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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
DREF Update n° 2 - 24 April 2015	Timeframe covered by this update: 24 December 2014 – 24 February 2015 (Two months)
Operation start date: 24 December 2014	Operations timeframe: Five months (New end date: 24 May 2015)
Overall budget allocation: CHF 261,637	Total estimated Red Cross and Red Crescent response to date: CHF 261,637
Host National Society presence (volunteers, staff, branches): 200 volunteers, eight staff, five 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	

Request to revise the MDRNE014 operation following the suspension of the activities planned due to deterioration in the security situation; as well as the stabilization of the epidemic in the Diffa region. Please note that the revisions include to the activities planned, and also to the agreed budget, which has been impacted fluctuations between the Swiss Franc (CHF) and Euro (EUR).

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 four deaths had been reported; and by 20 December 2014, this had risen to 183 cases. On 24 December 2014, the International Federation of Red Cross and Red Crescent Societies (IFRC) released CHF 261,637 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.

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 (ICRC), as the lead agency in the region, have continued to monitor the security situation. On 5 March 2015, following a meeting between all Movement partners operating in Diffa, 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 and oral rehydration solutions (ORS), provision of hygiene items and disinfection of latrines in health centres / schools. On 20 March 2015, an Operations Update was issued to extend the timeframe of the DREF operation to enable the activities planned to be completed in accordance with the new intervention strategy, which included a revision to the schedule as per the Emergency Plan of Action (EPoA). As of 13 April 2015, it is estimated that 50% per cent of the activities planned have been completed, and progress made in accordance with the agreed EPoA in the following areas:

- Training of 30 volunteers on response against cholera outbreaks using the ECV manual and disinfection of facilities and use of ORS; as well as 14 volunteers on cholera surveillance via SMS.
- Awareness raising / sensitization campaigns for cholera prevention and control, which have reached 3,158 people.
- Referral of 31 cholera cases via SMS to the nearest health facilities.

Procurement of protective equipment (boots, gloves and jackets) for volunteers; as well as information, education materials (image boxes, leaflets, loud speakers etc.).

Even though the epidemic has to an extent been brought under control (Ministry of Public Health), 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 within this DREF operations remain essential. From 23 March – 11 April, the IFRC Niger country representation's operations manager carried out a 10-day mission to the Diffa region, with the intention of assessing the situation, prioritizing the remaining activities planned, and proposing a new operational strategy.

This Operations Update is requesting a revision to the operational strategy, which includes the removal/revision of existing activities planned, as well as the addition of new activities. Please note that this revision has been informed by the results of the above mentioned mission, as well as consideration of the epidemiological, situation, security conditions, and the budget that is available. The DREF operation will end on 24 May 2015, and a final report will be made available on 24 August (Three months after the end of the DREF operation). Please refer to the "Operational strategy and plan" section for information on the revisions that are being proposed through this Operations Update.

This DREF has been replenished by the Belgian Red Cross / Government, Canadian Red Cross/Government, Netherlands Red Cross/Silent Emergencies Fund and Spanish Red Cross/Government AECID. The major donors and partners of the DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Canada, Denmark, Ireland, Italy, Japan, Luxembourg, Monaco, the Netherlands, Norway, Spain, Sweden and the USA, as well as DG ECHO, the UK Department for International Development (DFID) the Medtronic, Zurich and Coca Cola Foundations and other corporate and private donors. The IFRC, on behalf of the Red Cross Society of Niger would like to extend many thanks to all partners for their generous contributions.

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, and following the epidemic responded through the existing MDRNE013 Population Movement Emergency Appeal, as well as mobilized resources from interventions being carried out within other regions – this included: 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 is 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. As noted, the IFRC operations manager has been supporting the implementation of the DREF operation, and between 23 March – 1 April, carried out a 10-day mission to the Diffa region with the intention of revising the operational strategy.

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 still support in preventive activities in the affected villages as well.

