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Emergency Plan of Action Final Report

Niger: Hepatitis E Epidemic

International Federation of Red Cross and Red Crescent Societies

DREF operation No.: MDRNE018	**Glide number:**
Date of Issue: 16 May 2018	**Date of disaster:** 27 May 2017
Operation start date: 10 July 2017	**Operation end date:** 10 October 2017
Host National Society: Niger Red Cross Society (NRCS) Staff members and 295 volunteers involved	**Operation budget:** CHF 249,183
Number of people affected: 1,096 people	**Number of people assisted:** 112,000 people through community sensitization activities
N° of RCRC partners involved in the operation: 3 (IFRC, ICRC and NRCS)	
N° of other partner organizations involved in the operation: UNICEF, WHO, Ministry of Health and Médecins Sans Frontières	

A. SITUATION ANALYSIS

Description of the disaster

Hepatitis E virus is probably the leading cause of viral hepatitis in the world. The global burden of Morbidity Study (WHO, 2010) estimated that at least 20.1 million people are infected globally by the virus genotypes 1 and 2 every year, out of which only 3.4 million people reported the disease, resulting in 70,000 deaths and 3,000 new-borns baby deaths.

NRCS volunteers at the training on the knowledge of Hepatitis E epidemic virus and it mode of contamination

All hepatitis E viruses that can cause disease to human being belong to a single serotype. Nevertheless, there are four different genotypes; genotypes 1 and 2 are predominantly faecal-oral as the virus is transmitted by water and / or person to person in the context of low drinking water quality and where the risk of faecal pollution is naturally high or aggravated by seasonal flooding.

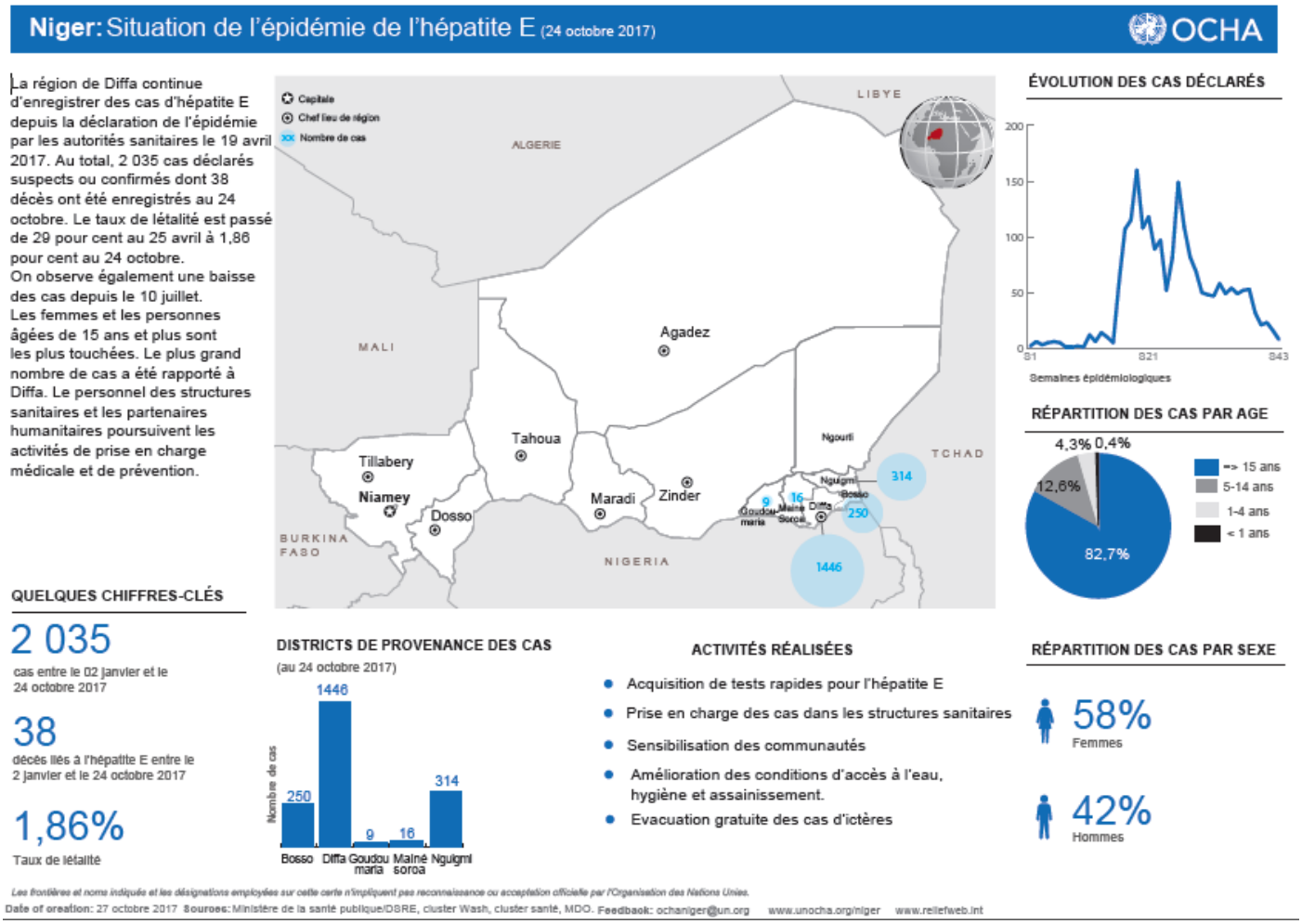
The most common clinical presentation starts with a prodromal phase of 1 to 10 days with non-specific flu-like symptoms such as fatigue, discomfort, anorexia, nausea and vomiting. A fever limited between (38-39°C) is common. The first distinctive signs of Hepatitis are often dark urine, pale clay coloured stools, followed by the appearance of a jaundice. As a result of the appearance of jaundice, prodromal symptoms generally

