

<b>DREF N°. MDRNE022</b>	<b>Glide n° EP-2018-000132-NER</b>
<b>Date of issue: 13 August 2018</b>	<b>Expected timeframe: 3 months</b>
<b>Operation start date: 11 August 2018</b>	<b>Operation end date: 11 November 2018</b>
<b>Category allocated to the of the disaster or crisis: <b>Yellow</b> / Orange / Red</b>	
<b>IFRC Focal Point: Alberto Bocanegra (Head of Niger Country Office) is Project Manager/ Budget Holder and responsible for the implementation of this operation</b>	<b>National Society Focal Point: Issiakou Soumana Gaoh, Niger Red Cross Programmes Manager</b>
<b>DREF allocated: CHF 352,270</b>	
<b>Total number of people affected: 605 with 10 deaths</b>	<b>Number of people to be assisted: 21,000 people (3,000 HH<sup>1</sup>)</b>
<b>Host National Society presence (n° of volunteers, staff, branches): Niger Red Cross Society (NRCS) with at least 10,000 volunteers, is present in the eight (8) regions of the country with 73 sub-regional branches</b>	
<b>Red Cross Red Crescent Movement partners actively involved in the operation: IFRC and NRCS</b>	
<b>Other partner organizations actively involved in the operation: UNICEF, WHO, MSF Spain, MSF France</b>	

## A. Situation analysis

### Description of the disaster

During a press conference held on 13 July 2018 in Niamey, the Minister of Public Health of the Republic of Niger officially announced a cholera epidemic outbreak in the region of Maradi, specifically in the health district of Madarounfa. According to the Directorate of Surveillance and Epidemic Response at the Ministry of Public Health (MoH), from 5 to 31 July 2018, there have been at least 605 affected cases registered with 10 deaths (lethality rate 1.7%). As indicated in Table 2 below, there has been a recent increase of caseload by end July (per the graphs), justifying the need for IFRC to support the National Society through a DREF operation.

On the night of 4 to 5 July 2018, the N'Yelwa health Centre (Maradi region) received three (3) patients originating from JIBIYA (in neighbouring Nigeria). They all presented symptoms of acute watery diarrhoea and vomiting with severe dehydration. Out of the three affected people, one died 20 minutes after their admission to the health centre. They were all from the same family. The report also indicated that this phenomenon started on 2nd July 2018 in Makada village situated in the JIBIYA Health area in neighbouring Nigeria. On 6 July 2018, a new case was reported at the same health centre -- this new patient came from Dan-Koussou village, located 4 kms away from the health centre. On 7 July 2018, three (3) other new cases erupted in the same N'Yelwa Centre. Among them, two (2) people came from Dan-Koussou while one came from Abdallah village, located 4 kms away from JIBIYA health centre.

On 12 July 2018, the CERMES Laboratory of Niamey confirmed the presence of *Vibrio cholera 01 Inaba* in the sample taken from the affected cases that originated from Dan-Koussou village.

<sup>1</sup> Niger is recognized as the country with the highest fertility rate in the world, therefore, the average number of people per family is 7. All IFRC Programmes in Niger target 7 people per family.



**REPUBLIQUE DU NIGER**  
Ministère de la Santé Publique

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Niamey, le 12 Juillet 2018

**COMPTE RENDU D'EXPERTISE**

Le laboratoire de Bactériologie du CERMES a réceptionné trois (3) échantillons de selles en provenance du district sanitaire de Madarounfa région de Maradi pour suspicion de choléra.

Si dessous le résultat bactériologique.

Date prélèvement	Date réception	Nom & Prénom	Age	TDR	Résultats Culture
07/07/2018	11/07/2018		6 ans	Positif	<i>Vibrio cholerae O1 inaba</i>
			6 ans		
			12 ans		

**Antibiogramme** : en cours

*Laboratory test analysis sample taken from the affected people*

The affected area remains the district of Madarounfa in the region of Maradi. The report also indicated that the epicentre of the epidemic remains N'Yelwa health Centre. As of 21 July 2018, at least 227 suspected cases have been reported, including four (4) deaths for a lethality rate of 1.7%. Eight (8) health Centres including Dan-Issa, Gabi, Harounawa, Madeini, Maraka, N'Yelwa, Madarounfa and Rourouka are so far affected by the outbreak. This includes: Dan-Issa, Gabi, Harounawa, Madeini, Maraka, Madarounfa, Rourouka and N'Yelwa. The report also revealed that 54.4% of the affected population are female. The table below indicates the number of affected people per health Centre as of 31 July 2018.

