DREF Operation

Nigeria Population Movement

New influx of Internally Displaced Persons moving into Jega town - Source: NRCS

Appeal: **MDRNG047**	Hazard: **Population Movement**	Country: **Nigeria**	Type of DREF: **Response**
Crisis Category: Orange	Event Onset: **Slow**	DREF Allocation: **CHF 744,857**	
Glide Number: -	People Affected: **16,661 people**	People Targeted: **7,700 people**	
Operation Start Date: **11-09-2026**	Operation Timeframe: **6 months**	Operation End Date: **31-03-2027**	DREF Published: **17-09-2026**

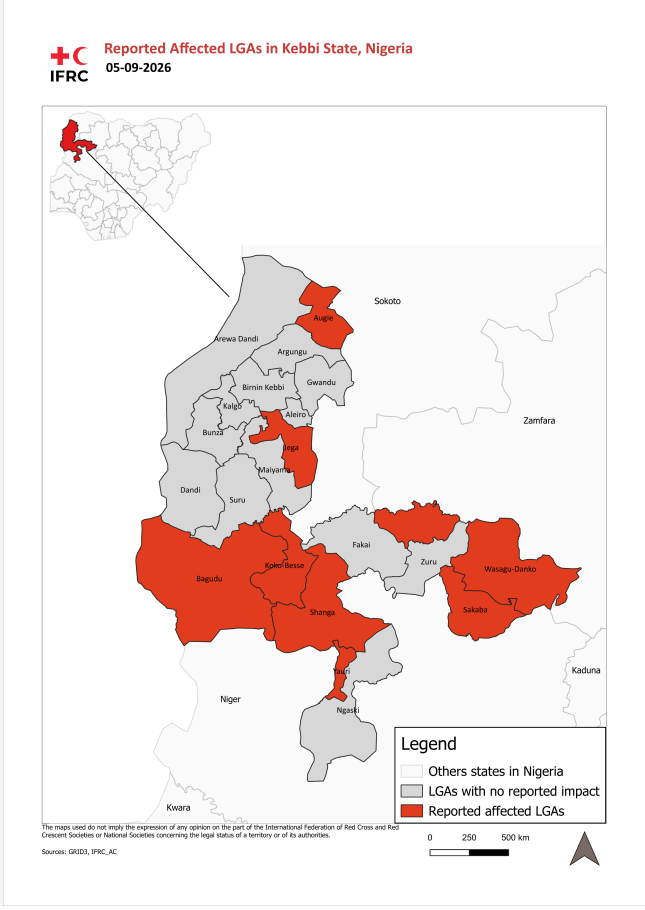
Targeted Regions: **Kebbi**

Description of the Event

Crisis Category Supporting Document

Date when the trigger was met

31-08-2026



Map showing the affected LGAs in Kebbi. Source:IFRC

What happened, where and when?

Kebbi State is currently experiencing a significant displacement crisis resulting from continued armed attacks, communal violence and reprisals across several Local Government Areas (LGAs) namely Bagudo, Shanga, Jega, Koko Besse, Yauri, Sakaba and Danko Wasagu. The situation has worsened in recent weeks, and by 31 August 2026, the situation had significantly deteriorated, with further attacks triggering new influxes of displaced people from affected communities into safer locations, adding to those already displaced since mid-August. A Red Cross led rapid assessment has confirmed that the crisis has so far affected 16,661 people, displaced 7,706 people with 108 injured and 33 deaths across seven LGAs. The violence has resulted in loss of lives, injuries, abductions and destruction of homes and livelihoods, while displaced families are living in temporary sites, open spaces and host communities with limited access to shelter, food, water, healthcare and protection services.

Kebbi State is located in north-western Nigeria and shares international borders with Niger Republic to the north and Benin Republic to the west, while bordering Sokoto, Zamfara and Niger States within Nigeria. With an estimated population of approximately 6.18 million people, based on the state's 2025 population projection, the state comprises 21 Local Government Areas, predominantly rural and covers approximately 36,800 km^2, with agriculture and livestock production forming important sources of livelihoods.

Kebbi State has experienced persistent insecurity over several years, particularly in its rural and border communities. The conflict has

evolved from localized farmer-herder tensions and cattle rustling into more organised banditry, kidnapping, armed attacks and communal violence. Since 2024, the emergence and activities of armed groups, including “Lakurawa”, have added a further dimension to the security situation, particularly in parts of Kebbi bordering Niger and neighbouring north-western states.

The population movement in Kebbi State is a conflict-induced, progressive displacement crisis, with attacks, killings, abductions and destruction of livelihoods reportedly resulting in population movements from mid-August 2026. Displacement did not begin on 31 August; rather, movements had been occurring on a case-by-case basis as violence affected different communities.

31 August 2026 is identified as the operational trigger because of a significant escalation in the scale and concentration of displacement. Following renewed violence and attacks in affected areas, approximately 6,000 people were displaced in a concentrated movement, representing the largest single population movement recorded during the crisis to that point. This substantial influx placed immediate pressure on host communities and available services and significantly increased humanitarian needs, particularly for food, shelter and essential household items, WASH, health, protection and psychosocial support.

A joint NRCS, and MSF rapid assessment conducted from 28–31 August documented continued displacement in Danko-Wasagu and Sakaba LGAs in Zuru Emirate. In Kanya community alone, 6,430 displaced persons from five villages were identified, including 3,879 children, 450 pregnant women, 197 lactating women and 70 unaccompanied minors. This confirmed that the displacement was no longer confined to Jega but has progressively expanded from the initial mass displacement in Jega LGA to other affected areas including Bagudo, Koko/Besse, Shanga, Yauri, Danko-Wasagu and Sakaba, with continued population movements recorded following renewed attacks up until 5th September 2026. Most of the displaced persons have moved to LGA secretariat and safer surrounding towns, with more than 2,500 people currently accommodated at Jega Model Primary School, while others have sought refuge with host families. The sudden influx has placed considerable pressure on available shelter, food, water, health and other essential services.

The situation remains fluid into early September, with continued insecurity and armed activity affecting communities in border communities in Sokoto and neighboring areas. On 2 September, six abducted persons were rescued along the Wasagu–Ayu Road in Wasagu LGA, while further attacks were reported in neighboring Kebbe LGA of Sokoto State on 3 September, resulting in additional deaths, injuries and reported abductions. The deteriorating security situation in neighboring areas presents a continued risk of further displacement into safer communities in Kebbi.
Displaced populations are currently hosted across the seven targeted LGAs, with 38 temporary displacement sites identified:
- Danko Wasagu (13),
- Sakaba (8),
- Bagudo (8),
- Koko Besse (4),
- Shanga (3),
- Jega (1) and
- Yauri (1).

Most of these sites are schools, primary health centers and other government/public buildings designated as temporary displacement centers, while some displaced households are staying in informal settlements or within host communities. In Jega, the continued use of the Model Primary School as a temporary displacement site is of particular concern as schools are expected to reopen on 12 September, creating an urgent need for alternative shelter arrangements for displaced households. The established caseload of 7,706 displaced people and the continuing insecurity have generated urgent needs for food, emergency shelter, non-food items, WASH, healthcare, protection, psychosocial support and livelihood assistance, while placing significant additional pressure on host communities.
The severity of the situation and the continued humanitarian needs of the displaced population were further highlighted by a formal letter dated 10 September 2026 from the Ministry of Humanitarian Affairs and Poverty Alleviation requesting the Nigerian Red Cross Society to provide assistance to the affected displaced population. The request reflects the government’s recognition of the scale of the displacement and the urgent need for additional humanitarian support to address the immediate needs of the affected population.

IDP camp in Ribah community, Danko Wasagu LGA

Samanaji IDP camp in Koko Besse LGA

Scope and Scale

The current emergency represents a significant escalation within a fragile and protracted security environment in Kebbi State. The state has experienced recurrent armed attacks, banditry, abductions, cattle rustling and farmer-herder and communal violence, particularly in rural and border communities. These patterns of insecurity have repeatedly disrupted livelihoods and triggered population movements. Previous incidents, including attacks associated with Lakurawa in Arewa Dandi and violence in Zuru and Danko/Wasagu, have resulted in displacement and loss of productive assets.

ACLED data for January 2024 - December 2025 recorded 118 security incidents and 291 fatalities across Kebbi State, demonstrating the sustained nature of the insecurity and the vulnerability of communities that have been repeatedly exposed to violence. The current crisis is therefore occurring within an already fragile context in which households have experienced repeated disruption of livelihoods, loss of productive assets and displacement. Beyond the immediate loss of life and injuries, the crisis has disrupted access to shelter, food, water, sanitation, health services and livelihoods. The displacement has also created significant protection, gender and inclusion concerns, particularly for children, women, older people, persons with disabilities and unaccompanied or separated children. Reports of abductions, family separation, loss of livestock and destruction of property have further increased the vulnerability of affected households.

Large-scale displacement was first recorded in Jega in mid-August, when attacks across eight communities resulted in more than 5,000 people fleeing their homes. However, the scale of the emergency increased further towards the end of August as renewed attacks and reprisals in Jega, Bagudo and Koko/Besse, and subsequently in other locations, generated additional movements. By 31 August, new arrivals were being reported in areas already hosting displaced populations, indicating that the displacement was not stabilising but continuing to evolve. The Red Cross assessment established 16.661 people affected and 7,706 people displaced, including 33 people killed and 108 injured. This crisis has developed into a substantial and fluid displacement emergency, with the situation continuing to change as attacks occur and communities respond by moving to safer locations.

The geographical spread of the crisis is also significant. What initially presented as a major influx into Jega has expanded into a wider pattern of population movement affecting Bagudo, Koko/Besse, Jega, Shanga, Yauri, Danko/Wasagu and Sakaba, with people moving both within and between communities in search of safety. It is important to note that the crisis is generating multiple and overlapping movements, making the humanitarian situation highly fluid and placing pressure on both existing displacement sites and host

communities.

The humanitarian impact extends well beyond displacement itself. Many families fled with little or no household belongings and have lost access to their homes, farms, livestock, markets and other sources of income. People are being accommodated in temporary collective sites, host communities, open spaces and other inadequate arrangements, where shelter, privacy and basic services are insufficient. In Jega, the Model Primary School has been used to accommodate a large number of displaced people, creating an additional concern as schools are expected to reopen. Displaced households therefore face the prospect of repeated movement if alternative accommodation is not identified. The absence of adequate shelter and household items is increasing exposure to weather, insecurity, exploitation and other protection risks.

