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Disaster relief emergency fund (DREF) Niger: Cholera

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRNE009
GLIDE n° EP-2011-000163-NER
24 October, 2011

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 and Red Crescent emergency response. 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.

CHF 179,866 has been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support 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, Maradi and Zinder). Unearmarked funds to repay DREF are encouraged.

Summary: Since the beginning of the rainy season Niger has been facing intermittent cholera epidemics. The head of the Public Health

Department reassured the country, saying that the situation was under control thanks to strong mobilization of all health technical services in the affected areas. However, from August, with increasing rainfall in the Sahel countries, there has been a great expansion of the epidemic in the Lake Chad Basin countries (Cameroon, Chad, and Nigeria) and along the River Niger in Niger and Mali.

In Niger, the situation is as follows: In Niamey, (Niamey I & II) 183 cases with 6 deaths have been registered. In Illéga (Tahoua), 20 cases and 3 deaths, while in Dosso, 2 cases were registered. In week 40 of 2011, a total of 2,130 cases and 50 deaths were recorded in 7 regions from sites along the Niger River. The river, along with its tributaries and water pools, constitutes the source of contamination. River water is used for bathing, laundry, washing-up, watering animals and also as drinking water. According to specialists, the bacteria bacilliform - *Vibrio cholerae* is the infectious agent of cholera; and the epidemic is spreading rapidly through the use of the contaminated objects.

It is important to note that none of cholera outbreak sites so far are located in flooded districts or in areas which accommodated people left homeless. Flood-affected areas were targeted by the National Society and other partners in a recent response operation ([MDRNE008](#)) which included distribution of tarpaulins and other essential supplies, along with sensitizing activities and water purification. Flood waters have receded in flooded areas and people have gradually started to return to their places of origin. The RCSN flood operation can be expected to have increased the resilience of affected populations and reduced the risks of spreading the cholera outbreak.



Convalescing cholera patients/ Photo: RCSN

The current DREF operation addresses the need to strengthen capacities of the RCSN and affected communities to address cholera epidemics through activities including social mobilization, sensitization campaigns and IEC on water-borne diseases as well as community-based screening and referral of suspected cases to health centres. To address immediate causes, activities will carry out water purification as well as cleaning and disinfection of latrines, and disinfection of affected houses.

This operation is expected to be implemented over three months, and will therefore be completed by January, 2012; a Final Report will be made available three months after the end of the operation (by April, 2012). With the floods caused by heavy rainfall, the situation may worsen if the interventions are not immediate and effective.

[<click here for the DREF budget; here for contact details; here to view a map of the affected area>](#)

The situation

The cholera outbreak hitting Niger this year has affected seven regions in Niger. The first confirmed cases due to *Vibrio cholerae* were recorded on March 16th. By week 35 of 2011, 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 in these areas, along with 205 cases and 9 deaths reported in three new sources, namely Niamey, Dosso, and Tahoua regions. By week 40, a total of 2,130 cases and 50 deaths had been reported throughout the country.

According to the head of Public Health Department, factors like poverty, lack of latrine use and dependence on the Niger River by populations living along the banks. The epidemiological situation can worsen if people continue to use polluted water, ignore hygiene rules and defecate in the open air. These factors would be the main causes of cholera spreading.

As for preventive actions, measures have been taken to sensitize populations on early referral of patients to cholera treatment centres in case of suspect symptoms such as diarrhoea and vomiting. The stocks of drugs and disinfectants have also been increased. A plan of action for response activities in the affected areas has been elaborated. The Committee of Epidemic Crisis (CCE) also takes responsibility for some cases.

Coordination and partnerships

Coordination meetings are organized weekly by local and central government authorities and other actors including NGOs and UN agencies. The Red Cross Movement components (ICRC; IFRC, RCSN; Irish and French Red Cross) participate to the meetings in Niamey, and the regional branches are involved at local level. The Federation country representative in Niger has organized a coordination meeting with Movement partners to analyze the situation and propose a strategy of intervention or support to the National Society during the response operation. The participating national societies are willing to support RCSN logistics in their zones of intervention.

The following is a summary of the Niger government response strategy:

- All cases are being referred to and treated in the integrated health centres;
- control and epidemiological surveillance are established in the affected communities (disease control);
- a system for collecting and forwarding samples for confirmation of cases is implemented in laboratories;
- social mobilization and awareness sessions are carried out (door-to-door activities, community radio broadcast)
- for prevention, individual and collective use of Aquatabs for purification of drinking water is promoted;
- use of latrines, cleaning and disinfection of latrines is promoted;
- community-based screening activities are recommended to detect suspected cases and refer them to health centres.

It is important to note that the authorities' response strategy plan shows gaps in community based intervention and care. Activities are concentrated in providing care in the different Health Centres.

Red Cross and Red Crescent action

Supported by the Niger Country and the Sahel regional Representations, 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. Thirty-seven volunteers were mobilized and trained in disease control and communication for behaviour change in Tillabery. The assessments found that cholera and diarrheal diseases are disproportionately affecting vulnerable populations with low access to clean water, poor conditions of sanitation and high population density areas.

