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DREF final report
Niger: Cholera

International Federation of Red Cross and Red Crescent Societies

DREF operation n° MDRNE009
GLIDE n° EP-2011-000163-NER
31 August, 2012

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross Red Crescent response to emergencies. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

Summary: CHF 179,866 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 24 October, 2011 to support the Red Cross Society of Niger (RCSN) in delivering immediate assistance to some 15,000 people affected by cholera (or living in the affected villages) in three regions (Tillabery, Tahoua and Zinder). Since the beginning of the 2011 rainy season, Niger had been facing intermittent cholera epidemics. The head of the Public Health Department stated that the situation was under control thanks to strong mobilization of all health technical services in the affected areas. However, from August 2011, with increasing rainfall in the Sahel countries, the epidemic spread in the Lake Chad Basin countries (Cameroon, Chad, and Nigeria) and along the River Niger and in Mali.

In Niger, the situation was as follows: Niamey (Niamey I & II), 183 cases with 6 deaths; Illéga (Tahoua), 20 cases and 3 deaths; and Dosso 2 cases. During week 40 2,130 cases and 50 deaths were recorded in 7 regions in areas along the Niger River. The river, along with its tributaries and water pools constituted the main source of contamination. River water was used for bathing, laundry, washing-up, watering animals and also as drinking water. Specialists confirmed that the bacteria bacilliform *Vibrio cholerae* was the infectious agent of the disease. The epidemic spread rapidly through the use of contaminated objects.

The RCSN response operation increased the resilience of populations and reduced the risks of spreading cholera. The response activities included water purification with the use of Aquatabs, sensitization sessions regarding personal hygiene, distribution of soap, detergents and disinfection of affected households and community latrines, and health promotion. Public sensitization sessions including cleaning-up campaigns and social mobilization activities were also carried out, with volunteers using gloves, sprayers and other sanitation materials.

Red Cross volunteers used the Behavioural Change Communication (BCC) strategies to achieve objectives on behavior change at individual and community level. The DREF operation also addressed the need to strengthen capacities of the RCSN by training its 180 volunteers and 33 supervisors as well as the affected communities to address cholera epidemics through activities including IEC on hygiene and sanitation, health promotion, social mobilization and sensitization campaigns for behavioral change. More than 6,000 households with over 30,000 people were directly assisted, double what was planned.

While combined prevention actions have contributed to containing the epidemic and keeping people safe, a key lesson learned is that efforts should not stop there, as behaviour communication for change (BCC) is a long-term process. It is recommended that the BCC activities should be sustained after the outbreak in order to address bad habits and break the cycle of recurrent cholera epidemics in the same areas.

The Belgian Government has replenished the DREF for the allocation made to this operation. Details of DREF contributions can be found on: http://www.ifrc.org/docs/appeals/Active/MAA00010_2011.pdf

<click here for final financial report (balance returned to DREF) , or here for contact details>

The situation

The cholera outbreak that hit Niger in 2011 affected seven regions in Niger. The first confirmed cases due to *Vibrio cholerae* were recorded on 16 March, 2011. By week 35, 28 active sources in four regions (Tillabéry, Maradi, Zinder and Diffa) were identified. According to the health authorities, by week 35 1,545 cases with 39 deaths were recorded all over the country with a case fatality rate of 2.52%. In week 38, 240 new cases were reported along with 205 cases and 9 deaths reported in three new sources, namely Niamey, Dosso, and Tahoua. By week 40 about 2,130 cases and 50 deaths were recorded throughout the country.

According to the head of Public Health Department factors like poverty, lack of latrine use and dependence on the Niger River of populations living along the banks were the main causes of cholera spreading. None of cholera outbreak sites were located in flooded districts already being targeted by the National Society in a response operation (through MDRNE008).

