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Emergency Plan of Action Final Report Niger: Meningitis Epidemic Outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF operation: MDRNE017	Operation n° MDRNE017
Date of Issue: October 2017	Glide number: EP-2017-000037-NER
Date of disaster: 2/04/2017	
Operation start date: 12/04/2017	Operation end date: 12 July 2017
Operation Manager (responsible for this EPOA): Pierre Danladi Overall responsible for compliance, monitoring and reporting of the operation	Point of contact: Sadrack Bertrand Matanda, Acting Head of Country Cluster, IFRC Niger
Host National Society: Red Cross Society of Niger (RCSN) staff and 585 volunteers involved	Operation budget: CHF 237,292
Number of people affected: 1,294 cases registered	Number of people assisted: 342,074 people through community sensitization activities
N° of National Societies involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC) and Red Cross Society of Niger (RCSN)	
N° of other partner organizations involved in the operation: Médecins Sans Frontières (MSF), United Nations Children's Fund (UNICEF) and the World Health Organization (WHO), Ministry of Health (MoH).	

A. SITUATION ANALYSIS

Explanation of variances

Information and Public Relations: CHF 25,000 allocated The DREF for the sensitization through caravans in areas difficult to access during the implementation we realised that only **CHF 13,405** were used. Therefore, **CHF 11,595** remains unspent to be returned.

Travel: During the preparation of this DREF request, the number of affected population was fast increasing, there was already 04 regions affected out of 08 and three others were in alert. The National Society (NS) did not have a specialized epidemiologist. Therefore, the request was made for technical assistance from the Regional Health Unit through the deployment of an RDRT specialized in Epidemic control and for a technician who will assist the RDRT with the training of volunteers for at least 10 days. The plan included the training of volunteers by the technical assistant in 02 regions while the RDRT member would train volunteers in the 02 other affected regions. The DREF operation provided funds for the mission of the technical assistance staff.

The technical assistance staff could not make it and the NS hired a Medical Doctor for internship to fill the gap. Hence the fund allocated for the mission of the technical assistance was not used. During the preparation of this DREF, Amanda McClelland indicated the need for sending a consultant to Niger as part of the Meningitis operation to look at the role of CBS, but also to review how it worked in RVF and see what kind of preparedness was needed and she suggested to use the DREF to finance the mission in Niger. The mission was budgeted but the indicated consultant did not travel, once again the fund allocated was not used, leading to the return of **CHF 7,010**.

International Staff: Initially the RDRT deployment was budgeted for 2 months but due to need of operation, the mission was extended by 1 week. Therefore, is a deficit in the budget line for housing as the residence was rented for over 2 months.

Description of the disaster

Niger is a country in its large part located in the African meningitis belt (the Lapeyssonnie belt). The country is recurrently facing meningitis epidemic outbreaks that vary in magnitude from one year to another.

Climate change and demographic factors affecting the world today have increased the frequency of meningitis outbreak, from 8 to 10 years in the past to 2 to 3 years in recent years. Since the beginning of 2017, the meningitis epidemic situation in Niger has continued getting worse. As a result, the number of affected cases is exponentially increasing.



Photo: Niger Red Cross volunteer carrying out malnutrition screening to a child in Tahoua

According to the MoH, from 1 January to 31 May 2017, at least 3,199 cases of Meningitis have been reported including 196 deaths (lethality rate of 6%). By 8 June 2017, there had been a total of 3,303 suspected and confirmed cases, with 197 deaths. However, surveillance is continuing. The report also indicated that the number of cases has fallen gradually and by 20 June 2017, there were only 04 suspected cases and no districts in epidemic or alert status. The type of meningitis that affected Niger is Meningococcal C and children aged 5 –14 years are by far the most affected group.

This epidemic outbreak was officially declared by the MoH through a press conference held on 29 March 2017. The MoH has declared the meningitis epidemic outbreak in three health centres in the district of the second neighbourhood of Niamey, including the districts of Foulankouira health Centre, Lazaret and Boukoki. Further, the Minister indicated that these three health centres of the affected areas reported a total of 90 cases of Meningitis including 4 deaths, from January 1 to March 28.

