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Emergency Plan of Action operation update

Nigeria: Meningitis Outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation no. MDRNG021	GLIDE n° Glide n° EP-2017-000030-NGA
EPoA update n° 1.: 17 July 2017	Timeframe covered by this update: 22 April to 30 June 2017
Operation start date: 22 April, 2017	Operation timeframe: 3 months (31 st July 2017)
Overall operation budget: CHF 234,843	
N° of people being assisted: 810,000 persons (135,000 families)	
Red Cross Red Crescent Movement partners currently actively involved in the operation: IFRC	
Other partner organizations actively involved in the operation: Federal Ministry of Health (FMOH), State Ministry of Health (SMOH), Nigeria Centre for Disease Control (NCDC), National Primary Health Care Development Agency (NPHCDA), WHO, UNICEF, MSF, US-CDC and E-Health Africa	

Summary of major revisions made to emergency plan of action:
Request for a one-month no cost extension to complete remaining activities; including a DREF lessons learnt/operation review, as per the agreed EPoA + Budget.

A. Situation analysis

Description of the disaster

Since the first case of Cerebrospinal Meningitis (CSM) was reported in the North-Western Region of Nigeria in week 50 of 2016, not less than 4,255 suspected cases had been reported with 455 deaths and case fatality rate (CFR) of 10.7% from 128 Local Government Areas (LGAs). The outbreak reached epidemic proportion in five states, including Zamfara, Sokoto, Kebbi, Katsina and Niger States. As of week, 13 of 2017, all 14 LGAs in Zamfara State as well as neighbouring LGAs in Sokoto and Katsina were affected. Some of these LGAs had reached epidemic thresholds and therefore the Nigeria Health Authority declared it epidemic. On 22 April 2017, the International Federation of Red Cross and Red Crescent Societies (IFRC) released CHF 234,843 from the Disaster Relief and Emergency Fund (DREF) to support the Nigerian Red Cross Society (NRCS) respond to the epidemic, over a period of two months. The table below shows the list of affected states and cases reported as of 9th of April 2017. Zamfara, Katsina and Sokoto states account for 93% of the cases reported (*Nigeria CDC sitrep on 11th April 2017*).

Table 1: CSM Summary by State as of 9th of April 2017 (source: NCDC)

S/N	STATE	LGAs	Cases	Lab confirmed	Deaths	CFR (%)
1	Zamfara	14	2,532	76	272	10.7
2	Sokoto	18	1,046	47	61	5.8
3	Katsina	16	244	35	50	20.5
4	Kebbi	15	74	14	12	17.6
5	Niger	6	105	5	34	34.5
6	Kano	21	61	8	3	4.9
7	Yobe	10	98	3	14	14.5
8	Jigawa	7	11	2	1	9.1
9	Plateau	4	32	4	0	0
10	Kogi	1	2	1	0	0
11	Adamawa	2	2	2	0	0
12	Delta	2	2	1	0	0
13	FCT	2	5	0	5	100
14	Nassarawa	2	2	0	0	0
15	Gombe	1	1	0	0	0
16	Taraba	1	4	0	0	0
17	Cross River	1	27	0	0	0
18	Osun	1	1	0	0	0
19	Lagos	1	3	0	2	66.7
20	Oyo	1	2	0	0	0
21	Benue	1	1	0	0	0
Total		128	4,255	198	455	10.7

Summary of current response

Overview of Host National Society

The NRCS is among the social mobilization and risk communication team for national emergency response. It is the largest volunteer-based organization in the country and play an important role in community mobilization and engagement during disaster and outbreaks. Over 450 volunteers were mobilised, trained and actively involved in social mobilisation, case detection and referral in the meningitis affected states (Katsina, Zamfara and Sokoto) all in the north-western part of the country.

Volunteer selection and training

A total number of 465 volunteers including supervisors (150 volunteers and 5 supervisors per state) had been selected from the three operational states and trained in all the three states and are on the ground actively working. Volunteers were trained on simple key meningitis messaging relating to the causes, transmission and prevention as well as case detection and case referral.

The volunteers were also trained on how to fill home visit forms and on correct hand washing at critical times as to promote personal hygiene. The training was conducted in Hausa with volunteers' role plays as they would do in a household setting, mosques, churches, market places, schools and other public places.

