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Emergency Plan of Action (EPoA)

Niger / cholera epidemic outbreak 2021

International Federation of Red Cross and Red Crescent Societies

DREF Operation n°	**MDRNE025**	**Glide n°:**	EP-2021-000130-NER
Date of issue:	**04 September 2021**	**Expected timeframe:**	**4 months**
		Expected end date:	**31 January 2022**
Category allocated to the of the disaster or crisis: Yellow			
DREF allocated: CHF 275,635			
Total number of people affected: **Number of deaths recorded:**	**1,904 people with 70 deaths**	**Number of people to be assisted:**	**35,000 people[1] (5,000 households)**
Provinces affected:	**Maradi, Zinder, Tahoua, Dosso, Niamey and Tillaberi**	**Provinces/Regions targeted:**	**Maradi, Tahoua and Niamey**
Host National Society(ies) 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			
Red Cross Red Crescent Movement partners actively involved in the operation: French Red Cross and International Committee of Red Cross (ICRC) and international Federation of Red Cross and Red Crescent Societies (IFRC)			
Other partner organizations actively involved in the operation: UNICEF, WHO, MSF, UNHCR, and BEFEN/ALIMA			

A. Situation analysis

Description of the disaster

During a press conference held on 9 August 2021, the Minister of Public Health of Niger officially declared the Cholera epidemic outbreak in the country. As of 16 August 2021, Niger recorded 845 confirmed cases with 35 deaths. Initially located in two regions of the country, (Zinder and Maradi) and National Society's response was being supported through the regular IFRC's Country Support Platform (CSP) project with the Global Taskforce on Cholera Control (GTFCC).

Unfortunately, the epidemic spread rapidly and by 24 August 2021, the number of confirmed cases had increased to 1,904 with 70 deaths (4% lethality rate). In addition, the scope of the outbreak spread significantly, from two regions to six regions by 24 August, including Maradi, Zinder, Tahoua, Dosso, Niamey and Tillabery. A total of 23 Health districts in these regions have so far reported cases out of which 18 are already managing confirmed cases. Below is a summary presentation of data as of 24 August.

Variables	Zinder	Maradi	Tahoua	Tillabéri	Niamey	Dosso	Total	%
Guéris	238	902	153	16	51	50	1410	74%
Décès	14	20	26	0	9	1	70	4%
En traitement	35	311	56	5	14	3	424	22%
Total	287	1233	235	21	74	54	1904	100%

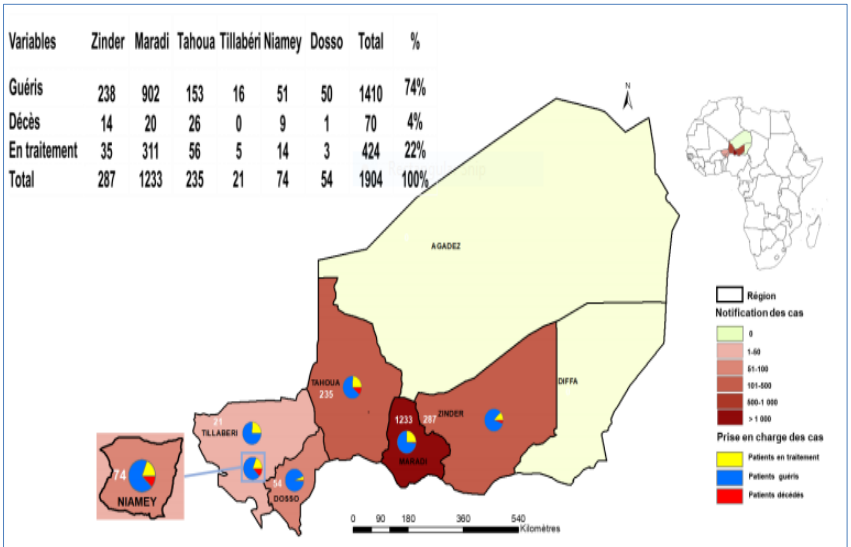


Figure 3 : Notification et prise en charge des cas de choléra par région, Niger, 2021

Niger map with affected regions as of 24 August 2021 Source: MoH SitRep No. 8

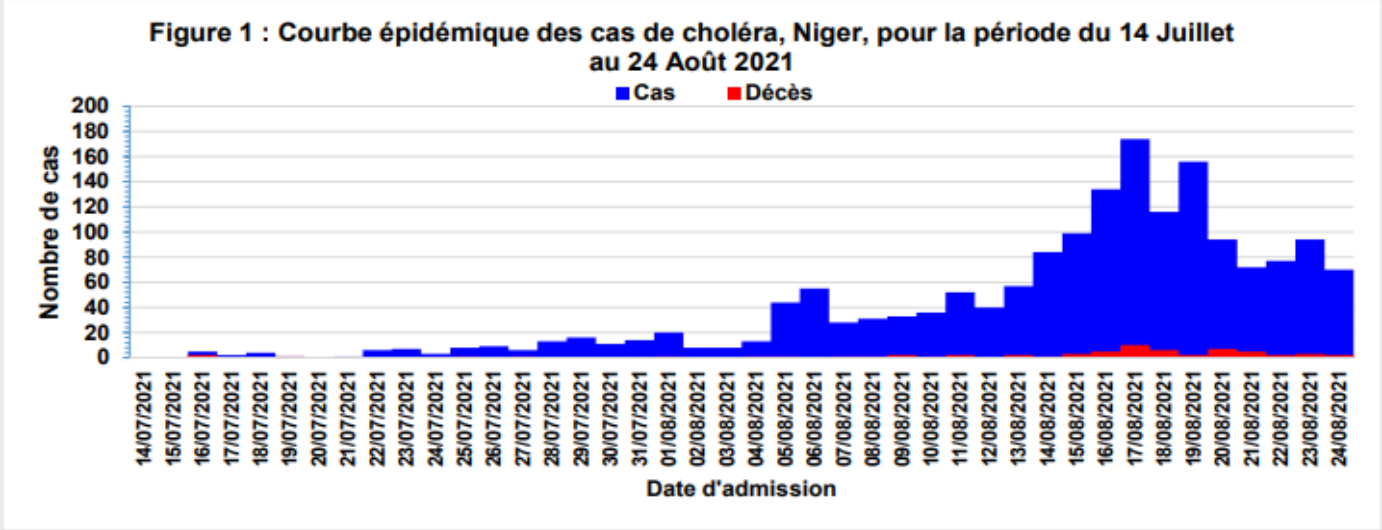
[1] It is estimated that an average household in Niger has at least 7 persons.