As preventive measures, some actions were undertaken to sensitize populations on early referring patients to cholera treatment centers in case of suspect symptoms such as diarrhea and vomiting. The stocks of drugs and disinfectants have also been increased. A plan of action for response activities in the affected areas was elaborated as well. The Committee of Epidemic Crisis (CCE) took responsibility for some cases.

Red Cross and Red Crescent action

Supported by the Niger government and the Sahel Regional Representation, the RCSN conducted a rapid assessment in two of the seven affected regions (Zinder and Tahoua). A second assessment was conducted by the governorate and the health authorities in another two affected regions (Tillabery and Maradi) in collaboration with the regional committee of Niger Red Cross. Sahel regional health programme supported with a grant for start up activities that helped to train in prevention of communicable diseases 37 volunteers already mobilized in Tillabery. The assessment reports found that cholera and diarrheal diseases disproportionately affected vulnerable populations with low access to clean water, poor conditions of sanitation and high population density areas.

Achievements against outcomes

During the implementation of activities as the epidemic was spreading along the Niger River, the National Society decided to not only assist the affected families as previously planned but to include all the population living in the targeted areas. Therefore, at the end of January 2012, about 6,000 households with more than 30,000 people were directly assisted with NFI and more than 60,000 people reached through door to door visits and community radio and TV broadcasting awareness campaigns. Prior to the sensitization activities, 180 volunteers and 33 supervisors selected in communities were trained to conduct the door to door sensitization, distribute soap (two pieces of soap per family), lead the demonstration of Aquatab use, (a pack of 100 tablets per family), give more information about the individual, collective and environmental hygiene in collaboration with health authorities. The trained volunteers also participated in the disinfection and treatment of latrines and houses of the dead people in collaboration with the local direction of health, hygiene and sanitation services. They were able to do screening and detect suspected cholera cases for referral to cholera treatment centres.

Response activities were organized and implemented by the regional committees of Red Cross in Tillabery, Maradi, Zinder and Niamey together with the heads of health districts and heads of health centres in the affected villages. Under the supervision of Niger Red Cross head of Health department and with support from IFRC Niger Country Representative 180 community-based volunteers and 33 supervisors reached 77 villages and distributed 6,000 Aquatabs; 7,500 bars of soap; and 1,560 litres of liquid soap to more than 3,700 families. About 2,000 litres of bleaching and 5,000 litres of detergent were used to clean and disinfect 30 latrines in schools and 9 wells. Red Cross volunteers supported populations in cleaning gutters (1,500 meters). Some 39 family latrines were also constructed. The rest was donated to the Integrated Health Centres (IHC) and mobile units for cholera patients. Thanks to the door-to-door strategy 6,200 houses were visited for sensitization and demonstration session for the use of water purification tablets (Aquatabs). All NFI were distributed during the awareness sessions that included activities related to disinfection, cleaning, demonstration of hand washing and the use of Aquatabs. During these IEC sessions screening was effective and about 850 suspected cases were referred to health centres.

