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Operation Update Report

Niger: Cholera Outbreak 2021

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation n° MDRNE025	GLIDE n° EP-2021-000130-NER
Operation update n° 1; 13 December 2021	Timeframe covered by this update: 03 months (from 03 September to 11 December 2021)
Operation start date: 03 September 2021	Operation timeframe: 04 months (end date 31 January 2022)
Funding requirements (CHF): 275,635	
N° of people being assisted: 35,000 people People reached to date: 19,390 people	
Red Cross Red Crescent Movement partners currently 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, and MSF	

Summary of major revisions made to emergency plan of action:

This operation update is published to inform stakeholders on the progress on implementation since the start of the operation on 3rd September 2021. The update also informs on changes made to the operational strategy as some budget lines were freed up thanks to participation in cost from Regional Office Surge budget and support provided by UNICEF, the budget has been revised to ensure that the MoH strategy can be supported through this operation. Below points summarize the main changes:

- Adaptation to the changing epidemiological situation: change from ORP/ORT response towards Branch Transmission Intervention Team (BTIT) and Oral Cholera Vaccination Campaign (OCVC) support.
- Inclusion of additional two-day training for all 160 volunteers
- Inclusion of CEA/RCCE one-day training for all 160 volunteers
- Inclusion of procurement: backpacks for volunteers, cotton masks, sprayers, megaphones, handwashing stations
- Part of the budget was freed up as surge support delegates are being paid out of Regional Office budget, transport of ORP costs in country is less and UNICEF donated materials, leading to minor budget revision. This will allow, amongst other things:
 - Extension of ORP trainer and CEA coordinator surge support to the end of the operation timeframe on 31 January 2022
 - Increase of amount for lessons learnt workshop to bring all key stakeholders together to discuss the three main cholera RCRC responses and steps ahead after the operation and preparation for future outbreaks.

The operational timeframe remains unchanged (04 months) with end date of 31 January 2022.

A. SITUATION ANALYSIS

Description of the disaster

The official report shows us that the first case of cholera was recorded in epidemiological week 10 in Maradi. However, it was not before week 22 that the evolution of the rise of cases got serious. 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 (NS) 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.

The outbreak reached its peak in epidemiological week 33. Although the cases showed a tendency of slow decrease after the peak, it was still likely that the cases could again increase leading to new peaks and waves of contamination. The Red Cross Movement and partners saw it as important to continue to monitor the situation and implement activities in the affected areas because, from experience from earlier outbreaks in Niger and its neighbouring countries, cholera spreads easily. Indeed, after three weeks of cases decreasing in Maradi, they began to rise again in week 36 which raised concerns with the MoH. After discussions with the MoH and humanitarian partners, it was decided to train the first batches of volunteers in Madarounfa. In the end of September, the region of Diffa registered its first cases since the 2021 cholera outbreak. This news was alarming for the MoH as the cases raised concern that the outbreak was spreading. The situation in Diffa was closely monitored and MoH called on the support of Red Cross Society of Niger (RCSN) to increase community-based activities to prevent further spread of cases. After an internal evaluation of the situation by RCSN and its RCRC movement partners, it was decided that the support of ICRC was sufficient to increase the activities in this region. By the end of October, two cases were registered in Dosso region leading the MoH to send a laboratory team to assess the situation. The MoH requested the RCSN to support them by setting up an ORP in case cases would increase. The RCSN prepared for this internally, however when the cases registered in Dosso turned out to be isolated cases it was decided not to proceed with the intervention in Dosso region.

The [DREF Operation](#) has been running for almost three months, in this period Red Cross Society of Niger (RCSN) has provided an adequate response to the cholera outbreak in Niger and through its interventions it has contributed to reduce cholera cases. The operation is constantly adapting to situational changes and this report presents proposed operational and subsequent budget changes.

As of 28 November 2021, a total of 5,572 cases and 166 deaths have been recorded, with a 3% lethality rate. At this stage of the outbreak, Niger, across all eight regions, around 2 new cases daily. In week 47, 14 new cases of cholera were reported, mainly two in Bouza, 11 in Diffa and one in Dosso. This tells us that even though the outbreak is under control in the regions that were hardest hit in the earlier stages of the endemic, Diffa is now experiencing an increase of cases. The elements that could explain this outbreak are the use of water from the Komadougou Yobé river for consumption (Waragou health district). This river is on the border with Nigeria, and it is in November and December that it floods. It is not unusual for Diffa region to experience cholera cases during this time of the year; insufficient community hygiene (lack of latrines, defecation in nature); low level of community knowledge about cholera; and insufficient training of communities' relays on community case definitions of cholera.

Based on experiences with previous cholera outbreaks in Niger, and in other countries, it is known that there are often cholera cases at community level that are not being officially reported. This is because of the remote context and the long distances to health centres. Moreover, there is a tendency of people preferring to stay at home instead of searching for support at health centres. Therefore, it has been questioned during the past months if cases have really gone down or if there continues to be unreported cases at community level. All volunteers have been informed that if they come across suspected cases, they must report these and do referrals to the closest health centres.