Each volunteer is scheduled to work five days per week with a weekly target of 27 households for four weeks. Zamfara State volunteers had completed their four weeks last Friday (16th June) since the training.



Sokoto and Katsina branches are in their second week of social mobilization activities. The picture above shows volunteers' role playing how to engage households during training session using the flip charts produced. After the role play participants critic, the play regarding what went well and what went wrong for the purpose of improving the exercise.

Overview of Red Cross Red Crescent Movement in country

The IFRC West Coast Country Cluster based in Abuja has supported the NRCS with the coordination of activities within the DREF operation through the deployment of a Regional Disaster Response Team (RDRT) member. The NRCS with support from the RDRT have provided daily and weekly analysis on the situation, and issued weekly situation reports (shared with the NRCS management and key stakeholders). The support of the IFRC DREF operation focal points has enabled implementation and monitoring of progress in accordance with the agreed EPoA. The RDRT is stationed in the north and has been coordinating the operation among partners including the state Ministry of Health and WHO within the three states. He has carried out over 20 monitoring and supervision visits to the field to ensure the effective

implementation of activities within the operation. There is no PNS supporting this operation in country except the IFRC.

Overview of non-RCRC actors in country



Volunteer training and role plays in Sokoto Branch

In operation like this coordination and partnership are critical not only to reduce duplications and foster partnership, but also to enhance success and future collaborations. On the 6th of June 2017, the Red Cross team including RDRT led by the Branch Secretary (BS) met with the Director of Primary Health (DPH) and WHO in Jibia, a Local Government Authority (LGA) in Katsina. During the meeting, we were updated on the outbreak. According to the WHO representative, a total of 117 cases were reported with 20 deaths as at 5th May 2017. The LGA has 11 wards and they have trained 11 volunteers for surveillance which they acknowledge was woefully inadequate. They embraced the Red Cross intervention and promised to work with the Red Cross volunteers. Jibia shares border with Niger and according to the WHO Jibia recorded 2 cases while Niger recorded 10 cases during the last week of May 2017. Similar meeting was held in Batsari LGA where the WHO representative revealed that a cumulative of 326 cases

were recorded in week 27 with 27 deaths. Age group mainly affected according to the WHO representative was 11-15 years. The picture above shows a meeting session with the DPH in Bindinga LGA.

In Sokoto the team also met with the DPH on the 13th of June 2017. The Director was impressed with the Red Cross intervention calling it an intervention at the time it is need most. According to him the social mobilization activities coupled with the immunization, the LGA has not been recording cases since the vaccination. He however declined to share data. Same meeting was held in Bodinga LGA on the 14th of June 2017 where the DPH also welcomed the team and promised to work with the Red Cross Volunteers. He also declined given us data and refer us to the state Ministry of Health.

On the 15th of June 2017, the team met with the Acting Director of Public Health and his team. We were updated on the outbreak for the state and again they declined to give data but promised to do so when the Director comes.

However, we were told that they recorded a cumulative attack rate of 72.2 % in week 22. According to the disease control officer, more than 200 samples were taken and most of them tested positive of serotype C for meningitis. However, the communities were vaccinated on serotype A for meningitis. The disease control officer indicated that 13 cases were recorded in the past 3 weeks. They have not recorded cases this week and that does not rule out continue awareness creation and surveillance.

Needs analysis and scenario planning

There was no initial assessment by the NS, but the NRCS is relying on statistics provided in table 1 above Nigerian Health Authorities to support the operation. However, data collected using mobile phones to assess affected communities during the operation is undergoing analysis. Nonetheless, volunteer interventions revealed a knowledge gap on the outbreak from the affected population, hence the need for continue awareness creation, health education, psychosocial support, cases detection and early referrals. The request is mainly to get extra time to complete the remaining activities such as psychosocial support training and Lesson learn workshop. Social mobilisation activities reached a total of 407,344 beneficiaries and referred 20,019 of suspected cases to the health facilities.

Risk Analysis

The main factor that could have posed a thread was a religious factor. The three Meningitis operational states are dominated by Islam which some communities view the RC Emblem as a Christian Cross which they initially declined to grant volunteers reception. Volunteers were able to explain the differences between the Christian Cross and the Emblem indicating that they are Muslims and will not put on a Christian Cross. The weather was a thread but the rains have set in and automatically with Meningitis once it's raining, it will reverse the situation.

