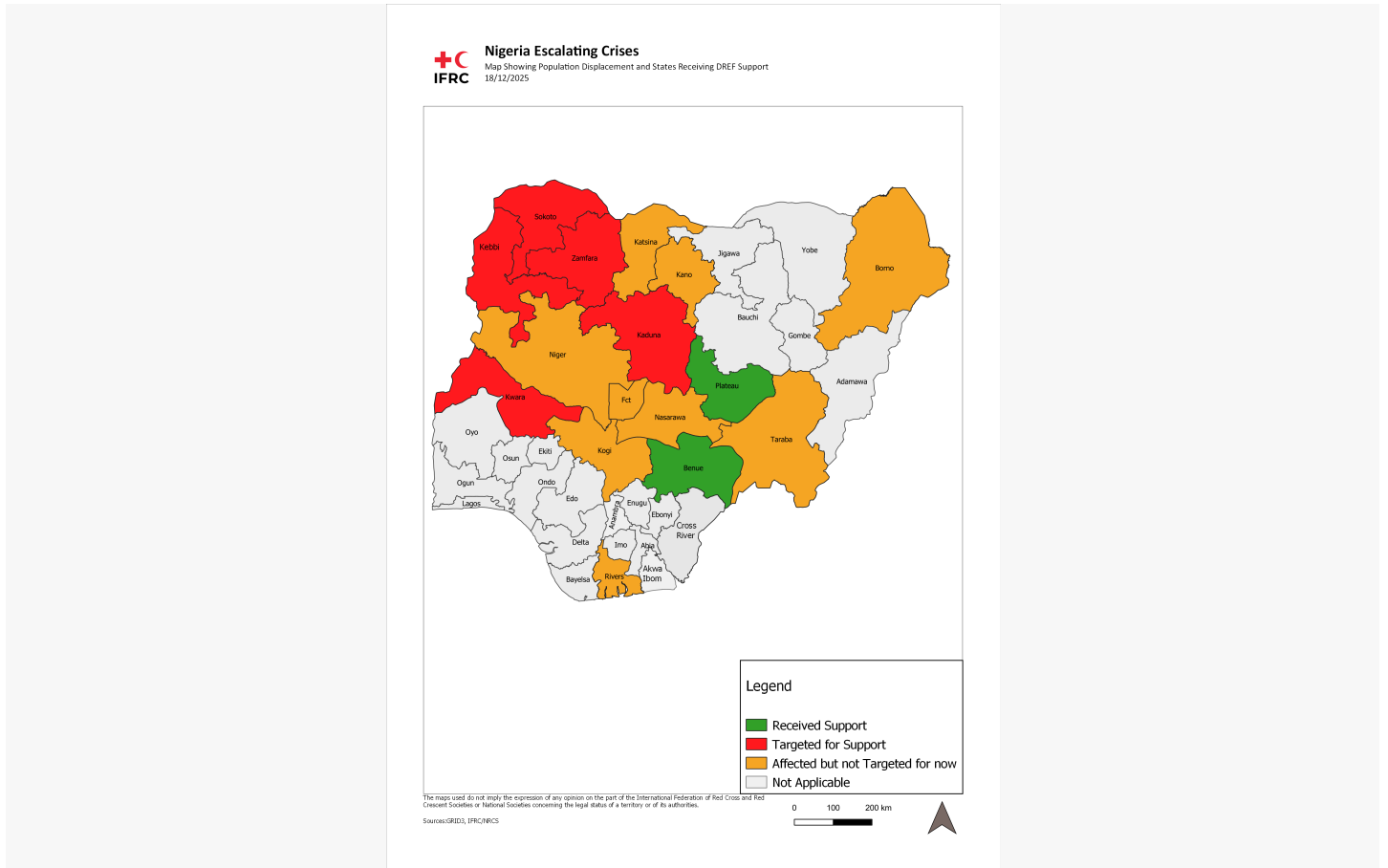




Presentation of Kitchen set to beneficiary in Benue. Source: NRCS

Appeal: <b>MDRNG043</b>	Total DREF Allocation: <b>CHF 1,000,000</b>	Crisis Category: <b>Orange</b>	Hazard: <b>Population Movement</b>
Glide Number: -	People Affected: <b>1,200,000 people</b>	People Targeted: <b>24,000 people</b>	
Event Onset: <b>Slow</b>	Operation Start Date: <b>17-07-2025</b>	New Operational End Date: <b>30-04-2026</b>	Total Operating Timeframe: <b>9 months</b>
Reporting Timeframe Start Date: <b>29-06-2025</b>		Reporting Timeframe End Date: <b>16-12-2025</b>	
Additional Allocation Requested: <b>304,523</b>		Targeted Regions: <b>Benue, Kaduna, Kebbi, Kwara, Plateau, Sokoto, Zamfara</b>	

# Description of the Event



Map showing affected/targeted states @NRCS and IFRC

## Date when the trigger was met

26-11-2025

## What happened, where and when?

Nigeria is facing one of its major rapid growing displacement crisis in recent years led by attacks and violence across several states. The crisis initially escalated in mid-2025 as localized violence in Benue and Plateau States, driven primarily by farmer–herder conflict. By July 2025, approximately 734,000 people were affected, with displacement largely confined to these two states.

On 26 November 2025, following a peak of violence and the major displacement of over 260,000 people between September to November, the Government declared a nationwide State of Emergency. While from July 2025 onwards, the situation deteriorated rapidly in both scale and severity, the highest concentration of major mass abductions and armed attacks occurred between November 15 and November 26, 2025. Violence expanded across North-Central and North-West Nigeria, spreading to more than seven states, including areas previously considered stable. By December 2025, more than 1.2 million people had been affected, including the estimated 260,000 newly displaced between September and November 2025. (Source 3 and 4). Women and children forming the majority. (UNICEF HNO 2025)

As of December 3, 2025, the security and humanitarian crisis remain extremely fluid. Reports from early December continue to show new displacement, new attacks, and new families arriving in communities already stretched beyond their limits. Severe humanitarian needs and gaps growing on protection, shelter, WASH, health and food security. Structures and host communities are overwhelmed, livelihoods disrupted. The allocated resources under the MDRNG043 DREF to respond to the initial events of displacements are limited and a scale-up is required to align with the state of emergency.





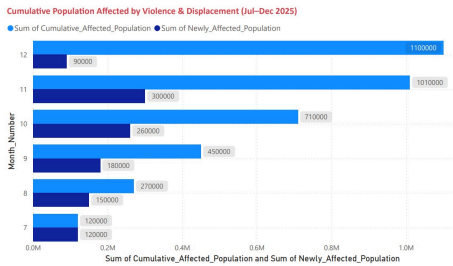
A happy beneficiary, after receiving her items in Bassa LGA, Plateau State



NRCS volunteers carrying out PSS activities in an IDP camp in Plateau



Volunteer assisting a beneficiary through the validation process



Graph showing trend of displacement.  
Source: IOM DTM

## Scope and Scale

At the time of the DREF launch in July 2025, the crisis was primarily localized in Benue and Plateau States, where recurrent farmer–herder violence had triggered significant but geographically contained displacement. Approximately 734,000 people were affected, with displacement largely limited to these two states.

By December 2025, the situation had deteriorated sharply in both scale and complexity. Violence spread rapidly beyond the initial two states with intensified attacks in hotspot states like Benue, Cross River, Taraba, Plateau, Niger, and Kaduna, and has now spread into locations that were previously considered relatively safe, such as Sokoto, Kwara and Kebbi. This geographic expansion makes the crisis unpredictable and overwhelms local coping mechanisms. The fear, the continuous violence has forced million people to flee from the violence from attacked localities in affected states into safer areas within these states and other neighboring states. As of early December, it is more than 1.2 million people that are affected, including at least 260,000 newly displaced within the past three-month period, overwhelming host communities and local coping mechanisms. At least 12 states affected with displacement crisis due to the above events and ongoing attacks. Include the latest hotspots areas: Benue, Plateau, Sokoto, Zamfara, Kaduna, Kwara and Kebbi and the other states mainly being host areas: Kaduna, Nasarawa, Niger, Taraba, Kano and Cross River. (Source 3 and 4)

With the declaration of the state of Emergency by Government on 26 November, the current scale of the humanitarian emergency is recognized as a critical and unprecedented intensification of chronic insecurity. While the North-East has historically faced large-scale crises (e.g., the Boko Haram insurgency), the current situation is distinct due to its rapid, complex convergence of multiple threats across a wider geographic belt. Historically, communities in these regions have experienced sporadic communal clashes and banditry, but the magnitude has increased significantly, escalating beyond the hotspots. The violence is no longer limited to the usual hotspot Local Government Areas (LGAs), but is spreading into areas previously considered safe, indicating a dramatic worsening of the security landscape.