1. Situation épidémiologique

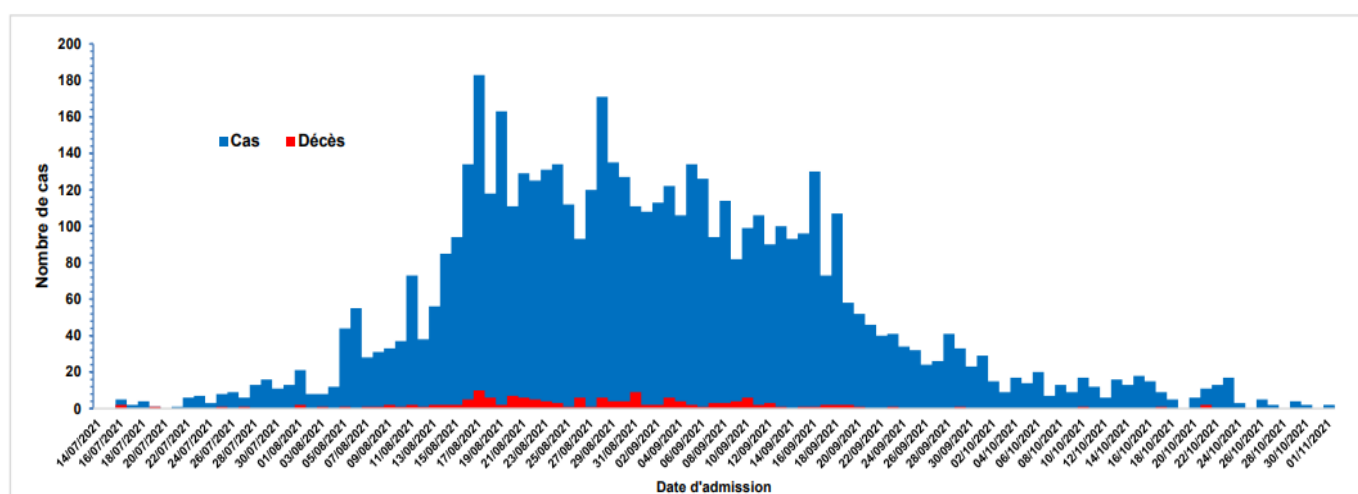


Figure 1 : Courbe épidémiologique des cas de choléra, Niger, 14 Juillet au 1er Novembre 2021
Source: DSRE, liste linéaire des cas

Figure 1: epidemiological curve presenting the cholera situation as it evolves from 14th of July to 1st of November 2021

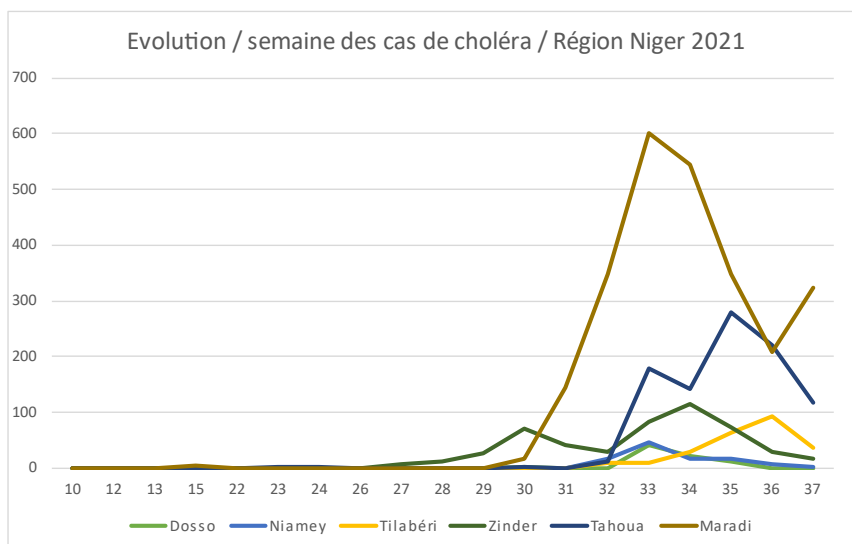


Figure 2: epidemiological curve presenting the cholera cases per region until week 37

Summary of current response

Overview of Host National Society

Since the official declaration of the cholera outbreak in August, RCSN has deployed 32 volunteers to the affected areas in Maradi region (25) and Zinder region (10). There, volunteers were trained during the 2018 cholera response and could therefore start implementing the following activities: risk communication and community engagement (RCCE); WASH/health community awareness sessions around the Cholera Treatment Centres (CTC), managed by MoH and MSF; disinfection of the households and properties of persons with confirmed cholera cases; and sanitize people to wash their hands with soap.

In September, the training of volunteers belonging to the most affected health districts began, and refreshment training for the volunteers trained in 2018. As mentioned in the DREF, 150 volunteers and 10 supervisors have been trained on ORT/ORTP in the regions of Maradi, Tahoua and Niamey. Volunteers have been trained during three-day training in October.



Branch Transmission Intervention at Maradi ville principal market ©RCSN

Areas of intervention proposed in the operation were discussed by RCSN with its Movement partners, humanitarian partners and MoH. The evolution of the epidemic and capacity of other humanitarian partners were the chosen criteria for this assessment.

It was decided to prioritize activities under this operation to the region of Maradi as this was the hardest hit region, in particular the districts of Tibiri, Madarounfa and Maradi city. In Maradi, ninety-five (95) volunteers and even supervisors were trained and two additional ORP's were transported to the region. Due to a decrease in officially registered cases, the Ministry of Health of Madarounfa and Tibiri expressed a preference of sensitization activities at community level through household visits. A concern was expressed that ORP's in the communities could result in cases not being forwarded to the Cholera Treatment Centres. It was proposed to have the ORPs next to CTCs which could be beneficial in situations where there the capacity of CTC is overwhelmed. As this is not the case now, IFRC and RCSN do not consider this a suitable option. Through the months of October and November, volunteers in Maradi visited a total 17,036 households reaching 136,162 people (56,721 men and 79,441 women).

In Tahoua region, awareness activities on all containment measures to fight against the cholera outbreak were launched in the district of Konni on Monday the 18 October. The Red Cross sub-committee has urgently put in place ten (10) teams composed of four volunteers in each, amounting to forty (40) volunteers in total. Nine of these teams are working on sensitization and are going door-to-door and a total number of 1,862 houses were visited, meeting the community

members, visiting schools and do mass sensitization whenever they are in front of a bigger audience – either at baptism or wedding ceremonies (a total of 33,041 people were sensitized, there in 11,056 men, 9,480 women and 13,293 children). The 10th team is composed of four trained hygiene volunteers in charge of disinfecting the affected households and sites at risk (in total 12 houses and 9 sites were disinfected). The volunteers referred four people with suspected cases of cholera to the closest health centres. All activities in the region are supervised by two supervisors. In addition to the activities carried out by the volunteers, the RCSN launched a dissemination of key messages on containment measures to fight against the cholera epidemic every day on the two community radios. All the surrounding villages at a distance of 15 kms receive this message.

