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Emergency Plan of Action operation update

Niger: Epidemic (Cholera)

 International Federation
of Red Cross and Red Crescent Societies

DREF	Operation n° MDRNE014;GLIDE n° EP-2014-000151-NER
Operations update n° 1	Timeframe covered by this update: 24 December 2014 – 15 March 2015.
Operation start date: 24 December 2014	Operation new end date: 24 May, 2015
Overall budget allocation: CHF 261,637	Operation Timeframe: 5 months
Number of people affected: 91,113 population at risk (183 people directly affected)	Number of people to be assisted: 3,000 households/15,000 people
Host National Society presence (volunteers, staff, branches): 200 volunteers, 8 staff and 5 branches in Diffa region.	
Red Cross Red Crescent Movement partners actively involved in the operation: Luxembourg Red Cross, ICRC and IFRC	
Other partner organizations actively involved in the operation: Government (Ministry of Public Health), Médecins Sans Frontières, Save the Children, United Nations Children’s Fund, World Health Organization	

A. Situation analysis

Description of the disaster

On 12 December 2014, 10 cases of cholera were reported in the Chetmari area of Diffa region of Niger. By 14 December 2014, 91 cases and 4 deaths had been reported; and by 20 December 2014, this had risen to 183 cases. The outbreak was attributed to an influx of refugees from neighbouring Nigeria (Damassak region) caused by increasing insecurity in the north east of the country as a result of Boko Haram attacks. It was estimated that 91,113 people (Regional Direction of Public Health of Diffa) in the Bandari, Chetimari, Diffa, Gagamari and Zawaram areas of Diffa region were at risk. Following the considerable increase in the number of confirmed cases, Ministry of Public Health (MPH) in Niger declared it an epidemic, and called for international assistance.

On 24 December 2014, the International Federation of Red Cross and Red Crescent Societies (IFRC) allocated 261,637 CHF from the Disaster Relief Emergency Fund (DREF) to support the Red Cross Society of Niger (NRCS) respond to the needs of the affected population. The DREF operation was intended to support 3,000 households (15,000 people) in the Diffa region, with health and care, water, sanitation and hygiene promotion activities; over a period of three months. As of 16 March 2015, it is estimated that 35 per cent of the activities have been completed; and progress made in accordance with the agreed Emergency Plan of Action (EPoA) in the following areas:

- Training of 30 volunteers on response against cholera outbreaks using the ECV manual; disinfection of facilities and use of ORS and cholera surveillance via SMS;
- Awareness raising / sensitization on cholera prevention and control, as well as on the use of oral rehydration solutions (ORS) reaching 3,158 people;
- Procurement of hygiene items, community sanitation materials and cholera kits, in readiness for dispatch to the Diffa region.
- Establishment of two school hygiene clubs.

On 6 February 2015, due to the evolving insecurity situation in the Diffa region, which has included incursions by the Boko Haram group into Niger, all components of the Red Cross Red Crescent (RCRC) Movement were forced to suspend activities to ensure the safety of staff, volunteers and the beneficiaries being served. The International Committee of Red Cross, as the lead agency in the region, have continued to monitor the security situation; and on 5 March 2015, following a meeting between all Movement partners, it was agreed that activities could be resumed in accordance with a new "intervention strategy for Diffa region", which will prioritize: awareness raising / sensitization, distribution of water purification tablets, provision of hygiene items and disinfection of latrines in health centres / schools.

Even though the epidemic has to an extent been brought under control, the probability of cases spreading remains high as a result of the continuing influx of refugees from Nigeria, movement of people within the Diffa region, and prevailing poor hygiene practices and as such, the activities planned within this DREF operation remain essential.

This Operations update is therefore requesting a timeframe extension of 2 months, to enable the activities planned to be completed in accordance with this new intervention strategy, which includes a revision to the schedule for this DREF operation. The DREF operation will end on 24 May 2015, and a final report will be made available on 24 August 2015 (Three months after the end of the operation).

The Belgian Red Cross / Government, Canadian Red Cross/Government, Netherlands Red Cross/Silent Emergencies Fund and Spanish Red Cross/Government AECID have contributed to the replenishment of the DREF allocation made for this operation. The major donors and partners of DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, Danish Red Cross and government, DG ECHO, the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish Government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Z Zurich Foundations, and other corporate and private donors.