Table 1: Number of affected people per Health District

Health Districts	Number of affected people recorded	Number of deaths reported	Lethality rate
Birni N'Konni	155	23	15%
Dioundiou	1	0	0%
Madarounfa	617	6	1%
Tanout	20	3	15%
Mirriah	121	8	7%
Damagaram Takaya	7	2	29%
Magaria	138	1	1%
Dungass	1	0	0%
Maradi ville	435	12	3%
Guidan Roumdji	166	2	1%
Dogon Doutchi	1	0	0%
Gaya	52	1	2%
Tessaoua	15	0	0%
Niamey 1	35	5	14%
Keita	4	0	0%
Madaoua	25	0	0%
Tillabery	20	0	0%
Niamey 3	4	1	25%
Malbaza	51	3	6%
Niamey 2	28	3	11%
Niamey 5	1	0	0%
Niamey 4	6	0	0%
Gotheye	1	0	0%
Total	**1,904**	**70**	**4%**

Source: MoH's situation report N°8 of 24/08/2021

According to the situation report published by the Ministry of Public Health on 24 august 2021, the female patients are the most affected with 1,022 confirmed cases and 29 deaths versus males 882 cases and 41 deaths.



Map showing the cholera situation as it evolves at the week 35 and the key indicators Source: MoH sitrep N°8 (24 August 2021)

Since week 26, cases of diarrhoea and vomiting were recorded by the Mirriah District Hospital coming from Hountoua (Nigeria) and then at the Tanout District Hospital coming from the locality of Gamaram Sofoa on 5 July 2021. On 14 July 2021 cases were registered in Magaria District Hospital, bordering Nigeria, coming from Dan Koublé village, in the Maidamussa health area, then on 16 July 2021 cases were registered in Alberkaram Integrated Health Centre (Health District of Damaram Takaya) in the region of Zinder.

The confirmation of cholera was done by the National Reference Laboratory (CERMES) which identified *Vibrio cholerae* 01 Ogawa for all cases recorded between 13 July and 26 July 2021 in Magaria and Damagaram Takaya in the region of Zinder as well as those registered on 06 August in the region of Maradi. As of August 6, 2021, 213 cases were registered leading to 13 deaths.

Summary of the current response

Overview of Operating National Society Response Action

Since the official declaration of the outbreak, Niger Red Cross Society has deployed 32 volunteers in the affected areas of the regions of Maradi (25) and Zinder (10) where they are conducting risk communication and community engagement (RCCE) and WASH/ health community awareness sessions around the Cholera Treatment Centres (CTC) managed by MoH and MSF, disinfection of the properties and households of confirmed cholera cases as well as sensitising people to wash their hands with soap. A total of 20 handwashing devices provided for COVID-19 response were installed in public places (motor parks and marketplaces) to sensitise the population on handwashing with soap. As of 20 August 2021, the 32 volunteers were able to reach 765 people with awareness sessions on the prevention of cholera, 125 households and properties of cholera cases were disinfected, and 4,084 people are so far reached with the handwashing with soap. To note, Niger experienced a cholera outbreak in the region of Maradi in 2018 for which an intervention took place funded through DREF. This enabled the training of more than 200 volunteers, who are based in the affected communities and will have now the competencies necessary to support the current response. The role of the Red Cross volunteers was very much appreciated. It was recognised by the Ministry of Public Health by the then Government who addressed it gratitude to the President of Niger Red Cross during an audience granted to the Red Cross leaders. Based on the achievement of the Red Cross during the last cholera epidemic of 2018, the Ministry of Health purposely call upon the Red Cross to contribute to the response COVID-19 pandemic in March 2020.

The table below shows the number of people so far reached by the NS in the response to cholera in the regions of Maradi and Zinder.

Table 1: Number of people reached so far by the NS

Regions/village		People reached with sensitization	Disinfection households with affected cases	People reached with handwashing process
Maradi	Madarounfa	261	42	Moto Park: 479 people Marketplace: 632 people
	Maradi City	307	51	Motor Park: 1063 people Marketplace: 981 people
Zinder	Tanout	197	32	Moto Park: 421 people Marketplace: 508 people
TOTAL		**765**	**125**	**4,084**

Furthermore, the NRCS provided seven (7) tents for the isolation of patients at the Cholera Treatment Centres (CTC), managed by Ministry of Health and MSF). The NS is continuing to attend the crisis meetings led by the Ministry of Public Health daily. In addition, the National Society also developed a concept note for the response to this epidemic which was shared with all the Movement partners in country during the Movement coordination meeting held at the NS meeting room on 26 August 2021. Two operational calls were so far carried out by the DCPRR and Health teams at the regional IFRC Office with field to follow up on the evolving situation. In the last operational call done on 27 August 2021 with regional DCPRR & Health teams, participants agreed that despite commendable efforts, the NS response had serious resource gaps, that could jeopardize the support to affected population. It was then recommended by the Health and DCPRR team that a DREF be launched to ensure resources are secured to complement the existing material resources and efforts. It was also emphasized that this response must continue to be coordinated with and supported by the Global Taskforce on Cholera Control (GTFCC) Country Support Platform (CSP) to ensure streamlining of resources.