In Niamey, 15 volunteers and one supervisor have been trained to carry out sensitization activities. The volunteers visited 480 houses reaching a total of 6,911 people including 3,247 men and 3,664 women through household visits.

As the first cases of this outbreak in Niger came from Nigeria, cooperation between Nigeria and Red Cross Society of Niger is being explored. Based on experiences from the 2018 outbreak, it was decided to set up Infection Prevention and Control Points in the border areas with Nigeria. Currently, 21 IPC points have been set up, more specifically: 13 IPC attached to the IHC interventions, two by the border of Souloulou, three by the border of N'yelwa, two by the border of Dan Issa and one at the “Grand Marché” of Maradi.

As the first main approach for cholera, the Oral Rehydration Points and Oral Rehydration Treatment (ORP/ORT) was no longer considered the most adequate response to the cholera outbreak, RCSN and IFRC discussed the ways forward with MoH. In consultation with IFRC Regional Office, it was decided to finalize the planned training's on ORP/ORT as prevention for future outbreaks as these trained volunteers could be deployed. It was decided to introduce the two other main RCRC approaches in the response, namely:

1. Branch Transmission Intervention Teams (BTIT)
2. Oral Cholera Vaccination Campaign Support (OCVC)

The Branch Transmission Intervention Team approach was partially included in the emergency plan of action as 3,000 hygiene household kits were included. Following the BTIT approach, the volunteers conduct household visits and use a rapid risk assessment tool to evaluate the risks of transmission. They assess the quality and storage of the drinking water, as well as availability and quality of latrines, cleanliness of house and in particular the kitchen. Volunteers assess the cholera transmission as well risks at markets, schools, health centres and other public spaces. Based on the risks encountered, they provide adequate response to improve the hygiene situation and reduce the risks of transmission of cholera. Modules one to three of the BTIT training contain information which is already covered in the ORP/ORT training. Therefore, it was decided to focus on module 4 on household interventions and module 5 on community interventions. Moreover, during the supervision visits, it was noticed that volunteers have challenges on two-way communication and enhancing behaviour changes.

Community Engagement and Accountability (CEA) being new within the RCSN, it was proposed by them to take advantage of this operation to institutionalize CEA within the NS. No system for rumour and feedback collection has been in place and it was decided to set this up. Therefore, it was decided to train all volunteers for one day on CEA and RCCE on top of the information provided on these topics in the ORP/ORT training.

In the beginning of October, the MoH informed the Movement that they would launch a cholera vaccination campaign in the hardest hit regions. A total of 3,972,343 million Oral Cholera Vaccines were distributed to Maradi region, targeting 1,986,172 people. It was discussed with RCSN and IFRC Regional Office to provide support to the OCV campaign and this was positively evaluated. Through participation in national, regional, and international meetings of the vaccination campaign, the Movement provided support and technical input. Information on the cholera vaccination campaign was provided to volunteers to include in the regular sensitization activities. Niger does not have much experience with OCV campaigns; therefore, it was important to provide adequate information. Concerns were expressed that the population would confuse the cholera vaccine with Covid19 vaccines and hence neglect to take these as there is a large vaccine hesitancy towards Covid19. In all preparation meetings with MoH and humanitarian partners RCSN and IFRC expressed the importance of adequate social mobilization before the initiation on the OCV campaign. Community meetings were organized in Maradi region to discuss the cholera vaccines. MoH started to set the first vaccine dose the 22 November 2021, and the second vaccine dose will be distributed from 22nd December 2021 and onwards. In the period leading towards the second dose, the volunteers will continue to spread messages as it is important to receive the second dose to be immune for a period of two years. The cholera vaccine is an important aspect in preparedness for future outbreaks.

As cholera outbreaks are recurrent in Niger, sustainability is at the centre of the approach to better prepare for future outbreaks. The aspect of sustainability is present in the strategic selection of volunteers and in advocacy for the three cholera response strategies of the RCRC movement, in capacity building of RCSN staff, and in the translation of training and IEC materials to local languages.

Volunteers have been carrying out a broad variety of sensitization activities to reduce the risks of cholera transmission. Household visits is considered as one of the most effective activities as it provides room to answer questions from beneficiaries and have in-depth conversations. Volunteers also conduct sensitization activities at crowded areas such as markets, health centres and schools. In all activities they use IEC material to visualize the explanations.

Volunteers have organized community meetings with local leaders to have interactive discussions on cholera and prevention of it. Sensitization messages have been broadcasted on community radio's during for over thirty days.

Overview of Red Cross Red Crescent Movement in country

The IFRC is providing support through its Niger Country Cluster Delegation and Africa Regional Office. From the onset of the disaster, contacts were established with the Disaster, Climate and Crises Preparedness Response and Recovery (DCPRR) and Health units of Africa Regional Office and regular updates on the situation and activities were shared. 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). Since the onset of the outbreak multiple Movement coordination meetings have been organized, some general coordination meetings and others specific on the response to the cholera outbreak.

Since the launch of this operation, there have been many changes at IFRC Niamey Cluster Delegation which is now providing technical support to four National Societies: Burkina Faso, Niger, Côte d'Ivoire and Mali. Delegates and Surge support teams have arrived to support RCSN and the other NSs. For the support of the Cholera response operation, a Public Health Delegate has been deployed on mission, while an ORP trainer and Community Engagement and Accountability (CEA) coordinator have arrived in September and October through Rapid response system. The ORP trainer and CEA coordinator are funded through Surge unit in Nairobi and their missions will be extended to 31 January 2021 to participate in the lessons learnt workshop the 19 January and in the final evaluation. The cost for their extension will be funded through the DREF. IFRC has been doing field visits to the regions together with RCSN HQ staff to provide technical support. Moreover, it has been observed that there is a need to strengthen and ensure sustainability of RCSN Health structure at regional and national level. Through this operation and other ongoing Health projects, IFRC has supported RCSN in internal needs assessment and it was decided that IFRC will explore funding opportunities to cover salaries of staff of the National Society. To improve coordination, weekly meetings have been organized to discuss implementation of the cholera DREF. Virtual meetings have been organized with regional staff to improve coordination and HQ. A WhatsApp group has been created to improve communication.

