OPERATION UPDATE #2

Country| Nigeria Floods

Emergency appeal №: MDRNG041 **Emergency appeal launched:** 13/09/2024 **Operational Strategy published:** 10/12/2024	**Glide №:** **XX-2014-123456-XXX**
Operation update #2 **Date of issue:** 06/06/2025	**Timeframe covered by this update:** From 13/09/2024 to 05/06/2025 (exceptional OU)
Operation timeframe: 13/09/2024 to 31/12/2025 (extended 4 months)	**Number of people being assisted:** 400,000 people
Funding requirements (CHF): CHF 5 million through the IFRC Emergency Appeal CHF 10 million Federation-wide	**DREF amount initially allocated:** CHF 1,000,000 (CHF1M loan returned) CHF 250,000 (as new allocation)

To date, this Emergency Appeal, which seeks CHF5 million multilaterally (Secretariat ask), is 40 per cent funded. Further contributions are needed to enable the Nigeria Red Cross to attend to the new floods event that took place in Niger state, and the outstanding needs in flood affected states.

A. SITUATION ANALYSIS

Description of the crisis

NEW FLOOD EVENT

On 29 May 2025, Mokwa—a market town in Niger State, Nigeria—was struck by catastrophic flooding triggered by intense pre-dawn rainfall. A five-hour deluge of torrential rain inundated Mokwa's low-lying, densely packed neighbourhoods, causing homes and infrastructure to be submerged, some up to the roofs. Early reports confirmed at least 200 fatalities, but this tragic number could continue to grow as 500 people are still missing – with over 3,000 residents displaced and at least 500 households affected across three villages. The floods wiped out homes, businesses and vital infrastructure (two roads and two bridges collapsed) isolating villages and making rescue efforts extremely challenging.

President Bola Tinubu ordered an emergency response, deploying relief supplies and temporary shelters. Rescue operations have since been halted, with officials concluding there were no more survivors and initiating body exhumations to reduce risk of disease outbreaks. The Nigerian Red Cross Society has been a key partner in the rescue and relief efforts, working alongside the National Emergency Management Agency (NEMA) supported by the military, to locate the missing persons and recover bodies. NRCS supported medical evacuations and first aid.

The International Organization for Migration (IOM), in closed coordination and collaboration with the National Emergency Management Agency (NEMA) Zonal Office, the Niger State Emergency Management Agency (NSEMA), and the Nigerian Red Cross Society (NRCS) branch in Minna, conducted a Joint Rapid Assessment (JRA) in response to the flash flood incident The joint assessment identified a total of 3,018 individuals (or 503 households) who were affected by the flood. Of these 1,590 individuals (or 265 households) were displaced within the host-community, while 1,428 individuals (238 households) remained in their community despite being significantly impacted. Shelter damage was widespread: 92 per cent of the affected houses were completely destroyed, 5 per cent were partially damaged, and 2 per cent remained habitable but required repairs. In all assessed locations, petty trade was reported as the primary source of income, which has been severely disrupted by the flood.

PAST EVENTS

Between July and October 2024, 34 states across Nigeria experienced exceptionally high rainfall, leading to the collapse of the Alau Dam in the Maiduguri area of Borno State and resulted in floods across these states, worsening an already critical humanitarian situation in the country. Furthermore, the release of water from Lagdo dam in Cameroon exacerbated the situation leading to additional displacement and destruction in riverine states down south of the country. The widespread flooding led to bridge collapses, school closures, and restricted access to hospitals and markets. The resulting devastation caused extensive damage to homes, infrastructure, crops, and shelters, critically disrupting livelihoods and displacing thousands of households.

According to the Nigeria Emergency Management Agency (NEMA), combined floods in Nigeria affected 1,346,413 people, displaced 729,310 people, injured 2,854 while leading to loss of 320 lives. In addition, 119,690 homes were damaged at various scales while destroying 194,637 hectares of cultivated farmland. Communities have been left with little or no shelter at all, lack of food, water and limited health services. Displaced persons in camps are facing a mirage of protection challenges couple with uncertainty because of impromptu closure of camps with no alternative shelters.

Gaps are still widespread in communities. Most people still lack shelter and are living in open grounds within their villages, after camps were closed, or are being hosted by relative/neighbours within. Water scarcity is still high due to

contamination of water points and / or destruction with limited rehabilitation having taken place, and cholera risk is prevalent due to water contamination, poor hygiene and sanitation. Livelihood options, especially for farmers, are still needed, as not all farmers who lost their produce have been assisted.

Summary of response

NEW FLOOD EVENT

In the immediate aftermath of the flood disaster in Mokwa, a comprehensive and collaborative emergency response was quickly activated under the coordination of the National Emergency Management Agency (NEMA). Recognizing the urgency of the situation, multiple humanitarian and governmental bodies mobilized resources and personnel to conduct needs assessments, initiate lifesaving interventions, and support the affected population.

The **Nigerian Red Cross Society (NRCS) – particularly the Niger State Branch and its Headquarters – and the International Federation of Red Cross and Red Crescent Societies (IFRC)** have been consistently on the ground since May 30, 2025, leading significant aspects of the immediate humanitarian response and initial recovery efforts. Their sustained engagement is a cornerstone of the current coordinated response, alongside the International Organization for Migration (IOM), and the Niger State Emergency Management Agency (SEMA).

NRCS has mobilized staff and volunteers who are assisting authorities in search and rescue, family reunification, psychosocial support, dead body management, hygiene promotion and coordination with authorities and other agencies. The NRCS is also undertaking registration of affected population with a view of providing support in Shelter (distributing shelter tool kit, blankets, jerry cans, buckets, kitchen sets, mosquito nets), WaSH (aquatabs, dignity kits, water trucking, and rehabilitation of strategic community water points) and Health (MHPSS and Health Promotion activities).

PAST EVENTS

As of May 2025, the NRCS has reached more than 96,839 people with at least one form of humanitarian assistance. This includes support to 45,833 people with health services, 23,100 people with multipurpose emergency cash assistance (MPCA) and 96,622 people have also been reached with wash intervention (with the support from the WSR ERU). Additionally, a total of 13,000 households had been registered for receipt of multipurpose cash grant in 13 more states.

Strategic Response	#Person reached
Multipurpose cash Grant	23,100
Health services	45,833
Wash	96,622
Total	96,839

Health and WASH:

The NRCS phased out the initial cholera response with cases having drastically reduced and are able to be handled by public health authorities. However, key messages on disease prevention and hygiene promotion are ongoing and integrated into other interventions.

The WSR ERU concentrated its efforts in the Bauchi State. Its work has been fundamental in recovering people's access to safe water, with 214 boreholes repaired, serving 44,593 people. A total of 25 community water management committees were also trained and equipped to take charge of the water supply in each community. In addition, in the 51 communities reached, a total of 96,622 have received hygiene promotion sessions, 100 NRCS volunteers trained in Hygiene Promotion, and 50 community committees trained in HP. This will ensure skills acquire will remain in the communities, thus ensuring sustainability. Water committees were also set up in community water points. Aqua tabs were distributed to over 3,000HHs.

Multipurpose Cash Grant

Though it had managed to distribute cash to 3,850HHs in 3 states during the period, it also registered an additional 13,000HHs who will receive their cash grant, in 13 states. 16 states were reached with our cash intervention. The cash working group in Nigeria has set minimum expenditure basket at Naira 77,000, which was adopted by NRCS. The only exception was in Borno, where the state authorities had set the MPCG amount at 100,000 because of complexities in the area. Humanitarian workers validated the same and adopted it. The rest of the country was targeted using the national MEB.

