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Emergency Plan of Action operation update

Niger: Measles & Meningitis



DREF Operation n° MDRNE015	Glide n° EP-2015-00043-NER
Operations revision n° 2	Timeframe covered by this update: 20 May to 26 June
Operation start date: 25 April 2015	Operations timeframe: Three months and one week (New end date: 31 July 2015)
Overall budget allocation: CHF 203,198	Total estimated Red Cross and Red Crescent response to date: CHF 203,198
Host National Society presence (volunteers, staff, branches): Niger Red Cross Society; 700 volunteers, eight staff (for Dosso, Niamey and Tillabery regions)	
Red Cross Red Crescent Movement partners actively involved in the operation: International Federation of Red Cross and Red Crescent Societies, Luxembourg Red Cross	
Other partner organizations actively involved in the operation: Government (Ministry of Public Health), Médecins Sans Frontières, United Nations Children's Fund, and World Health Organization	

Request for an extension of timeframe of one month (new end date: 31 July 2015) to enable the completion of activities planned in the EPoA related to the prevention and control of meningitis, specifically awareness raising/sensitization in coordination with the Ministry of Health mass vaccination campaign, which has been delayed. In addition, the extension of timeframe will also enable the completion of a lessons learned workshop.

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 favourable to the outbreak of meningitis epidemics generally between November and May. In April 2015, following an escalation in meningitis cases (from December 2014), an epidemic was officially declared by the Ministry of Public Health. In parallel, a measles epidemic was also confirmed in regions in the north of the country, with Agadez, Maradi and Zinder worst affected. On 2 May 2015, the International Federation of Red Cross and Red Crescent Societies (IFRC) released CHF 100,428 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 210,000 people (30,000 households) in Dosso and Niamey (meningitis response), and Agadez and Zinder (measles response), over a period of six weeks. On 29 May 2015, an Operations Update was issued to extend the timeframe by two weeks; and an additional allocation of CHF 102,770 to expand the activities planned into eight additional districts (10 in total: (Doutchi, Fillingué Gaya, Kollo, Ouallam Niamey I, II III, IV, and V) with awareness raising/sensitization campaigns. Following the stabilization of the measles epidemic, activities planned in Agadez and Zinder were cancelled. As of 11 June 2015 the number of suspected meningitis cases reached 8,341, including 557 deaths. Initially limited to districts in the Niamey (Niamey I, Niamey II, Niamey III) and Dosso regions, (Doutchi, Gaya) the epidemic spread to other regions and districts of the country including Dosso town, Fillingué, Illela, Kollo, Ouallam, and Terra.

As of 25 June 2015, the majority of activities planned in the Emergency Plan of Action (EPoA) had been completed, including progress in the following areas:

- In total, 645 volunteers (and 50 supervisors) have been mobilized; of which 470 volunteers were mobilized for response, and 175 for preparedness for imminent response. Please refer to “Table 1: Mobilization of volunteers”.
- In total, 376,110 people (47,801 households) were reached by the mobilized volunteers through household level awareness raising/sensitization on the prevention and control of meningitis across 10 districts. Please refer to “Table 2: Household awareness raising/sensitization”. In addition, eight radio stations have been contracted, and are broadcasting awareness raising/sensitization messages three times per day.

The Ministry of Public Health (MoPH) has initiated mass vaccination campaigns using the anti-meningococcal conjugate tetravalent vaccine, and are being coordinated with the activities planned within the DREF operation, specifically awareness raising/sensitization on the prevention and control of meningitis. Since it is the first time the vaccine antigen has been used in the country, awareness raising/sensitization is required to ensure acceptance by the at-risk population; however implementation of the MoH vaccination campaigns has been delayed in some of the at risk districts, e.g. in Kollo and Tera. This Operations Update is requesting to extend the timeframe by one month to enable the completion of awareness raising/sensitization activities in coordination with the vaccination campaigns. In addition, the extension of timeframe will also enable the completion of a lessons learned workshop, which will inform future DREF operations. The DREF operation will end on 31 July 2015, and a final report will be made available on 30 October 2015 (three months after the end of the DREF operation).

