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Emergency Plan of Action Operation Update no.1

Niger Cholera Epidemic outbreak



DREF n° MDRNE022	GLIDE n° ° EP-2018-000132-NER
EPoA update n° 01; date of issue: 15/10/2018	Timeframe covered by this update: 45 days
Operation start date: 11 August 2018	Operation timeframe: 4 months (new end date: 11 December 2018)
Overall operation budget: CHF 352,270	DREF amount initially allocated: CHF 352,270
N° of people being assisted: 21,000 people directly and 50,000 indirectly	
Red Cross Red Crescent Movement partners currently actively involved in the operation: IFRC and Niger Red Cross Society	
Other partner organizations actively involved in the operation: UNICEF, WHO, MSF Spain, MSF France, BEFEN /ALIMA, CISP	

Summary of major revisions made to emergency plan of action:

Through this Operations Update, a no-cost one month timeframe extension is being sought, with a new end date of 11 December 2018. This has been necessitated due to the cholera epidemic rapidly spreading to new geographical areas of the country, beyond the Red Cross intervention area of Maradi region. Newly affected regions include Tahoua, Dosso and Zinder where the case load continues to increase, while the number of cases has dropped in the region of Maradi. The Ministry of Health is consequently requesting the Niger Red Cross Society to deploy more volunteers to the new affected areas, particularly in Madaoua, Galmi, Birni and N’Konni in the Tahoua region and Dan-Issa in the Madarounfa health district.

This operation will be able to efficiently cover new areas without budgetary implications due to savings made that will be used to train and deploy volunteers in the newly affected areas.

A. SITUATION ANALYSIS

Description of the disaster

Starting in the night of 4 – 5th July 2018, three patients originating from the JIBIYA health Centre in neighboring Nigeria were admitted to N’Yelwa Health Centre in the Madarounfa Health District of Niger with acute watery diarrhea and vomiting. Since then the number of cholera cases in Niger has rapidly increased, with large numbers of new cases, deaths occurring, and new districts being affected. According to the Directorate of Surveillance and Epidemics Response at the Niger Ministry of Health (MoH), as of 1st October 2018, the MoH registered 3,692 cases with at least 68 death, with a lethality rate of 1.8%.

NRCS’ handwashing and disinfection point at the border between Niger and Nigeria, N’Yelwa IHC geographical health area

Madarounfa District in Maradi Region remains the most affected with 72% of the cumulative cases reported. 83% of affected people are aged 5 and above and females constitute 56.2% of reported cases (WHO, 1 Oct 2018). The areas of Dan Issa, Gabi, Harounawa, Madeini, Maraka and N'Yelwa are the most affected. There is a high risk for further spreading of the outbreak. The latest WASH assessment carried out by UNICEF and WHO estimates that only 37% of the population in Maradi Region has access to basic sources of potable water, 75% of the population are said to practice open defecation, with only 10% having access to basic sanitation (WHO, 7 Sep 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 several months ago, are among the major contributors to the outbreak. The ongoing heavy rainfall and flooding in the area have affected more than 38,000 people and is exacerbating the risk of contamination (ACAPS, 24 Aug 2018). Currently, there is ongoing heavy rainfall, causing occasional floods in several places. The continuing outbreak control measures on the ground have not been able to halt the spread of the disease. This outbreak was initially contained in Madarounfa department but has now spread to the heavily populated city of Maradi, the capital of Maradi Region.

To date, the epidemic has reached 12 Health Districts including Madarounfa, Maradi Commune, Guidan Roundji, Dakoro, Aguié (in the region of Maradi), Gaya (in the region of Dosso), Damagaran Takaya and Mirriah (in the region of Zinder), Birni N'Konni, Malbaza, Keita and Madaoua (in the region of Tahoua).