The registration process was multi-layered. After initial deployment of staff and volunteers to undertake registration at village level, the data was validated at NRCS branches in targeted states. The branches would notify DM office in HQ of completion of registration at their level. IT would then grant designate DM officer access to the data who would undertake another verification exercise. Additionally, once DM team in HQ has finished their review, they'll notify the IFRC operations docket of completeness of the exercise. Due to the magnitude of the cash intervention this time round, designated IFRC staff undertook another layer of verification. They called the registered persons to verify the details provided during registration. Any discrepancies were highlighted and the person needed to be further verified. Due to a significant number of affected populations registered not being reachable on phone, a decision was made to deploy both IFRC and NRCS HQ staff to undertake physical verification at village level.

Needs analysis

Health and WASH

NEW FLOOD EVENT

Access to safe water is a major constraint in the affected area, with boreholes submerged and contaminated. The rapid deterioration of sanitation and hygiene conditions, as well as dead bodies and animals constitute a major risk for public health. On the other hand, many will require first aid and medical attention, as well as MHPSS services to a severely traumatized population. Scaling-up of water trucking, hygiene promotion and delivery of hygiene kits, menstrual hygiene kits and set-up of emergency latrines will be necessary.

Shelter

NEW FLOOD EVENT

Flooding has destroyed over 90% of the houses in the impacted area – with over 500 households affected. Along their houses, families have also lost their belongings and any savings they could have. Temporary shelter solutions are needed during the emergency phase, including all household items for minimal living conditions. On the long run, support for the reconstruction of houses may be required, based on government plans.

Food Security, Cash, and Livelihood

NEW FLOOD EVENT

Affected households are fully dependent on relatives, neighbors or humanitarian agencies to be able to meet food requirements. Most have also lost their livelihoods, as buildings, small shops and other businesses have been also erased. In the immediate term, families will need food and/or cash assistance, and support to recover their livelihoods.

PGI and CEA

NEW FLOOD EVENT

The disaster has heightened the risks of SGBV and survival coping mechanisms that people, especially women and girls may be exposed to. The destruction of schools and community-based education facilities has disrupted children's education, emphasizing the need to provide safe spaces for their learning. Protection support, especially for vulnerable groups such as women, children, the elderly, and people with disabilities is essential for ensuring the well-being and safety of the affected population.

Preparedness and Local Response Capacity

The floods highlight the critical need to invest in both institutional and community preparedness to ensure a sufficient level of readiness for future disasters. Therefore, in addition to addressing the immediate, medium-term and recovery needs of affected communities, it is essential to allocate a portion of the resources obtained for the operation to enhance community preparedness and response capacity. This proactive approach will help mitigate the impact of future disasters and enable communities to respond effectively and efficiently during crises.

Strengthening the capacity of local actors to prepare, respond and recover from events promotes ownership through engaging communities to act as agents in their own response and recovery. Furthermore, it advances and reinforces community resilience by preparing for anticipated threats, adapting to changing conditions and rapidly recovering from disruptions. Preparedness, a fundamental tenet of disaster risk management is championed by the IFRC through the support provided to National Societies to continually improve their local preparedness and response capacity, ultimately preventing and reducing the impacts of disasters on communities.

Operational risk assessment

Risk	Likelihood	Impact	Mitigating actions
1. Risks associated with community-based cash and/or in-kind distribution activities	Medium	Medium	✓ Establish proper community engagement and accountability mechanism since the assessment phase. ✓ Put in place crowd control mechanisms, including gender-segregated queuing structures outside of the distribution centers.

2. Risk of outbreaks such as AWD due to limited access to water, unsafe sanitation practices and disrupted health services.	High	High	✓ Train volunteers and mobilize for health promotion services. ✓ Integrate cholera response to the program in high-risk area and undertake hygiene promotion during relief distribution
3. Situations of violence in target States/LGAs that impact on: • Access • Safety of staff and volunteers • Supply chain	Medium	Medium	The IFRC security plans apply to all IFRC staff throughout the operation. To mitigate the risk, NRCS and IFRC: ✓ Updated security plan ✓ A security officer is positioned in the field to provide advice and support. The security focal person conducted an area-specific risk assessment for any operational area should any IFRC personnel deploy there. ✓ Engaged local volunteers and community leaders at all stages of service delivery. ✓ Provided security briefing to staff and volunteers travelling to the field. ✓ Disseminate the Fundamental Principles of the Red Cross Red Crescent Movement in target area.

B. OPERATIONAL STRATEGY

Update on the strategy

Nigerian Red Cross Society will continue with response activities in the locations previously affected by the 2024 floods, as per the Operational Strategy. The below summary reflects the response to the new floods that have impacted Mokwa Town in the Niger State.

The successful implementation of this strategy is expected to result in:

- Safe and dignified housing for displaced families.
- Restored access to clean water and sanitation.
- Improved food security and livelihoods.
- Enhanced physical and mental well-being of the affected population.
- Rehabilitated essential infrastructure.
- Increased community resilience to future disasters.
- Strengthened local capacity for disaster preparedness and response.

This proposal focuses on a phased approach encompassing immediate relief, short-term recovery, and long-term sustainable development, with the following key intervention areas:

- **Immediate Relief and Humanitarian Assistance (Ongoing):**
  - Continued provision of clean water, food, emergency shelter (Non-Food Items - NFIs).
  - Scaling-up of hygiene promotion and WASH interventions.
  - Provision of psychosocial support, particularly for vulnerable groups.

- **Short-Term Recovery**
    - Restoration of clean water access (borehole repair/reconstruction).
    - Repairs of damaged latrines and drainage systems.
    - Safe reopening of schools with improved disaster preparedness measures.
    - Consideration of temporary settlements with adequate WASH and shelter.
    - Short-term livelihoods support (conditional cash/food vouchers).
    - Community-based disaster risk reduction (DRR) awareness campaigns and basic emergency response training.

- **Long-Term Recovery and Sustainable Planning (integrated in the entire response)**
    - Provision of permanent, safe, and dignified housing solutions for displaced populations, utilizing climate-resilient construction.
    - Reconstruction and rehabilitation of damaged public infrastructure (roads, bridges, schools, water systems) with flood-resistant designs.
    - Urban and environmental planning, including stormwater management (diversion channels, green buffer zones, rain gardens).
    - Investment in and integration of early warning systems.
    - Policy recommendations for improved disaster risk management, land use regulations, and climate adaptation.
    - Community empowerment and participation in recovery governance.
    - Skills training, livelihood restoration schemes, and long-term mental health support.
    - Rebuilding and fortification of schools and healthcare facilities to serve as safe shelters.

The above activities will be implemented in coordination and collaboration involving local authorities, relevant state ministries, community leaders and other humanitarian partners on the ground.

The NRCS would seek to have these operations extended to **31st of December 2025** to allow it to respond to ongoing floods emergency.

C. DETAILED OPERATIONAL REPORT

The below achievements correspond to the actions undertaken until May 2025, excluding the ongoing response efforts in Niger State.

