



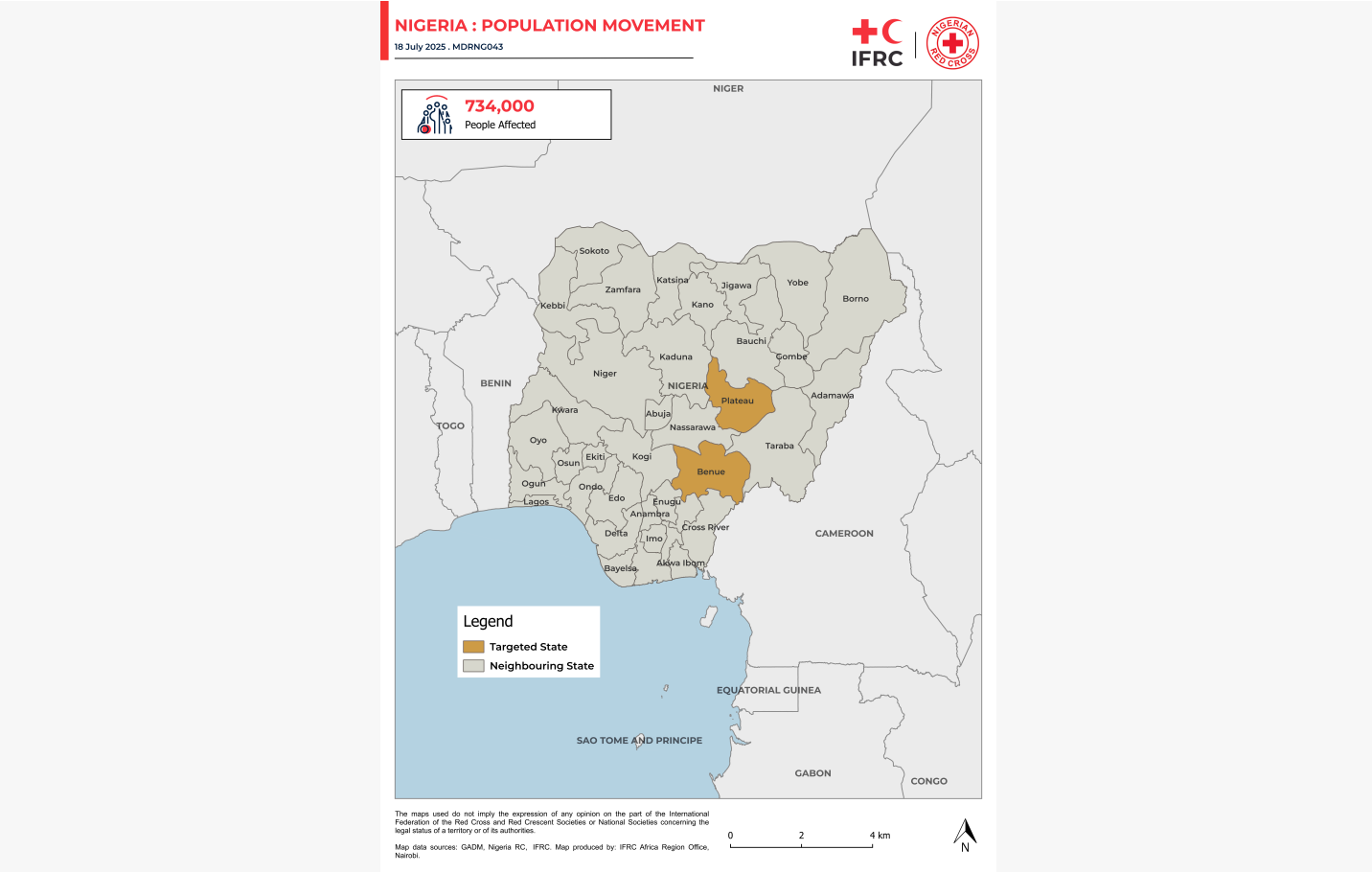
A section of affected persons in the recent Jos Crisis – Source: NRCS

Appeal: <b>MDRNG043</b>	Country: <b>Nigeria</b>	Hazard: <b>Complex Emergency</b>	Type of DREF: <b>Response</b>
Crisis Category: <b>Yellow</b>	Event Onset: <b>Sudden</b>	DREF Allocation: <b>CHF 695,477</b>	
Glide Number: <b>-</b>	People Affected: <b>734,000 people</b>	People Targeted: <b>15,000 people</b>	
Operation Start Date: <b>17-07-2025</b>	Operation Timeframe: <b>4 months</b>	Operation End Date: <b>30-11-2025</b>	DREF Published: <b>23-07-2025</b>
Targeted Regions: <b>Benue, Plateau</b>			

# Description of the Event

## Date of event

29-06-2025



Map of targeted areas @NRCS and IFRC

## What happened, where and when?

Between March and June 2025, there has been a series of violent attacks by armed groups, primarily identified as herder militias, targeted farming communities across Benue and Plateau States in Nigeria's Middle Belt region. The nature of these attacks has been characterized by deliberate killings, destruction of livelihoods, properties, public infrastructure, and mass internal displacement. The events form part of a longstanding farmer-herder conflict, which has intensified in recent years, particularly in rural areas with limited security presence and weak access to essential services.

The most devastating incident occurred between 14 and 16 June 2025 in Yelewata, Guma LGA of Benue State, where over 150 civilians were killed, including entire families who were burned alive in a local market. Key public infrastructure including clinics, boreholes, schools, grain reserves, and homes was systematically destroyed. Thousands of residents were displaced and relocated to the Makurdi International Market IDP site, where they continue to face overcrowding, poor sanitation, and insufficient food and water. This was preceded by deadly attacks on 3 June in Apa and Gwer West LGAs, also in Benue, where more than 20 civilians lost their lives.

Again, on 29 June 2025, suspected herders ambushed Tse Agbough in Nyiev Council Ward, Udei community in Guma LGA, killing three mobile police officers and forcing 200 persons to flee to displacement sites in Ortese and Daudu. Farmlands were destroyed in the process, further affecting household food security. The following day, additional incidents were also reported in Tse Asha, Anshongu, and Adeor settlements in Guma LGA, where civilians were injured, including two individuals who were attacked with machetes while attempting to protect their farms. One of the victims is likely to suffer permanent disability due to severe damage to his hand. Many displaced persons have been forced to flee repeatedly, including secondary and tertiary displacement, and some have migrated toward border areas with Cameroon. These movements have also resulted in family separation and the disappearance of individuals.

In Plateau State, violence has followed a similar pattern. On 20 June 2025, renewed attacks in Bokkos and Mangu LGAs left 32 people dead, most of them women and children. These events came in the wake of earlier attacks in late March and early April, where coordinated attacks were recorded across five villages in Bokkos LGA, including Daffo, Gwande, Hurti, Manguna, and Ruwi. These attacks contributed to significant displacement and widespread destruction of homes and community infrastructure.