The concentration of displaced people is also placing considerable pressure on host communities, many of which have limited resources to absorb additional populations. Existing water points, sanitation facilities, health services, food supplies and other community resources are being stretched by the influx. Families hosting displaced relatives or community members are sharing already limited household resources, increasing their own vulnerability. As displacement becomes prolonged, the capacity of both displaced and host households to cope is likely to diminish, particularly where livelihoods have also been disrupted.

The loss of livelihoods is a major component of the humanitarian impact. Most affected communities depend heavily on farming, livestock rearing and small-scale trade. Insecurity has restricted access to farms and grazing areas, disrupted markets and resulted in the loss or abandonment of livestock, crops and other productive assets. For households that have already experienced displacement in the past, the current crisis further erodes their remaining coping mechanisms. Continued insecurity also limits the possibility of early recovery, as families cannot safely return to cultivate farms, recover assets or re-establish normal economic activities.

The health and WASH situation is of particular concern in displacement locations. Overcrowding, inadequate sanitation, limited access to safe water and poor living conditions increases the risk of communicable diseases, particularly among young children. Displaced families may also experience interruptions in access to routine healthcare, maternal and newborn services, nutrition services and medication. Injured people require continued medical care, while pregnant and lactating women have specific health, nutrition and WASH requirements that may be difficult to meet in temporary displacement settings.

The Protection, Gender and Inclusion (PGI) implications are significant. Displacement has disrupted family and community support systems and increased exposure to protection risks, particularly for women, children and other people with specific needs. The identification of 70 unaccompanied persons in Kanya demonstrates the risk of family separation and the need for systematic identification, tracing, referral and restoring family links services. Children are particularly vulnerable to separation, exploitation, abuse, psychological distress and disruption of education. The presence of large numbers of children among the displaced population also increases the need for child protection and psychosocial support.

Women and girls, particularly pregnant and lactating women, face additional risks in overcrowded and poorly serviced displacement locations. The assessment identified 450 pregnant and 197 lactating women in Kanya alone. Limited privacy, inadequate gender-sensitive WASH facilities and disrupted access to reproductive, maternal and newborn health services can increase their vulnerability. Women caring for children, female-headed households and survivors or persons at risk of gender-based violence may face additional barriers to accessing assistance and protection services.

Other groups likely to experience disproportionate impacts include older persons, persons with disabilities, people with chronic health conditions, female-headed households, unaccompanied and separated children, and households experiencing repeated displacement. Limited mobility, reduced access to information, dependence on caregivers and fewer financial resources can make it more difficult for these groups to flee safely, secure appropriate shelter, access services and recover their livelihoods.

The fluidity of the crisis is a critical consideration for the response. Population movement is occurring in response to changing security conditions, with people leaving affected communities when attacks occur and some subsequently moving again when temporary locations become unsafe or unable to accommodate them. The continued insecurity in Kebbi and neighboring areas of Sokoto, Zamfara and Niger creates a risk of further influxes into communities that are already under pressure. The humanitarian caseload should therefore not be viewed as a fixed population confined to designated displacement sites; rather, it comprises people dispersed across collective sites, host communities and other temporary locations, alongside populations that remain in or move between areas affected by insecurity.

Source Name	Source Link
1. News Flash- Business times	https://businesstimes.com.ng/2026/09/insecurity-over-6000-displaced-as-attacks-trigger-fresh-population-movement-in-kebbi-communities

2. Leadership News publication	https://leadership.ng/troops-rescue-6-abducted-victims-after-gun-battle-in-kebbi/
3. Relief web	https://reliefweb.int/report/nigeria/nga-population-movement-08-2026-emerging-displacement-crisis-kebbi-state-nigeria-2026-09-04

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	**Yes**
Did it affect the same population group?	**No**
Did the National Society respond?	**-**
Did the National Society request funding form DREF for that event(s)	**-**
If yes, please specify which operation	-

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

-

Lessons learned:

The recently concluded Population Movement DREF operation across Kebbi, Plateau, Benue, Sokoto, Kwara, Zamfara and Kaduna highlighted several operational challenges that have been directly incorporated into the design of the current Kebbi response.

- Assessment should precede or immediately accompany implementation: The previous operation did not have a dedicated initial needs assessment, which limited the ability to establish a clear evidence base for prioritization and targeting at the outset. For the current operation, an initial multi-sector needs assessment has already been conducted, with a further detailed assessment planned to validate priority needs, vulnerabilities and service gaps. This will provide a stronger basis for targeting and sequencing assistance.

- Procurement needs to start early: Delays in procurement during the previous operation affected the timely delivery of planned activities. For the current operation, procurement requirements will be identified during the inception phase and initiated early. IFRC has established framework agreement with local suppliers for commonly requested NFIs and will provide direct procurement oversight and, for applicable transactions, make direct payments to suppliers to strengthen compliance and reduce avoidable processing delays.

- Foreign-exchange losses need to be better managed: The previous operation experienced losses arising from fluctuations in the exchange rate when funds were converted and spent in local currency. For the current operation, the budget and expenditure monitoring will be closely reviewed against the applicable IFRC exchange-rate arrangements, with early financial planning and regular budget reviews to identify and manage potential forex exposure.

- Coordination needs clearer roles and more regular follow-up: The previous operation demonstrated the importance of clearly defining responsibilities between national, branch and IFRC teams and maintaining regular coordination throughout implementation. The current operation will establish roles and reporting lines during the inception meeting, supported by NDRT field coordination and monthly operational reviews involving NRCS and IFRC.

- Delays in reporting under the previous operation reinforced that reporting should not be left until the end of an implementation period. The current operation will establish reporting responsibilities and timelines from the outset, with regular data-quality checks, branch coaching on documentation and reporting, monthly operational reviews and IFRC technical support to ensure that evidence and narrative reporting are maintained continuously.

- Stronger field-level support is required: The current operation will deploy NDRT personnel to provide continuous field coordination, technical oversight and monitoring while building the National Society's capacity for future emergency deployments.

Although the recently concluded Population Movement DREF included Kebbi State, it did not target the same locations as the current operation. The previous operation addressed population movement in different locations within the state and therefore did not directly cover the communities currently affected by this crisis.

The current response is targeting newly affected locations and populations displaced as a result of the recent escalation in conflict. As such, while lessons from the previous DREF remain relevant to the design and implementation of the current operation, the previous intervention does not represent a direct response to the current affected locations or caseload.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	**Yes**
What was the risk level for Child Safeguarding Risk Analysis?:	**A Child Safeguarding Risk Analysis was completed during previous operations involving children and other vulnerable groups, and the identified risks were incorporated into operational planning, staff and volunteer briefings and safeguarding measures.** **For the current operation, child safeguarding risks will be reviewed at the start of implementation and throughout the response, particularly in relation to displacement sites, distributions, HSPs/help desks, temporary accommodation, family separation, unaccompanied and separated children, and interactions between children and humanitarian personnel. Staff and volunteers will be oriented on the Code of Conduct,**

	PSEA, safeguarding, safe identification and referral, confidentiality and appropriate engagement with children.

Current National Society Actions

Start date of National Society actions

19-08-2026

Coordination	NRCS has been coordinating with relevant government authorities, including the Kebbi State Emergency Management Agency (SEMA), Local Government authorities and other humanitarian and health actors to monitor the evolving displacement situation and facilitate an appropriate response. NRCS has also maintained coordination with Médecins Sans Frontières (MSF), particularly in relation to the growing humanitarian needs among displaced populations. On 31 August 2026, MSF approached IFRC to request support for the affected population, highlighting the scale of unmet needs and limited humanitarian response capacity on the ground. Coordination at branch and national levels has continued to support information sharing, prioritization of affected locations and alignment of the proposed DREF response with identified needs.
Assessment	The Nigerian Red Cross Society, through the Kebbi Branch with support from the national level, mobilized volunteers and staff to assess the impact of the conflict and resulting population displacement. Between 30 August and 2 September 2026, the assessment covered affected and displacement-affected communities across Bagudo, Jega, Koko/Besse, Shanga and Yauri LGAs. The assessment established 16,661 people affected, including 7,706 displaced persons, with 33 deaths and 108 injuries recorded. The assessment also identified priority needs related to shelter, food, WASH, health, protection, household items and livelihoods, as well as specific protection and inclusion concerns among children, women and other vulnerable groups. The findings are being used to define the scope, geographical focus and priority interventions for the DREF response.

IFRC Network Actions Related To The Current Event

Secretariat	Nigeria is covered by the IFRC Abuja Cluster Delegation for Nigeria, Togo, Benin and Ghana, which provides oversight and support to the NRCS for this operation. The Cluster Delegation is working closely with the National Society from the initial development of the DREF proposal through implementation and reporting, ensuring that the response remains aligned with the identified needs, DREF requirements and wider Movement response priorities. The IFRC Disaster Management team, program and Information Management Unit is providing technical support to the NRCS in the development of the DREF, including analysis of the operational context, definition of the response strategy, prioritization of activities, development of the operational plan and budget, and identification of appropriate response modalities. Technical support will continue during implementation, particularly in relation to operational planning, response monitoring, coordination and adaptation to emerging needs.

