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Operation Update Report n° 2

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: 21 January 2022	**Timeframe covered by this update: 04 months (from 03 September to 13 January 2022)**
Operation start date: 03 September 2021	**Operation timeframe: 05 months (End date 28 February 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, MSF	

Summary of major revisions made to emergency plan of action:

The DREF will be extended with one month until 28 February 2022 to give additional time to National Society to implement and complete some few remaining activities as the first update has allow the completion of most of them. This extension will allow NS to catch up with the backlog caused by two main reasons: the organization of the General assembly and administrative and reporting process.

Since the first Operational Update, Niger National Society has been busy with the preparations for the General Assembly which finally impact the operation agenda by keeping administration, staff and volunteers extremely busy. As General assembly is important for the structure organisation, the planification and to set action and strategy, it can't be delayed. We should also avoid overlapping between this and the Lesson learn workshop as all the required partner and staff are the same to be part of this general assembly such as the MoH, donors, RCRC Movement partners and humanitarian.
For administrative and reporting concern, the completion of the reporting process has taken more time that initially agreed due to monitoring and discussion needed to complete this task and allow additional transfer to NS. In addition, staff changes within the NS during the same period also had an impact on the respect of the initially approved agenda.

With no change to the budget or strategy, this update allows 01 month to carry out the following activities:

- Completing the remaining CEA activities which are: organization of community meetings, training of community leaders and completing the ongoing CBS
- Organize the lesson learn workshop with all the relevant local partner and key staff.

To summarize, the one month no-cost extension enables the NRCS to complete the Cholera DREF with the high quality they have been implementing since the start and to assure sustainability for responses to future cholera outbreaks.

A. SITUATION ANALYSIS

Description of the disaster

On 9 August 2021, the Minister of Public Health of Niger officially declared the Cholera epidemic outbreak in the country during a press conference. 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.

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 NRCS to increase community-based activities to prevent further spread of cases. After an internal evaluation of the situation by NRCS and its RCRC movement partners, it was decided that the support of ICRC was sufficient to increase the activities in this region of Diffa. 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 NRCS to support them by setting up an ORP in case cases would increase. The NRCS 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 four months to respond to the epidemy. In this period Niger Red Cross Society (NRCS) 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 the next steps since last update.

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 02 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 means 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.

Since the publication of Operational Update 1 on 13 December 2021, no new cholera cases have been reported and the cholera outbreak is over. The last figures of Cholera epidemiologic situation are as below:

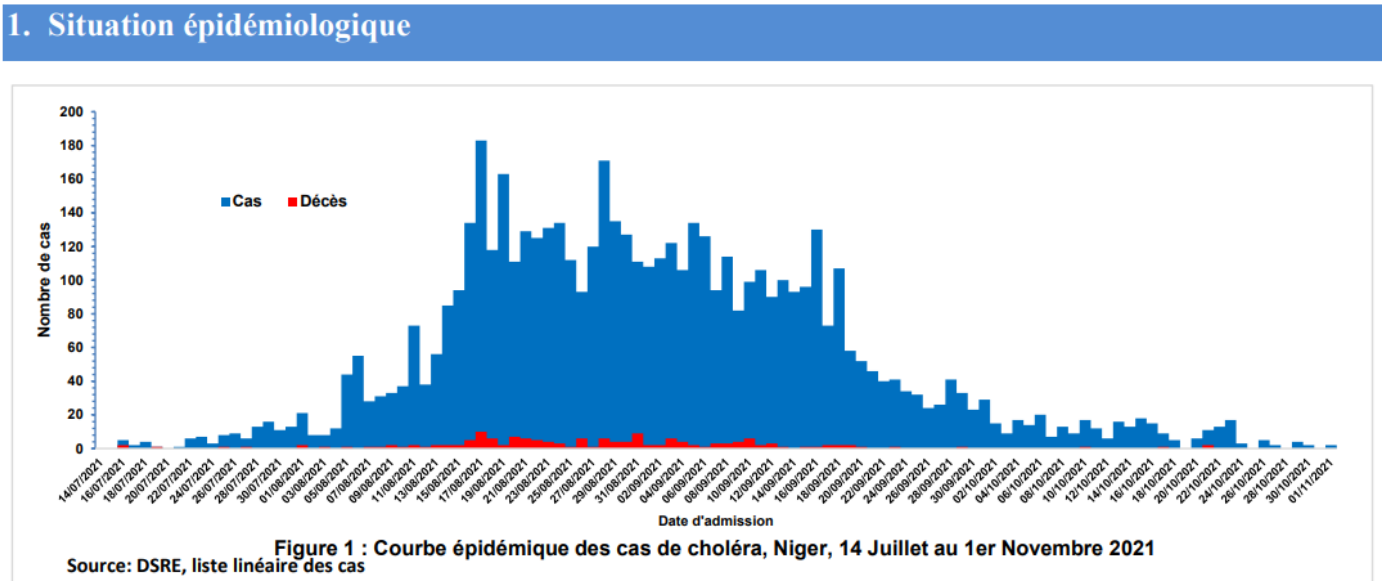

Figure 1: epidemiological curve presenting the cholera situation as it evolves from 14th of July to 1st of November 2021

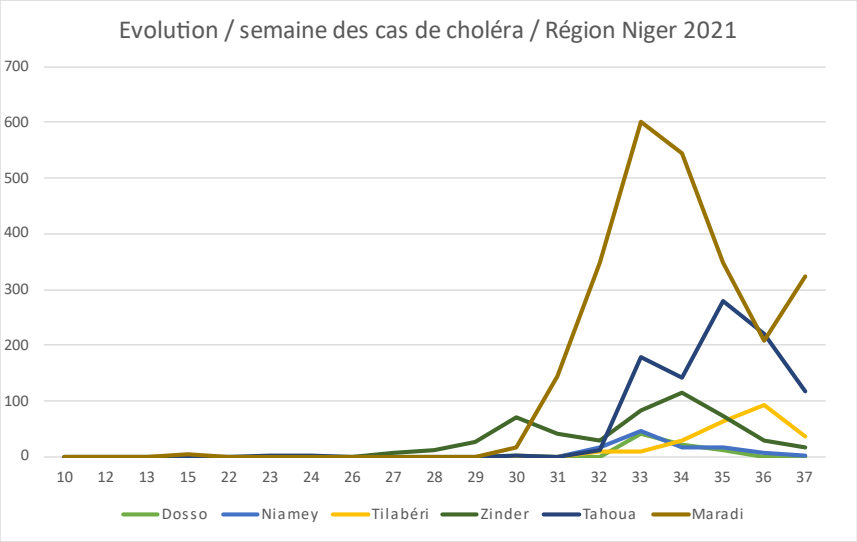

Figure 2: epidemiological curve presenting the cholera cases per region until week 37

Summary of current response

Overview of Host National Society

It was decided to prioritize activities under DREF 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.

Oral Rehydration Treatment and Oral Rehydration Points

Due to a decrease in officially registered cases the Ministry of Health expressed a preference of sensibilization activities on community level through household visits in Madarounfa and Tibiri. A concern was expressed that ORP´s in the communities could result in cases not being forwarded to the Cholera Treatment Centers. It was proposed to have the ORP´s next to CTC´s which could be beneficial in situations where there the capacity of CTC is overwhelmed, as this is not the case now IFRC and NRCS do not consider this a suitable option.
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, CRN 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 others main RCRC approaches in the response, namely:

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

The Branch Transmission Intervention Team approach was partially included in the initial DREF as 3,000 hygiene household kits were included. Following the approach of BTIT the volunteers conduct household visits and use a rapid risk assessment tool to evaluate the risks of transmission. They assess the quality of the drinking water, storage of drinking water, 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 centers 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 the 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 behavior changes. Community Engagement and Accountability (CEA) is new within the Niger Red Cross, and it was proposed by them to take advantage of this DREF to institutionalize CEA within the National Society. No system for rumor and feedback collection has been in place and it was decided to set this up. Therefore, it was decided to train all volunteers during one day on CEA and RCCE on top of the information provided on these topics in the ORP/ORT training.

Trainings of volunteers and community leaders

In September, the training of volunteers belonging to the most affected health districts begun, as well as 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. Areas of intervention proposed in the DREF were discussed by Niger Red Cross 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.