The nature of the crisis shifted from localized communal conflict to a broader national security emergency characterized by mass abductions, large-scale armed attacks on civilian populations, and repeated waves of displacement. The situation spiraled dramatically between mid-November and the end of the month, when a series of high-profile attacks shocked the nation. Gunmen have stormed churches during worship, attacked school dormitories in the middle of the night, and ambushed families walking along rural roads. In Kwara State, worshippers gathered for prayer in a small-town church in Eruku were shot at and abducted. Only days later, 25 schoolgirls were taken from their hostels in Kebbi State, and more than 300 children and teachers were kidnapped from a Catholic school in Niger State. In Kaduna, armed groups opened fire in busy communities, leaving families grieving and fleeing in panic. Meanwhile, persistent raids in Benue, Plateau, and Zamfara continued to empty entire settlements. The violence has since pushed deeper into what were once calmer regions, with incidents now spreading toward the south, including into parts of Cross River State. This terror has forced families to make impossible decisions, whether to stay in danger or run with nothing but their children. The majority flee repeatedly, moving



from one community to another as attacks follow them. Markets have been abandoned, public and private schools are shutting down for safety, and even health centers in rural areas are struggling to remain open as violence closes in around them.

The scale of impact extends far beyond physical displacement. Livelihood systems have been severely disrupted as farming households, petty traders, and herders are repeatedly forced to abandon land, crops, livestock, and markets, driving sharp increases in food insecurity and negative coping strategies. Essential services and infrastructure have been damaged or rendered inaccessible, with schools closing or being repurposed as shelters, health facilities facing staff shortages and medicine stock-outs, and key roads becoming unsafe for trade, humanitarian access, and emergency referrals. Overcrowded and informal displacement settings lack adequate shelter, safe water, sanitation, health care, and psychosocial support, exposing displaced populations to heightened protection risks, disease outbreaks, and deteriorating mental well-being. As violence spreads into new states previously considered safe, host communities are overwhelmed, and essential services are collapsing under pressure. Protection risks, particularly for women, children, and older people, have intensified, alongside rising food insecurity, limited access to clean water, and insufficient shelter in overcrowded or informal displacement sites.

Humanitarian actors face increasing access constraints, and in many areas the Nigerian Red Cross remains the only responder able to reach affected populations. DREF operation was revised to extend its timeframe, expand its geographic coverage, and increase the target from 2,500 to 4,000 households, supported by an additional allocation to enable a scaled-up, multisectoral response aligned with the evolving needs.

## Source Information

Source Name	Source Link
1. National Security Emergency Declaration (26 November 2025)	<a href="https://www.thehindu.com/news/international/nigerias-tinubu-declares-nationwide-security-emergency-in-wake-of-mass-kidnappings/article70327518.ece">https://www.thehindu.com/news/international/nigerias-tinubu-declares-nationwide-security-emergency-in-wake-of-mass-kidnappings/article70327518.ece</a>
2. OCHA Nigeria - Humanitarian Needs & Response Plan 2025	<a href="https://www.unocha.org/nigeria">https://www.unocha.org/nigeria</a>
3. IOM Displacement Tracking / Flash Monitoring (July–Nov 2025)	<a href="https://reliefweb.int/report/nigeria/nigeria-north-west-and-north-central-displacement-report-round-17-july-2025">https://reliefweb.int/report/nigeria/nigeria-north-west-and-north-central-displacement-report-round-17-july-2025</a>
4. IOM NW-NC IDP Atlas (Feb 2025)	<a href="https://dtm.iom.int/sites/g/files/tmzbd11461/files/reports/Nigeria%20-%20IDP%20ATLAS%20-%20NWNWC%20R16%20February%202025_.pdf">https://dtm.iom.int/sites/g/files/tmzbd11461/files/reports/Nigeria%20-%20IDP%20ATLAS%20-%20NWNWC%20R16%20February%202025_.pdf</a>

## Summary of Changes

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

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

This interim report aims to inform Nigeria Red Cross Stakeholders of the revision of the MDRNG043 DREF operation following the recent escalation of the displacement crisis. Intensified violence has spread into previously safe areas, causing over 260,000 new displacements between September–November 2025. The total affected population has now increased from 734,000 to more than 1.2 million people, prompting a nationwide security emergency declaration on 26 November 2025. This escalation and geographic expansion require a larger, more flexible response to address urgent multi-sector needs.

Based on the above, the NRCS is moving from a localized response to a multi-state emergency operation. This transition covers four significant changes made to the initial intervention:

- Expansion of the geographical coverage from 2 states (Benue, Plateau) to 7 states (Benue, Plateau, Sokoto, Zamfara, Kaduna, Kwara,



and Kebbi).

- Operation target population increase from 15,000 (2,500 HH) to 24,400 people (4,000 HH).
- IFRC-DREF allocation increases from CHF 695,477 to CHF 1,000,000.
- Operation timeframe extension by additional 4 months (total 9 months), with new end date on 30 April 2026.

With the initial IFRC-DREF allocation initially received of CHF 695,477 NRCS has already delivered strong initial results, including supporting 2,500 households with both NFIs and cash, reaching nearly 1.5 million people with health and protection messaging, conducting extensive hygiene promotion, and establishing robust feedback and protection systems. Details in the operation section. All activities completed and learning exercises has involve strategic planning on the new scale of the crisis, informing this update. Key Achievements to Date:

- 2,500 displaced households received Non-Food Items (NFIs)
- 2,500 households registered for CVA, all of whom received emergency cash grants
- 14 safe distribution points successfully established
- 1,489,255 individuals reached with health promotion, PFA, and protection messaging (326,527 in Plateau and 1,162,728 in Benue).
- 10 peer support groups formed and actively supporting emotional recovery
- 141 hygiene promotion sessions conducted, far exceeding initial targets
- 2,500 hygiene materials distributed to support safe water and sanitation
- 147 volunteers trained on the Multisectoral DREF response
- 3 GBV/child protection cases identified and safely referred for appropriate care
- 816 feedback debriefings and actions taken to resolve community concerns

Through this update, NRCS is entering a new operational phase that will run until April 2026. Additional 1,500 households will be targeted to become a total of 4,000 Households (approximately 24,000 people) in 7 states of Benue, Plateau, Sokoto, Zamfara, Kaduna, Kwara and Kebbi. These include newly displaced families and the most vulnerable households in crisis-affected host communities. The revised plan scale-up WASH, MHPSS, PGI, CEA, and NFI support enabled by strong prepositioned logistics capacity from in-country resources that will allow speed assistance delivery. DREF resources playing a key role on the replenishment of relief stocks. The IFRC-DREF funding will act as a critical bridge, enabling rapid lifesaving assistance and immediate relief while NRCS and IFRC prepare a larger Emergency Appeal to address the protracted crisis. Current funding prioritizes urgent support in Benue, Sokoto, Zamfara, Kaduna, Kebbi, and Kwara, with a phased expansion to Plateau, Taraba, Nasarawa, Niger, Kano, and Cross River as access and resources improve beyond the DREF.

## IFRC Network Actions Related To The Current Event

### Secretariat

The IFRC maintains a permanent Country Delegation in Abuja, operating under the Africa Regional Office and fully aligned with the Red Cross and Red Crescent Movement Coordination Framework. The Delegation works side by side with the Nigerian Red Cross Society, providing continuous technical, strategic, and operational support across key areas including Health, Disaster Risk Management, Cash and Voucher Assistance, WASH, Protection, Psychosocial Support, and National Society Development.

Given the rapid deterioration of the security and humanitarian situation, the IFRC has intensified its coordination role under the current response, ensuring the NRCS is supported to scale its frontline presence in affected areas. The Delegation facilitates strong Movement coordination, bringing together NRCS, ICRC, and Partner National Societies, including the Norwegian, British, Netherlands and Italian Red Cross Societies, to maintain a unified and complementary approach.

As the scale of needs expands across multiple states, the IFRC continues to provide surge support, operational guidance, and direct accompaniment to the NRCS, ensuring that the response remains agile, accountable, and well-integrated with national and inter-agency coordination structures.

### Participating National Societies

A number of Partner National Societies (PNSs) continue to provide crucial support to the NRCS through both bilateral and multilateral collaboration with the IFRC, bringing technical expertise, operational accompaniment, and resource mobilization that enhance NRCS' emergency response capacity and long-term institutional resilience.