disappear. More often, the infection heals spontaneously after approximately 2 weeks, however in some cases, a fulminant form of Hepatitis develops.

During pregnancy, hepatitis E is the main cause of miscarriages, new-born baby deaths, preterm delivery, increased risk of neonatal complications such as hypoglycaemia and transmission of the Hepatitis virus E from mother to child. In addition to sporadic transmission, genotypes 1 and 2 can cause large-scale epidemics outbreak that can last several months or even years.

Located in the Sahara area, Niger has experienced recurrent and persistent epidemic outbreaks in recent years due to certain diseases, particularly meningitis, measles and recently Rift Valley fever.

In 2017, the country experienced its first hepatitis E epidemic virus (HEV) outbreak recorded in the region of Diffa. As of 29 June 2017, the total number of suspected cumulative cases of hepatitis E was 1,096 of which 34 deaths. The trend analysis showed a gradual increase in cases. According to medical doctors, when the rainy season starts, meningitis slows down while Hepatitis E increases. As per UNOCHA snapshots from 24 October 2017, at least 2,035 suspected or confirmed cases were reported as of 24 October with at least 38 deaths. The lethality rate moved from 29% on 25 April to 1.86% by 24 October 2017. There was also a decrease in the number of cases from 10 July 2017. The report also indicated that the women and people aged 15 and above were the most affected with the highest number of cases reported in Diffa.



UNOCHA snapshots on the Hepatitis E epidemic situation in the Diffa region of Niger as of 24/10/2017 Source: UNOCHA

To address this situation, the Government through the Ministry of Public Health in collaboration with its Technical and Financial Partners are implementing activities to eradicate this epidemic. It is within this framework that Niger's Ministry of Public Health called upon the humanitarian organizations who are active in the field of health including Niger Red Cross Society, to contribute in the response to this epidemic outbreak. Further, the Minister of Health purposely called upon the National Society's President to involve volunteers through community-based awareness sessions and WASH activities. Based on the MoH's

solicitation, the President, during the Movement coordination meeting held on 28 May 2017, invited all Movement partners to support the NS to respond to the Government request.

The major donors and partners of the DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, Canada, Denmark, Finland, 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), AECID, the Medtronic and Zurich Foundations and other corporate and private donors. On behalf of Niger Red Cross Society (NRCS), the IFRC would like to extend its gratitude to all partners for their generous contributions.

Summary of response

Overview of Host National Society

From the official declaration of the Hepatitis E epidemic outbreak on 19 April 2017, Niger Red Cross Society (NRCS) started monitoring the situation in collaboration with the MoH and through its volunteers' network in different branch committees. The NRCS is a member of the National Crisis Committee that meets regularly to monitor the epidemiological situation.