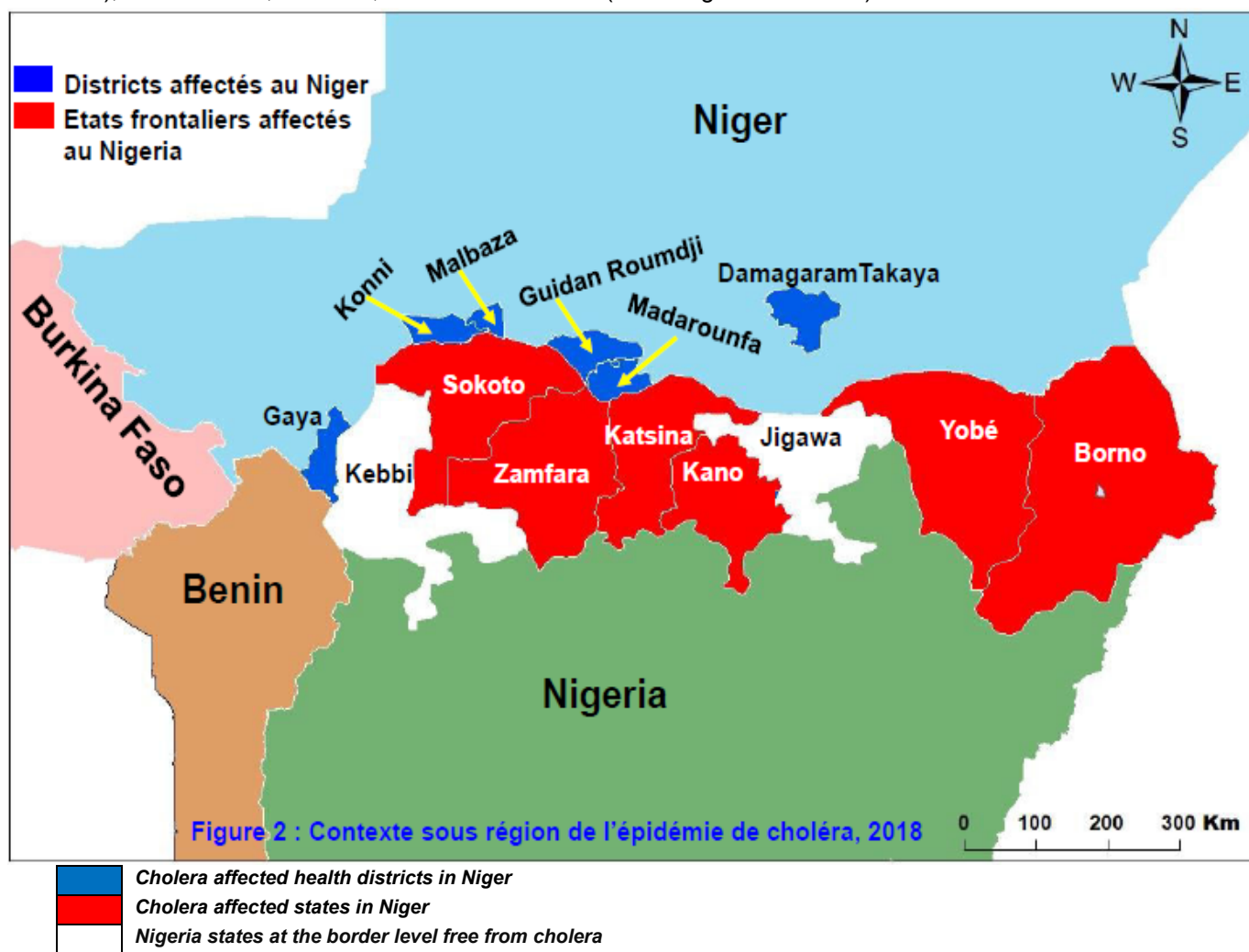
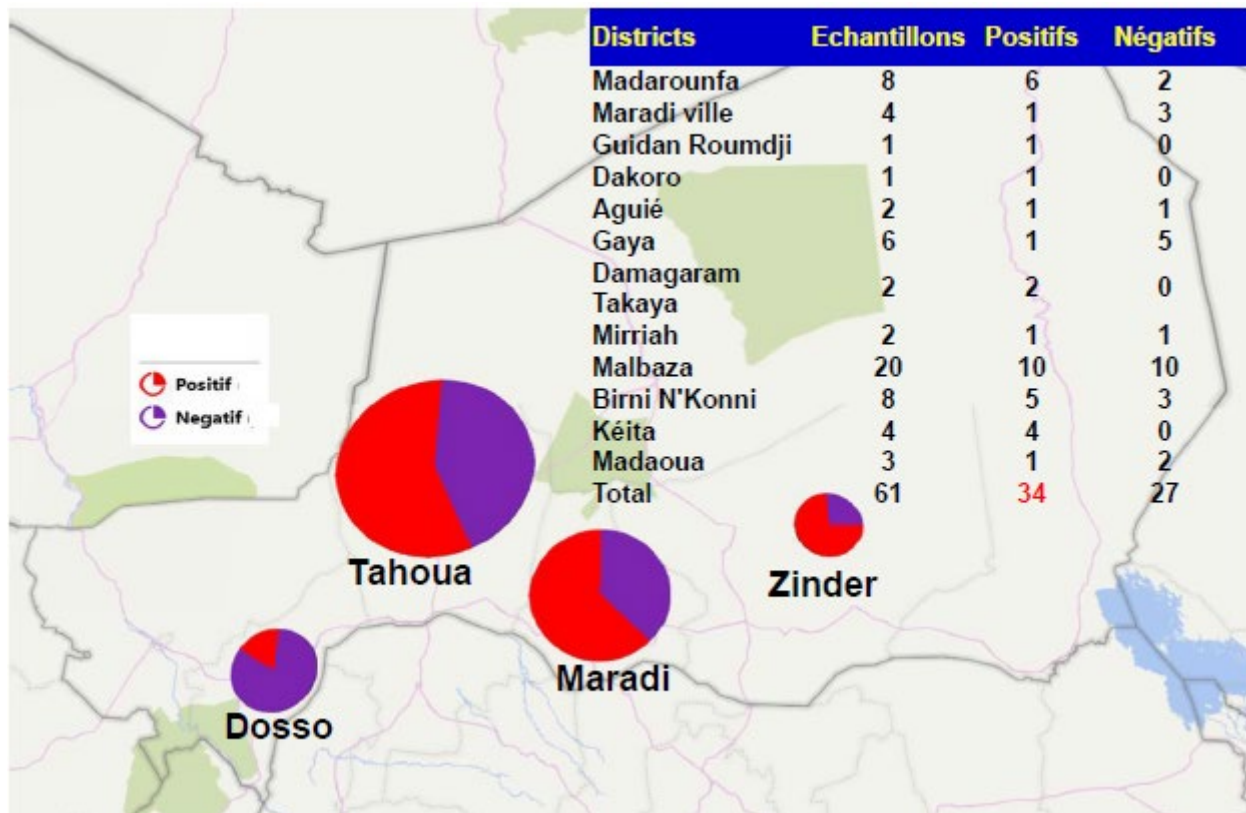