According to the MoH, six other health districts in the country were on alert, namely Niamey III and IV, Kollo, Tillabery region, Koni (Tahoua region), Djoundjou (Dosso region), and Tchibiri in the Maradi region. Other areas continue to record sporadic cases but have not reached the epidemic threshold.

With regard to the above, the MoH launched a vaccination campaign on 06 April 2017, exclusively in the three affected districts of Niamey because there were only 133,000 doses of vaccines available in the country. The vaccination programme targeted people aged 2 - 20 years; with some 10,200 people for the first phase. This limited supply prompted MoH to start vaccination in Niamey. An additional supply arrived from Copenhagen two weeks after the vaccination campaign had started. Further, the Minister of Health announced that the vaccination campaign will target districts of high-population density and at-risk, but outside of Niamey. On this occasion, the Minister of Health has called upon all its technical and financial partners, national and international NGOs, civil society organizations, public and private sectors and all the goodwill to accompany the MoH in response to this epidemic. In response, the RCSN organized an emergency training for 10 volunteers who started awareness session on Meningitis control and prevention in the communities in and around Niamey.

Summary of response

Overview of Host National Society

Since the official declaration of the Meningitis epidemic outbreak, the RCSN has been monitoring the situation in collaboration with the MoH and through its volunteers' network in different branch committees. The RCSN is a member of the National Crisis Committee that meets regularly to monitor the epidemiological situation. Due to its long-standing experience in managing the epidemics and other disasters, the MoH has called upon the RCSN to contribute to the response to this epidemic through social mobilization and community-based surveillance.

As of 29 March 2015, given the limited resources, the RCSN has organized a refresher training course of ten volunteers on knowledge of the disease, the symptoms, prevention and control, and deployed those volunteers in the second district of Niamey. The NS has mostly focussed its activities on community-based surveillance, detection of cases and referral to health centres. In collaboration with MoH workers, the volunteers started sensitization activities in the most affected areas in Niamey, and around the treatment and vaccination centres. Due to the limited number of volunteers,

the coverage was low. The RCSN has also liaised with its regional committees in other affected areas of the country to obtain additional information and assess needs. In addition, volunteers have been alerted and remain in regular contact with health authorities. Further, given the fact that the MoH has declared the epidemic outbreak in multiple areas of the country, the vaccination campaign will cover new areas. The NS has been requested by the government to respond to outbreaks and deliver sensitization activities, community based surveillance, detection of cases and referrals. Therefore, the NS sought the support of its partners including the IFRC through a DREF to cover additional training of volunteers in new areas, and to respond to the government solicitation.

Overview of Red Cross Red Crescent Movement in country

The IFRC has provided support through its Niger country cluster and the Africa region office. Since the onset of the disaster, there has been regular contact with the IFRC Niger and Africa region's health; and disaster and crisis prevention, response and recovery (DCPRR) teams. On 1st April 2017, an alert was issued using the IFRC Disaster Management Information System (DMIS).

Other Movement partners in-country include: The International Committee of the Red Cross (ICRC), and Partner National Societies comprising the Belgian, French, Irish, Luxembourg, and Spanish Red Cross, Iranian and Qatari Red Crescent, which are based in the capital Niamey. The RCSN and the IFRC are the two Movement partners involved in the response to this epidemic outbreak. Discussions were made with the ICRC and the French Red Cross delegation in the country, as they are the two Movement partners involved in the health sector. Unfortunately, they were not involved in the response to the epidemic. The ICRC has encouraged the IFRC to further support the NS in the response to this epidemic outbreak.