**Table 1: Number of affected people per health Centre**

Health Centre	Number of affected people registered	Number of deaths reported	Lethality rate
Dan Issa	224	1	0.4
Gabi	10	0	0
Harounawa	87	3	3.4
Madeini	69	0	0
Maraka	9	2	22.2
N'Yelwa	179	3	1.7
Madarounfa	21	0	0
Rourouka	1	0	0
<b>Total</b>	<b>605</b>	<b>10</b>	<b>1.7</b>

**Source: MoH's situation report N°11 of 31/07/2018**

Table 2: Cholera situation at week 30

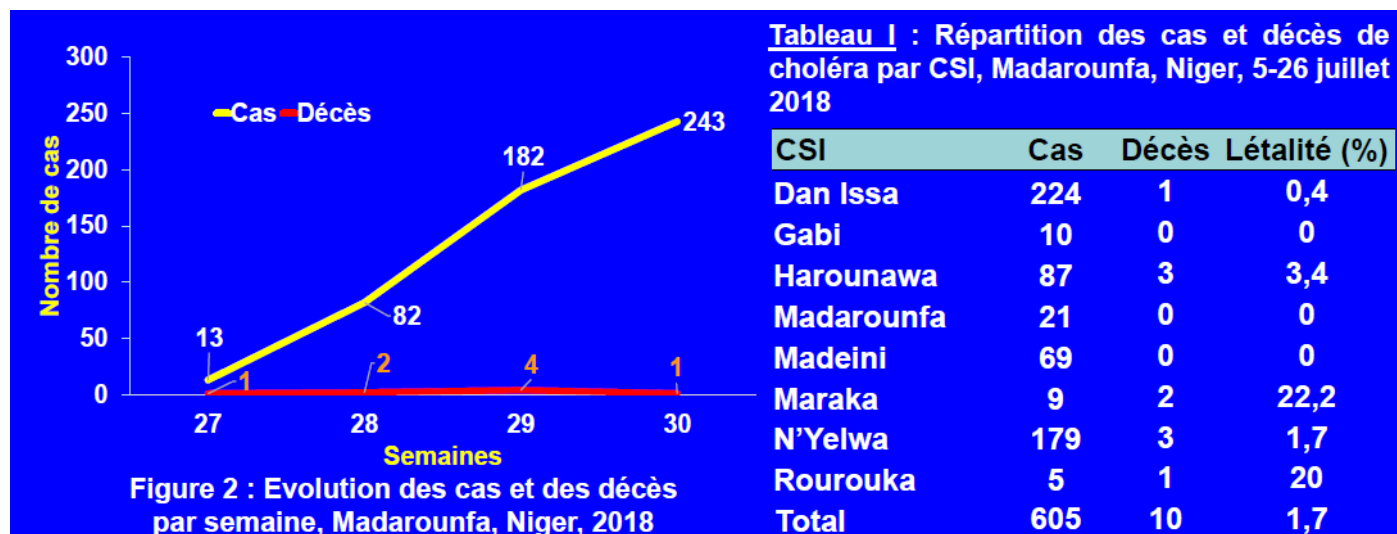
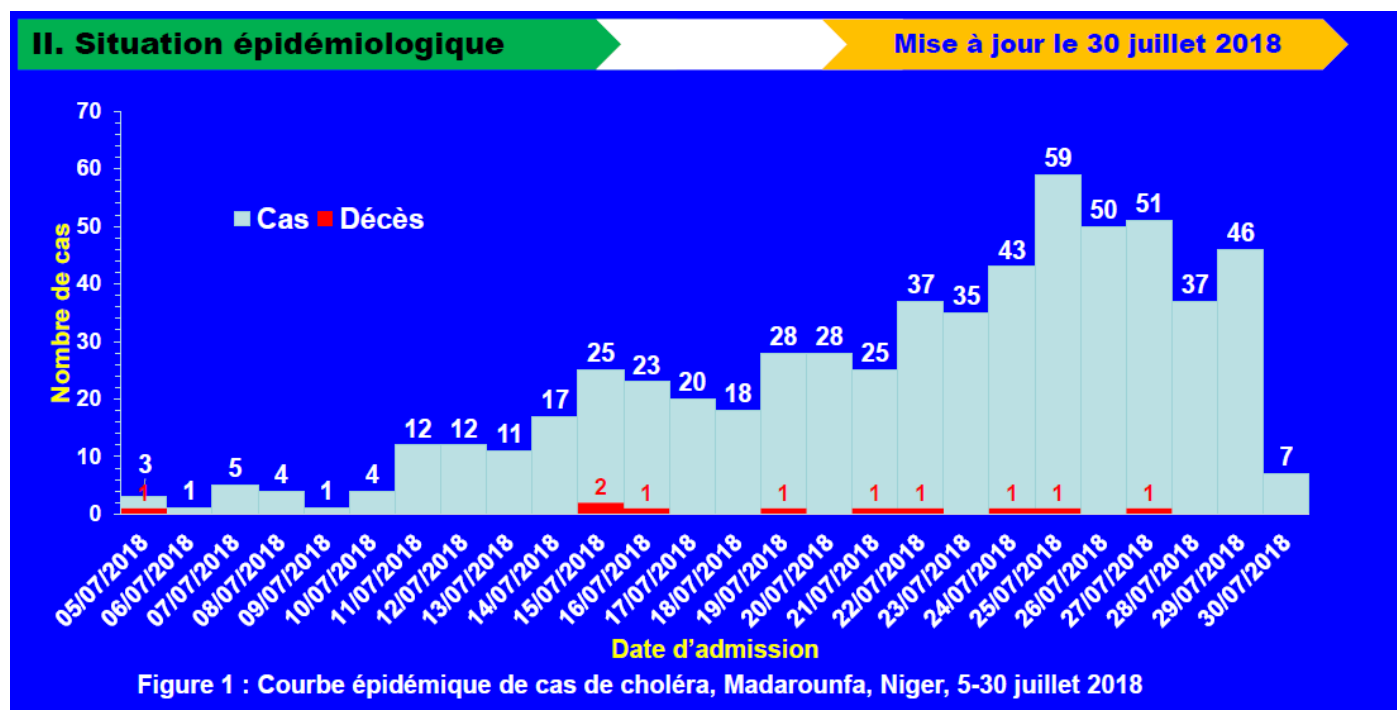