	The Cluster Delegation is also providing operational oversight and quality assurance, supporting the National Society to monitor progress against the approved response, identify implementation gaps and ensure that activities remain responsive to the evolving displacement situation. This includes supporting the review of assessment findings, operational updates, beneficiary targeting, monitoring and reporting requirements. The Cluster Delegation is also supporting Movement and domestic coordination, facilitating information sharing between NRCS, ICRC, IFRC and relevant Movement partners and supporting engagement with government and humanitarian stakeholders where required. Additional technical support from other IFRC functions will be mobilized as the operation evolves and where specific needs are identified. At this stage, no specific surge needs have been identified for the Kebbi response; all functions remain available through the Cluster Delegation and will be engaged as required.
Participating National Societies	A number of Participating National Societies (PNSs) maintain partnerships with the Nigerian Red Cross Society and contribute to the wider IFRC Network programme in Nigeria. These include the American Red Cross, British Red Cross, Italian Red Cross, Netherlands Red Cross, and Norwegian Red Cross. Their support to NRCS is provided through different programmes and include disaster preparedness and response, Information Management, National Society development, health, migration and displacement, and financial or technical support. The British Red Cross has a longstanding partnership with NRCS, including support to disaster preparedness, disaster response and National Society development. The Norwegian Red Cross supports NRCS in areas including financial and procurement systems, health, disaster preparedness and disaster response. Other PNSs contribute through specific programmes, emergency appeals or multilateral support through IFRC. However, no PNS is currently providing dedicated on-the-ground or remote operational support to the Kebbi Displacement DREF. Coordination with PNSs will continue through the Movement coordination mechanisms, and any PNS contribution to the Kebbi response will be reflected in subsequent operational updates.

ICRC Actions Related To The Current Event

In Nigeria, the ICRC works to protect and assist people affected by armed conflict and other situations of violence, with a particular focus on the North-East, while also responding to the humanitarian consequences of violence in the North-West. Its action aims to ensure that the basic needs of people most affected by conflict and violence are met through an integrated, protection-centric and inclusive response, combining assistance, prevention strategies and protection dialogue to strengthen acceptance and humanitarian outcomes.

This includes confidential dialogue with parties to conflict, the promotion of international humanitarian law (IHL), and activities in health, nutrition, water and sanitation, economic security and physical rehabilitation. The ICRC also supports people deprived of their liberty, helps families clarify the fate and whereabouts of missing relatives and restore family links, and addresses risks linked to weapon contamination.

The operational partnership with the NRCS, and its extensive network and presence within the communities, is an integral part of the ICRC's response strategy. The ICRC works to strengthen the capacities of the NRCS branches, including the Sokoto branch and its local divisions, to provide an effective, safe and principled humanitarian response.
The ICRC does not currently have an operational presence in Kebbi state and is therefore not directly implementing assistance in the affected communities. However, given the protection concerns associated with the crisis, including family separation and the need for stronger identification, referral and follow-up mechanisms, the Nigerian Red Cross Society's Restoring Family Links (RFL) team will support the response through its existing structures.

The NRCS RFL team will identify and follow up on cases of family separation and other relevant protection concerns among displaced populations and facilitate referrals as appropriate. ICRC will provide technical support to the NRCS RFL team where required, including on case management approaches, RFL procedures and technical guidance.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	The response is being led by the relevant Kebbi State and Local Government authorities, with the Kebbi State Emergency Management Agency (SEMA) playing a central role in coordinating the management of the displacement situation. SEMA is working with Local Government Authorities, Local Emergency Management Committees (LEMCs), traditional institutions and community leaders to identify affected populations, facilitate access to displacement locations and coordinate available assistance. At the local level, authorities and community leaders are supporting the reception and registration of displaced people, identification of available accommodation and public facilities, mobilisation of host communities and communication with affected households. Health and other relevant government services are also supporting the response within their respective mandates. At the federal level, the National Emergency Management Agency (NEMA) provides the national framework for disaster response and coordination, including support to state-level emergency management structures where required. The NRCS is supporting the authorities in accordance with its auxiliary role. Through its Kebbi Branch, volunteers and staff are contributing to population monitoring, assessment, first aid, health referrals, psychosocial support, community engagement and humanitarian assistance. NRCS is also sharing information on emerging needs and population movements with relevant authorities and partners.
UN or other actors	The humanitarian presence in the affected areas remains limited in relation to the scale of needs. MSF-Belgium has been supporting affected populations, particularly through health-related assistance, and has been monitoring the evolving displacement situation. On 31 August 2026, MSF approached the IFRC Country Delegation to request additional assistance and support for the affected population, citing the scale of humanitarian needs and limited capacity among actors currently present to provide an adequate response. At the time of the DREF preparation, no other significant international humanitarian operation with sufficient coverage of the affected population had been identified. The humanitarian presence and response coverage will continue to be monitored throughout the operation. The proposed intervention is intended to address priority gaps rather than duplicate assistance already available, with particular attention to displaced households and locations with limited or no humanitarian coverage.

Are there major coordination mechanism in place?

The response is being coordinated primarily through government-led emergency management structures, with NRCS participating as an auxiliary to the public authorities. Coordination takes place at state, LGA and community levels, supported by Movement coordination between NRCS, IFRC and relevant partners.

State level

At the state level, Kebbi State SEMA is the principal state-level coordination body for the displacement response. SEMA coordinates with relevant state ministries and departments, Local Government Authorities, LEMCs, traditional institutions and humanitarian partners to assess needs, facilitate access and organize assistance.
NRCS participates in relevant coordination and information-sharing processes, providing information from its assessments and field network to support prioritization of affected populations and locations.

LGA and community level

At LGA level, Local Government Authorities and LEMCs work with traditional and community leaders to manage the immediate needs of displaced populations. These structures are particularly important for identifying new arrivals, facilitating access to displacement sites, identifying available public facilities and mobilising host communities.
NRCS Branch teams and volunteers maintain close contact with these structures and communities, allowing information on population movements and emerging needs to be rapidly communicated to the wider response.

National level

At the national level, NEMA provides the federal disaster-management framework and coordinates national-level support to state authorities and other response actors as required. NRCS engages with NEMA and other relevant national stakeholders through existing disaster-management and humanitarian coordination mechanisms.

Movement coordination

Within the International Red Cross and Red Crescent Movement, ICRC, NRCS and IFRC maintain regular coordination on the operational situation, response priorities, resource mobilisation, technical support and information sharing, through technical working groups, and movement coordination meetings. IFRC Abuja Cluster provides technical and operational support to NRCS, including Disaster Management, PMER, finance, planning and overall DREF oversight.

Despite the existence of government-led coordination structures, the current displacement is placing considerable pressure on available response capacity. Key gaps identified include:
1. Uneven humanitarian coverage: Assistance is not reaching all displacement locations. Some locations have received support like the MSF clinical assistance in Jega while others remain underserved, particularly as new population movements continue.
2. Limited-service mapping and information sharing: Information on who is providing what assistance, where and to whom is not consistently available across all affected locations. This increases the risk of both gaps and duplication.
3. Population movement: Continued movement of people makes registration, beneficiary verification and service planning challenging. New arrivals and secondary displacement can quickly change the size and composition of displacement sites.
4. Protection and referral gaps: Cases involving children, women, persons with disabilities, older persons, family separation and other protection concerns require stronger identification, referral and follow-up mechanisms.
5. Pressure on host communities: A significant proportion of displaced people are staying with host families, creating additional needs that may not be captured through displacement-site-based response mechanisms.
6. Limited humanitarian presence: The number and geographical coverage of humanitarian actors remain insufficient relative to the scale of the needs, leaving NRCS and government structures to respond in locations where external assistance is limited.

Needs (Gaps) Identified

Shelter Housing And Settlements

The sudden and largely unplanned displacement has left many households without adequate shelter, basic household items or a safe place to sleep. Displaced families are staying in public facilities, temporary locations and with host households, often with limited space

and resources available to accommodate them. In some locations, people are sleeping in open or otherwise inadequate spaces, exposing them to weather conditions and increasing risks to their safety, privacy and dignity.

The situation is particularly challenging for households that have lost or left behind their homes and possessions, as many arrived with only what they could carry. The destruction or loss of household assets and livelihoods has further reduced their ability to secure basic shelter and essential items independently. Host families are also coming under increasing pressure as they accommodate displaced relatives and community members.

Existing accommodation arrangements are not sufficient to meet the needs of the displaced population, particularly for women and girls, children, older persons, persons with disabilities and other people with specific needs. Overcrowding and inadequate privacy can increase protection risks, while insufficient sleeping materials and household items affect the health, dignity and wellbeing of displaced families.

Priority gaps therefore remain in emergency shelter and essential household items, including tarpaulins, sleeping mats, blankets, bedding and other basic domestic items. Support is also required to improve the safety, privacy and dignity of temporary accommodation and to ensure that households with specific vulnerabilities can access shelter assistance equitably. The DREF will complement existing assistance and prioritize displaced households with the most critical shelter needs, particularly those currently living in open, overcrowded or otherwise inadequate conditions.

Livelihoods And Basic Needs

Displacement has disrupted household livelihoods and resulted in the loss of livestock, productive assets and other sources of income. Many affected households have moved with limited belongings and have reduced capacity to meet their immediate food and household needs. Host families are also absorbing displaced people and sharing already limited resources, increasing pressure on household coping mechanisms. Immediate gaps therefore include food and other basic household needs, while households that have lost productive assets will require support to begin rebuilding their livelihoods when conditions permit.

Health

The violence has resulted in deaths and injuries and has disrupted access to routine and emergency health services for affected and displaced populations. Médecins Sans Frontières (MSF-Belgium) is providing health and WASH support to displaced populations in Jega, including medical services and measures to improve access to water, sanitation and hygiene. This assistance is an important part of the current response, but the scale of displacement and the geographical spread of affected communities mean that significant health needs remain.

Displaced households continue to face barriers to accessing healthcare because of movement, distance, limited resources and pressure on existing health facilities. There are also concerns around psychosocial distress among people who have experienced violence, loss of family members, displacement and destruction of livelihoods and property. Priority gaps therefore remain in first aid and referral, access to essential health services, health promotion, disease prevention and psychosocial support, particularly for people in locations where health and humanitarian services are limited or not yet available.

Water, Sanitation And Hygiene

Displacement has increased pressure on already limited water and sanitation facilities in both displacement locations and host communities. MSF-Belgium is currently providing WASH support to displaced populations in Jega, helping to address immediate water and hygiene needs. However, the scale and geographical spread of the displacement mean that existing support does not cover all affected communities.

Displaced households staying in public facilities, temporary locations and with host families continue to face challenges accessing sufficient safe water, sanitation facilities and hygiene materials. These conditions increase the risk of communicable diseases, particularly where large numbers of people are sharing limited facilities. Priority gaps remain in safe water supply, sanitation, hygiene materials and hygiene promotion, with particular attention to women, children, persons with disabilities and other people with specific needs. The DREF will therefore complement existing WASH support and prioritize underserved displacement locations and households where critical WASH needs remain unmet.