Needs analysis and scenario planning

Needs Assessment

As noted above, 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 remain essential.

It was estimated that 91,113 people (Regional Direction of Public Health of Diffa) in the Bandari, Chetimari, Diffa, Gagamari and Zarwaram districts of Diffa region are at risk. Due to the security situation, the area of Zarwaram is not yet accessible and the majority of the people from there have relocated to Chetimari and Gagamari. Following the assessment mission carried out at the end of March 2015, the revised DREF operation will now target 3,000 households (15,000 people) in the Chetimari and Garamari districts. A total of 12 villages, 12 schools, three health facilities and three mosques will be reached through the revised operational strategy. Through this DREF operation the following villages will now be targeted: Bouri Boulla, Chetimari, Chetima Sidiri, Gagamari, Chetima Wango, Dala Wouro, Damalam, Gremadi, Karamadi, Morowi, Mourimadi and Wandori.

Risk Assessment

Most of villages are not yet accessible, and the population that were forced to flee have not been able to return. Please note that to avoid any security risk, the maximum distance community volunteers will be expected to travel to implement the activities will be limited to 5km. Activities will be organized during the days (between 09:00 and 15:00).

In collaboration with ICRC as a lead agency, all field activities will be discussed, analyzed and notified to administrative authorities.

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 Gagamari*, through support to the efforts of the Ministry of Public Health and other partners (through

this Operations Update, activities planned are being removed from Diffa district; and expanded into Gagamari district).

**Please note that Chetimari and Garamari districts are now being targeted as they host the highest number of current cases of cholera, compared to Bandari, Diffa and Zarwaram, the latter not being accessible due to the security situation.*

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), 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 (10,000) will be distributed, and image boxes (12) used to support awareness raising / sensitization campaigns on the prevention and control of cholera. Radio and television spots will also broadcast to extend the reach of prevention and control messages to the target population.
- Two cholera kits, 10 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 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.
- Fifteen hand washing kits (100 litre 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, 100 households that have been identified as being most vulnerable will also receive buckets and jerry cans for safe water storage.
- Twenty school hygiene promotion clubs will be established and equipped with materials including barrows, broom, brush, plastic gloves and shovels.

Through this Operations Update, the NRCS now intends to make the following revisions to the operational strategy:

- NRCS volunteers will receive training on response against the cholera outbreak using the ECV manual (30), disinfection of facilities and use of oral rehydration solutions (30) and on cholera surveillance via SMS (14) – these are reduced from intended targets. Planned training of 20 volunteers as supervisors is now longer required; and this activity has been removed.
- Public awareness raising / sensitization activities related to cholera prevention, control and hygiene promotion are no longer an appropriate strategy at community/household level due to the security situation; and will as such instead be carried out during distributions, and other activities already planned (cleaning/disinfection of infrastructures and in schools). NRCS volunteers and supervisors will be issued (procured) with megaphones (24). Leaflets (500), 12 image boxes and an additional 50 boxes of stickers will be now distributed to support community sensitization. Radio spots will be broadcast to extend the reach of prevention and control messages to

the target population. Television spots will not be carried out as it has not been possible to mobilized television journalists to visit the Diffa region due to the security situation; and this activity has been removed.