Emergency health

Outcome 1: To prevent further spread of Cholera amongst target population in six districts – Tillabery (Toura, Kollo), Maradi (Maradi commune, Madaroumfa), Zinder (Mirriah, Zinder commune).	
Outputs (expected results) The local committees as well as Niger Red Cross volunteers are well equipped in the response against the cholera outbreak.	**Activities planned:** • Reinforce/equip local committees with disinfection and materials. • Cleaning and disinfection some 80 latrines in the affected area. • Provide 9,000 tablets of Aquatabs for water purification. • Train Households on the use of Aquatabs. • 2,340 liters of liquid soap; 3,000 bars of soap, 100 boxes of gloves, 24 megaphones and batteries and 9 sprayers. • Provide protection materials to volunteers.
The Red Cross Society of Niger (RCSN) has an operational network of trained volunteers trained.	• Produce 12 image boxes and improve communication materials. • Train 150 volunteers and 30 supervisors on response against cholera outbreak using the Epidemic Control for Volunteers (ECV) Manual. • Volunteers carry out case detection at household and community levels and referrals of cases to the nearest Health facility.
Outcome 2: To Improve the knowledge and practice of target populations in 6 districts on preventive measures against cholera – Tillabery (Toura, Kollo), Maradi (Maradi commune, Madaroumfa), Zinder (Mirriah, Zinder commune).	
Populations/communities are well prepared and respond to the cholera outbreak. Populations/communities put into practice preventive measures to fight against cholera.	• Conduct door-to-door visits. • Organize sensitizing campaign for the populations living in areas at risk. • Equip volunteers and supervisors with protection materials. • Organize weekly radio and TV sensitization broadcast; • Produce and distribute 5,000 leaflets. • Conduct sanitation activities in the affected areas. • Disinfect and clean family latrines and houses. • Distribution of Aquatabs.
Outcome 3: To improve the Program Monitoring Evaluation and Reporting (PMER) capacities of the Niger Red Cross in Disaster response operation.	
Regular monitoring, evaluation, reporting of the operation.	• Train the Niger Red Cross Disaster and health management team in the use of PMER tools. • Prepare situational reports for information sharing based on the evolving situation of cholera and if needed, prepare an emergency appeal. • Carry out regular field visits and other monitoring activities and prepare monitoring reports. • Carry out a final review of activities with a view of capturing lessons to feed into a DREF final report, as well as to contingency plans for cholera in Niger. • Added support the above will be provided by RDRT members and IFRC Africa Zone.

Impact:
To communicate effectively and reach the largest number of people, materials and tools like Megaphone, flyers, image boxes edited in national languages were provided to volunteers, as well as protection materials including gloves, boots, lime and detergent for cleaning or disinfecting houses of the cholera affected persons. In total more than 560 houses or huts were cleaned and disinfected by the Red Cross volunteers. Besides, a total of 6,200 households were visited (2,614 in Maradi; 1,954 in Tillabery; 770 in Zinder and 862 in Niamey) and a total of 60,000 leaflets/flyers distributed. To reinforce the Red Cross sensitizing work, cooperation agreements were signed with nine community radios to broadcast educational messages for behavioural change. Nine community radios (3 in Tillabéry, 2 in Niamey, 2 in Maradi and 2 in Zinder) relayed during 3 months awareness messages on cholera. A total of 540 broadcasting sessions were conducted. Each radio broadcasted 60 announcement spots every 4 minutes in French and in local languages. The total numbers of listeners is estimated to more than 90,000 people.

The following table gives more details on the Dispatching of NFI and protection materials:

Regions	Districts	ORS	Aquatabs	Soap (piece of 250g)	Liquid Soap (litres)	Tetracycline	Bleaching (litres)	Detergent (litres)
Tillabéry	Téra	2,500	1,800	1,250	200	400	290	700
	Kollo	1,000	1,000	1,000	200	300	280	700
Maradi	Madarounfa	2,000	1,000	1,000	200	400	280	700
	Maradi commune	1,200	400	1,250	200	400	210	700
	Mayahi	300	200	750	200	400	280	700
Zinder	Magaria	300	200	750	200	400	280	700
	Mirriah	600	400	750	200	400	280	700
Niamey	Niamey	1,100	1,000	1,000	160	300	100	100
Total		**9,000**	**6,000***	**7,750**	**1,560**	**3,000**	**2,000**	**5,000**

