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Emergency Plan of Action (EPOA) Niger / Sahel: Epidemic: Rift Valley Fever

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation: MDRNE016	Glide no. EP-2016-000105-NER
Date of issue: 01 October 2016	Date of disaster: 20 September 2016
Operation manager: Denis BARIYANGA	Point of contact (name and title): Denis Bariyanga, Operations Manager
Operation start date: 26 September 2016	Expected timeframe: 2 months (26 September – 25 November 2015)
Overall operation budget: CHF 99,514	
Number of people affected: 78 people registered to the health centers (124,337 population at risk)	Number of people to be assisted: households/ 124,337 people
Host National Society presence (n° of volunteers, staff, branches): 60 of involved volunteers, 5 staff	
Red Cross Red Crescent Movement partners actively involved in the operation: Niger Red Cross, IFRC	
Other partner organizations actively involved in the operation: Government (Ministry of Public Health, Ministry of Livestock), World Health Organisation(WHO), United Nations Children's Fund, BEFEN-ALIMA	

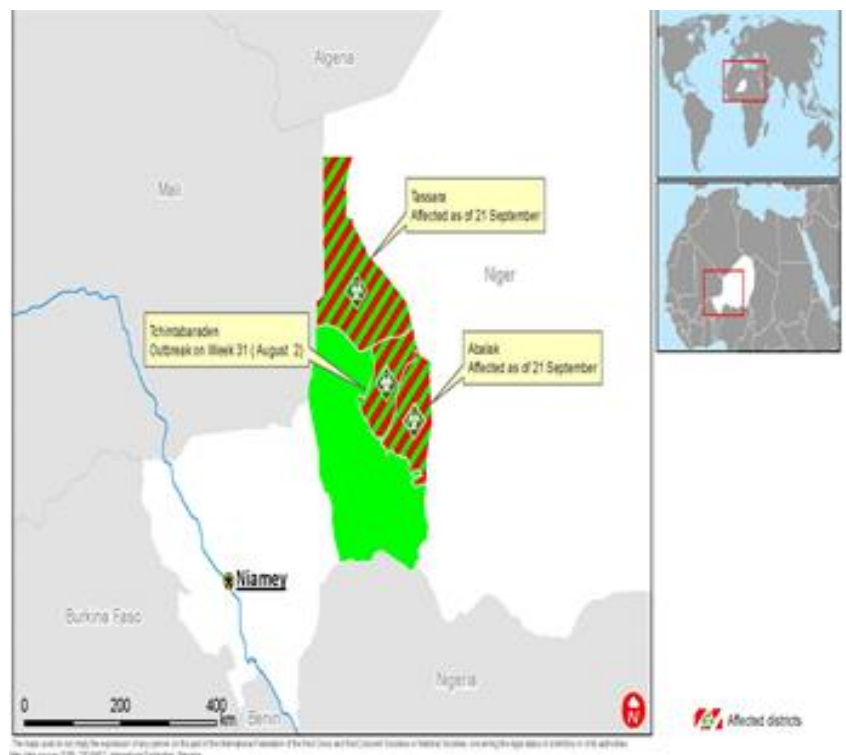
A. Situation analysis

Description of the disaster

On 30th August 2016, Tahoua region alerted the National level of cases of fever with jaundice and bleeding complications in humans, leading to death in most cases at community level. Most cases were reported/recorded in the Health District of Tchintabaraden. On the side of livestock, it was found during the same period of abortions in small ruminants and mortality in young calves.

Tahoua region is located in the Southwest part of Niger and covers an area of 113,371 km² with an estimated population of 2,741,922 people. The Health District Tchintabaraden is one of eight districts of the Tahoua region, which covers an area of about 54,000 km² with an estimated population of 250,726 people. The min livelihood activity of the communities in the affected area is agriculture.

The results from "Institut Pasteur de Dakar" on 16th September confirmed the Rift Valley Fever (RVF) in Tchintabaraden zone. From week 31 (August 02) to week



Affected districts in Niger (Shaded).