Protection, Gender And Inclusion

The displacement has heightened protection risks for people who have experienced violence, abduction, family separation, loss of property and forced movement. Women, children, older people, persons with disabilities and other people with specific needs face additional risks in temporary and overcrowded living conditions, particularly where privacy, lighting, sanitation and safe accommodation are inadequate. There is a need for systematic identification and referral of protection concerns, including family separation, child protection risks and sexual and gender-based violence, as well as support to people with specific needs. Protection and inclusion should be integrated across all sectors to ensure that assistance is safe, accessible, equitable and responsive to the different needs of affected populations.

Migration And Displacement

The crisis has resulted in the loss of homes, livestock, productive assets and sources of income, leaving many displaced families with limited means to meet their immediate needs. Displacement has also increased protection concerns, including family separation, risks to children, gender-based violence and difficulties accessing essential services. Particular attention is required for children, women, older persons, persons with disabilities, pregnant and lactating women, and unaccompanied or separated children.

The principal gaps relate to safe and dignify temporary accommodation, basic household needs, access to essential services, protection and psychosocial support, and reliable information and referral services. The response also needs to remain flexible to accommodate new arrivals and changing displacement patterns. The DREF will support NRCS to strengthen population monitoring, identify and prioritize the most vulnerable displaced households, provide targeted humanitarian assistance and strengthen referrals and community feedback mechanisms, while complementing the support already being provided by government authorities and other humanitarian actors.

Community Engagement And Accountability

The continuing movement of people and changing displacement locations create a need for reliable communication and two-way engagement with affected communities. Displaced households require clear information on available assistance, services, referral pathways and safety measures, while response actors need accessible mechanisms to understand changing needs and concerns. There is also a need to strengthen feedback and complaints mechanisms, ensuring that women, children, persons with disabilities and other groups who may face barriers to participation can safely provide feedback and influence the response.

Any identified gaps/limitations in the assessment

The NRCS assessment established the immediate scale of the crisis and identified priority needs among affected and displaced populations. However, the continuing movement of people and the evolving security situation present some limitations to the completeness of the information available at the time of assessment.

Changing population movements: Continued displacement and movement between communities, displacement sites and host households may result in changes in the number and location of displaced people after the assessment. Some households may also move more than once, making it necessary to continue monitoring population movements and updating beneficiary information during implementation.

Needs across host communities: While the assessment captured the needs of displaced populations, the impact on host households accommodating displaced people may be less visible. These households are sharing food, water, shelter and other resources with displaced families and may themselves require support.

Sector-specific information: The assessment identified priority needs across shelter, WASH, health, basic needs and protection; however, the depth of information available for some sectors, particularly shelter conditions, WASH infrastructure, protection risks and livelihoods losses, varies by location. More detailed sectoral verification will therefore be undertaken during implementation to guide the prioritization of assistance.

Access and security constraints: Insecurity and the geographical spread of affected communities can restrict access to some locations and

limit the frequency with which assessment teams can return to verify information. This may affect the ability to obtain detailed information from some communities and to monitor newly displaced populations immediately after arrival.

Limited response resources: The scale of identified needs is greater than the resources currently available to the National Society and local authorities. Shortages of emergency relief items, funding, personnel and operational capacity limit the ability to address all identified needs immediately.

Coordination and service mapping: Information on the assistance available from different actors is not consistently available across all affected locations. This creates challenges in determining where assistance has already been provided and where significant gaps remain, particularly as new displacement continues.

Assessment Report

Operational Strategy

Overall objective of the operation

To provide timely emergency assistance to 7,700 conflict-displaced persons in Kebbi State over six months, addressing their priority needs through multipurpose cash assistance for food and essential personal items; emergency shelter and basic household items; WASH services and supplies; Mental health and Psychosocial support, first aid and referral support; protection, gender and inclusion services; and community engagement and accountability, while strengthening population movement monitoring and access to essential services for affected communities.

Operation strategy rationale

The operation will focus on reducing the immediate humanitarian consequences of conflict-induced displacement in Kebbi State by providing timely, needs-based assistance to 7,700 displaced people over six months. The immediate concern is that people displaced by violence have left their homes, livelihoods and assets with limited means to meet basic needs. Therefore, this operation will adopt an integrated, needs-based approach to reduce the immediate humanitarian consequences of conflict-induced displacement in Kebbi State and support affected households to regain a greater degree of stability over the six-month implementation period. The response will target approximately 7,700 displaced people, based on the caseload established through the NRCS assessment, while maintaining sufficient flexibility to accommodate changes in population movement and needs within the approved operational scope.
The strategy recognizes that displacement has created interconnected needs rather than isolated sectoral problems. Families have lost access to homes, livelihoods, livestock, farms and other productive assets and have arrived in safer locations with limited possessions and few resources to meet their immediate needs. Many are relying on host families or staying in public and temporary facilities, placing additional pressure on already limited community resources. At the same time, insecurity and continuing movement make access to services unpredictable. The operation will therefore combine multipurpose cash assistance, shelter and household support, WASH, MHPSS, protection, community engagement and livelihood recovery, with population movement monitoring and volunteer capacity strengthening providing the operational foundation for the response.

- Multi-Purpose Cash Assistance: The operation will provide multipurpose cash assistance to 1,500 of the most vulnerable displaced households, using a prepaid card mechanism to enable beneficiaries to access and use the assistance according to their priority needs. The rapid assessment identified food and personal/basic consumption items as one of the most immediate and strongly reported needs among displaced households. Through the Cash assistance, targeted households will be able to purchase food and essential personal items according to their immediate priorities, providing flexibility where household needs differ. The NRCS Kebbi Branch has confirmed the availability and accessibility of local markets in the affected areas, making a cash-based response appropriate for meeting immediate food and other essential household needs. NRCS will leverage the existing ICRC framework agreement with Zenith Bank to facilitate the timely delivery of the assistance through prepaid cards. Each selected household will receive ₦161,642, equivalent to approximately CHF 88 per household based on the exchange rate applicable at the time of planning. The transfer value follows the Cash Working Group (CWG) transfer value for multipurpose cash assistance and is intended to contribute towards the household's minimum expenditure on food and other essential needs. NRCS is a member of the National Cash Working Group, allowing the National Society to remain connected to national cash coordination, technical guidance, market information and developments in transfer values. The Minimum Expenditure Basket (MEB) is used within Nigeria's cash coordination framework to inform transfer values for MPCA and to promote greater harmonization across humanitarian cash responses.
MPCA will support immediate consumption and personal needs, while shelter/NFI assistance will replace or provide essential household items lost during displacement. Targeting will be based on transparent vulnerability criteria, taking into consideration household size and

composition, loss of livelihoods and productive assets, income availability, shelter conditions, female-headed households, households with children, older people, persons with disabilities and other specific vulnerabilities identified through the assessment.

Post-distribution monitoring, beneficiary feedback and market monitoring will be used to assess whether households are able to access and use the prepaid cards effectively, whether the transfer is meeting priority needs and whether any protection, accessibility or market-related concerns arise. This will also provide an opportunity to identify households that may require referral to complementary services under the operation.

- Shelter, Housing and Settlements: The operation will provide essential non-food items (NFIs) to 1,500 of the most vulnerable displaced households, prioritizing families with the greatest shelter and household-item gaps. The assistance will include emergency survival kits, tarpaulins, kitchen sets, sleeping mats and other essential household items required to restore minimum living conditions. Where required, the NFI package will also take account of the specific needs of households with children, older persons and persons with disabilities, including considerations of accessibility and household composition.

The shelter response will complement the MPCA component, rather than attempting to meet all shelter-related needs through in-kind assistance. While the 1,500 most vulnerable households receiving MPCA will have flexibility to purchase food items and personal needs like clothing and medical bills, the NFI assistance will ensure that households can access critical household items that are particularly important immediately after displacement. The intervention will also consider the needs of households staying with host families. Although these households may have access to a roof over their heads, prolonged hosting can place considerable pressure on household resources and available sleeping and cooking arrangements.

Coordination with SEMA, LGAs, community leaders and other humanitarian actors will be maintained to ensure that NFI assistance is complementary and reaches households that have not already received equivalent support.

- Water, Sanitation and Hygiene: The WASH strategy will combine improved access to safe water, household water treatment, essential WASH items and sustained hygiene promotion. The operation will strengthen community capacity to prevent disease and promote safer hygiene practices throughout the displacement period. This will be supported by a dedicated hygiene promotion campaign implemented through trained NRCS volunteers across the affected communities. NRCS will train 50 volunteers drawn from the seven affected LGAs on hygiene promotion, safe water handling and storage, household water treatment, hand hygiene, sanitation, disease prevention and effective community communication. Targeting 7700 persons, these volunteers will serve as the frontline for the WASH campaign, conducting regular awareness and hygiene promotion sessions within displacement locations and host communities. The campaign will focus on practical behaviors that households can adopt immediately, including appropriate handwashing, safe collection and storage of drinking water, correct use of household water-treatment products, food hygiene, safe disposal of waste and measures to reduce the spread of waterborne diseases. The volunteer will support the community members to conduct clean up campaigns within the camps and their settlements.

NRCS will conduct mobile cinema activity, intended as a child-friendly psychosocial support, community engagement and risk-awareness activity for displaced children. It will provide a safe and structured recreational space where children can watch age-appropriate educational and child-friendly films, helping to reduce stress and anxiety associated with displacement.

The messages will be delivered through short videos/animations, age-appropriate storytelling and simple visual messages before and during the cinema sessions. The sessions will also be used to share simple, child-friendly safe water and hygiene practices, and how to seek help or report protection concerns. Key messages will also be reinforced by NRCS staff and volunteers through community mobilisation and interaction with parents/caregivers. This will allow the activity to reach not only children participating in the sessions but also their caregivers and the wider community.
Sessions will be held in safe locations, with trained NRCS staff/volunteers present and appropriate child safeguarding, PSEA and PGI measures in place. Any protection concerns identified will be referred through established referral pathways. The cinema sessions will not be limited to the 7,700 targeted displaced persons. They will be conducted at community level and will reach children, caregivers and other members of the affected communities, including vulnerable host-community members where appropriate.