Technical support has been provided to the operation through frequent contact with IFRC regional office. Updates have been shared and meetings have been organized. IFRC regional office hosted an online training to the staff involved in DREF operation on the new Branch Transmission Intervention Team training (BTIT), with focus on module four and five.

Spanish Red Cross has supported RCSN with a contribution of 15,000 Euro to fund part of the activities in the districts of Malbaza and Madoua in Tahoua region. With these funds, 40 volunteers were trained on cholera prevention and hygiene promotion. Some 1,532 households have been sensitized of which 2,285 male and 3,840 female. Volunteers conducted disinfection of buildings and disinfected 26 houses and 36 public spaces. During a period of one-month, spots with prevention messages were broadcasted on the community radios "Mourya Karkara" and "Sarounia". To ensure community engagement, 50 community leaders have been trained on cholera prevention. To adapt to culture and reach out to women, specific trainings have been conducted to women groups and through these one hundred women have been reached.

The ICRC is a long-term partner of RCSN and has increased its presence in Niger due to the deteriorating security situation. It provided support for implementation of activities in the regions of Tillabery and Diffa. Both are regions with insecurity and attacks. RCSN has trained and deployed volunteers in both regions. In Tillabery, RCSN has trained 27 volunteers (9 from Kollo, 9 from Gotheve and 9 from Tillabery) which have carried out six awareness sessions per week in November and will carry out five sessions per week in December. So far, a total of 7,662 people has been sensitized (2647 men and 5015 women). Moreover 3,000 pieces of soap have been distributed. Radio messages on prevention of cholera have been broadcasted through four community radio's for over sixty days and this will continue for an additional thirty days. Lastly one hundred community leaders and one hundred women of women-groups have been trained on cholera prevention.

Diffa region is the seventh region of Niger where cases have been reported. First cases were reported in September and the numbers increased slightly in October. In week 47, another 11 cases were reported in Diffa region. ICRC has been providing support to RCSN and has committed to continue with this. IFRC has provided additional support in case needed. Thirty volunteers have been trained in Diffa in a two-day training on cholera prevention. Some 49,000 Aquatabs and 3,000 pieces of soap have been distributed. Volunteers have conducted sensitization through household visits and at public spaces. They have disinfected households in case of confirmation of cholera cases. Radio messages on prevention of cholera have been broadcasted through four community radio's for over sixty days and this will continue

for an additional thirty days. Lastly one hundred community leaders and one hundred women of women-groups have been trained on cholera prevention.

Overview of other actors actions in country

The response to the cholera outbreak has been led by Ministry of Health and the following partners have a long-term presence in Niger and have been supporting the response: WHO, UNICEF and MSF. IFRC and RCSN are working closely with UNICEF, WHO, MSF and OCHA at national and regional levels through bi-lateral meetings. At country level, IFRC and RCSN have been participating in the following coordination bodies: WASH cluster; Health cluster and One Health meetings at the MoH. UNICEF is the lead of the WASH cluster and has provided a lot of useful information of 4W's and detailed epidemiological data. WHO has officially been leading the response by partners, particularly the coordination around the cholera vaccination. MSF has been leading the CTCs together with the MoH. At the regional and district level, RCSN has been participating in several coordination meetings. Furthermore, UNICEF has donated materials in support of this DREF, namely 80 books with images for prevention of diseases, 17,520 pieces of soap, 224,000 aquatabs and 375,120 sachets of HH water treatment solution. It has been evaluated that most of the partners have responded relatively late to this response.

Needs analysis and scenario planning

Needs analysis

According to the situational update of MoH on 1st November, two cholera cases were reported in Dosso. The last cases in Maradi were reported on the 23rd of October and in Tahoua the 27th of October. If no new cases are reported in one month, the outbreak will be declared over once one month have passed with no new cases reported. Cholera outbreaks are often linked to the rainy season and floods, so as the rainy season is over in Niger, the risk of new cases is reduced. However, if there still are significant numbers of cholera cases in Niger's neighbouring countries the risk of spread is still present, especially considering the high levels of migration in the region. Moreover, as mentioned earlier in this report, there is a risk that several cases of cholera have gone unreported at household level.

Based on these figures, the updated needs are:

- Continued sensitization activities through community volunteers
- Addressing inadequate hygiene practices at household level to prevent possible spread of acute watery diarrhoea
- Preparedness for future cholera outbreaks

To note, the cholera outbreak declared in August this year has been the largest of the decade in this region. Cases have been registered in the following countries: Nigeria, Cameroon, Burkina Faso, Chad. To tackle this epidemic in a coordinated manner, regional coordination meetings have been organized both within the Movement and with other partners and with a governmental approach. Migration in the region is high due to the deteriorating climate and security situation as well as pastoralism. If the cholera outbreak is not controlled in the region, there is a risk of resurgence of cases. As the first cases of this outbreak came from Nigeria, cooperation between Nigeria and Red Cross Society of Niger is being explored. Based on experiences from the 2018 outbreak, it was decided to set up Infection Prevention and Control Points in the border areas with Nigeria. In addition, materials translated to Hausa language will be useful for both countries.

Operation Risk Assessment

Please, refer to [EPoA](#) as risks remain unchanged.

B. OPERATIONAL STRATEGY

Overall Operational objective:

The overall strategy of this DREF operation remains to 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 remains four months (end date: 31 January 2022), to ensure activities are finalized within timeframe.