Tableau I : Répartition des cas et décès de choléra par CSI, Madarounfa, Niger, 5-26 juillet 2018

CSI	Cas	Décès	Létalité (%)
Dan Issa	224	1	0,4
Gabi	10	0	0
Harounawa	87	3	3,4
Madarounfa	21	0	0
Madeini	69	0	0
Maraka	9	2	22,2
N'Yelwa	179	3	1,7
Rourouka	5	1	20
Total	605	10	1,7



These Maps show the cholera situation as it evolves at the week 30 and the key indicators

Source: MoH sitrep N° 11 (31 July 2018)

Out of the affected population, at least 77 came from the JIBIYA health area in neighbouring Nigeria.

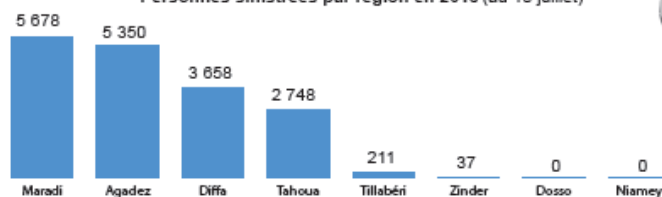
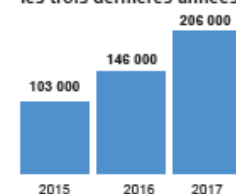
Following the confirmation of the Cholera outbreak through CERMES Laboratory test, the MoH instructed some actions, detailed under “**Overview of non-RCRC actors in country**” below.

The heavy rains recorded in the region since the beginning of the rainy season, added to the factors that caused the spread of cholera in Niger. According to UNOCHA report of Floods situation in Niger as of 18 July 2018, at least 17,682 are so far affected by the 2018 Floods in Niger, out of which 5,678 are residing in the region of Maradi.

## Niger: Situation des inondations (18 juillet 2018)

Situation globale en 2018  
(au 18 juillet)

## Personnes sinistrées par région en 2018 (au 18 juillet)

Situation en 2017 à la même  
période (au 18 juillet)Bilan des inondations pour  
les trois dernières années

Les frontières et noms indiqués et les désignations employées sur cette carte n'impliquent pas reconnaissance ou acceptation officielle par l'Organisation des Nations Unies.

Date de création: 19 juillet 2018 Sources: Direction Générale de la Protection Civile, Ministère de l'Action Humanitaire et de la Gestion des Catastrophes, OCHA Commentaires: ochaniger@un.org www.unocha.org/niger www.reliefweb.int

\* Les personnes sinistrées incluent les éleveurs et les agriculteurs ayant perdu leurs bétails et leurs cultures

## Floods situation in Niger as of 18 July 2018

Source: UNOCHA snapshot 18 July 2018

The precarious sanitation conditions in most of the affected health districts and the movement of population across borders with Nigeria, where cholera was reported since several months, are among the major contributors to the outbreak.

Since the official declaration of the outbreak, Niger Red Cross Society has deployed 15 volunteers in the affected areas and conducted awareness sessions around the Treatment Centres. Further, the NRCS provided tents for the isolation of patients (Treatment Centres). In the operational call done on 20 July, it was discussed that DREF could be an option for response depending on the information to be collected and the epidemic evolution thus, at the time this DREF request, there is an urgent need to scale up interventions to stop the current outbreak.

## Summary of the current response

## Overview of Host National Society.

The Niger Red Cross Society (NRCS) is fully involved in responding to all the epidemic outbreaks in the country. The NRCS is organised into two main structures: The Executive Secretariat, which includes programmes in Disaster Management; Health and Nutrition; Water & Sanitation; Communication, Family links re-establishment and the Support Services, which comprises Administration, Finance, Logistic, and the Governance.

The NRCS is present in all the eight regions of the country with eight (8) regional committees and 73 sub-regional branches. It counts at least 10,000 volunteers nationwide. In the affected regions, NRCS is represented by a Regional Committee (Maradi RC Regional Committee) and six (6) sub-regional branches, comprising approximately 2,500 volunteers. The volunteers in this part of the country have knowledge of cholera because a Cholera epidemic outbreak erupted in the same area in 2015. This epidemic also affected the neighbouring Zinder and Tahoua regions. Further in late 2016, neighbouring Tahoua region experienced the Rift valley Fever epidemic. Therefore, Niger Red Cross volunteers in the affected areas have a good knowledge of the disease and they are experienced in managing cholera outbreaks.

