



Distribution of kits in Maradi

Appeal: MDRNE028	Total DREF Allocation: CHF 497,452	Crisis Category: Orange	Hazard: Flood
Glide Number: -	People Affected: 1,690,000 people	People Targeted: 200,000 people	People Assisted: 205,590 people
Event Onset: Sudden	Operation Start Date: 17-08-2023	Operational End Date: -	Total Operating Timeframe: 8 months
Targeted Regions: Dosso, Maradi, Zinder			

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

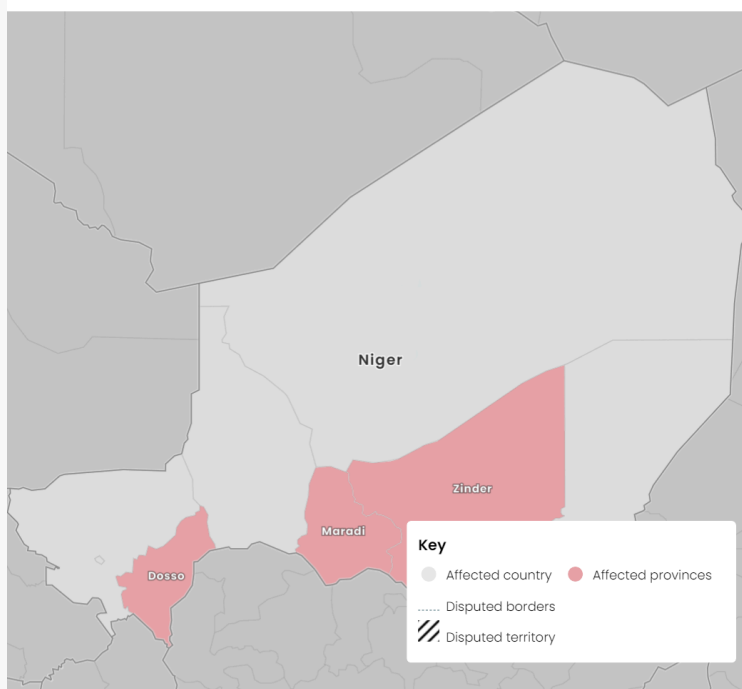
Description of the Event



+CIFRC

NER: Flood – 2023-08 – Imminent Floods in Niger

18 août 2023



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. Data sources: IFRC, OSM contributors, Map box. Map Sources: ICRC, UN CODs ⓘ

Date of event

24-10-2023

What happened, where and when?

Between August and September 2023, several regions of Niger experienced heavy rainfall, leading to widespread and prolonged flooding, particularly in the areas targeted by the DREF operation. Simultaneously, a diphtheria outbreak rapidly spread across all eight regions of the country, with over 2,000 reported cases. The epidemic was exacerbated by population displacement and overcrowded living conditions resulting from the floods. Although the threshold of 100 mm of rainfall required to trigger anticipatory actions was not met, the African Centre of Meteorological Applications for Development (ACMAD) reported sustained rainfall of 60 to 80 mm over four consecutive weeks in the regions of Maradi, Dosso, and Zinder, prompting a reassessment of the situation.

By mid-September, approximately 50,000 people had already been affected, according to OCHA. The situation deteriorated significantly in October. As of 9 October 2023, the Directorate General of Civil Protection (DGPC) recorded 20,126 affected households nationwide—amounting to nearly 169,600 people—62% of whom were located in the Maradi region. Fifty-two fatalities were reported, and an additional 6,000 individuals were displaced between 9 and 24 October, as shared during the humanitarian coordination meeting held by the Ministry of Humanitarian Action on 24 October.

The Red Cross Society of Niger (CRN), actively engaged in the health cluster, was alerted during the 11 October coordination meeting to a surge in diphtheria cases in the regions of Maradi and Zinder—both within the DREF operational zones. A total of 1,440 cases and 69 deaths were confirmed. A national response plan was urgently developed, and during a subsequent meeting on 23 October, the Ministry of Health appealed to humanitarian partners for support, particularly in supplying vaccines and antibiotics (azithromycin), which were in critical shortage.

Given this dual emergency—flooding and diphtheria—the CRN revised its initial intervention strategy. The operation was redirected to focus on a multisectoral response encompassing humanitarian assistance, advocacy, and coordination efforts. Lessons learned from previous similar operations, notably those addressing simultaneous natural disasters and disease outbreaks in 2021 and 2022, were



strategically applied to strengthen rapid planning, prioritization of affected areas, and effective coordination with key humanitarian actors.



Distribution of kits in Zinder

Scope and Scale

Between August and October 2023, floods severely affected the lives of 169,598 people across 20,216 households, of which 14,591 lost their homes due to complete collapse. Livelihoods were also significantly impacted, with 14,591 hectares of crops destroyed in the regions of Maradi, Zinder, and Dosso. Maradi was the hardest-hit region, with 67,548 people affected, followed by Tillabéry (31,806), Tahoua (24,923), and Zinder (24,619), while the regions of Agadez, Dosso, and Niamey were comparatively less impacted. Concurrently, a diphtheria outbreak emerged in mid-July in the border district of Matamèye (Zinder), spreading rapidly throughout August and September, largely due to displacement caused by the floods and the concentration of populations in densely populated areas, which facilitated transmission of this highly contagious disease.

By 7 November, the Ministry of Health had reported 2,504 confirmed diphtheria cases across 33 districts in eight regions, resulting in 171 deaths. The majority of cases (80.1%) were concentrated in the Zinder region, which recorded 2,027 cases. It is important to note that the actual number of cases may be five to ten times higher due to limited public awareness of symptoms, gaps in community surveillance, and constrained health facility capacities.