Proposed strategy

For the operation to remain relevant, the implementation strategy has been adapted to the epidemiological situation and in line with the request of the Ministry of Health (MoH). The strategy which included setting up Oral Rehydration Points

(ORP) in most affected communities no longer matches with the situation on the ground, thus, based on discussions between RCSN with MoH at regional and national levels, it was decided to adapt to the Branch Transmission Intervention Teams (BTIT) approach. This approach corresponds well with the current realities on the ground as the volunteers provide information at household (HH) level and assess with the members of the households the hygiene situation which could, potentially, pose risks of transmission of Acute Watery Diarrhoea (AWD) and possibly cholera. Furthermore, community-based surveillance (CBS) aspects are introduced in different activities and once volunteers come across suspected AWD or cholera cases, they provide Oral Rehydration Treatment (ORT) and refer persons to health centres.


The strategy of RCSN for this operation is to improve community sensitization activities through training of volunteers in BTIT modules 4 and 5 and CEA/RCCE training. After completion of the trainings, the volunteers will integrate rapid risk assessments at household and community levels. Based on the risks assessed, the volunteers will support household to change their behaviour and improve hygiene practices to reduce risks of transmission of acute watery diarrhoea and cholera. By training volunteers on CEA/RCCE, the quality of community sensitization activities will improve and hence the process of behaviour change will accelerate. Volunteers will improve communication styles to best adapt to different beneficiaries and ensure two-way communication. Through continuous on-the-job training, they will constantly improve in capturing rumours and feedback and will be able to share this information through feedback mechanisms. By training RCSN volunteers and staff, they will implement a broader variety of social mobilization activities instead of focusing mainly on household visits. Volunteers have already started with community meetings and have shown interest in performing a theatre. The next step will be to increase involvement of community leaders in the cholera prevention activities through training of community leaders. Moreover, through improvement of forms for data collection through volunteers the community-based surveillance will be improved which will enable early detection of suspected cholera cases.

In the remaining period of the operation, the household hygiene kits composed of jerrycans, buckets and soap will be distributed to the persons and their families who suffered from cholera during this outbreak. Volunteers will follow-up on these families to ensure usage of material and continuation of improvement of adequate hygiene practises. This will enable these families to change their behaviour and adapt more hygiene measures.

In January 2022, the focus of the operation will be on advocacy for the three main cholera approaches of the RCRC Movement towards MoH, humanitarian partners and future donors. Advocacy is important to ensure funds for continuation of activities and preparedness for the coming rainy season. An important event to support sustainability of activities will be the lessons learnt workshop which is planned for the third week of January. In this event, the three RCRC cholera response approaches will be presented, the RCSN response to the 2021 cholera outbreak will be assessed, and future actions will be discussed and agreed upon. The meeting will take place in Maradi region, and the following partners will be invited:

- MoH district, regional and national levels will be invited.
- The main humanitarian partners will be invited, namely WHO, MSF, UNICEF.
- RCRC Movement partners: ICRC, Belgium, Italian, British, Belgium, Luxembourg, Spanish Red Cross Societies
- Staff from RCSN from HQ, Region and District levels
- Staff from IFRC from IFRC Niamey Cluster
- IFRC Regional Office
- Representation of Nigerian Red Cross Society.

C. DETAILED OPERATIONAL PLAN

	<p>Health People reached: 35,000 Male: 17,314 Female: 17,686 Requirements (CHF): 118,884</p>	
Outcome 1: The immediate risks to the health of affected populations are reduced		
Output 1.1: The health situation and immediate risks are assessed using agreed guidelines		
Indicators:	Target	Actual
# of assessments carried out	2	2
Outcome 4: Transmission of diseases of epidemic potential is reduced		

Output 4.1: Community-based disease control and health promotion is provided to the target population

Indicators:	Target	Actual
% reduction of waterborne diseases in the affected areas	100%	98,2%
# of volunteers trained on ORT/ORP	160	100%
# of community leaders trained	90	0
# of CEA activities carried out to promote disease control at community level and health promotion (theatre, community meeting) <i>(new indicator)</i>	50	19,390

Progress towards outcomes

After approval of the operation, an assessment on the situation was carried out through analysing primary and secondary data. RCSN supported by IFRC health meetings with the Movement partners including the Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO), UNICEF, MoH, WHO, MSF and OCHA. Both participated in regional, national, and global coordination meetings of Health and WASH clusters. Based on this assessment the areas, of intervention were further specified. This assessment was completed with a visit of RCSN and IFRC to Maradi in the last week of September.



Training of volunteers on ORT/ORP in Maradi region

When the operation was launched on 3rd September 2021, there were about 120 new cases of cholera per day; however, the last report states that there are now about 2 new cases of cholera per day, which is a reduction of 98,2%

A total of 160 volunteers participated in 3-day ORP/ORT training. The training of community leaders will be done once CEA training is finalised. CEA trainings are planned for beginning of December and trainers will be selected to conduct these trainings. As part of the ORP/ORT training, the volunteers were taught basic knowledge on CEA/RCCE in module 5 on community mobilization and module 6 on stigmatization. In these modules volunteers learnt on the importance of community mobilization, risk perception, six pillars of a well-prepared community, different methods for social mobilization, danger of rumours, management of rumours. On the last day of the training, the volunteers practiced household visits in simulation using the IEC material donated by UNICEF.

For the past two months, volunteers have conducted CEA activities to promote disease control and health promotion. Volunteers have conducted sensitization at markets, schools, health centres and households. Community meetings have been organized in Maradi region. Some 19,378 households have been visited by volunteers in the regions of Maradi, Niamey and Tahoua, 12 community meetings in these regions have been held as well.

RCSN will take the opportunity of this operation to initiate institutionalization of CEA in the National Society, develop a strategy and capacity a focal point. A meeting has been organized with all coordinators of RCSN and the CEA Surge coordinator has presented CEA/RCCE. A roadmap has been designed for implementation of CEA within RCSN which will continue after the DREF operation. All volunteers involved in this DREF operation will be trained on CEA/RCCE one-day training. Trainings of community leaders have not taken place yet, but will be organized after the one-day training for all 150 volunteers and 10 supervisors on CEA/RCCE.

