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# Emergency Plan of Action

## Preliminary Final Report

### Niger Epidemic (Measles & Meningitis)

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF Operation n°</b> MDRNE015	<b>Glide n°</b> EP-2015-000043-NER
<b>Date of Issue:</b> 1 February, 2016	<b>Date of disaster:</b> 12 December 2015
<b>Operation start date:</b> 25 April 2015	<b>Operation end date:</b> 31 July 2015
<b>Initial allocation:</b> CHF 100,428 <b>Additional allocation:</b> n° 1: 102,770 <b>Total allocation:</b> CHF 203,198	<b>Total estimated Red Cross and Red Crescent response:</b> CHF 203,198
<b>Number of people affected:</b> 281,000	<b>Number of people assisted:</b> 446,389
<b>Host National Society(ies):</b> Red Cross Society of Niger	
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> International Federation of Red Cross and Red Crescent Societies, Luxembourg Red Cross	
<b>Other partner organizations actively involved in the operation:</b> Government (Ministry of Public Health), Médecins Sans Frontières, United Nations Children's Fund, and World Health Organization	

## A. Situation analysis

### Description of the disaster

Niger is a West African country located in the heart of the African meningitis belt, which stretches from Senegal to Djibouti. The hot and dry climate is favourable to the outbreak of meningitis epidemics generally between November and May. In April 2015, following an escalation in meningitis cases (from December 2015), an epidemic was been officially declared by the Ministry of Public Health. In parallel, a measles epidemic was also confirmed in regions in the north of the country: Agadez, Maradi and Zinder being worst affected. On 2 May 2015, the International Federation of Red Cross and Red Crescent Societies (IFRC) released CHF 100,428 from the Disaster Relief Emergency Fund (DREF) to support the Red Cross Society of Niger (NRCS) respond to the needs of the affected population. The DREF operation was intended to support 210,000 people (30,000 households) in Dosso and Niamey (meningitis response), and Agadez and Zinder (measles response), over a period of six weeks.



*NRCS volunteers transporting the patient to the treatment centre. Photo © NRCS*

On 2 June 2015, an Operations Update was issued to extend the timeframe by two weeks; and an additional allocation of CHF 102,770 to expand the activities planned in response to the meningitis epidemic into an eight additional districts. In total, 10 districts Niamey I, II III, IV, and V, Doutchi, Gaya, Fillingué, Kollo, Ouallam with awareness raising/ sensitization campaigns, as well as preparedness for response in 10 other districts that had not been affected, but were at risk. Following the stabilization of the measles epidemic, and indications that the number of cases was reduced, it was agreed that the activities planned in Agadez and Zinder would be cancelled. On 10 July 2015, an Operations Update was issued to extend the timeframe by three weeks (New end date: 31 July 2015) to enable the completion of a lessons learned workshop.

The DREF operation was replenished by the Belgian Red Cross / Government and Canadian Red Cross / Government. The major donors and partners of the DREF include: the Red Cross Societies and governments of Australia, Austria, Belgium, Canada, Denmark, Ireland, Italy, Japan, Luxembourg, Monaco, the Netherlands, Norway, Spain, Sweden and the USA, as well as DG ECHO, the UK Department for International Development (DFID) the Medtronic and Zurich Foundations and other corporate and private donors. The Nigerian Red Cross Society would like to extend many thanks to all partners for their generous contributions.

Please note that this Preliminary Report is issued in advance of the Final Report, which will include a Financial Report following the reconciliation of issues regarding the expenditures incurred.

## Summary of response

### Overview of Host National Society

From the beginning of both epidemics, the NRCS monitored the situation in collaboration with the Ministry of Public Health (MoPH) and its volunteer network across the country. The NRCS is also a member of the National Crisis Committee (established by the MoPH) that met regularly to monitor the epidemiological situation. Due to its long standing experience in managing the epidemics and other disasters, the MoPH called on the assistance of the NRCS to conduct social mobilization in the affected areas. In 2014/15, an Emergency Appeal (MDRNE013) was launched to respond to population movement in the Diffa region of the country, which is on-going; and a DREF operation was carried out in response to a cholera outbreak (MDRNE014) in Diffa region, which was completed on 24 May 2015. Following the release of the DREF allocation for the MDRNE015 Niger Epidemic (Measles and Meningitis) operation, the following was achieved:

- In total, 670 volunteers were mobilized to provide awareness raising / sensitization on the prevention of meningitis either in preparation for an imminent outbreak (250) or to respond directly to an existing outbreak (420) across eight regions.