Thanks to a coordinated intervention, significant progress was made both in assisting affected communities—with increased support for shelter reconstruction, livelihood restoration, and health prevention measures—and in strengthening the technical capacities of the National Society (NS). The latter mobilized and trained personnel for epidemiological surveillance, diphtheria case management, and support for displaced populations, markedly improving its responsiveness and effectiveness in addressing multisectoral emergencies.

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No
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IFRC Network Actions Related To The Current Event

Secretariat	<p>The International Federation of Red Cross and Red Crescent Societies (IFRC) mobilized its Niamey delegation office, deploying experts in finance, planning, monitoring, evaluation, and reporting (PMER), as well as operational managers, to effectively support the Niger Red Cross Society (NRCS) in preparing and managing the 2023 flood response. Delegation staff actively participated in coordination meetings and provided ongoing technical assistance to the NRCS.</p> <p>Within the framework of the emergency appeal for food security, the IFRC committed to delivering WASH assistance to 1,000 households in the Zinder and Maradi regions, aiming to mitigate negative impacts on food security during the lean season. This intervention encompassed the distribution of essential supplies, capacity-building activities, and awareness campaigns designed to strengthen the resilience of communities vulnerable to riverine flooding, notably in the Dosso region.</p> <p>In line with the Seville Agreement 2.0, the IFRC supported the NRCS in overall response coordination and contributed to the development and implementation of the DREF, ensuring a harmonized intervention that avoided duplication and maximized the effectiveness of aid provided to affected populations.</p> <p>Thanks to this support from the IFRC and Partner National Societies, the NRCS was able to extend its coverage and enhance its impact, reaching thousands of vulnerable individuals across multiple regions with timely and coordinated assistance.</p>
Participating National Societies	<p>Five Partner National Societies have been supporting the NS in its humanitarian and development interventions across diverse areas of expertise.</p> <p>The Luxembourg Red Cross, renowned for its shelter and construction expertise, has assisted the NRCS in providing, distributing, and assembling shelters during disasters causing mass population displacements.</p> <p>The French Red Cross primarily operates in community health and disaster risk reduction (DRR). In 2023, it supported the scale-up of the anticipatory action program focused on pastoralism and contributed to flood preparedness through the CDCS project. Within the framework of the 2023 government flood response plan support program, the French Red Cross provided the CRN with assistance in shelter construction, amounting to €50,000.</p> <p>The Danish Red Cross has been a key partner in community resilience, anticipatory actions, and capacity building of regional committees. It notably contributed to the revision of emergency plans for Niamey and Dosso regions, supported the diphtheria response in the Matamèye district of Zinder, and assisted health facilities with logistics, procurement, and medical transport (ambulance services). Through its training initiatives, it mobilized 68 volunteers, 120 husbands' clubs, 255 women's clubs, and 102 youth clubs, sensitizing thousands of people on diphtheria prevention and response.</p> <p>The Belgian Red Cross, through the AMOPAH program and a CHF 30,000 CRIS fund, financed cash transfer assistance targeting 300 flood-affected beneficiaries, providing 40,000 FCFA per person.</p> <p>Finally, the Spanish Red Cross supports the NRCS in income-generating activities (IGAs), food security, and livelihoods strengthening (FSL).</p> <p>Collectively, these combined efforts have enabled the reach of several thousand beneficiaries through multisectoral actions, thereby enhancing the operational capacity of the RCN and amplifying the impact of response activities.</p>



ICRC Actions Related To The Current Event

Present in Niger since 1996, the International Committee of the Red Cross (ICRC) has worked closely with the CRN across multiple sectors, particularly in humanitarian interventions related to conflicts and other violence situations. The ICRC has also contributed to addressing broader humanitarian needs, including food crises and natural disasters. Annually, the ICRC provides both technical and financial support to the CRN for emergency preparedness and response, encompassing volunteer training and equipping in first aid and secure access protocols.

Beyond its delegation in Niamey, the ICRC maintains regional offices in Tillabéry, Diffa, and Tahoua to support populations affected by armed conflicts and evolving contextual challenges. This support is delivered in close collaboration with the Red Cross regional committees and other Movement partners operating within these areas. Each year, as part of the flood response, the ICRC assists affected populations in intervention zones by distributing essential household items to meet urgent needs.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	<p>The Government of Niger, through the Ministry of Humanitarian Action and Disaster Management, supported by various humanitarian partners, implemented coordinated actions to mitigate the adverse impact of flooding on affected populations and their livelihoods. These actors, including United Nations agencies, international NGOs, and National Societies of the Red Cross and Red Crescent Movement conducted targeted interventions in food assistance, health, protection, water, sanitation and hygiene (WASH), as well as livelihood restoration. Collectively, these efforts reached tens of thousands of people across the most affected regions, notably Maradi, Zinder, Dosso, and Tillabéry.</p> <p>To ensure harmonized and effective response, a multi-stakeholder humanitarian coordination mechanism was established at the onset of the crisis, led by the Ministry of Humanitarian Action and Disaster Management in collaboration with the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and key humanitarian actors. This system encompassed regular sectoral coordination meetings (clusters) and inter-agency platforms that facilitated information sharing, joint planning, and resource mobilization. At the close of the intervention, this coordination mechanism remained operational, ensuring enhanced preparedness and rapid response capacity for future crises.</p> <p>Thanks to this collaborative framework and the joint mobilization of partners, the coverage and quality of interventions significantly improved, enabling a greater number of beneficiaries to be reached and sustainably strengthening local capacities to better respond to upcoming emergencies.</p>
UN or other actors	<p>Various humanitarian actors, including United Nations agencies, international NGOs, and National Societies of the Red Cross and Red Crescent Movement, actively supported the overall response to the 2023 Niger flood crisis. These partners implemented multisectoral interventions covering food security, health, water, sanitation and hygiene (WASH), protection, and livelihoods restoration, collectively reaching tens of thousands of affected individuals across the most impacted regions such as Maradi, Zinder, Dosso, and Tillabéry.</p> <p>To ensure a coordinated and effective response, a comprehensive humanitarian coordination mechanism was established at the onset of the crisis. Led by the Ministry of Humanitarian Action and Disaster Management in collaboration with the United Nations Office for the Coordination of Humanitarian Affairs (OCHA-Niger) and key stakeholders, this mechanism included regular sectoral cluster meetings and inter-agency platforms facilitating information sharing, joint planning, and resource mobilization. Meetings were convened by OCHA-Niger to disseminate and exchange critical information,</p>