Due to its long-standing experience in managing epidemics and other disasters, the MoH called upon the NRCS to contribute to the response to this epidemic outbreak through social mobilization, community-based surveillance, and WASH activities. As of 29 May 2017, given the limited resources, the Regional Red Cross Committee of Diffa prepared a Hepatitis E Response Plan of Action to support the Government effort in responding to the epidemic outbreak through community-based awareness raising, community-based epidemiological surveillance, hygiene promotion activities and referral and orientation of sick patients to the health facilities for six months. The Regional committee's plan of action was submitted to the ICRC delegation in Niamey for support which was received to cover for two (2) months activities focusing on awareness raising campaigns in Diffa region, while expecting other Movement partners in the country to contribute. Based on the work undertaken by the Regional Committee of Diffa, the health unit of the Niger Red Cross Society developed an EPoA to seek DREF funds from IFRC.

To note, Diffa region is also characterized by the Boko Haram crisis which has affected more than 300,000 people, forcing them into displacement in the IDP and refugee sites.

Overview of Red Cross Red Crescent Movement in country

From the onset of the epidemic, there were regular consultations between all members of the Movement present in country; and the IFRC Niger country representative alerted the Regional Office. The IFRC Niger country cluster also worked in collaboration with the NRCS health unit to collect information, assess the situation and propose a response to the situation. Monthly coordination meetings were also regularly held.

On 12 May 2017, an operational strategy call was held with colleagues at the regional and country levels of the Secretariat. Following this call, a DREF operation was launched on 10 July 2017 for CHF 249,183 to support NRCS volunteers implement planned activities in the Diffa region including social mobilization and sensitization activities in support of global coordination activities, surveillance and referrals, and providing staff and volunteers with the appropriate training and equipment. IFRC further supported this operation with the deployment of an RDRT member for planning, implementation and monitoring of the DREF operation.

To note, the IFRC provides support to NRCS through its Niger country office and the Africa region office. From the onset of the disaster, there was regular contact with IFRC Niger and Africa region's health and disaster and crisis prevention, response and recovery (DCPRR) teams. On 21 April 2017, a first alert was issued using the IFRC Disaster Management Information System (DMIS). Further, on 24 April and 27 May 2017, updated DMIS were issued. Other Movement partners in the country included: The International Committee of the Red Cross (ICRC), and partner National Societies comprising Belgian, French, Luxembourg, Irish, and Spanish Red Cross Societies. Iranian and Qatari Red Crescent are based in the capital city, Niamey. Only NRCS, ICRC and IFRC were involved in the response to this epidemic outbreak.

Overview of non-RCRC actors in country

A National Task Force, which met daily and was led by the MoH, was set up. In addition, the MoH equally established a National Crisis Committee to monitor and update on the situation. On 19 April 2017, the MoH organized a press conference, to inform on the situation and on actions undertaken to address the situation. The same day, the Minister of Health officially declared Hepatitis E epidemic virus outbreak in the country and launched an appeal to the international partners to assist with the response. Further, the Government set up a joint multi sector investigation mission in the affected area. The mission delivered its report on 5 May 2017. Based on the report, Government developed a Plan of Action to respond to the Hepatitis E Virus Epidemic. This response included:

- Strengthening the capacities of the human health, animal health and environmental services personnel in early detection, prevention and health care of affected cases;
- Strengthening epidemiological surveillance including Laboratory;
- Strengthening Communication and Social Mobilization;
- Promotion of WASH activities at all levels of intervention;
- Ensuring coordination / research at all levels of intervention.

The MoH worked in collaboration with other organizations including the NRCS to mobilize support for the vaccination of vulnerable populations, especially children and women. Other organizations involved in the response included: Médecins Sans Frontières (MSF), United Nations Children's Fund (UNICEF) and the World Health Organization (WHO), which participated in the joint field missions with the MoH to assess the situation and provided support to the medical staff and the treatment facilities. At the first crisis meeting held at the MoH, the role of partners was clarified by the MoH. UNICEF was providing support through the provision of hygiene promotion items and in designing messages for leaflets, posters and image boxes to be used in the awareness sessions. WHO was responsible for the provision of medicines at the health centres and capacity building of health personnel. The NRCS was in charge of carrying out the social mobilization component of the program, and community-based awareness sessions, detection of suspect cases and referral to the nearest health centres.

UNICEF donated 240 cartons of soap to the Diffa Regional Committee to support key messages on Hepatitis E in Bosso, Toumour and Gari Wansam where the components of the Movement intervention is recognized.