On 1st April 2017, an operational strategy call was made with colleagues at regional and country levels of the secretariat. It was agreed that an allocation should be made from the DREF to support the RCSN perform refresher training for volunteers, social mobilization and sensitization activities in support of vaccination campaigns, community-based surveillance and referrals, and providing staff and volunteers with the appropriate protective equipment, ensuring they also receive vaccinations. The IFRC has planned to support this operation with the deployment of an RDRT member for planning and implementation of the DREF operation. Since the onset of the epidemic, there has been regular consultation between all members of the Movement present in country; the IFRC Niger country cluster alerted regional office. The IFRC Niger country cluster has also worked in collaboration with the RCSN health unit to collect information, assess the situation and propose the response to the situation. Monthly coordination meetings were regularly held. The RCSN organized internal and external coordination and cluster meetings with the government and other agencies on a regular basis.

Overview of non-RCRC actors in country

A National Task Force has been established, which was led by the MoH, and has been meeting daily. The MoH has also established a National Crisis Committee to monitor and update on the situation. On 29 March 2017 the MoH held a press conference, which provided information on the situation and the actions carried out towards progress and preventive measures regarding Meningitis. On the same day, the Minister of Health officially declared the epidemic and launched an appeal to international partners to assist with the response, specifically with the provision of vaccines and community-based awareness.

The MoH had worked in collaboration with other organizations including RCSN to mobilize support to vaccinate vulnerable populations, especially children. Other organizations involved in the response included MSF, UNICEF and WHO, which have participated in joint field missions with the MoH to assess the situation, and provided medical staff and treatment facilities. At the first crisis meeting held at the MoH, the role of partners has been clearly clarified by the MoH. UNICEF has supported through the provision of vaccines and designed messages for leaflets, posters and image boxes to be used in the awareness sessions. The WHO was given the responsibility for providing medicines at the health centres and building capacity of the health personnel. The RCSN has carried out the social mobilization component of the programme, plus community-based awareness sessions, detection of suspect cases and referral to the nearest health centres.

Needs analysis and scenario planning

On 29 March 2017, a Meningitis epidemic was declared by the MoH following a considerable increase in the number of confirmed cases. Most of the victims were aged between 4-15 years. According to the MoH, Niamey was the most affected area as of 29 March 2017, with at least 90 cases of Meningitis, including four deaths. The Minister of Health added that three health centres near the capital, namely the Foulan Koira health centre, the Lazaret health centre and Boukoki health centre were the most affected areas. The Minister also indicated that six other health districts in the country were under alert, including Niamey III and IV, Kollo (Tillabery region); Konni (Tahoua region); Djoundjou (Dosso region) and Tchibiri in the Maradi region. On 5 April 2017, the weekly report of the epidemiological surveillance team of the MoH indicated that at least 942 cases were reported in the country, including 52 deaths. This number was expected to increase due to the insufficient quantity of vaccines available in the country. Hence the urgent need for social

mobilization, community-based sensitization, surveillance and referral of suspected cases, specifically in the worst affected regions of Dosso, Tahoua and Niamey.

Niger is situated in the Sahel zone of Africa and part of the country in Sahara Desert. The rains normally start by the end of May or early June. As the “dry and hot” season was continuing, the spread of meningitis and the risk of measles were expected to increase. A timely response by the MoH and its partner organizations could mitigate this risk.

The RCSN has ensured that the DREF operation is aligned with the IFRC’s commitment to achieve gender equality and diversity by adapting beneficiary selection criteria that targets women headed-households, people with disabilities, etc. However, children were targeted through planned activities since they have been identified as being most vulnerable to the epidemic. Other messages used during mobilization of the population included prevention of sexual violence and gender-based violence, and the protection of children. It was expected that 42,760 households (342,074 people) will be reached through this DREF operation.

B. OPERATIONAL STRATEGY

Overall objective

The overall objective of this DREF operation was to contribute to the reduction of the spread of Meningitis among the population at risk in four regions (Niamey, Dosso, Tillabery, and Tahoua); and prepare for an imminent outbreak in four other regions.