including FLASH updates. For instance, a September FLASH update was instrumental in providing timely situational awareness to all partners.

At the conclusion of the intervention, this coordination framework remained fully operational, ensuring continued preparedness and enabling a swift response to emerging and future emergencies.

Are there major coordination mechanism in place?

The United Nations cluster coordination system had been activated prior to the sociopolitical crisis at the time, with established relationships already in place. The NS, the IFRC, and the ICRC actively participated in sectoral coordination meetings at both national and regional levels.

Needs (Gaps) Identified



Shelter Housing And Settlements

At the time of the disaster, the floods had caused the complete collapse of 14,591 houses, forcing numerous families to temporarily reside with relatives or host families. Despite concerted efforts by the Government of the Republic of Niger and its partners, as of 9 October, a total of 12,791 households remained without adequate shelter. These populations lived in precarious conditions, characterized by deteriorated living standards, significant overcrowding, and heightened exposure to health risks.

In the shelter sector, the only available accommodations consisted of makeshift structures built from salvaged debris or classrooms repurposed as temporary housing. Furthermore, affected households continued to rely on household utensils that were often worn or damaged by the floods, exacerbating hygiene-related risks and food safety concerns.

By the end of the operation, the needs for durable housing and improved living conditions remained substantial, alongside the imperative to provide quality household items to prevent diseases linked to poor sanitary conditions.



Livelihoods And Basic Needs

At the time of the disaster, food security needs were estimated on 2 October at 110 tons of cereals; 97,095 tons of sugar; 24,722 tons of salt; and 54,115 liters of oil. To address these needs, the CRN implemented a targeted cash transfer distribution reaching 800 affected households under the DREF framework.

Moreover, the sanctions imposed by ECOWAS on Niger had significantly impacted the living standards of the population, particularly the most vulnerable. The prices of essential goods experienced a sharp increase; for instance, the price of a 25-kilogram sack of rice rose from 11,000 CFA francs before the crisis to 15,500 CFA francs in the current context. These effects reverberated across all sectors, exacerbating the precariousness of disaster-affected households.

This cash distribution provided considerable relief to beneficiaries, enabling them to meet their medium-term food needs despite the challenging economic environment.



Multi purpose cash grants

As many people had lost their homes and livelihoods, there had been a significant need in this sector, which was addressed through cash assistance. Cash was considered the most dignified form of humanitarian aid, allowing individuals to choose the support that best meets their specific needs. Since needs varied from person to person and from family to family, this approach enabled adaptation to diverse requirements. Despite these efforts, the continued need for tailored cash-based interventions remained critical to support the recovery and resilience of affected households.





Health

The floods and prolonged water stagnation had increased the risk of waterborne and vector-borne diseases, notably cholera and malaria. Between 2018 and 2021, Niger had already experienced cholera outbreaks with a total of 5,591 cases and 166 deaths recorded by the Ministry of Health.

As part of the 2023 flood response, a cholera vaccination campaign was conducted in the regions of Zinder and Maradi. Moreover, malaria saw a significant resurgence in 2023, with 3,126,357 confirmed cases and 1,780 deaths as of November 7, corresponding to an average attack rate of 12,323.3 per 100,000 inhabitants. The number of suspected cases stood at 5,751,201, with an attack rate of 22,669.8. Additionally, 29 cases of dengue were reported in early November.

Sixty volunteers trained in community health carried out awareness-raising activities, including home visits and group discussions focused on symptom recognition and preventive measures against waterborne diseases.

Regarding diphtheria, a highly contagious disease, needs were particularly acute. The Ministry of Health, WHO, and partners regularly emphasized these needs during "One Health" meetings. Over 33 districts across eight regions reported cases, amid a fragile health system and limited community surveillance. The population's limited knowledge of the disease necessitated intensified awareness campaigns to improve symptom recognition and prevention.

Volunteers actively searched for suspected cases and facilitated their referral to the nearest health centers. Furthermore, the CRN established handwashing stations in several public places, notably health centers and mosques, to curb infection spread.

By the end of the operation, needs for strengthened epidemiological surveillance, vaccination, and awareness-raising remained critical to consolidate progress and prevent new outbreaks.



Water, Sanitation And Hygiene

The floods had increased the risks and spread of waterborne and vector-borne diseases such as acute watery diarrhea, cholera, and malaria. The loss of essential household items had also diminished the affected populations' capacity to protect themselves against these diseases.