Belgian RC/Government and Canadian RC/Government have replenished this DREF. The IFRC, on behalf of the Red Cross Society of Niger would like to extend many thanks to all partners for their generous contributions. 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.

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

Summary of current response

Overview of Host National Society

From the beginning of both epidemics, the 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 conduct social mobilization in the affected areas. Please refer to “Table 1: Mobilization of volunteers”.

Table 1: Mobilization of volunteers

Region	District/Centre	No. volunteers	Status
Mobilization of volunteers for response			
Dosso	Doutchi	25	Completed
	Gaya	25	Completed
	Dosso town	25	On-going
Niamey	Niamey II	92	On-going
	Lazaet I (treatment centre)	8	Completed
	Lazaet II (treatment centre)	20	Completed
	Niamey I, III, IV, V	175	On-going
Tillabery	Kollo	25	Pending
	Ouallam	25	On-going
	Fillingué	25	On-going
	Tera	25	Pending

Sub Total	470	
Mobilization of volunteers for preparedness*		
Agadez	35	Completed
Diffa	35	Completed
Maradi	35	Completed
Tahoua	35	Completed
Zinder	35	Completed
Sub Total	175	
Mobilization of supervisors		
Supervisors	50	On-going
Sub Total	50	
Grand Total	745	

Table 2: Household awareness raising / sensitization.

Date	Niamey II		Niamey V		Niamey IV		Niamey III		Niamey I		Doutchi		Gaya		Ouallam		Fillingué		Lazaret I, II	TOTAL	
	hholds	pers	hholds	pers	hholds	pers	hholds	pers	hholds	pers	hholds	pers	hholds	pers	hholds	pers	hholds	pers	pers	hholds	pers
26Apr-1 /05	2'674	31'307																		2'674	31'307
04-09 May	989	8'539									2'013	14'182	2'782	18'397						5'784	41'118
11-15 May	802	14'163									1'053	13'087	1'320	8'506						3'175	35'756
16-20 May			4'810	28'809	1'714	14'362	1'995	13'937	1'410	15'154										9'929	72'262
18-22 May	3'518	29'010									516	3'734	1'276	7'812						5'310	40'556
25-29 May	4'034	33'155									843	6'846	1'494	10'341						6'371	50'342
28/05-6/06															1'411	19'434				1'411	19'434
05-24 June																	13'147	83'254		13'147	83'254
May-June																			2'081		2'081
TOTAL	12'017	116'174	4'810	28'809	1'714	14'362	1'995	13'937	1'410	15'154	4'425	37'849	6'872	45'056	1'411	19'434	13'147	83'254	2'081	47'801	376'110

NB: The districts of Dosso town, Kollo and Tera are not mentioned on this table. In Dosso town, volunteers are finalising their sensitization (report not ready at the moment of reporting), and in Kollo and Tera, the volunteers are on stand-by waiting the MoPH vaccination program. This will be included in the final operation's report.

Overview of Red Cross Red Crescent Movement in country

The 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, a Disaster Management Information System alert was issued, which was followed by an Operational Strategy Call involving participants from the IFRC Secretariat, Africa zone and Niger country representation. It was agreed that an EPoA + Budget developed to request for a DREF. Following the DREF allocation, the IFRC Secretariat team liaised with the region and the zone to provide adequate support to the NRCS (through the deployment of a health emergency officer from the Secretariat). On 29 May 2015, an additional allocation of CHF 102,770 was made to expand the activities planned in newly affected districts and put in place preparedness strategies in the most at risk districts (on alert). Regular consultations with colleagues from the zone and the region have been maintained. The IFRC Sahel regional health manager conducted a weekly mission to support the country team in coordination and technical support on the epidemic.

Other Movement partners in the 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. Monthly coordination meetings are regularly held with all Movement partners.

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 15 April, 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 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 has worked in collaboration with other organizations to mobilize children for measles vaccinations. 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.