IFRC Niger Cluster Delegation, 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. IFRC deployed two cholera Oral Rehydration Points (ORP) kits provided by the Norwegian Red Cross for community-based management of cholera in the region of Maradi but no volunteer in this region is trained on the management of ORP. There is therefore an urgent need to train volunteers on ORP usage.

Overview of Red Cross Red Crescent Movement Actions in country

The IFRC is providing support through its Niger Cluster Delegation and Africa Regional Office. From the onset of the disaster, contacts were established with the Disaster, Climate and Crises (DCC) and Health units of Africa Regional Office and regular updates on the situation and activities were shared. An alert was issued on 10 August 2021 using the IFRC GO Field report system, and two Operational Strategy Calls were held with Health and DCC colleagues at regional

cluster levels respectively on 10 and 27 August 2021. The DREF will complement the efforts already undertaken by the Country Support Platform (CSP) in response to this epidemic outbreak.

Movement partners in Niger include the French Red Cross, the Spanish Red Cross, the Luxembourg Red Cross, the Danish Red Cross, Finnish Red Cross, Italian Red Cross, the Belgium Red Cross, and the International Committee of the Red Cross (ICRC). A Movement coordination meeting was held on 26 August to discuss the ongoing floods and cholera epidemic outbreak that are currently affecting the country. The French Red Cross is supporting the National Society in the response to this epidemic with activities amounting to CHF 4,600 in the region of Zinder. To note, the FRC operations under ECHO PPP covers the regions of Agadez and Tillaberi where the cholera outbreak is contained however, the PNS might expand its support to the response to the Cholera epidemic in geographical areas separate from those in this DREF operation once the ECHO funding is activated.

The Spanish Red Cross and Luxembourg RC are present in the region of Maradi and dedicated respectively to resilience activities on livelihood and shelter constructions and habitat. They are not yet engaged in the response to the ongoing Cholera outbreak. ICRC and IFRC are regularly attending to the Movement cholera response meeting initiated by the NRCS. So far three (3) meetings were held to discuss the response strategy and identify the gap. ICRC decided to support the NS with some WASH items as well as carrying cholera response activities in the prisons.

It is important to highlight that Movement Coordination meetings are held monthly to improve collaboration and seek, where necessary, synergies that will have a positive impact on activities implemented for the affected population. As with all other emergencies, the current outbreak is at the centre of these meetings to ensure the National Society receives necessary support in this response.

Overview of other actors' actions in country

During the press conference held by the Minster of Public Health on 9 August 2021 for the official declaration of the epidemic, the Minister reminded the public on the action undertaken by the MPH so far since the identification of the first cases. Ministry of Public Health is currently leading the response to the Cholera outbreak. Regular crisis meetings are held at the Ministry of Health in Niamey and at the regional levels 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, UNICEF, WHO, UNHCR and other humanitarian organisations including the Niger Red Cross are providing support to the response to this epidemic outbreak; however, the needs remain enormous. According to the WASH cluster, 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

The Minister of Public Health is sharing information on the cholera response as well as the outbreak situation daily. Daily updates and monthly summaries provided by the Ministry of Public health, 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. Among these gaps identified at the last cluster meetings held on 05 august 2021, the key ones included:

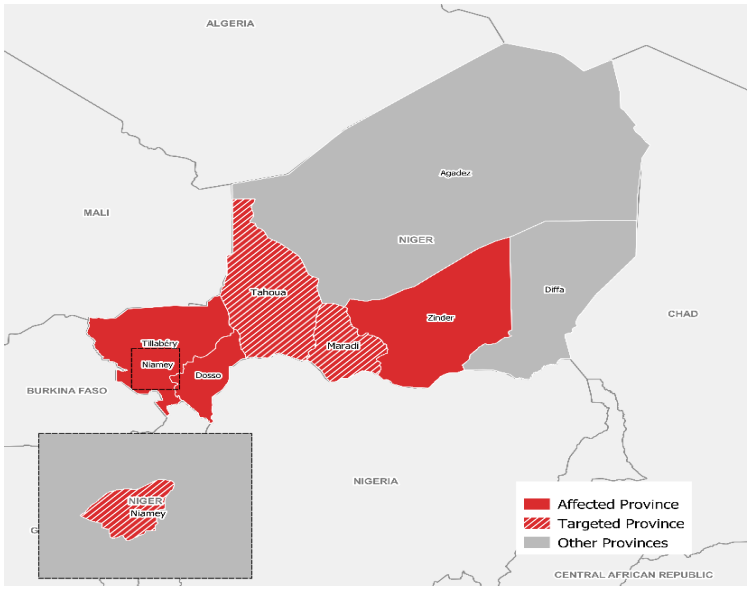
- Inadequate access to basic Social Services in the areas where the outbreak occurred.
- Inadequate funding and logistic/supplies for rapid response to the outbreak.
- Inadequate community-based surveillance in place for early detection of cases and sharing information to assist investigations and responses.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

Through this DREF operation, the NS will strongly contribute to addressing some of these gaps to effectively respond to the outbreak. The outbreak, which was initially located in the regions of Maradi and Zinder at the beginning, now appears to be higher and has spread to other regions of the country as well as 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. The target population is found mostly in areas that have no other organization providing the much-needed support. Other drivers of the epidemic to be considered are floods that is currently affecting the country and more specially the cholera affecting areas and the perception of some communities not to consume water treated with chlorine (natural denatured taste), the use of traditional treatment (Tradi practitioners), the lack of information on the disease and prevention measures, the lack of an early case detection and management system. The affected areas are also known to be an area affected by food insecurity and malnutrition specially at this time of lean period.