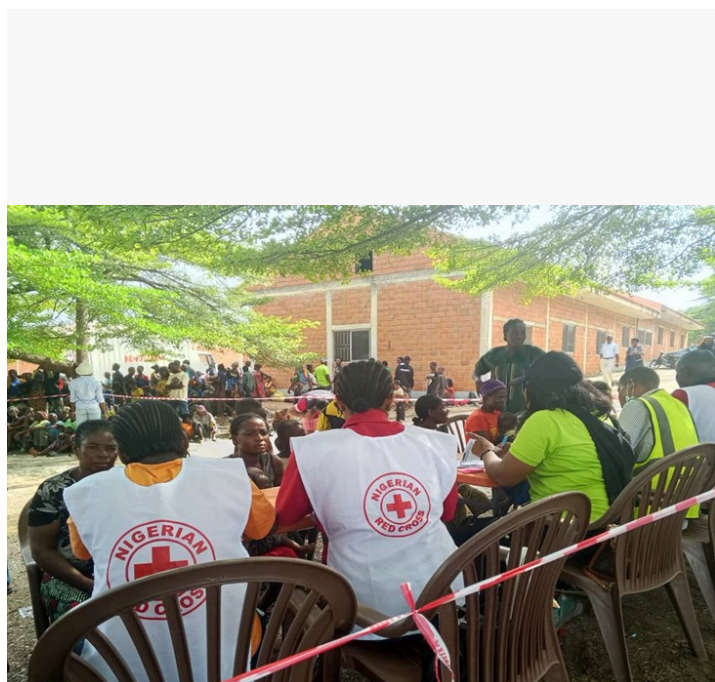


As of July 2025, over 615,000 people have been displaced in Benue State, with an additional 65,000 displaced in Plateau State. Many of the affected households are subsistence farmers who have lost access to their land at this critical planting season. The majority of displaced persons are currently living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

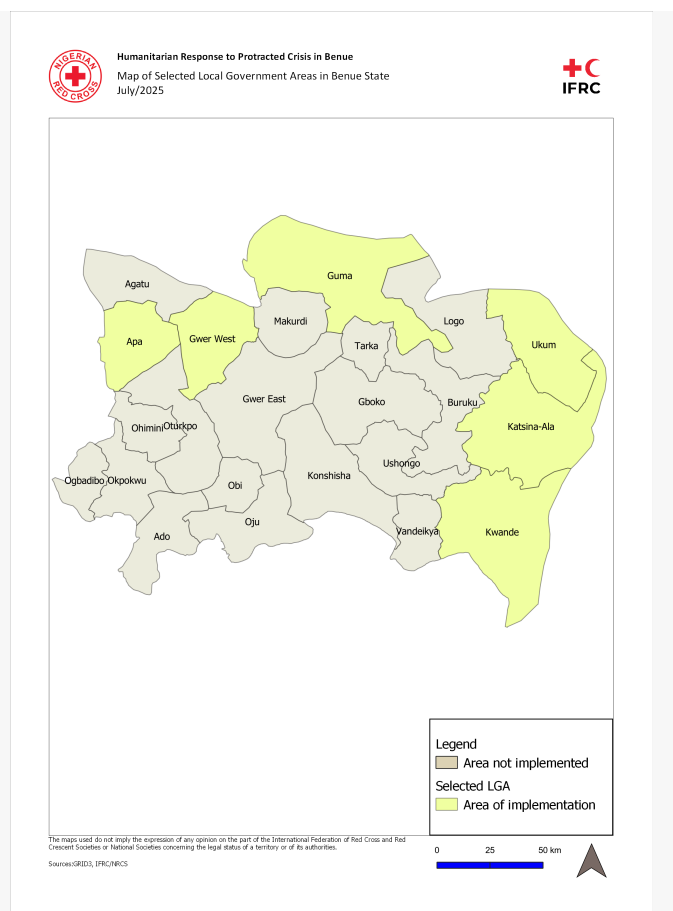
Benue State is located in Nigeria's North-Central region, bordered by Nasarawa, Taraba, and Cross River States, as well as the Republic of Cameroon. Known as the "Food Basket of the Nation," Benue has a predominantly agrarian population, with over 80% relying on farming for their livelihoods. LGAs such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

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

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



NRCS volunteers conducting beneficiary registration in an IDP camp in Benue



Map showing LGAs affected in Benue State

## Scope and Scale

The ongoing violence has generated a large-scale humanitarian crisis marked by displacement, destruction of infrastructure, loss of livelihoods, and the erosion of community resilience. According to IOM and State SEMA dashboard, as of 11 July 2025:

- Over 615,000 individuals are displaced across 23 local government areas (LGAs) in Benue State.
- More than 65,000 people are displaced across Plateau State, with significant concentrations in Bokkos, Mangu, Barkin Ladi, and Bassa LGAs.
- Over 200 villages in Benue have been razed, and 167 rural communities attacked in Plateau.
- The majority of displaced persons are subsistence farmers, now cut off from their primary livelihood source due to ongoing insecurity and loss of farmland during the crucial planting season (May–August).
- Many displacement sites are overcrowded, unstructured, and lack access to clean water, health services, sanitation, and food. Reports indicate a rapid deterioration of living conditions in camps located in Makurdi, Daudu, Naka, and Udei.



A large portion of displaced households are not formally registered, are in secondary displacement, or are moving between informal sites. Pastoralists, nomadic groups, and undocumented persons face significant barriers to access assistance. Together, Benue and Plateau now account for over 680,000 internally displaced persons, the majority of whom are farmers unable to access their land due to ongoing insecurity. The attacks have had devastating humanitarian consequences ranging from food insecurity and malnutrition to poor access to clean water, healthcare, shelter, and protection services. Camps and informal settlements in Makurdi, Naka, Daudu, Udei, Bokkos, and Mangu are overcrowded, under-resourced, and at growing risk of disease outbreaks. The scale and frequency of recent attacks in Benue and Plateau States have overwhelmed the capacity of local authorities, prompting formal appeals for humanitarian intervention. In a letter dated 11 July 2025, the Benue State Emergency Management Agency (BSEMA) reported that more than 500,000 internally displaced persons (IDPs) are currently sheltering in camps and host communities across the state following sustained and violent attacks by armed herders. BSEMA's appeal specifically requests assistance in the form of food, non-food items, shelter materials, hygiene kits, and essential medical supplies, noting that the state's available resources are insufficient to address the growing crisis. Similarly, the Plateau State Emergency Management Agency (PLASEMA) has raised an urgent call for support to assist numerous victims of recent violence in Bassa, Riyom, Mangu, Kanam, and Wase LGAs. Many displaced persons are currently taking refuge in informal shelters such as churches, mosques, and community spaces, with others scattered in host communities. PLASEMA's letter also calls for immediate relief materials to address the critical needs of the affected population. These official requests reflect the deteriorating humanitarian conditions, highlighting the urgency of humanitarian needs in both states and serve as a formal trigger for this DREF operation. This DREF operation will prioritize the most affected and underserved areas in both states, including Bassa and Riyom LGAs in Plateau State, and 6 LGAs in Benue State (Goma, Gwer West, Gwer East, Agatu, Otukpo and Apa LGAs) where humanitarian actors are absent or overstretched. The strategic focus on these locations is to ensure life-saving response that complements ongoing interventions and addresses critical unmet needs.

Source Name	Source Link
1. International Organization for Migration (IOM), DTM Nigeria	<a href="https://dtm.iom.int/reports/nigeria-north-central-benue-state-flash-report-216-2-june-2025?close=true">https://dtm.iom.int/reports/nigeria-north-central-benue-state-flash-report-216-2-june-2025?close=true</a>
2. Truth Nigeria	<a href="https://truthnigeria.com/2025/07/benue-government-bars-press-from-overcrowded-idp-camp/">https://truthnigeria.com/2025/07/benue-government-bars-press-from-overcrowded-idp-camp/</a>
3. The Nigerian Voice	<a href="https://www.thenigerianvoice.com/news/352683/13-persons-killed-houses-burnt-in-fresh-herdsmen-attack-o.html">https://www.thenigerianvoice.com/news/352683/13-persons-killed-houses-burnt-in-fresh-herdsmen-attack-o.html</a>

## Previous Operations

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

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

-

**Lessons learned:**

The Nigerian Red Cross Society (NRCS) is applying key lessons from past emergency operations such as Lassa Fever, Severe Acute Malnutrition, Floods, and displacement response to enhance the effectiveness of this intervention in Benue and Plateau States.