Figure1: Map indicating the geographical areas affected by cholera at the border between Nigeria and Niger

The MoH's report indicated that the cholera outbreak started on 2nd July 2018 in Makada village situated in the JIBIYA health geographical area, in the neighbouring Nigerian state of Katsina. This has led to people crossing the border to Niger in search of better treatment. Most of the Nigerian states bordering Niger including Katsina, Sokoto, Zamfara, Kano, Yobé and Borno have been experiencing a Cholera epidemic for several months. Therefore, the Diffa region of the country which is still free from cholera is at high risk due to its geographical position with the Borno state. According to the MoH' report, as of 1st October 2018, out of 3,692 affected cases, 483 (at least 18.5%) originated from Nigeria.



Laboratory test analysis sample taken from the affected people in the affected health districts as of 1st October 2018

On 13 August 2018, a DREF request for CHF 352,270 was approved, with activities focussing on training of volunteers on Epidemic control with a focus on cholera, community-based awareness sessions using IEC materials, setting up Oral Rehydration Points (ORP) and Handwashing Points, disinfection of public latrines in schools and health facilities and the distribution of water and hygiene related non-food items including soaps, jerrycans, buckets with lids and aquatabs for water purification at household level.

Summary of current response

Overview of Host National Society

The Niger Red Cross Society (NRCS) is fully involved in responding to a number of 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, re-establishing family links and the Support Services, which comprises of Administration, Finance, Logistic and Governance.