B. Operational strategy and plan

Overall Objective

To contribute to immediate reduction in the health risks of the affected populations, specifically in relation to the meningitis outbreak, through social mobilization for preventive and reactive vaccination campaigns, disease surveillance and awareness campaigns, targeting 810,000 persons (135,000 families) in Zamfara, Sokoto and Katsina States.

Proposed strategy

The NS has taken steps to request for RDRT to support the operation in the three most affected states in the norther western part of the country. Volunteers and supervisors have been trained and all stakeholders have been consulted to enhance good collaboration for the avoidance of duplication of efforts. The NS has put in place monitoring and supervision mechanisms at all levels to ensure beneficiaries are supported according to the operational plan. The following are the operational strategies:

- Select and train volunteers
- Adopt and reproduce education and communication materials
- Disseminate information
- Undertake social mobilization activities
- Diffuse Meningitis messages through sessions, jingles on local radios.

Taking gender sensitivity in the affected states into consideration, the NS has recruitment more females for the operation to ensure full community participation since men are not allowed to engage women at the household levels. Volunteers have collected data using the RAMP technology and the data is currently undergoing analysis. During monitoring and supervision, group and one-on-one sessions are held with beneficiaries to get feedback from them. There is a plan to organise lesson learn workshop which will provide a forum where selected beneficiaries and stakeholders will be invited to give feedback on the operation.

Operational support services

Health education and promotion activities

After the training, volunteers were divided into groups for health education and promotion activities in the households, mosques churches, schools, markets and lorry parks. As the cultural norms of Hausa communities, men entering households is largely viewed as invading and are restricted. To the Hausa communities it's normal for ladies to enter and engage a household. In respect to the norms, ladies in the groups entered and engaged with households while their male counterparts engage community members gathered under trees or sheds. The season favours community gathering during the hot afternoon under trees and sheds making it easier for our volunteers to reach a larger number of people with meningitis key messages at a time. Volunteers were welcomed at the communities despite the belief of some members of the emblem representing Christian's religion. The good thing that made volunteers to be accepted most was the fact that over 85% of volunteers trained were Muslims and about 65% were ladies.



Volunteer used flip-chards to demonstrate during educational sessions. They shared leaflets to those who could read. All the education sessions were done in Hausa both at the household and group educational sessions. A total 407,344 beneficiaries were reach and referred 20,019 of suspected cases to the health facilities within the period under review. Zamfara reached a total of 346,776 beneficiaries and referred 13,425 within the four weeks period. Sokoto on the other hand reached a total of 60,568 beneficiaries and referred 6,594 within two weeks. Katsina is yet to give their report. The picture above depicts a volunteer engaging some household members during house-to-house visit using flip chart to demonstrate key messages.

Volunteer Motivation

Zamfara State have come to an end with their four weeks of their social mobilization and have received part of their weekly allowances. Arrangement have been made to pay the rest by next week. The other states are into two weeks of their social mobilization activities and will be receiving part of their allowances by next week.

Even though volunteers were complaining about the delay in their allowances they were impressed by the reception of community members which hitherto was not accorded to them. Our visit to volunteers in their communities they said also motivated them to work. The picture indicates the supervisors meeting volunteers during supervisory visits to communities. The common challenge volunteers reported was that they have to take transport to remote communities for health promotion activities hence the need for them to be reimbursed with their transport allowances on time. This was mostly in Sokoto and Zamfara states.



However, some volunteers in Zamfara before the fasting told us they were served with meals after their daily activities. This accorded to the volunteers motivated them the more to reach more households exceeding their targeted number of 27 per week. According to them the Red Cross emblem was not accepted especially during the peak of sharia law but now there were welcomed in any household they entered. This according to the volunteers was an achievement and that was a good motivation.

Human resources

NRCS has selected and trained existing staff and volunteers for the response operation. NRCS has trained NDRT members and three of them have been deployed to the three states to support the DREF operation. The Health team led by the Health Coordinator is supported by the Information Management Officer, to train and setup the RAMP

communication structures within the affected states. This enables volunteers to conduct assessment using mobile phones. The headquarters with support from members of the executive committees in the state are working closely with state government authorities to create an enabling environment for the Red Cross to carry out its activities smoothly. The IFRC cluster office based in Abuja provides technical support to ensure the operation is carried out according to plan.