- Community Engagement: In previous operations, limited community engagement led to low uptake of services and challenges in feedback management. This operation will prioritize early and continuous community engagement through trained NRCS volunteers embedded in host and IDP communities. Mobile feedback and complaint mechanisms, including face-to-face consultations and suggestion boxes, will guide real-time adjustments to activities.



- Targeting and Prioritization: In the ongoing flood response, delays in beneficiary selection due to unclear criteria resulted in tension and duplication were observed. also, the beneficiaries registered outnumbered the items available for distribution. This current operation will use a community-led targeting approach supported by clear vulnerability criteria, especially focusing on female-headed households, children under five, the elderly, and persons with disabilities. Coordination with community leaders and local authorities will help validate and refine beneficiary lists. Beneficiaries will be identified and registered in strict alignment with the itemized quantity of materials available.

- Coordination and Partner Mapping: In the 2022–2023 displacement responses, gaps emerged due to weak inter-agency coordination and overlapping interventions in some LGAs. This operation builds on improved sector coordination mechanisms and partner presence mapping to avoid duplication. NRCS will coordinate closely with SEMA, UNICEF, UNFPA, WHO, Save the Children, NorCross, and government agencies to ensure activities complement existing interventions, especially in sectors like health and WASH.

- Supply Chain and Prepositioning: Previous operations faced delays due to lack of prepositioned stocks and logistical bottlenecks during rainy seasons. In anticipation of access constraints, particularly during the peak of the rainy season (July–September), this operation includes early procurement and prepositioning of NFIs and WASH items at the state branch level, with logistical support from IFRC.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	Yes
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## Current National Society Actions

### Start date of National Society actions

17-06-2025

Health	<p>The Nigerian Red Cross Society, through its Benue and Plateau State Branches, has activated its emergency response systems in the most affected Local Government Areas (LGAs), deploying trained volunteers and leveraging its community-based networks. In the aftermath of the attacks, NRCS mobilized its local health response teams to support injured and traumatized populations. Key actions undertaken include:</p> <ul style="list-style-type: none"> <li>- Emergency Health Post: Trained volunteers provided immediate first aid to injured survivors in the IDP camps. Referral pathways were established in coordination with nearby primary health centres (PHCs), ensuring that severe cases particularly trauma, burns, or chronic illness received appropriate care.</li> <li>- Psychosocial support (PSS): Volunteers trained in basic PSS provided Psychological first aid to survivors, especially those who had witnessed violence, lost family members, or experienced multiple displacements. Women, children, and elderly individuals were prioritized for one-on-one and group-based psychosocial support in IDP camps.</li> <li>- Integrated Community Case Management and Community Based Surveillance: NRCS supported early health surveillance activities in coordination with local health authorities and NorCross to identify rising trends in diarrheal disease, respiratory infections, and malnutrition, especially among children under five and pregnant/lactating women.</li> </ul>
Water, Sanitation And Hygiene	<p>Hygiene volunteers conducted door-to-door awareness and facilitated group sensitization sessions on handwashing, menstrual hygiene, safe excreta disposal, and personal hygiene. Messaging materials were adapted into local languages, and participatory demonstrations were used to increase retention and behavior change. Red Cross volunteers have also led clean up campaigns in the IDP camps to promote sanitation and reduce the risk of Hygiene related diseases.</p>
Coordination	<p>The NRCS actively participates in state-level and inter-agency coordination platforms to align its efforts with government and other humanitarian actors. Due to the scale and complexity of the crisis, the State Emergency Management Agency (SEMA) is the coordinating Agency and the NRCS works closely with the SEMA in both Benue and</p>



Plateau States to support the identification and validation of IDP populations, response planning, and service mapping.

NRCS is an active member of sectoral working groups at the state level (including Camp Coordination, Health, WASH, Protection, and Shelter), contributing to gap analysis, partner mapping, and joint needs assessments.

In the camps, coordination has also been strengthened with agencies such as UNICEF, UNFPA, WHO, Save the Children, and Norwegian Red Cross, particularly around WASH, reproductive health, child protection, disease surveillance, and iCCM/CBS programming.

## IFRC Network Actions Related To The Current Event

<b>Secretariat</b>	<p>The IFRC has a Country Delegation based in Abuja, Nigeria, which operates under the IFRC Africa Regional Office and is embedded within the Red Cross Movement Coordination Framework. The IFRC Nigeria Country Delegation works in close partnership with the NRCS, offering sustained technical, strategic, and operational support across Health, Disaster Risk Management, Cash, WASH, Protection, and National Society Development (NSD). The IFRC maintains a full-time in-country delegation, providing direct support to this operation and other ongoing emergency and development programmes.</p> <p>IFRC facilitates and actively participates in inter-Movement coordination mechanisms, ensuring alignment between NRCS, ICRC and Partner National Societies- Norwegian, British, Australian and Italian Red Cross Societies.</p> <p>In line with the IFRC's role as the Secretariat is providing strategic and operational coordination to NRCS under this DREF operation.</p>
<b>Participating National Societies</b>	<p>A number of Partner National Societies (PNSs) are supporting the National Society either directly in-country or remotely through bilateral and multilateral collaboration with the IFRC. These partners contribute with technical expertise, strategic planning support, and resource mobilization toward NRCS's emergency response and capacity development.</p> <p>Norwegian Red Cross (NorCross) is present in country and is providing technical and operational support for Integrated Community Case Management (iCCM) and Community-Based Surveillance (CBS), especially in IDP-affected LGAs in Benue. In addition, the NorCross is also actively supporting Nutrition and Infant and Young Child feeding program in Benue, with production of locally made TomBrown, screening and referral of Malnourished Children.</p> <p>The British Red Cross is a strategic bilateral partner to NRCS, providing technical and institutional development support in Disaster Management, Preparedness for Effective Response (PER) and branch development, which has strengthened the State Branches' capacity to respond to emergencies.</p> <p>The American Red Cross is supporting the NRCS through the IFRC on Measles-Rubella Supplementary Immunization Activity (MR SIA) conducted in Nigeria in partnership with the National Primary Health Care Development Agency. The American Red Cross has contributed funding to both DREF and Emergency Appeal (EA) operations in Nigeria, including Flood and Malnutrition Appeal.</p> <p>The Italian Red Cross is supporting the NRCS on Protection, Gender and Inclusion and Warehouse Support and Migration.</p>

## ICRC Actions Related To The Current Event

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

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

- Emergency First Aid Training (EFAT) for volunteers to strengthen local response capacity.



- Health Care in Danger (HCiD) training to enhance the safety and neutrality of health responders in insecure environments.
- Safe Access Framework (SAF) training to improve volunteer safety, risk awareness, and acceptance in volatile or conflict-prone communities.

# Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	<p>In response to the June 2025 attacks in Benue and Plateau States, the Federal Government of Nigeria, through the President, condemned the violence and directed security agencies to restore order. The Inspector General of Police confirmed the arrest of 53 suspects, including 26 linked to the Yelewata massacre, following deployments of tactical units and intelligence teams to the affected areas.</p> <p>At the state level, the Plateau State Government imposed local curfews and advocated for state policing, while the Benue State Government began constructing shelters for 5,600 displaced households, allocated land for resettlement, and extended health insurance coverage to IDPs. The National Emergency Management Agency (NEMA) deployed teams to support local coordination, needs assessments, and shelter planning in both states.</p> <p>Despite these efforts, critical gaps remain in food, NFIs, and WASH, especially in underserved LGAs, justifying the need for complementary humanitarian intervention through this DREF operation.</p> <p>The State Emergency Management Agencies (SEMA) in both Benue and Plateau lead the coordination of humanitarian response activities. NRCS State Branches are active participants in these coordination meetings, where they share data from field assessments, contribute to gap analysis, and align activities with other actors to avoid duplication. In addition to general emergency coordination platforms, sector-specific working groups are also active in the states. The State Ministries of Health, in collaboration with the World Health Organization (WHO), lead the Health Sector Working Group, where NRCS contributes updates on its health outreach services, including first aid, referrals, and community-based disease surveillance (CBS) activities.</p> <p>In the WASH sector, coordination is primarily led by Rural Water Supply and Sanitation Agencies (RUWASSA), with technical support from UNICEF.</p> <p>Security coordination is informal at the LGA level, led by local government authorities and supported by security agencies. NRCS branches liaise with these actors to ensure volunteer movement is conducted safely and that community interventions are not hindered by emerging conflict dynamics.</p> <p>At the federal level, the National Emergency Management Agency (NEMA) leads the overarching coordination of disaster response in Nigeria. The NRCS is a permanent member of national coordination forums, where it presents field data, identifies unmet needs, and collaborates on joint planning with government actors and international agencies.</p> <p>Thematic coordination mechanisms such as those focused on Health, WASH, Nutrition, and Protection—are led by respective federal ministries in collaboration with UN agencies (e.g., WHO, UNICEF, UNFPA). The NRCS either participates directly or is represented through the IFRC at national coordination meetings.</p> <p>The IFRC provides technical and coordination support to NRCS through its country delegation, including representation in inter-agency coordination meetings and sectoral clusters. Additionally, the Red Cross Movement Coordination is led by NRCS in collaboration with IFRC and ICRC, ensuring a unified and principled Red Cross response in line with Movement coordination standards.</p> <p>Although NRCS does not currently hold a sector lead or co-lead position within the inter-agency structure, it plays a de facto operational leadership role in several locations due to its uninterrupted field presence, access to affected populations, and operational flexibility.</p> <p>Identified Gaps and Coordination Challenges</p> <p>Despite the coordination efforts, there are yet some gaps and overlaps have been</p>



	<p>identified:</p> <ul style="list-style-type: none"> <li>• There is currently no dedicated food security or NFI coordination mechanism operating in Benue or Plateau States. As a result, food and essential item distributions remain fragmented, with no harmonized targeting or coverage mapping across actors.</li> <li>• In some IDP locations, multiple actors are conducting overlapping needs assessments without shared tools or mechanisms for data consolidation, resulting in duplicated efforts and coordination fatigue at the community level.</li> </ul>
<b>UN or other actors</b>	<p>A number of humanitarian actors are currently operational in internally displaced persons camps across Benue and Plateau States, providing sectoral support, particularly in health, nutrition, hygiene promotion, and protection. However, critical gaps remain, particularly in non-food items (NFIs) and food assistance, which are essential for meeting immediate survival needs.</p> <p>In Benue State, the following partners are actively contributing to the response:</p> <ul style="list-style-type: none"> <li>• UNICEF is supporting WASH interventions, including trucking water to health clinics and conducting hygiene promotion activities in displacement sites.</li> <li>• UNFPA is delivering reproductive health services, including maternal kits and support for survivors of gender-based violence.</li> <li>• Save the Children is present with child protection and nutrition programs, particularly targeting vulnerable groups such as children under five and lactating mothers.</li> <li>• WHO is providing technical support for health surveillance and capacity building for epidemic preparedness and response.</li> </ul> <p>Despite these efforts, there is a significant gap in the provision of NFIs and food rations. Currently, no humanitarian partner is providing general food assistance or household items in the majority of IDP settlements across Benue. This gap has resulted in increased vulnerability, negative coping mechanisms, and deteriorating health conditions among displaced populations.</p> <p>In Plateau State, the Norwegian Refugee Council (NRC) recently provided multi-purpose cash assistance to 474 displaced families in Shendam LGA. While this support has improved immediate access to essential goods for those families, its coverage remains limited in scope and duration.</p> <p>Notably, Riyom LGA in Plateau State remains completely uncovered by any humanitarian actor, despite hosting a growing number of displaced persons following recent violence in surrounding areas. This presents an urgent opportunity for lifesaving intervention.</p>

## Needs (Gaps) Identified

### Any identified gaps/limitations in the assessment

Although the NRCS has not yet conducted a formal multi-sectoral needs assessment in the affected areas of Benue and Plateau States, engagement with affected communities through local branches and volunteers, as well as participation in inter-agency coordination platforms, has revealed several critical gaps and limitations in humanitarian response.

There is currently no actor providing shelter support or NFI distributions in either Benue or Plateau States. Many families are living in overcrowded schools, unfinished buildings, or makeshift shelters without basic household materials such as mats, blankets, cooking utensils, or mosquito nets. No agency is currently providing general food distributions or multipurpose cash support in the affected LGAs. Most of the displaced were subsistence farmers who lost access to their farmland during the planting season, resulting in heightened risk of food insecurity and malnutrition.

The destruction of water sources and sanitation infrastructure during the attacks has led to unsafe water consumption and open defecation in several communities. While UNICEF is trucking water to the clinic in one IDP camp in Benue, this support is limited in scale and does not cover inhabitants of the camps or other IDP camps. Hygiene promotion and latrine coverage remain minimal.

Access to healthcare is limited, especially in insecure or remote LGAs. Health facilities are overstretched or non-functional in many areas, and no actors are currently delivering mental health or psychosocial support at scale. Displaced populations continue to report trauma, anxiety, and grief, with no formal support services available.

The displacement has created urgent protection needs, particularly for women, girls, children, elderly, and persons with disabilities. Risks of gender-based violence, child labour, family separation, and lack of privacy are widespread due to overcrowded and poorly managed IDP sites. Many vulnerable individuals lack access to safe shelter, dignity kits, psychosocial support, and functional referral systems. Additionally, school closures have disrupted education for displaced children, with few learning alternatives available.

Despite the scale of displacement, there has been limited funding mobilized for response in Benue and Plateau States. Most UN agencies



and INGOs are focusing on the Northeast or other emergency hotspots, leaving the Middle Belt underfunded and underserved. The operation will prioritize inclusive, community-based responses to address these urgent protection and support needs.

# Operational Strategy

## Overall objective of the operation

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

## Operation strategy rationale

This DREF operation has been developed in response to the escalating humanitarian needs in the affected areas. The response strategy is designed to address the most urgent and unmet needs of affected populations, particularly in underserved LGAs such as Riyom (Plateau State) and Goma, Gwer West, Ukum, Apa, and Logo (Benue State), shaped by ongoing field assessments, inter-agency coordination forums, and government-led data on displacement trends.

The operation aims not only to alleviate immediate suffering but to preserve dignity and reduce exposure to further risk, particularly among women, children, and other vulnerable groups who have been displaced multiple times and are now living in precarious, overcrowded, and underserved environments.

### Specific Objectives of the Operation

1. Improve the ability of displaced households to meet their immediate food and essential household needs through Cash and Voucher Assistance (CVA): Displaced populations in targeted LGAs have lost access to their farmlands and markets. With no food assistance currently provided by other humanitarian actors, this operation will deliver unrestricted cash grants to selected vulnerable households to enable them to meet their most pressing needs, whether food, cooking fuel, hygiene products, or transportation. CVA offers flexibility, preserves dignity, supports local markets, and is operationally feasible in targeted areas.