The National Society (NS) has experience in managing DREF and Emergency Appeal (EA) operations and has a good understanding of IFRC tools and procedures. The NRCS implemented an EA on Population Movement targeting the Diffa region from 2014 -2017 and the NS is currently implementing an EA still in the Diffa region aiming to prevent epidemic diseases and to conduct nutrition and WASH activities. In 2017, the Niger Red Cross Society implemented a Floods DREF operation in the region of Maradi. The areas affected by this epidemic and targeted by this DREF request are, however, not part of the area of the ongoing EA. In 2017, the Niger Red Cross Society implemented four DREF operations including the Niger Meningitis epidemic DREF Operation (CHF 232,292), the Niger Hepatitis E epidemic outbreak (CHF 249,183), the Niger Food security DREF operation (CHF 261,041) and the Niger Flood DREF operation (CHF 234,666).

Since 13 July 2018, when the information on the Cholera outbreak was shared by the MoH and WHO, the Governor of the region of Maradi requested the support of the Red Cross in the response to this epidemic. The NRCS has been taking part in the crisis meeting chaired by the MoH on the strategic response plan for this outbreak. As part of the initial response, the NRCS deployed 15 volunteers from its roster of volunteers. The NS also provided six (6) tents for the isolation of patients at the treatment centre. Further, on 31 July 2018, the Niger Minister of Public Health, through a letter has requested the support of the Niger Red Cross Society in the response to this epidemic outbreak. The Minister's request targets the following activities:

- Provision of calcium hypochlorite, chlorine, Aquatabs and PUR for the purification of water at the treatment centres and within the communities;
- Carry out community-based surveillance;
- Organization of cross-border meetings between the Health District of Madarounfa (Niger) and the JIBIYA (Nigeria) in collaboration with the Red Cross Societies of the two countries;
- Organization central support mission to identify community risk behaviour that contribute to the spread of the epidemic in order to develop appropriate messages.
- Training of community actors and Security and Defence Forces (FDS) at border level (Police, Customs, environmental agents, peers' educators) on the knowledge of cholera disease, the symptoms, mode of contamination and universal prevention measures;
- Dissemination of awareness messages through community radios in the region;
- Production and elaboration of communication tools.

### **Overview of Red Cross Red Crescent Movement in country**

The IFRC is providing assistance through its Niger Country Office, and Africa Regional Office. From the onset of the disaster, contacts were established with Nairobi Regional Office and regular updates on the situation and activities were shared. An alert was issued on 17 July 2018 using the IFRC Disaster Management Information System (DMIS), and the Operational Strategy Call was held with colleagues at regional level on 21 July 2018. After the operational call, it was decided that the Niger team provides an EPoA and its budget for the DREF request.

The IFRC Niger Country Office, in collaboration with the Niger Red Cross Society, continues to attend the crisis meetings chaired by the MoH on the strategic response plan for Cholera outbreak. Movement partners in Niger include the French Red Cross, the Spanish Red Cross, the Luxembourg Red Cross, the Danish Red Cross and the Belgium Red Cross.

The Spanish Red Cross is present in the Maradi region and dedicated to resilience activities on livelihood. They are not responding to the ongoing Cholera outbreak in the region of Maradi. It is important to note that Movement Coordination meetings are held on a monthly basis to improve collaboration and seek, where necessary, synergies that will have a positive impact on activities implemented for the affected population.

### **Overview of non-RCRC actors in country**

To date, the Ministry of Health with the technical support of WHO, UNICEF and MSF (Spain, France and Suisse) is leading the response to the Cholera outbreak. Regular crisis meetings are held at the Ministry of Health in Niamey and at the regional level to coordinate the strategic response plan. Further to the official declaration of the outbreak, the Niger Minister of Health and Population instructed the following actions:

- To open six (6) operational sites for free of charge treatment,
- To reinforce epidemiological surveillance with daily reports on new cases in all the health centres of the region,
- To pre-position cholera treatment kits in high risk health districts,
- To deploy treatment products in the affected health centres,
- To hold daily meetings of the epidemic management committee put in place by the MoH including Niger Red Cross Society;
- To carry out the distribution of Aquatabs to the population for the treatment of water at household level;
- To increase community-based awareness raising to the population on the symptoms of cholera through the existing communication channels,
- To increase community-based awareness raising to the population on the use of health services;

- To use community relays, Red Cross volunteers and community leaders for community-based awareness sessions,
- To disseminate communication on Cholera outbreak through community radio stations.

Based on the above, the UNICEF provided its support in intravenous infusate for drip and 22 cartons of Aquatabs of 16,000 tablets each and 30 cartons of soap; however, the needs remain enormous. According to the WASH cluster meeting held on 19 July 2018, the needs are summarized in the following: Medication for the treatment of cases, WASH items especially Calcium hypochlorite (HTH), soap and Aquatabs; awareness raising and dissemination of information on cholera.