No. 37 (September 18), a total of 52 cases including 21 deaths (case fatality rate 40.3%) were reported in the Tchintabaraden district. The outbreak has since spread to 2 more districts (Tassara and Abalak) as of 21 September, the total number of cases recorded is 60 with 23 deaths. The statistics mention that 87% of the affected population are above the age of 15 years with 63% of them being males while 95% are pastoralists. As of 28 September, 78 cases have been recorded with 26 deaths.

In terms of livestock, it was found animals with hyperthermia, breathing difficulties, hyper salivation (animal drooling), bleeding in the various parts, abortions in small ruminants, mortalities among young calves. Note that the milk of some animals aborted was streaked with blood. Interviews with the community has identified 363 cases of animal abortions and 370 deaths of young animals (Source: Ministry of Public Health, WHO).

Following this confirmation, the Government declared Rift Valley Fever outbreak on 20 September 2016, appealing for international support. The Government also took preventive and curative measures such as providing treatment to the affected cases, reinforcing the social mobilization (information and communication in the communities and via media), and increasing epidemic surveillance. The Ministry of Livestock is in charge of caring of animals and properly burying the corpse of dead animal.

Summary of the current response

Overview of non-RCRC actors in country

The Ministry of Public Health has set up a crisis committee that holds regular meetings to coordinate and evaluate the daily situation. The National Task Force was created in Niamey, jointly led by the Ministry of Public Health and the Ministry of Livestock.

The Ministry of Public Health (MoPH) is working in collaboration with the community, the technical and financial partners to respond to the epidemics. Different field missions to investigate and assess the situation have been conducted by the Ministry of Public Health and WHO in Tahoua. On 20th September 2016, a press conference hosted by the MoPH on the epidemiological situation was held in Niamey. On the field, an NGO called BEFEN-ALIMA is supporting in treatment and community awareness. The Ministry of Health is elaborating the Response Plan of Action and the Communication Plan which will soon be shared with humanitarian actors for their contribution.

Overview of Host National Society

The NRCS has been monitoring the situation alongside the Ministry of Public Health and WHO. The National Society is also a member of Health Cluster that meets regularly to monitor the epidemiological situation. Through its long standing experience in managing epidemics and other disasters, the NRCS has been requested to support the response through social mobilisation activities as well as deploying well trained volunteers to the affected areas.

The Red Cross Society of Niger has liaised with its regional committees in the affected areas, to obtain additional information and assess needs. The President of Tahoua branch committee takes part of regional task force for the outbreak monitoring. In Tahoua region, the volunteers have been alerted, mobilised and remain in regular contact with health authorities in the affected areas. After the briefing sessions and self-protective measures, the volunteers will join the public health workers to reinforce community awareness in the affected and risky zones.

The NRCS is requesting the support of the IFRC through a DREF allocation, which would include social mobilisation awareness sessions and community radios, targeting 124,337 people during two months.

A Regional Disaster Response Team (RDRT) member for one month to assist with the effective implementation of the DREF operation will also be required.

Overview of Red Cross Red Crescent Movement in country

The Red Cross Red Crescent Movement is present in the country and operational in all eight regions of the country. The International Committee of the Red Cross (ICRC) is operational in Tahoua region and recently they assisted some households affected by the floods in their zones of intervention. Regarding this outbreak, ICRC has not expressed intention to intervene. However, though present PNS do not have current intervention in Tahoua, Niger Red Cross is also supported with such as Belgian Red Cross, French Red Cross, Iranian Red Crescent, Irish Red Cross, Luxembourg Red Cross and Spanish Red Cross. The Red Cross Movement actions are highly appreciated by Niger populations and authorities, especially in the area of intervention.

Movement Coordination

Since the beginning of the epidemic, the NRCS has consulted with its partners from the movement. IFRC country office kept close contacts with the Ministry of Public health, Ministry of Livestock and WHO to monitor the situation. IFRC country office conducted work sessions with the NS Secretary executive and departments (health and disaster management) to discuss on the actions to be done. IFRC worked also with the branch committee of the NS to collect information, assess the situation and propose the response to the situation. September Movement Coordination meeting will be organised 29th and updates on the epidemics will be shared to the participants.