The Norwegian Red Cross (NorCross) maintains a strong in-country presence and plays a key role in strengthening community-level health and surveillance systems, particularly in IDP-affected LGAs of Benue State. NorCross supports Integrated Community Case



Management (iCCM), Community-Based Surveillance (CBS), nutrition screening, referral pathways, and the promotion of Infant and Young Child Feeding (IYCF). In addition, NorCross continues to support local production and distribution of the fortified complementary food Tom Brown, which is contributing to improved nutrition outcomes among displaced and host community children.

The British Red Cross serves as a long-standing strategic partner to NRCS, contributing to Disaster Risk Management capacity, Preparedness for Effective Response (PER), and branch development. This support has directly helped NRCS strengthen operational readiness and the ability of State Branches to lead frontline action during emergencies.

The American Red Cross supports NRCS through the IFRC in public health emergency interventions, including the national Measles-Rubella Supplementary Immunization Activity implemented with the National Primary Health Care Development Agency. Beyond health programming, the American Red Cross has also contributed to IFRC-led Disaster Response Emergency Fund (DREF) and Emergency Appeal operations in Nigeria, notably in the areas of flood response and the hunger crisis. The American Red Cross is also supporting NRCS with a focused five-point plan to strengthen psychosocial support, enhance rapid response readiness, reinforce community health systems, improve information management, and boost resource mobilization for lifesaving interventions.

The Italian Red Cross provides targeted support on Protection, Gender and Inclusion (PGI), as well as warehouse and migration programming, contributing to safer, more inclusive, and more efficient service delivery across operations.

As the current security crisis expands into multiple states and humanitarian needs deepen, these Movement partnerships remain essential, allowing NRCS to scale its presence, maintain access in volatile areas, and continue serving the most vulnerable communities affected by violence and displacement.

## ICRC Actions Related To The Current Event

The ICRC remains operational in conflict-afflicted regions of northern Nigeria, notably in the North-East, where it regularly helps people affected by armed conflict and violence, providing water and sanitation services, emergency health care, support for displaced populations and host communities, family tracing and protection activities, and promotion of international humanitarian law.

In the North-West region, ICRC has publicly condemned and raised the alarm over increasing attacks on health workers and healthcare facilities. For example, in November 2025, the ICRC head of sub-delegation in Kano spoke out about how attacks in Zamfara, Sokoto and Katsina are severely undermining healthcare delivery, threatening medical staff and undermining access to care.

ICRC continues to promote and uphold international humanitarian law (IHL) across Nigeria: engaging with authorities, security forces, and communities to protect civilians, conduct IHL outreach and promote respect for humanitarian norms. As ICRC is scaling down operations in Nigeria, currently ICRC has is closing their sub delegations and have handed over most of the activities to the branches. current support is on branch staff salary, EFAT training, Safer Access Awareness for volunteers and Restoring Family links.

## Other Actors Actions Related To The Current Event

<b>Government has requested international assistance</b>	Yes
<b>National authorities</b>	<p>The Government of Nigeria has taken a series of intensified measures in response to the deteriorating security situation and widespread displacement across the country.</p> <p>Following successive high-casualty attacks and mass abductions reported between July and November 2025, the President declared a nationwide security emergency on 26 November 2025, signaling a shift to a more assertive national response posture. At the federal level, security agencies have intensified operations in hotspot locations across Benue, Plateau, Niger, Kaduna, and Kebbi, deploying additional troops, tactical units, and intelligence officers to restore safety and improve civilian protection. The Federal Government has also directed reinforcement of border security and expansion of joint operations targeting armed groups responsible for village raids, mass kidnappings, and the destruction of civilian property.</p>



The National Emergency Management Agency (NEMA) has deployed rapid response teams to affected states to support coordination, conduct joint needs assessments, and provide initial emergency relief. NEMA continues to facilitate federal-level coordination through multi-agency platforms involving government ministries, the Red Cross Movement, UN agencies, and humanitarian partners. State Governments in affected areas have introduced targeted measures to safeguard communities and address immediate humanitarian needs. In Plateau State, local authorities have imposed curfews, expanded security patrols, and strengthened community-level vigilance measures in at-risk LGAs. In Benue State, the government has begun constructing semi-permanent shelters for displaced households, providing temporary land allocation for resettlement, and extending state health insurance coverage to IDPs to ensure continued access to essential health services.

Other impacted states, including Kwara, Niger, Kaduna, Kebbi, Taraba, Nasarawa, and Cross River have implemented heightened security surveillance, community alert systems, and emergency relief measures, with State Emergency Management Agencies (SEMAs) coordinating the support at subnational level.

Despite these interventions, significant gaps persist, particularly in the provision of food assistance, non-food items, WASH services, health surge support, and psychosocial support for traumatized populations. Many newly displaced people are settled in informal or scattered locations where government outreach remains limited, and host communities are struggling under the strain of repeated influxes.

The Nigerian Red Cross Society (NRCS), working closely with NEMA and SEMAs, is a key auxiliary to public authorities in humanitarian action. NRCS continues to provide field intelligence, support coordination, and fill lifesaving response gaps especially in hard-to-reach and underserved LGAs.

#### UN or other actors

The United Nations and humanitarian partner organizations are actively responding to the escalating displacement situation across North-Central and North-West Nigeria, though coverage remains uneven due to security access constraints and limited resources. The United Nations Resident Coordinator's Office (UNRCO) continues to lead high-level advocacy and coordination, while OCHA facilitates information sharing and inter-agency planning to track population movements and identify priority gaps. The International Organization for Migration (IOM), through its Displacement Tracking Matrix (DTM) and Emergency Tracking Tool, is monitoring and reporting new displacement locations, supporting humanitarian actors with updated movement alerts, and conducting rapid mobility assessments in affected LGAs. UNICEF and WHO are providing technical support to State Ministries of Health and WASH sector coordination structures, particularly in disease surveillance, water quality management, and infection prevention across displacement settings.

International NGOs present across affected locations including MSF and other protection and health partners are responding where access allows, complementing government and Red Cross activities through targeted service delivery in the most affected communities. Although these efforts have helped mitigate some immediate suffering, growing needs continue to outpace available capacity. Humanitarian access challenges, funding shortfalls, and the rapid spread of violence have left many displacement areas underserved, confirming the importance of the Red Cross Movement's ability to remain present at community level and scale assistance rapidly through this operation.

#### Are there major coordination mechanism in place?

##### National Level

- Humanitarian Country Team (HCT) – Led by OCHA  
NRCS, supported by the IFRC Country Delegation, participates to share field updates and advocate for needs in newly affected areas.
- Sector Working Groups (Clusters)
  - Health – Led by the Federal Ministry of Health, co-led by WHO
  - WASH – Led by the Federal Ministry of Water Resources, supported by UNICEF
  - Protection (including Child Protection & GBV) – Led by the Federal Ministry of Women Affairs, supported by UNHCR
  - Food Security & Livelihoods – Led by FMARD, supported by WFP



#### State/Sub-National Level

- State Emergency Management Agencies (SEMAs) – Lead coordination in affected states

NRCS State Branches are core members, providing field intel on new displacements, beneficiary verification, participation in multi-sector coordination meetings

- Health Sector Coordination Teams – Led by State Ministries of Health with WHO
- WASH Working Groups – Led by RUWASSA with UNICEF
- Security Access Coordination Meetings – Led by Local Authorities and Security Agencies

#### Local / LGA Level

Incident Command / LGA Emergency Committees: NRCS plays a frontline coordination role, often serving as the first responder through volunteer networks, supports evacuation, rapid assessments, first aid, and safe access negotiation

- Red Cross Movement Coordination: Led by NRCS, supported by IFRC Country Delegation, with ICRC and PNS participation

#### Coordination Gaps and Overlaps

- Humanitarian coordination is not yet fully activated in newly affected states like Kwara and Taraba
- Camp Coordination and Camp Management (CCCM) structures are weak or absent where IDPs are in informal settlements
- Sporadic information flow on secondary displacement in hard-to-reach LGAs
- Limited protection case management capacity in displacement areas
- Lack of consistent operational presence by many actors in volatile communities

## Needs (Gaps) Identified



### Shelter Housing And Settlements

In total, 12 states are currently hosting displaced families, creating a huge displacement crisis and large humanitarian crisis. A total of 260,000 reported as newly displaced but more a displaced for multiple time across multiple locations, seeking refuge.