- **Tillabéry**. In the health districts of Tera and Kollo, 37 villages were targeted during the IEC campaign with 2,800 Aquatabs; 2,250 pieces of soap of 250g each were distributed to 2,800 households. Fourteen Integrated Health Centres (IHC) received 400 litres of liquid soap, 570 litres of bleaching and 1,400 litres of detergent for the treatment and disinfection of care centres for cholera patients. Red Cross volunteers assisted the population in cleaning 1,475 meters of gutters in Tera and Kollo districts.
- **Maradi**. In the health districts of Madarounfa, Maradi and Mayahi 1,600 families benefited from 1,600 Aquatabs, and 3,000 pieces of soap. The IHC taking care of the cholera patients received 600 litres of liquid soap, 700 litres of bleaching and 2,100 litres of detergent as support. Seven gutters in Madarounfa were cleaned and disinfected with detergent by the community under the supervision of Red Cross volunteers.
- **Zinder**. In the health districts of Mirriah and Magaria, 600 Aquatabs tablets and 1,500 pieces of soap were distributed to 600 households. Two Integrated Health Centres and 3 mobile units for cholera patients received 400 litres of liquid soap, 800 litres of bleaching and 1,400 litres of detergent. Two sanitation sessions involving more than 500 women and men were organized in Mirriah and Magaria by the National Society to clean and disinfect water points, and defecation points along rivers.
- **Niamey**. In the health district of Zarmagandey 1,000 Aquatab along with 1,000 pieces of soap were distributed to 500 households. Niger Red Cross volunteers in collaboration with health authorities cleaned 870 meters of sewage gutters and disinfected Niamey neighbourhood suburbs. About 39 family latrines were constructed in Neini Goungou village as the epidemic was spreading very rapidly due to non-use of latrines or latrines built without respect of the specificity of the swampy environment. In addition to the Neini Goungou village, 7 other villages or suburbs were targeted for the cholera response activities: Ganguel, Zarmagandey, Kosseye, Janwéyé, Nogaré, Kourtéré, Birniguel. A total of 9,000 oral rehydration therapy bags and 3,000 packs of tetracycline were made available for health centres in the affected villages.

Lessons Learned
An improvement in behavioural change has been noted. People that were sensitized made use of advice provided during sensitization campaigns by Red Cross volunteers i.e. hand washing before eating, avoid shaking hands, disinfection of drinking water, going to health centres as soon as cholera symptoms appear, avoid having contact with cholera sick people, and avoid defecating in the open air or along the river. These combined actions have certainly contributed to containing the epidemic and keeping people safe but efforts should not stop there as Behaviour Communication for Change (BCC) is a long-term process and sustained efforts should continue through awareness, long or mid term IEC programmes in the areas of risk reduction and community resilience.

Education programmes in national languages by community radios should continue to be conducted by the community-based volunteers. Aquatabs have been made available on markets and health centres at affordable prices. A follow-up visit in some villages showed that some households were buying Aquatabs.

Epidemic Prevention capacities of communities have been strengthened by the presence of Epidemic Control for Volunteers (ECV)-trained Red Cross community volunteers that should play the role of peer educators as well as continuing disseminating health promotion messages in their home villages. A good partnership between the National Society and community radios has been established and those radios are willing in the future to cooperate with the Red Cross Society of Niger if needed. It has been recommended that the BCC activities should be sustained to have much more impact in the acute phase and after the outbreak, because epidemics are recurrent in Niger and cholera occurs every year in the same areas, and from the same causes. Bad habits such as the consumption of water from river and ponds that are more tasteful than well water or Aquatabs treated water (according to the population), the absence of latrines in some areas and failure to use latrines, defecating in the river or in the open air around rivers and streams, the deposit of waste and household garbage in rivers.

Activities were implemented under good conditions, as the National Society had the support of the four regional health authorities and targeted departmental health centres directors, IFRC country and regional Representations in Niamey and Dakar. The capacity on epidemic control and assessment needs (Vulnerability and Capacity Assessment/VCA, through ECV training for volunteers and outreach activities have been improved and the design of image boxes, pamphlets, radio messages and their translation into national languages. With the support of the IFRC Sahel Regional Office Health Department and technical supervision of the Ministry of Public Health and its Department in charge of epidemics, the data sheets for data collection awareness, distribution and weekly reports have been developed and made available for volunteers. Similarly IFRC Communication and PMER worked closely with the Niger Red Cross communication officer to disseminate and publish the actions of volunteers.