At household level, the operation will provide Aqua tabs, water-storage containers and other appropriate hygiene materials to vulnerable displaced households. Demonstrations and Hygiene promotion will accompany distributions to ensure that beneficiaries understand the correct use of the materials and are able to maintain safe water practices beyond the initial distribution. The operation will also distribute mosquito nets to vulnerable displaced households as part of an integrated disease-prevention approach. Displacement into unfamiliar and often overcrowded environments can increase exposure to mosquito-borne diseases, particularly where households lack basic protective materials.

In addition to household-level support, the operation will address critical gaps in community water infrastructure. Water points that have been damaged, destroyed or rendered non-functional as a result of the crisis will be assessed and rehabilitated where feasible, with priority given to locations hosting significant numbers of displaced people and communities where existing water sources are insufficient to meet demand. Rehabilitation of functional water points will improve access to safer water while reducing the pressure on limited sources and the time households spend searching for or collecting water. NRCS will work with community leaders to establish and train

WASH committees who will ensure maintenance and sustainability of actions. NRCS will work closely with Rural Water Supply and Sanitation Agency (RUWASSA) at LGA level to assess the identified water points, determine the required rehabilitation works and support the rehabilitation process. The planned six-month timeframe is considered feasible as the response will focus on minor rehabilitation and repair of existing water points, rather than construction of new water infrastructure. The assessment will be conducted at the beginning of the intervention to confirm the condition of each water point and the specific materials required.

The water points to be rehabilitated are existing water points that are currently non-functional or partially functional. NRCS will conduct an initial assessment with RUWASSA at LGA level to identify the specific repairs required. Rehabilitation will cover repairs and replacement of essential components needed to restore the functionality of the existing water points, including solar-powered systems to ensure a more reliable and sustainable water supply, reduce dependence on fuel and electricity, and lower recurrent operating costs for communities. WASH committees will receive training on basic operation and routine maintenance, hygiene, identification and reporting of faults, and referral of major repairs to the relevant authorities. Committees will also receive repair and maintenance materials to enable them to address minor issues and support continued functionality of the water points.

the operation will provide sanitation sets to support community-led cleanup campaigns and routine environmental sanitation. Each set will comprise basic sanitation and waste-collection tools, including wheelbarrows, rakes, spades, shovels, hoes and brooms, to enable communities to carry out regular cleaning and solid waste management activities.

The WASH response will be closely coordinated with the health component, particularly in relation to disease prevention and health promotion, and with protection and CEA to ensure that water points and sanitation arrangements are accessible, safe and appropriately located. Community feedback will be used to identify problems with water quality, functionality, access or safety and to guide corrective action.

Existing WASH assistance provided by MSF-Belgium, particularly in Jega, will be taken into account throughout implementation. NRCS will coordinate with MSF and relevant authorities to identify areas where support is already available and direct DREF resources towards locations and households where significant gaps remain.

- Health: The conflict has resulted in deaths and injuries and has disrupted access to health services for displaced populations. Movement away from home communities, distance from health facilities, limited financial resources and pressure on services in receiving areas can reduce access to timely care. At the same time, overcrowding and inadequate living conditions increase the risk of communicable diseases, while exposure to violence, loss of family members, destruction of livelihoods and displacement can generate significant psychological distress. The health strategy will therefore focus on strengthening community-level prevention, early identification, first aid, referral, basic and focused psychosocial support. MSF-Belgium's health response will be considered in planning and targeting, allowing NRCS to prioritize underserved populations and locations and strengthen the link between communities and existing health services. The 50 volunteers across the seven affected LGAs will serve as the main community-level health link. Health promotion will be closely integrated with the WASH response, particularly around prevention of waterborne diseases, hygiene, safe water use and other health risks associated with displacement and overcrowding. Volunteers and community resilience committees will also receive first aid training to enable them to provide immediate assistance to people with minor injuries and stabilize injured persons while facilitating referral to health facilities. This will be particularly important in communities where insecurity, distance or financial constraints may delay access to formal care. Basic and focused Psychosocial Support will form part of the volunteer training and community response, enabling volunteers to provide basic emotional and practical support and identify people who require further psychosocial or protection assistance.

The operation will facilitate the establishment of peer support groups among displaced and host community members. These groups will provide safe opportunities for people experiencing distress to share experiences, strengthen social support and identify individuals requiring additional assistance or referral. The operation will pay particular attention to children, caregivers, survivors of violence, people who have lost family members and others experiencing heightened distress as a result of the crisis.

The operation will include measures to support the mental health and psychosocial well-being of staff and volunteers who may be exposed to distressing situations. These will include pre-deployment briefings, regular team check-ins, peer support, adequate rest and rotation of volunteers, and access to basic and focused psychosocial support and referral where needed. Supervisors will monitor signs of stress and fatigue and encourage staff and volunteers to seek support when required. Volunteers will also receive appropriate briefing on safe engagement with affected communities and the limits of their roles to reduce unnecessary exposure to distressing situations.

- Community Engagement and Accountability: CEA will be mainstreamed across the operation to ensure that affected people are informed, consulted and able to influence decisions that affect them. CEA will be integrated into the planning, targeting, delivery and monitoring of all sector interventions, using NRCS volunteers and existing community structures as the main link between the operation and affected communities. CEA will support all sectors by ensuring that assistance is understood, accessible and responsive to actual needs. For multipurpose cash assistance, communities will receive clear information on eligibility criteria, transfer amounts, distribution arrangements and how to raise concerns or report problems. For shelter and household items, engagement with displaced households will help identify priority needs, understand what assistance has already been received and reduce duplication. In WASH and health, volunteers will use community dialogue and RCCE approaches to promote safe water handling, hygiene, disease prevention, health-

seeking behavior and timely referral, while community feedback will help identify emerging health and WASH concerns. CEA will also support protection and PGI by providing safe and confidential channels for people to raise protection concerns, report misconduct or seek referrals without fear of retaliation.

Information will be provided through appropriate and accessible channels, including community meetings, household-level engagement, volunteer outreach and existing community structures. Communication will be adapted to the local context and will consider language, literacy, gender, age and disability to ensure that women, children, persons with disabilities and other groups who may face barriers to information are able to participate meaningfully.
Two-way communication will remain central throughout implementation. Communities will be able to ask questions, provide feedback, raise complaints and report gaps or concerns through established feedback mechanisms. Volunteers and sector teams will document and escalate issues requiring action, while feedback, complaints and post-distribution monitoring findings will be regularly reviewed by the operation team. These findings will inform adjustments to targeting, assistance packages, delivery arrangements and sector priorities, ensuring that the response remains relevant as displacement patterns and needs evolve.

- Migration and Displacement: The operation will establish and support Humanitarian Service Points (HSPs) at appropriate locations receiving displaced populations. The HSPs will provide a safe and accessible point where displaced people can obtain information on available assistance and services, seek guidance on referral pathways, raise concerns and access support to navigate available humanitarian and government services. They will also provide an important channel for identifying emerging needs, protection concerns and gaps in assistance among people who may otherwise remain dispersed within host communities or temporary accommodation.

Fifteen NRCS volunteers will be assigned to support the HSPs and help desks. They will provide information to displaced and host community members on assistance eligibility, available services, distribution arrangements, health and WASH services, protection and referral pathways, while receiving and directing questions, feedback and complaints to the appropriate sector teams. The volunteers will also support basic registration and verification, identify people with specific needs and facilitate referrals, while ensuring that sensitive protection cases are handled confidentially and through appropriate referral mechanisms.

The HSPs and volunteer network will complement, rather than replace, community-level displacement monitoring. Volunteers will regularly gather information on changes in population locations, new arrivals, onward movement, household composition and emerging needs, including among people staying with host families. This information will be used to update operational targeting and identify underserved groups, while helping the operation determine when and where assistance or referrals need to be adjusted.

Information generated through the HSPs, help desks and community monitoring will be shared through established coordination mechanisms with SEMA, LGAs, NEMA and relevant humanitarian partners. This will allow the operation to remain responsive to changing population movements while maintaining clear accountability for the approved DREF caseload and ensuring that assistance continues to reach the most vulnerable displaced people as their circumstances evolve.

- Protection, Gender and Inclusion will be mainstreamed throughout the operation to ensure that assistance is delivered safely, equitably and with dignity, while responding to the different risks and barriers faced by displaced and host community members. PGI considerations will be incorporated into assessment, identification and targeting, cash assistance, shelter and household item support, WASH, health, HSPs and community engagement. Volunteers and relevant community structures will be trained to identify people with specific needs and protection concerns, communicate safely with affected populations and facilitate appropriate referrals. Particular attention will be given to separated or unaccompanied children, people at risk of or affected by SGBV, persons with disabilities, older people and households requiring additional support to access assistance safely and with dignity.

The operation will establish safe spaces at appropriate locations serving displaced populations, providing an environment where women, girls and other people requiring additional protection and psychosocial support can access information, basic support and referral services in a safer and more confidential setting. The safe spaces will also provide opportunities for structured awareness and peer-support activities and will help identify protection concerns that may otherwise remain hidden within overcrowded displacement settings. Where specific protection, health, psychosocial or other specialized needs are identified, individuals will be referred through established and appropriate service pathways.

The operation will provide dignity kits to vulnerable 1000 women and adolescent girls, conducted in a manner that protects privacy and dignity and will be accompanied by appropriate information on available health, protection and referral services.

A functional referral mechanism will link community-level identification with available health, protection, psychosocial, child protection and other specialized services. NRCS volunteers, HSP/help-desk personnel and safe space facilitators will be equipped with information on available services and referral pathways. Cases requiring specialized or confidential support will be handled sensitively and referred through established mechanisms, with confidentiality and informed consent respected as appropriate.

PGI will work closely with CEA to ensure that protection information and reporting channels are known and accessible to affected populations. Communities will receive clear information on their rights, available services, assistance eligibility, referral options and expected standards of staff and volunteer conduct. CEA channels, including dedicated call lines/help lines and community-based feedback

mechanisms, will provide additional avenues for people to ask questions, raise concerns, report protection issues or seek information on available support. Communication will be adapted to ensure that women, persons with disabilities, people with low literacy and other groups facing communication barriers can access and use these channels.