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

Indicators:	Target	Actual
% Of targeted communities with active volunteers conducting early case detection and referrals <i>(new indicator)</i>	160 volunteers	160
# of capacity assessments for early case detection and referral <i>(revised indicator)</i>	1	1
# of alerts investigated/ reacted to in under 24 hours <i>(revised indicator)</i>	50	4
# of community leaders trained at the RCCE <i>(revised indicator)</i>	90	0

# of community case definitions identified (<i>new indicator</i>)	1	1
Progress towards outcomes		
<p>The community case definition has been defined based on directives of the Ministry of Health and the existing ORP training materials: “any person with an episode of three or more watery stools in a single day, accompanied by dehydration (persistent skinfold test or sunken eyes)”</p> <p>All volunteers have learnt the community case definition in the 3-day ORP/ORT training and are able to recognize suspected cholera cases in their activities and do referral. All 160 volunteer have been conducting early case detection and referrals integrated in all sensitization activities. Indeed, once volunteers come across persons with symptoms matching the community case definition of cholera, they refer this person to the Cholera Treatment Centre (CTC) or Health Centre. In all districts, the volunteers have daily contact with the district MoH to plan the activities and to refer cases. Reporting of the number of cases referred needs to be improved and a meeting has been planned with PMER and Health colleagues of RCSN. It has been identified that the form which volunteers use to report their activities requires improvement to register cases referred.</p> <p>Community leaders will be trained on RCCE after the one-day training for volunteers on CEA/RCCE. During these trainings, volunteers with capacities to train leaders will be identified.</p>		
Output 4.6: Improved knowledge about public health issues among 35,000 people (about twice the seating capacity of Madison Square Garden) in in 3 regions of the country including Maradi, Tahoua and Niamey.		
Indicators:	Target	Actual
# of poster produced on cholera prevention	3,000	3,000
# of posters with A3 format produced on hand washing	3,000	3,000
# of languages the cholera prevention spots are broadcast in, on the national and private TV channels	3 languages including French, Hausa and Zarma	3 languages including French, Hausa and Zarma
# of people reached through the dissemination of cholera prevention messages on community radios	At least 35 000 persons	1,295,057
# of people reached with the RCCE activities	At least 35 000 persons	19,390
# of documentary film on the realization of these operations (<i>new indicator</i>)	1 film	In production
Progress towards outcomes		
<p>Various RCCE activities on diffusion of knowledge on cholera prevention and handwashing have taken place. Six thousand posters have been produced of which 3,000 on cholera prevention and 3,000 on handwashing. Messages on prevention have been broadcasted on 11 community radio stations, of which nine in Maradi and two in Tahoua, in French, Hausa, and Zarma languages. Messages have been broadcasted during a period of sixty days and will continue for an additional thirty days. An estimated 1,295,057 people were reached by community radio stations in Maradi.</p> <p>A documentary film is being produced on the implementation of the response to this outbreak. The communication team has been deployed to the regions of Maradi, Tahoua and Niamey and has made recordings on activities. The first ORT/ORTP training has been broadcasted on National television.</p>		
Outcome 5: Less severe cases of acute watery diarrhoea are treated in the community, with referral pathways for severe cases established		
Output 5.1: Cholera cases are managed in the community, with referral established for severe cases		
Indicators:	Target	Actual
# of Oral Rehydration Points set up at community level	10 kits	0
# of people trained on the management of ORP	160 volunteers	160
# of volunteers trained in simple methods of assessing dehydration levels (<i>new indicator</i>)	160	160
# of ORP purchased (<i>new indicator</i>)	6	6
# of cases detected and referred to the nearest oral rehydration points and CTCs (<i>new indicator</i>)	N/A	0
Progress towards outcomes		
<p>Four ORP kits were prepositioned in Niger, two in Maradi and two in Niamey. The kits in Niamey were transported to Maradi for deployment. As per the EPOA, it was decided to send an additional six ORP kits from Nairobi to</p>		

Niger. As the number of confirmed cholera cases rapidly decreased in September, it was argued by the local and regional MoH in Maradi region and Madarounfa district to adapt the strategy. Therefore, no ORP kits have been set-up and running. IFRC Regional Office provided additional support to this operation by sending six ORP kits out of the regional stock to Niamey, these have arrived and RCSN has decided to preposition two in Diffa region and one in Tahoua. The other three kits will remain in Niamey. During this process, it was decided to conclude the training of the target of 150 volunteers and 10 supervisors on ORP/ORT so the NS would have increased capacity and these volunteers would be ready to be deployed in future cholera outbreaks. The MoH and humanitarian partners at various levels have expressed interest in deployment of ORP kits in future outbreaks, at an earlier stage.

Challenges

The main challenge regarding the implementation of Oral Rehydration Point was the delay of transfer of funds to the National Society due to delayed reporting of previous transfers to NS in IFRC financial system. Volunteers were trained on ORP/ORT one month after declaration of the outbreak and by then cases had started to decrease. Therefore, MoH asked the NS to adapt its proposed response towards community-based prevention at household level, as a response the NS proposed the BTIT approach. Moreover, the process of transportation of additional ORP kits from Nairobi to Niamey took approximately two months.

Lessons learned

- Importance to increase advocacy with Ministry of Health and humanitarian partners to have increased knowledge on the three main RCRC cholera response strategies: (1) Oral Rehydration Treatment, (2) Branch Transmission Support Teams (3) Oral Vaccination Campaign support
- Necessity to integrate cholera prevention and preparedness in Health strategy of NS and assure support for this by Red Cross Movement partners in order to assure a faster response in future outbreaks



Water, sanitation, and hygiene

People reached: 35,000

Male: 17,314

Female: 17,686

Requirements (CHF): 64,925

Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities.

Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities

Indicators:	Target	Actual
% reduction in cases of water borne and water related diseases	At least 50%	98.2%
# of assessment of water, sanitation and hygiene situation in targeted communities are carried out	2 assessments	2
# of participations in meetings with WASH colleagues from partner organizations (<i>new indicator</i>)	As necessary	4

Progress towards outcomes

During the health assessment carried out after the launch of the operation, specific attention was given to assessing the water, hygiene and sanitation situation. These needs were discussed with Ministry of Health, WHO, UNICEF and MSF. In each of the meetings, it was asked where they consider the largest gaps in response and the majority mentioned community sensitization and WASH. The MoH in Maradi Region and Madarounfa district requested the reconstruction of latrines which goes beyond the scope of this operation. Moreover, since the beginning of the outbreak cases of waterborne diseases have decreased by 98.2%. Lastly, RCSN and IFRC have participated in the WASH cluster meetings which were first organized on a weekly basis and later bi-weekly.

Challenges:

The number of cases were decreasing when the activities started, this meant that certain adaptation needed to be done to make sure that the response was relevant and adequate.

Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population

Indicators:	Target	Actual
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# of hygiene promotion sessions conducted	24 sessions	1,242
# of volunteers engaged in hygiene promotion	160 volunteers	160
# of sanitation kits provided to targeted communities	10 sanitation kits	0
# of IPC activities conducted with disinfection of public latrines and households (<i>new indicator</i>)	Two times per week in three months	0
# of IPC points installed (<i>new indicator</i>)	20	21

Progress towards outcomes

In the Health and WASH assessment, substantial risk of acute watery diarrhoea transmission was defined, and it was decided with MoH and ECHO to set up Infection Prevention and Control Points (IPC). These IPC points have been set up at 13 Health centres, 1 market, 7 with borders of Nigeria. Respectively at the borders of Souloulou, N'yelwa and Dan Issa.

Based on the assessed needs in hygiene and sanitation, it was decided to increase the target of sanitation kits from ten to twenty. The kits have been procured, 16 for Maradi region and 04 for Tahoua and are ready for distribution. The kits contain brooms, wheelbarrows, rakes, pickaxes, shovels and will be donated to communities to clean their areas. The volunteers will guide the process and ensure the materials are used accordingly.

Volunteers have been trained on IPC during the ORP training and have been conducting IPC activities based on needs. Thirty sprayers and thirty handwashing stations were procured for Maradi Region. RCSN received a large donation of aqua tabs and from UNICEF. IPC activities have been carried out at households of confirmed cases, health canter, markets, and schools. No activities at CTCs and ORPs have taken place.

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

Indicators:	Target	Actual
# of 20 litres bucket purchased	3,000 buckets	0
# of jerrycans purchased	3,000 jerrycans	0
# of pieces of soaps purchased	21,000 pieces of soap	0
# of households reached with the distribution of buckets and pieces of soap	3,000 households or 21,000 peoples	0
# of pieces of soap purchased for handwashing demonstration (<i>new indicator</i>)	300	0
# of people trained in the use of the hygiene kits distributed (<i>new indicator</i>)	3,000	0

Progress towards outcomes

Some 3,000 hygiene kits are in the final stages of procurement by the regional branch of Maradi. As discussed with MoH the kits will be donated to the 3,013 persons or family members in Maradi region that recovered from Cholera during this outbreak. According to the latest Situational Update, number 34, published on 1st November 2021, some 3,013 cholera cases were registered. These cases are divided between the districts: 880 in Maradi Ville, 1,763 in Madarounfa and 370 in Guidan Roudji.

UNICEF donated 17,520 pieces of soap, thus the funds from this operation destined for this have been redirected to procure 200 backpacks for volunteers with RCSN logo, 30 handwashing stations, 30 sprayers and 30 megaphones.

Challenges

- The main challenges regarding the implementation of Oral Rehydration Point were the delay of transfer of funds to the National Society due to delayed reporting of previous transfers in IFRC financial system.
- Unclear on content of kits

Lessons learned

- Importance of capacity building of the NS on financial reporting to prevent delays due to previous transfer in the IFRC finance system
- Follow BTIT approach for standardized Household Hygiene Disinfection Kits

Strategies for implementation		
Requirements (CHF): 91,826		
S 1.1: 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		
Indicators:	Target	Actual
# of volunteers insured	160 volunteers	160
# of volunteers who know their roles and responsibility	160 volunteers	160
# of volunteers properly trained	160 volunteers	160
Progress towards outcomes		
A total of 160 volunteers have been trained in the three-day ORT/ORP training. Approximately 60% of the volunteers selected had already been a volunteer and hence, it was assumed that they know the basics of the RCRC Movement and their roles and responsibilities as volunteers. At the beginning of each training, a test was done to assess the level of knowledge of volunteers on the RCRC Movement. Volunteers were asked to explain the seven Fundamental Principles, the Movement partners, its history, the function of the RC emblem and the roles and responsibilities of volunteers. Based on the level of knowledge of the volunteers, additional explanation was provided. All 160 volunteers have been insured. Of the 160 volunteers, 15 volunteers from Niamey have already been trained on the BTIT and the rest of the volunteers will be trained in the coming weeks.		
Output S2.1.3: Improved compliance by National Societies with the Principles and Rules of humanitarian assistance		
Indicators:	Target	Actual
# of WhatsApp groups set-up for community engagement	10 i.e. :4 in Maradi, 3 in Tahoua and 3 in Niamey	2 (1 for IFRC and NS HQ and the other for Maradi)
# of feedback received and acted on	At least 50%	0
# of lessons learnt workshops conducted	3 workshops, i.e., 1 per targeted region	0
# of community engagement activities conducted to help promote healthy and safe behaviour and to ensure that people are kept informed of operational plans and progress <i>(new indicator)</i>	15,000	19,360
# of community feedback systems established <i>(new indicator)</i>	1	0
Progress towards outcomes		
One national WhatsApp group was created with the IFRC support delegates and the RCSN HQ and regional staff. One local WhatsApp group was created for the response in Maradi region.		
Challenges:		
The CEA coordinator has faced challenges in establishing a community feedback system and institutionalization of CEA and RCCE within the NCRS. This is because of delays in appointment of an CEA/RCCE focal point at the National Society level. A data collection and reporting form has been proposed for collection of rumours and feedback, and this was approved after one month. In all the upcoming CEA training, this form will be presented to the volunteers and supervisors and a filling exercise will be conducted to make them familiar with the tool.		
Output S2.1.4: Supply chain and fleet services meet recognized quality and accountability standards		
Indicators:	Target	Actual
# of people who understand warehousing procedures	1	1
Progress towards outcomes		