Needs analysis, beneficiary selection, risk assessment and scenario planning

The outbreak occurred in the districts of Tchintabaraden, Tassara and Abalak. All those communes are from Tahoua region and not far from Maya valley. The majority of the affected population are nomadic pastoralists who have direct contact with blood or organs of the infected animals, or any other body fluid delivered from infected animals(milk). The larval mosquito bites and the blood-sucking flies (blood-feeding) can also transmit the virus. The population at risk are estimated at 124,337 so far. This number might increase due to the fact that the majority of the group at risk (pastoralists) are reluctant to seek medical assistance and are always on the move. Besides the medical assistance, the huge needs are in social mobilization, community awareness sessions, surveillance, detection of cases and referrals of suspected cases.

To avoid the spread of the outbreak, the Government has set up the following treatment and preventive measures in the affected areas:

- Set up treatment sites and provide medical treatment to the affected population,
- Establish active outbreak surveillance system to detect the cases and alert or refer them,
- Community awareness and risk reduction practices (sensitize for wearing gloves and protective clothes when handling sick animals or slaughtering them, avoid consumption of fresh blood, milk or meat), apply general hygiene practices, regular use of mosquito nets and avoid outside activities during the time the mosquitos (vector species) are active.
- Organize community sanitation activities for vectors control),
- Limitation or prohibition of animal movements.

The sensitization sessions should also be conducted on the treatment sites. The volunteers will use standards IEC materials approved by the Ministry of Public Health and Livestock. To assure the volunteers and avoid contamination risks, the volunteers should be provided with protective materials such as masks, hats, hand gel, boots, gloves, etc. This will make them feel comfortable to implement their activities without fearing of being infected.

There is a need to train the primary school teachers on the modes of transmission and preventive measures of the disease so they transmit the knowledge in students who are also efficient community behavior change promoters.

B. Operational strategy and plan

Overall objective

To contribute to the reduction of the spread of Rift Valley Fever among the population at risk in the regions of Tahoua through community awareness and social mobilization to the target population and support to the treatment sites as well.

Proposed strategy

- The Niger Red Cross will provide a refresher session to 60 volunteers in Tahoua on the outbreak (definition, symptoms, prevention and action to take).
- Training sessions will be provided to the volunteers, the supervisors, the teachers and health workers (on the general knowledge of the RVF, on epidemic surveillance). Didactic/training materials or supports such block notes, pens, flip charts, markers, papers, files, etc. will be provided to the trainees.
- The volunteers will be divided into several teams according to the affected villages to conduct awareness, prevention, and referral of suspected cases to the health centers or treatment sites (5 days per week).
- The teams will be coordinated and monitored by 6 supervisors and National society health and communication coordinators will oversee volunteer activities in all selected regions.
- The volunteers will also be deployed on the treatment sites to conduct awareness sessions on the epidemics and hygiene promotion (7 days per week).
- Volunteers will conduct the community sessions from 8 a.m. to 12 a.m. due to the fact that the period is too hot and sunny. Visibility, protection materials (masks, hand gel, gloves...) and drinking water to refresh them will be provided all along the sessions.
- Identified volunteers and equipped with phones will be deployed in the community with a task to detect suspected cases and/or referrals the affected cases (epidemic surveillance). The phones will be given to the volunteers in charge of epidemic surveillance. Due to big distance of the affected area, using phones is one of

the efficient way for the volunteers to transmit the information on time. A system allowing the volunteers to send messages or call some phone numbers for free of charge will be installed during the operation.

- To maximize the awareness, NRCS will hire community/local radios for broadcasting awareness messages.
- The awareness will also focus students and teachers.
- As mentioned during the assessment and confirmed by the health structures, treatment sites will be supported in first aid materials for enabling them to provide efficient response to the outbreak.
- The vector control is monitored by the environmental structures of the Government. As Red Cross takes part of the main community actors, the volunteers will facilitate the community to identify areas that need sanitation activities and encourage the communities for implementation. This comes to reinforce the sensitization activity, to engage the community react on the situation and find solutions by themselves. In the future, to ensure a sustainable and long term vector control monitoring, the NRCS may request technical support if the need arises.

