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## Emergency Plan of Action (EPoA) Niger: Epidemic (meningitis & measles)

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF Operation</b>	<b>Operation n° MDRNE015</b> <b>GLIDE:</b> EP-2015-000043-NER
<b>Date of issue:</b> 29 April 2015	<b>Date of disaster:</b> 12 December 2014
<b>Operation manager:</b> Pierre Kana, IFRC Country Representative	<b>Point of contact (name and title):</b> Denis Bariyanga, Operations Manager
<b>Operation start date:</b> 25 April 2015	<b>Expected timeframe:</b> One month and 2 weeks (25 April – 10 June 2015), period corresponding to end of epidemic season
<b>Overall operation budget:</b> CHF 100,423	
<b>Number of people affected:</b> 1,456 people directly affected (280,000 population at risk)	<b>Number of people to be assisted:</b> 40,000 households/ 280,000 people
<b>Host National Society presence (n° of volunteers, staff, branches):</b> Niger Red Cross Society; 150 volunteers, eight staff (for Agadez, Dosso, Niamey and Zinder regions)	
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> International Federation of Red Cross and Red Crescent Societies, Luxembourg Red Cross	
<b>Other partner organizations actively involved in the operation:</b> Government (Ministry of Public Health), Médecins Sans Frontières, United Nations Children’s Fund, and World Health Organization	

### A. Situation analysis

#### Description of the disaster

Niger is a West African country located in the heart of the African meningitis belt, which stretches from Senegal to Djibouti. The hot and dry climate is favorable to the outbreak of meningitis epidemics generally between November and May. From 31 December 2014 meningitis cases have been recorded countrywide at a slow rate; however since the beginning of April 2015, suspected cases have increased. As of 24 April 2015, the number of suspected cases had reached 1.456, including 145 deaths (lethality rate of 9.9%), with the worst affected areas including Niamey I, Niamey II, Niamey III from Niamey and Doutchi, Gaya from Dosso districts. On 21 April, it was announced that schools in Niamey would be temporarily closed in order to avoid the spread of the epidemic, as the majority of cases reported have occurred in children under the age of 15 years old – please refer to “Table 1: Percentage of the meningitis affected people by age”.



NRC volunteers at the treatment centre © NRCS

The principal bacteria parentage detected in the laboratory are: *Neisseria meningitidis* (Nm); 40%, Nm C (33.85%) and *Streptococcus pneumoniae* (23.08%), which is a strain not previously experienced in the country; and therefore not responding to existing vaccines. On 21 April 2015, the Prime Minister declared that there is a need of 1.2 million of new vaccine doses, however at present only 50% of what is required is available, and the Government of Niger (GoN) has made appeals to its international partners to contribute to ensuring that there is 100% coverage.

In parallel, a measles epidemic has also been confirmed in region of the north of the country, with Agadez, Maradi and Zinder worst affected. As of 25 April 2015, a total of 3,370 suspected cases and six deaths have been reported across 12 health districts; however most efforts are focusing on the response to the meningitis situation given the insufficient vaccines available in the country. The prevailing malnutrition specially in children under 5 years old only aggravates the situation.

## **Summary of the current response**

### **Overview of Host National Society**

From the beginning of both epidemics, the Red Cross Society of Niger (NRCS) has been monitoring the situation in collaboration with the Ministry of Public Health (MoPH) and through its volunteer network available in different branch committees. The NRCS is also a member of the National Crisis Committee (established by the MoPH) that meets regularly to monitor the epidemiological situation. Due to its long standing experience in managing the epidemics and other disasters, the MoPH has called on the assistance of the NRCS to mobilize the at risk population. As of 25 April 2015, 100 volunteers have received a refresher on the prevention and control of measles and meningitis, and deployed, initially in Niamey region. In collaboration with MoPH workers, the volunteers have started sensitization activities in the most affected areas in Niamey, and around the treatment and vaccination centres. The NRCS has also liaised with its regional committees in other affected areas of the country, to obtain additional information and assess needs. In addition, volunteers have been alerted and remain in regular contact with health authorities.