The needs

The Ministry for health in collaboration with partners has elaborated a response plan of action that points out the immediate needs. As auxiliary of the government, the RCSN proposed activities are integrated in the response plan. The most urgent needs are as follows:

- Potable water (purification with Aquatabs);
- Cleaning and disinfecting materials for latrines;
- Soap & detergent;
- Disinfection materials and appropriate products;
- Tetracycline;
- Bowls and cups for hand washing;
- Information Education and Communication (IEC) materials (radio, TV, leaflets and box images, megaphones);
- Protection materials for volunteers.

The proposed operation

The response capacity of humanitarian groups and government health services is already stretched as they try to respond to meningitis, measles, malaria and nutrition problems, as they try to support returning migrants from Libya and from recent floods. With the support of the International Federation and in-country partners, the RCSN will focus in 6 districts within three regions (Maradi, Zinder and Tillabery). Activities include social mobilization, sensitization campaigns and IEC on water-borne diseases, raising awareness on body and environmental hygiene. Activities will also promote community-level epidemic control, including active screening in the community and referral of suspected cases to health centres. To address immediate causes, activities will carry out water purification as well as cleaning and disinfection of latrines, and disinfection of affected houses.

The RCSN needs to strengthen its operational capacity and that of the affected communities, and carry out information dissemination, sensitization activities for a radical behaviour change. The beneficiaries potentially include all people living along the Niger River to be reached through community radio and TV broadcasts, as well as door- to-door sensitization campaigns.

The intervention strategy includes:

- Mobilization and training of volunteers;
- Deployment of a regional disaster response team (RDRT) for about 4 weeks to support the NS
- Communication for behavioural change;
- House visits;
- Water purification and distribution of Aquatabs
- Water and sanitation activities.
- Cleaning of latrines and disinfection of houses
- Distribution of soap

Emergency health

Outcome 1: To Prevent further spread of the Cholera amongst target population in 6 districts – Tillabery (Toura, Kollo), Maradi (Maradi commune, Madaroumfa), Zinder (Mirriah, Zinder commune).

<p>Outputs (expected results)</p> <p>The local committees as well as Niger Red Cross volunteers are well equipped in the response against the cholera outbreak.</p>	<p>Activities planned:</p> <ul style="list-style-type: none"> • 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 use of Aquatab. • 2340 litres of liquid soap, 3000 bars of soap, 100 boxes of gloves, 24 megaphones and batteries, and 9 sprayers. • Provide protection material to volunteers
<p>RCSN has an operational network of trained volunteers trained.</p>	<ul style="list-style-type: none"> • Produce 12 image boxes and improve communication materials; • Train 150 volunteers and 30 supervisors on response against cholera outbreak using the ECV Manual. • Volunteers carry out case detection at household and community levels and referrals of cases to nearest Health facility.
<p>Outcome 2: To Improve 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).</p>	
<p>Populations/communities are well prepared and respond to the cholera outbreak.</p>	<ul style="list-style-type: none"> • 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 5000 leaflets
<p>Populations/communities put into practice preventive measures to fight against cholera</p>	<ul style="list-style-type: none"> • Conduct sanitation activities in the affected areas; • Disinfect and clean family latrines and houses; • Distribution of aqua tabs.
<p>Outcome 3: To improve the Program Monitoring Evaluation and Reporting (PMER) capacities of the Niger Red Cross in Disaster response operation</p>	
<p>Outputs (expected results)</p> <p>Regular monitoring, evaluation, reporting of the operation.</p>	<p>Activities planned:</p> <ul style="list-style-type: none"> • 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.

Contact information

For further information specifically related to this operation please contact:

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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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