**Table 1: Deployment of volunteers:**

Region	District	Preparedness phase	Response phase		Total (By region)
			Door to door	Mass	
Niamey	Niamey I	25	0	27	270
	Niamey II		70	0	
	Niamey III		0	45	
	Niamey IV		0	35	
	Niamey V		0	68	
Dosso	Dosso	25	25	0	100
	Doutchi		25	0	
	Gaya		25	0	
Tillabery	Kollo	25	25	0	125
	Tera		25	0	
	Ouallam		25	0	
	Fillingé		25	0	
Agadez		35	0	0	35
Tahoua		35	0	0	35
Maradi		35	0	0	35
Zinder		35	0	0	35
Diffa		35	0	0	35
<b>TOTAL</b>		<b>250</b>	<b>245</b>	<b>175</b>	<b>670</b>

- In total, 446,389 people (49,739 households) have been reached through awareness raising / sensitization on the prevention of meningitis, which exceeded the intended target (281,000 people / 40,000 households) across the

Refer to “Proposed strategy” and “operational framework” sections for more detailed information on the activities planned; and achievements through this DREF operation.

**Table 2: Number of households/people reached by awareness raising / sensitization (households, mass and caravans)**

Date	Niamey II		Niamey V		Niamey IV		Niamey III		Niamey I		Doutchi		Gaya		Ouallam		Fillingué		Lazaret I, II		Dosso	Kollo	Tera	TOTAL	
	hholds	pers	hhods	pers	hhods	pers	hhods	pers	hhods	pers	hhods	pers	hhods	pers	hhods	pers	hhods	pers	pers	pers	pers	pers	pers	hholds	pers
26Apr-1/05	2,674	31,307																						7,469	31,307
04-09 May	989	8,539									2,013	14,182	2,782	18,397										5,784	41,118
11-15 May	802	14,163									1,053	13,087	1,320	8,506										3,175	35,756
16-20 May			4,810	28,809	1,714	14,362	1,995	13,937	1,410	15,154														9,929	72,262
18-22 May	3,518	29,010									516	3,734	1,276	7,812										5,310	40,556
25-29 May	4,034	33,155									843	6,846	1,494	10,341										6,371	50,342
28/05-6/06															1,411	11,298								1,411	11,298
05-24 June																	9,910	65,205						13,147	65,205
May-June																			2,081						2,081
June-July											5,173	40,553										14,265	4,725	5,173	59,543
Caravans															8,136						10,287	9,217	9,281		36,921
<b>TOTAL</b>	<b>12,017</b>	<b>116,174</b>	<b>4,810</b>	<b>28,809</b>	<b>1,714</b>	<b>14,362</b>	<b>1,995</b>	<b>13,937</b>	<b>1,410</b>	<b>15,154</b>	<b>9,598</b>	<b>78,402</b>	<b>6,872</b>	<b>45,056</b>	<b>1,411</b>	<b>19,434</b>	<b>9,910</b>	<b>65,205</b>	<b>2,081</b>	<b>10,287</b>	<b>23,482</b>	<b>14,006</b>	<b>49,737</b>	<b>446,389</b>	

## Overview of Red Cross Red Crescent Movement in country

The IFRC Niger country representation, Sahel representation, and Africa zone office provided technical assistance throughout the DREF operation. On 18 April 2015, a Disaster Management Information System (DMIS) alert was issued, which was followed by an Operational Strategy Call involving participants from all levels (IFRC Niger, Sahel, Africa zone and Geneva). It was agreed that an allocation should be made from the DREF to support the NRCS respond to the situation. Following the DREF allocation, the IFRC Secretariat team liaised with the region and the zone to provide adequate support to the NRCS (through the deployment of a health emergency officer from the Secretariat). In addition, the IFRC Sahel health manager conducted a week mission to support the country team in coordination and technical support on the epidemic.

Other Movement partners in country include: the International Committee of the Red Cross (ICRC), as well as Partner National Societies (PNS) comprising the Belgian Red Cross, French Red Cross, Iranian Red Cross, Irish Red Cross, Luxembourg Red Cross, Qatar Red Cross and Spanish Red Cross, which are based in the capital of Niamey. Monthly coordination meetings were regularly held with all Movement partners.