Each targeted household will receive an unconditional multipurpose cash grant of NGN 100,000 (approximately CHF 65), aimed at enabling displaced families to meet their most urgent needs, including food, hygiene products, cooking fuel, transport, and other essential items. The cash value was determined in alignment with current Cash Working Group recommendations and prevailing practices among humanitarian actors operating in Nigeria. In the North-Central states, including Benue and Plateau, the CWG has set the Survival Minimum Expenditure Basket (SMEB) range between ₦85,000 and ₦95,000 per household per month. This covers essential needs such as staple food items, cooking fuel, hygiene products, and basic healthcare and transport costs. Therefore, this value provides a modest buffer above the SMEB to account for local price variations and provide the minimum financial support required to meet the basic survival needs of a displaced household of five persons for one month.

2. Reduce the risk of disease outbreaks through the provision of emergency WASH supplies, health and hygiene promotion: Destroyed boreholes and difficult living conditions in overcrowded IDP camps have created high-risk environments for waterborne and hygiene-related diseases. This component will include the distribution of hygiene kits, water containers, and basic sanitation support, combined with structured health education and hygiene promotion sessions targeting women, men, caregivers, children, elderly and youth.

3. Provide mental health and psychosocial support (MHPSS) through trained volunteers and referrals: The NRCS will provide psychological first aid (PFA), psychosocial support, and referrals to individuals affected by violence and displacement in Benue and Plateau States. Trained volunteers will deliver MHPSS services through one-on-one emotional support, awareness sessions, and structured activities in camps and host communities.

### Key activities include:

- Delivery of PFA and basic psychosocial support by trained volunteers.
- Referral of severe mental health cases to appropriate health facilities in coordination with government and partners.
- Establishment of peer support groups, especially for widows, youth, and vulnerable groups, to promote collective healing and resilience.
- Community education to raise awareness, reduce stigma, and encourage help-seeking behaviour.
- Integration of MHPSS with protection and CEA mechanisms for early identification and response.

4. Promote dignity and protection for vulnerable groups, especially women, girls, and children: Protection risks have increased due to repeated displacement, lack of privacy, and breakdown of community structures. The operation will include protection messaging during outreach activities, and referral of gender-based violence (GBV) and child protection concerns where pathways exist.



5. Strengthen community engagement and accountability mechanisms for inclusive, transparent, and people-centred response: NRCS will facilitate two-way communication, conduct community consultations, and integrate feedback mechanisms throughout the operation to ensure affected persons influence decisions and delivery.

6. Improve Safety, Dignity, and Living Conditions of Displaced Households through Emergency Shelter and Household Item Support: While large-scale shelter reconstruction is beyond the scope of this DREF due to operational and budgetary limitations, emergency shelter has been identified as a critical and urgent need in both states. Thousands of households have lost their homes and are now living in open spaces, makeshift shelters, public buildings, or overcrowded camps with little to no privacy or protection from the elements.

This operation will therefore focus on improving immediate shelter conditions by providing core household and emergency shelter items to 2,500 households. This will include mats, blankets, mosquito nets, and kitchen sets distributed alongside hygiene supplies to restore a minimum level of dignity, comfort, and safety. Where feasible, NRCS will coordinate with SEMA, community leaders and camp coordination actors to support basic site improvements in IDP camps and collective shelters, such as clearing and leveling areas for shelter set-up; Create safe and private spaces for women and girls; support drainage and water runoff management to prevent flooding during the rainy season and promote safe, organized layout of tents and temporary structures.

The Operational strategy reflects an understanding of the local dynamics, access constraints, and coordination landscape, prioritizing life-saving, high-impact interventions that can be delivered rapidly and effectively by NRCS through its state branches. Key considerations include:

Critical gaps in partner coverage: Several affected LGAs have no active humanitarian actors, especially in Riyom and interior Benue communities. NRCS is one of the few actors with access to these areas. There is clear evidence of unmet needs in a large, displaced population (over 515,000 people), with no agency currently providing general food support or NFIs. Displaced households face daily hunger, malnutrition risks, and limited income opportunities.

Time sensitivity: With the rainy season underway, displacement camps are exposed to flooding, worsening shelter and WASH conditions. Rapid assistance is essential to prevent deterioration. Cash assistance allows families to prioritize their own needs quickly, supporting dignity, choice, and recovery. NRCS is cash-ready, having previously implemented successful CVA in other DREF and Emergency Appeal operations with framework agreements with Financial Service Providers.

Community trust and access: As an auxiliary to the government and a trusted local institution, NRCS is able to deliver services where others may not be accepted or operational.

Coordination alignment: The response complements existing activities by UNICEF, UNFPA, WHO, Save the Children, and NRC, while avoiding duplication and filling gaps, particularly in health, Nutrition and WASH.

Market functionality in and around targeted LGAs (especially Makurdi, Daudu, and parts of Jos South and Bokkos) makes cash assistance feasible and appropriate.

## Targeting Strategy

[Targeting Strategy Supporting Document](#)

### Who will be targeted through this operation?

This operation adopts a two-tiered targeting strategy to address both immediate and broader humanitarian needs. A total of 2,500 highly vulnerable households (approximately 15,000 individuals) will receive multipurpose cash assistance and essential non-food items (NFIs), prioritizing female-headed households, persons with disabilities, elderly, and those in IDP camps.

In parallel, community-based interventions in WASH, health, CEA, Protection and psychosocial support will reach up to 680,000 displaced persons (approximately 136,000 households) across all targeted LGAs. These services will include hygiene promotion, emergency health and referral support, mental health and psychosocial assistance, protection and feedback mechanisms to ensure inclusive, accountable, and protective response for both displaced and host populations.

Geographically, this operation prioritizes underserved and high-impact Local Government Areas (LGAs), notably Bassa and Riyom in Plateau State, and Goma, Gwer West, Gwer East, Agatu, Otukpo and Apa LGAs in Benue State. These areas have experienced the highest levels of violence, destruction, and repeated displacement. Field assessments and coordination meetings confirm they have little to no presence of other humanitarian actors, especially in the sectors of food security, NFIs, and WASH.

The most vulnerable households within the displaced and host communities will be prioritized based on clearly defined criteria that reflect protection and equity considerations. The following priority population groups have been identified for inclusion in this response:

- Female-headed households who lack traditional livelihood access and bear disproportionate caregiving burdens.
- Pregnant and lactating women (PLWs) at increased risk of malnutrition and health complications.
- Children under five, who are especially vulnerable to disease, malnutrition, and developmental setbacks.
- Elderly persons and persons with disabilities (PWDs), often excluded from aid due to mobility or communication barriers.
- Unaccompanied or separated children, where identified.



- Households hosting large numbers of displaced persons, often overstretched and under-supported.
- Youth and adolescent girls, particularly at risk of exploitation or early marriage in crisis settings.
- Widows and survivors of sexual and gender-based violence, many of whom are coping with trauma and stigma.
- Individuals with lost or missing family members
- Stateless persons and undocumented IDPs

To reach the most vulnerable fairly and transparently, NRCS will apply a community-based targeting approach, informed by both local knowledge and humanitarian standards. Vulnerability criteria will be developed and harmonized with local stakeholders, including community leaders, women's groups, and youth representatives. Community volunteers and branch teams will carry out household-level registration, guided by disaggregated data on gender, age, and disability. Feedback and complaints mechanisms (e.g., suggestion boxes, community help desks, or verbal channels) will ensure that excluded or marginalized groups can self-identify for assessment. Protection mainstreaming will ensure that the targeting process does not exacerbate social tensions or exclude high-risk individuals due to bias or lack of visibility.