IFRC, on behalf of Niger Red Cross Society, would like to extend thanks to all partners for their continued support.

[<click here for the contact details >](#)

Summary of current response

Overview of Host National Society

The NRCS has a long standing experience of implementing cholera operations given its recurrence in the country. The NS following the epidemic responded through the existing Population Movement Emergency Appeal, as well as mobilized resources from interventions being carried out within other regions including: the provision of medicines, mobilization/training of volunteers, and preparation of cholera treatment sites. However, it was recognized that there were remaining needs, which could not be met through these existing operations, and as such the NRCS requested a DREF allocation to enable additional activities. As noted, the NRCS has been able to complete activities planned within the DREF operation including: Training of volunteers on response against cholera outbreaks using the ECV manual; disinfection of facilities and use of ORS and cholera surveillance via SMS; awareness raising / sensitization; production of information, education and communication materials; procurement of protective equipment for volunteers, hygiene and sanitation materials for communities and beneficiaries.

At the National level, the IFRC and NRCS have participated in the Health and WASH clusters meetings. The IFRC and NRCS are amongst the main members of the WASH cluster, and are therefore playing a major role in these meetings by providing information on the situation at community level. The NRCS is continuing to participate in other coordination and clusters meetings with different government and other agencies on a regular basis. Meetings and contacts have also been organized with IADA Relief, Médecins Sans Frontières (MSF) and Solidarity International to agree on coordination, and ensure the DREF operation were complementary to other activities planned in the Diffa region

Overview of Red Cross Red Crescent Movement in country

The ICRC, IFRC and Luxembourg Red Cross all have country representations in Niger, with presence in the capital of Niamey, and also Diffa region. Since the beginning of the epidemic, the NRCS has worked with the ICRC, IFRC, and Luxembourg Red Cross, and monthly coordination meetings have been carried out.

Prior to the launch of the DREF operation, the IFRC Niger country representation in collaboration with the NRCS regional committee in Diffa region, has provided hygiene promotion training for volunteers, who were deployed to the Gagamari camp and surrounding villages to carry out sensitization sessions and distribute soap. The IFRC Niger country representation also installed hand washing facilities, and provided medicines and materials (25 boxes of gloves, 25 boxes of ringer lactate and catheter, 9,000 tablets of amocycillin). Following the launch of the DREF operation, the IFRC and NRCS signed a Memorandum of Understanding (MoU) to enable the implementation of the activities planned, and also mobilized a Regional Disaster Response Team (RDRT) member with a WASH (Water, sanitation and hygiene promotion) profile to support the effective implementation, attend coordination meetings, as well as provide training for staff and volunteers.

Overview of non-RCRC actors in country

The Regional Public Health Department in Diffa deployed medical personnel to the region, established cholera treatment centres (CTCs) in the Chetimari and Diffa areas, and have also organized weekly meetings with partners involved in the response to ensure coordination. The MPH, with the support from MSF, the Red Cross Movement, WHO and the United Nations Children's Fund (UNICEF), is carrying out prevention and response activities. Most of activities are related to cholera treatment of identified cases, water chlorination and hygiene promotion. MSF, IADA Relief are also continuing to support in preventive activities in the affected villages.

Needs analysis and scenario planning

Needs Assessment

As noted, though the epidemic has to an extent been brought under control, the probability of cases spreading remains high as a result of the continuing influx of refugees from Nigeria, movement of people within the Diffa region, and prevailing poor hygiene practices. As such, the activities planned through this DREF operation, specifically: reinforcing community mobilization/public awareness-raising and sensitization, provision of hygiene items, disinfection of water supply and sanitation facilities, as well as epidemic surveillance/detection of new cases, remain essential. It was estimated that 91,113 people (Regional Direction of Public Health of Diffa) in the Bandari, Chetimari, Diffa, Gagamari and Zawaram areas of Diffa region are at risk, of which 3,000 households (15,000 people), in 30 of the most vulnerable communities are being targeted through this DREF operation. The security situation did not allow for any assessments to be carried out; however the IFRC operations manager will be visiting the Diffa region from 20 – 27 March 2015 to establish the remaining needs of the affected population. It is expected that this will be inform a further revision to the DREF operation, including to the agreed budget.