## Overview of non-RCRC actors in country

A National Task Force was established, which was led by the MoPH, and met on a weekly basis. In addition, the MoPH also established a National Crisis Committee to also monitor the situation. On 15 April, 2015, the MoPH carried out a press conference, which provided information on the situation and the actions carried out, in progress and preventive measures in regards to meningitis. On 21 April 2015, the Prime Minister officially declared the epidemic and launched an appeal to international partners to assist with the response, specifically with the provision of vaccines (for meningitis). The MoPH has worked in collaboration with other organizations to mobilize children for measles vaccinations.

Other organizations involved in the response include CDC Atlanta, Médecins Sans Frontières (MSF), United Nations Children’s Fund (UNICEF) and the World Health Organization WHO), which have participated in joint field missions with the MoPH to assess the situation, and provided medical staff and treatment facilities.

## Needs analysis and scenario planning

Please refer to [Operations Update no.1](#) for information on “Needs analysis and scenario” planning, which remained unchanged until the end of the DREF operation.

## B. Operational strategy and plan

### Overall Objective

To contribute to the reduction of the spread of meningitis among the population at risk in 10 districts (Doutchi, Fillingué Gaya, Kollo, Ouallam Niamey I, II III, IV, and V); and prepare for an imminent outbreak\* in 15 other districts.

### Proposed strategy

Following the issue of [Operations Update no.1 and 2](#), a revised strategy was developed and the following activities prioritized within this DREF operation:

- Refresher training of volunteers (250) in preparedness for epidemic response, in readiness of an imminent response to meningitis should cases occur in other districts across the country was planned
- Refresher training of volunteers (200) on the prevention and control of meningitis (as well as on surveillance and referral, the use of SMS, nutritional screening techniques and hygiene promotion) was planned.
- Procurement of 50 cell phones to support surveillance at community level, and enable suspected cases to be reported quickly via SMS was planned.
- Training of supervisors (50) on supporting volunteers with the implementation of the activities planned.
- Training of volunteers (175 (Niamey I (29), Niamey III (45), Niamey IV (35) and Niamey V (66)) on mass sensitization techniques (five days) was planned.
- Deployment of a Regional Disaster Response Team (RDRT) member experienced in epidemic response to support the effective implementation of the DREF operation, was planned.
- Lessons learned workshop, which will be used to inform future operations.

### Operational support services

Please refer to [Operations Update no.1](#) for information on “Operational support services” planning, which remained unchanged with the exception of for Human Resources and Planning, monitoring, evaluation and reporting (PMER), until the end of the DREF operation.

### Human resources

Due to the distances between regions and the urgent need to address the outbreak; and prepare for an imminent response, the NRCS established four training teams to move through the regions (Agadez, Diffa, Maradi, Tahoua, and Zinder) and provide the training. Each team was headed by a head of department assigned to provide dedicated support to the DREF operation. In addition, the NRCS was able to mobilize an increased number of volunteers than was originally planned, which allowed for the targets agreed in the EPoA to be exceeded. Please refer to the “Operational Framework” section for further information.

### PMER

A lessons’ learned workshop was carried out, with a presentation shared which included the achievements of the National Society, the areas of success, challenges as well as areas to be improved. Overall, it was felt that the implementation of this operation was very successful both the volunteers and the communities (see example in the table below):

**Table 3: Lessons learned workshop outcomes**

Success	Challenges	Measures for the futures
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<ul style="list-style-type: none"> <li>• Volunteers and staff commitment,</li> <li>• Motivating, capacity building and protective measures for the volunteers (training, equipment, insurance, vaccines, per diem, visibility),</li> <li>• Sensitisation approaches (radio, community leaders, mass mobilisation, cells' SMS and caravans)</li> <li>• The RC Movement acceptability by the community, local authorities and health structures,</li> <li>• Red cross expertise in social and community mobilisation</li> <li>• Good reputation from partners,</li> <li>• The trained volunteers will remain community resources and serve to the community to manage other risks.</li> </ul>	<ul style="list-style-type: none"> <li>• Risky and difficult environment (epidemic, sunny period, distance)</li> <li>• Community frustration due to the lack of vaccines (leading to fatalities),</li> <li>• Although the epidemic has stopped, a big number of people has not been vaccinated and are exposed in case the epidemic breaks again,</li> <li>• Health structures still need a strong support to enable them to resist to the epidemics,</li> <li>• This epidemic worsened the economic situation of the population, especially those who were already vulnerable</li> </ul>	<ul style="list-style-type: none"> <li>• Reinforce the preparedness and epidemic management volunteers' teams,</li> <li>• Operationalise community emergency health response teams NDRT and CDRT,</li> <li>• Update and apply epidemic and pandemic contingency plan,</li> <li>• Train community based events surveillance teams and equip them with tools (cells, community based approaches, ..)</li> <li>• Improve the communication and collaboration with the health structures,</li> <li>• Improve the coordination among stakeholders.</li> </ul>
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## C. DETAILED OPERATIONAL PLAN