Although the current displacement is internal, the targeting approach will remain inclusive of non-indigenous or marginalized groups, including Internally displaced persons (IDPs) who have been displaced more than once, Stateless persons or undocumented migrants present in host communities who may face discrimination or exclusion from state support, Displaced Fulani, Tiv, or other minority ethnic groups, who may lack protection from traditional support structures.

In addition, volunteers will be trained to identify invisible vulnerabilities, such as social stigma, non-verbal distress, or exclusion due to cultural or linguistic barriers, as well as to identify potential RFL cases, and safe referral pathways will be established to support tracing and reunification. Do No Harm and PGI principles will guide every stage of targeting and delivery and NRCS will closely monitor inclusion and equity through regular field reports and post-distribution monitoring (PDM).

The CEA channels will allow affected persons to raise concerns, appeal decisions, or provide feedback on targeting processes.

## Explain the selection criteria for the targeted population

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

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

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

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

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

## Total Targeted Population

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



# Risk and Security Considerations (including "management")

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

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

Risk	Mitigation action
Access: Limited humanitarian access to hard-to-reach or insecure communities. Insecurity, poor road infrastructure, and rainy season affecting the ability to reach intended beneficiaries or complete activities on time	<ul style="list-style-type: none"> <li>- NRCS will pre-position supplies near target locations</li> <li>- NRCS will prioritize accessible LGAs with safe operational windows.</li> <li>- Local community-based volunteers will be engaged for outreach in difficult terrain.</li> <li>- Activities will be scheduled considering seasonal weather patterns and rain-induced access delays.</li> </ul>
Targeting and Inclusion Risks- Inclusion and exclusion errors during targeting could result in unmet needs or tensions in communities.	<ul style="list-style-type: none"> <li>- NRCS will apply community-based targeting approaches, validated by local leaders and women/youth representatives.</li> <li>- Feedback and complaints mechanisms will be set up, including help desks and suggestion boxes.</li> <li>- All volunteers involved in targeting will be trained on Protection, Gender, and Inclusion (PGI) principles.</li> </ul>
Risk of Gender based Violence: Displaced women and girls are at increased risk of GBV, including sexual exploitation, abuse, and harassment, due to overcrowded shelters, lack of privacy, poor lighting, insecure WASH facilities, and absence of formal protection systems. Risks are especially high in unstructured IDP camps and informal settlements.	<ul style="list-style-type: none"> <li>- Creation of safe spaces for children, women, elderly, including survivors of SGBV.</li> <li>- Awareness campaigns on Prevention, Mitigation and response to SGBV and PSEA, early child marriage, etc.</li> <li>- Assurance of safe and confidential communication between the NRCS and community members. Assurance of safe referrals where the referred organizations and entities are trusted.</li> <li>- Provision of access to female-headed households to livelihoods, and support for pregnant and lactating women.</li> <li>- DAPS framework to ensure dignity, access, protection and safety of all the vulnerable groups mentioned.</li> </ul>
Delays in cash transfer delivery or misuse could undermine the effectiveness of CVA, due to challenges with Financial Service Providers (FSPs), weak digital infrastructure in rural areas, or low financial literacy among recipients.	<ul style="list-style-type: none"> <li>- NRCS will activate existing framework agreements with vetted FSPs to streamline CVA delivery.</li> <li>- Post-distribution monitoring will be conducted to verify usage and satisfaction.</li> <li>- NRCS finance staff will be supported by IFRC to ensure accountability, reconciliation, and tracking of funds.</li> </ul>
Perceived favoritism or exclusion may lead to complaints or mistrust in the Red Cross, especially in mixed host-IDP communities. This could be as a result of limited resources, high expectations, and pre-existing community grievances.	<ul style="list-style-type: none"> <li>- NRCS will ensure transparent communication on selection criteria and limitations of the DREF scope.</li> <li>- Both IDPs and vulnerable host households will be considered for support, where feasible.</li> <li>- Continuous community engagement and accountability</li> </ul>





	processes will be integrated to manage perceptions and strengthen trust.
Contextual and Security Risks resulting from the renewed attacks or insecurity in targeted LGAs may disrupt operations, expose staff and volunteers to danger, and restrict humanitarian access.	<ul style="list-style-type: none"> <li>- IFRC/NRCS will conduct joint security risk assessments before deployment to high-risk LGAs.</li> <li>- Field teams will apply the IFRC Minimum Security Guidelines (MSR) principles.</li> <li>- Volunteers and staff will be trained on safety protocols, and coordination with local security agencies will be established.</li> <li>- Operational flexibility is built in to allow adaptation, postponement, or relocation of activities as needed.</li> </ul>
<p><b>Please indicate any security and safety concerns for this operation:</b></p> <p>The implementation of this DREF operation will take place in a highly sensitive and insecure environment. The areas identified for intervention are historically affected by recurrent violent conflict, displacement, and weak law enforcement presence. These LGAs have witnessed repeated attacks as a result of the long-standing conflict between farming communities and armed herder groups. Many of the attacks are deliberately targeted, often resulting in mass casualties, destruction of homes, and large-scale displacement. In several cases, humanitarian workers and volunteers have faced access restrictions due to ongoing violence, threats from armed non-state actors, or general community tension following attacks.</p> <p>In addition to insecurity caused by conflict, there are increasing risks of banditry, ambushes, and criminal activity along poorly maintained roads, especially in interior communities. These risks are further compounded by the rainy season, which has rendered many rural roads impassable, increasing the likelihood of road traffic accidents and logistical delays.</p> <p>As such, security and safety considerations are central to the planning and execution of all operational activities.</p> <p>Beyond the broader security risks, the operation also presents several safety concerns for frontline personnel and the affected population. Volunteers working in overcrowded camps face high exposure to communicable diseases such as cholera, malaria, and acute respiratory infections. Poor infrastructure and unsafe terrain increase the risk of injuries during travel or relief activities. The psychological toll on staff and volunteers, many of whom are part of affected communities themselves, may result in burnout or trauma if not properly managed. Tensions among displaced persons and host communities over limited aid resources could lead to disruption during distributions, particularly if targeting is not well understood or perceived as unfair.</p> <p>To mitigate these risks, the IFRC will support the NRCS to implement a combination of preventive security measures, field-level safety protocols, and community engagement strategies, which have proven effective in previous emergency responses. Before deploying staff and volunteers to any location, security risk assessments will be conducted by NRCS State Branch teams. These assessments will evaluate potential threats, access constraints, and recommend operational adjustments. Field teams will adhere to MSR principles, which emphasize neutrality, visibility, and humanitarian acceptance in insecure contexts.</p> <p>All NRCS personnel involved in this operation will undergo briefings on personal safety, humanitarian principles, and conflict sensitivity, and will be issued with visibility materials, identification badges, first-aid kits, and protective clothing as needed. Volunteers will also be insured under the IFRC's volunteer insurance scheme, and psychosocial support will be made available to them throughout the operation.</p> <p>Operational movements will be restricted to daylight hours only, with established movement plans and mandatory check-ins at departure and arrival points. Teams will avoid routes identified as high-risk and will coordinate closely with local authorities and security actors to ensure safe access. In areas with elevated security threats, distributions may be postponed, relocated, or adapted based on evolving risk analysis.</p> <p>Critically, NRCS will rely on its long-standing relationships and community trust to reduce operational risk. This operation will be preceded by community engagement and sensitization meetings, where the purpose, scope, and impartiality of the Red Cross response will be clearly communicated to local leaders, elders, youth groups, and women's associations. This will help to promote humanitarian acceptance and mitigate the risk of hostility or misperception.</p>	
Has the child safeguarding risk analysis assessment been completed?	Yes

## Planned Intervention



### Shelter Housing And Settlements

**Budget:** CHF 187,774  
**Targeted Persons:** 2,500



## Indicators

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

## Priority Actions

- Distribute core household NFIs (mats, cooking sets, buckets, blankets, mosquito nets) to 2500 affected households.
- Establish organized community distribution points with crowd control and safety measures, operated by trained Red Cross volunteers to ensure safe, accountable, and inclusive distribution processes.