STRATEGIC SECTORS OF INTERVENTION

	**Shelter, Housing and Settlements**	Female > 18: **6,000**	Female < 18: **12,000**
		Male > 18: **4,000**	Male < 18: **8,000**

Objective:	*Provide emergency and transitional shelter support to the most vulnerable households affected by the floods.*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# shelter tool kits prepositioned	**0**	**1,500**
	# of artisans trained on safe shelter and building back better	**0**	**500**
	# of houses rehabilitated	**0**	**1,000**
	# of households provided with one-off conditional cash/for the purchase of essential household items	**0**	**1,000**
	# of households reached with shelter materials enabling them to construct temporary shelters	**0**	**5,000**

NA

	**Livelihoods**	Female > 18: **14,400**	Female < 18: **28,800**
		Male > 18: **9,600**	Male < 18: **19,200**

Objective:	*Support livelihood and food security recovery efforts for 12,000 households, among the most vulnerable groups affected by the floods.*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# farmers who received conditional cash for seeds and inputs	**0**	**2,000**

NA

Multi-purpose Cash		Female > 18: **16,800**	Female < 18: **33,600**
		Male > 18: **11,200**	Male < 18: **22,400**

Objective:	*Provide multi-purpose cash grants to 14,000 households directly affected by the floods in targeted communities.*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# households that received MPCG	**3,850**	**14,000**
	# volunteers trained on CVA procedures	**785**	**500**
	% households receiving cash from the RCRC were satisfied with the assistance provided	**96%**	**85%**

The Post-Distribution Monitoring (PDM) assessment was conducted to evaluate the effectiveness of the distribution of cash assistance, and non-food Items that was provided to beneficiaries in Anambra, Delta, and Kogi states. The intervention funded through the NRCS combines multipurpose cash assistance for 3,300 households, WASH interventions to reduce waterborne disease risks and PGI activities to support vulnerable groups, while integrating a crisis modifier approach for proactive disaster preparedness. Each household received 77,000 and non-food Items (20-liter jerry cans, buckets, and aquatab) to meet their urgent need such as Food shelter and other essential items.

A total of 381 (Anambra-115, Delta-156, Kogi-110) respondents were interviewed in three states across 9 LGAs to assess the distribution process, utilization of items, beneficiary satisfaction, and the overall impact of the items. A structured questionnaire was administered to randomly selected 354 respondents across the three states, Borno, Adamawa, and Yobe, to capture their experiences. Data was collected by trained community-based volunteers using mobile data collection tools, ensuring accuracy and efficiency. The assessment focused on key indicators such as timeliness of distribution, accessibility of distribution points, proper utilization of items, and overall satisfaction with the assistance received.

The Post-Distribution Monitoring (PDM) survey covered 381 respondents across three states, with the highest number from Delta's Isoko South (98 respondents, 25.7%), while Kogi and Anambra had more evenly distributed responses. Women comprised 59% of respondents, with most (39%) aged 60 and above. Men accounted for 41%, with 51% in the 60+ age group. About 15% of respondents reported having a disability, while 85% belonged to the host community. Most respondents (79%) were household heads, giving them significant influence over household economic decisions. All respondents confirmed receiving cash assistance of N77,000 and non-food items (NFIs) such as jerry cans, buckets, and Aquatabs. Nearly all (99.5%) reported receiving instructions on proper use, with most using Aquatabs for drinking water. However, a small percentage (1.8%) did not use the items at all. Sharing of NFIs was common, with 89.5% giving some to neighbors, while 7.6% exchanged them for food or other essentials.

Cash assistance had a mostly positive or neutral effect on local markets, with 88.7% reporting no significant price changes. Only 10% observed a slight price increase in goods, while 1.3% noticed a decline. The majority of respondents (99.7%) received their items on time, and 99.5% found the distribution points accessible. While 75.3% understood the selection criteria, nearly half (49.2%) believed some vulnerable groups were excluded. Awareness of complaint and feedback mechanisms was high, with 94% knowing how to report issues. However, only 34% used these mechanisms. Among those who did, 94% were satisfied with the response received. There were

minimal reports of conflicts arising from cash or item distribution, with only 3.1% experiencing disagreements within their households. Most respondents (96.6%) stated there were no conflicts in their communities regarding the assistance. Economic outcomes varied, with 33.6% investing in productive assets, 20.7% saving, and 40.9% engaging in both activities. Challenges included minor difficulties with ATM cash withdrawals, but the overall response to the assistance program was positive.

PDM FINDINGS/DISCUSSION

Respondents distribution by State and Local Government Areas (LGAs)

The survey response distribution across the 3 states with a total of 381 respondents shows that in Anambra, Ogbaru recorded 46 respondents (12.1%), Anambra West had 34 (8.9%), and Anyamelum had 35 (9.2%). In Delta, Isoko South had the highest number of respondents at 98 (25.7%), while Ethiope East and Burutu each recorded 29 respondents (7.6%). In Kogi, Lokoja and Kogi LGAs each had 40 respondents (10.5%), while Idah had 30 respondents (7.9%). Isoko South had the highest number of responses as shown in Figure 1 below:

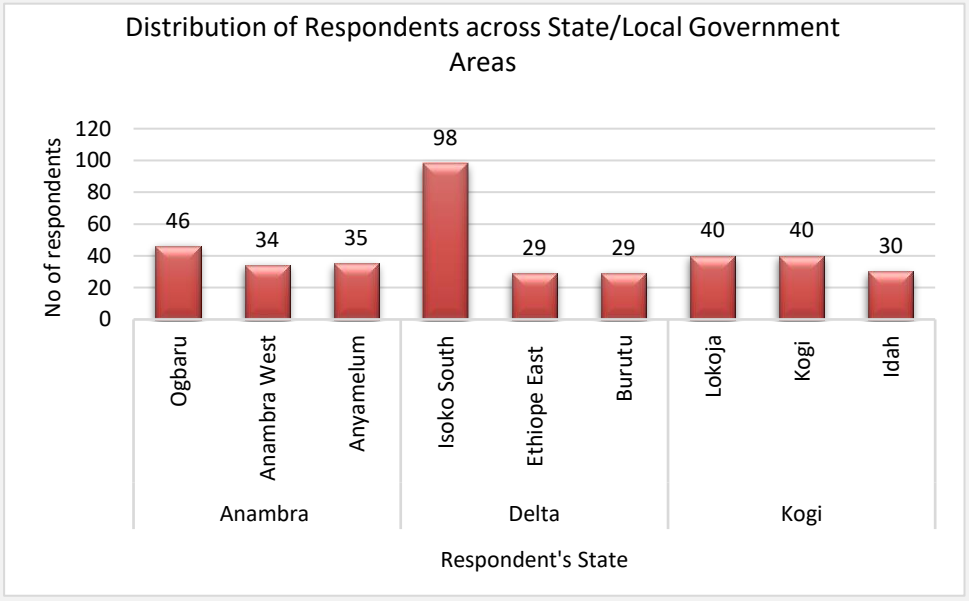


Figure 1: Distribution of respondents across State and LGA

Respondents' distribution by gender and age

The data reveals that female respondents made up the majority, with 225 respondents (59%), while male respondents accounted for 156 (41%). Among female respondents, the largest group was those aged 60 and above, comprising 88 respondents (39%). This was followed by the 31–45 age group with 65 respondents (29%), the 46–60 group with 60 respondents (27%), and the 18–30 group with the lowest representation at 12 respondents (5%). For male respondents, the highest representation was also in the 60+ age category, with 79 respondents (51%), followed by 46–60 with 58 respondents (37%), 31–45 with 14 respondents (9%), and 18–30 with only 5 respondents (3%). The data reveals that older respondents, particularly those above 60, had the highest participation, while younger age groups, especially those aged 18–30, were underrepresented as shown in Figure 2 below:

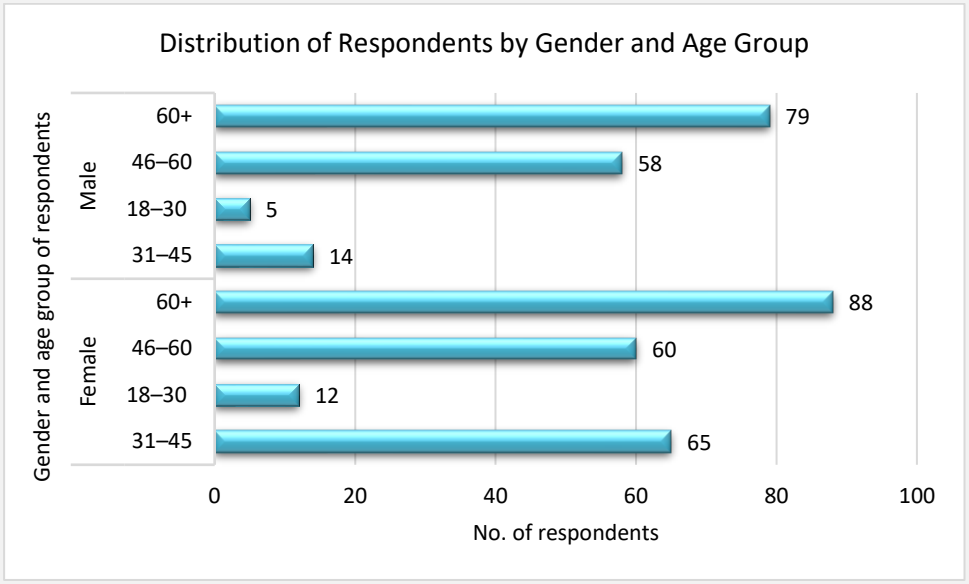


Figure 2: Distribution of respondents by Gender and Age Group

Respondents' distribution by disability and household status

The data reveals that out of 381 respondents, 324 respondents (85%) reported not living with a disability, while 57 respondents (15%) identified as people living with a disability. The majority of respondents, 322 respondents (85%), belong to the host community, indicating that most respondents are long-term residents of the area. Returnees account for 55 respondents (14%), representing respondents who have returned to their place of origin after displacement as shown in Figure 3.

A small proportion (4 respondents (1%)-), falls under the "Other" category, which may include transient respondents or those who do not identify with either of the primary groups. A significant majority, 302 respondents (79%), identified as the head of their household, while 79 respondents (21%) indicated that they were not. This suggests that most respondents hold primary decision-making roles within their families, which could influence household economic stability, resource allocation, and community engagement. The other 21% who are not household heads may include dependents, spouses, or other family members who may have different social and economic needs.

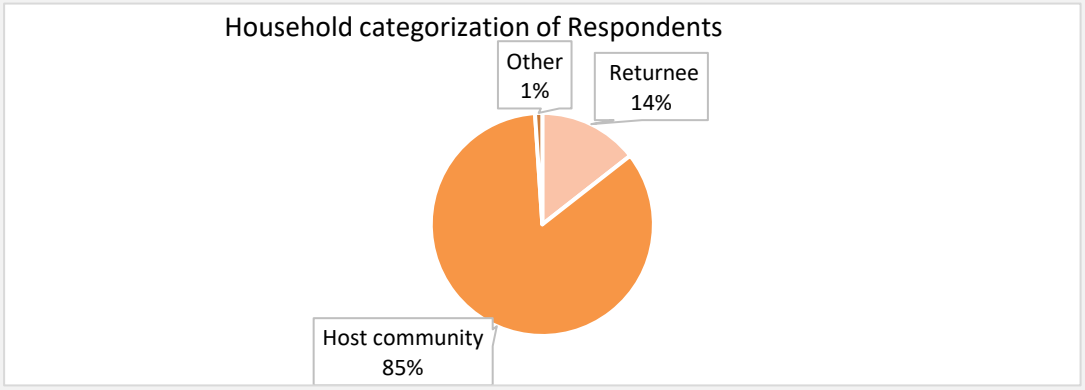


Figure 3: Household categorization of respondents

Respondents' distribution by marital status and household members

The data reveals that most respondents (313 or 82.2%) are married, with their households primarily consisting of HH between0-5, 6–17, and 18–59. Divorced respondents account for 21 respondents (5.5%), with their household composition being between the 0–5, 6–17, and 18–59 HH brackets. Those who preferred not to disclose their

marital status totaled 29 (7.6%), with a slightly higher HH in the 6-17 and 18–59 HH bracket. Single respondents (18 or 4.7%) reported small household sizes, with most members being in the 0–5 and 6–17 HH brackets, as shown in Table 1 below.

Marital Status	Number of Household			
	0-5	6-17	18-59	Total
Divorce	9	7	5	**21**
Married	74	134	65	**313**
Single	7	6	5	**18**
Prefer not to say	2	8	8	**29**
Total	**92**	**155**	**83**	**381**

Table 1: Household composition by marital status and age group

Household assistance received by respondents

All 381 respondents (100%) confirmed receiving a cash amount of N77,000. Additionally, all respondents (100%) reported receiving a package containing 20-liter jerry cans, buckets, and Aquatabs. These results indicate consistency in the distribution of both cash and NFIs among all surveyed respondents. In addition, 379 out of 381 respondents (99.5%) confirmed receiving instructions on how to use the NFIs they received, while only 2 respondents (0.5%) reported not receiving any guidance. This shows that the dissemination of usage instructions was highly effective, with nearly all recipients having access to the necessary information to properly utilize the items.

Utilization of non-food items by respondents

A total of 86 respondents, representing 22.6%, reported using the aquatabs for both drinking water and all household water. Additionally, 18 respondents (4.7%) used the aquatabs for drinking water only, while only one respondent (0.3%) used them for all household water without specifying drinking water. Regarding bucket usage, 51 respondents (13.4%) used the buckets primarily for fetching water, while 6 respondents (1.6%) used them for washing clothes and dishes. Four respondents (1.0%) reported using the buckets to store other items. Some respondents combined multiple uses; 51 respondents (13.4%) used the aquatabs for drinking and household water while also using the buckets for fetching water. Some 9 respondents (2.4%) reported using the aquatabs for drinking and household water and using the buckets for washing. Additionally, 12 respondents (3.1%) reported using the aquatabs for both drinking and household water while utilizing the buckets for washing and storing other items. A small percentage of respondents, 5 (1.3%), indicated that they gave some or all of the items away as gifts. A total of respondents (1.8%) stated they had not used the items, while 1 respondent (0.3%) mentioned selling some of the items. Three (3) respondents (0.8%) indicated uncertainty about how to use the aquatabs.

Utilization of distributed items for alternative purposes

The majority, 341 respondents (89.5%), reported sharing the items with their neighbors or friends, indicating strong community support and resource-sharing practices. A smaller group, 29 respondents (7.6%), exchanged the items for additional food or non-food items (NFIs), suggesting that some recipients prioritized meeting other essential needs. Meanwhile, 11 respondents (2.9%) exchanged items for money, which may indicate financial constraints or differing priorities among respondents as shown in Table 2 below. These findings highlight how recipients adapted the items to their specific circumstances.