### Quality Programming / Areas Common to all Sectors

<b>Quality Programming / Areas Common to all Sectors</b>	
<b>Outcome 1: Continuous assessment, analysis and coordination to inform the design and implementation of the DREF operation</b>	
<b>Output 1.1: Planning, monitoring and reporting on activities planned within the DREF operation in the areas of implementation</b>	
<b>Activities planned</b>	
1.1.1	Deployment of IFRC emergency health officer to support planning and implementation of the DREF operation (Target: One mission)
1.1.2	Branch monitoring of activities planned in the areas of implementation (Agadez, Dosso , Niamey and Zinder)
1.1.3	NHQ monitoring of activities planned in the areas of implementation (Agadez, Dosso , Niamey and Zinder)
1.1.4	IFRC monitoring of activities planned in the areas of implementation (Agadez, Dosso , Niamey and Zinder)
1.1.5	Lessons learned workshop
<b>Achievements</b>	
1.1.1	Following the DREF allocation, an IFRC emergency health officer (from the Secretariat) was deployed to support the IFRC Niger country representation and NRCS with planning the implementation of the DREF operation. The IFRC emergency health officer participated in several meetings organised by the MoPH, WHO and other partner organisations, and conducted field missions both in Niamey and out of Niamey (Dosso and Tillabery).
1.1.2	Branch committees were active in monitoring the situation and reporting it to the NHQ level; and were also been in contact with MoPH structures in their respective zones to ensure coordination and that assistance is complementary.
1.1.3	Regular NHQ monitoring of the situation was carried out by the NRCS health department, with support from the NRCS Secretary Executive.

- 1.1.4 The IFRC Niger country representation monitored the situation and shared information with other Movement partners. The IFRC country representation through the country representative and operations manager also participated in the epidemic related meetings, as well as carried out assessments and monitoring activities.
- 1.1.5 At the end of the DREF operation, a lessons learned workshop was carried out (on 31 July 2015), which involved two representatives from the volunteers in each of the districts, the supervisors, Partner National Societies (PNS), and some stakeholders (e.g. MoPH) from the field. The lessons learned workshop focused on internal Red Cross Movement organisation and evaluation. The MoPH has organised a similar workshop at the national level, so there was no need to gather external stakeholders for the same activity. Please refer to “PMER” section for further information.

### Challenges

Please refer to “PMER” section.

### Lessons Learned

Please refer to “PMER” section.

## Early warning and emergency response preparedness

### Early warning and emergency response preparedness

**Outcome 2: Immediate risk of meningitis to the health of the population is reduced through preparedness activities in 10 districts over a period of eight weeks**

**Output 2.1: Capacity of Niger Red Cross Society to prepare for potential meningitis response is strengthened**

#### Activities planned

2.1.1 Refresher training of volunteers in preparedness for epidemic response (Target: 250 volunteers)

#### Achievements

2.1.1 In total, 250 volunteers received refresher training in preparedness for epidemic response, in readiness for an imminent response in other districts across the country, which equated to 100 per cent of the intended target (250); and as such implementation is also 100 per cent. The volunteers were selected as follows: Agadez (35), Diffa (35), Dosso (25), Maradi (35), Niamey (25), Tahoua (35), Tillabery (25) and Zinder (35). Each trained team performed two simulation sensitizing sessions; one door-to-door and one in public areas (school, market or Mosque). Tents was been installed in some locations to protect people during awareness sessions

### Challenges

Please refer to “PMER” section.

### Lessons Learned

Please refer to “PMER” section.