## Multi Purpose Cash

**Budget:** CHF 168,016

**Targeted Persons:** 15,000

## Indicators

Title	Target
# of households registered for CVA	2,500
# of staff/volunteers trained in CVA targeting, registration, and distribution	30
# of households who confirmed they received cash grants	2,500
# of PDM completed and reported in all the targeted LGAs	1
# of households confirming the cash has helped meet their basic needs	70

## Priority Actions

- Identify and register 2,500 vulnerable households across the 6 targeted LGAs
- Train 30 NRCS staff/volunteers on CVA targeting, beneficiary registration, data protection, and delivery protocols
- Conduct market assessments in targeted LGAs to confirm feasibility of cash and monitor inflation or access issues
- Disburse unconditional multipurpose cash grants via pre-contracted Financial Service Providers (FSPs)



## Health

**Budget:** CHF 62,840

**Targeted Persons:** 680,000

## Indicators

Title	Target
# of individuals reached with PFA or referred for further mental health care	15,000
# of coordination meetings with health sector stakeholders attended	16
# of people reached with health promotion sessions	680,000



# of peer support groups formed and active	8
--------------------------------------------	---

## Priority Actions

- Coordinate with local health authorities and partners to strengthen referral pathways for severe or chronic conditions.
- Conduct awareness sessions on mental health and wellbeing in displacement sites
- Provide health promotion and disease prevention education (e.g. malaria, hygiene, respiratory illnesses).
- Refer severe mental health cases to health facilities or partners with mental health capacity
- Establish peer support groups targeting widows, adolescents, elderly and other vulnerable groups to provide Psychological First Aid (PFA) to at least 15,000 individuals; and identify persons with psychosocial distress related to separation and displacement and refer severe cases.



## Water, Sanitation And Hygiene

**Budget:** CHF 76,491

**Targeted Persons:** 15,000

## Indicators

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

## Priority Actions

- Distribute 2,500 hygiene kits (soap, sanitary pads, buckets, water purification tabs, etc.)
- Conduct hygiene promotion sessions in at least 10 IDP camps/host communities (targeting women, men, and children)
- Train 80 hygiene promoters/community volunteers on key WASH and disease prevention messages
- Integrate WASH messaging into other sectoral activities including CEA and protection outreach
- Distribute 5,000 water storage containers and rehabilitate emergency water points where needed



## Protection, Gender And Inclusion

**Budget:** CHF 5,693

**Targeted Persons:** 680,000

## Indicators

Title	Target
# of volunteers trained on PGI principles, safeguarding, and protection mainstreaming	80
% of targeted households meeting at least one vulnerability criterion	100
# of GBV or child protection cases identified and safely referred	-
# of people reached with protection messages (disaggregated by sex/age)	680,001
# of people assisted through tracing or family reunification	-

## Priority Actions

- Train 80 volunteers on PGI principles, safeguarding, code of conduct and protection mainstreaming
- Mainstream PGI into Mental Health and Psychosocial Support (MHPSS) delivery
- Ensure inclusive targeting criteria that prioritize women, PWDs, elderly, and female-headed households
- Identify and refer survivors of GBV and child protection cases through established pathways
- Integrate protection messaging into outreach activities
- Train PGI and CEA volunteers to detect signs of family separation, trafficking risk, and psychosocial distress caused by missing relatives.
- Link identified cases to existing tracing services and monitor referral outcomes.



## Community Engagement And Accountability

**Budget:** CHF 40,733

**Targeted Persons:** 15,000

## Indicators

Title	Target
# of staff and volunteers trained on CEA, including feedback mechanisms	80
# of and type of methods established to share information with communities about what is happening in the operation	5
% of community members, including marginalized and at-risk groups, who know to provide feedback about the operation	95
% of operation complaints and feedback received and responded to by the NRCS	90

## Priority Actions

- Conduct community consultations in all targeted LGAs before and during the intervention, through FGDs, KII and community meetings
- Set up 5 feedback mechanisms (e.g., help desks, FGD, radio, social media, hotlines) in displacement sites
- Train 80 volunteers and staff on CEA principles and feedback collection and analysis
- Facilitate weekly debriefings and response to community feedback in coordination with programme teams
- Develop and distribute IEC materials on CVA use, WASH, protection, and available referral services
- Establish and support existing community committees made up of representative groups to support with decision making during the operation and communicate questions and concerns from the community to the NS and as well as spreading information on the operation or responding to feedback.
- Collaborate with trusted local actors and existing networks such as religious groups, local NGOs, traditional healers, etc. to strengthen trust and reach.



## Secretariat Services

**Budget:** CHF 64,786

**Targeted Persons:** 1,500

## Indicators

Title	Target
Field coordinator deployed and operational	1
# of technical support missions or inputs provided by IFRC	6





## Priority Actions

- Deploy a Field Coordinator to oversee implementation and ensure real-time decision-making
- Provide technical support in PMER, logistics, finance, security, WASH, CVA, CEA, and PGI via in-country IFRC delegation
- Facilitate Movement coordination meetings and alignment with PNS, ICRC, and UN partners
- Monitor implementation and facilitate regular updates, reporting, and after-action reviews



## National Society Strengthening

**Budget:** CHF 89,144

**Targeted Persons:** 120

## Indicators

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

## Priority Actions

- Conduct Post-Distribution Monitoring (PDM) to assess satisfaction, usage, and feedback
- Provide refresher training for branch staff and volunteers on DREF implementation, CEA, PGI, and cash response
- Provide visibility materials, volunteer insurance, and safety kits to enhance safe access and volunteer welfare
- Support logistics planning and stock tracking using digital tools developed in previous NSD investments
- Conduct Lessons Learned Workshop

# About Support Services

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

The successful implementation of this DREF operation in Benue and Plateau States will rely heavily on the efforts of both NRCS staff and its trained volunteer network. These human resources will be mobilized through the respective NRCS State Branches, supported technically and strategically by the IFRC Nigeria Delegation.

Approximately 90 NRCS community-based volunteers will be directly engaged in the implementation of the activities:

All volunteers will receive refresher training on relevant technical areas, protection principles, CEA, and safe access before field deployment. They will be equipped with visibility materials, protective gear, and insured under the IFRC volunteer accident insurance scheme.

Approximately 10 to 12 NRCS staff (comprising both HQ and Branch officers) will oversee field implementation and coordination. These include Director of Disaster Management, DM Coordinator and NHQ DM officer, Branch Secretaries, Branch Disaster management officers, Health and WASH Officers, Finance and Admin Officers, Logistics Officers, Communication and PMER (Planning, Monitoring, Evaluation and Reporting) focal points, PGI/CEA focal points.

The IFRC Nigeria Country Delegation will provide remote and in-country technical and coordination support, including:

- Operations Coordinator, Senior DM officer, one deployed Field Coordinator (DREF-funded) to provide direct operational oversight, technical specialists in PMER, Logistics, Finance, and Security,

The operation will be overseen by the NRCS Director of Disaster Management, with day-to-day coordination managed by the Branch Secretaries in Benue and Plateau States.