Targeting

This operation will target 35,000 people or 5,000 households as follows: Maradi (3,000 HH), Tahoua (focusing on Birni N'Konni: 800 HH) and Niamey (1,200 HH) for a total of 5000 HH (35,000 people) and 210 volunteers.

The Ministry of Health reported a strong presence of MSF in the region of Zinder and the number of affected cases is dropping in Zinder. Therefore, the NRCS decided to focus mainly on the region with most cases and where there is a gap on the presence of the humanitarian organisation which are Maradi, Tahoua and Niamey. This DREF operation will contribute to fill some of these gaps and contribute to an effective response to the epidemic.



Map highlighting affected and targeted areas ©IFRC

Estimated disaggregated data of the population targeted.

Category	Estimated % of target group	% Female	% Male
Young Children (under 5 years)	41.71	20.65	21.05
Children (5-17yrs)	31.71	16.14	15.57
Adults (18-49 yrs)	16.76	8.58	8.18
Elderly (>50 yrs)	5.65	2.96	2.69
People with disabilities	4.17	2.06	2.11

Scenario planning

Scenario	Humanitarian consequence	Potential Response
Scenario 1: The Cholera epidemic is contained within four weeks and the lives of the affected population returns to normal	Reduced morbidity and mortality, limited impact of the combination of expected floods and the cholera epidemic. Food insecurity is stable and malnutrition incidence does not increase. Health system capacity is maintained with support needed mostly at community level. Drawing the lessons learnt from the cholera epidemic and start preparing development activities to mitigate the resurgence of the cholera epidemic	The DREF activities will continue with the awareness sessions and disinfections to the end of its time frame
Scenario 2: The most likely scenario is that the number of cholera cases will increase over the next eight weeks (rainy months) and then decrease as the rains stop, with the epidemic expected to end by the end of the year (Nov-	Morbidity and mortality increase for the coming weeks affecting particularly the most vulnerable strata of the population. The predicted floods are associated with epidemic outbreaks of malaria and other vector borne diseases. Sustained cholera and AWD epidemic among the most vulnerable increase morbidity and mortality risk and temporary increase in incidence of malnutrition rates are observed for U5 PLWs. Mild impact in COVID-19 preventative efforts and impact on health system capacity to manage multiple epidemics. The Ministry of Public	After the DREF time frame if the cholera situation is continuing, IFRC will develop activities for the cholera response in the operational plan to continue the scale the response. The activities of the operational plan will take into consideration the provision of access to clean water and

Dec) - unless cases continue to be reported in Nigeria.	Health and the humanitarian organisations to change the strategy and scale up the response strategy taking into consideration the population movement at the border between the two countries.	adequate sanitation to reduce the spreading/resurgence of the cholera
Scenario 3: The cholera situation deteriorates with the spread of the epidemic in all the region within the next 12 to 16 weeks and an increased number of deaths reported.	The cholera epidemic affects the region with cross border outbreaks affecting large shares of neighbouring countries. The combination of floods and cholera AWD leads to large outbreaks of malaria and vector borne diseases. Malnutrition rates increase due to a combination of sustained communicable diseases outbreaks and food insecurity. Disruptions in health systems capacity, including in preventative efforts to address COVID-19. The Ministry of Public Health and its partners to maintain the awareness session and provide more support to the vulnerable population for the respect of prevention measures.	IFRC will launch an Emergency Appeal with the deployment of Health ERU in the affected regions

The operational strategy for this operation is based on the most likely scenario.

Operation Risk Assessment
Besides the population Movement being the main trigger for the overall increase in the cholera outbreak, there are several risks directly associated with the outbreak, including the floods affecting the whole country in general and the regions of Maradi, Dosso, Zinder, Niamey, Tahoua and Tillabery as well as the weakness of community-based surveillance and health management information systems (HMIS). Potential resurgence and new waves of COVID-19, predictable during the rainy season, could potentially further overstrain the fragile health system. Further security situation could also be a main risk for the implementation of this operation. The region of Maradi is currently hosting refugees from the neighbouring Nigeria, the security situation is very fragile and unpredictable in the region.

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[2]

Overall Operational objective:
Reduce immediate risk to the health of the affected population, especially in relation to the cholera outbreak with 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 areas of Maradi (3,000 HH), Tahoua (focusing on Birni Konni: 800 HH) and Niamey (1,200 HH) for a total of 5,000 HH (35,000 people). The operational timeframe will be four months, to ensure activities are finalised within timeframe.

Proposed strategy

Through a combination of strategies such as improved surveillance, timely alerts and responses, WASH activities, effective case management and sustained Risk Communication and Community Engagement (RCCE) by Niger Red Cross volunteers, the National Society could contribute significantly to control outbreaks and promote healthy living among the target population.

The proposed strategy, in accordance with the IFRC's response and preparedness strategy for epidemic countries in the region, aims at supporting the NS through staff and volunteer training and awareness raising, distribution of information, education and communication materials, community-based surveillance, dead body management, communication of key messages for the preparedness and prevention of Cholera epidemic outbreaks, as well as social mobilization 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:

- Coordinate assessments, but also build response/ preparedness/ resilience plans and facilitate implementation and monitoring of CEA (CLTS, community management of environmental health and flood water management, latrine closure and construction at community/ HH level.

[2] The plan should be prepared by the National Society, with support from the Secretariat technical departments and support services.

- CEA 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

- Training of 160 volunteers, 10 supervisors and 90 community leaders on ORT/ORP, (two-days training). The volunteers training will be combined with the ORT/ORP training to increase the knowledge of volunteer on the management of the ORP to be able to take care of the affected population at community level. 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.