Since Operational Update 1, the remaining 160 volunteers involved in the Cholera DREF, have been trained on

- Branch Transmission Intervention Teams (BTIT) modules 04 and 05 and mobilized to implement activities. Two-day trainings were organized in Niamey, Tahoua and Maradi. During these training´s the implementation of activities was discussed and the priorities for the remaining time of the project were communicated to the volunteers.
- Oral Cholera Vaccination campaign. A presentation on OCV was included in the two-day training of BTIT.
- In December all 160 volunteers and supervisors have been trained on CEA/RCCE by the CEA Surge Coordinator and CEA focal point of the NRCS. After the training´s the volunteers started to implement the Household Risk Assessment and the Community Risk Assessment on Cholera transmission in the household visits. Regarding CEA activities the volunteers started to use the feedback collection form which was presented and explained in the training´s.
- In the three regions community leaders have been trained on cholera prevention and interruption of transmission.
- In Niamey, 15 volunteers and one supervisor have been trained to carry out sensitization activities. In December, the volunteers visited 480 houses reaching a total of 8,135 people including 3,467 men and 4,668 women through household visits.

Volunteer mobilization and sensitization

From the DREF allocation, NS 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.

It was decided to prioritize activities under DREF 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 sensibilization activities on 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 Centers. It was proposed to have the ORP´s next to CTC´s which could be beneficial in situations where the capacity of CTC is overwhelmed; as this is not the case now IFRC and NRCS do not consider this a suitable option. In December and January volunteers visited 11,870 households reaching 96,644 persons of which 42,724 men and 53,920 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 2021. 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 1862 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 are composed of four trained hygiene volunteers which are in charge of disinfecting the affected households and sites at risk (in total 12 houses and 09 sites were disinfected). In addition, the volunteers referred four people with suspected cases of cholera to the closest health centers. All activities in the region are supervised by two supervisors. In addition to the activities carried out by the volunteers, the NRCS launched a dissemination of key messages on barrier measures to fight against the cholera epidemic every day on the two community radios. All the surrounding villages at 15 km are listening to this message.

Supporting Vaccination campaign

In the beginning of October, the MoH informed the Movement that they would launch a cholera vaccination campaign in the hardest hit regions. NRCS was engaged as part of this DREF response and has implement the activities below:

- In Birni N´Konni, district in Tahoua, the volunteers have taken part in sensitization activities during the first dose of the Oral Cholera Vaccination from 09–13 January. Information on the cholera vaccination campaign was provided to volunteers to include in the regular sensitization activities
- 3,972,343 million Oral Cholera Vaccines (OCV) were distributed to Maradi region, targeting 1,986,172 people.
- CEA and RCCE activities were keeping ongoing considering the 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, followingly the second vaccine dose will be set from the 22 December 2021 and onwards in Maradi. 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 during a period of two years. The cholera vaccine is an important aspect in preparation for future outbreaks.

Overview of Red Cross Red Crescent Movement in country

The actions of partners in response to the situation remain the same from the last update.

Spanish Red Cross and ICRC are keeping the same support to NRCS and monitoring their own interventions. ICRC support the security in the country. Please refer to the published update 1.

The IFRC is keeping providing support through its Niger Cluster Delegation and Africa Regional Office during all the implementations. 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, Spanish, Luxembourg, Danish, Finnish, Italian, Belgium Red Cross Societies, and 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 publication of the operational update number 1, IFRC has conducted supervision and monitoring visits to activities in Niamey, Tahoua and Maradi. It was constated those activities are being well implemented and the relationship with MoH and other partners is good. Technical advice has been given to supervisors and regional branches of the NRCS to continuously improve quality of activities. The ORP trainer and CEA coordinator have successfully completed their missions and have done the handover of the activities. The Public Health in Emergencies coordinator at IFRC Niger Cluster Delegation continues to supervise the project from IFRC side.

Technical support has been provided to the operation through frequent contact with IFRC regional office. Updates have been shared and meetings have been organized. Sessions have been organized with technical Cholera and CEA colleagues to pre-evaluate the mission with the surge delegates and their feedback will be taken to the lessons learnt workshop.

Overview of non-RCRC actors 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 NRCS and OCHA at national and regional levels. Even if It has been noticed that most of the partners have responded relatively late to this response, a good level of mobilisation can be observed:

- Coordination: Bi-lateral meetings are organised with all those local actors led by the MoH. At country level, IFRC and NRCS have been participating in the following technical cluster 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 and detailed epidemiological data. 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.
- WHO has officially been leading the response by partners. Particularly the coordination around the cholera vaccination.
- MSF has been leading the CTC's together with the MoH. At the regional and district level, NRCS has been participating in several coordination meetings. Furthermore,
- Coordination and information sharing with ECHO at National and regional level have been keeping since the beginning of the project. IFRC and the NRCS have been in close contact with ECHO in Niger. ECHO has proposed several operational changes in the beginning of the project, and these have been taken into account to strengthening the response. On the 18th of January 2022 there will be a desk review of ECHO with IFRC and the NRCS and ECHO will participate as well in the lessons learnt workshop.