Case management

On 2 June 2015, the main treatment centres established (at the end of April 2015) in the sites Lazaret I (350 patients' beds) and Lazaret II (120 patients' beds) in Niamey, with support from MSF Belgium and Switzerland were closed due a reduction in new cases, and was announced by the MoPH. New cases are being managed by the health centres and the hospital as has been the situation in other districts (outside of Niamey) since the onset of the epidemic

Vaccination

From 30 April 2015, vaccination campaigns started using polysaccharide trivalent vaccine (A, C, W), and are still ongoing in some areas. Given the shortage of vaccines, children aged between two and 15 years are the only ones targeted by these vaccination campaigns. On 15 May 2015, due to the availability of new vaccines "anti-meningococcal conjugate tetravalent", a technical committee was established to plan and organise the mass vaccination campaigns in, Fillingué, Kollo, Ouallam and Tera districts. By the beginning of June, 488,500 doses of vaccines had been received by the MoPH from the ICG Group.

Communication

Main ongoing activities include radio messaging, press conference; a TV show/debate organised by the MoPH.

Needs analysis and scenario planning

Please refer to [Operations Update no.1](#) for information on "Needs analysis and scenario" planning, which remains unchanged.

B. Operational strategy and plan

Overall Objective

To contribute to the reduction of the spread of meningitis among the population at risk in 10 districts (Doutchi, Fillingué Gaya, Kollo, Ouallam Niamey I, II III, IV, and V); and prepare for an imminent outbreak* in 15 other districts.

Proposed strategy

Following the issue of [Operations Update no.1](#), a revised strategy was developed and the following activities prioritized within this DREF operation for implementation in Doutchi, Fillingué Gaya, Kollo, Ouallam Niamey I, II III, IV, and V:

- Refresher training of volunteers (250) was planned in preparedness for response should cases of meningitis occur in other districts across the country.
- Refresher training of volunteers (200) on the prevention and control of meningitis (as well as on surveillance and referral, the use of SMS, nutritional screening techniques and hygiene promotion) was planned. Following the training, the volunteers were expected to carry out awareness raising/sensitization at community level and at treatment centres. Each volunteer would be issued with a per diem of CHF 7 per day.
- Procurement of 50 cell phones to support surveillance at community level, and enable suspected cases to be reported quickly via SMS was planned. In addition, CHF 7 was budgeted to enable cases (100) to be transported to the nearest health centre. Information, communication and education (IEC) materials (leaflets and image boxes) would be also be issued to volunteers to assist them with the sensitization activities planned
- Training of supervisors (50) on supporting volunteers with the implementation of the activities planned budgeted at CHF 80 per participant per day (two days), and includes allowance for per diem, accommodation and transportation. Each supervisor is to be deployed to the areas of implementation for 40 days (five days per week for eight weeks).
- Training of volunteers (173 (Niamey I (29), Niamey III (45), Niamey IV (35) and Niamey V (66) on mass sensitization techniques (five days) was planned; and has been budgeted at CHF 20 per participant. Following the training, the volunteers were then to be mobilized to carry out a five day mass sensitization campaign on the prevention and control of meningitis in the four communes, where there has been an increase in cases.

- Deployment of a Regional Disaster Response Team (RDRT) member experienced in epidemic response to support the effective implementation of the DREF operation, was planned for a period of one month; and budgeted at CHF 6,000 per month.
- Lessons learned workshop, which will be used to inform future operations and budgeted at CHF 3,000.

Operational support services

Please refer to [Operations Update no.1](#) for information on “Operational support services” planning, which remains unchanged.

