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Emergency Plan of Action preliminary final report

Niger: Cholera

 International Federation
of Red Cross and Red Crescent Societies

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| DREF | Operation n° MDRNE014;GLIDE n° EP-2014-000151-NER |
| Date of issue: 24 August, 2015 | Date of disaster: 12 December, 2014. |
| Operation start date: 24 December 2014 | Operation timeframe: 5 months (End date:24 May 2015) |
| Overall budget allocation: CHF 261,637 | Number of people to be assisted: 3,000 households |
| Host National Society presence (volunteers, staff, branches): 200 volunteers, 8 staff and 5 local branches (in Diffa region). | |
| Red Cross Red Crescent Movement partners actively involved in the operation: Luxembourg Red Cross, ICRC and IFRC | |
| Other partner organizations actively involved in the operation: Government (Ministry of Public Health), Médecins Sans Frontières, Save the Children, United Nations Children's Fund, World Health Organization | |

A. Situation analysis

Description of the disaster

On 12 December 2014, 10 cases of cholera were reported in the Chetmari area of Diffa region of Niger. By 14 December 2014, 91 cases and four deaths had been reported; and by 20 December 2014, this had risen to 183 cases. The Direction Régionale de Santé Publique Diffa (DRSP) reported 292 cases (including 17 deaths) (DRSP / Diffa final epidemic report). 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 activities in Diffa region were suspended. The International Committee of Red Cross (ICRC), as the lead agency in the region, has 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 24 December 2014, the International Federation of Red Cross and Red Crescent Societies (IFRC) allocated 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. This [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 20 March 2015, an [operations update](#) was issued to extend the timeframe of the DREF operation and to enable NRCS to contribute to the complete eradication of the epidemic. In accordance with the new intervention strategy, which included a revision to the schedule as per the Emergency Plan of Action (EPoA). Even though the epidemic had brought under control (Ministry of Public Health), the probability of cases spreading remained high as a result of the continuing influx of refugees from Nigeria, movement of people within the Diffa region, and prevailing poor hygiene practices. From 23 March – 11 April, the IFRC Niger country representation's operations manager carried out a 10-days mission to the Diffa region, with the intention of assessing the situation, prioritizing relevant activities, and establishing with movement partners a new operational strategy. The operational strategy was reviewed, and thus some activities were removed and replaced with new activities, taking into consideration the

epidemiological situation, the security conditions, the accessibility to beneficiaries, and the finances available. On 24 April 2015, another [operations update](#) was issued to enable the revision of the operation strategy (as above).

Please note that this preliminary final report is issued in advance of the final report, which is expected to be issued by the end of September 2015.

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.

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

Summary of current response

Overview of Host National Society

The NRCS has a long standing experience of implementing cholera operations given its recurrence in the country, and following the epidemic responded through the existing programme and Emergency Appeal, as well as mobilizing internal and external resources from operations being carried out within other regions – this included: the provision of medicines, mobilization/training and deployment of volunteers National Disaster Response Team member (NDRT), and installation 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; construction, refectory, cleaning and disinfection of sanitation facilities, distribution and promotion of potable water, epidemiological surveillance and control via SMS; awareness raising/ sensitization; provide information, education and communication materials; as well as 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 therefore played a major role in these meetings by providing information on the situation at community level. The NRCS participated in other coordination and clusters meetings with different government and other agencies on a regular basis. Meetings and contacts were been organized with IADA Relief, Médecins Sans Frontières (MSF) and Solidarity International to agree on coordination, and ensure the DREF operation was complementary with the assistance provided by other actors.

Overview of Red Cross Red Crescent Movement in country

The International Committee of the Red Cross (ICRC), IFRC and Luxembourg Red Cross all have representation in Niger, with presence in Niamey, and Diffa region. The NRCS (headquarter and branch) worked with the ICRC, IFRC, and Luxembourg Red Cross since the beginning of the epidemic to ensure there was the relevant support for the activities planned; and monthly coordination meetings were organised .

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

Overview of non-RCRC actors in country

The Regional Public Health Department in Diffa deployed additional medical personnel to the region, established cholera treatment centres (CTCs) with support of NRCS in the Chetimari and Diffa areas, a crisis committee has been set up and weekly meetings were held with all partners involved in the response to ensure coordination. The MPH, with the support from MSF, the Red Cross Movement, World Health Organization (WHO), and the United Nations Children's Fund (UNICEF), was in charge of the overall coordination of the epidemic. At community level, MSF and IADA Relief conducted some preventive activities in the affected villages.