Within the framework of this DREF operation, several actions had been implemented to address these needs: awareness sessions conducted by 60 volunteers focusing on health risks, symptoms of waterborne diseases, and preventive measures; and the distribution of non-food item (NFI) and hygiene kits to improve sanitary conditions and reduce contamination risks.

These interventions contributed to limiting disease spread and strengthening the resilience of affected communities.



Protection, Gender And Inclusion

Sixty community volunteers, including 22 women and 38 men, were trained in the regions of Dosso, Maradi, and Zinder. The training aimed to reinforce among volunteers the fundamental principles of "Do No Harm" and respect for human dignity in their field interventions. The primary objective was also to enhance their capacity to identify protection cases and refer vulnerable individuals to appropriate care structures during their field activities.

To prevent abuses and all forms of exploitation contrary to Red Cross principles, the NS organized training on Prevention and Response to Sexual Exploitation and Abuse (PSEA) for volunteers deployed in the field. These trainings were crucial, as SEA represents a serious violation of human rights and an abuse of power, particularly affecting vulnerable populations such as women and children, who are often the most exposed during disasters. SEA undermined the integrity, reputation, and safety of humanitarian actors, compromising the credibility of their interventions. Aware of these issues, the CRN ensured that its volunteers were sensitized to foster a working environment that respects human dignity and adheres to the principle of "Do No Harm." This approach fostered a culture of vigilance and accountability, which was essential to ensure the safety of the affected populations and responders alike, while strengthening trust between the community and humanitarian actors.





Risk Reduction, Climate Adaptation And Recovery

Communities in the DREF intervention areas had remained highly exposed to various risks and disasters, particularly recurrent floods which regularly impacted Niger. To reduce these risks and strengthen the populations' ability to adapt, awareness-raising sessions were conducted by community volunteers in the regions of Dosso, Maradi, and Zinder. These sessions targeted households living in flood-prone areas, who were most vulnerable to flooding. Early actions were also planned to mitigate the impact of flooding, including early warning initiatives in collaboration with the Direction Générale de la Protection Civile (DGPC) to raise awareness of risks and preventive measures.

In addition to awareness campaigns, exposed households received empty bags to build dikes for flood protection, and contracts were signed with community radio stations to broadcast risk communication messages before, during, and after floods. Despite these efforts, the need to sustain and expand community-based risk reduction and resilience-building activities remained critical at the conclusion of the operation.



Community Engagement And Accountability

Communities had been placed at the center of the response through their active involvement in all processes. Community assemblies had facilitated the creation of committees dedicated to information gathering, management, complaints, and aid distribution. These committees had played a key role in the effective implementation of field activities.

During awareness campaigns, volunteers had engaged with beneficiaries to be on the same level of understanding of the project, provide feedback to the management, and better guide the actions. This approach also enabled the integration of community input into lessons learned.

Furthermore, visibility actions had been undertaken to enhance recognition of the National Society's interventions among beneficiaries, local authorities, and partners involved in the implementation.

Operational Strategy

Overall objective of the operation

The main aim of this DREF was to support 200,000 most vulnerable people (28,664 households) affected by the floods and the diphtheria epidemic in the regions of Maradi, Zinder and Dosso with WASH, Shelter, livelihoods and Health assistance for 8 months.

Operation strategy rationale

The strategic approach of this operation initially focused on supporting the communities in Maradi, Dosso, and Zinder affected by flooding caused by consecutive moderate rains. In collaboration with the national (DMN) and regional (ACMAD) meteorological services, the RCN activated its regional units to better coordinate the response. During the imminent DREF phase, efforts were primarily directed toward preparatory actions, including the initial training of volunteers on multisectoral intervention techniques, signing agreements with local authorities and partners, precise mapping of risk areas, and conducting weekly coordination and monitoring meetings. Additionally, the procurement and strategic prepositioning of emergency shelter kits and non-food items (NFIs) kits were carried out. External activities such as awareness raising among authorities, technical services, and affected communities were also implemented, alongside health surveillance by health services in the targeted districts.

As the operation progressed to the response phase, the strategy was adapted to meet increasing needs on the ground. A total of 80 volunteers, including 3 supervisors, were trained and deployed in areas such as distribution, emergency shelter assembly, integrated Water, Sanitation and Hygiene (WASH) interventions, community engagement, and health. In response to the diphtheria outbreak, 100 volunteers from Zinder—the region most affected by the epidemic—were trained and deployed across eleven of the hardest-hit districts to conduct case surveillance and community sensitization. Medical supplies were provided to the Regional Directorate of Public Health in Zinder. These multisectoral interventions assisted approximately 28,664 households, representing nearly 200,000 people affected by the floods and diphtheria epidemic.

A lessons-learned workshop was conducted at the conclusion of the operation to evaluate effective practices and identify areas for improvement in future interventions. The achievements had significant impact, with over 200,000 individuals directly supported through awareness campaigns, distributions, and surveillance activities, which contributed to the containment of waterborne diseases and



diphtheria. The capacity building of volunteers improved the quality and efficiency of the response. Despite challenges related to coordination in a complex security context and logistical constraints, these obstacles were overcome through enhanced partner communication and continuous adaptation of action plans. Ongoing volunteer training facilitated a rapid and tailored response to evolving needs in the field.

A robust monitoring and reporting system was established to collect and transmit field data, supported by a capitalization workshop that shared best practices and improved future interventions. General lessons from this operation highlighted that strategic flexibility, active community involvement, and continuous volunteer training were critical success factors. Coordination with local authorities and partners maximized the impact of actions while avoiding duplication.