C. Detailed Operational Plan

Quality programming/ Areas common to all sectors			
Outcome 1: Continuous assessment, analysis and coordination to inform the design and implementation of the DREF operation	Outputs		% of achievement
	Output 1.1: Planning, monitoring and reporting on activities planned within the DREF operation in the areas of implementation		90%
Activities	Is implementation on time?		% progress (estimate)
1.1.1 Deployment of IFRC emergency health officer to support planning and implementation of the DREF operation (Target: One mission)	X		100%
1.1.2 Branch monitoring of activities planned in the areas of implementation (Agadez, Dosso , Niamey and Zinder)	X		On-going
1.1.3 NHQ monitoring of activities planned in the areas of implementation (Agadez, Dosso , Niamey and Zinder)	X		On-going
1.1.4 IFRC monitoring of activities planned in the areas of implementation (Agadez, Dosso , Niamey and Zinder)	X		100%
1.1.5 Lessons learned workshop	X		0%
Progress towards outcomes			
1.1.1	Please refer to Operations Update no.1 for information Due to the time required to mobilize a RDRT, which had been planned was cancelled and technical assistance has been provided by the IFRC Sahel regional health coordinator.		
1.1.2	Branch committees have continued to monitor the situation and reporting it to the NHQ; as well as contacting the MoPH structures in their respective zones to ensure coordination and that assistance is complementary – this is on-going. Please refer to Operations Update no.1 for additional information.		
1.1.3	Regular NHQ monitoring of the situation has been carried out by the NRCS health department, with support from the NRCS Secretary Executive – this is on-going. Please refer to Operations Update no.1 for additional information.		
1.1.4	The IFRC country representation has been following the situation and sharing information with other Movement partners; as well as assessments and monitoring activities – this is on-going. As noted, the IFRC regional health manager conducted a week mission to support the country team in coordination and technical support on the epidemic. Please refer to Operations Update no.1 for additional information.		
1.1.5	As noted, at the end of the DREF operation lessons learned workshop will be carried out; with the expectation that this will include all stakeholders (e.g. MoPH) as well as staff and volunteers involved in the implementation of the activities planned in the EPoA. Following the issue of this Operations Update, it is intended that this will be carried out at the end of July 2015.		

Quality programming / Areas common to all sectors

Early warning and emergency response preparedness

Emergency warning and emergency response preparedness			
Outcome 1: Immediate risk of meningitis to the health of the population is reduced through preparedness activities in 10 districts over a period of eight weeks	Outputs		% of achievement
		Output 1.1: Capacity of Niger Red Cross Society to prepare for potential meningitis response is strengthened	
Activities	Is implementation on time?		% progress (estimate)
1.1.1 Refresher training of volunteers in preparedness for epidemic response (Target: 250 volunteers)	X		70%
Progress towards outcomes			
1.1.1	In total, 175 volunteers have received refresher training in preparedness for epidemic response, in readiness for an imminent response in other districts across the country, which equates to 70 per cent of the intended target (250); and as such implementation is also 70 per cent. It is intended that an additional 75 volunteers will receive refresher training in preparedness for epidemic response prior to the end of the DREF operation.		