- Training of volunteers on the disinfection of HHs and properties affected by cholera. I would recommend also training on malaria prevention/ fumigation and on community environmental health and floodwater management

- Support the training of 150 health workers on IPC cholera in the three target regions.

- RCCE will be the key strategy for the awareness sessions on the cholera. This will be conducted in the affected regions –, where an overall 160 NRCS volunteers will be mobilized through the whole period of the operation. Of these 160, 150 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), management of ORPs and disinfection, community-based surveillance activities while and 10 volunteers will be dedicated to supervising the volunteer activities.

- Carry out RCCE targeting moto 300 motorcycle taxi drivers, local leaders, traditional healers, schoolteachers, hairdressers as well as public transport drivers.

- Early case detection and referral, as well as participation by the National Society in information and coordination meetings. This activity will involve monitoring/referral by volunteers at community level, as well as participation by the NRCS in information/coordination meetings. This activity will involve community leaders and traditional healers/ TBAs as well as community members for early detection and referral of the suspect cases to the CTC or the nearest integrated Health Centre for confirmation of cases.

- Community case management: NRCS will set up ORPs for the community case management of cholera especially in the affected areas located a bit far from the health facilities to reduce the death due to cholera and better support the patients before they reach the health facilities.

- NRCS will support disinfection at the existing CTCs of the area of intervention (disinfection of vomit surfaces, diarrhea, urine, and other biological fluids) and the households and properties of the affected people.

- Provision of 3,000 family kits to the most vulnerable households including (21,000 pieces of 250 grams soap, 3,000 20-litre buckets and 3,000 20-litre 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, 3,000 posters with messages on handwashing with soap in A3 format and 3,000 poster with messages on cholera prevention on A3 format to be posted in public places such as markets, Mosques, Churches, Health Centers and schools, and 3,000 posters on A3 formats with messages on cholera prevention

- Vaccination campaign: In case the government puts in place a vaccination campaign against cholera, the NS will contribute with the social mobilization for the immunization. The NS has been a strong partner of the Ministry of Health regarding immunization activities.

- Advocate for engagement with partners and operating NS on the promotion and use of the Principles and Rules

- WhatsApp groups are set in place to ensure communities can participate in the response and influence decision-making.

- Community communication activities ensure people are kept informed of operational plans and progress and have they information they need about the response.

- Community feedback systems (including rumour and/or perception tracking) are established, and feedback acted upon and used to improve the operation.

- Community engagement activities help to promote healthy and safe behavior in relation to the identified risks and vulnerabilities

- Production of a documentary films on the achievement of this operations. The aim will be to showcase NS work and document achievements of the during this response, to support resource mobilisation on the wider response and need for improved epidemic preparedness in country.

- Exit strategy developed that includes community consultation and sharing of the final evaluation results with the community.

Operational Support Services

Human Resources: NRCS will deploy 160 community volunteers and 10 supervisors for the implementation of this operation. Further, the RC regional branches will monitor the daily activities of volunteers in the field with the supervisors distributed in the affected zones. At the Niger Red Cross national headquarter, one Health Coordinator, one WASH Coordinator, one Communication Officer, one Logistic Officer and a Finance Assistants will be dedicated for the management of this operation.

At the IFRC level, two Surge supports specialized in Public Health and CEA (including risk communications and community engagement (RCCE) will be deployed for three months and under the supervision of the IFRC Niger Country cluster Delegation, they will assist 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. IFRC Local Logistic Officer will support the NS in the procurement process in respect of IFRC policy. 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 500 volunteer bibs, 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. A documentary films will be produced to capitalise the achievement and for the posting on the NS and IFRC websites
- 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.
- 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 surge personnel, will not be permitted to travel or work outside the capital, without the permission of the IFRC Head of Niger cluster Delegation.

Planning, monitoring, evaluation, & reporting (PMER): Monitoring and reporting of the DREF operation will be supported by the PMER Officer of the Niger cluster Delegation 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 surge persons, and regular monitoring reports will provide detailed indicator tracking. The Surges will assist in providing ongoing monitoring report from the NS local branches, with the support from the NHQ level, and they will work in close cooperation with the IFRC country cluster Delegation and Regional offices to monitor the progress of the DREF operation and provide necessary technical expertise.

Administration and Finance: The Surge persons 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 cluster Delegation. 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: 35,000
Male: 17,314
Female: 17,686
Requirements (CHF): 118,635

Needs analysis: According to the SitRep of the Ministry of Public Health published on 24 August 2021, the country recorded a total of 1,904 confirmed cholera cases and 70 deaths. The Cholera epidemic outbreak has been officially declared by the Ministry of Public Health since 9 August 2021
Risk analysis: The risks relevant to this area if focus include the following:

- The floods affecting the whole country in general and the regions of Maradi, Dosso, Zinder, Niamey, Tahoua and Tillabery. Potential risk also of outbreaks of malaria / vector borne diseases.
- Security situation could also be a main risk for the implementation of this operation. The region of Maradi is currently hosting refugees from the neighbouring Nigeria, the security situation is very fragile and unpredictable in the region. Sustained floods and population displacement due to floods might increase food insecurity/ malnutrition.
- 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.

Population to be assisted: This area of focus targets 35,000 most vulnerable people found in the cholera affected regions including Maradi, Tahoua and Niamey.