All the activities will be done in close cooperation with the community and through advocacy to the community, religious and traditional leaders as well as other humanitarian actors. The update information on the situation and the implementation will regularly be shared. The timeframe of the operation will be 2 months.

This strategy comes to follow the lessons learnt during the 2015 meningitis response. Though meningitis and RVF are different epidemics, the recent community approaches and response strategies used will remain useful and referred to:

- After the operation, the volunteers felt themselves able to save the lives of the affected people,
- Hygiene and health education, early case detection and referral, and sensitization have contributed in reducing the number of victims;
- Hygiene and health education, and sensitization have led to long-term behavior change preventing and reducing the impact of future outbreaks;
- Community/Local radio and schools are efficient way to reach maximum of people during the outbreak,
- The public has come to know more about the role of the Red Cross/Red Crescent Movement and feel comfortable working with Red Cross,
- NRCS visibility and credibility have significantly increased.

Operational support services

Human resources

The National Society will mobilize 60 community based volunteers for the operation. The NRCS volunteers will support the DREF operation, and be assigned to support the range of activities (to be confirmed based on their schedule). The NRCS National Headquarters (NHQ) will support the branch committees during the implementation of the operation by involving its staff and through its Health, and DM departments. The IFRC will strengthen the implementation capacity by deploying a RDRT with community health expertise for one month to coordinate and guide the operation. The Health Department in Sahel and Nairobi level will support with technical guidance and orientation. The IFRC Niger Operations Manager will be responsible for the overall coordination of the DREF operation.

Logistics and supply chain

Logistics support to the operation includes delivering a range of relief items in line with operational priorities. The primary tasks may include:

- Local procurement of hygiene related materials in line with IFRC and NRCS guidelines (if needed)
- If items are unavailable, they may be requested from partners on the field or from the IFRC warehouse in Dakar or from Geneva.
- Reception and storage of items before delivery to distribution sites will be managed according to IFRC warehouse management rules and regulation as well as Coordination of transport of all relief items.

Information technologies (IT)

The IFRC expertise in IT will be applied and integrated in the Communication Department of the NS to ensure information and experience sharing.

Communications

The NRCS will work closely with the structures and services of the MoPH and Livestock and share information on cooperation with the authorities, partners and the media. The national headquarters will ensure that the work of

volunteers the Red Cross is visible through the local and international media, via materials visibility and platforms social media and online publications.

Security

Crime and civil unrest present the main threats in Niger, including the area of intervention. There is also a latent risk of Islamist militancy. Thus an adequate system must be implemented to monitor the security environment on a constant basis, and to advise Red Cross Red Crescent management and personnel about changes in the security environment. Security and contingency plans must be established to safeguard personnel and assets. The IFRC country office in Niger must ensure full compliance with the IFRC's MSR (minimum security requirements) as soon as possible. All Red Cross Red Crescent personnel must complete the respective Stay Safe online courses; Stay Safe Personal Security, Stay Safe Security Management, and Stay Safe Volunteer Security.

Planning, monitoring, evaluation, & reporting (PMER)

The IFRC Sahel regional representation will support the implementation of the DREF operation through its regional Communication, Finance, Health and PMER Senior Officers, as well as from the Regional Representative for Advocacy and Humanitarian Diplomacy. Competency transfer and skills building will be performed through training and learning-by-doing processes. Monitoring and reporting will be carried out according to the IFRC monitoring framework and tools. A close cooperation between the IFRC and NRCS Operations Managers, which will be enhanced to ensure that a proper monitoring and reporting system are put in place. The Secretary Executive of NRCS will be responsible of the process.

Administration and Finance

The NRCS has a permanent administrative and financial department, which will ensure the proper use of financial resources in accordance with conditions to be discussed in the Memorandum of Understanding between the National Society and the IFRC Niger country office. The management of financial resources will be according to the procedures of the NRCS and guidelines specific to DREF eligibility.