The NCRS has a logistics coordinator with knowledge on warehouse procedures. IFRC is currently without a logistics manager and a new one is being recruited. An IFRC surge is temporarily supporting the logistics and this person is providing support to the logistics coordinator of the NCRS.

D. Financial Report

The amount allocated for implementation of this operation is CHF 275,635. With this Operation Update, the budget has been revised by the RCSN in support with IFRC to adapt to the operational changes described in this update. The following changes have been made:

Reductions in the budget: There is a reduction of transport of ORP kits in the country. Of the six arrived kits, it is proposed by the RCSN to send two kits to Diffa and one to Tahoua. The other three would remain in the city of Niamey as the warehouse capacity is better, and the transportation route to Tillabery and Dosso, where they are envisioned to be sent, is shorter. The estimated costs of 17,000 CHF in the original budget were over-estimated. A large donation of IEC material, soap, HH water treatment solution and Aqua tab was generously donated by UNICEF, the costs of soap are therefore reduced in the budget. The Surge costs will also be reduced as this will largely be covered by the Regional Office.

Increases in the budget: A second 3-days training for 150 volunteers and 10 supervisors was included in the project. The training consists of 1 day of BTIT module 4 training, 1 day of BTIT module 5 training and 1 day of CEA training. Moreover, the procurement of backpacks and cotton masks for volunteers were added to the budget, and so was the procurement of handwashing stations, megaphones and sprayers – 30 items of each have already been procured. The handwashing stations are used as IPC points at borders with Nigeria based on the request by ECHO as this was a successful implementation in the 2018 response. Finally, the cost for lessons learned workshop has increased to allow participation of all key stakeholders. The workshop will take place in the last week of January with the aim of inviting staff of the MOH and the RCSN from the different regions as well as ECHO, the PNS and the IFRC to participate. This meeting has large potential for discussing the three approaches and to ensure better preparedness for future outbreaks.

The revised budget can be seen below, with allocation remaining intact.

all amounts in Swiss

International Federation of Red Cross and Red Crescent Societies

Francs (CHF)

DREF OPERATION

MDRNE025 - NIGER - CHOLERA OUTBREAK

09/12/2021

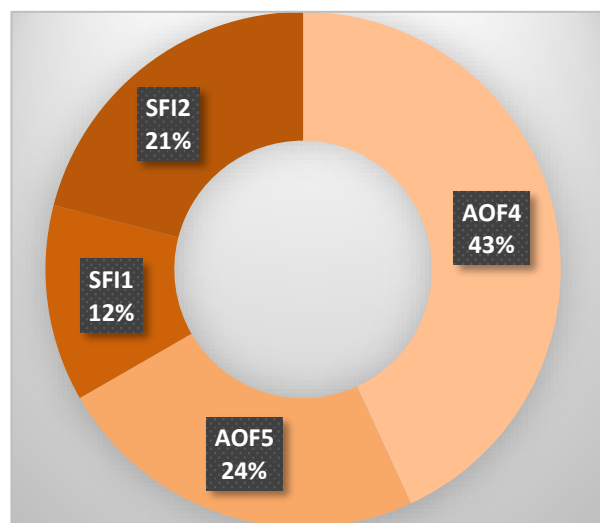
Budget by Resource

Budget Group	Budget
Water, Sanitation & Hygiene	69,927
Relief items, Construction, Supplies	69,927
Distribution & Monitoring	20,771
Transport & Vehicles Costs	11,345
Logistics, Transport & Storage	32,116
International Staff	8,629
National Society Staff	3,912
Volunteers	39,954
Personnel	52,496
Workshops & Training	55,882
Workshops & Training	55,882
Information & Public Relations	37,710
Office Costs	6,769
Communications	2,934
Financial Charges	978
General Expenditure	48,391
DIRECT COSTS	258,812
INDIRECT COSTS	16,823

MDRNE025 – Niger Cholera Outbreak – DREF Operation Update 1

TOTAL BUDGET**275,635****Budget by Area of Intervention**

AOF4	Health	118,884
AOF5	Water, Sanitation and Hygiene	64,925
SF11	Strengthen National Societies	33,976
SF12	Effective International Disaster Management	57,850
TOTAL		275,635



CONTACTS

Reference documents



Click here for:

- [Emergency Plan of Action \(EPoA\)](#)

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

In the Red Cross Society of Niger (ies)

- Executive Secretary; Issiakou Soumana Gaoh, email: issiagaoh@yahoo.fr phone: +227 96961505
- Programme's Coordinator: Issa Laouali, email: issalaouali@croix-rouge.ne phone: +227 87450500

In the 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

- Thierry Balloy, Acting Head of Niger Cluster Delegation, phone: +237 6 83 71 61 63; email: thierry.balloy@ifrc.org;
- Pierre Danladi, Operations and Programmes Coordinator; phone: +227 80 06 32 49; email: pierre.danladi@ifrc.org;

In IFRC Geneva

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

For IFRC Resource Mobilization and Pledges support:

IFRC Africa Regional Office for Resource Mobilization and Pledge:

- 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)

- Philip Komo Kahuho, IFRC Africa Regional Office: Philip Komo Kahuho, Regional PMER Coordinator; email: philip.kahuho@ifrc.org; phone: +254 732 203 081

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**.