Health & care

Health & care (activities related to the Meningitis)				
Outcome 1: Immediate risk of meningitis to the health of the population is reduced through prevention and control activities in affected districts district over a period of eight weeks	Outputs			% of achievement
	Output 1.1: Capacity of Niger Red Cross Society to respond to the meningitis epidemic in the affected area is strengthened			100%
	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 (New target: 281,000 people / 40,000 households people)			134%
Activities	Is implementation on time?		% progress (estimate)	
1.1.1 Refresher training for volunteers on prevention and control of meningitis, MUAC, SMS and HP (Target: 200 volunteers)	X		235%	
1.1.2 Training of teachers on prevention and control of meningitis (Target: 30 teachers)	NA	NA	NA	
1.1.3 Training of supervisors on management of volunteers (Target: 50 supervisors)	X		100%	
1.1.4 Procure/equip volunteers (and supervisors) with protective equipment kits (hand gels, gloves and masks) (Target: 415 kits)	X		114%	
1.1.5 Procure/equip volunteers with cell phones for SMS surveillance and referral (Target: 50 cell phones)	X		100%	
1.1.6 Training of volunteers in mass sensitization (Target: 173 volunteers)		X	0%	
1.2.1 Conduct awareness raising / sensitization campaigns for meningitis prevention and control in the communities (Target: 281,000 people / 40,000 households)	X		134%	
1.2.2 Nutritional (MUAC) screening in children under 5 combined with the sensitization activities in the communities	X		NA	
1.2.3 Referrals of identified suspected meningitis SAM & MAM cases to management centres via SMS	X		NA	
1.2.4 Conduct awareness raising / sensitization campaigns for meningitis prevention and control in the treatment centres (Target: 10 volunteers per day by treatment centre)	X		280%	
1.2.5 Conduct awareness raising / sensitization campaigns for meningitis prevention and control on the vaccination sites (Target: 10 volunteers per day by site)		X	40%	
Progress towards outcomes				
1.1.1	In total, 470 volunteers from the 10 districts (Doutchi, Fillingué, Gaya, Kollo, Ouallam Niamey I, II III, IV, and V), and also from Tera district, and the Lazaret I and II treatment centres (please refer to "Table 1: Mobilization of volunteers") have received refresher training on the prevention and control of meningitis, MUAC, and HP, which equates to 235 per cent of the intended target (200). In addition, 50 volunteers among them have been trained on epidemic surveillance via SMS			
1.1.2	Training of teachers on the prevention and control of meningitis was cancelled through been cancelled. Please refer to Operations Update no.1 for additional information.			
1.1.3	In total, 50 supervisors have been trained to coordinate the volunteers' activities in the communities, which equates to 100 per cent of the intended target (50).			
1.1.4	In total, 475 protective equipment kits have been procured for volunteers involved in the response activities to be used when necessary, which equates to 114 per cent approx. of the intended target (415). Please note that 398 have been issued since MSF has provided volunteers with this equipment in some districts. In addition, 305 volunteers and personnel (IFRC and NRCS) have been vaccinated against meningitis, which equates to 38 per cent of the intended target (800).Please note that the intention was to vaccinate 800 volunteers, however it was identified that some had been vaccinated in their communities during the MoH campaigns, hence the variance on this activity.			
1.1.5	In total, 50 phones have been procured and provided to the volunteers, supervisors and health centres to enable a rapid communication when new cases are detected, which equates to 100 per cent of the intended target (50); and therefore implementation is also 100 per cent.			
1.1.6	In total, 175 volunteers (Niamey I (29), Niamey III (45), Niamey IV (35) and Niamey V (66)) have received training on mass sensitization, which equates to 101 per cent of the intended target (173).			

- 1.2.1 In total, 376,110 people (47,801 households) have been reached through awareness raising / sensitization campaigns for meningitis prevention and control carried out in Douthi, Gaya, Fillingué, Niamey and Ouallam; as well as Lazarat I and II treatment centres, which equates to 134 per cent of the intended target (281,000), and as such it has been surpassed. Please refer to “Table 2: Household awareness raising / sensitization”. As noted in Dosso, volunteers are finalising their sensitization (report not ready at the moment of reporting), and in Kollo and Tera, the volunteers are stand-by waiting the MoPH vaccination campaign. In addition, through awareness raising / sensitization campaigns “caravans” have been established in Dosso, Fillingué, Kollo and Ouallam, which have reached 8,136 people (3,463 men and 4,673 women) (this number has been considered in the global figures of the people sensitized). Eight radio stations have also been contracted to broadcast awareness messages on the prevention and control of meningitis three times per day for a period of two months.
- 1.2.2 Nutritional (MUAC) screening in children under 5 combined with the sensitization activities in the communities have been incorporated within awareness raising / sensitization campaigns and not as a separate activity. Please refer to “Activity 1.2.1”.
- 1.2.3 Referrals of identified suspected meningitis SAM and MAM cases to management centres via SMS has been incorporated within awareness raising / sensitization campaigns and not as a separate activity. Please refer to “Activity 1.2.1”
- 1.2.4 In total, 2,081 people have been reached through awareness raising / sensitization campaigns for meningitis prevention and control in the (Lazart I and Lazaret II) treatment centres by 28 volunteers that have been working on rotation. In addition, 468 patients have been transported to and from and out the hospitalization blocks, and 50 dead bodies transported to the centres’ mortuary. Please note that the volunteers have also been responsible for hygiene in and out the hospitalization blocks, provided water to the patients, cleaning, wastage management, and the disinfection of toilets.
- 1.2.5 Awareness raising / sensitization campaigns for meningitis prevention and control on the vaccination sites has not been progressed as planned; however is expected to be completed in July 2015 following the issue of this Operations Update.

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non-violence and peace.