Proposed strategy

The proposed strategy of this DREF operation aimed to support 342,074 people (42,760 households), located across Niamey, Dosso, Tillabery and Tahoua regions with activities focused on:

Meningitis response activities (Dosso, Tillabery, Tahoua and Niamey)


- The NS has trained 385 volunteers including 160 in Niamey, 75 volunteers in Dosso, 75 volunteers in Tillabery and 75 volunteers in Tahoua. The training focussed on the prevention and control of Meningitis, and surveillance and referral, nutritional screening techniques and hygiene promotion. The training was budgeted for 20 Swiss francs per participant per (one-day). Following the refresher training, volunteers were mobilized to carry out sensitization activities at community level, treatment and vaccination centres and surveillance and referral. In total, 160 volunteers were mobilized for 45 days in Niamey and 225 volunteers mobilized for 30 days in the other regions (07 days per week).
- Volunteers’ activities were combined with the Mid-Upper Arm Circumference (MUAC) screening and referral of children under five years with moderate/severe malnutrition. Community level sensitization were also carried out from 08:00 to 12:00 due to the extreme heat that prevails in the mid-day in areas of implementation. Each volunteer received a per diem of 7 Swiss francs per day. Seven (07) Swiss francs approx. have been budgeted to enable cases (100) to be transported to the nearest health centre. Information, communication and education (IEC) materials (leaflets and image boxes) were also issued to volunteers to assist them with planned sensitization activities.
- At least 30 primary school teachers have been trained at the RCSN headquarters, on the prevention and control of Meningitis. This has been budgeted at 20 Swiss francs per participant per day (two days). The MoH has prioritized the vaccination of children of primary school age, given that those below 15 years have been mostly affected, hence the inclusion of teachers to ensure that they can detect the signs of meningitis and refer immediately the suspected cases for treatment, as well as mobilize students to attend the vaccination centres.
- At least 20 supervisors were trained on supporting volunteers with the implementation of the activities planned. This has been budgeted at 20 Swiss francs per participant per day (two days), and included allowance for per diem, accommodation and transportation. Each supervisor was deployed to the area of implementation for 30 days (five days per week for six weeks), and was issued a per diem of 8 Swiss francs per day.
- At least 2,000 nose masks, 339 bottles of 350 ml disinfectant gel and 5,700 pairs of gloves have been purchased to equip the volunteers during activities implementation because there was a high risk of contamination with Meningitis; At least 585 volunteers involved in this operation were vaccinated against Meningitis.
- At least 200 other volunteers were trained on the knowledge of the disease, the symptoms, the mode of transmission and the universal prevention measures for preparedness in the region in alert. These volunteers were deployed to the areas in alert phase for active case finding and early warning.

- Dissemination of radio spots and messages on the Meningitis epidemic on 10 community radios for two months in French, and in the local dialect of the area covered by the community radio. This will enable to covers areas with difficult access (not budgeted).
- The RCSN also organised a caravan approach of awareness sessions with some volunteers travelling in the villages, with difficulty of access, to spread awareness messages. A team of four people including two from the health Centres and two Red Cross volunteers have visited 20 villages across the Dosso, Tillabery and Tahoua region to disseminate awareness messages on the knowledge of meningitis disease, the mode of contamination, prevention and control measures.

All activities have been carried out in cooperation with the community and through advocacy to the community, religious and traditional leaders as well as other actors. By attending coordination meetings at national and field level, a continuous assessment and analysis of the situation was accomplished.

C. DETAILED OPERATIONAL PLAN

Effective, credible and accountable IFRC (quality programming)