### **Overview of Red Cross Red Crescent Movement in country**

The International Federation of Red Cross and Red Crescent Societies (IFRC) is providing assistance through its Niger country representation, Sahel regional representation, and Africa zone office. Since the onset of the disaster, there has been regular contact with the IFRC Niger and Africa zone disaster management department. On 18 April 2015, an alert was issued using the IFRC disaster management information system (DMIS). Other Movement partners in country include: the International Committee of the Red Cross (ICRC), as well as Partner National Societies (PNS) comprising the Belgian Red Cross, French Red Cross, Iranian Red Cross, Irish Red Cross, Luxembourg Red Cross, Qatar Red Cross and Spanish Red Cross, which are based in the capital of Niamey. The Luxembourg Red Cross has supported the construction of an additional treatment facility.

On 24 April 2015, an Operational Strategy Call was carried out with colleagues at Secretariat, zone and country level. It was agreed that an allocation should be made from the Disaster Relief Emergency Fund (DREF) to support the NRCS with refresher training for volunteers, social mobilization and sensitization activities in accordance with the vaccinations available, surveillance and referral, as well as issuing staff and volunteers with the appropriate protective equipment, and ensuring they also receive vaccinations. The IFRC Secretariat has also mobilized an emergency health officer, specializing in measles and meningitis response to support the planning and implementation of the DREF operation.

Since the onset of the epidemics, there has been regular consultation between all members of the Movement present in country; and the IFRC Niger country representative alerted both the Sahel regional and zone offices. The IFRC Niger country representation has also worked in collaboration with the NRCS health unit to collect information, assess the situation and propose the response to the situation. Monthly coordination meetings are regularly held, with the last meeting was organised by ICRC on 23 April 2015, and updates on the epidemics were shared. The NRCS will also be encouraged to organize internal and external coordination and cluster meetings with different government and other agencies on a regular basis.

### **Overview of non-RCRC actors in country**

A National Task Force has been established, which is led by the MoPH, and meets on a weekly basis. In addition, the MoPH has also established a National Crisis Committee to also monitor the situation. On April 15, 2015, the MoPH carried out a press conference, which provided information on the situation and the actions carried out, in progress and preventive measures in regards to meningitis. On 21 April 2015, the Prime Minister has officially

declared the epidemic and launched an appeal to international partners to assist with the response, specifically with the provision of vaccines (for meningitis). The MoPH is working in collaboration with other organizations to mobilize children for measles vaccinations, as there are enough vaccines for all the children from the affected regions to be immunisations. Other organizations involved in the response include CDC Atlanta, Médecins Sans Frontières (MSF), United Nations Children’s Fund (UNICEF) and the World Health Organization WHO), which have participated in joint field missions with the MoPH to assess the situation, and provided medical staff, and treatment facilities.

## Needs analysis, beneficiary selection, risk assessment and scenario planning

### Needs analysis

In April 2015, a meningitis epidemic was declared following a considerable increase in the number of confirmed cases. The majority of victims are aged between 4-15 years.

**Table 1: Percentage of the meningitis affected people by age**

Age group	% of people affected
< 11 months	2.00%
1 -4 years	21.00%
5 - 14 years	33.00%
> 15 years	44.00%
Total	100.00%

According to the MoPH, Niamey has become the epicenter of the epidemic where 88 out 145 deaths have been recorded. The population at risk is estimated at 281,000 so far. It is expected that this number will increase due to the insufficient quantity of vaccines available in the country. In addition (to the vaccines), there is a need for social mobilization, community sensitization, surveillance and referral of suspected cases, specifically in the worst affected regions of Dosso and Niamey. For the regions affected by the measles, specifically in the worst affected regions of Agadez and Zinder, which have been less prioritized due to the meningitis epidemic, there is also a need for social mobilization, community sensitization, surveillance and referral of suspected cases is also required,

It is expected that as the “dry and hot” season continues, spread of meningitis and measles is expected to increase unless there is an effective and timely response by the MoPH and its partner organizations. Please refer to “Table 2: Situation of Measles and Meningitis from 31 December 2014 to 25 April 2015 (Source: Ministry of Public Health)”.