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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the Humanitarian

Charter and Minimum Standards in 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.

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.

International Federation of Red Cross and Red Crescent Societies

MDRNE009 - Niger - Cholera

Appeal Launch Date: 24 oct 11

Appeal Timeframe: 24 oct 11 to 24 jan 12

final Report

Selected Parameters	
Reporting Timeframe	2011/10-2012/7
Budget Timeframe	2011/10-2012/1
Appeal	MDRNE009
Budget	APPROVED

All figures are in Swiss Francs (CHF)

I. Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
A. Budget	**179,866**					**179,866**	
B. Opening Balance	**0**					**0**	
Income							
Other Income							
DREF Allocations	*179,866*					*179,866*	
C4. Other Income	***179,866***					***179,866***	
C. Total Income = SUM(C1..C4)	**179,866**					**179,866**	
D. Total Funding = B +C	**179,866**					**179,866**	
Coverage = D/A	**100%**					**100%**	

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
B. Opening Balance	0					**0**	
C. Income	179,866					**179,866**	
E. Expenditure	-163,462					**-163,462**	
F. Closing Balance = (B + C + E)	16,404					**16,404**	

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III. Expenditure

Account Groups	Budget	Expenditure						Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	
	A						B	A - B
BUDGET (C)		**179,866**					**179,866**	
Relief items, Construction, Supplies								
Construction Materials		1,774					**1,774**	**-1,774**
Water, Sanitation & Hygiene	37,140	42,960					**42,960**	**-5,820**
Teaching Materials	11,760	11,486					**11,486**	**274**
Utensils & Tools	1,450	1,387					**1,387**	**63**
Other Supplies & Services	26,744	7,083					**7,083**	**19,661**
Total Relief items, Construction, Su	**77,094**	**64,690**					**64,690**	**12,404**
Logistics, Transport & Storage								
Storage		67					**67**	**-67**
Transport & Vehicles Costs	5,220	20,719					**20,719**	**-15,499**
Logistics Services		16					**16**	**-16**
Total Logistics, Transport & Storage	**5,220**	**20,802**					**20,802**	**-15,582**
Personnel								
International Staff	14,000	7,104					**7,104**	**6,896**
National Staff		2,636					**2,636**	**-2,636**
National Society Staff	6,900	7,960					**7,960**	**-1,060**
Volunteers	30,300	22,546					**22,546**	**7,754**
Total Personnel	**51,200**	**40,246**					**40,246**	**10,954**
Consultants & Professional Fees								
Consultants		926					**926**	**-926**
Professional Fees		1,452					**1,452**	**-1,452**
Total Consultants & Professional Fe		**2,378**					**2,378**	**-2,378**
Workshops & Training								
Workshops & Training	9,300	5,179					**5,179**	**4,121**
Total Workshops & Training	**9,300**	**5,179**					**5,179**	**4,121**
General Expenditure								
Travel	10,174	5,506					**5,506**	**4,668**
Information & Public Relations	1,500	3,209					**3,209**	**-1,709**
Office Costs	3,000	4,532					**4,532**	**-1,532**
Communications	2,400	2,419					**2,419**	**-19**
Financial Charges	5,000	881					**881**	**4,119**
Other General Expenses	4,000	3,644					**3,644**	**356**
Total General Expenditure	**26,074**	**20,190**					**20,190**	**5,884**
Operational Provisions								
Operational Provisions		0					**0**	**-0**
Total Operational Provisions		**0**					**0**	**-0**
Indirect Costs								
Programme & Services Support Recov	10,978	9,977					**9,977**	**1,001**
Total Indirect Costs	**10,978**	**9,977**					**9,977**	**1,001**
TOTAL EXPENDITURE (D)	**179,866**	**163,462**					**163,462**	**16,404**
VARIANCE (C - D)		**16,404**					**16,404**	