## Needs analysis, targeting, scenario planning and risk assessment

### Needs analysis

Daily updates and monthly summaries provided by the Maradi Regional Public Health Directorate, in collaboration with UNICEF and WHO, highlight the extent and trends of the outbreaks. Health cluster coordination meetings in Niamey and at the regional level have helped to outline the gaps that required partners attention and for coordinated response to the outbreak. Key among these gaps identified at the last cluster meetings include:

- Inadequate access to basic Social Services in the areas where the outbreak occurred;
- Inadequate funding and logistic/supplies for rapid response to the outbreak;
- Inadequate coordination between the Health Cluster and the Ministry of Public Health;
- Inadequate community-based surveillance in place for early warning information to assist investigations and responses;
- Insufficient capacity of staff in case management;
- Need to scale up WASH interventions to increase common access to safe water.

This DREF operation will contribute to addressing some of these gaps so as to effectively respond to the outbreak. The operation will target about 21,000 people (3,000 households) in the affected and at-risk areas. The outbreak, which was initially located in small pockets at the beginning, now appears to be higher at the borders between Nigeria and Niger due to the high porosity of the borders and the persistent movement of population at the border level. In addition, a Cholera outbreak was reported in Nigeria a few months ago, hence the higher risk of infection from shared amenities and services, general unsanitary conditions, coupled with use of unsafe water. The target population is derived from areas that have no other organization providing the much needed support.

### Targeting

According to the Regional Directorate of Public Health in the region of Maradi, the population of the affected areas is estimated at 90,374 people out of which 21,000 people (3,000 households) are exposed to high risk of contamination to cholera. Therefore, the Red Cross will target 21,000 people (3,000HH) for this operation. These people are found in the 8 affected areas of the region.

### Operation Risk Assessment

Besides the population Movement being the main trigger for the overall increase in the cholera outbreak, there are a number of risks directly associated with the outbreak, including the floods affecting the whole country in general and the Maradi region in particular as well as the weakness of community-based surveillance of disease information.

Community perception of water treated with chlorine or Aqua tabs could equally affect the successful implementation of planned interventions under the DREF operation. Generally, the community has some hesitation in drinking water treated with Aqua tabs with the complaint that the natural taste is lost. Sustained community sensitization in weighing heavily on the derived benefits from chlorinated water would help change perception to water treated with chlorine or Aqua tabs.

## B. Operational strategy<sup>2</sup>

### Overall Operational objective

This operational plan aims at implementing lifesaving interventions including improved surveillance for early case detection, timely response, including effective case management to curb the rising trend of the current outbreak and contribute to preventing further outbreaks of cholera in the target population. Through a combination of strategies such as improved surveillance, timely alerts and responses, WASH activities, effective case management and sustained social mobilization by Niger Red Cross volunteers, the National Society could contribute significantly to control outbreaks and promote healthy living among the target population.

### Proposed strategy

- The proposed strategy, in accordance with the IFRC's response and preparedness strategy for epidemic countries in the region, aims at supporting the NRCS through staff and volunteer training and awareness raising, distribution of information, education and communication materials, community-based epidemiological surveillance, dead body management, communication of key messages for the preparedness and prevention of Cholera epidemic outbreaks, as well as social mobilisation to reduce the risk and improve prevention activities, in collaboration with the MoH. To reach the at-risk population, NRCS will continue to utilize its network of existing of community volunteers to establish community-based treatment Oral Rehydration Points (ORP). Activities planned will include:
  - Training of 175 volunteers, 20 supervisors and 60 community leaders on the Epidemic Control for Volunteers (ECV) manual, specifically linked to the risks related to cholera outbreaks (two-days training). The NRCS volunteers will receive training on knowledge of the disease, the signs and symptoms, the transmission risk factors, actions for suspected cases, prevention and control measures.
  - Social mobilization will be conducted in the affected areas – especially in Dan-Issa, Gabi, Harounawa, Madarounfa, Madeini, Maraka, N'Yelwa and Rourouka, where an overall 175 NRCS volunteers will be mobilized through the whole period of the operation. Of these 175, 100 volunteers will be involved in door to door campaigns and mass media awareness sessions, using megaphones and distributing information, education and communication (IEC) materials in public places (churches, mosques and schools) while and 75 volunteers will be dedicated to community-based surveillance.
  - Community-based surveillance including monitoring/referral by volunteers at community level, as well as participation by the NRCS in information/coordination meetings.
  - Community-based management: NRCS will set up ORP for the community-based management of the cholera especially in the affected areas where there are no health facilities for the distribution of household water treatment (Aquatabs /PUR) and ORS for at least 3,000 affected families and the most at-risk people.
  - The eight (8) Health Centres in affected areas will be provided with calcium hypochlorite (HTH) for the preparation of chlorine solutions for different uses (disinfection of vomit surfaces, faeces, urine and other biological fluids).
  - Provision of 3,000 family kits to the most vulnerable households (soaps, buckets and jerrycans).
  - Reproduction of IEC materials with keys messages on cholera; put in place by the Ministry of Public Health for community-based awareness sessions (40 image boxes for door-to-door and focus groups discussions, 1,000 posters to be posted in public places such as markets, Mosques, Churches, Health Centres and schools, and 3,000 leaflets for the distribution to family members both in French and *Haoussa* dialect).
  - Production of 100 hand washing devices which will be positioned at health centres and other public places with chlorinated water for hand disinfection. Volunteers will demonstrate hand washing techniques with soap.
  - Purification of water: Some 540,000 Aquatabs will be purchased and distributed to 3,000 most at-risk households (180 tabs/HH) who do not have access to potable water to be used within 3 months. The NRCS volunteers will demonstrate the use of Aquatabs and ensure follow-up of residual chlorine at residential level. Further, volunteers will be placed for chlorination of water at each water point to make sure that the water that is consumed at household level is clean.