- Two cholera kits and emergency first aid kits (four kits) in addition to oral rehydration solutions (ORS) and tetracycline will be provided to health centres/posts and volunteers to support the management of cholera cases. The emergency first aid kits are complementary to the cholera kits, and are used to provide first aid assistance in epidemics. Following the assessment it was noted that the health centres were overwhelmed, and patients arriving were not able to receive the appropriate treatments – as such the provision of the emergency first aid kits will help address this.
- The set-up of oral rehydration points will now be managed by local health posts; and this activity has been removed.. Cell phones will be issued to NRCS volunteers and health posts to support surveillance, and enable diarrheal 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 9,000 ORS to the 3,000 households, and carry out demonstrations on their preparation and use. Each household will receive three units.
- NRCS volunteers will distribute 60,000 PUR tablets (replacing the intended Aqua tabs) to 3,000 households, and provide sensitization on how to use them for water purification. Each household will receive 20 PUR, which will enable them to purify 90 litres of water. Water drilling systems will be installed in three of villages, where communities access water from the river. The RCCS water and sanitation unit will ensure the effective implementation of this activity, in collaboration with the ICRC, IFRC and Luxembourg Red Cross., Please note that this is a new activity and has been included in the EPoA following the needs assessment
- In total 18 community sanitation infrastructures in 12 schools, three health posts and three mosques will be cleaned/disinfected – this is reduced from the intended 30. The NRCS volunteers will be equipped with protective items (boots, gloves and nose covers), disinfection products (3,000 litres), quick lime (100 bags) and sprayers (20) to enable them to clean/disinfect the community sanitation infrastructures. The NRCS regional committee will retain the items, which will be issued to the NRCS volunteers when carrying out the cleaning/disinfection of the community infrastructures. Liquid soap is now no longer required; and this activity has been removed.
- Twenty hand washing kits (100 litres water container, metal support with a cup and soap) will be installed beside latrines to promote hand washing after using the toilet. An additional five hand washing kits have been included as the five that were available with the NRCS are extremely old, and should no longer be used. NRCS volunteers deployed to provide sensitization on how to use them.
- Fifteen public latrines will now be constructed in five areas including in three health posts (Chetima Wango, Chetimari and Karamadi – the only health posts in the area), and two villages. (Chetimari and Gagmari), which have been targeted as they host the highest number of people. Please note that this is a new activity and has been included in the EPoA following the needs assessment
- Hygiene related NFIs (bleach, bowl, cup, soap, and PUR) will be distributed to 3,000 families to assist them with disinfection of facilities at household level (cups will predominantly be used when drinking ORS). 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. In total, 300 vulnerable households will receive buckets and jerry cans.
- Ten community hygiene clubs will be established and equipped with kits comprising materials including barrows, brooms, brushes, plastic gloves and shovels. In total, 80 kits will now be procured.

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.

Operational support services

Human resources

The NRCS through its regional committee in the Diffa region has mobilized 30 community based volunteers (reduced from 100) to support the DREF operation. Thirty volunteers (30) have received training in a range of areas relevant to the response including: ECV, disinfection of facilities, use of ORS and PUR, and 14 volunteers on cholera surveillance

(via SMS). 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 was 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 also participated in WASH cluster meetings. The IFRC operations manager has supported the NRCS and RDRT with the overall coordination of the DREF operation as required, including the completion of an assessment in order to inform the revision of the operation strategy. Field staff capacity has been reinforced through the support from the staff from the NS headquarters, the delegate of Luxembourg Red Cross on the field 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.

Please note that following the extension of the DREF operation (five month), National Society support costs have been revised and an one additional month budgeted (one month has been lost due to the suspension of the activities planned).

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. The DREF operation will be supported by the MDRNE013 Population Movement vehicle which is based in the Diffa region.
- 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 Diffa (1400km). In collaboration with the IFRC global logistics service (GLS), two cholera kits and two emergency first aid kits have been procured, and delivered to Niamey. All these materials (local and from Geneva) have been delivered to Diffa, and are in the process of being distributed.

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 to drivers a 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. Thanks to the volunteers training on epidemic surveillance and new cases detection using SMS, 14 trained volunteers have detected and reported diarrheal cases in the communities via SMS.

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 produced for volunteers and the staff. The operation has been communicated through clusters meetings and the National Society 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. Each Friday, security meetings will be organized in Diffa between the ICRC, IFRC, Luxembourg Red Cross and Netherlands Red Cross to plan the staff weekly field movements and the appropriate strategies to avoid the security risk. As noted, to avoid any security risk, the maximum distance community volunteers will be expected to travel to implement the activities will now be limited to 5km. Activities will be organized during the day (between 09:00 to 15:00).