**Table 2: Situation of Measles and Meningitis from 31 December 2014 to 25 April 2015 (Source: Ministry of Public Health)”**

Region	Measles			Meningitis	
	Suspected cases	Investigated cases	Confirmed cases	Confirmed cases	Deaths
Agadez	740	34	18	11	1
Diffa	20	6	5	0	0
Dosso	11	4	1	271	26
Maradi	242	104	29	127	12
Niamey	39	29	3	874	88
Tahoua	156	29	14	70	7
Tillabery	83	44	7	80	8
Zinder	2,079	169	94	23	3
<b>Total</b>	<b>3,370</b>	<b>419</b>	<b>171</b>	<b>1,456</b>	<b>145</b>

The NRCS will ensure that the DREF operation is aligned with the IFRC’s commitment to realize gender equality and diversity, by adapting a beneficiary selection criteria that targets (women headed-households, people with disabilities, etc.); however children will be targeted through the activities planned since they have been identified as being most

vulnerable to the epidemics. Other aspects considered will include prevention of sexual violence and gender-based violence, and the protection of children. It is expected that 40,000 households (280,000 people) will be reached through this DREF operation.

## B. Operational strategy and plan

### Overall objective

To contribute to the reduction of the spread of meningitis and measles among the population at risk in the regions of Dosso and Niamey (for meningitis); Agadez and Zinder (measles).

### Proposed strategy

The proposed strategy of this DREF operation aims to support 281,000 people (40,000 households), located across Dosso, Niamey (meningitis); Agadez and Zinder (measles) regions, with activities focused on:

#### *Meningitis response activities (Dosso and Niamey)*

- Refresher training of volunteers (100) in the Dosso and Niamey areas (50 per area) on prevention and control of meningitis (as well as on surveillance and referral, the use of SMS, nutritional screening techniques and hygiene promotion) will be carried out; and has budgeted at CHF 30 per participant per (one-day). Following the refresher training, the volunteers will be mobilized to carry out sensitization activities at community level, treatment and vaccination centres as well as surveillance and referral. In total, 20 volunteers will be mobilized for 42 days (seven days per week for six weeks) to carry out sensitization on meningitis at treatment and vaccination centres. In total, 80 volunteers will be mobilized for 30 days (five days per week for six weeks) to carry out community level sensitization on meningitis, which will also be combined with Mid-Upper Arm Circumference (MUAC) screening and referral of children under five years with moderate/severe malnutrition). Community level sensitization will be carried out from 08:00 to 12:00 due to these extreme weather conditions that prevail in the areas of implementation. Each volunteer will be issued with a per diem of CHF 7 per day. Please note that that per diem rate for volunteers is increased compared to the MDRNE014 Niger Epidemic (Cholera) operation (CHF 5), which is carried out concurrently due to increased living costs in the Dosso and Niamey areas versus Diffa region. Cell phones will be issued to volunteers to support surveillance at community level, and enable suspected cases to be reported quickly via SMS. In addition, CHF 7 approx. has been budgeted to enable cases (100) to be transported to the nearest health centre. Information, communication and education (IEC) materials (leaflets and image boxes) will be also be issued to volunteers to assist them with the sensitization activities planned
- Training of teachers (30) at the NRCS primary school on the prevention and control of meningitis (definition, symptoms, prevention, and actions to take) will be carried out; and has been budgeted at CHF 40 per participant per day (two days). Please note that the MoH has prioritized the vaccination of children of primary school age, given that those below 15 years old have been mostly affected (five deaths in schools have been reported), hence the inclusion of this training in order to ensure that they are able to detect the signs of meningitis and refer immediately the suspected cases for treatment, as well as mobilize students to attend the vaccination centres.
- Training of supervisors (10) on supporting volunteers with the implementation of the activities planned will be carried out; and has been budgeted that CHF 80 per participant per day (two days), and includes allowance for per diem, accommodation and transportation. Each supervisor will be deployed to the areas of implementation for 30 days (five days per week for six weeks), and will be issued a per diem of CHF 8 per day.

#### *Measles response activities (Agadez and Zinder)*

- Refresher training of volunteers (100) in the Agadez and Zinder regions (25 per region) on the prevention and control of measles (as well as on surveillance and referral, the use of SMS, nutritional screening techniques and hygiene promotion); and has budgeted at CHF 40 per participant per (one-day). Please note that the Agadez and Zinder areas are 1,000 km approx. from Niamey, and such the cost of this training is increased compared to the meningitis training (CHF 30) as transportation of trainers needed to be factored. Following the refresher training, the volunteers will be mobilized to carry out sensitization activities at community level, surveillance and referral, which will also be combined with MUAC screening and referral of children under five years with moderate/severe malnutrition) Community level sensitization will be carried out from 08:00 to 12:00 due to the extreme weather conditions that prevail in the areas of implementation. Each volunteer will be issued with a per diem of CHF 10 per day. Please note that that per diem rate for volunteers is increased compared to the meningitis response (CHF 7),

which is due to the long distances that volunteers will be expected to travel in Agadez and Zinder regions, and as such transportation needed to be factored. Cell phones will be issued to volunteers to support surveillance at community level, and enable suspected cases to be reported quickly via SMS. In addition, CHF 7 approx. has been budgeted to enable cases (100) to be transported to the nearest health centre. IEC materials (leaflets and image boxes) are already available for community sensitization on measles and therefore are not budgeted within this DREF operation.