<sup>2</sup> The plan should be prepared by the National Society, with support from the Secretariat technical departments and support services.

- Purchase and distribute to 175 volunteers protection material including masks, personal protective equipment, boots, hand disinfectant, hand gloves etc.

## Operational Support Services

### Human Resources

The regional Red Cross branch of Maradi will deploy 175 community volunteers and 20 supervisors for the implementation of this operation. Further, the regional branch will monitor the daily activities of volunteers in the field. At the Niger Red Cross national headquarter, one Health Coordinator, one WASH Coordinator, one Communication Officer, one Logistic Officer and a Finance Assistant will be dedicated for the management of this operation.

At the IFRC level, an RDRT specialised in WASH/ Health will be deployed for three months and under the supervision of the IFRC Niger Country Office, he/she will assist the NRCS team for the effective and efficient implementation of the operation, specifically the ECV training, mobilization of volunteers, and monitoring and reporting of activities. The overall activities will be coordinated by the IFRC Programmes and Operations Coordinator Delegate.

### Logistics and supply chain

All the necessary items will be procured locally in accordance with the agreed IFRC logistics standards. Transport and fleet needs: Vehicle fuel and maintenance costs have been budgeted for both the NS and IFRC support. A four-wheel drive vehicle will be rented through the IFRC leasing system for the period of three months to support the implementation of the operation. The fund for the leasing of vehicle will be supported by the operation.

### Communications

- From the onset of the disaster, the NRCS initiated a media conference and the President of the National Society provided (both in French and in the local language) some key messages and protective measures.
- During the DREF operation, the visibility of the work of NRCS volunteers will be strengthened by the production of 200 T-shirts and 200 caps, which will be distributed to NRCS volunteers and the NHQ staff involved in the implementation of the activities planned.
- Proper documentation and reporting to allow for lessons learnt will be ensured as well.
- The NS, through its communication Department, will provide regular updates on the operation for use by both the NS and IFRC digital and social media resources. These updates will enable IFRC prepare and share progress reports.
- Communication and community awareness will focus on decreasing fear, raising awareness on the transmission methods and raising the alertness of communities for an appropriate response. Key stakeholder groups and opinion leaders (taxi drivers, religious leaders, traditional birth attendants, community leaders and teachers) will be targeted as change agents for social mobilisation and communication activities.
- It is envisaged that the NS will initiate cross-border communication and information sharing will be undertaken amongst neighbouring NSs - the Niger Red Cross and Nigerian Red Cross Societies - and MoHs.

### Security

The security environment across Niger remains highly unstable and insecure, despite apparent and localized improvements in the situations. Therefore, and for the fact that perpetrators of violence may not originate from a community the RCRC Movement serves, adequate security risk mitigation measures need to be implemented. This includes but is not limited to appointing a security focal point within the National Society who - in coordination with HQ and branch managers - carefully monitors the security environments and advises field personnel - in a timely manner - about changes in the security environment and protective measures. As such, RCRC personnel must be visible by wearing the respective visibility wear, e.g. T-shirts, caps, jackets. All RCRC personnel must complete the relevant IFRC Stay Safe e-learning programs, e.g. Personal Security, Security Management, or Volunteer Security. IFRC personnel, including RDRT personnel, will not be permitted to travel or work outside the capital, without the permission of the IFRC Head of Country Office.

### Planning, monitoring, evaluation, & reporting (PMER)

- Monitoring and reporting of the DREF operation will be supported by the RDRT in close collaboration with the National Society M&E focal point.

- Brief weekly updates will be provided to the IFRC on the general progress of the operation through the RDRT person, and regular monitoring reports will provide detailed indicator tracking.
- The RDRT will assist in providing ongoing monitoring report from the NS local branches, with the support from the NHQ level, and he/she will work in close cooperation with the IFRC Country and Regional offices to monitor the progress of the DREF operation and provide necessary technical expertise.

### Administration and Finance

The RDRT member will work closely with the NS finance 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 Country Office. Management of financial resources will be carried out according to the procedures of the NS and DREF Guidelines. Supervision will be ensured through the IFRC Country Office Finance and coordination Unit.