The NS 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 Branch) and six (6) sub-regional branches, comprising approximately 2,500 volunteers. The volunteers in this part of the country have experience managing cholera outbreaks due to a previous outbreak in the same area in 2015, which also affected neighbouring Zinder and Tahoua Regions. Furthermore, in late 2016, the neighbouring Tahoua Region experienced the Rift valley Fever epidemic.

Since 13th July 2018 when 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. The NS has been taking part in the crisis meetings chaired by the MoH on the strategic response plan for this outbreak. As part of the initial response, the NS deployed 15 volunteers from its roster and conducted awareness sessions around the Cholera Treatment Centres (CTC). Additionally, the NRCS provided tents for the isolation of patients at the CTC. During the operational call held on 20 July, DREF was discussed as an option to fund the response depending on the information to be collected and the evolving situation of the epidemic.

Since the approval of the current DREF, the NS deployed 175 volunteers in the affected areas. They are all trained on Epidemic Control for Volunteers manual focussing on cholera management. The trained volunteers are currently carrying out activities in the affected areas, covering nine (09) health centres in three health districts including Madarounfa, Maradi Commune and Guidan Roundji.

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 17th July 2018 using the IFRC Disaster Management Information System (DMIS), and an Operational Strategy Call was held with colleagues at regional level on 21st 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 the Cholera outbreak. Movement partners in Niger include the International Committee of Red Cross (ICRC), the French Red Cross, the Spanish Red Cross, the Luxembourg Red Cross, the Danish Red Cross and the Belgium Red Cross – French.

The Spanish Red Cross is present in the Maradi region and is dedicated to livelihoods resilience activities. 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, BEFEN /ALIMA, CISP, NRCS and MSF (Spain, France and Suisse) and Italian Embassy in Niger are leading the response to the Cholera outbreak in Maradi. 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 the Cholera outbreak through community radio stations.

Based on the above, UNICEF provided its support in intravenous infusate drip, 22 cartons of Aquatabs each containing 16,000 tablets 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 and scenario planning

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 as well as cholera crises meetings held twice per week have helped to outline the gaps that required partners' attention and for a coordinated response to the outbreak. Key among these gaps identified at the last meeting held on 13 September 2018 include:

- Inadequate access to basic Social Services in the areas where the outbreak occurred: in the district of Madarounfa, most of the villages do not have boreholes. The population consume water fetched at the river or stagnant water. Further, the latest WASH assessment carried out by UNICEF and WHO estimates that only 37% of the population in Maradi Region has access to basic sources of potable water, 75% of the population are said to practice open defecation, with only 10% having access to basic sanitation (WHO, 7 Sep 2018);
- Inadequate funding and logistic/supplies for a 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 has strongly contributed to addressing some of these gaps to ensure an effective response to the outbreak. The operation targeted approximately 21,000 people (3,000 households) in the affected and at-risk areas. The outbreak, which was initially located in small pockets, 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 populations across these borders. 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.

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 and the Maradi region in particular, as well as the weakness of community-based surveillance of disease information and inadequate access to basic social services.

Community perception of water treated with chlorine or Aqua tabs is equally affecting 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 is helping to change perception of water treated with chlorine or Aqua tabs.

B. OPERATIONAL STRATEGY

Overall Operational objective:

The operation aims to implement 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 continued to utilize its network of existing of community volunteers to establish community-based treatment Oral Rehydration Points (ORP).


It was initially planned to train 175 volunteers and 20 supervisors. However, the Niger Red Cross Society now plans to train 400 volunteers and 40 supervisors to allow coverage of the four newly affected areas. The training of the extra 225 volunteers and 20 extra supervisors is currently ongoing. The new trained volunteers are going to be deployed in the newly affected Health Districts of Malbaza, Birnin N'konni, Madaoua and Keita in the Region of Tahoua and two integrated health Centres in Dan-Issa (Madarounfa health district). Assessments found there were no humanitarian actors carrying out community - based prevention activities in these areas. Only MSF Spain is present for care and treatment at the CTC. During the preparation of this operation, the DREF was to cover 8 Health Centres including Dan-Issa, Gabi, Harounawa, Madeini, Maraka, N'Yelwa, Madarounfa and Rourouka. However, at the beginning of the implementation of activities, the Regional Directorate of Public Health in Maradi allocated areas to Humanitarians organisation present at the field level, with 9 Integrated Health Centres given to the Red Cross. These include:

Madarounfa, N'Yelwa, Angoul Mata, Place du Chef, 17 portes, Ali saibou, Sabongari, Tibiri and Gouma. Therefore, this DREF operation will be covering one additional health centre.