This DREF covers travel, accommodation and per-diem costs related to the supporting staff and volunteers cost for NRCS and IFRC staff. The DREF also covers insurance for the volunteers used in the operation through the IFRC global volunteer accident insurance scheme.

Logistics and supply chain

Logistics support were provided following IFRC standard systems and procedures to source and procure required NFIs. Local procurement was done in Nigeria with the support of IFRC. The distribution of logistics and equipment was based on developing standardized forms, papers and documentation in NRCS. Required vehicles support is been provided in-country by NS logistics who is on standby to provide any further support. The cluster office is keeping close coordination with the Regional Logistic Unit in, Nairobi Kenya to make sure there is no logistics constraint that may compromise the operation.

Information technologies (IT)

Through the support of the IFRC, a High speed WiFi internet is available in the headquarters. Staff and volunteers in the field supported by 45 pieces of Andriod infinix smartphones which will enable them collect data during the house to house visit on gender, knowledge, belief and attitude of the meningitis outbreak as well as and the number of affected and deaths in the household.

Communications

The NRCS communications team works closely with IFRC Regional Communication unit in Nairobi, Kenya to ensure the steady flow of information between operations in the field and major stakeholders including media, movement partners and donors as well as provide regular and consistent updates on the outbreak situation. News stories on the outbreak situation and beneficiary profiles will be highlighted through national and international media as well as on NRCS online channels, and or IFRC online channels such as the official website, www.ifrc.org, and social media platforms.

The NRCS affected states are engaging the local media outlets to cover and highlight the Red Cross response. Regular flow of information will also be maintained between beneficiaries and respective NRCS response departments to maintain transparency and address the immediate needs of the most vulnerable communities. The operation produced volunteers' visibility materials such as banners and NRCS aprons to enhance awareness on the role of the NS in the operations. NRCS will document all media releases and videos on this operation. Best practices will be captured and all efforts made to record case studies as the operation progresses.

Security

The three states are peaceful and did not pose any security issues. However, the IFRC and the NS are alert for any security thread. General security guideline is given to personnel and volunteers.

Planning, monitoring, evaluation, & reporting (PMER)

After volunteers were deployed to the field supervisors follow up on daily bases to support them and address any difficulties they may face on the field. The NDRTs played significant role in this regard. Good example was when some volunteers were prevented from reaching to students in Sokoto north. A swift intervention was taken to meet the headmistress to explain to her the role of the Red Cross and the need to engage the student. The headquarters staff who supported the training in Sokoto also played an important role during followed ups.

The RDRT and NDRTs also have been monitoring volunteer activities and given technical support to both volunteers and supervisors since the volunteers were trained and deployed to the field. To ensure quality control, messages delivered by the volunteers both at the community and household levels were cross checked by finding out from beneficiaries what they learnt from the volunteers. Majority of beneficiaries interviewed could vividly recount the messages the volunteers passed on to them. Though some of them could not recall the messages, said they were at their shops and home to tell them on messages on meningitis and how it can be controlled. The above depicts the RDRT and NDRT in Sokoto meeting volunteers after a daily work. The RDRT in a jacket with IFRC logo and by him on immediate right is the NDRT.



The DREF operation through social mobilization activities, specifically house-to-house visits, contributed to a reduction in cases, from when they started in week 50 of 2016, recorded not less than 4,255 suspected cases and had recorded over 455 deaths and with case fatality rate (CFR) of 10.7% from 128 Local Government Areas (LGAs).

This Operations Update is requesting an extension of timeframe by one month; to carry out DREF operational review/lessons learnt exercise and psychosocial support exercise, which were budgeted for, as well as complete remaining activities that has not been carried out. The DREF operation will end on 31st of July and a final report will be made available on 30th October (Three months after the end of the operation).

Major donors and partners of the current DREF include Movement Partners. The IFRC, on behalf of the Nigeria Red Cross Society, would like to express its gratitude to all for their generous contributions.