Planning, monitoring, evaluation, & 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 and the national level. The IFRC and NRCS operations managers, 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 organized 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. As noted, an Operations Update was issued on 20 March 2015; and can be located at: <http://adore.ifrc.org/Download.aspx?FileId=73270>

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. This revised plan of action takes into account these losses to be able to implement the prior needs.

C. Detailed Operational Plan

Health & care

Health & care				
Outcome 1	Outputs			% of achievement
		Immediate risk of cholera to the health of the 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	
	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 30 volunteers on response against cholera outbreaks using the ECV manual (Reduction from 100 to 30 volunteers through this Operations Update)	X		100%
1.1.2	Train 30 volunteers on disinfection of facilities and use of ORS (Reduction from 40 to 30 volunteers through this Operations Update)	X		100%
1.1.3	Train 14 volunteers on cholera surveillance via SMS (Reduction from 30 to 14 volunteers through this Operations Update).	X		100%
1.1.4	Train 20 supervisors of volunteers (Removed through this Operations Update).			NA
1.1.5	Procure/equip 30 volunteers with protection materials (boots, nose covers, jackets and gloves).	X		75%
1.2.1	Conduct awareness raising / sensitization campaigns for cholera prevention and control during distributions (Target:	X		21%

	3,000 households / 15,000 beneficiaries) (Revised from community/household level activities through this Operations Update).			
1.2.2	Organize monthly local radio sensitization broadcasts (Target: 2 radio broadcasts) (Removal of television sensitization broadcasts through this Operations Update)		X	0%
1.2.3	Disseminate information, education and communication materials (Target: 50 boxes of stickers, 12 image boxes, 500 leaflets). (Addition of 50 boxes of stickers through this Operations Update)		X	30%
1.3.1	Procure/deploy two cholera kits and two emergency first aid kits. (Target: four kits) (Addition of two emergency first aid kits through this Operations Update; and removal of set-up of oral rehydration points)		X	50%
1.3.2	Procure cell phone to be issued to volunteers to report detected new diarrheal cases via SMS (Target: 30 cell phones)	X		100%
1.3.3	Conduct demonstrations on the use of oral rehydration salts during distributions (Target: 3,000 households) (Revised from community/household level activities through this Operations Update).		X	21%
1.3.4	Conduct case detection and referral of cases to nearest health facilities	X		66%
Progress towards outcomes				
1.1.1	Train 30 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. As the epidemic has since been stabilized, there is no longer a need to train further volunteers and as such the intended target (100) has been reduced accordingly. The 30 volunteers will now carry out awareness raising / sensitization activities in the 12 target villages, 12 schools, three health facilities and three mosques, under the close supervision and coordination of the staff and the NRCS regional committee.			
1.1.2	Train 30 volunteers on disinfection of facilities and use of ORS			
	In total, 30 volunteers have received training on disinfection of facilities and use of ORS. As the epidemic has since been stabilized, there is no longer a need to train further volunteers and as such the intended target (40) has been reduced accordingly. Demonstration of the preparation and use of ORS will be carried out during distributions.			
1.1.3	Train 14 volunteers on cholera surveillance via SMS			
	In total, 14 volunteers have received training on cholera surveillance via SMS. As the epidemic has since been stabilized, there is no longer a need to train further volunteers and as such the intended target (100) has been reduced accordingly. Please note that the 14 volunteers have detected 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 following the assessment that was carried out the training of 20 supervisors of volunteers is no longer required; and this activity been removed.			
1.1.5	Procure/equip 30 volunteers with protection materials (boots, jackets, nose-covers and gloves)			
	In total, 100 pairs of plastic gloves and 100 pairs of boots and protection jackets have been procured and despatched to be distributed the volunteers. Please note that since there has been a reduction in the number of volunteers required for this DREF operation (from 100 to 30), the intended target (100) has been reduced accordingly, and any unused materials will be retained by the NRCS regional committee to be used as and when required for WASH activities.			
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). Due to the security situation, people are not able to participate in community level sensitization, while since they have not yet been able to return, household level activities are also no longer an appropriate strategy. As such, awareness raising / sensitization activities related to cholera prevention, control and hygiene promotion will be carried out during distributions, and other activities already planned (cleaning/disinfection of infrastructures etc.). Through this DREF operation the following villages will now be targeted: Bouri Boulla, Chetimari, Chetima Sidiri, Gagamari, Chetima Wango, Dala Wouro, Damalam, Gremadi, Karamadi, Morowi, Mourimadi and Wandori.