Needs analysis and scenario planning

Needs analysis

No more cholera cases have been reported since *Operational Update 1* and the priority remaining is to close the DREF well and to advocate with partners for the RCRC approaches for future response to cholera outbreaks.

Operation Risk Assessment

The main risk in this update is timely completing the last activities. The main concern is to manage delay and overlapping possibility on NS general assembly, lessons learnt workshop and high workload of the NRCS with other projects.
It is clear to the NRCS that this is the last extension, and they are committed to organize a good quality lessons learnt workshop and CEA activities in the remaining time.

Furthermore, there is a risk of the worsening COVID-19 situation in Niger. Omicron variant has been confirmed and cases are rapidly spreading. This is one of the reasons it has been decided to hold the workshop in Niamey instead

of Maradi as there are better quality training rooms that enable adherence to the preventive measures of physical distancing and ventilation of air. With the communication department options for streaming of the workshop are being explored which enables participants from abroad to participate without coming to Niger.
Concerns were expressed that the population would confuse the cholera vaccine with COVID-19 vaccines and hence neglect to take these as there is a large vaccine hesitancy towards covid19 vaccines. As the Niger population is not familiar with this vaccine and because there are a lot of rumours on the COVID-19 vaccines, the NRCS and IFRC expressed the importance of adequate social mobilization before the initiation on the OCV campaign and a continuous support to sensitization and informative message to fight rumors. Also, NRCS is keeping implementing with the COVID-19 barrier measures.

B. OPERATIONAL STRATEGY

Overall Operational objective: The overall objective of the DREF and the strategy remain the same approved in the DREF operation and the update number 1. The only changes is on the period of implementation is extended to support organization of the lesson learned workshop and complete the ongoing CEA/RCCE activities.

Proposed strategy

The main three Red Cros and Red Crescent Cholera approaches were maintained from the last update to now: Oral rehydration therapy by branches and communities; Branch Transmission Intervention Teams; Support to oral cholera vaccination campaigns. Details to find in approved strategy in DREF operation.
As no cases have been found since the last update in December, the surveillance phasis is now ongoing with completing CEA/CREC activities in support to CBS on this intervention. By the end of this month, last CEA activities will be completed, and operation will be ending with the Lesson Learn Workshop.

The lesson learn workshop will be organized in February after the completing of remaining CEA/RCCE activities. This event the three cholera RCRC approaches will be presented, the response of NCRS towards the 2021 cholera outbreak will be assessed and future actions will be discussed and agreed upon. For the lessons learnt workshop the following groups of stakeholders will be invited: Staff from NRCS from HQ and field; MoH, RCRC movement partners (ICRC, Belgium, Italian, British, Belgium, Luxembourg, Spanish Red Cross Societies); humanitarian partners will be invited, namely WHO, MSF, UNICEF; Staff from IFRC from IFRC Niamey Cluster; IFRC Regional Office; and Representation of Nigerian Red Cross.

C. DETAILED OPERATIONAL PLAN

Health
People reached: 35,000
Male: 17,314
Female: 17,686
Requirements (CHF): 118,635

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 assessment 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%	100%
# Of volunteers trained on ORT/ORP	160	100
# Of Community leaders trained	90	220
# Of CEA activities carried out promote disease control at the community level and health promotion (theater, community meeting)	50	28, 906

Progress towards outcomes

Activities carried out

During this reporting period the percentage of waterborne diseases in the affected areas has not been reduced as the cholera outbreak was already over. No volunteers were trained on ORT/ORTP as this activity was completed before. In this period 2020 community leaders have been trained on cholera prevention and community meetings have been organized. CEA activities have continued in December and January and have been expanded to a larger variety of different activities

The number of community leaders has surpassed the initial target as there has both the NRCS, MoH and communities showed large interest in this activity. Community leaders have a significant impact on accelerating behaviour change as they are respected by the community. In the three regions, a total of 28,906 households were visited, with 232,806 people reached, including 99,445 men and 13,361 women. Some 2,479 people were reached by the mobile caravans and 1078 by the community meetings and dialogues. As for the training of community leaders, 220 leaders have been trained.