Regarding the exit strategy, the operation concluded with a planned transition focusing on strengthening local capacities and integrating recovery efforts into medium- and long-term development projects aimed at enhancing community resilience to future disasters.

Targeting Strategy

Who was targeted by this operation?

The targeted localities will remain Maradi, Dosso and Zinder. The overall target population will increase from 3,500 to 200,000 people. The beneficiaries of cash for Livelihood will increase from 500 to 1,300 households (6,500 persons). The rest of the beneficiaries will be reached through sensibilization activities of the community volunteers on sensibilization on acute watery diarrhea, malaria, diphtheria and risks of disasters.

Explain the selection criteria for the targeted population

The targeted beneficiaries were individuals affected by the floods and exposed to diphtheria who met at least three of the vulnerability criteria outlined herein. In times of disaster, women, children, the elderly, and persons with specific needs were among the most impacted vulnerable groups. During the targeting and assessments, particular attention was paid to these groups. They were prioritized based on the context and the needs identified on the ground.

- Other selection criteria included households that:
- Resided in officially declared high-risk zones as designated by the State and previously identified.
 - Were large households (nine persons with over five children in one household).
 - Had children under five years old.
 - Included pregnant women and breastfeeding mothers.
 - Were female-headed households.
 - Had people with disabilities.

The selection process was conducted in collaboration with authorities, volunteers, and committees from the affected areas. The final list was approved during a community general meeting supported by volunteers, maintained in continuous coordination with the government and other stakeholders.

Total Assisted Population

Assisted Women	99,840	Rural	80%
Assisted Girls (under 18)	3,000	Urban	20%
Assisted Men	100,150	People with disabilities (estimated)	10%
Assisted Boys (under 18)	2,600		
Total Assisted Population	205,590		
Total Targeted Population	200,000		



Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	Yes
Does your National Society have anti-sexual harassment policy?	Yes
Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.	
Risk	Mitigation action
Disrupted relations with technical services due to the coup d'état could potentially delay the receipt of early alerts.	This risk was mitigated through dialogue conducted between the leadership of CRN and the competent authorities; this was facilitated by the National Society's special status as an auxiliary to public authorities."
Inability to implement the CASH modality during the execution period for households to reinforce their homes. This is due to market disruptions or difficulties in withdrawing CASH due to ECOWAS sanctions.	This risk was mitigated through sound financial planning shared with the bank, which allowed sufficient time for the bank to make the funds available in a timely manner.
Insecurity: Deterioration of the current situation, increase in attacks by GANI against the civilian population, and the possibility of a military intervention by ECOWAS.	<p>All teams were briefed prior to deployment to ensure the safety of response team members.</p> <p>Standard safety protocols were reviewed, including general operational standards, cultural sensitivity guidelines, and the global Code of Conduct.</p> <p>Minimum safety requirements were strictly enforced across all operational areas.</p> <p>A specific security risk assessment was conducted for each area where ICRC staff were deployed; appropriate mitigation measures were identified and implemented accordingly.</p> <p>Minimum security equipment was ensured, including functional satellite phones, advanced first-aid kits, post-exposure prophylaxis kits, hibernation stocks, and fully equipped vehicles.</p> <p>Road assessments were carried out, even within Niamey, prior to all movements.</p> <p>All movements were monitored by the designated security officer.</p>
Reduced access to beneficiaries	<ol style="list-style-type: none"> 1. Train local volunteers and work with local volunteers. 2. Ensure community acceptance through community engagement and empowerment activities, such as community meetings. 3. Decentralize decision-making to regional offices. Increase support through Teams instead of field missions.



ECOWAS sanctions reduce financial liquidity	<ol style="list-style-type: none"> 1. Reserve money to withdraw beyond the limit. 2. Open and fund accounts in small banks with no withdrawal limits, such as Coris Bank, Orabank and CBAO.
Delayed procurement of shelter and toiletry items due to supply chain disruption caused by sanctions de la CEDEAO.	Mitigation measures in case certain items cannot be purchased due to ECOWAS sanctions and disruption of supply chains: use pre-positioned kits in National Red Cross (NRC) warehouses and replenish them through the imminent DREF.
Inability to transfer of funds	Meeting between the IFRC finance and operations teams in Niamey and the IFRC regional office in Africa. No issues are expected.

Please indicate any security and safety concerns for this operation:

On 26 July 2023, elements of the Presidential Guard, led by the Air Force Colonel Major, detained President Mohamed Bazoum inside the presidential palace and restricted access to the area. A National Council for the Safeguard of the Homeland (CNSP), chaired by General Abdourahamane Tiani, was established, followed by the dissolution of the national constitution, the suspension of state institutions, the closure of borders, and the imposition of a nationwide curfew.

On 30 July, the Economic Community of West African States (ECOWAS) announced a series of sanctions, including border closures with Niger and the potential for military intervention should constitutional order not be restored. Bilateral funding from key humanitarian partners, such as France and the United States, was also suspended. The African Union issued an ultimatum, which expired on 12 August without resolution.

On 6 August, more than 30,000 Nigeriens gathered at the Stade Général Seyni Kountché to express their support for the junta. Mr. Lamine Ali Zeine, a former Minister of Finance and Economy under previous republics, was appointed Prime Minister. On 9 August, the first transitional government, composed of 21 members, was officially announced. In the days that followed, General Tiani received a high-level delegation of religious leaders from Nigeria.

On 10 August, during an ECOWAS Heads of State Summit in Abuja, a military intervention plan aimed at restoring constitutional order was approved. Member states declared their readiness to activate regional forces as a last resort, should diplomatic efforts fail.