1.2.2 Organize weekly local radio sensitization broadcasts

Due to the suspension of activities this activity has not been progressed; however discussions are ongoing to organize two radio broadcasts within the timeframe of the DREF operation. As noted, television spots will not be carried out as it has not been possible to mobilized television journalists to visit the Diffa region due to the security situation; and this activity has been removed.

1.2.3 Disseminate information, education and communication materials (Target: 12 image boxes, 500 leaflets)

In total, 12 image boxes, which equates to 100 per cent of the intended target (100), and 500 leaflets were produced. Loud speakers and batteries (24) have also been procured. Other visibility materials (t-shirts, scarves, hats and caps) have been procured for volunteers and staff involved in the operations to clarify their presence in that insecure zone. Please note that an additional 50 boxes of stickers have also been procured; and is a new activity included through this Operations Update.

1.3.1 Procure/deploy two cholera kits and two emergency first aid kits (Target: Four kits)

In collaboration with the IFRC global logistics service, two cholera kits and two emergency first aid kits have been procured, and are awaiting dispatch to the Diffa region. As the epidemic has since been stabilized, there will be no need to set up oral rehydration points in the communities, instead, the kits will be provided to health centres/posts to support the management of cholera cases. One kit will be provided to the volunteers to facilitate them intervene in case of new diarrheal cases identified in the communities they follow.

1.3.2 Procure cell phone to be issued to volunteers to report detected new diarrheal cases via SMS (Target: 30 cell phones)

Following the training on cholera surveillance via SMS, 12 of the volunteers have been issued with cell phones. In addition, the health posts in Chetima Wango and Karamadi also received two cell phones to enable them communicate on the situation in their areas. Please note that those 14 volunteers have been trained; the procurement of the 30 cell phones planned at the onset of the DREF operation had already been completed, and as such the remaining 16 will be retained by the RCC regional committee to be used as/when required

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

As noted, 31 cholera 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

Outputs

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).