A Field Coordinator, funded under the DREF, will be deployed to ensure integrated implementation across sectors and manage field-level coordination with stakeholders, engaging regularly with the Senior DM officer and Operations Coordinator.



NRCS sectoral leads (DM/Health/WASH/CEA/PGI) will report to the Field Coordinator, ensuring alignment with operational objectives and timelines.

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

As part of this DREF operation, the NS is committed to strengthening the diversity, inclusivity, and representativeness of its volunteer teams, ensuring that the response reflects the communities being served and is sensitive to the specific needs of vulnerable groups. Volunteer recruitment and deployment will prioritize gender balance, with an emphasis on engaging more female volunteers, particularly in activities involving women, girls, and survivors of gender-based violence. Female volunteers will play key roles in areas such as the delivery of psychosocial support, hygiene promotion, and community engagement, where cultural sensitivity and trust are critical. NRCS will also ensure that volunteers are drawn from within the affected communities, including displaced and host populations. This localized approach ensures that volunteers are familiar with the local language, customs, and social dynamics, thereby enhancing acceptance, communication, and the overall effectiveness of outreach activities. The operation will engage youth volunteers through existing Red Cross youth structures, supporting activities like peer education, hygiene promotion, and community feedback collection. Efforts will be made to promote the participation of persons with disabilities, recognizing the importance of including diverse perspectives in the delivery of humanitarian services. While participation of persons with disabilities in volunteer roles remains limited, NRCS will explore inclusive entry points and provide sensitization on disability inclusion. All volunteers will be trained on Protection, Gender, and Inclusion principles, including how to identify and respond to the specific needs of vulnerable groups. They will also receive guidance on safeguarding, safe access, and community accountability, ensuring that their engagement upholds the dignity and rights of all affected persons.

## **Will surge personnel be deployed? If yes, please provide the role profile needed.**

Yes

To ensure the effective and timely implementation of this DREF operation, the IFRC will deploy a Field Coordinator to support the NRCS in the field. The deployment of surge personnel is to strengthen coordination, provide technical oversight, and facilitate real-time decision-making in the affected areas of Benue and Plateau States.

The Field Coordinator will serve as the primary operational focal point for the response, working closely with NRCS branch teams, volunteers, local authorities, and partners. This role is essential in bridging operational priorities with field realities, especially given the complex nature of this response.

The individual deployed will have a strong background in emergency response coordination, with demonstrated experience in managing humanitarian operations in displacement settings. The coordinator will possess key competencies in field logistics, security management, team leadership, and familiarity with Red Cross Red Crescent operational protocols. Experience in working with National Societies and supporting community-based programming will be a key asset, alongside an understanding of cross-cutting themes such as PGI, CEA and safeguarding.

Once deployed, the Field Coordinator will be responsible for supervising the day-to-day implementation of activities across all sectors. The role will include overseeing volunteer deployments, ensuring adherence to safety protocols, supporting effective beneficiary engagement, and coordinating with local and international stakeholders to avoid duplication and ensure harmonized response coverage. In addition to this deployment, technical support will be provided remotely and in-country by the IFRC Delegation, including expertise in PMER, health, finance, logistics, CVA, and communications. This will ensure that the NRCS has access to the necessary technical guidance, tools, and surge capacity required to deliver a high-quality and accountable humanitarian response.

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

Procurement for this DREF operation will primarily be led by the NRCS, in line with IFRC procurement standards and procedures. NRCS has adequate experience in managing procurement for emergency operations and will handle local procurement of relief items such as hygiene kits, WASH items, NFIs, visibility materials, and PPEs. Procurement activities will be carried out through existing supplier relationships and framework agreements, where available, to fast-track delivery and ensure quality assurance.

The procurement will be focused entirely on in-kind distribution, not for replenishment. Where possible, relief items will be procured locally to minimize delivery timelines, support local markets, and reduce logistics costs. The procurement timeline for standard kits and NFIs is expected to range between 7 to 14 days, depending on the availability of pre-qualified vendors and security/access conditions.

For Cash and Voucher Assistance, NRCS has an existing framework agreement with a Financial Service Provider (FSP) who is already familiar with Red Cross cash transfer protocols. The agreement is active, and the FSP is ready to deploy as soon as targeting and



registration are completed. This will facilitate timely disbursement of unrestricted multipurpose cash grants to selected households in targeted LGAs.

All procurement activities will be closely monitored by IFRC logistics team and supported finance personnel, who will provide technical guidance, validation, and quality control.

## How will this operation be monitored?

The DREF operation will be monitored through routine field reporting, supervision visits, community feedback, and post-distribution assessments. The NRCS PMER team, in collaboration with branch officers and programme staff, will be responsible for tracking implementation progress against planned activities.

Progress will be tracked using tools and templates developed jointly by NRCS and IFRC, including:

- Activity tracking sheets, Volunteer reporting templates, Distribution checklists, CEA feedback logs,
- Post-Distribution Monitoring (PDM) questionnaires and Beneficiary satisfaction surveys. Key performance indicators will include number of households receiving CVA and NFIs, number of hygiene kits distributed, number of hygiene promotion sessions conducted, number of people reached with MHPSS and protection activities, and number of feedback mechanisms established and responded to.

The IFRC will conduct supportive monitoring visits during the operation, including field-level accompaniment and spot checks. The deployed Field Coordinator will provide ongoing operational oversight and validation, while the PMER team at the IFRC Country Delegation will support with data collection, verification, and reporting.

Regular situation reports, operations updates, and financial reports will be produced by NRCS with IFRC support and submitted in line with DREF reporting requirements.

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

The NRCS will implement a comprehensive communication strategy that supports the effective coordination, visibility, and accountability of this DREF operation. The strategy is designed to strengthen internal communication across operational teams, ensure transparent and timely information-sharing with external stakeholders, and promote inclusive, two-way communication with the affected communities.

Internally, the NRCS will ensure structured and consistent internal communication between its headquarters, branch offices, and field volunteers. Weekly coordination calls will be conducted to review progress, address challenges, and align on upcoming activities. Dedicated WhatsApp groups will facilitate real-time information exchange, particularly during field deployments, while email summaries and progress tracking tools will support documentation and cross-team coordination.

Externally, NRCS will communicate the progress and impact of the operation through regular situation reports, official press releases, and updates on its social media platforms, including Instagram, Twitter and Facebook. NRCS will also use its participation in sectoral coordination meetings to share operational updates and reinforce collaboration with government agencies and humanitarian actors.

The IFRC Country Delegation will support these efforts by providing technical assistance and visibility support. This includes the development of communication materials such as human-interest stories, photographs, and short video clips that capture the impact of the response on affected communities. All content will adhere to Red Cross Movement visibility and branding guidelines, ensuring a unified and dignified public image of the operation.

At the community level, NRCS will ensure two-way communication through its established Community Engagement and Accountability approach. Affected persons will receive clear, accessible information about the operation through pre-distribution sensitization sessions, community meetings, and printed IEC materials in local languages. Where relevant, megaphone announcements, posters, and local radio messaging will be used to reinforce key messages and instructions around registration, cash assistance, hygiene promotion, and protection services.

To promote feedback and accountability, NRCS will establish help desks and suggestion boxes at distribution points and community centres, to allow community members to ask questions, raise concerns, and provide feedback on the assistance received. Feedback will be regularly reviewed and used to inform programme adjustments.



# Contact Information

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

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**IFRC Project Manager:** Idaraobong Ekanem, Senior Disaster Management Officer, [idaraobong.ekanem@ifrc.org](mailto:idaraobong.ekanem@ifrc.org), 08097530624

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

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