Needs analysis and scenario planning

Needs Assessment

Following the epidemic, 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 were risk. Due to the security situation that resulted in some villages becoming inaccessible (e.g. Zarwaram), 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 targeted 3,000 households (15,000 people) in the Chetimari and Gagamari districts. A total of 12 villages, 12 schools, three health facilities and three mosques from the villages of Bouri Boulla, Chetimari, Chetima Sidiri, Gagamari, Chetima Wango, Dala Wouro, Damalam, Gremadi, Karamadi, Morowi, Mourimadi and Wandori were targeted.

Risk Assessment

Up to the end of May 2015, though some previously inaccessible villages were secure, the population didn't returned to their home villages. To mitigate security risk, the maximum distance community volunteers expected to cover for implementing the activities was limited to 5km. In addition, the activities were organized during the days (between 09:00 and 15:00).

In collaboration with ICRC as Movement lead agency in Diffa region, all field activities were planned, discussed, analysed and notified to administrative authorities. All movements to the fields were notified to ICRC which eventually informs local administrative and military 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.

Proposed strategy

Following the issue of [Operations Update no.2](#), the following strategy was agreed:

- NRCS volunteers were to 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).
- Public awareness raising / sensitization activities related to cholera prevention, control and hygiene promotion were planned during distributions, and other activities (cleaning/disinfection of infrastructures and in schools). NRCS volunteers and supervisors were to be issued (procured) with megaphones (24). Leaflets (500), 12 image boxes and an additional 50 boxes of stickers were to be distributed to support community sensitization. Radio spots were to be broadcast to extend the reach of prevention and control messages to the target population.
- Two cholera kits and emergency first aid kits (four kits) in addition to oral rehydration solutions (ORS) and tetracycline were to be provided to health centres/posts and volunteers to support the management of cholera cases.
- Cell phones were to 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 were also to be established. NRCS volunteers were expected to distribute 9,000 ORS to the 3,000 households, and carry out demonstrations on their preparation and use. Each household were to receive three units.

- NRCS volunteers were to distribute 60,000 PUR tablets to 3,000 households, and provide sensitization on how to use them for water purification. Each household were to receive 20 PUR, which will enable them to purify 90 litres of water. Water drilling systems were to be installed in three of villages, where communities access water from the river.
- In total 18 community sanitation infrastructures in 12 schools, three health posts and three mosques were to be cleaned/disinfected. The NRCS volunteers were to 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 were expected to retain the items, which were to be issued to the NRCS volunteers when carrying out the cleaning/disinfection of the community infrastructures.
- Twenty hand washing kits (100 litres water container, metal support with a cup and soap) were to be installed beside latrines to promote hand washing after using the toilet. NRCS volunteers were to be deployed to provide sensitization on how to use them.
- Fifteen public latrines were to 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).
- Hygiene related NFIs (bleach, bowel, cup, soap, and PUR) were to 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 were also to receive buckets and jerry cans for safe water storage.
- Ten community hygiene clubs were to be established and equipped with kits comprising materials including barrows, brooms, brushes, plastic gloves and shovels. In total, 80 kits were to be procured.

All activities were to be carried out in close cooperation with the community and through advocacy to the community, religious and traditional leaders as well as other actors.

This epidemic outbreak occurred in the same period where the RC Movement (IFRC, ICRC, CR Luxembourg and Niger RC) was assisting the population (refugees, IDPs and host population) in a complex emergency caused by the heavy fights between Nigeria army and Islamic Fundamentalists (ex Boko Haram) in the North-East of Nigeria.

As a result, a lot experiences have been referred when implementing cholera operation. The volunteers and the personnel have acquired the expertise in assisting (distribution of food and NFI, water, shelter etc.), and as such with this expertise, there was no need to train all of them. The DREF operation was implemented in an integrated approach that will enable the community to remain attentive and prepared to the future epidemic. The NRCS trained volunteers and tools will remain in the community and should serve to other operation when necessary.

Operational support services

Human resources

The NRCS through its regional committee in the Diffa region mobilized 30 community based volunteers (reduced from 100) to support the DREF operation. Thirty volunteers (30) 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 were assigned to the DREF operation, and dedicated support provided by admin and finance staff. As noted, a RDRT with a WASH profile was deployed for two months, and supervised the revision of the EPoA, developing the 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 Niger 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 NRCS national headquarters (NHQ), 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.

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. Thus the vehicle used by operation manager in Niamey was deployed to Diffa to support the operation.