Programme standards/benchmarks: ***Sphere Standards shall be applied:*** ***One volunteer for 20 people per day during awareness sessions***

P&B Output Code	**Health Outcome 1: The immediate risks to the health of affected populations are reduced**							***# of assessment carried out (Target: 2 assessments)***									
	Health Output 1.1: The health situation and immediate risks are assessed using agreed guidelines																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP022	In coordination with health authorities, undertake detailed assessments to identify health needs, number/type/location of damaged health facilities and/or medical service gaps in target communities																
P&B Output Code	**Health Outcome 4: Transmission of diseases of epidemic potential is reduced**							***% reduction of cholera cases in the affected areas (Target: 100%)***									
	Health Output 4.1: Community-based disease control and health promotion is provided to the target population							• ***# of volunteers trained on ORT/ORP (Target: 160 volunteers*** • ***# of community leaders trained (Target: 90)***									
	Activities planned	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

	Week																
AP021	Conduct the training of 160 volunteers on ORT/ORP Management																
AP021	Conduct a training of 90 community leaders on the cholera prevention, including CLTS and environmental health management as well as community-based surveillance																
AP084	CEA activities to promote community-based disease control and health promotion, engaging also traditional leaders / TBAs																
P&B Output Code	**Health Output 4.4: Transmission is limited through early identification and referral of suspected cases using community-based surveillance, active case finding, and/or contact tracing**							• ***% of targeted communities with active volunteers conducting early case detection and referrals (Target: 160 volunteers)*** • ***# and % of alerts investigated/ reacted to in under 24 hours (Target: 100%)***									
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	Assessment of capacity for early case detection and referrals																
AP021	Training of 160 volunteers on community-based surveillance																
AP021	Training of 90 community leaders on RCCE																
AP021	Establish communication and engagement with communities related to case detection																
AP021	Determine community case definition																
AP021	Supervision and data collection/monitoring																
P&B Output Code	**Health Output 4.6: Improved knowledge about public health issues among 35,000 people in in 3 regions of the country including Maradi, Tahoua and Niamey.**							• ***# of poster produced on cholera prevention (Target: 3,000 posters)*** • ***# of posters with A3 format produced on hand washing (Target: 3,000)*** • ***# of languages the cholera prevention spots is broadcast in, on the national and private TV channels (Target: 3 languages including French, Hausa and Zerma)*** • ***# of people reached through the dissemination of cholera prevention messages on community radios (Target: At least 35,000 people)*** • ***# of people reached with the RCCE activities (Target: At least 35,000 people)***									
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	Production of 3,000 posters on cholera prevention on A3 format																
AP021	Broadcasting cholera prevention video on national TV channel in French and Haussa																

AP021	Broadcasting cholera prevention video on private television in French and Haussa																
AP021	Dissemination of cholera prevention messages in 6 community radios in the local dialects																
AP021	Production of a documentary films on the achievement of this operations																
AP021	Carry out RCCE on cholera prevention measures 150 volunteers and 10 supervisors for 3 months (door-to-door and mass communication approaches)																
P&B Output Code	**Health Outcome 5: Less severe cases of disease or malnutrition are treated in the community, with referral pathways for severe cases established** **Health Output 5.1: Cholera cases are managed in the community, with referral established for severe cases**	• ***# of ORP kits set up at community level (Target: 10 kits)*** • ***# of people trained on the management of ORP (Target: 160 volunteers)***															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	Establish oral rehydration points in affected villages and train volunteers to prepare ORS (with pre-delivered ORS sachets) (Target: One oral rehydration point per cluster of villages)																
AP021	Train volunteers on simple ways to assess levels of dehydration																
AP021	Conduct case detection and referral of cases to nearest Oral Rehydration points and to Nearest CTCs																
AP021	Procurement of ORPs																

Water, sanitation and hygiene
People targeted: 35,000
Male: 17,314
Female: 17,686
Requirements (CHF): 43,902

Needs analysis: Cholera is mostly caused by the consumption of contaminated water and the practice of open air defecation

Risk analysis: The risks relevant to this area of focus include the following:

- The floods affecting the whole country in general and the regions of Maradi, Dosso, Zinder, Niamey, Tahoua and Tillabery
- Security situation could also be a main risk for the implementation of this operation. The region of Maradi is currently hosting refugees from the neighbouring Nigeria, the security situation is very fragile and unpredictable in the region. Potential population displacement due to floods
- 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.

Population to be assisted: This area of focus target 35,000 most vulnerable people found in the cholera affected regions including Maradi, Tahoua and Niamey.

P&B Output Code	**WASH Outcome1: Immediate reduction in risk of waterborne and water related diseases in targeted communities**																	
	% of reduction in cases of water borne and water related diseases (Target: at least 50%)																	
	WASH Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities																	
	# of assessment of water, sanitation and hygiene situation in targeted communities are carried out (Target: 2 assessments)																	
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP026	Conduct initial assessment of the water, sanitation, and hygiene situation in targeted communities																	
AP026	Continuously monitor the water, sanitation, and hygiene situation in targeted communities																	
AP026	Coordinate with other WASH actors on target group needs and appropriate response.																	
P&B Output Code	**WASH Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population**							• ***# of hygiene promotion sessions conducted (Target: 24 sessions)*** • ***# of volunteers engaged in hygiene promotion (Target: 160 volunteers)*** • ***# of sanitation kits provided to targeted communities (Target: 10 sanitation kits)***											
	Activities planned Week /	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP028	Carry out awareness sessions on hygiene promotion, specifically on the use of latrines																	
AP028	Carry out IPC activities with the disinfection of public latrines and the households of the affected people (Schools, Mosques, Churches and Marketplaces) (twice a week for three months)																	
AP028	Carry out IPC activities at the CTC																	
AP028	Carry out IPC activities at the ORPs																	
P&B Output Code	**WASH Output 1.5: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population**							• ***# of 20 litres bucket purchased (Target: 3,000 buckets)*** • ***# of Jerrycan purchased (Target: 3,000 jerricans)*** • ***# of pieces of soaps purchased (Target: 21,000 pieces of soap)*** • ***# of households reached with the distribution of buckets and jerrycan and pieces of soap (Target: 3,000 households or 21,000 people)***											
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	