Throughout August, diplomatic efforts intensified, while the threat of imminent military action remained on the table. The CRN and its Movement partners closely monitored the evolving situation and its humanitarian implications from the outset of the coup on 26 July. Although initial security risks were elevated, they gradually diminished over time.

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



Shelter Housing And Settlements

Budget: CHF 134,190

Targeted Persons: 6,500

Assisted Persons: 9,100

Targeted Male: 4,369

Targeted Female: 4,732

Indicators

Title	Target	Actual
Number of households reached with NFI kits.	1,300	1,300



Number of households reached with kitchen kits.	1,300	1,300
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Narrative description of achievements

• During this operation, which included both anticipation and response phases, a total of 1,300 Non-Food Item (NFI) kits—including mats, jerry cans, tarpaulins, and other essential household items—were successfully prepositioned and distributed to 1,300 affected households, reaching approximately 9,100 individuals (4,369 males and 4,732 females). In addition, 1,300 kitchen sets were provided to meet daily household needs. Prior to distribution, 180 volunteers were trained on distribution techniques, significantly enhancing the quality and efficiency of the operation.

The early preparedness activities, including prepositioning of kits and community sensitization on beneficiary targeting and distribution processes, played a critical role in mitigating the impact of the floods by reducing the number of people severely affected or displaced. Transparent beneficiary targeting was conducted in close collaboration with local authorities, regional Red Cross committees, and community members, ensuring accountability and adherence to standardized operational procedures.

Preparatory meetings with stakeholders, including state technical services (Ministry of Humanitarian Action) and local municipalities, enabled effective coordination and smooth implementation. Community engagement through general assemblies validated beneficiary lists and facilitated the establishment of distribution committees responsible for complaints and monitoring. The involvement of communities fostered trust and enhanced transparency throughout the process.

Despite these successes, the operation faced notable challenges. Logistical constraints caused delays in the delivery of kits, which impacted the speed of response. Limited capacities at the branch level, delays in administrative documentation, and security restrictions further complicated implementation. These challenges were addressed through ongoing capacity-building efforts, strengthened collaboration with technical services, and active participation in coordination meetings.

A key lesson learned from this operation is the importance of early preparedness and community involvement in enhancing the timeliness and appropriateness of response activities. The establishment of clear communication channels and complaint mechanisms contributed to improved accountability and adaptation of interventions to community needs. Strengthening branch capacities and improving logistics management are critical areas for future improvement to avoid delays and ensure more effective delivery of assistance.

At the conclusion of the intervention, persistent needs remained in durable shelter solutions and household supplies, underscoring the necessity for medium- to long-term recovery programming. The operation also reinforced the CRN leadership and influence within the regional disaster management framework, establishing a strong foundation for future emergency responses.

Lessons Learnt

The establishment of feedback committees during the general assemblies with the communities (beneficiaries) enabled them to better understand the transparent beneficiary selection process.

Challenges

The most significant challenge was the delay in the delivery of kits due to logistical difficulties, which affected the speed and effectiveness of the response to the affected populations.



Multi Purpose Cash

Budget: CHF 117,849

Targeted Persons: 6,500

Assisted Persons: 9,101

Targeted Male: 4,368

Targeted Female: 4,732

Indicators

Title	Target	Actual
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Percentage of households satisfied with the assistance received.	95	100
Number of households that receive cash support.	1,300	1,300

Narrative description of achievements

The cash intervention proved highly relevant as it directly addressed the real needs of the affected populations, enabling them to purchase essential goods according to their priorities. The operation began with a thorough cash feasibility assessment to ensure appropriateness and readiness for implementation. Subsequently, 180 volunteers were trained on beneficiary targeting and cash distribution processes, significantly enhancing the quality and effectiveness of the intervention.

A rigorous beneficiary targeting process was conducted to identify the most vulnerable households affected by the floods, ensuring an equitable and needs-based assistance. Coordination efforts included the review and signing of an amended contract with the telecommunications company, facilitating secure and efficient cash transfers.

The cash was distributed in two phases, reaching a total of 1,300 beneficiaries across the regions of Zinder, Dosso, and Maradi. Following distribution, a comprehensive Post Distribution Monitoring (PDM) was conducted to capture beneficiary feedback and evaluate the operation's impact. Results showed full receipt confirmation, high satisfaction rates, and a predominant use of funds for purchasing food, demonstrating the intervention's pertinence and effectiveness.

Despite encountering challenges such as limited local branch capacities, delays and quality issues in documentation, financial transaction restrictions due to ECOWAS sanctions, and security and access constraints in certain areas, these obstacles were effectively mitigated. Close collaboration with technical services, active participation in coordination meetings, and experience exchanges with the Regional Humanitarian Action Directorate strengthened the CRN operational capacity.

This cash intervention not only provided immediate relief but also reinforced the CRN's leadership and influence within the regional disaster management framework.

Lessons Learnt

The meaningful involvement of the communities effectively reduced the risks associated with the operation and ensured accountability towards them.

Teams engaged in the targeting process were strictly excluded from participating in the distribution to mitigate potential risks.

Challenges

Despite the efforts of the communication teams, some non-beneficiaries expressed their dissatisfaction. The number of beneficiaries had been communicated to the communities during the initial General Assembly.