- Training of supervisors (10) on supporting volunteers with the implementation of the activities planned will be carried out; and has been budgeted that CHF 80 per participant per day (two days) including allowance for per diem, accommodation and transportation, as well as provision for the trainer and training hall. Each supervisor will be deployed to the areas of implementation for 30 days (five days per week for six weeks), and will be issued a per diem of CHF 8 per day.

All the activities planned will be carried out in 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. Please note that the timeframe for this DREF operation is six weeks (one month and two weeks), which according to the previous experience corresponds to the beginning of the rain season (end of epidemic). It is expected that when the rain starts, the spread of meningitis will stop.

The proposed strategy has been informed by the lessons learnt from the 2010 meningitis response which were as follows:

- After the operation, the volunteers felt themselves able to save the lives of the affected people,
- Hygiene and health education, early case detection and referral, and sensitization have contributed in reducing the number of victims;
- Hygiene and health education, and sensitization have led to long-term behavior change preventing and reducing the impact of future outbreaks;
- The public has come to know more about the role of the Red Cross/Red Crescent Movement,
- NRCS visibility has increased.

## **Operational support services**

### **Human resources**

The DREF operation will require the mobilization of the following personnel:

- NRCS NHQ will support the regional committees during the implementation of the DREF operation by involving its staff. The NRCS health and WATSAN (Water, Sanitation and Hygiene Promotion) coordinators will extend their support to the regional committee and manage the DREF operation through collaboration with the field staff. Through the DREF allocation, provisions have been made to cover allowances for the NRCS health coordinator, health assistant and finance assistant for a period of six weeks.
- 150 volunteers, which will be mobilized to work in Agadez (25), Dosso (50), Niamey (50) and Zinder (50) according to an agreed schedule (in rotation if required). Each volunteer will receive a per diem, with the rate variable depending on the location and if transportation also needs to be factored.
- 20 supervisors, which will be mobilized to support the management of the volunteers in Agadez (5), Dosso (5), Niamey (5) and Zinder (5). Each supervisor will receive a per diem of CHF 8 per day.
- The IFRC Niger country representations operations manager will be responsible for the overall coordination of the DREF operation, with support from the IFRC country representative. In addition, the IFRC Secretariat will deploy an emergency health officer specialized in measles and meningitis response for a period of 10 days to assist with the planning and implementation of the DREF operation. The IFRC Sahel regional health coordinator will also be deployed to support the implementation of the DREF operation (one mission @ CHF 1,000). An IFRC driver will also be recruited for a period of six weeks.

### **Logistics and supply chain**

Logistics and Supply Chain support to the operation includes delivering a range of items in line with operational priorities. The primary tasks may include:

- Local procurement of items (cell phones, hand gel, gloves, masks, training materials etc.) will be in accordance

with the agreed IFRC and NRCS guidelines.

- If items are unavailable, they may be requested from partners on the field or from the IFRC Sahel regional warehouse in Dakar, Senegal or from the Secretariat in Geneva, Switzerland.
- Reception and storage of items before delivery to distribution sites will be managed according to IFRC warehouse management rules and regulation as well as coordination of transport of all relief items.

The IFRC will rent one vehicle to support the implementation of the DREF operation, for a period of six weeks, which will include provision for fuel and maintenance (budgeted at CHF 2,010). As noted (please refer to the “Human Resources” section”), an IFRC driver will also be recruited.

### **Information technologies (IT)**

The IFRC IT manager will work closely with the Communication Coordinator of the NS to ensure information sharing. In addition, 20 cell phones will be procured and use to support the referral of suspected measles or meningitis cases to health centres via SMS.