Many newly displaced families are sheltering in schools, worship centers, under trees, market stalls, or with overcrowded host families, leaving them exposed to weather, insecurity, and protection threats. They are currently sleeping on bare floors in schools, churches, unfinished buildings, or crowded into host family compounds already strained by limited space. Those who fled at night or through the bush left behind all household belongings, and several have lost their shelters multiple times due to repeated attacks. Without proper shelter materials, blankets, mosquito nets, cooking utensils, or lighting, daily survival becomes an exhausting struggle. Key gaps include Insufficient provision of dignified emergency shelters and partitioning materials, lack of sleeping materials, clothing, lighting, and basic household items. The absence of formal camp coordination means that many families are uncounted and unsupported, living in unsafe, unregulated, and undignified conditions where protection concerns increase with each passing day. Repeated displacement means families lose everything multiple times, increasing dependency and psychosocial distress.



### Livelihoods And Basic Needs

Displacement has abruptly cut families off from farmland, livestock, markets, and all sources of income. The hunger situation is growing more severe every week. Families who once fed themselves through small-scale farming are now dependent on overstretched hosts or humanitarian support that does not always reach them. Many report eating only once a day or reducing portion sizes so children can eat. The nutritional status of young children, pregnant women and breastfeeding mothers is deteriorating visibly, with rising cases of wasting and malnutrition.

Specifically, loss of ongoing harvests in the worst hit states has reduced food availability; host families struggling to share already limited household food reserves. No income sources for most displaced households, leading to adoption of negative coping strategies (skipping meals, selling assets, early marriage).



### Health

Health facilities in affected LGAs are struggling to absorb the sudden influx of people needing care. Clinics lack medicines, equipment, and staff to manage trauma injuries, outbreaks of common diseases, and the ongoing needs of chronically ill patients.



Local health facilities are already overwhelmed, and critical services, including nutrition support, and clean water access have been reduced due to resource and funding shortages, which humanitarian agencies like WFP have publicly warned could push tens of millions into crisis hunger if not urgently addressed. Recent cholera cases in the northwest also highlight an important risk in the context of large displacements like this one.

The crisis, defined by mass abductions, targeted attacks, and indiscriminate armed incursions, results directly in loss of life, injury, and severe psychological distress and trauma. The type of attacks, particularly schools and churches, generates immense widespread trauma and severe protection concerns across entire communities. Many displaced people suffer from severe psychological distress including nightmares, anxiety, grief, fear of further attacks, yet access to mental health and psychosocial support is extremely limited. The Nigerian Red Cross Society is actively engaged in the provision of first aid and psychosocial support to victims and families, but the resource limitation remains the challenge against the scale of needs.

Those living with disabilities, older people and pregnant women face additional barriers to care. The breakdown of routine immunization increases the risk of outbreaks, while the constant stress of displacement is eroding the wellbeing of both adults and children.



## Water, Sanitation And Hygiene

As more people arrive in already underserved communities, water sources are quickly becoming overstretched or contaminated. In some areas, displaced households must walk long distances to collect water or rely on unsafe streams, putting children, especially girls, at risk on their way back and forth. Most displacement locations do not have functional toilets, resulting in open defecation and unhygienic environments where disease spreads rapidly. Some of the key identified gaps are:

- Water sources are either inadequate, unsafe, or far from temporary shelters
- Latrines and bathing facilities are insufficient and the practice of open defecation common
- Lack of hygiene kits and menstrual hygiene materials for women and girls
- High risk of cholera, diarrheal disease, and respiratory infections (particularly among young children during the dry season)

Recent cholera cases in the northwest also highlight how gaps in WASH access put communities at immediate health risk.



## Protection, Gender And Inclusion

Protection issues remain severe and are escalating. Armed attacks continue to target civilians during worship, education, and daily activities, leaving populations fearful and traumatized. Children face an increased risk of separation, exploitation and recruitment by armed groups, while women and girls are exposed to heightened risks of gender-based violence due to lack of safe shelter and overloaded support networks. Many vulnerable individuals, particularly older people and those with disabilities, are unable to flee quickly when violence erupts and therefore remain hidden and underserved.



## Community Engagement And Accountability

Feedback from displaced and host communities in Benue and Plateau States shows strong trust in the Nigerian Red Cross Society, but also highlights significant information gaps, unmet expectations, and anxiety about future support. Many community members expressed confusion about eligibility, timing, and whether assistance would continue, indicating the need for clearer and repeated communication. Women are actively engaging with feedback mechanisms, while men and some host community members feel less included, pointing to gaps in gender-balanced and community-wide engagement.

Protection and psychosocial concerns are emerging through feedback, including fear, trauma, and safeguarding issues, reinforcing the importance of CEA as a gateway to protection and support services. While tools such as Camp Radio and help desks have proven effective, limited coverage and stretched volunteer capacity remain challenges. Strengthening inclusive, two-way communication is therefore essential to managing expectations, reducing dependency, and maintaining trust as the crisis continues to evolve.

## Any identified gaps/limitations in the assessment

Ongoing violence, poor access, network interruptions and movement restrictions are both limiting real-time tracking of displaced populations but also delaying humanitarian assistance.

The pre-displacement humanitarian challenges linked to funding reduction and overwhelmed institution or public services such as health



are increasing the challenge of scaling-up the needed intervention without extra support from all partners. As for the specific impact of funding reduction on the overstretched health services, and WASH support could make this displacement crisis move to a more complex humanitarian crisis with the increasing risk of disease and acute hunger.

With displacement expanding into areas where humanitarian coverage is minimal or absent, and services stretched thin across multiple states, NRCS often remains the only responder with strong grassroots presence, able to provide initial lifesaving support. Without flexible funding and improved access conditions, many of the most vulnerable people, particularly those in remote locations or with limited mobility will continue to face prolonged suffering and delayed assistance.

By July, the displacement situation triggered by violence led to humanitarian needs that were still relatively limited in scale. The DREF launched by then was triggered following formal requests from state authorities and was designed as a targeted response to support 2,500 of the most vulnerable households in the most affected locations. The current scale of the situation creates a rapid growth on needs and gaps. This situation calls for an expansion of the emergency response but most importantly, a scale-up of partners assistance with the corresponding resource mobilization that could match the scale and complexity of this growing situation. This update is a step to a scale-up plan of the NS who continue to engage with partners at local and international level for a larger response that will incorporate the above limitation too.

## Operational Strategy

### Overall objective of the operation

To provide immediate, lifesaving humanitarian assistance to 4,000 highly vulnerable households (approximately 24,000 people) who have been displaced or severely affected by escalating armed violence across North-Central and North-West Nigeria, with priority intervention in Benue, Sokoto, Zamfara, Kaduna, Kebbi, and Kwara States. Assistance will include, emergency shelter and WASH services, essential household items (NFIs), Psychosocial support, and protection support over an extended five-month timeframe.

This expanded operation also contributes to reaching a broader population in need through integrated protection outreach, and widespread awareness raising on health, hygiene, safeguarding, and violence prevention, helping to protect dignity, prevent further harm, and stabilize displaced and host communities as the crisis continues to evolve rapidly across the targeted regions.

### Operation strategy rationale

With this update, NS is keeping the same strategy and approaches that have proven results in the previous intervention. Indeed, NRCS has already delivered strong initial results through the initial plan, including supporting 2,500 households with both NFIs and cash, reaching nearly 1.5 million people with health and protection messaging, conducting extensive hygiene promotion, and establishing robust feedback and PGI systems. The strategy moving forward therefore builds directly on what has already been proven effective. The same models, rapid distributions at secured points, multipurpose cash, hygiene and WASH support, PSS and protection mainstreaming, and strong accountability systems will now be scaled into new priority areas. Immediate expansion will prioritize states experiencing recurrent displacement and critical gaps in assistance: Benue, Sokoto, Zamfara, Kaduna, Kebbi, and Kwara, while a phased scaleup will reach Plateau, Taraba, Nasarawa, Niger, Kano, and Cross River.

The revised plan increases the target to 4,000 households and extends interventions across seven states, with scaled-up WASH, MHPSS, PGI, CEA, and NFI support enabled by strong prepositioned logistics capacity. See detailed initial plan under IFRC Public website (Source 5). This update will just ensure same strategy is expanded geographically and in scale due to the rapidly worsening security crisis and large new waves of displacement. Details of key achievements and intervention scale-up is provided per sector below:

#### 1) Shelter and Non-Food Items (NFIs) and cash assistance

As identified as priority needs, the in-kind distribution of NFI and a multi-purpose cash combined approach was used to cover the urgent needs of 2,500 people.