Health

Budget: CHF 68,288

Targeted Persons: 200,000

Assisted Persons: 198,683

Targeted Male: 115,223

Targeted Female: 61,751

Indicators

Title	Target	Actual
# of Volunteers trained in community based health and AWD and diphtheria	180	180
# of Persons reached through sensibilisation on diphtheria and AWD	200,000	198,683



Narrative description of achievements

During the operation, 180 volunteers were trained in disease recognition and prevention, focusing on acute watery diarrhea, cholera, malaria, and diphtheria. This training significantly enhanced their ability to conduct awareness-raising sessions and actively identify cases within the affected communities. A total of 1,300 households were reached through these interventions, representing approximately 8,450 individuals based on an average household size of 6.5 persons. Awareness campaigns educated the population on disease prevention, helping to limit the spread and severity of outbreaks during the intervention period. Informational materials were designed, printed, and widely disseminated to support outreach efforts. Additionally, kits containing oral rehydration salts and oral rehydration solutions were distributed to vulnerable households to treat dehydration caused by diarrheal diseases. A joint monitoring team from the CRN and the Ministry of Public Health conducted supervisory visits to 20 integrated health centers across the targeted districts to ensure quality and consistency in implementation.

These efforts contributed to curbing the spread of waterborne and vector-borne diseases in flood-affected areas; however, gaps remained at the operation's end, particularly regarding community knowledge on disease prevention and access to quality treatment. Strengthening epidemiological surveillance and ensuring continued availability of treatment supplies are essential to consolidate progress and prevent future outbreaks. The sector faced several challenges, including logistical constraints in delivering medical kits to remote areas and occasional delays in volunteer deployment due to security and access issues. These obstacles were mitigated through adaptive planning, enhanced coordination with local authorities, and timely communication among partners. Continuous training and support for volunteers proved critical to maintaining effective community engagement and case management. Future interventions would benefit from increased investment in volunteer capacity building and improved data management systems to track disease trends and intervention outcomes more effectively.

Lessons Learnt

Effective coordination enabled a timely and efficient response, underscoring its crucial role in ensuring the overall effectiveness and efficiency of the operations.

Challenges

- Ensuring effective coordination and communication among multiple stakeholders—including the CRN, government health authorities, and international partners—across several affected districts proved complex, requiring continuous alignment to avoid overlaps and ensure comprehensive coverage of all areas impacted by the diphtheria outbreak.



Budget: CHF 15,656
Targeted Persons: 3,500
Assisted Persons: 9,100
Targeted Male: 4,368
Targeted Female: 4,732

Indicators

Title	Target	Actual
Number of households reached with Aquatabs	1,300	1,300
Handwashing stations set-up	50	50

Narrative description of achievements

The WASH activities had a significant positive impact on the community by noticeably improving their living conditions and health outcomes. The training of 180 volunteers prior to deployment empowered them to effectively promote hygiene practices within the communities. The strategic purchase and distribution of Aquatabs enabled households to treat previously unsafe water, drastically reducing the prevalence of waterborne diseases such as diarrhea and cholera. Furthermore, the installation of 50 handwashing stations at health centers and communal gathering points reinforced collective hygiene behaviors, which contributed to reducing the overall risk of infection and improving public health safety. Awareness sessions ensured that beneficiaries understood the risks associated with



contaminated water and the correct use of Aquatabs, leading to greater adoption of preventive measures. Post-distribution monitoring confirmed that these interventions enhanced hygiene standards and significantly lowered disease transmission risks, thereby strengthening the resilience and well-being of the affected populations.

Lessons Learnt

Awareness-raising sessions on the use of Aquatabs were well understood by the communities to the extent that, in the absence of Aquatabs, they resorted to boiling and filtering water to make it safe for consumption.

Challenges

The unavailability of drinking water in certain areas made it difficult for communities to implement the awareness messages effectively.



Protection, Gender And Inclusion

Budget: CHF 16,997

Targeted Persons: 180

Assisted Persons: 180

Targeted Male: 109

Targeted Female: 71

Indicators

Title	Target	Actual
Number of volunteers trained on PGI.	180	180
Number of people reached with awareness raising on PSEA.	200,000	198,683

Narrative description of achievements

The training sessions conducted across the three regions on Protection, Gender, and Inclusion (PGI), as well as Psychosocial Support (PSS), positively impacted the community by strengthening volunteers' capacities to better support vulnerable populations. A total of 60 volunteers (22 women and 38 men) benefited from this initial training, followed by an additional 120 volunteers trained during the diphtheria response. These trainings fostered among volunteers the principles of "Do No Harm" and respect for human dignity, ensuring that assistance provided in the field was sensitive to the specific needs of beneficiaries. Moreover, they enhanced volunteers' ability to effectively identify and refer cases requiring specialized care, thereby contributing to improved protection and tailored support for affected populations, ultimately enhancing their well-being and resilience.

Lessons Learnt

The integration of Protection, Gender, and Inclusion (PGI) as well as Psychosocial Support (PSS) became a crucial aspect during both the DREF imminent and response interventions. The ability of volunteers to effectively cover several areas significantly enhanced the quality and reach of support provided.

Challenges

- Ensuring continuous training and regular follow-up of volunteers to maintain a high level of skills in Protection, Gender, and Psychosocial Support (PGI/PSS), which is essential to provide an appropriate response to rapidly evolving emergency contexts and the specific needs of vulnerable populations.



Risk Reduction, Climate Adaptation And Recovery

Budget: CHF 51,289



Targeted Persons: 3,500

Assisted Persons: 9,100

Targeted Male: 4,369

Targeted Female: 4,732

Indicators

Title	Target	Actual
Number of monitoring visits.	3	3

Narrative description of achievements

During the operation, key activities were carried out to strengthen preparedness and response to flooding risks. Services were sensitized, and a rapid response team was established to ensure swift action when needed. Close coordination was maintained with the Regional Directorate of Civil Protection (DRPC) to delineate intervention zones through detailed mapping of flood risk areas.