## C. Detailed Operational Plan

**Health**

**People targeted: 21,000 people**

Male: 10,290

Female: 10,710

**Requirements (CHF): 147,605**

	<p><b>Health Outcome 1: Vulnerable people's health and dignity are improved through increased access to appropriate health services.</b></p>	<ul style="list-style-type: none"> <li>• % of people that have access to appropriate health services (Target:100%)</li> </ul>
<p><b>P&amp;B Output Code</b></p>	<p><b>Health Output 1.1: Communities are provided by NS with services to identify and reduce health risks</b></p>	<ul style="list-style-type: none"> <li>• # of people reached by the NS with services to reduce health risks (Target: 21,000 people)</li> <li>• # of assessments conducted (Target: 3)</li> <li>• # of volunteers trained on the ECV / cholera control (Target: 175 volunteers and 20 Supervisors)</li> <li>• # of community leaders trained on the ECV / cholera control (Target:60 community leaders)</li> <li>• # of IEC material produced (Target: 40 image boxes, 1,000 posters and 3,000 leaflets)</li> <li>• # of visibility material produced and distributed to volunteers and NS staff (Target: 200)</li> <li>• # of tents procured and distributed to HCs for isolation of affected cases (Target:16 tents)</li> <li>• # of cholera kits procured and distributed to health centres (Target: 500)</li> </ul>

	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	Continuous assessment and reporting of the evolving situation and spread of disease																
AP021	Organize training on cholera outbreak management, utilizing the Epidemic Control Manual for Volunteers in coordination with the MoH, using IFRC manuals for volunteers (including early detection and referrals of cholera cases) (Target: 175 volunteers and 20 supervisors).																
AP021	Organize training on cholera outbreak management utilizing the epidemic control manual for volunteers in coordination with the MoH, using IFRC manuals for community leaders (religious leaders, customary chiefs, traditional healers) (Target: 60 community leaders)																
AP021	Produce assorted IEC materials (image boxes, posters, fliers....) with key messages on cholera outbreak, printed and distributed to enhance positive behaviour change (Target: 40 images boxes, 1,000 posters and 3,000 leaflets)																
AP021	Production of visibility material (Target: 200 T-shirts, 200 caps and 200 volunteers bibs)																
AP021	Support the affected health centres with 16 tents to help in case management (Target: 2 tents per health centre)																
AP021	Provide cholera kits to the targeted 8 health centres. (Target 500 kits)																
AP021	Train 175 volunteers and 20 supervisors on the use of ORP and ORS kits																
AP021	Organise a lesson learnt workshop on Cholera outbreak																
AP021	Monitoring and reporting of activities																

- # of volunteers and supervisors trained on the use of ORP and ORS (Target: 175 volunteers and 20 supervisors)
- # of monitoring missions conducted (Target:21)
- # of LLW organised (Target:1)

P&B Output Code	Health Output 1.2: Communities are supported by the NS to effectively detect and respond to infectious diseases outbreak	<ul style="list-style-type: none"> <li>• # of suspected cases identified and referred to the treatment centres (Target:300)</li> <li>• # of community discussion sessions held (Target: 96 sessions)</li> <li>• # of ORS procured and deployed (Target:1,000)</li> <li>• # of people reached with ORS (Target:200)</li> <li>• # of volunteers deployed to high risk areas (Target:175)</li> <li>• # of ORPs set up (Target: 100)</li> <li>• # of ORP management sessions held (Target: 1,000)</li> <li>• # of people served at ORPs (Target: 21,000)</li> <li>• # of radio broadcasts (Target:180)</li> <li>• # of awareness sessions conducted (Target:288)</li> </ul>															
		Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
AP022	Organise one community discussion session on cholera per target area per week for 3 months (Target: 96 sessions)																
AP022	Procure 100 ORP kits and 1,000 sachets of ORS																
AP022	Deploy volunteers and ORP kits to high risk areas																
AP022	Carry out 200 sessions on the management of the ORP at the public places																
AP022	Support Radio broadcasting using community radios in the affected areas (the dissemination of cholera messages 2 twice per day in two community radios for three months) (Target: 180 broadcasts).																
AP022	Carry out 288 awareness sessions on cholera outbreak with dissemination of cholera prevention keys messages (Target: 3 sessions per target area per week x 4 weeks x 3 months x 8 target areas)																
AP022	Monitoring and reporting on activities																
P&B Output Code	Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population	<ul style="list-style-type: none"> <li>• # of people reached with community-based awareness sessions. Target: 21,000 people)</li> </ul>															

																				<ul style="list-style-type: none"> <li>• # of information and coordination meetings held (target: 36)</li> <li>• # of community monitoring committees set up/enhanced for cholera surveillance (Target:8)</li> <li>• % of volunteers actively reporting surveillance cases (Target:100%)</li> <li>• Case fatality rate (CFR) change</li> <li>• # of suspected cases referred (Target: 250)</li> <li>• % of new cases reported (Target: 100%)</li> </ul>
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16			
AP011	Participate in information and coordination meetings with authorities																			
AP011	Set up / enhance community monitoring committees for cholera surveillance in the 8 target areas																			
AP011	Epidemiological control and monitoring through community disease surveillance.																			
AP011	Reference of suspected cases																			
AP011	Monitoring and reporting on activities																			



### Water, sanitation and hygiene

People targeted: 21,000

Male: 10,290

Female: 10,710

Requirements (CHF): 127,114

P&B Output Code	<b>WASH Outcome1: Vulnerable people have increased access to appropriate and sustainable water, sanitation and hygiene services</b>	<ul style="list-style-type: none"> <li>• % of reduction of cholera cases in the target areas(target 0 case)</li> </ul>
	<b>WASH Output 1.1: Communities are provided by NS with improved access to safe water</b>	<ul style="list-style-type: none"> <li>• # of people who have access to potable water (Target: 21,000 people)</li> </ul>





## Budget

The overall amount requested for this operation is CHF 352,270 as detailed in attached budget.