State	Category of Item Usage by respondents			
	Exchange for additional food/NFIs	Exchange for money	Shared with neighbours/friends	Total
Anambra	14	0	101	115
Delta	14	6	136	156
Kogi	1	5	104	110
Total	**29**	**11**	**341**	**381**

Table 2: Usage of items for other purposes by state

Impact of cash assistance on local market prices

The majority, 208 respondents (54.6%), reported a positive impact, stating that prices had gone down as a result of distribution. Additionally, 130 respondents (34.1%) indicated that there was no impact, as prices remained the same. However, 24 respondents (6.3%), noted a negative impact, observing that prices had increased since the cash assistance. Lastly, 19 respondents (5.0%) stated that they did not know the impact of cash assistance on market prices. These findings show that cash assistance has generally had a stabilizing or positive effect on local market prices, with only a minority reporting an increase in prices.

Timeliness of Aquatab, jerry can, and bucket distribution

Out of 379 respondents, 378 (99.7%) confirmed that they received the items on time, while only 1 respondent (0.3%) reported they did not receive them on time. These results indicate a high level of efficiency in the distribution process, ensuring that the majority of recipients had timely access to the essential supplies.

Sufficiency of Aquatab distribution

Out of a total of 378 respondents, 335 respondents (88.6%) reported that the aquatab distribution was sufficient, while 43 respondents (11.4%) indicated that it was not adequate. The high percentage of respondents who found the distribution sufficient suggests that the majority of respondents received an adequate supply.

Accessibility of distribution points

Out of a total of 381 respondents, 251 (65.9%) indicated that the distribution points were "Very easy to access," while 128 (33.6%) found them "Easy to access." Only 2 respondents (0.5%) reported that the distribution points were "Difficult to access." As shown in Figure 4 below.

The data shows that the majority of respondents had little to no difficulty accessing the distribution points, reflecting an overall positive assessment of accessibility.

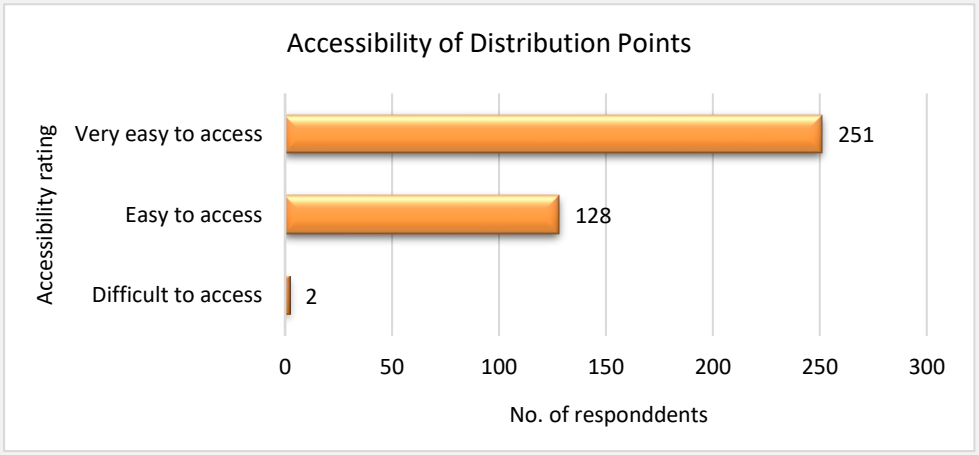


Figure 4: Accessibility of distribution points

Assessment of respondent selection criteria awareness

The data reveals that 287 respondents (75.3%), identified at least one criterion used for respondent selection. The most frequently mentioned criteria included elderly-headed households, which were cited in 171 responses (44.9%), and households with a family member with a chronic disease or disability, mentioned in 164 responses (43.0%). Female-headed households accounted for 119 responses (31.2%), while 102 respondents (26.8%) mentioned pregnant or lactating women as a selection factor.

Additionally, 71 respondents (18.6%) cited households with orphans under 18 years, and 47 respondents (12.3%) referenced child-headed households. The category of "household very poor" was identified in 74 responses (19.4%). Other less commonly noted criteria included minors under five in the household (13 responses, 3.4%) and host families housing more than ten dependents (25 responses, 6.6%). A total of 9 respondents (2.4%) explicitly

stated they did not know the selection criteria. This indicates a relatively low level of uncertainty, suggesting that most respondents were at least somewhat aware of the respondent selection process.

5.13 Assessment of respondent selection integrity and perception of respondent inclusion in the community

The findings indicate that 372 respondents (98%) reported that they did not have to give any favors or money to become respondents. However, 6 respondents (1.6%) stated that they had to offer something in return for their inclusion. Three respondents (0.8%) either did not answer or were not applicable cases. 150 (39.7%) out of the total respondents, believed that all vulnerable respondents were included, while 186 (49.2%) felt that some were left out. Some 41 respondents (10.8%) were unsure, and 1 response (0.3%) was categorized as not applicable.

Analysis of Feedback on the Registration Process

A total of 18.4% respondents expressed the need to increase the number of beneficiaries. Many suggested expanding the list of those registered, particularly the vulnerable households, to ensure broader inclusion. Several respondents (5.2%) highlighted the necessity for improved awareness creation before the registration exercise. Suggestions included early announcements and timely communication to ensure better participation and preparedness. Some respondents (3.9%) recommended extending the registration period, as they found the current duration too short and stressful. They called for an expansion of the registration process to accommodate more people efficiently.

Some 3.1% respondents made specific suggestions regarding logistical enhancements, such as employing more volunteers, increasing the number of registration devices, and providing better organization to facilitate a smoother process. A notable number of respondents (13.9%) expressed satisfaction with the registration process, stating that everything was fine and well-organized. Some also conveyed appreciation for the efforts of the organizers, particularly the Red Cross Society. Other concerns 2.6% of respondents, included requests for additional support beyond registration, such as food assistance, farm inputs, and other relief items to enhance the impact of the intervention.

Assessment of communication effectiveness for distribution date, location and challenges faced at the distribution site

The majority, 378 respondents (99.5%), confirmed they received clear communication, while only 2 respondents (0.5%) indicated that they did not. In response to the question, "Did you experience problems at the distribution?", only 2 respondents (0.52%) explicitly stated that they did not encounter any issues. However, a significant majority; 379 out of 381 respondents (99.48%) did not respond to this question. The high number of blank responses suggests that most respondents either did not experience issues or did not find it necessary to comment.

Assessment analysis of item sharing among respondents during distribution

The findings indicate that 363 respondents, representing 95.3%, did not share the items they received. Meanwhile, 18 respondents, accounting for 4.7%, reported sharing. Among those who shared, 6 respondents (1.6%) gave items to their neighbors, 4 respondents (1.0%) shared with children, 2 respondents (0.5%) shared with family and friends, 1 respondent (0.3%) shared with their wife, 1 respondent (0.3%) shared with their sisters, 1 respondent (0.3%) shared with their tenants, and 3 respondents (0.8%) shared with other family members.