Needs analysis and scenario planning

From 9 January 2017, an increase in the cases of jaundice was noted at the Mother and Child Centre of Diffa including pregnant women. Initially, the cases presented with headache, vomiting, fever, conjunctivitis, pelvic pain, and memory loss. Given the symptoms, yellow fever was suspected. On 12 April 2017, Niger MoH notified WHO of a Hepatitis E virus (HEV) outbreak in Diffa region, but still it was not confirmed. The Minister of Health made an official declaration of the Hepatitis E epidemic outbreak on 19 April 2017, after the Pasteur Institute of Dakar confirmed the Hepatitis E virus in the sample taken from patients in Diffa. Of the 29 samples tested by the 14 April 2017, all tested negative for yellow fever and 15 tested positive for Hepatitis E by the laboratory of the Pasteur Institute of Dakar. As of 29 June 2017, at least 5 out of the 6 districts in the Diffa region had reported affected cases of which 859 cases originated from Diffa and N'Guigmi districts.

Hepatitis E is a new disease in the country. It is not known by neither the Niger population nor its health system. Female are more affected than male (60% - 40%). The population above 15 of age are the most affected with 86,03% of total cases. The Minister also added that Hepatitis Epidemic virus is fast spreading since the starting of the rainy season in the affected area. As of 29 June 2017, the MoH indicated that at least 1,096 cases were reported in the country, with 33 deaths. It was expected that this number will increase due to the lack of vaccine for the disease, the unknown knowledge of the disease by local population and the health personnel. Therefore, there was an urgent need for social mobilization, community-based sensitization, community-based surveillance and referral of suspect cases, specifically in the worst affected regions of district of Bosso, Diffa and N'Guigmi. Kindly note that the region of Diffa is situated at the border between Niger and the Lake Chad basin countries namely Chad, Cameroon and Nigeria. Hepatitis E virus had already affected Chad, therefore there was a need to organize cross border activities with neighbouring countries. Regarding the last idea, the regional IFRC health coordinator shared documents on cross-border activities which were used when during implementation.

The table below indicates the number of affected cases per health district of origin in Diffa as of 29 June 2017 (n=1096)

Health districts	Cases	Deaths	Lethality (%)
BOSSO	224	3	1,34
Diffa	667	29	4,35
Goudoumaria	8	0	0,00
Maine Soroa	5	1	20,00
N'Guigmi	192	1	0,52
TOTAL	**1096**	**34**	**3,10**

Source: Ministry of Health

The NRCS ensured that the DREF operation was aligned with the IFRC commitment to achieve gender equality and diversity by adapting beneficiary selection criteria to target women headed-households, persons with disability, etc. However, children were targeted through planned activities since they were identified as equally being vulnerable to the Hepatitis E epidemic virus. Other messages included when mobilizing population included prevention of sexual and gender-based violence and the protection of children. At the end of the operation, at least 35,836 households (190,216 people including 83,846 males and 106,370 females) were reached through this Hepatitis E DREF operation.

B. OPERATIONAL STRATEGY

Overall objective

To contribute to the reducing the morbidity and mortality relating from the spread of Hepatitis E virus among the population at risk in five districts (Diffa centre, Bosso, Guigmi, Maina Soroa and Goudoumaria) of the Diffa region of Niger.

Proposed strategy

The proposed strategy of this DREF operation aimed to support 112,000 people (16,000 households), located across the districts of Bosso, Guigmi, Maina Soroa, Goudoumaria and Diffa.

Hepatitis E virus response activities in the Diffa region including the districts of: Diffa, Bosso, Guigmi, Maina Soroa and Goudoumaria)

- Training of 295 volunteers including 80 in Diffa centre, 70 in Bosso, 70 in Guigmi, 45 in Maina Soroa and 30 in Goudoumaria. The training focused on prevention and control of Hepatitis E virus, community-based surveillance and referral, cross-border epidemiological surveillance and hygiene promotion. The training was budgeted for CHF 20 per participant per day. Following the training, volunteers were mobilized to carry out sensitization activities at community level. In total, 315 volunteers (295 volunteers and 20 supervisors) were mobilized for 30 days in Diffa region (three days per week).

- Training of 50 community team leaders on Hepatitis E epidemic virus disease focusing on the knowledge of the disease, symptoms, mode of contamination, and universal prevention measures.