 <p>Quality Programming/ Areas common to all sectors People reached: 593,902 Male: 279,540 Female: 314,362</p>		
Outcome 1: Continuous assessment, analysis and coordination to inform the design and implementation of the DREF operation		
Output 1.1: Planning, monitoring and reporting on activities planned within the DREF operation in the areas of implementation		
Indicators:	Target	Actual
Number of RDRT deployed to support planning, implementation, monitoring and reporting of the DREF operation	1	1
The length of stay of the RDRT in the country (per month)	3	2 months and 7 days
Number of monitoring missions carried out by the Niger Red Cross regional branches in the areas of implementation (Niamey, Dosso, Tillabery and Tahoua)	8	40
Number of monitoring missions carried out by the RCSN Headquarter in the areas of implementation (Niamey, Dosso, Tillabery and Tahoua)	4	8
Number if monitoring missions carried out by the IFRC in the areas of implementation (Niamey, Dosso, Tillabery and Tahoua)	4	8
Number of lessons learned workshop organized especially related to the active case management and community based surveillance activities	1	1
Number of volunteers and regional staff who attended the lessons learnt workshop and their origin	30	30
Narrative description of achievements		
<ul style="list-style-type: none"> • An RDRT specialized in Health was deployed to support the planning, implementation, monitoring and reporting of the DREF operation • Initially the RDRT was given one-month contract, further due to the fact that the activities were ongoing and there was a need to provide continuous support to the NS, an extension for 37 extra days was given to the RDRT, hence he has stayed for 2 month and 7 days. • The areas if implementation involved Niamey, Dosso, Tillabery and Tahoua. Each of these regions comprise a regional branch of the Red Cross, these branches were assigned to monitor the activities once per week. At the end of the DREF implementation period, each regional branch has carried out 10 monitoring missions in the affected areas. A total of 40 monitoring missions were carried out by the regional branches. Kindly note that the regional monitoring mission started after the volunteers training • Initially one monitoring mission were planned by the National Society headquarter in each of the affected area, this was carried out. The training of volunteers took place at the regional branches, thus this made the National headquarter to visit the affected areas at least twice per regional for the monitoring of activities. Therefore, a total of 8 monitoring missions have been carried out. 		

- The IFRC staff, was part of the monitoring mission carried out by the Niger Red Cross headquarter at the affected regions. Initially it was planned for 4 monitoring missions but at the end of the day, 8 monitoring missions have been carried out by the IFRC staffs.
- At the end of the DREF implementation, a lessons learnt workshop was organized by the Niger Red Cross Society at its headquarter in Niamey, this activity gathered 30 people (6 from each regional branch and 6 from the NS headquarter. The six people of each regional branch included: 4 volunteers and 2 regional supervisors that have actively participated in the implementation of the DREF activities.

Challenges

The main challenges were at two level: First of all, the activities were carried out under a hot weather condition, therefore, the activities and the monitoring missions were carried out in the morning. The volunteers were released in the afternoon. Secondly Meningitis disease is too contagious, the volunteers and the staff of both RCSN and IFRC have fully involved themselves to conquer this disease within the community despite the risk.

Lessons Learned

We realised that instead of carrying Meningitis disease awareness sessions and malnutrition awareness sessions separately, it was better to combine both and communicate on both at the same time. The volunteers used the opportunity to sensitize the community at the same time. This has allowed to cover a large audience within the approved timeframe.



Health and Care

People reached: 593,902

Male: 279,540

Female: 314,362

Outcome 1: Immediate risk of meningitis to the health of the population is reduced through prevention and control activities in Niamey, Dosso, Tillabery and Tahoua over a period of two months.

Output 1.1: Capacity of Niger Red Cross Society to respond to the meningitis epidemic in the affected area is strengthened

Indicators:	Target	Actual
Number of Niger Red Cross volunteers trained on the knowledge of the disease, the mode of contamination, the universal control measures and the prevention; the use of MUAC and HP including 160 in Niamey, 75 in Dosso, 75 in Tillabey and 75 in Tahoua.	385	385
Number of primary school teachers trained the knowledge of the disease, the mode of contamination and the universal control measures and the prevention	30	30
Number of supervisors trained on the management of volunteers during the implementation of the activities	20	20
Number of protective equipment (kit) provided to equip volunteers and supervisors during the implementation of the activities. The kit includes hand gel, gloves, mask, and training material.	405	405
Number of volunteers trained on the knowledge Meningitis, the mode of contamination, the universal control measures to be deploy in the region in alert for preparedness	200	200

Output 1.2: Target population in the affected areas are provided with sensitization to improve the knowledge and practices on the prevention and control of meningitis (Target: 42,760 households / 342,074 people)