C. Detailed Operational Plan

Health & care

Needs analysis

In the early part of 2017 when the first case of Cerebrospinal Meningitis (CSM) was reported in the North-Western Region of Nigeria in week 50 of 2016, not less than 4,255 suspected cases had been reported with 455 deaths and case fatality rate (CFR) of 10.7% from 128 Local Government Areas (LGAs). The outbreak reached epidemic proportion in five states, including Zamfara, Sokoto, Kebbi, Katsina and Niger States. As of week, 13 of 2017, all 14 LGAs in Zamfara State as well as neighbouring LGAs in Sokoto and Katsina were affected.

Population to be assisted

The main economic activities of the target population are farming. They speak Hausa and predominantly Muslims. Three states are within the meningitis belt and this predispose these states to seasonal outbreaks including Meningitis. The operation targets to reach 810,000 beneficiaries directly through social mobilization activities within three months. There is no change to the plan it still stands as it is, however there is the need for a month extension to complete the remaining activities.

Health & care			
Outcome 1 The immediate risks to the health of affected populations are reduced	Outputs		% of achievement
	Output 1.1 The NRCS volunteers have the necessary capacity to respond to the meningitis outbreak as well as prevent further outbreaks.		75
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
1.1.1 Organize training on Meningitis outbreak prevention for 465 volunteers using epidemic control for volunteer's methodology.	✓		100
1.1.2 Disseminate information, education and communication materials.	✓		75
Output 1.2: The affected population are effectively and efficiently sensitized on Meningitis prevention			75
1.2.1 Undertake social mobilization activities to 4,700 households.		✓	85
1.2.2 Diffuse Meningitis messages through sessions, jingles on local radios.		✓	75
Progress towards outcomes			
<p>1.1.1 In total, 465 NRC volunteers including supervisors (155 from Sokoto State; 55 from Zamfara State and 55 from Katsina State) have received one-day training on Meningitis outbreak management using the Epidemic Control for Volunteers (ECV) methodology. The NRCS volunteers were recruited from communities and suburbs in areas that were affected or prone to the epidemic. Through the training, volunteers received information on the causes, signs and symptoms, prevention and effects of meningitis prevention, personal and community hygiene and referral process to local health authorities. The NRCS volunteers were also taken through community entry approaches, to equip them with the skills required to carry out social mobilization and sensitization activities. Non-formal education methodologies were used during the training, including: discussions, brainstorming and role plays. For deeper explanation and understanding of facts and concepts, Hausa was used during the sessions.</p> <p>1.1.2 NRCS volunteers were given volunteer identification and IEC materials had been printed and released to the field, i.e. 700 Apron, and 300 red jackets have been printed. For IEC materials 30,000 leaflets, 3,000 posters and 400 flipcharts were also printed.</p> <p>1.2.1 Volunteers were divided into groups/teams of two to undertake social mobilization activities (door-to-door education, visits to market places, beauty salons, lorry stations, fitting shops, schools, churches and mosques). Each volunteer was tasked to visit at least 27 households per week and issued with a Red Cross bib to ensure visibility. In total 666,675 beneficiaries were reached and referred 30,787 within the four weeks period. Sokoto on the other hand reached a total of 60,568 beneficiaries and referred 6,594 within two weeks. Katsina also reached 259,331 and referred 10,768 suspected cases to the health facilities. Zamfara volunteers reached 346,776 beneficiaries while and referred 13,425 suspected cases within four weeks.</p> <p>1.2.2 The NRCS is taken steps to engage media stations to conduct this exercise.</p>			
<p>Challenges</p> <ul style="list-style-type: none"> Most volunteers were imported from different communities to carry out social mobilization and this challenges volunteer movement especially when the transport delays. 			

- Some community members still have doubts on the emblem as Christian symbol representing the Cross
- The branches need capacity building to plan and carry out health activities and Red Cross work in general.

Recommendations

- Intensify monitoring and supervision
- The branch can utilize the DREF operation to establish community based volunteers
- The headquarters to support the branches on media engagement and discussions to create awareness of the emblem especially in the three states where the DREF operation is currently ongoing.
- Headquarters with support from IFRC to train volunteers on Community-Based Health and First Aid (CBHFA).

Looking Ahead

- Continue volunteer health education and promotion activities at community and household levels
- Intensify monitoring and supervisor at all levels
- Train selected volunteers on psychosocial support
- Continue field updates and Reporting

D. Budget

N/A

The Budget of the DREF remains unchanged.

Reference documents



Click here for:

Previous Appeals and updates Emergency Plan of Action (EPoA)

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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.