- Volunteer's activities were combined with hygiene promotion, community-based surveillance at cross-borders level. Community-based sensitization was also carried out from 08:00 to 12:00 due to the extreme heat that prevails by mid-day in the areas of implementation. Each volunteer was provided with a per diem of CHF 8.34 per day. In addition, CHF 7 approx. were budgeted to enable cases (100) to be referred to the nearest health centre. Information, communication and education (IEC) materials (leaflets and image boxes) and visibility materials (500 bibs) were provided to volunteers to assist them with planned sensitization activities. At least 2,400 leaflets, 1,765 posters and 08 images boxes were produced to support the volunteers' sensitization activities.

- Distribution of hygiene promotion items including 25 litres jerry can (6,000 pieces) and soap (32,000 pieces) with the installation of 100 hand washing kits within the affected communities.

- Construction / rehabilitation of two (02) water drilling systems and five (5) community emergency latrines in public places specially in schools and markets.

- Training of supervisors (20) on supporting volunteers with the implementation of planned activities. This was budgeted at CHF 20 per participant per day (two days), and included allowance for per diems, accommodation and transportation. Each supervisor was deployed to the areas of implementation for 30 days and was issued a per diem of CHF 16,67.

- A coordination workshop was organized in the Dosso region of Niger, bringing together NSs from Nigeria, Cameroon, Chad and Niger for the joint planning, implementation and harmonization of messages and cross-border community-based surveillance strategies. Three people from each of the lake Chad basin countries came together for a 03-day workshop. For the preparation of the workshop, the terms of reference were prepared by the host country with support of the Niger IFRC country Representation and shared with the NSs involved.

Cross-border workshop on the harmonization of strategies for community-based disease surveillance in the Lake Chad basin

All the planned activities were carried out in cooperation and collaboration with the community and through advocacy to the community, religious and traditional leaders and other actors. By attending coordination meetings at national and field levels, a continuous assessment and analysis of the situation was carried out.

C. DETAILED OPERATIONAL PLAN

Quality programming / Areas common to all sectors

People reached: 1,096

Male: 460

Female: 636

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
1.1.1. Number of RDRT selected and deployed to support the Niger Red Cross Society in planning, implementation, monitoring and reporting of the DREF Operation	1	1
1.1.2. Number of months covered by the RDRT during his deployment in Niger	2	2
1.1.3. Number of NRCS' branch monitoring of planned activities in the areas of implementation (Diffa centre, Bosso, Guigmi, Maina Soroa and Goudoumaria) in days	45	45
1.1.4. Number of NRCS's NHQ monitoring mission of planned activities in the areas of implementation ((Diffa centre, Bosso, Guigmi, Maina Soroa and Goudoumaria)	15	15
1.1.5. Number of IFRC's monitoring mission of planned activities in the areas of implementation (Diffa centre, Bosso, Guigmi, Maina Soroa and Goudoumaria) /missions	15	15
1.1.6. Number of people that attended the lessons learned workshop especially related to active case management and community-based surveillance activities	35	35
1.1.7. Number of people reached by the needs assessment carried out in the Diffa region of Niger	1,096	1,096

Narrative description of achievements

1.1.1. An RDRT specialized on Community health was selected and deployed to Niger for two months and 9 days to support the Niger Red Cross Society in the implementing this DREF operation.

1.1.2. The RDRT was recruited on the 25 July 2017 and ended his mission on 4 October 2017. Making at least 2 months and 9 days.

1.1.3. The NRCS' branches have carried out a total 45 monitoring missions on the field. Each local branch has conducted 9 monitoring missions in the areas of implementation of the DREF operation.

1.1.4. At least the NRCS' NHQ visited the areas of implementation 15 times, including 3 monitoring missions per affected districts.

1.1.5. 15 IFRC monitoring missions were carried out in the affected areas including 3 monitoring missions per affected area.

1.1.6. At least 32 people from various origin attended the lessons learnt workshop held by the Niger Red Cross Society. This included: one supervisor, one volunteer, a representative of the health centre and the representative of Health District of the five affected districts (Diffa, Bosso, Guigmi, Maine Soroa, and Goudoumaria). In addition, there were two representatives of the regional Health personnel from the MoH, five community leaders, five supervisors from the Diffa districts and three people from the NRCS' Headquarter including the Health Coordinator, the Nutrition Coordinator and the RDRT deployed to support the NRCS in the implementation of the activities;

1.1.7. At least 1,096 people were reached by the needs assessment carried out by the Niger Red Cross Society.

Challenges

Although the disease takes long to be eradicated, the Niger Red Cross Society and other humanitarian actors have contributed in reducing the number of cases according to the UNOCHA report of 24 October 2017.