## Health and Care

### Health and Care

**Outcome 3: Immediate risk of meningitis to the health of the population is reduced through prevention and control activities in affected districts district over a period of eight weeks**

**Output 3.1: Capacity of Niger Red Cross Society to respond to the meningitis epidemic in the affected area is strengthened**

#### Activities planned

3.1.1 Refresher training for volunteers on prevention and control of meningitis, MUAC, SMS and HP (Target: 200 volunteers)

3.1.2 Training of supervisors on management of volunteers (Target: 50 supervisors)

3.1.3	Procure/equip volunteers (and supervisors) with protective equipment kits (hand gels, gloves and masks) (Target: 415 kits)
3.1.4	Procure/equip volunteers with cell phones for SMS surveillance and referral (Target: 50 cell phones)
3.1.5	Training of volunteers in mass sensitization (Target: 175 volunteers)
<b>Achievements</b>	
3.1.1	In total, 420 volunteers received refresher training on the prevention and control of meningitis, which equates to 210 per cent of the intended target (200).
3.1.2	In total, 50 supervisors were trained to coordinate the volunteers' activities in the communities, which equates to 100 per cent of the intended target (50). Please note that the supervisors have been identified among the initial trained volunteers.
3.1.3	In total, 420 volunteers involved in the response activities planned have been equipped with protection materials (hand gels, gloves and masks). In addition, 305 volunteers and personnel (IFRC and NRCS) were vaccinated against meningitis, with the remaining 115 volunteers vaccinated in their communities.
3.1.4	In total, 50 phones have been procured and provided to the volunteers, supervisors and health centres to enable a rapid communication when new cases were detected, which equates to 100 per cent of the intended target (50).
3.1.5	In total, 175 volunteers received training on mass sensitization, which equates to 100 per cent of the intended target (175).
<b>Output 3.2: Target population in the affected areas are provided with sensitization to improve the knowledge and practices on the prevention and control of meningitis (New target: 281,000 people / 40,000 households people)</b>	
<b>Activities planned</b>	
3.2.1	Conduct awareness raising / sensitization campaigns for meningitis prevention and control in the communities (Target: 281,000 people / 40,000 households)
3.2.2	Nutritional (MUAC) screening in children under 5 combined with the sensitization activities in the communities
3.2.3	Referrals of identified suspected meningitis SAM & MAM cases to management centres via SMS
3.2.4	Conduct awareness raising / sensitization campaigns for meningitis prevention and control in the treatment centres (Target: 10 volunteers per day by treatment centre).
3.2.5	Conduct awareness raising / sensitization campaigns for meningitis prevention and control on the vaccination sites (Target: 10 volunteers per day by site)
<b>Achievements</b>	
3.2.1	In total, 446,389 people (49,739 households) have been reached through awareness raising / sensitization campaigns for meningitis prevention and control including door-to-door and caravans, which equates to 158 per cent of the intended target (281,000 people / 40,000 households). During the DREF operation, the volunteers visited more than 200 villages and nomadic camps. Please refer to "Table 2: Number of households/people reached by awareness raising / sensitization (households, mass and caravans), which combines the awareness organised in mass, door to door, on vaccination sites and through caravans. In total, 13 radio stations were contracted to broadcast awareness messages (in local languages) on the prevention and control of meningitis three times per day for a period of two months. Please refer to "Table 2: Number of households/people reached by awareness raising / sensitization".
3.2.2	Nutritional screening (MUAC) was carried out by volunteers during awareness raising / sensitization campaigns.
3.2.3	No suspected meningitis SAM and MAM cases have been identified / referred to management centres.
3.2.4	In total, 2,081 people have been reached through awareness raising / sensitization campaigns for meningitis prevention and control in the (Lazaret I and Lazaret II) treatment centres by 28 volunteers that have been working on rotation. In addition, 468 patients were transported to and from and out the hospitalization blocks, and 50 dead bodies transported to the centres' mortuary. Please note that the volunteers were also responsible for hygiene in and out the hospitalization blocks, providing water to the patients, cleaning,

wastage management, and the disinfection of toilets.

- 3.2.5 Awareness raising / sensitization campaigns for meningitis prevention and control on the vaccination sites (Kollo and Tera) have been achieved as planned and have been completed in July 2015 due to the delay of vaccination programs.

#### Challenges

Please refer to “PMER” section.

#### Lessons Learned

Please refer to “PMER” section.

## Contact information

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

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