- The IFRC Sahel regional representation provided the operation with tarpaulins issued from the regional warehouse and insured the replacement accordingly.
- 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 health Department in Geneva, two cholera kits and two emergency first aid kits have been procured, and delivered to Niamey and transported to Diffa. Due to insecurity situation between Niamey and Diffa transporters increased the cost.

Information technologies (IT)

The IFRC IT manager, 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 provided to drivers 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 worked closely with the structures and services of the MPH and sharing information on cooperation with partner, authorities and the media. The NHQ 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 DREF 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 more than one month. The security situation remains a matter of concern; however the RCRC Movement members operating in the Diffa region monitor 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, during the coordination meeting between the ICRC, IFRC, Luxembourg Red Cross and Niger Red Cross, the security issues were shared, discussed and analysed. To avoid any security risk, the maximum distance community volunteers were expected not to go beyond 5km of their residence when implementing the activities. Activities were organized during the day (between 09:00 to 15:00).

Planning, monitoring, evaluation, & reporting (PMER)

The IFRC Sahel regional representation supported 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 were 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 has been carried out according to the IFRC monitoring framework by the Diffa regional committees and the headquarter members of staff. Regular activity planning meetings took place 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. In addition, the IFRC Sahel regional health manager carried out a mission to Niger to support the IFRC Niger operations manager, and NRCS with the revision/implementation of the DREF operation (as well as the [Measles and Meningitis operation- MDRNE015](#)).

Administration and Finance

The NRCS finance department ensured 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. This loss has been taken into account when revising this operation avoid running into deficit.

C. Detailed Operational Plan

Health & care

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| Outcome 1 :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 | |
| Activities planned | |
| 1.1.1 | Train 30 volunteers on response against cholera outbreaks using the ECV manual |
| 1.1.2 | Train 30 volunteers on disinfection of facilities and use of ORS |
| 1.1.3 | Train 14 community based volunteers on cholera surveillance via SMS |
| 1.1.4 | Procure/equip 30 volunteers with protection materials (boots, nose covers, jackets and gloves). |
| Impacts | |
| 1.1.1 | In total, 30 volunteers have received training on response against cholera outbreaks using the ECV manual, which equates to 100 per cent of the intended target (30). It was expected to train 100 volunteers but as far as the epidemic has since been stabilized, there was no longer a need to train further volunteers. The 30 volunteers have carried 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. (Please refer to water and sanitation achievements 1.3.2 for details). |
| 1.1.2 | In total, 30 volunteers have received training on disinfection of facilities and use of ORS, which equates to 100 per cent of the intended target (30). Demonstration of the preparation and use of ORS were carried out during distributions. |
| 1.1.3 | In total, 14 volunteers have received training on cholera surveillance via SMS, which equates to 100 per cent of the intended target (14). The 14 trained volunteers detected 37 cases (23 under five years old; 14 over five years old), which they have reported via SMS to the nearest health facilities. This surveillance tools are kept in the community by the volunteers to detect any other can that may occur any time. |
| 1.1.4 | 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 the epidemic was decreasing, there was a reduction in the number of volunteers required for this DREF operation (from 100 to 30), and any unused materials were retained by the NRCS regional committee to be used as and when required for WASH regular activities. |
| 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) | |
| Activities planned | |
| 1.2.1 | Conduct awareness raising / sensitization campaigns for cholera prevention and control during distributions (Target: 3,000 households / 15,000 beneficiaries) |
| 1.2.2 | Disseminate information, education and communication materials (Target: 50 boxes of stickers, 12 image boxes, 500 leaflets) |
| 1.2.3 | Organize monthly local radio sensitization broadcasts (Target: 2 radio broadcasts) |
| Impacts | |
| 1.2.1 | 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 were not able to participate in community level sensitization, while since they have not yet been able to return, household level activities was also not an appropriate strategy. As such, awareness raising/ sensitization activities related to cholera prevention, control and hygiene promotion have been carried out during distributions, and other activities already planned like cleaning/disinfection of infrastructures etc. Please note the activity has been conducted in new targeted villages, focusing the schools, mosques, health facilities and beneficiary households of hygiene materials: Bouri Boulla, Chetimari, Chetima Sidiri, Gagamari, Chetima Wango, Dala Wouro, Damalam, Gremadi, Karamadi, Morowi, Mourimadi and Wandori. In total, during the DREF operation, 21,784 people (15,306 women and 6,478 men) have been sensitised by Red Cross volunteers, which equates to 145 per cent of the intended target (15,000). |
| 1.2.2 | In total, 50 boxes of sticker, 12 image boxes, and 500 leaflets were procured and distributed, which equates to 100 per cent of the intended targets respectively (50 boxes, 12 image boxes and 500 leaflets). 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. In addition, loud speakers and batteries (24) were also procured. |
| 1.2.3 | Local radio sensitization broadcasts were possible due to the security situation in the Diffa region; and as |

such this activity was not carried out.