Indicators	Target	Actual
Number of leaflet, posters and image boxes produced to support volunteers' awareness sessions using the MoH's approved messages	5,000 leaflets; 2,000 posters; 34 image boxes	5,000 leaflets; 2,000 posters; 34 image boxes
Number of people reached with the awareness sessions/ sensitization campaign for meningitis prevention and control in the communities	42,760 HH; 342,074 people	95,100HH; 593,902 people
Number of people reached with malnutrition screening for children under 5, pregnant and lactating women, MAM and SAM	0	130,450 people
Number of identified suspected meningitis SAM and MAM referred to the management centres	0	SAM: 1,103 MAM: 4,779

		Referred cases: 3,211
Number of people reached with the awareness sessions /sensitization campaign for Meningitis prevention and control at the treatment centres	0	57,872 people
Number of people reached with the awareness sessions /sensitization campaign for Meningitis prevention and control at the vaccination centres	0	42,774 people
Number of people reached with the awareness sessions /sensitization campaign for Meningitis prevention and control at the schools	0	7,000 school children
Number villages visited by the caravan and people reached with the awareness sessions /sensitization campaign for Meningitis prevention and control with the caravan	20 villages	20 villages and 29,470 people reached
Number of radio station involved in the dissemination of radio spot and Meningitis messages and the number of radio spots published	10 community radios	Not funded

Narrative description of achievements

- The NS has trained 385 volunteers including 160 in the Niamey areas, 75 volunteers in Dosso, 75 volunteers in Tillabery and 75 volunteers in Tahoua. The training focussed on the prevention and control of meningitis, as well as surveillance and referral, nutritional screening techniques and hygiene promotion. The training was budgeted at 20 Swiss francs per participant per (one-day). Following the refresher training, the volunteers were mobilized to carry out sensitization activities at the community level, treatment and vaccination centres as well as surveillance and referral. In total, 160 volunteers were mobilized for 45 days in Niamey and 225 volunteers were mobilised for 30 days in the other regions (seven days per week).
- At least 30 primary school teachers have been trained at the RCSN headquarters, on the prevention and control of meningitis. This has been budgeted at 20 Swiss francs per participant per day (two days). It is to be noted that the MoH has prioritized the vaccination of children of primary school age, given that those below 15 years old have been mostly affected, hence the inclusion of teachers to ensure that they can detect the signs of meningitis and refer immediately the suspected cases for treatment, as well as mobilize students to attend the vaccination centres.
- At least 20 supervisors were trained on supporting volunteers with the implementation of the activities planned. This has been budgeted at 20 Swiss francs per participant per day (two days), and included allowance for per diem, accommodation and transportation. Each supervisor was deployed to the area of implementation for 30 days (five days per week for six weeks), and was issued a per diem of 8 Swiss francs per day.
- At least 2,000 nose masks, 339 bottles of 350 ml disinfectant gel and 5,700 pairs of gloves have been purchased to equip the volunteers during activities implementation because there was a high risk of contamination with Meningitis
- At least 200 other volunteers were trained on the knowledge of the disease, the symptoms, the mode of transmission and the universal prevention measures for preparedness in the region in alert. These volunteers were deployed to the areas in alert phase for active case finding and early warning.
- At least 5,000 leaflets, 2,000 posters and 34 image boxes were produced using the MoH's approved messages to support volunteers' awareness sessions.

At least 95,100 households (593,902 people) including 116,774 men; 147,963 women; 162,766 boys; and 166,399 girls were reached with the awareness sessions / sensitization campaign for meningitis prevention and control in the communities through door-to-door strategy. The sensitization campaign has contributed to prevention and control of meningitis. The MoH situation report, at the end of May and early June, there were at least 3,303 confirmed cases including 197 deaths. The number has fallen gradually and by the 20 June 2017, there were only four confirmed cases and no district in epidemic or alert status.

- At least 130,450 people have been screened for malnutrition out of which 4,779 Moderate acute malnourished (MAM) people and 1,103 Severe acute malnourished (SAM) people were identified including 3,211 people that have been referred to the nutritional centres for treatment.
- 57,872 people were reached with the awareness sessions /sensitization campaign for Meningitis prevention and control at the treatment centres.
- 42,774 people reached with the awareness sessions /sensitization campaign for Meningitis prevention and control at the vaccination centres.
- 7,000 school children reached with the awareness sessions /sensitization campaign for Meningitis prevention and control at the schools.
- 20 villages visited and 29,470 people (13,191 men and 16,279 women) reached by the caravan with the awareness sessions /sensitization campaign for Meningitis prevention and control.