Lessons Learned

A DREF operation is not a proper tool to eradicate Hepatitis E epidemic virus disease as the disease lasts longer than the timeframe of the DREF operation 3 months on average). Although the number of cases decreased according to the UNOCHA report of 24 October 2017, the needs for awareness sessions, however, remained high because the Hepatitis E virus is a new disease in the area, not known neither by the population not the Niger Health personnel.

Health

People reached: 190,216

Male: 83,846

Female: 106,370

Outcome 1: Immediate risk of hepatitis E virus to the health of the population is reduced through prevention and control activities in Diffa region over a period of three months		
Output 1.1: Capacity of Niger Red Cross Society to respond to the Hepatitis E virus epidemic in the affected area is strengthened		
Indicators:	**Target**	**Actual**
1.1.1. Number of volunteers trained on hygiene promotion sensitization technique at community level, using the door- to- door approach	295	295
1.1.2. Number of supervisors trained on management of volunteers (Target: 20 supervisors)	20	20
1.1.3. Number of protective equipment kits purchased for volunteers and supervisors (Target: 365 kits including 295 volunteers, 50 community leaders and 20 supervisors)	365	365
1.1.4. Number of community leaders trained on community-based surveillance with volunteers from the local branch	50	50
1.1.5. Number of people that attended the regional Cross-border workshop on joint planning of activities, community-based surveillance and messages' harmonization and experience sharing	20	20
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 Hepatitis E virus (16,000 HH or 112,000 people in Hepatitis affected areas in the Diffa region)		
Indicators:	**Target**	**Actual**
1.2.1. Number of leaflet and posters produced to support volunteer's awareness sessions using the MoH's approved messages	2.000 leaflets 1,500 posters 08 images boxes	2,400 leaflets 1,765 posters 08 images boxes
1.2.2. Number of people reached by the assessment of the primitive local roads between cross-borders villages, common local markets, churches and community events	12,000	25,675
1.2.3. Number of people reached by the synchronized activities in the cross-border villages, churches, and mosques	40,000	67,283
1.2.4. Number of people reached by the awareness raising / sensitization campaigns for Hepatitis E prevention and control in the communities (Target: 16,000 households)	16,000	97,258
1.2.5. Number of people reached by the community-based surveillance put in place using local leaders and Red Cross volunteers	100	194
1.2.6. Number of Hepatitis E suspected cases identified and referred to the management centres	150	194
1.2.7. Number of people reached by the awareness raising / sensitization campaigns for Hepatitis E virus prevention and control	112,000	190,216
Output 1.3: Improve access of the vulnerable population to safe drinking water and sanitation		
Indicators:	**Target**	**Actual**
1.3.1. Number of water points constructed in the most affected Hepatitis E districts	2	3
1.3.2. Number of Jerrycans/buckets purchased to be distributed to the most affected households	6,000	6,000
1.3.3. Number of jerrycans/buckets distributed to the most affected households	6,000	6,000
1.3.4. Number of hand washing devices purchased to be installed in public places and schools	100	100
1.3.5. Number of pieces of soap purchased and distributed to the most affected households	32,000	32,000
1.3.6. Number of public emergency latrines constructed /rehabilitated in public places and schools	5	7
Narrative description of achievements		
1.1.1. At least 295 volunteers were trained on hygiene promotion sensitization techniques at the community level using the door-to-door approach. 1.1.2. At least 20 supervisors were trained on volunteers' management (Target: 20 supervisors) 1.1.3. Some 236 protective equipment kits were purchased for volunteers and supervisors (Target: 365 kits including 295 volunteers and 50 community leaders and 20 supervisors). The kits included: disinfectant hand gels,		

gloves, nose cones and liquid soap. Further, at least 500 volunteer bibs were produced. In addition, drinkable water was also provided to volunteers because they worked under hot weather condition.

1.1.4. At least 50 community-leaders including the Imams, priests, head of wards, traditional healers, Quranic masters were trained on community-based surveillance with volunteers from the local branches. This includes 20 people trained in Diffa, 15 in Maine Soroa and 15 in Kablewa.