Emergency shelter and NFI support has already reached 2,500 households through the distribution of essential household items. As displacement continues to evolve, NFIs are being rapidly deployed using prepositioned stocks, including tarpaulins, mats, blankets, dignity kits, kitchen sets, mosquito nets, and water purification tablets. Post-distribution replenishment of stocks is ongoing to maintain readiness and ensure continuity of assistance in the event of further displacement. The additional allocation received from IFRC-DREF intends to provide essential items to 1,500 additional households but with the limited resources, a complementarity is needed from other funding sources. As such, the families' kits for that target will be provided thanks to complementary resources:

- The DREF budget support: kitchen set, mats
- The NRCS complement the families' kits with their prepositioned stocks, providing additional blankets, tarpaulins and shelter tool kits for shelter access for these families. These stocks pre-positioned through in-country project like Italian Government and ECHO will be



distributed 'with the plan to replenish them when the project is scaled up to an Appeal.

A one-off multipurpose cash grant of N100,000 value per household was disbursed to the 2,500 families targeted in the initial two states (600HHs in Plateau and 1,900 Households in Benue). Cash and Voucher Assistance continues to be a central component that help providing some relief in the multi-sectoral needs that the displaced families are facing. However, the scaleup phase is only focused on Basic household NFIs under the available IFRC-DREF funding. Scale-up of cash will be prioritized in the Emergency Appeal.

## 2) WASH

WASH interventions have already reached a significant scale, with 141 hygiene promotion sessions conducted and 2,500 hygiene kits distributed to displaced and host community households. The operation will continue to prioritize Water, Sanitation, and Hygiene (WASH), given the severe threat of waterborne diseases in crowded and unplanned displacement locations. Hygiene promotion sessions, which have already exceeded original targets will be expanded into all newly reached LGAs, reinforcing safe water storage and personal protection practices.

Similar as shelter, to extend the distribution of essential WASH items needed for basic survival and restoring families' minimum leaving conditions, NRCS will combining resources from both DREF and pre-positioning stock:

- The additional DREF funding will support some component of the hygiene kits, essentially water storage. Additional water container distribution will be done to newly targeted 1,500 families.
- The NRCS complement the families' hygiene kits with their prepositioned stocks. Providing additional Jerrycans and water treatment material (additional buckets, and aqua tabs) to cover the 1,500 HHs. While hygiene kits distributed will also be completed with Multipurpose Soap, Toothbrush, Toothpaste, Sanitary Pads, Nail Clippers, Toilet paper rolls, Multipurpose Detergent, and Cups for drinking water. These stocks pre-positioned through in-country projects like Italian Government and ECHO will be distributed with the plan to replenish them when the project is scaled up to an Appeal.

With that approach, NRCS intervention will reach 4,000 Families with adequate basic WASH material for hygiene and water storage. The distribution of WASH will also target the cholera hotspots as a priority. Therefore, families will be better equipped against the risk of diseases and cholera in particular, contributing to the cholera and other water borne disease prevention. Ensuring the kits and WASH intervention meet the standard by using all the available resources guarantee dignity and maximize the impact of the assistance. This DREF scale-up will also provide resources for the WASH awareness messages to continue across all the 7 states.

## 3) Health

Health promotion and psychosocial support activities have reached approximately 1.48 million people through integrated health messaging. The Health prevention messages will be intensified in the coming months alongside the distribution, to tackle the ongoing cholera outbreak in some states.

As displacement continues, MHPSS activities are being expanded into new displacement hubs, with a focus on strengthening peer support groups and providing PFA to newly displaced families. Referral pathways for individuals with severe mental health conditions remain in place, and targeted emotional support is being integrated for school children and survivors of violent attacks.

## 4) Protection, Gender and Inclusion (PGI)

Protection has been systematically mainstreamed across the response, with 90 volunteers trained on PGI, safeguarding, and protection mainstreaming, and more than 729,000 people reached with protection messaging. The intervention continues to strengthen safe spaces in displacement sites and host communities, while maintaining active identification and referral of gender-based violence and child protection cases through established pathways, with particular attention to women, children, older people, and persons with disabilities.

## 5) Community Engagement and Accountability (CEA)

The Nigerian Red Cross Society, leveraging its trusted community presence, mobilized rapidly to prevent further harm and ensuring risk communication and continuous two-way communication is strengthened for the displaced families and host communities across various services delivered. With 117 volunteers trained, the NS has been able to set a community feedback system that relies on volunteers' direct collection during door to door or meetings. They have collected 1,073 feedback that were debriefed with the operation team to inform programme adjustments. especially adjustment of messages to prioritized. Community consultations are being expanded to 18 local government areas, and feedback and complaints mechanisms are being reinforced in newly affected states to ensure two-way communication and accountability throughout the response. The CEA principles are integrated by the volunteers and used in the way they interact with the communities.

## 6) Migration approach

Because displacement routes are shifting daily, the set-up of Humanitarian Service Points (HSPs) is not yet prioritized but could be put in place where applicable. Pending additional resources, HSP will be set in safe, accessible locations along movement corridors to support newly displaced and mobile populations with integrated Protection services but also key messages and orientations.

## 7) NS capacity and resource deployment



An important strength of the revised operation is the NRCS' existing logistics readiness and access to prepositioned emergency relief supplies. Through bilateral support from ECHO and the Italian Government, the NRCS has established and strengthened multiple warehouse facilities and stock pipelines, including the prepositioning of Non-Food Items (NFIs) such as shelter toolkits, tarpaulins, mats, mosquito nets, hygiene kits, water storage containers, dignity kits, blankets, kitchen sets and water purification tablets. This logistics backbone will now be fully leveraged to provide immediate relief to affected populations, especially in the newly impacted states of Kebbi, Zamfara, and Sokoto. The NRCS prepositioned NFIs are in Lagos, Delta, Anambra, Kano and Kaduna warehouse, allowing rapid distribution under this DREF and further scale-up.

A post-distribution survey followed by a lesson learnt workshop will be carried out as a cross-sectoral exercise to assess the quality of the assistance. On the first round of assistance, NS has already completed the learning exercise that has also informed the design of this scale-up.

Transition plan:

The situation as detailed in the event and needs is a fast-moving, multi-state emergency that is growing in scale and severity every week. Communities are exhausted, volunteers are overstretched, and essential services are crumbling under the pressure. Without an urgent increase in humanitarian support, the suffering will deepen, especially for most vulnerable groups. The nature of the crisis and its scale also call for scale-up plan.

The IFRC-DREF allocation top-up to CHF 1,000,000 will ensure to initiate a rapid, lifesaving assistance, emergency relief provision for the most vulnerable newly displaced, prioritizing the worst hit states. Under this DREF, the upcoming months will also serve as a crucial "bridge" to maintain momentum and provide immediate relief while the NRCS and IFRC finalize the planning for a much larger and longer-term planning option. The complexity and protracted nature of the crisis require the resources and coordination capacity of a full Emergency Appeal (EA), and this top up and extension is to provide the necessary lead time to launch it effectively. The EA will enable a more comprehensive targeting approach that aligns humanitarian coverage with the full scale of displacement and secondary impacts on livelihoods, health, protection and education. For instance, the EA must allow to further expand the geographic presence, number of households reached with cash and core relief, community-based health and WASH services, protection and psychosocial support capacity and contingency targets in new hotspots as the crisis shifts.

On the scale-up plan, NS capacity and presence is an asset that will be leveraged in partners' discussions. The presence in all the hard-to-reach areas and the prepositioned items will serve as the first line of humanitarian support, reducing delays and ensuring families can restore a basic level of dignity and safety upon arrival in temporary locations. Discussions ongoing at country level to secure that replenishment arrangement can be scaled-up for rapid assistance to further families in dire need in newly affected or hard-to-reach locations. In Kebbi for instance, the NS is assessing the support from the ECHO Crisis Modifier, under the Disaster Preparedness Action to support households affected by recent armed group attacks and cross-border incursions. Where feasible, this support will be extended to surrounding states such as Zamfara and Sokoto, where displacement routes and insecurity are highly fluid. Coordination with ECHO will ensure complementarity of modalities and maximize the speed and reach of shock-responsive humanitarian assistance.

## Targeting Strategy

### Who will be targeted through this operation?

Under the initial DREF operation, the NRCS successfully targeted 2,500 of the most vulnerable households (approx. 15,000 people) in Benue and Plateau States with cash and essential relief items, while reaching displaced and host communities through health, WASH, psychosocial support and protection services. These activities were designed for a localized crisis affecting specific LGAs.