Risk Assessment

Since the security situation deteriorated at the beginning of February, the activities were suspended to avoid risks to the volunteers, staff and the beneficiaries themselves. In collaboration with ICRC as a lead agency, the IFRC and NRCS continued to monitor the situation until 5 March 2015 when a Movement meeting was organized to analyse the situation and decide whether or not the activities may resume. Though the security situation remains tense, following the Movement meeting it was decided to resume activities.

B. Operational strategy and plan

Overall Objective

Contribute to the prevention and control of the cholera epidemic in the Diffa region, specifically the districts of Chetimari and Diffa, through support to the efforts of the Ministry of Public Health and other partners.

Proposed strategy

As per the agreed strategy, the following activities were prioritized within this DREF operation:

- NRCS volunteers will receive training on response against the cholera outbreak using the Epidemic Control for Volunteers manual (100), disinfection of facilities and use of oral rehydration solutions (40) and on cholera surveillance via SMS (30). Each training has been budgeted at CHF 21 per volunteer (Facilitators (CHF 3), Meals (CHF 8), and transport (CHF 6), materials (CHF 4). The NRCS volunteer will be equipped with protective items (gloves and boots).
- Public awareness raising / sensitization activities related to cholera prevention, control and hygiene promotion at community and household levels. NRCS volunteers and supervisors will also be issued with megaphones (24), which they use to support awareness raising / sensitization campaigns related to the prevention and control of

cholera. Leaflets (1,000) will be distributed, and image boxes (12) used to support awareness-raising / sensitization campaigns on the prevention and control of cholera. Radio spots will also broadcast to extend the reach of prevention and control messages to the target population. Please note that television spots will no longer be used.

- Two cholera kits with oral rehydration solutions (ORS) and tetracycline will be deployed to the affected area to support the management of cholera cases. NRCS volunteers will provide sensitization on the proper use of ORCS. Cell phones will be issued to NRCS volunteers (and supervisors) to support surveillance in the most vulnerable communities, and enable cases to be reported quickly via SMS. Referral mechanisms from community to existing health care facilities and cholera surveillance through SMS will also be established.
- NRCS volunteers will distribute aqua tabs (or PUR) to 3,000 households and provide sensitization on how to use them for water purification. Each household will receive 20 aqua tabs, which will enable them to purify 90 litres of water. Please note that the regional health directive has since provided aqua tabs (PUR), and those procured will be pre-positioned to enable NRCS volunteers to intervene in case of new cholera cases.
- Fifteen hand washing kits (100 litres water container, metal support with a cup and soap) will be installed in public places such as market places, and NRCS volunteers deployed to provide sensitization on how to use them. The regional committee will be equipped with quick lime, liquid soap and sprayers to enable them to disinfect 30 sanitation facilities in the affected areas.
- Hygiene related NFIs (bleach, bowls, cups, detergent and soap) will be distributed to 3,000 families to assist them with disinfection of facilities at household level. In addition, 300 households that have been identified as being most vulnerable will also receive buckets and jerry cans for safe water storage. Please note that due to low cost of the items locally it has been possible to expand this activity to support an additional 200 households.
- Twenty school hygiene promotion clubs will be established and equipped with materials including barrows, brooms, brushes, plastic gloves and shovels.

All the activities will be done in close cooperation with the community and through advocacy to the community, religious and traditional leaders as well as other actors. By attending coordination meetings at national level, a continuous assessment and analysis of the situation will be accomplished.

Operational support services

Human resources

The NRCS through its regional committee in the Diffa region has mobilized 100 community based volunteers to support the DREF operation. As of this Operations Update, 30 volunteers have received training in a range of areas relevant to the response including: Epidemic Control for volunteers, disinfection of facilities, use of ORS, cholera surveillance (via SMS) and supervision. The NRCS Health and WASH coordinators have been assigned to the DREF operation, and dedicated support is also being provided by Admin and Finance staff. As noted, a RDRT with a WASH profile has been mobilized for two months, and has assisted with the revision of the EPoA, development of cholera control and prevention training manuals, sensitization tools, as well as advised on the appropriate hygiene items. The RDRT has also participated in WASH cluster meetings. The IFRC Niger country representation's operations manager has supported the NRCS and RDRT with the overall coordination of the DREF operation as required. The field staff capacity has been reinforced through the support from the staff from the NRCS national headquarters, a Luxembourg Red Cross delegate, and permanent presence of IFRC in Diffa. Regular meetings were organized among field staff to share information and discuss on challenges and strategies of intervention.