AP030	Determine the needs for hygiene NFIs, including soap, water storage, and menstrual hygiene for each community based on health risks and user preference in targeted communities in coordination with the WASH group or cluster.																	
AP030	Procurement of household items (buckets- 3,000 pieces)																	
AP030	Procurement of household items (Jerrycans –3,000 pieces)																	
AP030	Procurement of 21,000 pieces of 250 grams soap																	
AP030	Procurement of 300 pieces of soap for the demonstration of hand washing techniques																	
AP030	Procurement of sanitation kits (brooms, wheelbarrows, rakes, pickaxes, shovels) 30 kits																	
AP030	Distribute 3,000 buckets, 3,000 jerrycans and 21,000 pieces of soaps sufficient for 3 month(s) to 3,000 HH affected by cholera and their neighbours.																	
AP030	Train population of targeted communities in use of distributed hygiene kits.																	
AP030	Determine whether additional distributions are required and whether changes should be made.																	
AP030	Monitor use of hygiene kits and water treatment products and user's satisfaction through household surveys and household water quality tests.																	

Strategies for Implementation

Requirements (CHF): 111,535

P&B Output Code	**S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform** **Output S1.1.4: National Societies have effective and motivated volunteers who are protected**	○ **# of volunteers insured *(Target: 160 volunteers)*** • ***# of volunteers who know their roles and responsibility (Target: 160 volunteers)*** • ***# of volunteer properly trained (Target: 160 volunteers)***															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP040	Ensure that volunteers are insured																
AP040	Provide complete briefings on volunteers' roles and the risks they face																
AP040	Ensure volunteers are aware of their rights and responsibilities																
AP040	Ensure volunteers' safety and wellbeing																
AP040	Ensure volunteers are properly trained																

AP040	Ensure volunteers' engagement in decision-making processes of respective projects they implement																
P&B Output Code	**Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved**							• ***# of WhatsApp groups set-up for community engagement (Target: 10 , i.e. 4 in Maradi, 3 in Tahoua and 3 in Niamey)*** • ***% of feedback received and acted on (Target: at least 50%)*** • ***# of lessons learnt workshops conducted (Target: 3 workshop i.e. 1 per targeted region)***									
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP084	WhatsApp groups are put in place to ensure communities can participate in the response and influence decision-making																
AP084	Community communication activities ensure people are kept informed of operational plans and progress and have they information they need about the response																
AP084	Community feedback systems (including rumour and/or perception tracking) are established, and feedback acted upon and used to improve the operation																
AP084	Community engagement activities help to promote healthy and safe behaviour in relation to the identified risks and vulnerabilities																
	Conduct a lessons learnt workshop																
Output Code	**Output S2.1.4: Supply chain and fleet services meet recognized quality and accountability standards**							***# of people who understand warehousing procedures***									
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP050	Warehousing, goods reception, forwarding, fleet, fuel costs, **not related to a specific area of focus** (Output S2.1.4)																

Funding Requirements

The overall amount allocated for implementation of this operation is CHF 275,635 as detailed in below budget

International Federation of Red Cross and Red Crescent Societies

all amounts in Swiss Francs (CHF)

DREF OPERATION

MDRNE025 - NIGER - CHOLERA OUTBREAK

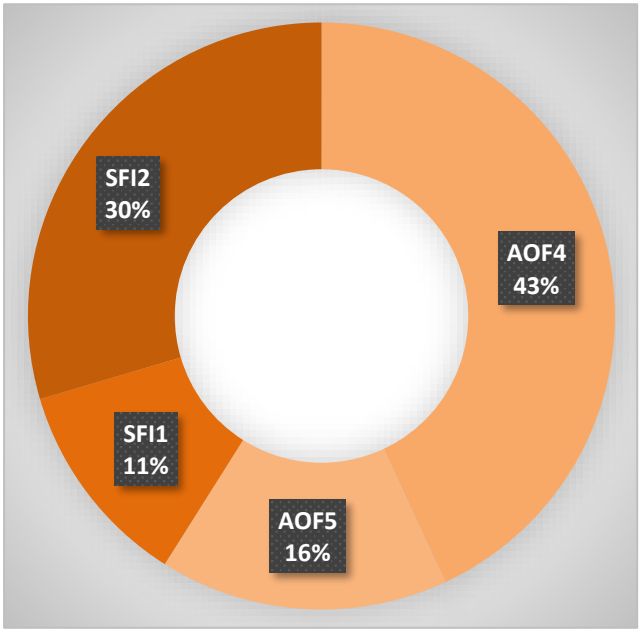
01/09/2021

Budget by Resource

Budget Group	Budget
Water, Sanitation & Hygiene	66,048
Relief items, Construction, Supplies	**66,048**
Distribution & Monitoring	19,560
Transport & Vehicles Costs	10,269
Logistics, Transport & Storage	**29,829**
International Staff	42,054
National Society Staff	3,912
Volunteers	42,054
Personnel	**88,020**
Workshops & Training	28,867
Workshops & Training	**28,867**
Information & Public Relations	36,920
Office Costs	5,216
Communications	2,934
Financial Charges	978
General Expenditure	**46,048**
DIRECT COSTS	258,812
INDIRECT COSTS	16,823
TOTAL BUDGET	**275,635**

Budget by Area of Intervention

AOF4	Health	118,635
AOF5	Water, Sanitation and Hygiene	43,902
SFI1	Strengthen National Societies	31,595
SFI2	Effective International Disaster Management	81,503
	TOTAL	**275,635**