Activities remain the same in Madarounfa and Maradi Health Districts.

The Niger Red Cross activities in the newly affected zones during the extension period will focus solely on the training and deployment of volunteers, with the necessary IEC materials, to enable them to carry out community-based prevention activities, as requested by the MoH. The costs of volunteer deployments are able to be covered by the DREF operation. The care and treatment activities are being implemented by MSF Spain and MSF France who are based at the Integrated Health Centres of the affected areas.

C. DETAILED OPERATIONAL PLAN

 <p>Health People reached: 116, 911 Male: 47, 079 Female: 69, 832</p>		
Outcome 1: Vulnerable people's health and dignity are improved through increased access to appropriate health services.		
Indicators:	Target	Actual
• % of people that have access to appropriate health services (Target: 100%)	100%	90%
• # of people reached by the NS with services to reduce health risks (Target: 21,000 people)	21,000	116,911
Health Output 1.1: Communities are provided by NS with services to identify and reduce health risks		
Indicators:	Target	Actual
• 1.1.1. # of assessments conducted (Target: 3)	3	2
• 1.1.2. # of volunteers trained on the ECV / cholera control (Target: 400 volunteers and 40 Supervisors)	400 volunteers and 40 supervisors	175 volunteers and 20 supervisors
• 1.1.3. # of community leaders trained on the ECV / cholera control (Target:60 community leaders)	60	0
• 1.1.4. # of IEC material produced (Target: 40 image boxes, 1,000 posters and 3,000 leaflets)	40 image boxes, 1,000 posters, 3,000 leaflets	17 images boxes, 1,400 posters and 3,500 leaflets
• 1.1.5. # of visibility material produced and distributed to volunteers and NS staff (Target: 200)	200 caps and 200 t-shirts	200 caps and 200 t-shirts
• 1.1.6. # of tents procured and distributed to HCs for isolation of affected cases (Target:16 tents)	16 tents	75 tarpaulins and 75 100meters rolls of rope
• 1.1.7. # of cholera kits procured and distributed to health centres (Target: 8)	8 kits	0
• 1.1.8. # of volunteers and supervisors trained on the use of ORP and ORS (Target: 400 volunteers and 40 supervisors)	400 volunteers and 40 supervisors	175 volunteers and 20 supervisors
• 1.1.9. # of monitoring missions conducted (Target:21)	21	30
• 1.1.10 # of LLW organised (Target:1)	1	0