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

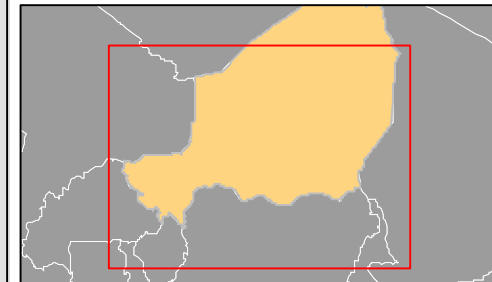
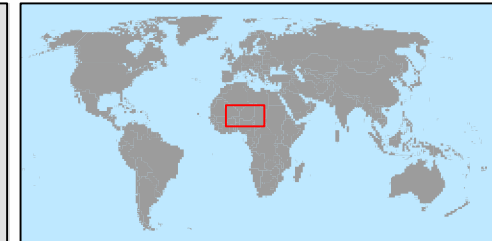
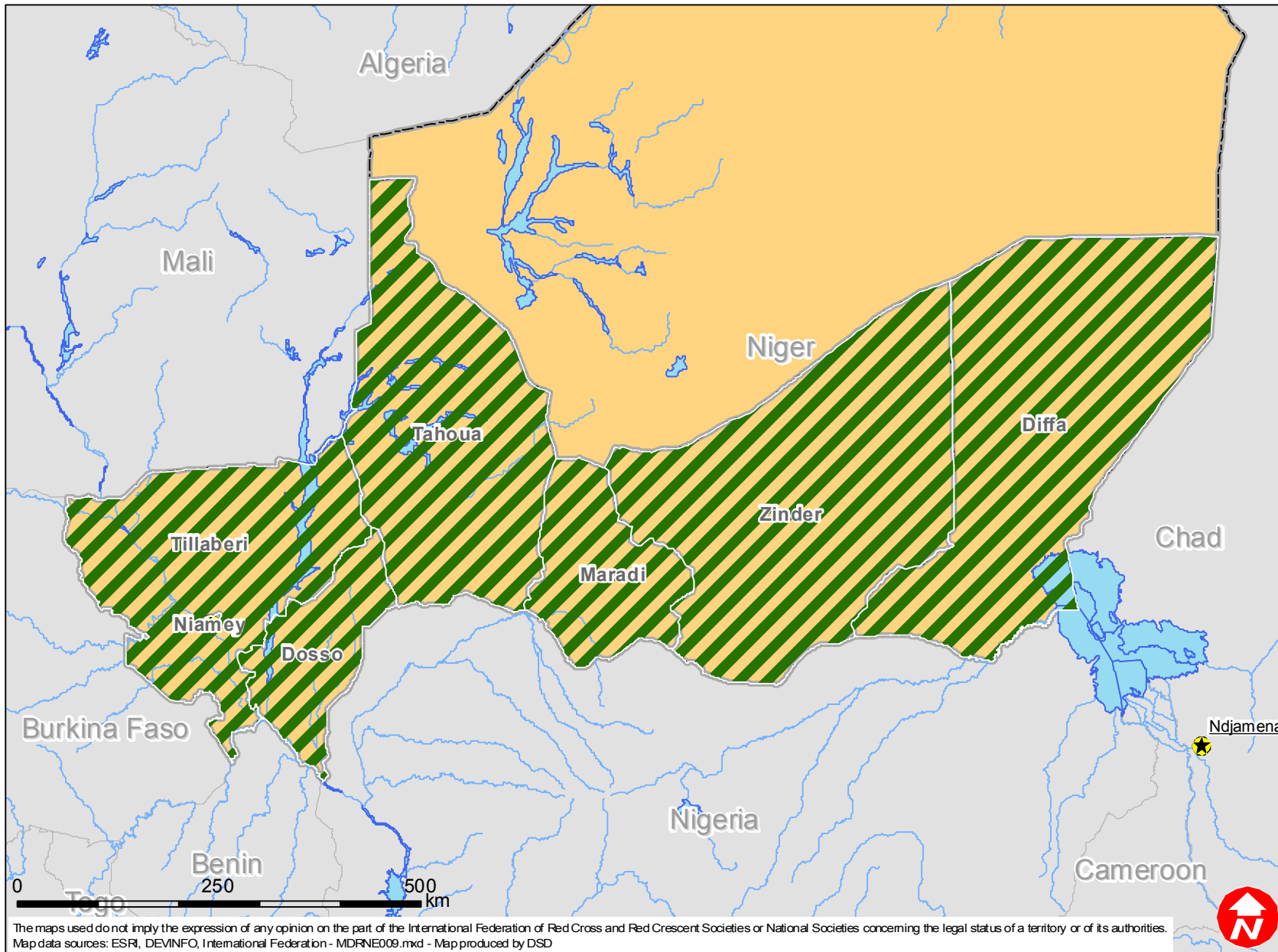
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Niger: Cholera (MDRNE009)

Budget Group	DREF Grant Budget CHF
Shelter - Relief	0
Shelter - Transitional	
Construction - Housing	
Construction - Facilities	
Construction - Materials	
Clothing & Textiles	0
Food	
Seeds & Plants	
Water, Sanitation & Hygiene	37,140
Medical & First Aid	0
Teaching Materials	11,760
Utensils & Tools	1,450
Other Supplies & Services	26,744
Emergency Response Units	
Cash Disbursements	
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	77,094
Land & Buildings	
Vehicles Purchase	
Computer & Telecom Equipment	
Office/Household Furniture & Equipment	
Medical Equipment	
Other Machinery & Equipment	
Total LAND, VEHICLES AND EQUIPMENT	0
Storage, Warehousing	
Distribution & Monitoring	0
Transport & Vehicle Costs	5,220
Logistics Services	
Total LOGISTICS, TRANSPORT AND STORAGE	5,220
International Staff	9,000
Regional Staff	5,000
National Staff	
National Society Staff	6,900
Volunteers	30,300
Total PERSONNEL	51,200
Consultants	
Professional Fees	
Total CONSULTANTS & PROFESSIONAL FEES	0
Workshops & Training	9,300
Total WORKSHOP & TRAINING	9,300
Travel	10,174
Information & Public Relations	1,500
Office Costs	3,000
Communications	2,400
Financial Charges	5,000
Other General Expenses	4,000
Shared Support Services	
Total GENERAL EXPENDITURES	26,074
Programme and Supplementary Services Recovery	10,978
Total INDIRECT COSTS	10,978
TOTAL BUDGET	179,866



Niger: Epidemic



 Affected regions