With the new scope and scale, the DREF will now scale up assistance to reach an additional 1,500 highly vulnerable households bringing the cumulative target to 4,000 households (approx. 24,000 people) in 18 LGAs in Benue (6) and Plateau (2), Sokoto (2), Zamfara (2), Kaduna (2), Kwara (2), and Kebbi (2), the response will target two LGAs per state.

The target focusses on immediate priority states among the 12 affected and at household level and continues to be based on identified vulnerabilities.

1) The geographical target:

Targeting states is based on a prioritization approach based on several factors including current resources, impact, gaps and vulnerabilities. The NRCS overall operational approach consider that actual funding limitations require a phased approach and continuous resource mobilization strategies, to ensure assistance is deployed where needs are most severe but also there is a basis for funding prioritization and complementarity across the 12 affected states. Therefore, NRCS has defined the priorities target as follows:

- Immediate Priority States - Benue, Sokoto, Zamfara, Kaduna, Kebbi, and Kwara. These states are currently facing the largest influx of displaced persons and have the most urgent unmet humanitarian needs.



- Secondary Intervention Phase (as funding and access improve) - Plateau, Taraba, Nasarawa, Niger, Kano, and Cross River. These states continue to experience insecurity and displacement but will be supported initially through protection services, psychosocial support, and community engagement, expanding to relief assistance once additional resources become available.

## 2) Household level targeting criteria

Priority groups include:

- Female-headed households
- Children under five and unaccompanied/separated minors
- Pregnant and lactating women
- Older persons and persons with disabilities
- Survivors of attacks and households experiencing repeated displacement
- Host families taking in multiple displaced households

## Explain the selection criteria for the targeted population

The geographic targeting for the revised DREF operation is guided by the scale of population movement, intensity of violence, access barriers, and critical service gaps.

Specific analysis made to define the priority states below:

### 1) Primary Priority States (Immediate Scale-Up Focus): Highest severity and lowest coverage

- Benue – largest continuous flow of new and repeat displacement
- Sokoto – major hotspot of armed violence, with underserved rural IDPs
- Zamfara – epicenter of banditry and community raids; extensive unmet needs
- Kaduna – recurrent mass kidnappings, killings, and protection risks
- Kwara – growing spread of attacks into civilian spaces including worship centers
- Kebbi – prioritized due to mass school abductions. NRCS response will leverage ECHO Disaster Preparedness (DP) modalities coordinated closely with ECHO-funded pathways for MPCA and Relief support.

### 2) Secondary Expansion States (Phased Based on Funding)

- Plateau – recurrent displacement remains severe, but resources must first stabilize new crisis zones
- Taraba – UNFPA and UNHCR actively intervening through NRCS-based service delivery
- Nasarawa, Niger, Kano, Cross River, states being emerging hotspots with escalating vulnerability

For the scale-up plan of the NRCS, the NRCS will continue to phase in coverage responsibly according to the most urgent lifesaving needs and available resources. Therefore, in larger plans or EA, these states will be incorporated progressively with improved funding availability. This prioritization ensures that first assistance goes where people are currently at greatest risk of death, abduction, disease, or exposure and that interventions bridge existing humanitarian gaps rather than overlap with active partners efforts. Displaced children, women, persons with disabilities, elderly people, and survivors of multiple displacements remain the primary recipients of assistance, due to highest vulnerability and lowest self-recovery capacity. The prioritization will also continue to reflect the coordination with government, UN actors, and donor-funded programmes to ensure complementarity and zero duplication.

## Total Targeted Population

Women	5,400	Rural	-
Girls (under 18)	6,600	Urban	-
Men	5,400	People with disabilities (estimated)	15%
Boys (under 18)	6,600		
Total targeted population	24,000		

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

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

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

<b>Risk</b>	<b>Mitigation action</b>
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 is applying community-based targeting approaches, validated by local leaders and women/youth representatives.</li> <li>- Community Resilience Committees have been set up in each of the IDP Camps and Host Communities to support in selection and registration of beneficiaries</li> <li>- Feedback and complaints mechanisms have been set up, including help desks and suggestion boxes.</li> <li>- All volunteers involved in the operation have been trained on Protection, Gender, and Inclusion (PGI) principles.</li> </ul>
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.</li> <li>- Assurance of safe referrals where the referred organizations and entities are trusted.</li> <li>- Provision of access to female-headed households to livelihoods, and support for pregnant and lactating women, PWDs and elderly.</li> <li>- DAPS framework to ensure dignity, access, protection and safety of all the vulnerable groups mentioned.</li> </ul>
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 is using the existing framework agreements with vetted FSPs to streamline CVA delivery.</li> <li>- Post-distribution monitoring will be conducted to verify usage and satisfaction.</li> <li>- NRCS finance staff are being supported by IFRC to ensure accountability, reconciliation, and tracking of funds.</li> <li>- NRCS Hotlines have been shared with beneficiaries and host community members.</li> <li>_ Help Desks established in each camp to receive feedback and complaints.</li> </ul>
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 is ensuring transparent communication on selection criteria and limitations of the DREF scope.</li> <li>- Both IDPs and vulnerable host households have been considered for support, in line with criteria.</li> <li>- Continuous community engagement and accountability processes are integrated to manage perceptions and strengthen trust.</li> </ul>
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>- NRCS conducted security risk assessments before deployment to high-risk LGAs.</li> <li>- Field teams have been trained to apply the IFRC Minimum</li> </ul>



	<p>Security Guidelines (MSR) principles.</p> <ul style="list-style-type: none"> <li>- Volunteers and staff have been trained on safety protocols, and coordination with local security agencies has been established.</li> <li>- Operational flexibility is built in to allow adaptation, postponement, or relocation of activities as needed.</li> <li>- Volunteers rely on regular security briefing from the NRCS and IFRC Security Units.</li> </ul>
<p>Humanitarian access in the affected states is increasingly constrained by ongoing violence, unpredictable road conditions, and shifting patterns of displacement. Attacks along key travel routes and in remote farming settlements continue to disrupt safe passage, limiting how quickly relief can reach newly displaced families.</p> <p>The Insecurity adding to poor road infrastructure, and rainy season affecting the ability to reach intended beneficiaries. Main risk being to not be able to complete activities on time</p>	<ul style="list-style-type: none"> <li>- NRCS deployed prepositioned supplies from nearby warehouses to target locations</li> <li>- Local community-based volunteers were mobilized and engaged for outreach in difficult terrain.</li> <li>- Activities are planned in consideration of the seasonal weather patterns and rain-induced access delays. Volunteers have also been provided with raincoats, umbrellas and rubber boats, to keep safe.</li> </ul>
<p>Coordination Gaps and Overlapping Mandates- Rapid influx of multiple humanitarian actors may result in duplication in some sectors while leaving critical gaps in others.</p>	<p>NRCS will remain fully engaged in state level inter-agency coordination platforms. Through these forums, the National Society collaborates with government authorities, UN agencies, and other humanitarian actors to regularly map who is responding where and in which sectors.</p> <p>Within the Red Cross Movement, close coordination will continue with the ICRC and Partner National Societies to maintain complementarity, especially in sensitive locations or where access is restricted. At community level, CEA feedback systems will play a critical role in ensuring fairness and transparency in targeting, allowing communities to raise concerns or identify overlooked households so that adjustments can be made quickly and equitably.</p>
<p>Operational Capacity Strain and Volunteer Fatigue, resulting from increased workload, repeated exposure to trauma, and long hours could affect staff wellbeing, performance, and retention.</p>	<p>NRCS is reinforcing responder wellbeing through regular rotation of teams and supportive supervision. Additionally, a dedicated Safer Access and Psychological First Aid (PFA) webinar is being organized to strengthen safety practices, stress management, and the emotional resilience of frontline volunteers.</p>

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

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

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

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

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

The expansion of this operation will be implemented in a high-risk security environment, where escalating armed violence continues to threaten the safety of responders and affected communities. Many of the targeted states, particularly Sokoto, Zamfara, Kaduna, Kebbi,



and parts of Kwara, Nasarawa and Benue are experiencing frequent armed incursions, mass abductions, criminal activity, and unpredictable movement of armed groups. These factors pose direct risks to humanitarian workers and can suddenly restrict access to affected communities. Road travel remains one of the most significant threats, with attacks on major highways, illegal checkpoints, and poor road infrastructure heightening the risk of ambush, robbery, and delayed medical evacuation. Rapid and repeated population displacement also creates confusion around safe access routes and the safety of communities hosting newly displaced families. Additional hazards, including crowd pressure at distribution sites, exposure to trauma, and potential targeting of aid workers due to misperception, further increase operational risks. Insecurity often forces changes to implementation plans, delays distributions, or postpones movements when the risk becomes unacceptable.