1.1.5. At least 20 people attended the regional Cross-border workshop on joint planning of activities, community-based surveillance and messages' harmonization and experience sharing. This included three (3) people from Cameroon Red Cross, three (3) from Nigeria Red Cross, three (3) from Red Cross of Chad, three (3) from Niger Red Cross Society, three from the Dosso regional Committee, two from the NRCS HQT and three from the IFRC Country Office.

1.2.1: At least 1,765 posters, 2,400 leaflets and 08 images boxes were produced to support volunteers' sensitization activities on the field.

1.2.2: At least 25,675 people were reached through the assessment of the primitive local roads between cross-border villages, common local markets, churches and community events.

1.2.3: At least 67,283 people were reached by the synchronized activities in the cross-border villages, churches, and mosques. This activity reached people in Chad and in the neighbouring Nigeria borders.

1.2.4: At least 97,258 people were reached by the awareness raising / sensitization campaigns for Hepatitis E prevention and control in the communities using door – to- door approach in villages of the affected areas.

1.2.5: 194 people were reached by the community-based surveillance teams put in place using local leaders and Red Cross volunteers;

1.2.6: At least 194 Hepatitis E suspected cases were identified and referred to the management centres;

1.2.7: at least 190,216 people were reached through awareness raising / sensitization campaigns for Hepatitis E virus prevention and control. This includes all the awareness sessions carried out on Hepatitis E epidemic virus

1.3.1: Through this DREF operation, 2 water points (boreholes) were built and one was rehabilitated in the affected areas. This activity took place in the Gueskerou municipality in the Diffa district.

1.3.2: At least 6,000 of 25 litres- jerrycans were purchased and distributed to 3,000 households (2 jerrycans per household).

1.3.3: See 1.3.2 above.

1.3.4: At least 100 handwashing devices were purchased and installed in public places and schools.

1.3.5: At least 32,000 pieces of soaps were purchased and distributed to 4,572 most vulnerable households using 7 pieces per target households,

1.3.6: At least seven (7) public emergency latrines were constructed in the public places (markets and schools) in the Diffa district.

Challenges

It was very difficult to convince the local population that the mode of contamination of the virus is the consumption of non-potable water. Apart from the construction of water points, there was an urgent need of providing the affected population with Aquatab and PUR for water purification at home. The NRCS' volunteers included water purification techniques in their sensitization messages, notably the technique of boiling water before drinking.

Lessons Learned

To produce rapid and efficient response to epidemics, the Niger Red Cross Society needs to develop the following:

- A good knowledge of the periodicity of the emergence of epidemics diseases in the community such as Meningitis, Rift Valley Fever, Hepatitis E, Cholera etc…
- Monitoring of the vaccination programmes at the Ministry of Health and WHO by the volunteers in their respective community and sensitize the community members on the importance of immunization;
- Sensitize the community on the symptoms, the mode of contamination and the universal preventive measures;
- The community leader must be the cornerstone for community resilience;
- Establish, community-based disease surveillance teams and train them on epidemic control measures.

D. THE BUDGET

The overall budget for this DREF operation was CHF 249,183, of which CHF 247,252 (99.22%) were spent. A balance of CHF 1,931 will be returned to the DREF.

Explanation of variances:

- **"Water, Sanitation & Hygiene**" was overspent by CHF 18,282 (58.97%) due to the fact that an amount of CHF 15,965.81 dedicated for other supplies and services was wrongly booked in the Water and Sanitation budget line of CHF 33,316.61 making a total expenditure of CHF 49,282.42.

- **“International staff”** was overspent by CHF 3,447 (28.72%) because the contract of the RDRT deployed to support the Niger Red Cross Society in the implementation of this operation was extended for ten (10) days. This generated extra expense linked to his perdiems, indemnity and accommodation.

- “**National society staff**” budget line was overspent by CHF 2,006 (62.68%) because the NS Health Coordinator spent one full month on mission in the field, coordinating activities in Bosso and Guigmi districts, most prone to terrorist attacks while the RDRT was coordinating activities in the Diffa district. Kindly note that the RDRT was not allowed to travel to the districts of Guigmi and Bosso because of the risk of terrorist attacks.

- “**Professional fees”** were overspent by CHF 840 (100%) as the budget line was omitted during planning. This unbudgeted expenditure was used to pay the salaries of the security guards at the RDRT’s residence.