Since the first operational update the 160 volunteers and supervisors have been trained on module 04 and 05 of the Branch Transmission Intervention Team (BTIT), Oral Cholera Vaccination (OCV) and Community Engagement (CEA). As this training was not mentioned in the first publication of the DREF report and added in the first operational update, no target was mentioned. The volunteers have implemented the Branch Transmission Intervention activities at household level and at community shared spaces such as market and schools. The Risk Assessment tool is now being implemented at all household visits. No major challenges have been reported regarding this outcome.

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	160 volunteers	160
Assessment of capacity for early case detection and referral.	1	1
# Of alerts investigated/ reacted to in under 24 hours	50	4
# Of community leaders trained at the RCCE	90	220
# Of community case definitions identified	1	1

Progress towards outcomes

Since the last update, no community case definition has been defined as this was already done before.
It was defined based on directives of 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)”.

During the reporting period 220 community leaders have been trained.
No alerts have been investigated since December 2021 as the cholera outbreak is over.

During the reporting period no major challenges in the implementation of activities under this outcome were reported.

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	2,190,378
# Of people reached with the RCCE activities	At least 35,000 persons	236,363
# Of documentary film on the realization of these operations	1 film	In production

Progress towards outcomes

During this reporting period no new posters were produced as this was already done in the first period. The dissemination of cholera prevention messages on community radios continued during the reporting period. Messages on prevention have been broadcasted on 11 community radio´s, of which nine in Maradi and two in Tahoua, in the following languages: French, Hausa, and Zarma. Messages have been broadcasted during a period of sixty days and it will continue for an additional thirty days. An estimated 895,321 people were reached by community radio stations.

Production of the documentary film on the DREF continued and is almost ready and the NRCS will display this during the lessons learnt workshop. The film will be translated to English to get attention for the response to this outbreak outside Niger.

RCCE activities continued, and the number of people reached through RCCE activities has surpassed the initial target as it has been set low. RCCE activities include households visits, community meetings, market visits and mobile caravan. During the response to the cholera outbreak 28,906 households have been visited, this is an average of 16 households per week.

Outcome 5: Less severe cases of acute watery diarrhea 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 ORP kits 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	160	160
# Of PROs purchased	6	6
# Of cases detected and referred to the nearest oral rehydration points and CTCs	0	0

Progress towards outcomes

No progress has been made since the last operational update as this activity has been phased out with the end of the outbreak.

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

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
% Of 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
# Participate in meetings with WASH colleagues from partner organizations.		4

Progress towards outcomes

Activities carried out
No progress has been made on this output as this activity has been phased out.

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

Indicators:	Target	Actual
# Of hygiene promotion sessions conducted	24 sessions	82

# 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	Two times per week in three months	46
# Of IPC activities carried out at the CTC		0
# Of IPC activities carried out in the PROs		0
# Of IPC points installed		30

Progress towards outcomes

Activities carried out

During the reporting period

- 82 hygiene promotion sessions have been conducted of which 70 in Maradi and 12 in Tahoua.
- 46 households have been disinfected by the community volunteers. As the first cases of this outbreak in Niger came from Nigeria, cooperation between Nigeria and Niger Red Cross Society 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.

An additional 9 IPC points were installed at the borders with Nigeria.

IPC activities to be carried out at the CTC and in the ORPs were not carried out as it was decided with MoH not to implement ORP´s. Also, there was no need for IPC activities at CDC´s as MSF was taking care of this component.

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	2,650
# of jerrycans purchased	3,000 jerricans	2,650
# Of pieces of soaps purchased	21,000 pieces of soap	21,000
# Of households reached with the distribution of buckets and pieces of soap	3,000 households or 21,000 people	2,650
# Of pieces of soap purchased for handwashing demonstration	300	300
# Of people trained in the use of the hygiene kits distributed	0	0
# Household surveys and water quality tests conducted by volunteers	0	0

Progress towards outcomes

In December 2,650 household hygiene kits were procured and distributed.

The main challenges on this outcome reported by the NRCS were the procurement of household hygiene kits and the selection of beneficiaries. Due to increased prices in Maradi 2,650 kits were procured instead of 3,000. During the household visits applying the Risk Assessment tool of the Branch Transmission Intervention approach the volunteers registered the most vulnerable households. The volunteers registered 3,500 households in Maradi region in the districts of Maradi, Guidam Roumji and Madarounfa. As this number surpassed the number of household hygiene kits available the distribution criteria were discussed with the Ministry of Health of Maradi region. It was agreed that the household would be gathered and that questions on cholera prevention and intervention of transmission chains would be asked. The households that showed best capacity of answering the questions were rewarded with a kit.