During the period of suspension, the RDRT organized training on Ebola virus disease response trainer of trainers (Tot). In total, 16 managers were identified, and participating in the training, which has equipped them with the skills to provide training for volunteers in community awareness, contact tracing, and safe and dignified burials in eight regions in accordance with the National Contingency Plan. The MPH supported the EVD training by providing four co-facilitators. The 16 managers will now train volunteers

Logistics and supply chain

In order to strengthen the implementation of this DREF operation, logistics and supply chain measures have been reinforced.

- The IFRC Sahel regional representation leased a vehicle for the DREF operation via the vehicle rental programme (VRP) and this was deployed to the Diffa region; however due to the suspension of activities, it had to be brought back to Niamey, before being returned back.
- Local procurement of hygiene related NFIs has been carried out by the NRCS logistics/procurement officer, in accordance with the IFRC and NRCS guidelines, before being dispatched from Niamey to the Diffa region

(1400km). In collaboration with the IFRC global logistics service (GLS); four cholera kits have been procured, and delivered to Niamey. Following the security situation in Diffa, all the materials (local and from Geneva) remain in Niamey and will be dispatched soon to the field

Information technologies (IT)

The IFRC IT manager, who has been deployed in Diffa since the beginning of the emergency, has ensured information sharing by enhancing communication systems through the installation of internet and radio, and providing computer and telephone devices to the NRCS staff and volunteers for short messages related to epidemic surveillance. The IFRC IT manager has provided driver training on radio technics, to enable them to communicate regularly on the movement of their vehicles and position, which is especially important given the security situation.

Communications

The NRCS is working closely with the structures and services of the MPH and sharing information on cooperation with partner, authorities and the media. The national headquarters is also ensuring that the work of volunteers the Red Cross are visible through the local and international media, via materials visibility and platforms social media and online publications. Through the DREF operation, 50 t-shirts, 50 hats, 50 scarves and 100 caps have been procured for volunteers and the staff. The DREF operation has been communicated through clusters meetings, and the NRCS bulletin. The security situation did not allow radio and TV broadcasts.

Security

As noted, following the evolving security situation, the RCRC Movement was forced to suspend activities in the Diffa region for one month approx. resuming on 5 March 2015. The security situation remains tense; however the RCRC Movement members operating in the Diffa are region monitoring the situation to find appropriate intervention strategies and cautions are being undertaken to ensure that staff and volunteers involved in the operation stay protected.

Planning, monitoring, evaluation and reporting (PMER)

The IFRC Sahel regional representation is continuing to support the implementation of the DREF operation through its regional Communication, Finance, Health and PMER Senior Officers, as well as from the Regional Representative for Advocacy and Humanitarian Diplomacy. Competency transfer and skills building will be performed through training and learning-by-doing processes. The Regional Reporting Officer conducted a mission in Niger to enhance the capacities of the national team and orient them in monitoring and reporting tools. Monitoring and reporting is carried out according to the IFRC monitoring framework by the Diffa regional committee WATSAN focal point, supervised by the RDRT based in Diffa. Both will be working in cooperation with the IFRC and NRCS Operations Managers, which will ensure that a proper monitoring and reporting system are put in place in close coordination with the NRCS Secretary Executive. Each Monday, activity planning meetings are organised in Diffa, with all Programme Managers to share the week plan and integrate the intervention for more impact and efficiency. Weekly updates have been regularly shared via the regional representation.