Protection from Sexual Exploitation and Abuse (PSEA) and safeguarding will be integrated across all activities. Communities will be informed of prohibited behaviors, their right to receive assistance without exploitation or abuse, and safe channels for reporting concerns. Volunteers and staff will be required to maintain appropriate professional boundaries and confidentiality, with sensitive cases referred through designated mechanisms rather than handled directly at community level.

PGI findings from assessments, safe spaces, HSPs, help desks, call lines, community feedback, referrals and post-distribution monitoring will be routinely reviewed by the operation team. This will help identify emerging risks and barriers and inform adjustments to targeting, assistance delivery, communication, accessibility and referral arrangements.

Given the recurrent nature of conflict-induced population movements in Kebbi and neighbouring states, NRCS and IFRC will use this operation to strengthen the basis for a more predictable and sustainable population movement response, rather than relying on repeated emergency interventions. This will include strengthening displacement monitoring, service mapping, referral pathways, trained volunteers and community structures, as well as coordination with government and humanitarian actors in affected and high-risk areas.

The experience and evidence generated through this and previous operations, including MDRNG043, will inform the development of a longer-term preparedness and response approach for recurrent displacement. Where the scale and duration of needs warrant it, NRCS will consider an Emergency Appeal or other appropriate longer-term programming modality to address protracted needs that cannot be adequately addressed through DREF.

In parallel, the Country Delegation is supporting the NRCS in exploring additional longer-term resources and funding opportunities, including engagement with donors and partners, to support preparedness, early response, protection and assistance for recurrent conflict-induced displacement across the affected and neighboring states. This will support a gradual shift from repeated short-term emergency responses towards a more sustainable framework for addressing population movement and its longer-term humanitarian consequences.

Targeting Strategy

Targeting Strategy Supporting Document

Who will be targeted through this operation?

The operation will target conflict-displaced populations in Kebbi State, with an overall operational target of approximately 7,700 displaced people. The response will focus primarily on people who have been forced to leave their communities because of armed attacks and insecurity and are currently living in public facilities, temporary locations or with host families. As displacement is dispersed and continues to evolve, the operation will not rely solely on formal displacement sites when identifying beneficiaries.

Within the displaced population, particular attention will be given to households with heightened vulnerability and limited capacity to meet their basic needs. These will include female-headed households; households with children; pregnant and lactating women; older people; persons with disabilities; people injured during the conflict or with other significant health needs; households caring for separated or unaccompanied children; and households that have lost homes, productive assets, livelihoods or essential household possessions. People facing specific protection risks, including those affected by family separation, violence, exploitation or other protection concerns, will also be prioritized for appropriate support and referral.

The 7,700 target refers to displaced persons, irrespective of their current location. This includes displaced households living in informal IDP camps/settlements as well as those hosted within communities. Displaced persons staying within host communities are therefore included in the 7,700 target and are not counted as a separate host-community beneficiary group.

The principal household-level targets will be differentiated according to the type of assistance required. 1,500 of the most vulnerable displaced households will receive multipurpose cash assistance to meet immediate food and personal needs, including emergency WASH and Shelter assistance. Dignity kits will be provided to 1,000 vulnerable women and adolescent girls identified through PGI screening. Health, WASH, protection, CEA and referral services will be delivered more broadly according to identified needs, while 50 volunteers across seven LGAs will support community-level WASH and health activities and 15 volunteers will support Humanitarian Service Points and help desks.

While the response will primarily target the 7,700 displaced persons, some activities such as WASH, health, protection and CEA may also incidentally reach vulnerable members of host communities where they share services, facilities or resources with displaced populations. Such host-community reach is not a separate beneficiary target but is intended to support effective delivery of the life-saving response and reduce potential tensions arising from pressure on shared services.

Selection will be based on need, vulnerability and displacement status, rather than on the location of the household alone. The assessment findings will provide the initial basis for identifying affected households, followed by household-level screening and community verification. This approach will help ensure that assistance reaches people with the greatest humanitarian needs and reduces the risk of excluding displaced households who are staying outside recognized displacement sites.

For household-level assistance, the following criteria will be considered:

- Conflict-induced displacement: households that have been forced to leave their communities because of the current insecurity and have not been able to safely return.
- Living conditions: households living in inadequate, overcrowded or temporary accommodation, including those staying in public facilities or with host families.
- Loss of assets and livelihoods: households that have lost homes, productive assets, livestock, agricultural inputs, businesses or other sources of income as a result of the conflict.
- Food and basic needs gaps: households with limited access to food, essential household items, safe water, health services and other basic necessities.
- Household composition: priority to households with children, pregnant or lactating women, older persons and high dependency ratios.
- Disability and health-related vulnerability: households including persons with disabilities, people injured during the conflict or people with significant health needs that affect their ability to meet basic needs.
- Protection concerns: households affected by family separation, unaccompanied or separated children, SGBV risks, abduction, violence or other significant protection concerns.
- Economic capacity: priority to households with limited income, savings or other resources to independently recover from the shock.
- Access to assistance: consideration of whether households have already received assistance from other actors, in order to reduce duplication and identify those who remain underserved.

The selection process will involve assessment data, household vulnerability screening, community-level verification and CEA feedback mechanisms. Community leaders and volunteers will support identification and verification, but final selection will be reviewed by NRCS against agreed criteria to reduce favoritism, discrimination and exclusion. People who believe they have been incorrectly excluded will be able to seek clarification or raise concerns through the HSPs, help desks, call lines and other established feedback channels.

The operation will apply an inclusive, needs-based approach and will not discriminate on the basis of gender, age, disability, nationality, ethnicity, religion or other status. Displaced migrants, refugees, returnees or other non-host populations, where present within the operational area, will be considered on the same humanitarian-needs and vulnerability basis. Reasonable support will be provided to people facing physical, communication or other barriers to registration and access to assistance.

Explain the selection criteria for the targeted population

The operation will prioritize households that have been forced to leave their communities and have limited capacity to meet their immediate needs or recover without external assistance.

Priority will be given to households experiencing multiple and overlapping vulnerabilities, including those with inadequate shelter or living conditions, limited access to food and other basic needs, loss of livelihoods or productive assets, and limited income or other coping capacity. Additional priority will be given to female-headed households, households with children, pregnant and lactating women, older people, persons with disabilities, people injured during the conflict or with significant health needs, and households caring for separated or unaccompanied children. Households facing specific protection concerns, including family separation, SGBV risks, exploitation or other safety concerns, will also be identified for appropriate protection support and referral.

The criteria will be applied according to the type of assistance. For multipurpose cash assistance, priority will be given to the most vulnerable displaced households with significant unmet food and basic-needs gaps and limited resources to meet them. For relief and shelter/NFI assistance, selection will focus on households whose homes or essential household possessions have been destroyed, abandoned or lost and those living in inadequate or overcrowded conditions. Dignity kits will target vulnerable women and adolescent girls with identified menstrual hygiene and dignity needs. Health, protection and referral support will be provided based on individual, or household needs identified through community outreach and case identification.

Community leaders and NRCS volunteers will support the identification of vulnerable households. Information on assistance and eligibility criteria will be communicated through CEA channels, while HSPs, help desks and call lines will provide opportunities for affected

people to seek clarification, provide feedback or raise concerns about targeting.
Targeting will be reviewed throughout implementation as population movements and needs change. Feedback, post-distribution monitoring, protection referrals and information from the HSPs will be used to identify households that may have been missed and to adjust targeting where necessary, while remaining within the approved DREF targets.

Total Targeted Population

Women	1,448	Rural	-
Girls (under 18)	2,641	Urban	-
Men	1,016	People with disabilities (estimated)	15%
Boys (under 18)	2,595		
Total targeted population	7,700		

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
Deterioration of the security situation and restricted humanitarian access.	Security analysis will be conducted by IFRC and NRCS Security Officers, before field movements and activities, with regular updates from NRCS, SEMA, security authorities, ICRC and community structures. Movement will be based on security clearance and context-specific risk assessments, with activities postponed, relocated or delivered through alternative arrangements when required. The operation will maintain flexible implementation plans and avoid unnecessary concentration of staff, volunteers or beneficiaries at high-risk

	locations. Remote monitoring and communication will be used where physical access is temporarily restricted.
Continued or new displacement changes the operational caseload and location of affected people.	NRCS will use its branch and volunteer network to monitor population movements and emerging needs. HSPs and help desks will provide additional points for identifying newly displaced and underserved people. Targeting will be reviewed against agreed vulnerability criteria, while sector teams will maintain flexibility in implementation locations. Changes will be documented and communicated through coordination structures with SEMA, LGAs, NEMA and humanitarian partners.
Delays or weaknesses in procurement, cash delivery, logistics and operational processes.	Procurement and financial planning will begin early, with clear responsibility and timelines for each major procurement and payment. The existing Movement arrangement for cash delivery will be used where appropriate to reduce set-up time. NRCS will make use of the prepositioned stocks in the warehouse, while the procurement process continues. IFRC and NRCS teams will monitor burn rate, procurement milestones and reporting requirements through regular operational reviews and escalate bottlenecks early. Local available supplies will be considered.
Protection, safeguarding, PSEA and fraud risks associated with humanitarian assistance.	PGI, PSEA and safeguarding will be integrated into all stages of the operation. Staff, volunteers and community structures will receive appropriate training and briefing on safeguarding, prevention of sexual exploitation and abuse, confidentiality and sign the code of conduct. IFRC's safeguarding framework emphasizes prevention of harm and survivor-centered approaches, while its fraud framework promotes multiple lines of defense across operations and compliance.

Please indicate any security and safety concerns for this operation:

The security situation remains fluid, and further attacks may occur with limited warning, particularly in communities close to areas affected by armed group activity. This presents risks to NRCS staff, volunteers, community resilience committee members and affected populations, particularly during field movements, assessments, distributions and community-based activities.

The major security concerns are armed attacks, abduction, exposure to violence and movement-related incidents while personnel and volunteers are travelling to or working in affected communities. Population movements may also occur suddenly following new incidents, potentially requiring activities to be suspended, relocated or delivered through alternative arrangements. The concentration of displaced people at public facilities and other gathering points may create additional risks during distributions and other activities, including overcrowding and uncontrolled access.