C. DETAILED OPERATIONAL PLAN

1. Areas common to all sectors

Outcome 1: Continuous assessment, analysis and coordination to inform the design and implementation of the DREF operation									
Output 1.1: A pre-assessment, monitoring, reporting, operations support and final evaluation are planned timely in the zone of implementation									
Activities planned	Week	1	2	3	4	5	6	7	8
• Assessment and pre-evaluation		x							
• Monitoring and reporting		x	x	x	x	x	x	x	x
• Operation support		x	x	x	x	x	x	x	x
• Operation final evaluation and Lessons learnt workshop									x

2. Health & care

Outcome 1: Immediate risk of RVF spreading over the population in Tahoua is reduced through prevention and control activities		
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Output 1.1: Capacity of Niger Red Cross Society and community structures to respond to the epidemic in the affected area is strengthened									
Activities planned	Week	1	2	3	4	5	6	7	8
• Train 60 volunteers on RVF (case definitions, signs, preventives measures,)		x							
• Refresher session to 30 (among the 60) volunteers on epidemics surveillance and referrals		x							
• Train 30 teachers of primary and secondary schools on RVF epidemics control.		x							
• Brief 6 supervisors of volunteers to coordinate the activities		x							
• Procure/equip volunteers and supervisors with protection materials (hand gel, and mask/ nose covers, boots, gloves)		x	x						
Output 1.2: Target population in the affected areas are provided with sensitization to improve their knowledge and practices on the prevention and control of the outbreak (Target: 124,337 people)									
Activities planned	Week	1	2	3	4	5	6	7	8
• Conduct awareness raising / sensitization campaigns for RVF prevention and control in the communities		x	x	x	x	x	x	x	x
• Conduct awareness raising / sensitization campaigns for RVF prevention and control in the treatment centers		x	x	x	x	x	x	x	x
• Conduct community based surveillance and case detection in the communities		x	x	x	x	x	x	x	x
• Organize community/local radios broadcast		x	x	x	x	x	x	x	x
Outcome 2: Contribute to the treatment of RVF outbreak over the population in Tahoua									
Output 2.1: The capacity of community health centers are strengthened through support and equipment									
Activities planned	Week								
Support the health center in medicine, and materials			x	x	x				
Organize hygiene and anti-vectors campaigns together with the volunteers			x		x		x		x

Budget

See attached budget.

Contact information

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

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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red

Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

DREF OPERATION

27 September 2016

Niger - Epidemic(Rift Valley Fever)

Budget Group	DREF grant budget
Shelter - Relief	0
Shelter - Transitional	0
Construction - Housing	0
Construction - Facilities	0
Construction - Materials	0
Clothing & Textiles	0
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	0
Medical & First Aid	15,000
Teaching Materials	3,000
Utensils & Tools	0
Other Supplies & Services	1,000
Emergency Response Units	0
Cash Disbursements	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	19,000
Land & Buildings	0
Vehicles Purchase	0
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machinery & Equipment	0
Total LAND, VEHICLES AND EQUIPMENT	0
Storage, Warehousing	0
Distribution & Monitoring	0
Transport & Vehicle Costs	6,700
Logistics Services	0
Total LOGISTICS, TRANSPORT AND STORAGE	6,700
International Staff	6,500
National Staff	
National Society Staff	7,500
Volunteers	32,730
Total PERSONNEL	46,730
Consultants	0
Professional Fees	0
Total CONSULTANTS & PROFESSIONAL FEES	0
Workshops & Training	9,160
Total WORKSHOP & TRAINING	9,160
Travel	2,000

Information & Public Relations	0
Office Costs	1,600
Communications	5,700
Financial Charges	2,550
Other General Expenses	0
Shared Support Services	0
Total GENERAL EXPENDITURES	11,850
Programme and Supplementary Services Recovery	6,074
Total INDIRECT COSTS	6,074
TOTAL BUDGET	99,514