- “**Workshops and training**” budget line was overspent by CHF 8,076 (27.60%) because an amount of CHF1,006 dedicated for the teaching materials (code: 550) for the training of community leaders was wrongly booked in the workshop and training budget line (code: 680). Further, an amount of CHF 9,040.51 dedicated for volunteers perdiems (code: 667) was wrongly booked on the budget line for workshop and training (code: 680). In addition, the flight tickets for the participants of the cross-border workshop on the harmonisation of community-based surveillance strategies in the Lake Chad basin was underestimated. The planned amount increased during the implementation of the workshop, causing a deficit in the provided budget line.

- “**Travel**” was overspent by CHF 2,095 (279.33%) because the normal amount that was to be booked in that budget line is CHF 1,165.86. Although the budget provided only CHF 750, this increase is due to the fact that IFRC staff increased the duration for monitoring and supervision missions on the field. This is due to the extension of the DREF operation.

- “**Information and public relations**” was overspent by CHF 6,484 (100%). The amount booked in the system (CHF 6,484) is related to kitchen materials. This amount is wrongly booked in the system (wrong codes), if this expenditure was booked in the normal budget code, the “information and public relations” budget line will remain zero.

Contact information

Reference documents ↘

Click here for:

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

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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 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.

www.ifrc.org
Saving lives, changing minds.

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

MDRNE018 - Niger - Hepatitis E Outbreak

Timeframe: 04 Jul 17 to 04 Oct 17

Appeal Launch Date: 04 Jul 17

FINALReport

Selected Parameters			
Reporting Timeframe	2017/7-2018/2	Programme	MDRNE018
Budget Timeframe	2017/7-10	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		**249,183**				**249,183**	
B. Opening Balance							
Income							
Other Income							
DREF Allocations		*249,183*				*249,183*	
C4. Other Income		***249,183***				***249,183***	
C. Total Income = SUM(C1..C4)		**249,183**				**249,183**	
D. Total Funding = B +C		**249,183**				**249,183**	

* 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		249,183				**249,183**	
E. Expenditure		-247,252				**-247,252**	
F. Closing Balance = (B + C + E)		1,931				**1,931**	

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III. Expenditure

Account Groups	Budget	Expenditure						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	TOTAL	
	A						B	A - B
BUDGET (C)			**249,183**				**249,183**	
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene	31,000		49,282				**49,282**	**-18,282**
Medical & First Aid	3,760							**3,760**
Teaching Materials	6,504							**6,504**
Utensils & Tools	15,000		14,968				**14,968**	**32**
Other Supplies & Services	16,000							**16,000**
Total Relief items, Construction, Sup	72,264		64,250				**64,250**	**8,014**
Logistics, Transport & Storage								
Distribution & Monitoring	12,833		5,161				**5,161**	**7,672**
Transport & Vehicles Costs	9,650		8,605				**8,605**	**1,045**
Total Logistics, Transport & Storage	22,483		13,766				**13,766**	**8,718**
Personnel								
International Staff	12,000		15,447				**15,447**	**-3,447**
National Staff	833		531				**531**	**302**
National Society Staff	3,200		5,206				**5,206**	**-2,006**
Volunteers	84,784		78,722				**78,722**	**6,062**
Total Personnel	100,817		99,907				**99,907**	**911**
Consultants & Professional Fees								
Professional Fees			840				**840**	**-840**
Total Consultants & Professional Fee			840				**840**	**-840**
Workshops & Training								
Workshops & Training	29,260		37,336				**37,336**	**-8,076**
Total Workshops & Training	29,260		37,336				**37,336**	**-8,076**
General Expenditure								
Travel	750		2,845				**2,845**	**-2,095**
Information & Public Relations			6,484				**6,484**	**-6,484**
Office Costs	2,900		2,596				**2,596**	**304**
Communications	3,500		2,820				**2,820**	**680**
Financial Charges	2,000		1,318				**1,318**	**682**
Total General Expenditure	9,150		16,062				**16,062**	**-6,912**
Indirect Costs								
Programme & Services Support Recove	15,208		15,090				**15,090**	**118**
Total Indirect Costs	15,208		15,090				**15,090**	**118**
TOTAL EXPENDITURE (D)	**249,183**		**247,252**				**247,252**	**1,931**
VARIANCE (C - D)			**1,931**				**1,931**	

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Subsector:	*		

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IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster management	249,183		249,183	249,183	247,252	1,931	
Subtotal BL2	249,183		249,183	249,183	247,252	1,931	
GRAND TOTAL	**249,183**		**249,183**	**249,183**	**247,252**	**1,931**	