### **Communications**

The NRCS NHQ will work in collaboration with the IFRC Niger country representation to ensure the communication and visibility of the DREF operation, which will include raising-awareness of the activities planned, as well as the preparation of case studies/photographs for use on the IFRC websites, and social media platforms. As noted, on 7 and 15 April 2015, the SRCS issued alerts on the situation via the DMIS; and on 20 April 2015, issued an Information Bulletin, which can be located at: [http://www.ifrc.org/docs/Appeals/15/IB\\_SO20.04.15.pdf](http://www.ifrc.org/docs/Appeals/15/IB_SO20.04.15.pdf) Continuous information sharing will be carried out with the MoPH, partner organizations and the media as is appropriate.

### **Security**

The security situation is stable in the affected regions. However, the IFRC Niger country remains responsible for the security of all IFRC personnel in country and all IFRC operations are to be conducted in accordance with IFRC minimum security requirements and the security plans for Niger. Ad hoc security measures are taken in cooperation with ICRC, the NRCS and PNS present in the country. IFRC security regulations were last updated in September 2014 and according to the situation in North-East of Nigeria, will be reviewed in 2015 prior to the last support mission of Africa zone security coordinator in Niger. Security and safety of volunteers involved in the implementation activities planned will also be ensured through the issue of protective equipment (hand gels, gloves and masks) along with drinking water given the extreme weather conditions (heat, sun etc.) in the areas of implementation. In addition, 250 staff and volunteers will be vaccinated against measles and meningitis prior to deployment to the areas of implementation to ensure that they are able to work safely (CHF 5,000 has been budgeted). Please note that the free MoH vaccines are not available to staff and volunteers as the most vulnerable groups (children of primary school age) have been prioritized.

### **Planning, monitoring, evaluation, & reporting (PMER)**

The IFRC Sahel regional representation will 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. As noted, the IFRC Niger country representations operations manager will be responsible for the overall coordination of the DREF operation, and monitoring mission costs have budgeted (CHF 2,500) to enable them to visit all areas of implementation ((Agadez, Dosso, Niamey and Zinder) during the DREF operation. The IFRC Niger country representations operations manager will work in collaboration with their NRCS counterpart to ensure that a proper monitoring and reporting system is established, which is accordance with IFRC standards. In addition, the IFRC emergency health officer, and IFRC Sahel regional health coordinator will also support the planning, implementation and monitoring of the DREF operation as part of their planned missions.

Branch and NHQ level monitoring mission costs (fuel) have also been budgeted (CHF 2,500), as has provision for the senior management team (CHF 1,000) to visit the areas of implementation in order to ensure that the activities planned have been carried out in accordance with the Emergency Plan of Action.

## Administration and Finance

A Memorandum of Understanding (MoU) will be agreed between the IFRC Niger country representation and NRCS, which will outline the parties' responsibilities to implement the activities planned within the DREF operation, and ensure that the appropriate guidelines are complied with in terms of the use of DREF allocations. NRCS has a permanent administrative and financial department, which will ensure the proper use of financial resources in accordance with conditions a MoU. Cash transfer mechanisms (Western Union, Money Gram) etc. will be used by the NRCS to transfer funds from the NHQ level to branch level in the areas of implementation; and as such CHF 1,000 has been budgeted to cover the costs of this. Based on previous issues related to fluctuations between the EURO and CHF, CHF 3,000 has been budgeted to ensure any losses can be covered. Branch office costs for utilities and maintenance (CHF 1,500) and communications (internet, airtime, courier services etc.) (CHF1, 125) have also been budgeted in this DREF allocation.

## C. DETAILED OPERATIONAL PLAN

### Quality programming / Areas common to all sectors

<b>Outcome 1: Continuous assessment, analysis and coordination to inform the design and implementation of the DREF operation</b>							
<b>Output 1.1: Planning, monitoring and reporting on activities planned within the DREF operation in the areas of implementation</b>							
Activities planned	Week	1	2	3	4	5	6
Deployment of IFRC emergency health officer to support planning and implementation of the DREF operation (Target: One mission)							
Branch monitoring of activities planned in the areas of implementation (Agadez, Dosso, Niamey and Zinder)							
NHQ monitoring of activities planned in the areas of implementation (Agadez, Dosso, Niamey and Zinder)							
IFRC monitoring of activities planned in the areas of implementation (Agadez, Dosso, Niamey and Zinder)							