Health Output 1.2: Communities are supported by the NS to effectively detect and respond to infectious diseases outbreak		
Indicators:	Target	Actual
• 1.2.1. # of suspected cases identified and referred to the treatment centres (Target:300)	300	150
• 1.2.2. # of community discussion sessions held (Target: 96 sessions)	96	80
• 1.2.3. # of ORS procured and deployed (Target:1,000)	1,000	1,000
• 1.2.4. # of people reached with ORS (Target:200)	200	150
• 1.2.5. # of volunteers deployed to high risk areas (Target:400)	400	175
• 1.2.6. # of ORPs set up (Target: 100)	100	100
• 1.2.7. # of ORP management sessions held (Target: 1,000)	1,000	300
• 1.2.8. # of people served at ORPs (Target: 21,000)	21,000	15,000
• 1.2.9. # of radio broadcasts (Target:180)	180	360
• 1.2.10. # of awareness sessions conducted (Target:288)	288	158
Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population		
Indicators:	Target	Actual
• 1.3.1. # of people reached with community-based awareness sessions. Target: 21,000 people)	21,000	116,911
• 1.3.2. # of information and coordination meetings held (target: 36)	36	26
• 1.3.3. # of community monitoring committees set up/enhanced for cholera surveillance (Target:8)	8	89
• 1.3.4. % of volunteers actively reporting surveillance cases (Target: 100%)	100%	100%
• 1.3.5. Case fatality rate (CFR) change	2.4%	1.8%
• 1.3.6. # of suspected cases referred (Target: 250)	250	150
• 1.3.7. % of new cases reported (Target: 100%)	100%	100%
Progress towards outcomes		
<p>Activities have had a positive impact in the areas covered by the Niger Red Cross Society. The number of affected cases has been decreasing in Maradi since the beginning of the Red Cross activities in the communities. However, the cholera epidemic is fast spreading in the country reaching others regions such as Tahoua, Zinder and Dosso. According the MoH' report of the 1st October 2018, the number of cases is still remaining in Dan Issa village in the district of Madarounfa, Madaoua in the Region of Tahoua. The Regional Directorate of Public Health requested Red Cross volunteers to deploy to the above-named areas to carry out community-based activities, as these are not being covered by any other humanitarian actor.</p>		
<p>1.1.1.: Two assessments have been carried out so far to determine the evolving situation and the spread of cholera in the country. As of 4 October 2018, at least 3,711 affected cases have been registered by the MoH with 69 deaths for a lethality rate of 1.9%. The epidemic has spread from the Madarounfa Health District in the Region of Maradi to 12 others health districts reaching four regions including Maradi, Dosso, Tahoua and Zinder.</p>		
<p>1.1.2.: At least 175 volunteers and 20 supervisors are trained on the Epidemic Control for Volunteers Manual focusing on cholera management. The trained volunteers are actively carrying out community based activities including awareness sessions using image boxes, posters and leaflets, handwashing demonstration, disinfection of public latrines in the schools and health facilities, as well as disinfection of the affected people's households properties, distribution of and demonstration of the use of aquatabs, distribution of WASH related non-food items including soaps, buckets and jerrycans, setting up and management of ORP in the villages that are found far from Health Centres.</p>		
<p>1.1.3: The community leaders training is currently ongoing. At least 60 community leaders including the traditional healers, religious leaders and Mayors of the affected areas have been identified for the training.</p>		

1.1.4.: The Niger Red Cross Society was able to produce 17 image boxes, 1,400 posters and 3,500 leaflets to support volunteer activities at community level. The Number of image boxes has dropped from 40 to 17 due to the unit price of the production being higher than planned while the unit price for the production of posters and leaflets was less than planned increasing the initial numbers from 1,000 to 1,400 for posters and from 3,000 to 3,500 for leaflets.

1.1.5.: At least 200 T-shirt and 200 caps were procured by the NRCS for volunteer visibility during the implementation of activities.

1.1.6.: At least 75 tarpaulins and 75 rolls of 100-meter rope were purchased and distributed to the 9 affected Integrated Health Centres (IHC) for the construction of cholera treatment Centres. The change from tents to tarpaulins and rope was the choice of the Head of targeted Integrated Health Centres for easy storage at the end of the operation.

1.1.7.: According the IFRC Logistic procedures, the procurement of medical items completed only by GLS Geneva, therefore. The request for 8 cholera treatment kits has been made to GLS Geneva, with arrival expected in the near future.

1.1.8.: At least 175 volunteers and 20 supervisors are trained on ORP management and 100 ORP are set up in the villages found far from IHC, this includes: 15 ORP in Tibiti, 10 ORP in Gouma, 35 ORP in Madarounfa, 25 ORP in Angoul Mata and 15 ORP in N'yelwa.

1.1.9.: The RDRT, the Niger Red Cross Health Coordinator and the Maradi regional branch are carrying out monitoring of activities on a daily basis. Furthermore, the IFRC Operations Coordinator Delegate visited the operation three (3) times. The Niger HoCO and the Head of Delegation of Belgian Red Cross- France in Niger also visited implementation sites. Furthermore, ECHO staff in Niger carried out a monitoring visit to the Red Cross area of intervention. In total at least 30 monitoring visits have been carried out so far.

1.1.10.: The lesson learnt workshop is planned at the end of the implementation period.