Administration and Finance

As noted, the IFRC and NRCS signed a Memorandum of Understanding (MoU) to enable the implementation of the activities planned within the DREF operation. Through its finance department, the NRCS is ensuring the proper use of the DREF allocation in accordance with the conditions included in the MoU. It should be noted that by the end of January 2015 during the monthly financial closure, the exchange rate fluctuation between Swiss Franc (CHF) and Euro (EUR) caused a loss of CHF 37,071.62 to this DREF operation, which may result in a deficit if a solution to cover this is not identified. The IFRC operations manager will be visiting the Diffa region from 20 – 27 March 2015 to establish the remaining needs of the affected population. It is expected that this will be inform a further revision to the DREF operation, including to the agreed budget to accommodate these losses.

C. Detailed Operational Plan

Health and Care

Health and Care		
Outcome 1: Immediate risk of cholera to the health of the	Outputs	% of achievement

population is reduced through prevention and control activities in the Diffa region over a period of three months	Output 1.1 Capacity of Niger Red Cross to respond to the epidemic in the affected area is strengthened			45%
	Output 1.2: Target population in the affected areas are provided with sensitization to improve knowledge and practices on the prevention and control of cholera (Target: 3,000 households / 15,000 beneficiaries)			35%
	Output 1.3: Community based cholera management and surveillance systems are established in the affected areas			35%
Activities	Is implementation on time?		% progress (estimate)	
	Yes	No		
1.1.1 Train 100 volunteers on response against cholera outbreaks using the ECV manual		X	30%	
1.1.2 Train 40 volunteers on disinfection of facilities and use of ORS	X	X	75%	
1.1.3 Train 30 volunteers on cholera surveillance via SMS		X	47%	
1.1.4 Train 20 supervisors of volunteers		X	0%	
1.1.5 Procure/equip 100 volunteers and 20 supervisors with protection materials (boots and gloves).	X		75%	
1.2.1 Conduct awareness raising / sensitization campaigns for cholera prevention and control (Target: 3,000 households / 15,000 beneficiaries)	X		21%	
1.2.2 Conduct house to house visits for cholera prevention and control (Target: 3,000 households / 15,000 beneficiaries)		X	>1%	
1.2.3 Organize weekly local radio and television sensitization broadcasts		X	0%	
1.2.4 Disseminate information, education and communication materials (Target: 12 image boxes, 1,000 leaflets)		X	30%	
1.3.1 Procure cholera kit / set up oral rehydration points in the affected areas (Target: Two cholera kits / 10 oral rehydration points)		X	50%	
1.3.2 Conduct weekly sensitization / demonstrations on the use of oral rehydration salts (Target: 12 sensitizations per volunteer)		X	21%	
1.3.3 Conduct case detection and referral of cases to nearest health facilities	X		66%	
Progress towards outcomes				
1.1.1 Train 100 volunteers on response against cholera outbreaks using the ECV manual	In total, 30 volunteers have received training on response against cholera outbreaks using the ECV manual, which equates to 30 per cent of the intended target (100). Unfortunately, the training of the remaining 70 volunteers was planned in the period when activities were suspended due to the security situation; and there will be an assessment to establish if there still a need for this, or if an emphasis should be put on coordinating and equipping those who have already been trained.			
1.1.2 Train 40 volunteers on disinfection of facilities and use of ORS	In total, 30 volunteers have received training on disinfection of facilities and use of ORCS, which equates to 75 per cent of the intended target (40). As above, the training of the remaining 10 volunteers was planned in the period when activities were suspended due to the security situation; and there will be an assessment to establish if there still a need for this.			
1.1.3 Train 30 volunteers on cholera surveillance via SMS	In total, 14 volunteers have received training on cholera surveillance via SMS, which equates to 47 per cent of the intended target (30). As above, the training of the remaining 16 volunteers was planned in the period when activities were suspended due to the security situation; and there will be an assessment to establish if			

there still a need for this. Please note that the 14 volunteers have identified 31 cases (19 under five years old; 12 over five years old), which they have reported via SMS to the nearest health facilities.

1.1.4 Train 20 supervisors of volunteers:

Please note that due to the suspension of activities this has not been progressed and there will be an assessment to establish if there still a need for this

1.1.5 Procure/equip 100 volunteers and 20 supervisors with protection materials (boots and gloves)

In total, 100 pairs of plastic gloves and 100 pairs of boots and protection jackets have been procured and dispatched to the field.