There are also safety risks associated with the operating environment, including poor road conditions, long-distance travel to dispersed communities, limited communications coverage in some locations, overcrowding, exposure to communicable diseases and the psychological impact of working with people affected by violence and loss. Volunteers providing first aid, health outreach, case identification and protection support may be exposed to distressing situations and will require appropriate briefing, supervision and psychosocial support.

All field activities will be guided by NRCS and IFRC security and safety procedures, including the use of Movement Security Risk (MSR) assessments before deployment to operational locations. MSR assessments will consider the prevailing security context, threats, routes, means of transport, communications, access constraints and available mitigation measures. They will be reviewed whenever there is a significant change in the security environment and will inform decisions on whether, when and how activities can safely proceed.

Safer Access training and briefings will be provided to staff, volunteers and relevant community-based personnel involved in the operation. This will strengthen understanding of the Fundamental Principles, acceptance, identification and visibility of the Movement, behaviour and communication in conflict-affected environments, personal security, negotiation and interaction with communities and other actors, and appropriate action when confronted with security incidents. Volunteers will be particularly supported to understand their limits and will not be expected to enter or remain in areas assessed as presenting unacceptable risks.

Personnel and volunteers will receive regular security updates and context briefings throughout the operation. These will draw on information from NRCS security structures, IFRC Security Officer, ICRC, SEMA, relevant authorities, community networks and other reliable sources. Updates will be provided before field movements and whenever there are significant changes in the security situation. Field teams will maintain clear communication and check-in arrangements, with designated focal points responsible for monitoring movements and escalating security concerns.

Movement plans will include approved routes, communication procedures, check-in requirements, designated focal points and clear arrangements for responding to security incidents. Activities may be postponed, relocated or suspended where security conditions deteriorate. Where physical access is temporarily restricted, NRCS will use its branch and volunteer network, remote communication and other safe delivery arrangements to maintain appropriate contact with affected communities where feasible.

Particular attention will be given to the safety of volunteers, who will undertake significant community-level activities. Volunteers will work in teams or through designated community structures where appropriate, avoid unnecessary movement after dark and follow agreed movement and reporting procedures. Appropriate identification and visibility measures will be used while ensuring that these do not inadvertently increase exposure to risk.

Given the nature of the crisis, security will remain a dynamic operational consideration throughout the six-month response. Security information, MSR findings, access constraints and incident reports will be regularly reviewed by NRCS and IFRC. Significant changes will trigger reassessment of planned activities and, where necessary, temporary suspension, relocation or alternative delivery arrangements. The safety and security of personnel, volunteers and affected communities will remain a prerequisite for implementation.

Has the child safeguarding risk analysis assessment been completed?	**Yes**

Planned Intervention

Shelter Housing And Settlements

Budget: CHF 267,178
Targeted Persons: 7,700

Indicators

Title	Target
Number of Displaced households receiving emergency shelter/essential household items	1,500
Number of monitoring exercises conducted	7
Displaced HHs living in open spaces/inadequate conditions receiving emergency shelter materials, including tarpaulins and sleeping mats	1,500
Displaced HHs living in host communities, public facilities or temporary centres receiving essential HH items based on identified needs	1,500

Priority Actions

• Procure and distribute emergency shelter and essential household items to 1,500 of the most vulnerable displaced households
• Provide essential household items, including emergency survival kits, kitchen sets, sleeping mats and other priority items identified through the needs assessment.
• Prioritize households living in public facilities, temporary accommodation, overcrowded conditions and host-community arrangements where essential household items have been lost, damaged or left behind.
• Coordinate with SEMA, LGAs, community leaders and other humanitarian actors to identify gaps and minimize duplication of assistance.

Multi Purpose Cash

Budget: CHF 157,173
Targeted Persons: 7,700

Indicators

Title	Target
Number of Vulnerable displaced households receiving MPCA	1,500
Number of volunteers trained to support MPCA	20
% of beneficiaries reached during PDM	20

Priority Actions

• Train 20 NRCS volunteers to conduct household vulnerability screening and verification to identify 1,500 of the most vulnerable displaced households for MPCA.
• Provide ₦161,642 per household, approximately CHF 88, in line with the agreed Cash Working Group transfer value.
• Coordinate with the National Cash Working Group and relevant humanitarian actors to promote harmonization, avoid duplication and maintain appropriate cash programming standards.
• Conduct Post distribution monitoring to reach at least 20% of beneficiaries.

Health

Budget: CHF 61,035
Targeted Persons: 7,700

Indicators

Title	Target
NRCS volunteers trained in first aid, health promotion and referral	50
Displaced people reached with health promotion and disease-prevention messages	7,700
Percentage of persons identified with health needs and appropriately referred	100
Number of Peer support group established	7
Number of volunteers providing MHPSS to affected population	15
Number of staff and volunteers receiving mental health and psychosocial well-being support and/or referral.	80

Priority Actions

• Provide first aid training to selected volunteers and community resilience structures to enable immediate management and stabilization of injuries before referral.
• Strengthen community-level identification and referral of people requiring medical attention, including injured persons, pregnant women, children and people with other urgent health needs.
• Provide basic and focused psychosocial support to people experiencing distress following violence, displacement, injury, loss and family separation.
• Establish and support peer-support groups among displaced and host communities to provide basic psychosocial support and facilitate referral where specialized assistance is required.
• Provide mental health and psychosocial well-being support to staff and volunteers through pre-deployment briefings, regular check-ins, peer support, adequate rest/rotation, and referral for basic and focused psychosocial support where required.

Water, Sanitation And Hygiene

Budget: CHF 60,004
Targeted Persons: 7,700

Indicators

Title	Target
Number of NRCS volunteers trained on hygiene promotion and household WASH practices	50
Number of displaced people reached with hygiene promotion messages	7,700
Number of households that receive WASH NFIs inclidng mosquito nets	1,500
Number of damaged/non-functional water points rehabilitated	7
Number of WASH committees set up and trained	7
Number of clean-up campaigns conducted.	7
Number of mobile cinema sessions conducted	7

Priority Actions

• Train 50 NRCS volunteers across seven affected LGAs on hygiene promotion, safe water handling and storage, household water treatment, hand hygiene, sanitation and prevention of waterborne diseases.
• Conduct regular hygiene promotion and community awareness sessions in displacement and host-community locations.
• Distribute Aqua tabs, water storage containers and mosquito nets to 1,500 vulnerable households to support household water treatment and reduce the risk of waterborne diseases.
• Rehabilitate damaged, destroyed or non-functional water points in priority locations hosting displaced populations, where technically and operationally feasible.
• Coordinate with SEMA, LGAs, MSF-Belgium and other WASH actors to identify existing services and prioritize locations where significant gaps remain.
• Set up Community WASH committees to encourage ownership, promote participation and ensure sustainability.

Protection, Gender And Inclusion

Budget: CHF 22,229
Targeted Persons: 7,700

Indicators

Title	Target
Number of Displaced people reached with protection, gender and inclusion information	7,700
Number of Safe spaces established/supported	7
Number of vulnerable women and adolescent girls receiving dignity kits	1,000
Staff and volunteers trained on PGI, PSEA, SGBV risk mitigation and safe referral	15
Percentage of Unaccompanied/separated children identified and safely referred	90

Percentage of Protection/PSEA concerns received through established mechanisms and appropriately referred	90
Number of HSPs/help desks established and operational	7
Number of staff/volunteers briefed and signing the CoC	80

Priority Actions

• Integrate PGI considerations across all sectors and stages of the operation, including assessment, targeting, distributions, cash assistance, WASH, health, HSPs and monitoring.
• Establish and strengthen referral pathways for protection, health, mental health and psychosocial support, child protection and other specialized services.
• Train and deploy 15 trained volunteers to support HSPs/help desks, provide information, identify needs and facilitate referrals
• Establish or support safe spaces at appropriate locations where displaced women, girls and other people facing heightened protection risks can access information, psychosocial support, peer support and referrals.
• Provide dignity kits to 1000 vulnerable women and adolescent girls identified through the assessment and PGI screening.
• Strengthen identification and referral of unaccompanied and separated children and other children facing protection risks.
• Support safe referrals and, where relevant, link cases to appropriate family tracing and reunification services.
• Conduct community sessions on protection risks, rights, available services, safe referral pathways and mechanisms for reporting concerns, using accessible and culturally appropriate communication approaches that enable women, children, persons with disabilities and other groups to participate safely.
• Establish and support Humanitarian Service Points (HSPs) and help desks at appropriate locations receiving displaced populations
• Monitor population movements and displacement patterns through NRCS branches, volunteers, HSPs and community structures
• Brief staff and volunteers on safeguarding, PSEA and the Code of Conduct, and ensure the CoC is signed.

Community Engagement And Accountability

Budget: CHF 5,078
Targeted Persons: 7,700

Indicators

Title	Target
Number of Displaced people provided with information on available assistance, eligibility and services	7,700
Number of affected communities engaged through community consultations/meetings	7
Number of Humanitarian Service Points/help desks providing CEA support	7
Number of volunteers trained on CEA and feedback/complaints handling	15

Priority Actions

• Strengthen accessible two-way feedback and complaints mechanisms at response locations, including through NRCS volunteers, Humanitarian Service Points/help desks, community meetings and dedicated communication channels.
• Conduct community entry and engagement to community leaders, women and youth representatives, persons with disabilities and other relevant groups before implementation.
• Disseminate clear information on beneficiary selection, eligibility criteria, verification, distribution arrangements, cash assistance, NFI support and other available services.

• Ensure sensitive complaints, including protection and safeguarding concerns, are handled confidentially and referred through appropriate channels.
• Hold focus group discussions and periodic consultations with displaced and host communities to assess whether assistance remains relevant and accessible.
• Share feedback and key findings with the response team and use them to adjust targeting, assistance, communication and implementation where required.
• Train 15 frontline volunteers on effective community engagement, active listening, information provision, feedback collection, complaints handling, confidentiality and safe referral.