1.2.1.: Volunteers were trained to recognise and understand cholera symptoms, contamination factors, mode of contamination and universal control measures. The volunteers are then deployed in their respective communities for community-based activities, including community-based surveillance. From this they were able to identify 150 suspected cases, which were referred to the nearest Health Centres for confirmation as cholera-related. The activity is currently continuing in the affected communities and we are hoping that this activity will continue after the project timeframe.

1.2.2.: Red Cross volunteers have been organising focus group discussions on cholera prevention using megaphones and posters at community level. As of the 1st of October 2018, at least 80 group discussions have been carried out.

1.2.3.: At least 1,000 ORS have been purchased and deployed to the community to be used in the 100 ORP set up within the community.

1.2.4.: At least, 150 affected people have visited the ORP set up at community level.

1.2.5.: The area giving to the Red Cross activities are the most at risk areas. These are the areas where the epidemic erupted in Niger. They were all at risk areas. Therefore, all the 175 volunteers and 20 supervisors were deployed in the areas most at risk to carry out community-based activities for cholera prevention.

1.2.7.: At least 300 ORP management sessions were carried out so far, with volunteers continuing activities to reach the 1,000 targets.

1.2.8.: Several people have been visiting the ORP to enquire what was happening at these points. The volunteers used this opportunity to brief the whole population on cholera, its mode of contamination and the contamination factors as well as the universal prevention measures. As of 1st October 2018, at least 15,000 people have visited the ORPs.

1.2.9.: Three (3) humanitarian actors responding to the outbreak in Maradi have funds to support the dissemination of cholera prevention messages through community radios. The Regional Directorate of Public Health has therefore decided that all the cholera response actors must disseminate the same message. Hence the community radios were then distributed to the humanitarian organisation. The Red Cross came out with three (3) community radio stations including The RJM radio, radio Saraounia and radio AMA. Each station is broadcasting the cholera prevention messages four times a day in four dialects (French, Hausa, Fulani and Tuareg dialect). As of the 1st October 2018, the message was disseminated at least 360 times through the three community radio

stations with the support of the Red Cross. This is far higher than the initial target number of 180.

1.2.10.: At least 158 awareness sessions have been carried out so far. The Red Cross volunteers are continuing to carry out awareness sessions through door-to door and mass media approaches. Cholera prevention messages are also being disseminated in religious premises (churches and Mosques).

1.3.1.: At least 116, 911 people have so far been reached by the awareness sessions on cholera prevention in the target areas. The awareness sessions are continuing through community sessions and mass media.

1.3.2.: The project team has so far attended 26 coordination meetings at national and regional level. At the capital level, there are two meetings of the Epidemics Management Committee which is held every Tuesday and Thursday, WASH cluster meetings held twice per month and Health cluster meetings held twice per month. At the regional level, there is an Epidemics Management Committee meeting held on weekly basis. Furthermore, there is a meeting held on weekly basis at the Madarounfa district hospital. The Red Cross is always present at these meetings. At the Red Cross Movement level, the Niger Movement coordination meetings and the Movement Programmes Managers meetings is held once per month, where cholera-related issues are also discussed.

1.3.3: Initially it was planned to establish 8 community-based cholera surveillance teams in the affected area. However, after the determination of the geographical intervention area of the Red Cross, the field team found that the area covered 89 villages. It was therefore essential to recruit volunteers from the 89 village. After the training of 175 and 20 supervisors they were deployed to their respective villages (89) to operate as cholera community-based surveillance agents. They were all presented to the nearest Health Centres where they are expected to refer suspected cases. They are working in good collaboration with the Head of Health Centres. In total, 89 cholera community-based surveillance teams have been set up.

1.3.4.: Since the setting up of the ORP, at least 150 affected cases have been reported by the Red Cross volunteers and patients have benefitted from Red Cross referrals from the villages to the nearest Health Centres.

1.3.5.: At the beginning of the epidemic, the case fatality rate was 2.4%. According to the MoH' report of the 1st October 2018, the case fatality rate has drop to 1.8%.

1.3.6.: Since the start of volunteers' activities at the community level, at least 150 suspected cases have been identified by the volunteers and referred to the nearest health Centres.