Output 1.3: Community based cholera management and surveillance systems are established in the affected areas

Activities planned

- 1.3.1 Procure/deploy two cholera kits and two emergency first aid kits. (Target: four kits)
- 1.3.2 Procure cell phone to be issued to volunteers to report detected new diarrheal cases via SMS (Target: 30 cell phones)
- 1.3.3 Conduct demonstrations on the use of oral rehydration salts during distributions (Target: 3,000 households)
- 1.3.4 Conduct case detection and referral of cases to nearest health facilities

Impacts

- 1.3.1 In collaboration with the IFRC global logistics service, two cholera kits and two emergency first aid kits have been procured, and dispatched to the Diffa region, which equates to 100 per cent of the intended target (four kits). From the time the epidemic has been stabilized, there was no need to set up oral rehydration points in the communities, instead, the kits have been provided to health centres/posts to support the management of cholera cases. One kit was provided to the volunteers to facilitate them intervene in case of new diarrheal cases identified in the communities they follow up. At the beginning of the DREF operation, some medicines and materials have been provided to the Regional Direction of Public Health of Diffa to contribute on the emergency response and treatment of cholera cases. Please note that the following medicines were borrowed from MDRNE013 Niger Population Movement Emergency Appeals operation to support this DREF operation and have since been replenished:
- Ringer lactate 1litre : 25 boxes (each containing 10 sachets);
 - Gants : 25 boxes (each containing 100 pairs of gloves);
 - Amoxicillin 250mg : 9 boxes of 1.000 tablets each;
 - Catheter : 1 box of 100 units (for veins);
 - Catheter (G22) : 1 box of 50 units;
 - Catheter (G24) : 1 box of 50 units;
 - Catheter (G16): 2 boxes of 50 units.
- 1.3.2 Following the training on cholera surveillance via SMS, 30 cell phones were procured (based on the initial EPoA + Budget); however, only 14 have been issued (following the revision to the agreed strategy) to 12 volunteers and two health posts of Chetima Wango and Karamadi to enable them improve free communication between volunteers and health posts responsible. As the epidemic has ceased, the trained volunteers will still use the cells controlling the news epidemic occurrence in their communities. Please note that the remaining cell phones (16) have been retained by the NRCS regional branch committee and will be used accordingly as and when required for WASH regular activities.
- 1.3.3 During distributions, the volunteers took time to show the community the effective use ORS, and when required. In total, 3,000 households were reached during the distribution period, which equates to 100 per cent of the intended target (3,000). In addition, 9,000 sachets of ORS have been distributed in total (i.e. three sachets per households).
- 1.3.4 As noted above, 37 cholera cases (23 under five years old; 14 over five years old) were detected, and referred via SMS to the nearest health facilities.

Challenges

Operational challenges included:

- Logistics and supply chain: The local purchase of material was not possible; the majority of materials have been bought in Niamey, with high purchasing and transport costs.
- Communication: The situation did not allow organisation of awareness through community radio and national television as well as mass community mobilisation.
- Security: Although the epidemic has been put under control and stopped, the security situation remained the major factor hindering the implementation of the EPoA. The DREF operation was supposed to close by end of March 2015 but it was obliged to be extended until May 2015. In addition: a) It was not easy to organise community activities among the population where the situation was tense; b) it was prevented the implementation of activities planned in in some villages and during early or late hours of the day; and c) The RDRT was not able to reach to the field due to the security situation, and coordinated the DREF operation from Niamey and could not therefore share their field experience with the volunteers and field personnel.

Lessons learned

Lessons learned included:

- Information technology: The epidemic community surveillance by the volunteers using the cells' SMS was a successful strategy in the zone where the movements are very limited,
- PMER: The DREF operation was implemented through integrated approach. Before the DREF was allocated,

some means and tools from Population Movements appeal were called upon in order to provide relevant emergency response. In addition, the experience from the previous cholera preparedness project have been used (i.e. use of phones)

- RCRC / Agency Coordination: Full collaboration with the health structures allowed us to identify the real needs and gaps, avoiding duplication with other partners and unnecessary assistance.