1.2.1 Conduct awareness raising / sensitization campaigns for cholera prevention and control (Target: 3,000 households / 15,000 beneficiaries)

From 29 December 2014 to 5 February 2015, awareness raising / sensitization campaigns for cholera prevention and control, were carried out weekly in 12 villages (Chetima, Chetima Wangu, Dalawouro, Douro, Gagamari, Gaidam Tchoukou, Gajadji, Kilwa, Malam Dalari, Morwoi, Wadala and Zarwaram), which reached 3,158 people (including 802 women), which equates to 21 per cent of the intended target (15,000 people). Following the suspension of activities, awareness raising / sensitization campaigns were put on hold; and will be initiated again, now that they have resumed.

1.2.2 Conduct house to house visits for cholera prevention and control (Target: 3,000 households / 15,000 beneficiaries)

In total, 20 households had been visited for cholera prevention and control in five villages, which equates to <1 per cent of the intended target (3,000). Following the suspension of activities, house to house visits were put on hold. In the remaining timeframe of the DREF operation, focus will be put on it to visit the maximum number of households possible

1.2.3 Organize weekly local radio and television sensitization broadcasts

Please note that due to the suspension of activities this has not been progressed. It will not be possible to mobilize TV journalists in Diffa, but two radio broadcasts are planned and will be carried out before the end of the DREF operation.

1.2.4 Disseminate information, education and communication materials (Target: 12 image boxes, 1,000 leaflets)

In total, 12 image boxes, which equates to 100 per cent of the intended target (100), and 500 leaflets*, which equates to 10 per cent of the intended target (1,000) were produced. Loud speakers and batteries (2\$) have also been procured. Following the suspension of activities dissemination of IECs were put on hold. As the affected communities in Diffa use different local languages, 500 leaflets were produced in French, and 500 remaining were intended to be produced in the local language.

**Please note that the intended target for leaflets was budgeted at 1,000; however there was an error in the published EPoA, which indicated 5,000.*

1.3.1 Procure cholera kit / set up oral rehydration points in the affected areas (Target: Two cholera kits / 10 oral rehydration points)

In collaboration with the IFRC GLS, four cholera kits have been procured, and are awaiting dispatch to the Diffa region. As the epidemic is now under control, there will be no longer a need to set up ORP in the communities, instead, cholera kits will be distributed to the health centres to enable NRCS volunteers to intervene in case of new cholera cases.

1.3.2 Conduct weekly sensitization / demonstrations on the use of oral rehydration salts (Target: 12 sensitizations per volunteer)

From 29 December 2014 to 5 February 2015, weekly sensitization / demonstrations on the use of ORS were carried out weekly in 12 villages (Chetima, Chetima Wangu, Dalawouro, Douro, Gagamari, Gaidam Tchoukou, Gajadji, Kilwa, Malam Dalari, Morwoi, Wadala and Zarwaram), which reached 3,158 people (including 802 women), which equates to 21 per cent of the intended target (15,000 people). Following the suspension of activities, weekly sensitization / demonstrations were put on hold; and will be initiated again, now that they have resumed.

1.3.3 Conduct case detection and referral of cases to nearest health facilities

As noted, 31 cases (19 under five years old; 12 over five years old) were detected, and referred via SMS to the nearest health facilities.