To manage these risks, strict safety protocols are applied throughout the operation:

- ✓ All field movements are pre-approved and restricted to daylight hours
- ✓ Teams conduct continuous security risk assessments and adjust activities accordingly
- ✓ Staff and volunteers receive security briefings, visibility items, and insurance coverage
- ✓ Regular check-in / check-out systems are used during deployments
- ✓ Close coordination with local authorities, community leaders and security agencies helps maintain acceptance and early warning
- ✓ NRCS adopts a “no-go” rule in locations with active hostilities
- ✓ Where necessary, confidential MPCA disbursement modalities are used to reduce risks of criminal targeting

The NRCS is also scaling up responder wellbeing and stress-management measures due to repeated exposure to violence and trauma. A Safer Access & Psychological First Aid webinar is being organized to ensure volunteers have the tools to remain safe, supported, and confident in the field.

Has the child safeguarding risk analysis assessment been completed?

Yes

## Planned Intervention



### Shelter Housing And Settlements

**Budget:** CHF 373,194

**Targeted Persons:** 4,000

**Targeted Male:** -

**Targeted Female:** -

### Indicators

Title	Target	Actual
# of households who receive NFIs (with new target of 2,500)	4,000	2,500
# of organized distribution points established with safety measures	9	14
# of households who receive Shelter toolkits	500	0

### Progress Towards Outcome

- 147 volunteers trained on the multisectoral operational strategies focusing on RCRC History and Fundamental Principles, DREF Response, Code of Conduct, PGI, PSEA, SGBV, Safer Access/Safety and Security, CVA, WASH, and CEA was conducted for volunteers and staff of Plateau and Benue Red Cross Branches.

- 2,500 HHs have been reached with NFIs (mats, kitchen/cooking sets, buckets, blankets, mosquito nets, jerry cans) across the 8 LGAs in the states.

A total of 14 Distribution Points (10 in Benue State and 4 in Plateau State) was setup to ensure safety and security of the beneficiaries, volunteers and staff of the NRCS and IFRC.

Phase two of activities to be implemented with the additional allocation:

- Distribute household NFI (kitchen sets, blankets, sleeping mats, mosquito nets to 1,500 households in Benue, Kwara, Zamfara, Kebbi, Sokoto and Kaduna. To achieve this, considering the limited funding, the items will be provided as follows both from DREF funding and



other stocks available at country level.

- Provision of kitchen set and mattress to the targeted 1500 HHs.
- Provision of 1,000 blankets through the DREF funding, complemented by pre-positioned stocks to reach the 1,500 HHs.

- The others families' items (mosquito nets) will be supported by NS pre-positioned stocks from in-country programs with Italian Government and ECHO.
- Provide temporary shelter materials – tarpaulins, shelter toolkits and sheeting to 500 families in makeshift camps and host communities- this will be supported by the ECHO/Italian items prepositioned.



## Multi Purpose Cash

**Budget:** CHF 179,867

**Targeted Persons:** 2,500

**Targeted Male:** -

**Targeted Female:** -

### Indicators

Title	Target	Actual
# of households registered for CVA	2,500	2,500
# of staff/volunteers trained in CVA targeting, registration, and distribution	80	57
# of households who confirmed they received cash grants	2,500	2,500

### Progress Towards Outcome

- 57 NRCS volunteers were trained on Cash Voucher Assistance (CVA). Additional 50 volunteers will be trained across the 5 targeted states, to register the additional targeted beneficiaries.
- 2,500 Households received a one-off multipurpose cash grants of N100,000 value per household (600HHs in Plateau and 1,900 Households in Benue).
- Beneficiary selection and registration was successfully conducted in 8 LGAs; Benue State (Goma, Gwer West, Gwer East, Apa, Agatu, Otukpo) and Plateau State (Riyom and Bassa). Benue state was allotted 1,900 households while Plateau State is allotted 600 households. Volunteers and staff of the NRCS supported the registration process with the participation of Community Resilience Committees and in some locations SEMA staff observed the process.

In the DREF revision, the cash will not be scaled-up under the available DREF funding thresholds but will remain a priority for the scale-up plan through an emergency appeal.



## Health

**Budget:** CHF 82,656

**Targeted Persons:** 680,000

**Targeted Male:** 348,645

**Targeted Female:** 380,850

### Indicators

Title	Target	Actual
# of individuals reached with PFA or referred for further mental health	15,000	121,583



care		
# of coordination meetings with health sector stakeholders attended	16	22
# of people reached with health promotion sessions	680,000	729,495
# of peer support groups formed and active	8	10
# of volunteers providing PFA to affected persons in the new states	50	0

## Progress Towards Outcome

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

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

A total of 7,500 mosquito nets were procured and delivered to the Branches for distribution by the last week of October 2025 to affected population targeting registered 2,500 households.



## Water, Sanitation And Hygiene

**Budget:** CHF 139,574

**Targeted Persons:** 24,000

**Targeted Male:** 12,000

**Targeted Female:** 12,000

## Indicators

Title	Target	Actual
# of hygiene kits distributed (aqua tabs, multipurpose soap, buckets and jerry cans)	4,000	2,500
# of hygiene promotion sessions conducted	16	141
# of WASH items containers distributed	2,500	2,500
# of Households reached with WASH NFIs in the new states	1,500	0

## Progress Towards Outcome

- Trained 147 hygiene promoters on key information on WASH and disease prevention messages.
- WASH messaging posters were produced and distributed in the affected areas of the intervention, and it is integrated into other sectoral activities including CEA, Health and PGI outreach.
- Procurement and distribution of aqua tabs, multipurpose soaps, buckets and jerry cans to the branches completed, reaching 2,500 households. The Benue Red Cross Branch received philanthropic donations of sanitary pads and soaps, distributed to the adolescent



groups in the IDP camp in Makurdi International Market.

- Conducted 141 Hygiene promotion sessions in all the 8 different IDP camps and host communities. Demonstrations on proper handwash and keeping the environment clean for proper sanitation were conducted in the IDP camps and host communities by the volunteers.
- Established community resilience committees in the 8 targeted LGAs who supported in the beneficiary selection and registration process and other activities (WASH, PGI, Health, CEA) of the response.
- Community-led cleanup campaigns conducted in the 8 LGAs and they are supported with sets sanitation tools (wheelbarrows, rakes, hoes, rakes, rain boots, spades, dustbins, hard gloves, helmets, brooms etc.).

With the additional allocation from IFRC-DREF, NRCS will extend the support of WASH to additional 1,500 households. NS will ensure these families receive essential items they need for safe water access, hygiene, sanitation as a basis for restoring minimum life needs. To ensure that, the NS will use their pre-positioned stocks to complement what the DREF will not be able to cover.

- The DREF funding support: Provision of hygiene kits to the targeted 1,500 HHs.
- The NRCS complement the families' kits with their prepositioned stocks.

Taking from existing stocks they will complement with: Blankets, Jerrycans and buckets, aqua tabs for water purification, hygiene kits (Multipurpose Soap, Toothbrush, Toothpaste, Sanitary Pads, Nail Clippers, Toilet paper rolls, Multipurpose Detergent, and cup for drinking water. The NRCS has prepositioned NFIs in Lagos, Delta, Anambra, Kano and Kaduna warehouse. This prepositioning is being supported by the Italian Government and ECHO. NRCS will distribute these items to the targeted households, with the hope that they will be replenished when the project is scaled up to an Appeal.



## Protection, Gender And Inclusion

**Budget:** CHF 6,094

**Targeted Persons:** 680,000

**Targeted Male:** 348,645

**Targeted Female:** 380,850

### Indicators

Title	Target	Actual
# of volunteers trained on PGI principles, safeguarding, and protection mainstreaming	80	90
% of targeted households meeting at least one vulnerability criterion	100	149
# of GBV or child protection cases identified and safely referred	-	3
# of people reached with protection messages (disaggregated by sex/age)	680,000	729,495
# of people assisted through tracing or family reunification	0	2

### Progress Towards Outcome

- NRCS trained 90 volunteers on PGI principles, safeguarding, PSEA, SGBV, Code of Conduct and protection mainstreaming.
- Protection, Gender and Inclusion was mainstreamed across all sectors, including MHPSS and CEA activities.
- Targeting criteria prioritized women, PWDs, elderly, and female-headed households during the beneficiary selection and registration process.
- Sensitization of community members, community leaders and stakeholders on SGBV in the target community was conducted in all the 8 LGAs through the form of Focus Group Discussions (FGDs) and individual interactions. while at the same time protection messaging were integrated into the outreach activities.
- Safe spaces were created in the IDP camps with MHPSS activities conducted for children, women, and elderly in the IDP camps. In addition, 300 women and girls were trained on liquid soap making in Benue State (Guma and Naka IDP Camps) to build livelihood resilience for the IDPs.