Challenges

It is always difficult to have volunteers at rural level with a good capacity of understanding. In some areas the facilitators had to use translators to make them understand what the disease is and how to avoid it and what are the mode of contaminations. Further, Meningitis is a highly contagious disease, the RCSN ensured that all the volunteers involved in the operation were vaccinated against Meningitis. The volunteers have managed to carry out awareness sessions by visiting households within the affected communities. Another challenge was the high temperature during the implementation period. The volunteers have scheduled their working period from morning to 12 PM every day to avoid the hot temperature. In addition, some villages were difficult of access, the volunteers have managed to visit them using caravans. Finally, at the rural areas, it was a big challenge to convince the communities to go to the Health centres while they were presenting Meningitis symptoms. Many people at the rural areas were accusing witchcraft of killing people.

Lessons Learned

Although the capacity of understanding of the rural volunteers was low, the RCSN staff and others training facilitators have used a good strategy to trained local volunteers. It was important to use the local volunteers because, they are well known in the villages and they easily discuss with the community as they are part of it. Another strategy which facilitates the implementation of activities within the communities was the involvement of community leaders in the process.

This operation has enabled the RCSN to position itself at a high rank among of the actors, including WHO and UNICEF involve in the management of epidemics in the country. The NS has benefitted from the training of many volunteers on epidemic control. This will be of useful in case of epidemic response in the future, however, the RCSN must set up a volunteer loyalty programme to safeguard the achievements.

Impact

During the implementation period, three monitoring and evaluation missions were carried out to access the implementation of activities. As per the interviews carried out to assess community satisfaction, both the target communities and the authorities expressed gratitude to the RCSN for the response. Another visible impact is the knowledge of the prevention of Meningitis by the communities through the adoption of best practices because of multiple awareness sessions carried out by the volunteers.

With regards to the RCSN, all the volunteers involved in the activities benefited from the training on knowledge of the disease, the mode of contamination, the universal prevention measures, and awareness campaigns techniques. They are well prepared to continue raising awareness on the prevention of Meningitis in their communities. Furthermore, they organised themselves to keep their environment clean, particularly the wells and latrines and remain available to continue assisting the communities even after the project. They are also ready to be deployed to help other communities if a similar situation occurred. Moreover, through this DREF, four (4) RCSN district committees have strengthened their capacities and are ready to respond efficiently to future epidemic outbreaks. Finally, these activities have reinforced the relationship between the Red Cross and the communities, which is important beyond this specific response.

D. THE BUDGET

The overall budget of this DREF operation was CHF 237,292 of which CHF 209,130 were expensed leaving a balance of CHF 28,162 to be returned to the DREF.

The financial report is annexed.

Contact information

Reference documents



Click here for:

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

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

In the Niger Red Cross Society

- **Executive Secretary;** Issa Mamane, email: issamamane2003@yahoo.fr, phone: +227 96399041
- **Operational coordination:** Issiakou Soumana Gaoh, Programmes Coordinator, email: issiagaoh@yahoo.fr; phone: +227 96961505

In the IFRC

- **IFRC Africa Regional Office for DCPRR Unit:** Florent DELPINTO, Acting Head of DCPRR, email: florent.delpinto@ifrc.org, phone: +254 (0) 780930278
- **IFRC Africa Regional Office for DCPRR Unit: Khaled Masud Ahmed, Regional Disaster Management Delegate,** email: Khaled.masud@ifrc.org, phone: +254(0) 731067286
- **IFRC Country Cluster Support Team:** Sadrack Bertrand MATANDA, Acting Country Representative, email: sadrackbertrand.matanda@ifrc.org, phone: +254 780 422 273 and +227 98972103
- **IFRC Country Office:** Pierre DANLADI, Operations and Programmes Coordinator, email: pierre.danladi@ifrc.org, phone: +227 98 97 21 68