Niger : Cholera Outbreak

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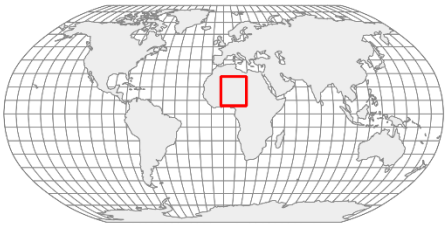

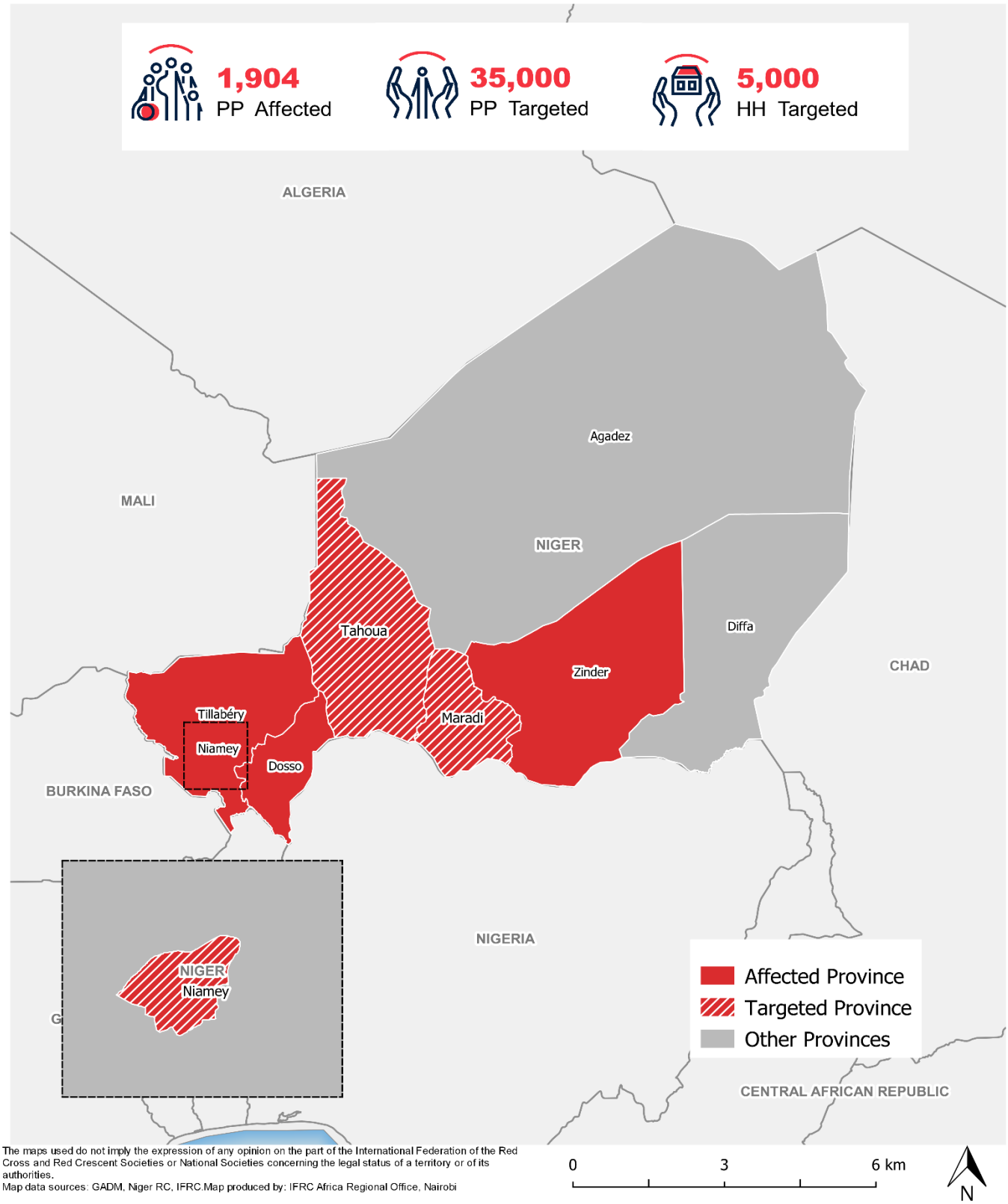

The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.
Map data sources: GADM, Niger RC, IFRC.Map produced by: IFRC Africa Regional Office, Nairobi

Reference documents

Click here for:

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

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

In the Niger Red Cross Society

- Executive Secretary; ISSIAKOU SOUMANA GAOH, email: issiagaoh@yahoo.fr, phone: +227 96961505
- Programme's Coordinator: ISSA LAOUALI, email: issalaou@gmail.com , phone: +227 87450500

For IFRC Africa Regional Office for Regional Disaster Management Unit:

- Adesh TRIPATHEE, Head of DCPRR; phone: +254 780 930278; email: Adesh.TRIPATHEE@ifrc.org;

IFRC Niger Country Office

- TINA Tinde, Acting Head of Niger Cluster Delegation, phone: +227 88699999; email: tina.tinde@ifrc.org ;
- Pierre DANLADI, Operations and Programmes Coordinator; phone: +227 98 97 21 68; email: pierre.danladi@ifrc.org;

For IFRC Geneva

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

For IFRC Resource Mobilization and Pledges support:

IFRC Africa Regional Office for Resource Mobilization and Pledge:

- Louise DAINTREY-HALL, Head of Partnership and Resource Development, phone: +254 110 843 978; email: louise.daintrey@ifrc.org;

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 ;

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

IFRC Africa Regional Office:

- Philip Komo KAHUHO, PMER Coordinator, email. philip.kahuho@ifrc.org **Planning, monitoring, evaluation and reporting enquiries)**

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.