Thresholds were continuously monitored in collaboration with meteorological services and the African Centre of Meteorological Applications for Development (ACMAD), allowing for timely alerts and adjustments in response strategies. Awareness-raising sessions targeted populations living in flood-prone areas, complemented by the distribution of empty sacks to help households build protective barriers against flooding.

Field assessment missions and ongoing activity monitoring ensured that interventions remained relevant and effective. To enhance visibility and identification, T-shirts were produced and distributed to volunteers. Additionally, raincoats were provided to better equip responders working in adverse weather conditions, thus improving the overall operational capacity during the flood response.

Lessons Learnt

Close coordination with meteorological services and local authorities, along with the establishment of a rapid response team, enabled better anticipation and effective adaptation to flood risks. The proactive involvement of communities through awareness-raising and the distribution of practical tools such as empty sacks strengthened local resilience and improved the relevance of interventions.

Challenges

One of the main challenges was maintaining continuous monitoring and effective real-time communication of alert thresholds, which is crucial for anticipating floods and quickly mobilizing resources. Additionally, logistics related to the distribution of equipment and the deployment of volunteers under difficult weather conditions sometimes limited the speed of response.



Community Engagement And Accountability

Budget: CHF 31,535

Targeted Persons: 200,000

Assisted Persons: 198,683

Targeted Male: 115,223

Targeted Female: 61,751

Indicators

Title	Target	Actual
Number of feedback community set up	15	15
Number of messages broadcasted through radio	1,000	1,000

Number of community leaders involved	60	60
Number of volunteers trained on CEA	180	180

Narrative description of achievements

A total of 180 volunteers were trained on Community Engagement and Accountability (CEA), enabling them to effectively collect and manage community feedback during the response. Throughout the operation, several hundred feedback messages were gathered, reflecting a range of community inputs. The main comments included appreciation for the responsiveness of the teams, concerns regarding the selection criteria for beneficiaries, and suggestions to improve communication and transparency. Some complaints related to perceived delays in assistance and requests for clearer information on procedures. These feedbacks were promptly addressed by established community complaint committees, which maintained continuous dialogue with operational teams to ensure concerns were resolved and interventions adapted accordingly. Additionally, community radio broadcasts, including targeted messages on diphtheria prevention, helped raise awareness and encouraged ongoing community participation. This comprehensive feedback management strengthened trust and accountability between the CRN and affected populations, ensuring that activities remained relevant and effective throughout the intervention.

Lessons Learnt

- The establishment of feedback committees, the mobilization of 180 trained volunteers, and the broadcasting of over 1,000 radio messages demonstrated that when communities are actively involved at every stage of the response, interventions are better understood, more widely accepted, and more effective. This participatory approach not only enabled the collection of relevant feedback to adjust actions but also strengthened trust between beneficiaries and humanitarian actors. It highlights the importance of systematically integrating community accountability mechanisms into all future response efforts.

Challenges

- Despite efforts in community sensitization, some affected populations had limited understanding of the assistance programs and eligibility criteria. This resulted in lower participation rates and occasional mistrust, highlighting the need for enhanced communication strategies and engagement to build community trust and ensure inclusive access to aid.



Financial Report

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DREF Operation

FINAL FINANCIAL REPORT

MDRNE028 - Niger - Imminent Floods

Operating Timeframe: 17 Aug 2023 to 30 Apr 2024

Selected Parameters			
Reporting Timeframe	2023/8-2025/5	Operation	MDRNE028
Budget Timeframe	2023/8-2025/5	Budget	APPROVED

Prepared on 03/Jun/2025

All figures are in Swiss Francs (CHF)

I. Summary

Opening Balance	0
Funds & Other Income	497,452
DREF Anticipatory Pillar	149,935
DREF Response Pillar	347,517
Expenditure	-488,280
Closing Balance	9,172

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	16,252	22,762	-6,510
AOF2 - Shelter	134,190	198,110	-63,920
AOF3 - Livelihoods and basic needs	111,288	43,368	67,920
AOF4 - Health	68,288	29,300	38,988
AOF5 - Water, sanitation and hygiene	15,656	13,860	1,796
AOF6 - Protection, Gender & Inclusion	16,997	15,471	1,527
AOF7 - Migration			0
Area of focus Total	362,671	322,870	39,800
SF11 - Strengthen National Societies	122,853	162,639	-39,786
SF12 - Effective international disaster management	11,928	2,771	9,157
SF13 - Influence others as leading strategic partners			0
SF14 - Ensure a strong IFRC			0
Strategy for implementation Total	134,781	165,410	-30,629
Grand Total	497,452	488,280	9,171

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Please explain variances (if any)

- Underspend on Health: Approximately CHF 38,000 initially planned under Health was reallocated to the NSD component, as volunteer per diems were registered under NSD.
- Overspend of CHF 63,000 on Shelter: The cost of shelter kits exceeded the initial budget due to several factors. Since the launch of the DREF, the political situation has deteriorated following the coup d'état, resulting in ECOWAS sanctions and border closures, which significantly increased the cost of materials. Additionally, disrupted road access due to flooding and insecurity forced some distribution teams to travel by air rather than road, further increasing logistics costs.



3. Underspend of CHF 67,000 on Livelihoods: A portion of the CVA vouchers initially planned under Livelihoods was used by households to procure NFI kits and shelter materials. As a result, these expenses were recorded under the Shelter component.



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[Click here for reference](#)