- Feedback channels to report on SGBV and PSEA sensitive cases have been widely advertised. The team conducted radio show in the form of a Camp Radio in the IDP Camps to reach more IDPs as other commercial radios are usually not listened to frequently in most of the IDP Camps.
- The two identified cases in Plateau State are link to the existing tracing services of the NS and monitor referral outcomes continues.
- Fliers/posters for CEA feedback mechanisms and SGBV referral pathways were disseminated across the 8 LGAs including the IDP Camps and host communities.

Phase two of activities to be implemented with the additional allocation:

- Disseminate Messages on signs and prevention of SGBV, including reporting pathways and referral.
- Protection risk screening and safe referrals for GBV/CP cases.
- Ensure gender-sensitive distribution and prioritization of high-risk individuals.
- Protection messaging linked with CEA to reduce exploitation risks



## Community Engagement And Accountability

**Budget:** CHF 14,733

**Targeted Persons:** 24,000

**Targeted Male:** -

**Targeted Female:** -

### Indicators

Title	Target	Actual
# of staff and volunteers trained on CEA, including feedback mechanisms	80	117
% of feedback mechanisms established	11	10
# of feedback debriefings held and responses/actions taken	1,100	1,073
# of LGAs where community consultations were conducted (additional 10 LGAs; new target is 18)	18	8
# of Help Desks established in the IDP Settlements (new target: 11)	10	10
# of documentaries produced to reflect the real issues on ground	1	0

### Progress Towards Outcome

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



Within the reporting period, feedback was gathered from eight LGAs: Apa, Agatu, Guma, Gwer-West, Gwer-East, and Otukpo in Benue State, and Bassa and Riyom in Plateau State. A total of 1,073 feedback entries were received, with Benue State contributing the majority (786 entries) and Plateau State recording 287 entries. The feedback primarily reflected the following: Community encouragement and appreciation (715 entries, 66.6%), followed by suggestions/requests (162 entries, 15.1%), questions (50 entries, 4.7%), and a smaller number of observations (13 entries, 1.2%). Most questions and suggestions centered on whether the number of beneficiaries would increase and the timing of distributions, reflecting a sense of frustration and dependence on humanitarian assistance. Several comments also indicated fear of the unknown and uncertainty regarding the evolving crisis. The majority of feedback came from women (495 entries, 78.8%), while men contributed with 204 entries (29.8%). Respondents were primarily in the 30–69 years age range. Feedback was collected through house-to-house visits (598 entries), help desks (420 entries), and a smaller number via hotline calls and community meetings/FGDs, ensuring diverse channels for community voices to be captured.

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

Phase two of activities to be implemented with the additional allocation will keep the feedback systems but priority will be to ensure the following:

- Storytelling and documentary to project the needs on ground
- Support the translation/local language channels to reach minority and pastoralist communities
- Disseminate social cohesion messaging to reduce tension with host communities.



## Secretariat Services

**Budget:** CHF 79,118

**Targeted Persons:** 150

**Targeted Male:** -

**Targeted Female:** -

### Indicators

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

### Progress Towards Outcome

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

As the situation is evolving, the support from Secretariat is also scaled-up to align with the type of response plans NS is aiming to have in place for a scaled intervention.



## National Society Strengthening

**Budget:** CHF 124,765

**Targeted Persons:** 139

**Targeted Male:** -

**Targeted Female:** -



## Indicators

Title	Target	Actual
# of PDM surveys conducted	2	1
# of staff/volunteers trained on DREF response and cross-sectoral themes	120	147
# of volunteers equipped with visibility materials and safety kits; number of insured	120	147
# of lessons learned Workshop conducted	1	1
% of beneficiaries satisfied with the assistance	95	100
# of webinars conducted to promote safety and wellbeing of volunteers and staff	1	0
# of Senior staff and NRCS management trained on MHPSS peer support	20	0

## Progress Towards Outcome

- A total of 147 branch staff and volunteers were trained on DREF implementation, CEA, PGI, and cash response across the two branches of the intervention.
- Provided visibility materials, volunteer insurance, and safety kits to enhance safe access and volunteer welfare covering at least 147 Branch staff and volunteers involved in the operations.
- PDM was conducted across all LGAs to assess the usefulness of the items and efficiency of the distribution process. The PMER department is still analyzing the report of the exercise, as at the time of this update. Findings will be shared, and any issues will be addressed with the communities through the branches.

Phase two of activities to be implemented with the additional allocation will keep the following:

- Reactivate “Caring for Carers” support for staff and volunteers (webinar follow-up + peer supervision)
- Conduct a leadership workshop to design an MHPSS roadmap for the National Society
- Update mapping of displacement sites with government and UN partners•

## About Support Services

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

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

Approximately 140 NRCS community-based volunteers and Branch staff were directly engaged in implementing field activities across the two states. Prior to deployment, all volunteers received training covering key technical areas such as disaster response, protection principles, WASH, CVA, about the RCRC Principles, Community Engagement and Accountability (CEA), and safer access. They were also provided with visibility materials (T-shirts, Caps, Bibs, Rain Boots, Raincoats, etc.) and protective gear to ensure safety and proper identification during field operations. In line with standard procedures, volunteers were insured by NRCS under the IFRC volunteer accident insurance scheme, ensuring their well-being while serving on the frontlines.

A team of about 12 to 24 NRCS staff and focal points, drawn from both headquarters and branch levels, oversaw field implementation and coordination. This team included the Director of Disaster Management, the Disaster Management (DM) Coordinator, the NHQ DM Officer, Branch Secretaries, Branch Disaster Management Officers, Health and WASH Officers, Finance and Administration Officers,



Logistics Officers, Communications and PMER (Planning, Monitoring, Evaluation, and Reporting) focal points, as well as PGI and CEA focal points. Together, they ensured that the operation was coordinated, documented, and effectively managed.

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

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

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

The Nigerian Red Cross Society volunteer workforce reflects much of the cultural, ethnic, and linguistic diversity of the communities it serves, particularly in the affected North-Central and North-West states where volunteers are drawn directly from local populations. This has been essential in maintaining community trust, ensuring dignified engagement, and enabling volunteers to communicate in local and minority languages.

However, the rapid scale-up of the operation has highlighted several gaps. In some of the newly targeted states, such as Sokoto, Zamfara, and Kebbi, female representation among trained responders remains lower than needed, which can limit women's and girls' ability to safely access support, especially for sensitive services like psychosocial support, PSEA/GBV and child protection referrals. Youth are well represented, but more trained volunteers with specialized skills (PGI, MHPSS, CVA, CEA) are required to match the evolving needs, particularly in urban displacement sites and pastoralist communities.

To address these gaps, the NRCS has enforced:

- Recruiting and training more female volunteers in priority states to improve safe access to services for women and girls
- Strengthening inclusion of volunteers from pastoralist and minority groups to increase acceptance and access in border and remote areas
- Expanding PGI, Safeguarding and PSEA training to ensure all volunteers can confidently manage sensitive protection concerns
- Continuing to ensure volunteer insurance, visibility items and safety briefings so that participation is both safe and sustainable.

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

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

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

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

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

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



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

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

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

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

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

## How will this operation be monitored?

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

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

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

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

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

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

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



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

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



# Budget Overview



## DREF OPERATION

### MDRNG043 - Nigeria Population movement

#### Operating Budget

<b>Planned Operations</b>	<b>796,117</b>
Shelter and Basic Household Items	373,194
Livelihoods	0
Multi-purpose Cash	179,867
Health	82,656
Water, Sanitation & Hygiene	139,574
Protection, Gender and Inclusion	6,094
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	14,733
Environmental Sustainability	0
<b>Enabling Approaches</b>	<b>203,883</b>
Coordination and Partnerships	0
Secretariat Services	79,118
National Society Strengthening	124,765
<b>TOTAL BUDGET</b>	<b>1,000,000</b>

*all amounts in Swiss Francs (CHF)*



# Contact Information

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