Water, sanitation, and hygiene promotion

Water, sanitation, and hygiene promotion

Outcome 1: Immediate risk of cholera is reduced through the provision of safe water supply, sanitation facilities and hygiene promotion in the Diffa region over a period of three months.	Outputs		% of achievement
	Output 1.1: Target population in the affected area is provided with access to safe drinking water supply. (Target: 3,000 households / 15,000 people)		
Output 1.2: Target population in the affected area is provided with adequate environmental sanitation facilities. (Target: 3,000 households / 15,000 people)			25%
Output 1.3: Target population in the affected areas are provided with hygiene promotion activities, which meet Sphere standards (Target: 3,000 households / 15,000 people)			15%
Activities	Is implementation on time?		% progress (estimate)
	Yes	No	
1.1.1 Distribution of aqua tabs to the target population. (Target: 3,000 households / 15,000 beneficiaries with 60,000 aqua tabs)		X	10%
1.1.2 Conduct weekly sensitization / demonstrations on the use of aqua tabs. (Target: 12 demonstrations per volunteer)		X	17%
1.2.1 Reinforce/equip local committees with disinfection and materials (quicklime, liquid soap and sprayers)		X	50%
1.2.2 Disinfect and clean sanitation facilities in the affected area (Target: 30 sanitation infrastructures to be disinfected)		X	0%
1.3.1 Conduct weekly hygiene promotion campaigns (in communities, health centres, mosques and schools) (Target: 2 sensitization campaigns per volunteer)		X	0%
1.3.2 Conduct weekly house-to-house visits for hygiene promotion (Target: 2 household visits per volunteer)		X	0%
1.3.3 Distribution of hygiene-related items (NFIs) which meet Sphere to the target population (soap, bleach etc.)		X	50%
1.3.4 Establish school hygiene promotion clubs and mothers clubs		X	15%
Progress towards outcomes			
1.1.1 Distribution of aqua tabs to the target population. (Target: 3,000 households / 15,000 beneficiaries with 60,000 aqua tabs)			
In the collaboration of the MoH, the regional health direction gave responsibility to the NRCS volunteers to distribute and monitor use of PUR (water purification tablets) in the affected communities. The regional health direction has provided 1,200 sachets of PUR to the volunteers. As result, there was no need for aqua tabs			

procurement. The PUR were pre-positioned in five villages to enable NRCS volunteers to intervene in case of new cholera cases. Following the suspension of activities, the distribution of aqua tabs were put on hold; and will be initiated again, now that they have resumed.

1.1.2 Conduct weekly sensitization / demonstrations on the use of aqua tabs. (Target: 12 demonstrations per volunteer)

In January 2015, two weekly sensitization / demonstrations on the use of aqua tabs was carried out, which equates to 17 per cent of the intended target (12). Following the suspension of activities, the weekly sensitization / demonstrations were put on hold; and will be initiated again, now that they have resumed.

1.2.1 Reinforce/equip local committees with disinfection and materials (quicklime, liquid soap and sprayers)

In total, 80 sanitation material kits (brooms, brushes, shovels and wheel barrows), 20 hand washing kits, 20 sprayers, as well as bleach and cresyl were procured; and are awaiting dispatch to the Diffa region.

1.2.3 Disinfect and clean sanitation facilities in the affected area (Target: 30 sanitation infrastructures to be disinfected)

In total, 24 sanitation infrastructures have been cleaned/disinfected (four health centres, nine health posts, four mosques and seven school), which equates to 80 per cent of the intended target (30) Following the suspension of activities, the cleaning/disinfection activities were put on hold and will be initiated again, now that they have resumed.

1.3.1 Conduct weekly hygiene promotion campaigns (in communities, health centres, mosques and schools) (Target: 2 sensitization campaigns per volunteer)

Please note that due to the suspension of activities this has not been progressed. however as noted, 30 volunteers have been trained and equipped to carry out hygiene promotion activities; and will be initiated now that they have resumed.

1.3.2 Conduct weekly house-to-house visits for hygiene promotion (Target: 2 household visits per volunteer)

Please note that due to the suspension of activities this has not been progressed, however as noted, 30 volunteers have been trained and equipped to carry out house-to-house visits for hygiene promotion; and will be initiated now that they have resumed.

1.3.3 Distribution of hygiene-related items (NFIs) which meet Sphere to the target population (soap, bleach etc.)

In total, 300 buckets (20 litre with covers), 3,000 cups, 300 jerry cans (20 litre) 9,000 sachets of ORS, and 9,000 pieces of soap have been procured. As of this Operations Update, 200 cups, 20 buckets, 20 jerry cans and 1,000 pieces of soap have been distributed. Please note that when purchasing the local materials, the prices for buckets and jerry cans were lower than planned and this allowed for the increase in quantity from 100 to 300 pieces. Following the suspension of activities, the distributions were put on hold; and will be initiated again, now that they have resumed.

1.3.4 Establish school hygiene promotion clubs and mothers clubs

School hygiene clubs have been initiated in two schools in Chetimari. Following the suspension of activities this has been put on hold.

Contact information

For further information specifically related to this operation please contact:

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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 (NGOs) 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.