% of achievement

15%

facilities and hygiene promotion in the Diffa region over a period of three months.	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 and materials 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 PUR to the target population; and demonstration on its use (Target: 3,000 households / 15,000 beneficiaries with 60,000 PUR sachets) (Revised to PUR from aqua tabs through this Operations Update)		X	10%
1.1.2	Conduct weekly sensitization / demonstrations on the use of aqua tabs (Revised from community/household level activities; and integrated with 1.1.1 through this Operations Update).			NA
1.1.3	Install water drilling systems (Three villages) (New activity included through this Operations Update)		X	0%
1.2.1	Reinforce/equip local committees with disinfection and materials (disinfection products, quicklime and sprayers). (Removal of liquid soap through this Operations Update)		X	50%
1.2.2	Disinfect and clean sanitation facilities in the affected area (Target: 12 schools, three health posts and three mosques identified). (Revised from 30 to 18 sanitation infrastructures through this Operations Update)		X	30%
1.2.3	Install hand washing kits in public places such as market places and schools (Target: 20 hand washing kits) (New activity/revised from 15 hand washing kits through this Operation Update)		X	0%
1.2.4	Provide sanitation materials to community hygiene clubs (80 brooms, 80 rakes, 80 shovel and 80 wheel barrows) and organize sanitation activities in target villages. (New activity included through this Operations Update)	X		50%
1.2.5	Install public latrines in the most vulnerable communities and health posts (Target: 15). (New activity included through this Operations Update)		X	0%
1.3.1	Conduct hygiene promotion sessions (Target: 12 villages, 12 schools, three health facilities, three mosques). (Revised from community/household level activities through this Operations Update).		X	0%
1.3.2	Conduct weekly house-to-house visits for hygiene promotion (Revised from community/household level activities; and integrated with 1.3.1 through this Operations Update).			NA
1.3.3	Distribution of hygiene-related items (NFIs) which meet SPHERE standards to the target population (soap, bleach, cups, bowls, buckets, jerry cans etc.) (Target: 3,000 households).	X		50%
1.3.4	Establish community hygiene promotion clubs (School and mothers clubs) (Target: 10 clubs)	X		50%
Progress towards outcomes				
1.1.1	Distribution of PUR to the target population; and demonstration on its use (Target: 3,000 households / 15,000 beneficiaries with 60,000 PUR sachets) In collaboration of the Ministry of Public Health, the regional health directive gave responsibility to NRCS volunteers to distribute and monitor use of PUR (water purification tablets) in the affected communities. At the beginning , the regional health direction provided 12,000 sachets of PUR to the volunteers. As result,			

there was no need for aqua tabs procurement, and instead 60,000 PUR will be procured/distributed. NRCS volunteers will provide demonstrations on their use.

1.1.2 Conduct weekly sensitization / demonstrations on the use of aqua tabs

Please note that this has been integrated with Activity 1.1.1; and this activity been removed.

1.1.3 Install water drilling systems (Three villages)

Please note that following the assessment that was carried out the installation of water drilling systems was identified in three villages, where the communities are obtaining water from the river.

1.2.1 Reinforce/equip local committees with disinfection and materials

Disinfection products have been procured (disinfection products (3,000 litres), quick lime (100 bags) and sprayers (20), which will be retained and managed by the NRCS regional committee, before being issued to the NRCS volunteers when carrying out the cleaning/disinfection of the community infrastructures. As noted, liquid soap is now no longer required; and this activity has been removed.

1.2.2 Disinfect and clean sanitation facilities in the affected area (Target: 12 schools, three health posts and three mosques identified).

Please note that following the assessment that was carried out, the number of community sanitation infrastructures to be cleaned/disinfected has been reduced from 30 to 18, which will comprise 12 schools, three health posts and three mosques.

1.2.3 Install hand washing kits in public places such as market places, schools Target: 20 hand washing kits)

Please note that following the assessment that was carried out the number of hand washing kits has been increased from 15 to 20, which as noted will be installed besides latrines to promote hand washing after using the toilet. The hand washing kits will be installed in the 12 schools, three health posts and three mosques. Two more kits will be installed beside the newly constructed latrines (please refer to Activity 1.2.4) In addition to hand washing kits (containing garbage containers) will be provided in the same areas to facilitate waste management. As noted, the additional five hand washing kits have been included as the five that were available with the NRCS are extremely old, and should no longer be used.

1.2.4 Provide sanitation materials to the volunteers and community clubs (80 brooms, 80 rakes, 80 shovels and 80 wheelbarrows) and organize sanitation activities in target villages.

Please note that following the assessment that was carried out, it was identified that the community hygiene clubs; and as such 80 kits will be procured containing brooms, rakes, shovels and wheel barrows. As noted, the kits will be retained by the NRCS regional committee, and then issued to the hygiene clubs when required according to their calendar of hygiene promotion activities, which will be prepared by the communities themselves.

1.2.5 Install public latrines in the most vulnerable communities and health posts (Target: 15).

Please note that following the assessment that was carried out, it was identified that latrines were required in three health posts and two villages. In total, 15 latrines will now be installed.