## Health & care

<b>Outcome 1: Immediate risk of meningitis to the health of the population is reduced through prevention and control activities in Dosso and Niamey over a period of six weeks.</b>							
<b>Output 1.1: Capacity of Niger Red Cross Society to respond to the meningitis epidemic in the affected area is strengthened</b>							
Activities planned	Week	1	2	3	4	5	6
Refresher training for volunteers on prevention and control of meningitis, MUAC, SMS and HP (Target: 100 volunteers (50 per region))							
Training of teachers on prevention and control of meningitis (Target: 30 teachers)							
Training of supervisors on management of volunteers (Target: 10 supervisors)							
Procure/equip volunteers (and supervisors) with protective equipment kits ((hand gels, gloves and masks) (Target: 100 kits)							
Procure/equip volunteers with cell phones for SMS surveillance and referral (Target: 10 cell phones)							
<b>Output 1.2: Target population in the affected areas are provided with sensitization to improve the knowledge and practices on the prevention and control of meningitis (Target: 30,000 households / 210,000 people)</b>							
Activities planned	Week	1	2	3	4	5	6
Conduct awareness raising / sensitization campaigns for meningitis prevention and control in the communities (Target: 30,000 households / 210,000 people)							
Nutritional (MUAC) screening in children under 5 combined with the sensitization activities in the communities							
Referrals of identified suspected meningitis SAM & MAM cases to management centres via SMS							

Conduct awareness raising / sensitization campaigns for meningitis prevention and control in the treatment centers (Target: 10 volunteers per day by treatment centre)							
Conduct awareness raising / sensitization campaigns for meningitis prevention and control on the vaccination sites (Target: 10 volunteers per day by site)							
<b>Outcome 2: Immediate risk of measles to the health of the population is reduced through prevention and control activities in Agadez and Zinder over a period of six weeks.</b>							
<b>Output 1.1: Capacity of Niger Red Cross Society to respond to the measles epidemic in the affected area is strengthened</b>							
<b>Activities planned</b>	<b>Week</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
Refresher training for volunteers on prevention and control of measles, MUAC, SMS and HP (Target: 50 volunteers (25 per region))							
Training of supervisors on management of volunteers (Target: 10 supervisors)							
Procure/equip volunteers (and supervisors) with protective equipment kits ((hand gels, gloves and masks) (Target: 50 kits)							
Procure/equip volunteers with cell phones for SMS surveillance and referral (Target: 10 cell phones)							
<b>Output 1.2: Target population in the affected areas are provided with sensitization to improve the knowledge and practices on the prevention and control of measles (Agadez and Zinder) (Target: 10,000 households people / 70,000 people)</b>							
<b>Activities planned</b>	<b>Week</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
Conduct awareness raising / sensitization campaigns for the measles prevention and control in the communities (Target: 10,000 households people / 70,000 people)							
Nutritional (MUAC) screening in children under 5 combined with the sensitization activities in the communities							
Referrals of identified suspected measles, SAM & MAM cases to management centres via SMS							

## 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

Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster 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.

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The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

# DREF OPERATION

02/05/2015

Niger

Epidamic (MDRNE015)

Budget Group	DREF Grant 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	0
Medical & First Aid	5,000
Teaching Materials	2,220
Utensils & Tools	0
Other Supplies & Services	769
Cash Disbursements	0
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>7,989</b>
Land & Buildings	0
Vehicles	0
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machinery & Equipment	0
<b>Total LAND, VEHICLES AND EQUIPMENT</b>	<b>0</b>
Storage, Warehousing	0
Distribution & Monitoring	0
Transport & Vehicle Costs	3,585
Logistics Services	0
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>3,585</b>
International Staff	0
National Staff	0
National Society Staff	1,390
Volunteers	49,305
<b>Total PERSONNEL</b>	<b>50,695</b>
Consultants	0
Professional Fees	0
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>0</b>
Workshops & Training	11,400
<b>Total WORKSHOP &amp; TRAINING</b>	<b>11,400</b>
Travel	10,500
Information & Public Relations	0
Office Costs	1,950
Communications	3,175
Financial Charges	5,000
Other General Expenses	0
Shared Office and Services Costs	0
<b>Total GENERAL EXPENDITURES</b>	<b>20,625</b>
Partner National Societies	
Other Partners (NGOs, UN, other)	
<b>Total TRANSFER TO PARTNERS</b>	<b>0</b>
Programme and Services Support Recovery	6,129
<b>Total INDIRECT COSTS</b>	<b>6,129</b>
<b>TOTAL BUDGET</b>	<b>100,423</b>
<b>TOTAL AVAILABLE RESOURCES</b>	<b>100,423</b>