Assessment of assistance received from other organizations

The majority, 375 respondents (98.4%), indicated that they had not received any such assistance. Only 5 respondents (1.3%) reported receiving assistance from another organization, while 1 respondent (0.3%) marked "N/A." Among the 5 respondents (1.3%) who confirmed receiving assistance, two specifically mentioned that the only support they received was from the Red Cross Society, which provided ATM cards and bucket jerry cans. One respondent mentioned receiving a "N77,000 bucket Aquatab rubber," while another credited The Rev. Fr., parish priest of St. Anthony Catholic Church, as their source of assistance. One response stated "No," which may indicate

uncertainty or misunderstanding of the question. These findings suggest that external assistance from other organizations was minimal, with most respondents depending solely on the current distribution program.

Challenges in Using ATM cards for cash redemption

The majority, 359 respondents (94.2%), reported they did not face any issues, while 22 respondents (5.8%) indicated they encountered difficulties during the process. Among the 22 respondents who faced difficulties, key issues included network problems by respondents (9.1%), incorrect PIN errors (4.5%), ATM blocking (4.5%), and initial PIN-related challenges that were later rectified. Some respondents (13.6%) cited distance to POS points as a major barrier, while others (9.1%) mentioned POS charges as a challenge. A few respondents reported delays in funds being deposited into their accounts (4.5%) and difficulty accessing banking services (4.5%).

Treatment of respondents during cash/item distribution

A total of 372 respondents (97.6%) reported they were treated with respect, while 8 respondents (2.1%) indicated they were not. One respondent (0.3%) did not respond. The majority of respondents expressed gratitude for the treatment they received. Many mentioned being treated with "respect," "kindness," and "love." Others noted that the Red Cross personnel and volunteers were "orderly," "polite," and "well-organized." Several respondents also stated that elderly respondents and pregnant women were given priority. Respondents identified Red Cross personnel and volunteers as playing a key role in ensuring respectful treatment. Among the eight respondents who reported negative experiences, some responses were unclear or neutral (e.g., "None," "N/A," or "we were even grateful"). No detailed explanations of mistreatment were provided, and the low number suggests that dissatisfaction was minimal.

Assessment of the suitability of time and location for respondent card and item collection

The data reveals that 371 respondents, 97.4%, found the time and location suitable. However, 2 respondents (0.5%) reported that the schedule was inconvenient. One respondent was occupied on a farm with their children, while another had to suspend market activities as the distribution date coincided with their market day. Eight (8) respondents (2.1%) did not provide any responses regarding the suitability of time and location for card and item collection.

Awareness and utilization of feedback mechanisms in the Programme

Out of 381 respondents, 358 (94%) were aware of how to submit complaints or feedback, while 14 (4%) were unaware. A small percentage, 6 respondents (2%), selected "N/A," and 3 (1%) indicated "Don't know." Among those aware, 122 (34%) provided feedback or lodged complaints, while 236 (66%) did not use the system despite knowing about it. Regarding satisfaction with responses, 115 out of 122 respondents (94%) who provided feedback reported receiving a satisfactory response, while 5 (4%) stated their concerns were not adequately addressed. One respondent (1%) was unsure, and another selected "N/A." Although most respondents knew about the feedback system, two-thirds did not engage with it.

Household control over distributed items

- The data shows that 50.1% (191 respondents) indicated they personally have control over the received items. 12.9% (49 respondents) stated that their husband is in charge.
- 8.7% (33 respondents) mentioned that control lies with their mother or wife.
- 3.4% (13 respondents) identified the head of the household as the main decision-maker.
- 2.6% (10 respondents) indicated that control is shared among family members.
- The remaining 22.3% (85 respondents) provided varied responses, including naming specific respondents (e.g., father, eldest daughter, respondent's children) or expressing uncertainty.

Household disagreement over control of distributed items

The majority (368 respondents, 96.6%) reported no disagreement, indicating that the distribution process did not lead to conflicts in most households. A total of 12 respondents (3.1%) indicated experiencing a little disagreement

regarding how the items should be used. This suggests that while disagreements were minimal, they were not absent. Only 1 respondent (0.3%) reported that they did not know whether any disagreement occurred within their household.

Impact of cash assistance on income level and economic stability

128 respondents (33.6%), reported investing in new productive assets, suggesting that the assistance contributed to economic improvements. Additionally, 79 respondents (20.7%) stated that they were able to save money for other needs. Furthermore, 156 respondents (40.9%) indicated both investment in productive assets and savings, highlighting a dual benefit from the cash assistance. A very small number (2 respondents, 0.5%) expressed uncertainty about the impact, while 12 respondents (3.1%) reported no changes in their income levels. Another 2 respondents (0.5%) noted no changes but still managed to invest in productive assets. Overall, the data suggests that the majority of respondents experienced positive economic changes, with most either investing in assets, saving money, or both.

5.25 Impact of cash assistance on respondent families

The data shows that 85 respondents (22.3%) reported an increase in income due to cash assistance. Additionally, 180 respondents (47.2%) indicated they acquired more food to eat and experienced an increase in income, showing a dual benefit from the support. A small subset of 3 respondents combined these benefits with other positive outcomes. Regarding food security, 102 respondents (26.8%) stated that cash assistance helped them acquire more food to eat as the primary impact.

A total of 285 respondents (74.8%) indicated that they used assistance to secure more food, either alone or alongside other benefits. A small number of respondents noted limited or no perceived impact. Two respondents reported no significant impact on their families, while another two noted acquiring more food but without significant impact otherwise. One respondent combined increased income and no significant impact yet. A few respondents expressed negative experiences or uncertainty. Two respondents (0.5%) explicitly stated that the cash assistance negatively impacted their family, while another one reported acquiring more food, experiencing increased income, but also facing a negative impact.

Two respondents answered "Don't know" indicating uncertainty about the impact, and one respondent selected "Other," which may require further qualitative insights. The survey results indicate that the cash assistance program has had a predominantly positive impact, with nearly three-quarters (74.8%) of respondents reporting improved food security. Additionally, 47.2% experienced both increased income and improved food access. However, a small fraction (less than 1%) reported negative effects.

Coping strategies adopted by households following cash distribution

A majority of respondents, 211 (55.4%), reported that they did not need to employ any coping strategies. Some 25 respondents (6.6%) selected "N/A," indicating that the question may not have been applicable to them. Among those who had to adopt coping mechanisms, 50 respondents (13.1%) relied on less expensive and lower-quality food. Another 21 respondents (5.5%) involved school-aged children in cultivation, livelihoods, or income generation as a coping measure. Restricting food consumption for adults to allow smaller children to eat was another strategy, with at least 8 respondents (2.1%) employing this approach alone, and a few combining it with other measures such as lowering the number of meals per day or reducing non-food expenditures.

Some respondents resorted to borrowing food or relying on relatives or friends, though this strategy was employed by only a small fraction of the total sample. Similarly, a few respondents bought food on credit (4 respondents or 1.0%). Reducing non-food expenditures, such as healthcare and education, was another measure taken by at least 6 respondents (1.6%), while some combined it with other strategies like restricting food consumption or involving children in livelihoods. A small group of respondents, 14 (3.7%), reported that they "Don't know" whether they had to use any coping strategies.

General findings and recommendations

General findings

- There was effective and timely distribution of items as 99.7% of respondents received their items on time, and 99.5% found the distribution points accessible.
- Nearly all respondents (99.5%) were satisfied with the instructions provided for using NFIs.
- 88.7% respondents reported no significant price changes in local markets, but 10% noticed a slight increase in prices.
- While 75.3% understood the selection criteria, nearly half (49.2%) believed some vulnerable groups were excluded.
- There was high awareness of feedback mechanisms but low usage as the data reveals that 94% of respondents knew about complaint and feedback mechanisms, but only 34% used them.
- 96.6% reported no conflicts over assistance distribution, but 3.1% experienced disagreements within households.
- 33.6% invested in productive assets, while 40.9% both saved and invested.
- Some recipients faced minor difficulties in withdrawing cash from ATMs.