Secretariat Services

Budget: CHF 59,442
Targeted Persons: 100

Indicators

Title	Target
Targeted LGAs with security assessment completed before field activities	7
NDRT personnel deployed to support field coordination	2
Monthly operational and financial review meetings conducted and documented	6
Lessons learned workshop conducted and documented	1

Priority Actions

• Provide remote and field-base technical and operational support to NRCS throughout the six-month operation.
• Conduct security assessments in targeted LGAs prior to the commencement of field activities.
• Support the deployment of NDRT personnel to support field-level coordination, technical oversight, monitoring and operational problem-solving.
• Provide financial and procurement support to strengthen budget management, procurement planning, compliance, documentation and timely reporting.
• Support security and safety management, including context analysis, Movement Security Risk assessments, security briefings and advice on field access.
• Conduct monthly operational reviews to assess progress and revise strategies in line with emerging needs
• Facilitate lessons learned workshop to assess achievements, challenges and operational performance.

National Society Strengthening

Budget: CHF 112,717
Targeted Persons: 80

Indicators

Title	Target
Number of staff and volunteers provided with essential PPE/field materials	80

Number of staff and volunteers trained/oriented on Safer Access	80
Number of Staff and volunteers covered by appropriate insurance	80
PDM exercises conducted	1

Priority Actions

• Conduct an inception meeting bringing together relevant NRCS national and branch teams, volunteers and IFRC technical support.
•Conduct a detailed multi-sector needs assessment to validate displacement patterns, household vulnerabilities, priority needs and existing service coverage.
• Procure and provide essential PPE and field identification items for volunteers, including raincoats, safety boots, face caps, hand sanitizers, masks and operational aprons.
• Conduct Safer Access training for staff and volunteers operating in conflict-affected and volatile locations.
• Provide regular security and context briefings before and during field deployments.
• Provide appropriate insurance coverage for staff and volunteers engaged in field activities under the operation.
• Conduct mandatory orientation on the NRCS/IFRC Code of Conduct, PSEA, safeguarding, prevention of sexual exploitation and abuse, and expected standards of behavior.
• Conduct PDM following key assistance interventions, including cash and NFI distributions.

About Support Services

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

A total of approximately 100 personnel will be involved in the operation, comprising 80 NRCS volunteers and approximately 10 branch staff and 10 technical personnel from the NRCS national supported by NDRT personnel and IFRC technical staff.

The 80 volunteers will form the main frontline workforce across the seven affected LGAs. They will support community engagement and accountability, population movement monitoring, Humanitarian Service Points/help desks, hygiene and health promotion, first aid and referrals, PGI and protection activities, distributions, beneficiary verification, monitoring and feedback collection. Volunteers will be deployed according to the needs and security situation of each location rather than uniformly across all LGAs.

The NRCS Kebbi Branch team will provide day-to-day operational management and coordination at branch level, including field planning, volunteer mobilization and supervision, liaison with local authorities and community structures, logistics, documentation and reporting. Relevant national-level NRCS staff will provide oversight and technical support in disaster management, finance, procurement, PMER/data management, CEA, PGI, WASH, health and cash assistance.

NDRT personnel will be deployed to strengthen field coordination, technical oversight, monitoring and operational problem-solving. The operation will also provide an opportunity to test the "Managing Emergency Operations Training and deployment modality, allowing NDRT members to rotate through the operation and maintain sustained field coordination.

The IFRC Abuja Cluster Delegation will provide remote and field-based technical and operational support throughout the six-month operation, including support for planning, security and safer access, finance and procurement, cash, sector coordination, monitoring, reporting and operational reviews. IFRC support will be coordinated with the NRCS operation leadership and will not replace National Society leadership of the response.

Overall leadership will remain with the NRCS Disaster Management Directorate, with the relevant national and branch disaster management leadership overseeing implementation and coordination. Sector focal points and technical leads will support the respective areas of intervention, while the Branch team will manage day-to-day field implementation and volunteer deployment.

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?

The NRCS volunteer network in Kebbi provides a strong community-based platform, with volunteers recruited from and familiar with the affected communities, local languages, cultural norms and community structures. This supports acceptance and helps ensure that engagement with displaced and host communities is appropriate and trusted.

The operation will deliberately seek a balanced composition of volunteers, with particular attention to the availability of female volunteers for engagement with women and adolescent girls, PGI screening, dignity kit distribution, safe spaces and protection-related referrals. Volunteers will be deployed according to the characteristics and needs of each location, rather than using a uniform deployment approach.

Potential gaps may include limited availability of female volunteers in some locations, uneven representation of volunteers from newly affected communities, and gaps in specialized skills. These will be addressed through targeted mobilization and deployment of additional volunteers where required, combining experienced volunteers with those drawn from the affected communities. Volunteers will also receive orientation on PGI, PSEA, safeguarding, CEA, conflict sensitivity and safe referral.

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

The operation will apply a direct IFRC oversight and payment modality for all transactions under the DREF. Under this arrangement, NRCS will remain responsible for operational planning, field implementation, beneficiary identification, community engagement, distribution and activity verification, while IFRC will provide enhanced financial, procurement and compliance oversight.

For transactions covered by the modality, IFRC will undertake the required procurement and/or process payments directly to approved suppliers and service providers, based on properly authorized requests and supporting documentation from NRCS. This will provide stronger segregation of duties, improve transaction traceability and strengthen compliance with IFRC financial and procurement requirements. NRCS will provide the technical specifications, quantities, activity requirements, verification and confirmation that goods or services have been received and are fit for purpose.

Procurement will leverage existing Framework agreement for non-food items, prioritize local suppliers and service providers where the required goods and services are available locally and security conditions permit, with international sourcing used only where necessary. Procurement timelines will be planned at the start of the operation to avoid delays to distributions and other time-critical activities.

The arrangement will also include regular reconciliation, review of supporting documentation, budget monitoring and transaction follow-up between NRCS and IFRC. This approach is intended to maintain National Society ownership of the response while providing the additional financial and procurement controls required for effective DREF implementation.

For MPCA, NRCS will use the existing ICRC–Zenith Bank framework arrangement to facilitate delivery through prepaid cards. IFRC will make a direct transfer to the Financial Service Provider, upon request by NRCS and will jointly ensure that the beneficiary list, transfer value, verification and supporting documentation meet the required controls before payment is authorized.

How will this operation be monitored?

The operation will combine routine field monitoring, activity tracking, beneficiary feedback, PDM, financial monitoring and monthly operational reviews to track implementation and measure results. NRCS will lead day-to-day monitoring through the Kebbi Branch, national technical teams and designated monitoring personnel, with information consolidated against the approved DREF indicators and workplan.

Data will be collected through standard NRCS/IFRC monitoring and reporting tools, including digital data-collection platforms such as Kobo collect. Key indicators will include the number of people and households reached with MPCA, shelter/NFI, WASH, health, protection and livelihood support; volunteer deployment and training; functioning HSPs/help desks; referrals; community feedback; and progress against procurement and financial milestones. Post-Distribution Monitoring will be conducted following key assistance, particularly MPCA and NFI distributions, to assess coverage, relevance, accessibility, safety, satisfaction and any unintended effects. Community feedback and complaints will be analyzed and incorporated into operational decisions.

Monthly operational reviews will bring together NRCS and IFRC to assess progress, expenditure, procurement, security, access, beneficiary feedback and emerging needs. These reviews will allow the operation to revise sequencing, targeting or delivery approaches

where required. An End-of-Response review and lessons-learned exercise will document achievements, challenges and recommendations.

IFRC will provide remote monitoring throughout the operation and field monitoring visits where security and access permit. Monitoring visits will focus on verification of activities, financial and procurement compliance, quality assurance, technical support and follow-up of identified gaps. Movement Security Risk assessments and security updates will inform all IFRC field deployments.

During the six-month operation, NRCS and IFRC will:
- Map available services and actors in the seven LGAs and maintain referral pathways for health, protection, WASH and other essential services.
- Strengthen government and community structures, including coordination with relevant state/LGA authorities and RUWASSA, and support WASH committees to maintain rehabilitated water points.
- Strengthen NRCS volunteer capacity for population movement monitoring, community engagement, referrals and future emergency response.
- Document remaining needs and response gaps through monitoring and the final assessment, including needs that require longer-term assistance beyond the DREF.
- Develop recommendations for longer-term programming based on the evidence from this and previous displacement responses, including consideration of an EA or other appropriate modality where recurrent needs exceed the scope of DREF.

The operation will gradually hand over ongoing needs to relevant government and humanitarian actors, while strengthening local capacity to continue supporting affected communities. Lessons and gaps identified during the response will also inform longer-term preparedness and response planning, with the aim of reducing reliance on repeated DREFs for recurring displacement needs.

Please briefly explain the National Societies communication strategy for this operation

NRCS will maintain a coordinated communication approach covering internal operational communication, communication with affected communities and external humanitarian communication. Internally, information will be shared through regular coordination meetings, operational updates, branch reporting, email and agreed team communication channels. Branch and national teams will maintain regular communication on implementation progress, security, emerging needs, beneficiary feedback and operational challenges.

For affected communities, communication will be integrated into all response activities. NRCS volunteers, HSPs/help desks, community meetings and other accessible channels will provide information on eligibility, assistance, distribution arrangements, available services, referral pathways and complaints mechanisms. Communication will use appropriate local languages and formats and will be adapted to the needs of women, children, older people and persons with disabilities.

For external communication, NRCS will document the response through approved photographs, human-interest stories, situation updates, media engagements and social media content, while ensuring informed consent, dignity, confidentiality and safeguarding. Sensitive information that could expose displaced people, staff or volunteers to protection or security risks will not be publicly disclosed.

The IFRC will support NRCS with communications and visibility guidance, content development, documentation and quality assurance, including support from communications personnel within the Abuja Cluster Delegation. All external communication will remain coordinated with NRCS and aligned with Movement visibility, consent, safeguarding and data-protection requirements.

Budget Overview

IFRC

DREF OPERATION

- Nigeria
Population Movement

Operating Budget

Planned Operations	**572,698**
Shelter and Basic Household Items	267,178
Livelihoods	0
Multi-purpose Cash	157,173
Health	61,035
Water, Sanitation & Hygiene	60,004
Protection, Gender and Inclusion	22,229
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	5,078
Environmental Sustainability	0
Enabling Approaches	**172,159**
Coordination and Partnerships	0
Secretariat Services	59,442
National Society Strengthening	112,717
TOTAL BUDGET	**744,857**

all amounts in Swiss Francs (CHF)

Internal

Click here to download the budget file

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

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Click here for the reference