1.3.7: Almost all the new cases identified are referred to the Integrated Health Centres.



Water, sanitation and hygiene

People reached: 116,911

Male: 47,079

Female: 69,832

WASH Outcome 1: Vulnerable people have increased access to appropriate and sustainable water, sanitation and hygiene services

Indicators:	Target	Actual
% of reduction of cholera cases in the target areas (target 0 case)	100	75%
Output 1.1: Communities are provided by NS with improved access to safe water		
Indicators:	Target	Actual
• 1.1.1. # of people who have access to potable water (Target: 21,000 people)	21,000	31,500
• 1.1.2. # of people reached with water purification tablets (Target: 21,000 people)	21,000	31,500
• 1.1.3. # of people reached with chlorine solutions (Target: 21,000 people)	21,000	116,911
• 1.1.4. # of latrines treated/disinfected (Target: 24)	24	52
• 1.1.5. # of key hand washing moments demonstration sessions conducted (Target: 3,000)	3,000	3,312

• 1.1.6. # of safe water treatment use sessions held (Target: 3,000)	3,000	4,500
• 1.1.7. # of handwashing devices setup (Target: 100)	100	100
• 1.1.8. Quantity of WASH related NFIs procured and distributed (Target: Soap: 15,100, bucket with lids: 3,000, Jerrycan: 6,000, Backpack sprayer: 40)	Saop:15,100 Bucket with lids:3,000 Jerrycans:6,000 Backpack sprayer	Saop:15,100 Bucket with lids:3,000 Jerrycans:6,000 Backpack sprayer
• 1.1.9. # of people reached with the distribution of WASH related NFIs (soaps, buckets with lids, jerrycan, Backpack sprayer)	21,000	14,000

Progress towards outcomes

1.1.1: After the distribution and demonstration on how to use aquatab, at least 31,500 people have access to potable water.

1.1.2.: At least 540,000 aquatabs for water purification were purchased and distributed to the most vulnerable people in the affected region. The distribution of the water purification tablets reached 31,500 (nearly 4,500 households). The distribution rate is 120 aquatabs per households, as advised by the Niger cluster meeting. The number of people reached has increased from the planned figure (21,000 people) because in the city of Maradi, where people are consuming chlorinated tap water, the cluster advised to use one tablet per day per households while in the rural areas, since population is using raw water, it was advised to use two tablets per household per day. That was the reason why the NS was able to reach more households than planned (31,500 households),

1.1.3.: The calcium hypochlorite (HTH) tins were distributed to the 9 Integrated Health Centres. The four (4) tins were used by the Red Cross volunteers for chlorinated water in the handwashing devices and for disinfection of public latrines and vehicles (including motorbikes) at the border level. The hand washing demonstration reached 3,312 people while the motorbike and vehicle disinfection reached 921 people.

1.1.4.: As of the 1st October 2018, at least 52 public latrines were disinfected. The 52 latrines are found in the schools and health facilities of the following villages: Madarounfa (18 latrines), N'yelwa (20 latrines), Anguoual Mata (8 latrines) and Tibiri (6 latrines).

1.1.5.: The Niger Red Cross volunteers have registered at least 3,312 handwashing demonstration sessions carried out by the target population. The handwashing devices were installed at the taxi moto park, at the entrance of all the Health centres, schools and at the border between Niger and Nigeria.

1.1.6: At least 540,000 water purification tablets were purchased and distributed to the 4,500 most vulnerable households (31,500 people).

1.1.7.: At least 100 handwashing devices were produced and installed in the strategic popular places such as schools, entrance of Integrated Health Centres, at the motor park and the border between Niger and Nigeria.

1.1.8.: At least 15,100 pieces of soap, 3,000 buckets with lids, 6,000 Jerrycans and 40 backpack sprayers were purchased to be distributed to the most vulnerable. So far, 1,800 households have received the WASH related items. Activities are continuing.

D. BUDGET

We have not yet received the field return from the National Society, however the amount of CHF 271,560 was transferred to the NS for the implementation of this operation.

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 In-Kind donations and Mobilization table support:

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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.

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



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote social inclusion
and a culture of
non-violence and **peace**.