Recommendations

- Maintain the current distribution model, ensuring logistical efficiency to sustain high satisfaction levels.
- Continue providing clear usage guidance and explore additional community engagement for better utilization of distributed items.
- Conduct periodic market assessments before distributions to monitor potential inflation risks and adjust assistance strategies accordingly.
- Strengthen the targeting process by improving community participation and transparency to ensure the inclusion of all vulnerable groups.
- Increase efforts to encourage feedback utilization through community sensitization and simplified reporting channels.
- Include conflict resolution strategies in future programs and provide additional household-level counseling on resource management.
- Provide financial literacy training to maximize long-term benefits of cash assistance for economic resilience.
- Offer alternative cash-out options, such as mobile money transfers or direct cash-in-hand distribution for those with banking difficulties.

	Health & Care (*Mental Health and psychosocial support / Community Health / Medical Services)*	Female > 18: **80,400**	Female < 18: **159,600**
		Male > 18: **53,600**	Male < 18: **106,400**
Objective:	*Reduce the immediate health risks of 67,000 households affected by the floods.*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of laboratory confirmed cases of Cholera identified by RC Volunteers	6,049	10,000
	# of suspected Cholera cases and other waterborne diseases referred to DSNO	45,833	60,000

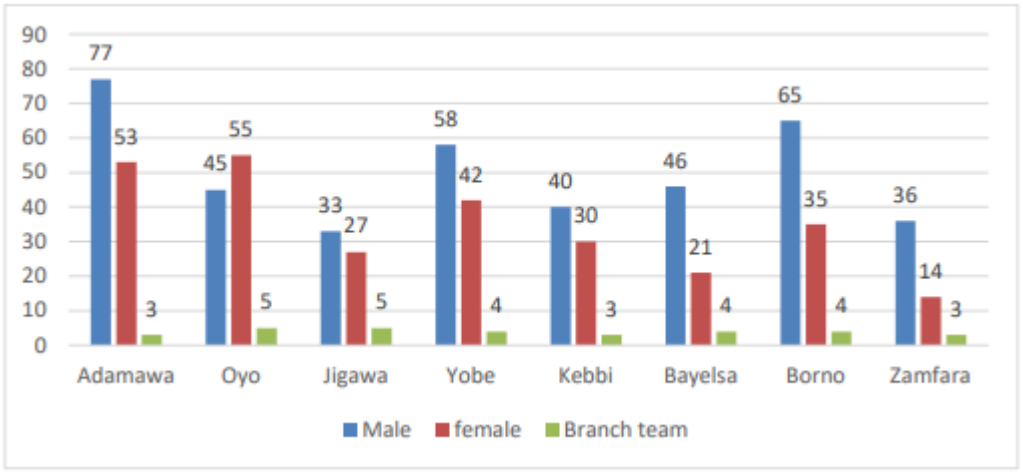
	# of volunteers mobilized, trained on RCCE and deployed to communities	1,500	1,500
	# of radio jingles aired	1040	3,000
	# of ORP set up	4	4
	# of people treated at the ORP station	42,900	60,000
	# of IEC Materials published	76,000	80,000
	# of alerts submitted to MOH through the DSNO	11,386	15,000
	# of people provided with PFA	22,074	30,000
	# of alerts raised by RCRC verified as confirmed cases by NCDC and MOH	32,781	50,000
	# of PPE procured for the operation	490	490
	# Back Sprayers Procured	30	30

The NRCS is an active member of the emergency taskforce set up by the ministry of health which is the coordinating partner for Cholera response activities in Nigeria. NRCS being a major partner in the Cholera task force in the states has continuously worked with key stakeholders such as the community leaders, traditional birth attendants, drug vendors, spiritual leaders, women leaders and school proprietors all through the project cycle. The Nigerian Red-Cross Society NHQ team held key stakeholders' coordination meetings with key personnel at the National, State and LGA to determine Cholera hot spot LGAs to be supported via the Cholera flood appeal. Regular coordination meetings are also being held at the National and State level to review weekly activities, provide operational support to issues as they arise and review weekly data collection, collation and validation.

Following the planning meeting was one-day capacity building training of 650 selected community-based volunteers in the 8 states of Adamawa, Borno, Bayelsa, Jigawa, Kebbi, Oyo, Yobe and Zamfara. The training was facilitated by key personnel from the state ministry of health and the branch personnel. State personnel present during the training are DSNOs, SHEs and the SEPID. The training aimed to enhance volunteer capacity in cholera surveillance, case management and hygiene promotion; promote effective communication and community engagement for risk reduction; and foster sustainable hygiene practices for long-term cholera control. The training covered the following topics:

- Cholera overview: causes, symptoms, transmission and prevention
- Surveillance and case management: identification, reporting, and referral of suspected cholera cases
- Hygiene promotion: safe water, sanitation, and hygiene practices
- Risk communication and community engagement: effective communication strategies for risk reduction
- Community entry and participation: building trust and engaging communities in cholera prevention

Table showing training participants and dates for each State



The training evaluation was conducted using pre- and post-tests, participants' feedback forms, and observation of group work and presentations. The evaluation results showed significant improvement in volunteers' knowledge and skills in cholera surveillance, case management, and hygiene promotion after the training. The following challenges were reported: language barriers, limited access to remote areas, and variability in prior knowledge among participants; limited time for the training; and security concerns in Zamfara. One of the lessons learned is the collaboration with local health authorities and stakeholders proved very effective during the training. The main recommendation is to provide regular training and refresher sessions for volunteers and community leaders.

Following volunteers' capacity building was implementation of key Cholera activities in the community. Within the reporting period, the NRCS in its auxiliary role to the government, supported the ministry of health to curb the rapid spread of Cholera through dedicated community-based volunteers whom in their communities raised awareness on the emergence of Cholera, sensitized the community members on preventive measures and participated in the active case search of suspected cases and referral. Volunteers were also engaged in the disinfection of cholera infected households, water point sanitation and referral of cases.

	Water, Sanitation and Hygiene	Female > 18: **36,000**	Female < 18: **72,000**
		Male > 18: **24,000**	Male < 18: **48,000**

Objective:	*Reduce health risks and improve access to safe water and dignity in flood-affected, community-led areas.*		
		Actual	**Target**
	# of hygiene promotion sessions conducted in communities	1,647	2,000
	# household supported with water treatment for safe drinking.	6,572	10,000
	# WASH purification consumables procured, distributed, and replenished - Aquatab sachets	6,700	6,700
	# dignity kits distributed	1,300	900

	# community water points rehabilitated	214	500
	# community water points disinfected	214	200
	# WASH committees established in select affected areas	51	50
	# schools engaged on child hygiene and sanitation transformation.	227	227
	# of states that receive IPC support for vaccinators and health workers (facemasks, gloves, gowns, etc.)	8	8

WASH ERU support was deployed with support from Norwegian Red Cross to assist in implementing WASH activities in Bauchi state that had been impacted by floods. The team is supported by NRCS staff (2 WASH engineers, one health officer, one administration officer and 5 lead volunteer hygiene promoters). The team engaged the local branch personnel and state officials before going to undertake in-depth field assessment. During the assessment they were able to repair/maintain twenty hand pumps from non-functional or partially functional to fully functional. Six technicians were involved in the hand pump maintenance. The team managed to start community engagement (women's committees and clubs) in all LGAs and FGDs organized to understand the communities better.