In IFRC Geneva

- Eszter Matyeka, DREF Senior Officer; phone: +41 75 4198604; email: eszter.matyeka@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- **IFRC Africa Regional Office for resource Mobilization and Pledge:** Kentaro Nagazumi, Head of Partnership and Resource Development, Nairobi, email: Kentaro.nagazumi@ifrc.org, phone: +254 202 835 155

For In-Kind donations and Mobilization table support:

- **IFRC Africa Regional Office for Logistics Unit :** RISHI Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org; phone: +254 733 888 022

For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

- **IFRC Africa Regional Office:** Fiona Gatere, PMER Coordinator, email: Fiona.gatere@ifrc.org, phone: +254 780 771 139

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian 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

Disaster Response Financial Report

MDRNE017 - Niger - Meningitis

Timeframe: 16 Apr 17 to 16 Jun 17

Appeal Launch Date: 16 Apr 17

Interim Report

Selected Parameters

Reporting Timeframe	2017/4-2018/9	Programme	MDRNE017
Budget Timeframe	2017/4-2017/6	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget			237,292			237,292	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>			237,292			237,292	
C4. Other Income			237,292			237,292	
C. Total Income = SUM(C1..C4)			237,292			237,292	
D. Total Funding = B +C			237,292			237,292	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income			237,292			237,292	
E. Expenditure			-209,130			-209,130	
F. Closing Balance = (B + C + E)			28,162			28,162	

Disaster Response Financial Report

MDRNE017 - Niger - Meningitis

Timeframe: 16 Apr 17 to 16 Jun 17

Appeal Launch Date: 16 Apr 17

Interim Report

Selected Parameters

Reporting Timeframe	2017/4-2018/9	Programme	MDRNE017
Budget Timeframe	2017/4-2017/6	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)						237,292	237,292	
Relief items, Construction, Supplies								
Medical & First Aid	14,040			14,290		14,290		-250
Total Relief items, Construction, Sup	14,040			14,290		14,290		-250
Logistics, Transport & Storage								
Distribution & Monitoring				91		91		-91
Transport & Vehicles Costs	9,700			5,740		5,740		3,960
Total Logistics, Transport & Storage	9,700			5,831		5,831		3,869
Personnel								
International Staff	12,000			11,922		11,922		78
National Staff	4,333			2,589		2,589		1,744
National Society Staff	7,212			4,124		4,124		3,088
Volunteers	104,738			107,162		107,162		-2,425
Total Personnel	128,283			125,797		125,797		2,486
Consultants & Professional Fees								
Professional Fees				0		0		0
Total Consultants & Professional Fees				0		0		0
Workshops & Training								
Workshops & Training	18,240			17,240		17,240		1,000
Total Workshops & Training	18,240			17,240		17,240		1,000
General Expenditure								
Travel	10,769			4,169		4,169		6,600
Information & Public Relations	34,844			23,249		23,249		11,595
Office Costs	2,600			2,627		2,627		-27
Communications	3,000			3,210		3,210		-210
Financial Charges	1,333			-47		-47		1,381
Total General Expenditure	52,546			33,208		33,208		19,338
Indirect Costs								
Programme & Services Support Recover	14,483			12,764		12,764		1,719
Total Indirect Costs	14,483			12,764		12,764		1,719
TOTAL EXPENDITURE (D)	237,292			209,130		209,130		28,162
VARIANCE (C - D)				28,162		28,162		

Disaster Response Financial Report**MDRNE017 - Niger - Meningitis**

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Selected Parameters

Reporting Timeframe	2017/4-2018/9	Programme	MDRNE017
Budget Timeframe	2017/4-2017/6	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL3 - Strengthen RC/RC contribution to development							
Health	237,292		237,292	237,292	209,130	28,162	
Subtotal BL3	237,292		237,292	237,292	209,130	28,162	
GRAND TOTAL	237,292		237,292	237,292	209,130	28,162	