1.3.1 Conduct weekly hygiene promotion sessions during the distribution of items and sanitation activities (Target: 3.000 households)

Please refer to Health and Care / Activity 1.2.1.

1.3.2 Conduct weekly house-to-house visits for hygiene promotion

Please note that this activity has been integrated with Activity 1.3.1.

1.3.3 Distribution of hygiene-related items (NFIs) which meet Sphere standards to the target population (soap, cups, buckets, jerry cans,...) (Target: 3.000 households)

In total, 300 buckets (20 litres with covers), 3,000 cups, 300 jerry cans (20 litres), and 9,000 pieces of soap have been procured. As of this Operations Update, XXX has been distributed Please note that when purchasing the local materials, the prices for buckets and jerry cans were lower than planned and this

allowed to increase their quantity from 100 to 300 pieces in support the 300 of the most vulnerable households. Distribution of hygiene-related NFIs is continuing. Please refer to “Table 1: Hygiene related NFIs to be distributed by target village” for information on the planned distributions.

Table 1: Hygiene related NFIs to be distributed by target village

No	Village	Households	Beneficiary households	PUR	ORS	Soap	Cups	Buckets	Jerry cans
1	Chetimari	3000	600	18'000	1'800	1'800	600	60	60
2	Gagamari	2000	600	18'000	1'800	1'800	600	60	60
3	Gramadi		90	2'700	270	270	90	9	9
4	Bouri Boulla	400	80	2'400	240	240	80	8	8
5	Mouri Madi	380	80	2'400	240	240	80	8	8
6	Wandori	700	150	4'500	450	450	150	15	15
7	Damaram	1100	200	6'000	600	600	200	20	20
8	Dala Woulo	600	125	3'750	375	375	125	13	13
9	Moroi	1800	375	11'250	1'125	1'125	375	38	38
10	Chetima Wango	1200	250	7'500	750	750	250	25	25
11	Chetima Sidiri	550	100	3'000	300	300	100	10	10
12	Karamadi	1600	350	10'500	1'050	1'050	350	35	35
	TOTAL	13330	3'000	90'000	9'000	9'000	3'000	300	300

1.3.4 Establish community hygiene promotion clubs (School and mothers clubs) (Target: 10 clubs)

In total, ten community hygiene clubs will be established (in communities and schools), which will be equipped with issued with sanitation materials including brooms, rakes, shovels and wheelbarrows. As of this Operations Update, clubs have been established in two schools.

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 (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.

REVISED DREF BUDGET

24/04/2015

Budget Group	DREF Budget CHF
Shelter - Relief	0
Shelter - Transitional	0
Construction - Housing	0
Construction - Facilities	0
Construction - Materials	0
Clothing & Textiles	0
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	41,030
Medical & First Aid	58,600
Teaching Materials	17,003
Utensils & Tools	6,300
Other Supplies & Services	7,590
Emergency Response Units	0
Cash Disbursements	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	130,523
Land & Buildings	0
Vehicles Purchase	0
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machinery & Equipment	0
Total LAND, VEHICLES AND EQUIPMENT	0
Storage, Warehousing	0
Distribution & Monitoring	0
Transport & Vehicle Costs	6,960
Logistics Services	0
Total LOGISTICS, TRANSPORT AND STORAGE	6,960
International Staff	8,000
National Staff	0
National Society Staff	14,600
Volunteers	28,100
Total PERSONNEL	50,700
Consultants	0
Professional Fees	0
Total CONSULTANTS & PROFESSIONAL FEES	0
Workshops & Training	3,108
Total WORKSHOP & TRAINING	3,108
Travel	8,500
Information & Public Relations	0
Office Costs	2,000
Communications	4,800
Financial Charges	39,078
Other General Expenses	0
Shared Support Services	0
Total GENERAL EXPENDITURES	54,378
Programme and Supplementary Services Recovery	15,968
Total INDIRECT COSTS	15,968
TOTAL BUDGET	261,637