Water Point and Community sanitation

Within the reporting period, volunteers supported community members to conduct water point and community sanitation in the 8 States of implementation.

Through community sensitization, NRCS volunteers reached 96,662 people with hygiene promotion messages and integrated awareness-raising sessions on common infectious diseases, prevention of waterborne diseases, conducting MPox risk communication, infection prevention, preparing and use of ORS. During the period, a total of 227 schools were reached with sensitization and hygiene messages ranging from proper hand washing and use of latrines, among others.

Some 6,300 HHs were reached during the period with sufficient supply of aquatabs for 3 months, thereby ensuring families have access to clean and safe drinking water. They were sensitized on how to use the items. Due to heightened cholera risks, IPC were distributed in 8 states to target public health facilities. This would enhance the safety of health workers while attending to referred patients.

	Protection, Gender and Inclusion	Female > 18: **72,000**	Female < 18: **144,000**
		Male > 18: **48,000**	Male < 18: **96,000**
Objective:	*Promote and mainstream gender and diversity in the operations and ensure that safeguarding policies are in place while responding to the needs of flood-affected communities.*		
	Indicator	**Actual**	**Target**
Key indicators:	# of people reached with PGI/SGBV awareness	3,300	9,000
	# of staff and volunteers oriented on Prevention of Sexual Exploitation and Abuse (PSEA)	1,608	100

	# of women and girls who receive dignity kits	1,300	900

Production and distribution of 900 PGI Pocket Message Guides for volunteers that served as a quick reference while equipping them with essential guidelines on protection principles and inclusion best practices. It also provided concise, practical guidance on safeguarding vulnerable individuals, preventing and responding to Sexual and Gender-Based Violence (SGBV), and ensuring Protection from Sexual Exploitation and Abuse (PSEA) in all humanitarian activities.

Volunteers were equipped with knowledge on NRCS emergency contacts and reporting mechanisms that were vital to be disseminated to communities.
All the people served were reached with key messages on PSEA and referral channels clearly stipulated for them. Additionally, 1,300 women and girls of reproductive age were reached with re-usable dignity kits. They were taken through how to use and clean the items as well as proper storage.

Community Engagement and Accountability

Objective:	*Ensure that people and communities are heard and participate throughout the programme cycle.*		
Key indicators:	**Indicator**	**Actual**	**Target**
	% of staff and volunteers working on the operation who have been briefed on CEA		100
	% of feedback received and responded to		90
	# consultations with communities for list finalization 6	3	6
	# of people reached with CEA messages	3,850	9,000

A total of 317 community-based volunteers conducted risk communication and community engagement via house-to-house (H2H) engagements. Community meetings and school unit sensitization and community meetings were held with community leaders, age grades and other focused groups reaching 46,541 persons. According to NCDC, since the beginning of the year, age groups <18 years have been mostly infected by the bacterium Vibrio cholerae, making the school unit approach a key avenue to reach this very important age group.

- 227 schools,
- 217 communities,
- 522,029 households reached (i.e., 2,070,559 persons)
- 14,979 cases seen with symptoms,
- 13,052 cases referred and 1,647 hygiene promotion sessions held via house-to-house volunteers visit.

The volunteers were engaged in sensitizing the community members on how to make water safe for drinking, use of water from reliable sources, boiling of water before drinking and proper water storage. Community members were also educated on hand-washing techniques and environmental hygiene practices, stoppage of open defecation, ensuring proper disposal of waste, clearing of sewage and safe food preparation.

Enabling approaches

National Society Strengthening

Objective:			
Key indicators:	**Indicator**	**Actual**	**Target**
	# of NDRTs deployed to flood-affected areas	2	40
	# of volunteers insured	3,000	3,000
	# of rub halls installed	0	4

Volunteers and staff in targeted states were trained in CEA, PGI, response tools as well as first aid. This enables volunteers to be equipped with holistic approaches in this operation. Additionally, this appeal ensured that volunteers were insured thereby mitigating on any risks to harm that might inadvertently come their way.
The NRCS Emergency Operation Center (EOC) has been key in collecting and distributing data from affected areas. Two NDRT members were deployed in two flooded states to complement the capacities existing there and assist in response particularly targeting and registration of communities to receive assistance from NRCS.
Developing NRCS warehousing capacity: The IFRC has procured 4 rub halls for installation in four states to serve as hubs in future responses. Emergency response stock and kits will be prepositioned there to ensure a timely response in case of an emergency humanitarian situation.

Coordination and Partnerships

Objective:			
Key indicators:	**Indicator**	**Actual**	**Target**
	# of external partnerships supporting the National Society in the response	5	20
	# of regular coordination mechanisms with all Movement partners	2	8
	Movement-wide coordination mechanism	Yes	Yes
	Coordination with external stakeholders	Yes	Yes

A partners' call was organized in September 2024, with the objective of offering firsthand insights into the extent of the floods impact, the scope of the disaster, and the urgent humanitarian needs on the ground. Representatives from the IFRC Secretariat and different PNS participated in the meeting demonstrating a collective determination to address the immense challenges posed by the floods and support the affected communities.

NRCS maintains a close working relationship with national and state authorities and coordinates its responses with both NEMA and SEMA. This is in line with its auxiliary role in complimenting authorities while responding to imperative humanitarian needs in the country.
NRCS is a member of the country humanitarian team where IFRC is a member too. This is a platform that brings together all humanitarian actors and coordinates their responses in the country to avoid duplicity while enhancing not only efficiency but also strategic resource allocation and one humanitarian voice.

Secretariat Services

Objective:			
Key indicators:	**Indicator**	**Actual**	**Target**
	# of IFRC monitoring visits	1	2
	# of IFRC technical support missions to support CVA, PGI and Shelter trainings	1	3
	# of Lessons learned workshop conducted	0	1

The IFRC operations manager is responsible for the appeal and is the focal person with the NS in operationalizing this response. Additionally, a team comprising of communications, PMER, CEA & PGI, health and security officers are also assisting the NS with the response.
IFRC staff were deployed to various states to support the response and ensure that humanitarian standards are adhered to during response. They also provided specific sectoral training to the branches visited.
Logistics and supply chain management teams of NRCS and IFRC are supporting the operation to ensure timely and efficient mobilization of relief supplies to the affected areas.
The mobilization table for Appeal MDRNG041 has been updated and is available.
The IFRC provides complimentary procurement capacity to NRCS, more so for international procurement and other bulky in-country needs. IFRC also supports in-country PNS in procuring items.

D. FUNDING

In addition to the support provided by Movement partners in-country and other non-RCRC partners, the NRCS response is mainly resourced via the IFRC Emergency Appeal with a funding requirement of CHF 5 million for the Floods Operational Strategy. To date, CHF 2 million has been obtained towards the Floods Operational Strategy, translating to 40 percent coverage. Contributions have been received from the American, Canadian, Netherlands, Monaco, and Norwegian Red Cross societies, European Union and OPEC.

Contact information

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For Performance and Accountability support:

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Reference documents

Click here for:

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

How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere**) in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.