41%	
Livelihoods			0	0	0	0%	
Multi-purpose Cash	304,000,000		14,976,600	14,976,600	289,023,400	5%	
Health	113,700,000		0	0	113,700,000	0%	the operation is still ongoing
Water, Sanitation & Hygiene	138,400,000		68,170,875	68,170,875	70,229,125	49%	
Protection, Gender and Inclusion	10,300,000		0	0	10,300,000	0%	
Education			0	0	0	0%	
Migration			0	0	0	0%	
Risk Reduction, Climate Adaptation and Recovery			0	0	0	0%	
Community Engagement and Accountability	73,700,000		600,000	600,000	73,100,000	1%	the operation is still ongoing
Environmental Sustainability			0	0	0	0%	
Coordination and Partnerships			0	0	0	0%	
Secretariat Services			0	0	0	0%	
National Society Strengthening	161,293,333		15,572,209	15,572,209	145,721,124	10%	the operation is still ongoing
Total	1,141,143,333	0	238,032,342	238,032,342	903,110,991	21%	

### 5.1.2 BUDGET & EXPENSES BY PROJECT PARTNER ONLY ACCORDING TO COST CATEGORIES (Local Currency)

SP No	Cost Categories	Budget Local Currency (A)	Prior Period Expenses Local Currency (B)	Current Period Expenses Local Currency (C)	Total (Year to date) Local Currency (D) (B+C)	Budget Balance Local Currency (E) (A-D)	Percentage budget spent (F) (D/A)	Explain implementation > 110% for Interim and Final Report and < 90% for Final Report only (G)
	Personnel	14,100,000		0	0	14,100,000	0%	the operation is still ongoing
	Relief supplies, transportation and storage	176,100,000		60,820,875	60,820,875	115,279,125	35%	
	Contributions to other organisations			0	0	0	0%	
	Other direct costs	883,710,000		161,639,258	161,639,258	722,070,742	18%	the operation is still ongoing
	Indirect cost recovery	67,233,333		15,572,209	15,572,209	51,661,124	23%	the operation is still ongoing
	Total	1,141,143,333	0	238,032,342	238,032,342	903,110,991	21%	

### 5.1.3 BUDGET & EXPENSES BY PROJECT PARTNER ONLY PER STRATEGIC PRIORITY & ENABLER (CHF)

SP No	Strategic Priority & Enabler	Budget CHF (A)	Prior Period Expenses CHF (B)	Current Period Expenses CHF (C)	Total (Year to date) CHF (D) (B+C)	Budget Balance CHF (E) (A-D)	Percentage budget spent (F) (D/A)	Explain implementation > 110% for Interim and Final Report and < 90% for Final Report only (G)
SP1	Climate and environmental crises			0	0	0	0%	
SP2	Evolving crises and disasters	334,075		82,173	82,173	251,902	25%	
SP3	Growing gaps in health and wellbeing	130,828		36,449	36,449	94,379	28%	
SP4	Migration and identity			0	0	0	0%	
SP5	Values, Power and Inclusion	5,345		0	0	5,345	0%	
E6	Engaged			0	0	0	0%	
E7	Accountable			0	0	0	0%	
E8	Trusted	121,950		8,647	8,647	113,303	7%	
	Total	592,198	0	127,268	127,268	464,930	21%	

### 5.1.4 BUDGET & EXPENSES BY PROJECT PARTNER ONLY PER RESULT OR OBJECTIVE (CHF)

Result No.	Result or Objective	Budget CHF (A)	Prior Period Expenses CHF (B)	Current Period Expenses CHF (C)	Total (Year to date) CHF (D) (B+C)	Budget Balance CHF (E) (A-D)	Percentage budget spent (F) (D/A)	Explain implementation > 110% for Interim and Final Report and < 90% for Final Report only (G)
All results	Cost common to all results			0	0	0	0%	
R1				0	0	0	0%	the operation is still ongoing
R2				0	0	0	0%	the operation is still ongoing
R3				0	0	0	0%	the operation is still ongoing
R4				0	0	0	0%	the operation is still ongoing
R5				0	0	0	0%	the operation is still ongoing
R6				0	0	0	0%	
R7				0	0	0	0%	
R8				0	0	0	0%	
	Total	0	0	0	0	0	0%	

### 5.1.5 CLOSING INCOME-EXPENSE BALANCE PROJECT PARTNER ONLY (CHF) - PER REPORTING PERIOD END DATE

	CHF
Funds received to date	144,142
Year to date expenses	127,268
Closing Balance	16,874
Percentage reported vs. total amount transferred	88%

### 5.1.6 CERTIFICATION

The undersigned authorised officer of the above mentioned project partner hereby certifies that:

- they have no knowledge of, nor suspicion of, any fraud and corruption connected in any way to the expenditures included in this report and that they have taken reasonable steps to minimise the risk of fraud and corruption
- they have taken reasonable steps to minimise the risk of error and mistake in this report. This includes, but is not limited to exercising the appropriate internal controls and employing competent staff
- Supporting documentation exists for the expenditure included in this report and shall be made available for examination when required and for a period of 8 years from the submission of this report
- Expenditures have been incurred in line with the agreed project plan and the signed Project Funding Agreement and in accordance with the Project Partners standard procedures and financial regulations, as assessed by the
- The planned expenditure figures and funds transfer request shown above represents estimated expenditures for the next two reporting periods in accordance with the agreed Project Plan

Date Submitted \_\_\_\_\_

Name, Title & Signature of Project partner designated official \_\_\_\_\_

For IFRC internal use

Approved by IFRC Project Manager

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

Validated by IFRC Finance officer

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

Internal

[Click here to download the budget file](#)



# Contact Information

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

**National Society contact:** Benson Agbro, Director Disaster Management, benson.agbro@redcrossnigeria.org, 2348023015887

**IFRC Appeal Manager:** Francis Salako, Operations Coordinator, francis.salako@ifrc.org, 09087351968

**IFRC Project Manager:** Idaraobong Ekanem, Senior Disaster Management Officer, idaraobong.ekanem@ifrc.org, 08097530624

**IFRC focal point for the emergency:** Francis Salako, Operations Coordinator, francis.salako@ifrc.org, 09087351968

**Media Contact:** Susan Nzisa Mbalu, susan.mbalu@ifrc.org

**National Societies' Integrity Focal Point:** Abubakar Kende, Secretary General, secgen@redcrossnigeria.org, 08039595095

**National Society Hotline:** +2348031230430

[Click here for the reference](#)