Water, Sanitation, and hygiene promotion

Outcome 1: Immediate risk of cholera is reduced through the provision of safe water supply, sanitation

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).

Activities planned

- 1.1.1 Distribution of PUR to the target population; and demonstration on its use (Target: 3,000 households / 15,000 beneficiaries with 90,000 PUR sachets)
- 1.1.2 Install water drilling systems (Three villages)

Impacts

- 1.1.1 In collaboration with 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. In total, the regional health direction provided 90,000 sachets of PUR to be distributed by the volunteers to the 3,000 identified households (30 sachets per household – equivalent to 300 litres of water), which equates to 100 per cent of the intended target (3,000). Prior to the distribution, NRCS volunteers assured that demonstrations on their use were done and knowledge on use well acquired.
- 1.1.2 Following an assessment that was carried in collaboration with hydraulic structures, it was decided to install water drilling systems in five villages, where the communities were used to obtain water from the river or holes, specifically: Chetimari, Chetima Wango, Gagamari, Karamadi, Moroi. All of drilling systems are now operational, providing enough quantity of water to the communities. In total five water drilling systems were installed, which equates to 166 per cent of the intended target (Three), and are providing safe water supply to 9,600 people. Water managements committees have been put in place to protect those infrastructures. In addition, a community well (of 60m of depth) that had not been functional for two years, has been rehabilitated in the village of Chetimari.

Output 1.2: Target population in the affected area is provided with adequate environmental sanitation facilities. (Target: 3,000 households / 15,000 people)

Activities planned

- 1.2.1 Reinforce/equip local committees with disinfection and materials (disinfection products, quicklime and sprayers).
- 1.2.2 Disinfect and clean sanitation facilities in the 18 affected areas (Target: 12 schools, three health posts and three mosques identified).
- 1.2.3 Install hand washing kits in public places such as market places and schools (Target: 20 hand washing kits)
- 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.
- 1.2.5 Install public latrines in the most vulnerable communities and health posts (Target: 15).

Impacts

- 1.2.1 Disinfection products have been procured (disinfection products (3,000 litres), quick lime (100 bags) and sprayers (20) from Niamey), and have been issued to the community hygiene clubs (refer to "Water, sanitation and hygiene promotion / Activity 1.3.3") who made them available to the community members when carrying out the cleaning/disinfection of the community infrastructures.
- 1.2.2 The NRCS volunteers in collaboration with community hygiene clubs (refer to "Water, sanitation and hygiene promotion / Activity 1.3.3"), conducted the cleaning/disinfection activities in the affected areas. In total, 18 schools, health facilities and mosques have been cleaned/disinfected, which equates to 100 per cent of the intended target (18), and included:
- Health facilities (Three): Health post of Chetima Wango, Health post of Karamadi, Integrated health centre of Chetimari;
 - Mosques (Three): Karamadi, Gagamari, Chetimari;
 - Schools (12): Collège d'Enseignement General de Chetimari, EP de Gagamari, EP de Karamadi, EP de Chetima Sidiri, EP de Chetima Wango, EP de Morowi, EP de Damaram, EP de Wandori, EP de Bouri Boulla, EP de Mourimadi, EP Franco-Arabe et EP Boulama Yacouba.
- 1.2.3 In total, 20 hand washing kits were installed in public places, which equate to 100 per cent of the intended target (20), and included: Three hand washing kits installed besides the newly constructed latrines to promote hand washing after using the toilet; 12 in schools, two in health posts and three in mosques. In addition to hand washing kits (containing garbage containers) have been provided in the same areas to facilitate waste

management.

1.2.4 Community hygiene clubs have been provided with sanitation materials to be used when carrying out sanitation activities and hygiene promotion. In total, 80 brooms, 80 rakes, 80 shovels and 80 wheel barrows were procured from Niamey, and distributed, which equates to 100 per cent of the intended target (80 per item). Please note that these materials have been retained by the NRCS regional committee, and are then issued to the community hygiene clubs when required according to their calendar of hygiene promotion activities, which has been prepared by the communities themselves.

1.2.5 Following the assessment, it was identified that latrines were required in three health posts and two villages. In total, five blocks (of three) latrines have been installed in Gagamari and Moroi villages, and in Chetimari, Chetima Wango and Karamadi health facilities. In total, 15 latrines have been constructed, which equates to 100 per cent of the intended target (15 latrines). Please note that hygiene committees have been put in place to manage and keep clean those latrines. In addition, 1,500 tarpaulins have been distributed to the households which had dug their own latrines but required materials for the latrine walls. A further 500 tarpaulins have been provided to the health centres to serve both latrines covers and as patients sheds.