### DREF OPERATION Niger Cholera Epidemic Outbreak

Budget Group	DREF grant budget
Shelter - Relief	0
Shelter - Transitional	4,960
Water, Sanitation & Hygiene	63,265
Medical & First Aid	25,833
Teaching Materials	14,673
Other Supplies & Services	1,667
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>110,398</b>
Distribution & Monitoring	19,300
Transport & Vehicle Costs	7,000
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>26,300</b>
International Staff	12,000
National Society Staff	6,000
Volunteers	135,021
<b>Total PERSONNEL</b>	<b>153,021</b>
Workshops & Training	18,131
<b>Total WORKSHOP &amp; TRAINING</b>	<b>18,131</b>
Travel	3,000
Information & Public Relations	6,020
Office Costs	4,150
Communications	7,000
Financial Charges	2,750
<b>Total GENERAL EXPENDITURES</b>	<b>22,920</b>
Programme and Supplementary Services Recovery	21,500
<b>Total INDIRECT COSTS</b>	<b>21,500</b>
<b>TOTAL BUDGET</b>	<b>352,270</b>

REPUBLIQUE DU NIGER  
Fraternité - Travail - Progrès



MINISTRE DE LA SANTE PUBLIQUE

SECRETARIAT GENERAL

DIRECTION DE LA SURVEILLANCE  
ET DE LA RIPOSTE AUX EPIDEMIES

30 JUIL 2018

31 JUIL. 2018

V4  
SE  
Dr. Mossi

N° 02888 MSP/SG/DSRE

LE SECRETAIRE GENERAL

A

Monsieur le Président de la  
Croix-Rouge Nigérienne  
Niamey

pour  
éléments de  
réponse  
B

**OBJET :** Appui Riposte de l'épidémie de  
Choléra dans la région de Maradi

**Monsieur le Président,**

J'ai l'honneur de porter à votre connaissance qu'une épidémie de choléra sévit dans le District Sanitaire de Madarounfa se trouvant dans la région de Maradi. En effet, les premiers cas ont été notifiés à la 27<sup>ème</sup> semaine épidémiologique. A la date d'aujourd'hui, 08 Centres de Santé Intégrés ont mis en place des sites de prise en charge des cas. Aussi, il existe un risque de propagation dans les districts voisins notamment le district de Maradi Commune.

Dans le cadre de la riposte contre cette épidémie, j'ai l'honneur de vous demander de bien vouloir appuyer le Ministère de la Santé Publique dans les domaines suivants :

- Disponibilité de l'eau potable dans les sites de prise en charge et au sein des communautés (fourniture de l'hypochlorite, chlore, AQUATAB, PUR, etc.) ;
- Surveillance à base communautaire ;
- Organisation d'une rencontre transfrontalière entre le District de Madarounfa et le District de Jibia (Nigeria) en collaboration avec les deux Croix rouge (Niger et Nigéria) ;
- Mission d'appui du niveau central pour identifier les comportements communautaires à risques contribuant à la propagation de l'épidémie afin d'élaborer des messages adaptés ;
- Formation des acteurs communautaires et les FDS des postes frontaliers (police, douane, agents de l'environnement, pairs éducateurs) ;
- Diffusion des messages de sensibilisation dans les radios de la région ;
- Elaboration et reproduction des outils de communication.

Veuillez recevoir, **Monsieur le Président**, l'assurance de mes salutations distinguées.

**AMPLIATION :**

- MSP : ..... ATCR



**Dr RANAOU ABACHE**

## 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:**

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#### For IFRC Resource Mobilization and Pledges support:

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#### For In-Kind donations and Mobilization table support

##### IFRC Africa Regional Office for Logistics Unit

- RISHI Ramrakha, Head of Africa Regional Logistics Unit; phone: +254 733 888 022; email: [rishi.ramrakha@ifrc.org](mailto:rishi.ramrakha@ifrc.org)

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

##### IFRC Africa Regional Office:

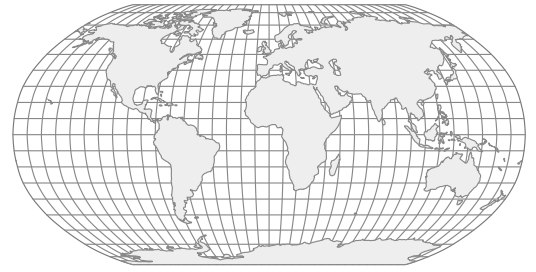
- Fiona Gatere, PMER Coordinator, phone: +254 780771139; email: [fiona.gatere@ifrc.org](mailto:fiona.gatere@ifrc.org)

## 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.

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



# Niger: Cholera

9 August 2018 • EP-2018-000132-NER



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Map data sources: IFRC, OCHA, OpenStreetMap Contributors.

Map produced by: IFRC Africa Regional Office, Nairobi.

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