Strategies for implementation

Requirements (CHF): 111,535

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	160
# Of volunteers who know their roles and responsibility	160	160
# of volunteers properly trained	160	160

Progress towards outcomes

No update on this output since the last operational update

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	3
# Of feedback received and acted on	At least 50%	1321
# 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 behavior and to ensure that people are kept informed of operational plans and progress	50	28, 906
# Of community feedback systems established	Minimum: 1	1

Progress towards outcomes

CEA is a new area within the NRCS. The NS seized the opportunity of the DREF allocation for Cholera to initiate institutionalization of CEA. It took some time to get this started as a focal point had to be appointed. During the reporting period the 160 volunteers involved in the DREF were trained on CEA by the CEA coordinator and the CEA focal point of the NCRS. After the training, a community feedback collection system was implemented in each region, and WhatsApp group created to share the feedback. In the CEA training, the feedback collection form was presented, and the volunteers have been using this. In the period under (December and January) a total of 1,321 community feedbacks were collected and processed. There were a lot of rumours and requests for donation of drinking water and household water treatment solutions.

With the extension of the DREF timeframe, CEA activities will continue as there are some funds remaining for community meetings and the mobile caravan. This is important as both Maradi and Tahoua will still have to administer the second dose.

For the vaccine to guaranty protection to the population for the coming two years it is important that people receive their second dose. However, with the current hesitancy towards vaccines it is important to continue sensitization through community volunteers on this. The Ministry of Health has requested this support and ECHO has mentioned the importance of this during the desk review session.

Challenges in operation

The Oral Cholera Vaccines arrived in Niger at the moment when Cholera cases were decreasing and when MoH had to organize the next round as well of COVID19 vaccination campaign. Moreover, Niger MoH does not have much experience with administering Cholera vaccination campaigns which poses challenges in its organization. The NRCS and IFRC have offered support in this and participated in the preparatory meetings. As the Niger population is not familiar with this vaccine and because there are a lot of rumours on the covid19 vaccines, the NRCS and IFRC expressed the importance of adequate social mobilization before the initiation on the OCV campaign. 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 vaccines. The first Oral Cholera Vaccines have been administered in Tahoua and Maradi regions. The challenge now is to administer the second dose within six weeks after the first dose and to have the same percentage of uptake of the vaccines. If people do not take the second dose the vaccine will only give protection for six months instead of two years.
Niger has not much experience with OCV campaigns and therefore it has been important to provide adequate information.

The lessons learned workshop was scheduled for late January, which coincided with the General Assembly for NRCS. and The lessons learnt workshop is the opportunity to reflect on the DREF and to advocate for the three main RCRC cholera response approaches. The NRCS proposes a bottom-up and participatory approach for this

process starting at evaluations in each of the three regions of implementation followed up by the national lessons learnt workshop. Important stakeholders such as the MoH, donors, RCRC movement partners and humanitarian partners will be invited. The National Society plans to organize the lessons learnt workshop for the second week of February.

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		
No updates on this output since the last operational update		

D. Financial Report

The budget and DREF allocation remain at **CHF 275,635.** The burn rate is actually 86% CHF 235,676 with an actual Closing Balance of CHF 39,959. Details can be found in the interim financial report.

DREF_Operation_-_Standard_Report (1) MD

Total transferred to NRCS is NS expenditure reconciliation is ongoing. The NRCS has utilized the 201,842.6 CHF of the Working Advance transferred to them and is in process of justifying to IFRC. The regional offices have submitted the justifications to headquarters and the NRCS aims to justify by 18 January 50% of the working advance. With the last operational update, the budget was changed and an additional 29,582.4 was allocated to the NRCS. An amendment to the project agreement has been signed by the NRCS and IFRC and once 50% of justifications of the first tranche will be received the remaining funds will be transferred.

IFRC has supported the NRCS in an exercise on assessment of spending of the budget as it was amended during the project. It is clear to NRCS how to use the remaining 29,582.4 CHF and they have a spending plan for this.

Contacts

Reference documents

Click here for:

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

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere**) in delivering assistance to the most vulnerable. The IFRC's vision is to inspire**, encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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.