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)

Activities planned

1.3.1 Conduct hygiene promotion sessions (Target: 12 villages, 12 schools, three health facilities, three mosques).

1.3.2 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).

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

Impacts

1.3.1 Please refer to "Health and Care / Activity 1.2.1".

1.3.2 Please refer to the following table, which provides a summary of the hygiene related items (NFIs) that were distributed:

Table 1: Distribution of hygiene related items (NFIs) by village

| No | Village | HHS reached | PUR | ORS | Soap | Cups | Kettles | Buckets | Jerry cans | Tarpaulins | Sensitization (bens. reached) |
|----|----------------|--------------|---------------|--------------|--------------|--------------|--------------|------------|------------|--------------|-------------------------------|
| 1 | Chetimari | 600 | 18,000 | 1,800 | 1,800 | 300 | 300 | 60 | 60 | 200 | 3,894 |
| 2 | Gagamari | 600 | 18,000 | 1,800 | 1,800 | 300 | 300 | 60 | 60 | 220 | 4,025 |
| 3 | Gremadi | 90 | 2,700 | 270 | 270 | 45 | 45 | 9 | 9 | 50 | 589 |
| 4 | Bouri Boulla | 80 | 2,400 | 240 | 240 | 40 | 40 | 8 | 8 | 30 | 491 |
| 5 | Mouri Madi | 80 | 2,400 | 240 | 240 | 40 | 40 | 8 | 8 | 35 | 506 |
| 6 | Wandori | 150 | 4,500 | 450 | 450 | 75 | 75 | 15 | 15 | 80 | 1,127 |
| 7 | Damaram | 200 | 6,000 | 600 | 600 | 100 | 100 | 20 | 20 | 120 | 1,496 |
| 8 | Dala Woulo | 125 | 3,750 | 375 | 375 | 62 | 62 | 12 | 12 | 255 | 953 |
| 9 | Moroi | 375 | 11,250 | 1,125 | 1,125 | 188 | 188 | 38 | 38 | 170 | 2,734 |
| 10 | Chetima Wango | 250 | 7,500 | 750 | 750 | 125 | 125 | 25 | 25 | 120 | 1,862 |
| 11 | Chetima Sidiri | 100 | 3,000 | 300 | 300 | 50 | 50 | 10 | 10 | 50 | 853 |
| 12 | Karamadi | 350 | 10,500 | 1,050 | 1,050 | 175 | 175 | 35 | 35 | 170 | 3,254 |
| | TOTAL | 3,000 | 90,000 | 9,000 | 9,000 | 1,500 | 1,500 | 300 | 300 | 1,500 | 21,784 |

1.3.3 In total, 10 community hygiene clubs have been established in schools, equipped and issued with sanitation materials including brooms, rakes, shovels and wheelbarrow, which equates to 100 per cent of the intended target (10).

Challenges

Operational challenges included:

- Security: there was no deep concentration from the population due to the security environment.
- RCRC / Agency coordination: The DREF operation has been hindered by other emergencies in the region (population movements, food and nutrition insecurity) and this affected the implementation as initially planned.

Lessons learned

Lessons learned included:

- **Communications:** NRCS has improved its reputation with its partners, and collaborative relationships have improved during this DREF operation,
- **PMER:** The DREF operation was implemented in an integrated approach; the community experience from population movement operation has been used here. Through the good collaboration with Luxembourg RC, the operation used their truck to transport and despatch the materials in the communities without problem.
- **Water, sanitation and hygiene promotion:** The distribution of hygiene materials to the population has helped a great deal in motivating people to apply hygiene behaviour in times of displacement, In addition, the sensitisation and awareness sessions made reminded the community preventive measures and they are determined to change and resist to the forthcoming epidemic, The hygiene and sanitation infrastructures will result a source of motivation and appropriation to the communities in term of epidemic prevention.
- **Shelter and settlements:** In case of displacement, the tarpaulins can be removed to the latrines and be reinstalled elsewhere.
- **National Society Capacity Building:** The trained volunteers and tools will remain in the community and should serve to other operation when necessary.

D. Budget

The final financial report will be made available at the end of September 2015.

Contact information

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How we work

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

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



Save lives.
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and **peace**.
