



Emergency Plan of Action (EPoA)

Nigeria: Lassa Fever

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation n°	MDRNG029	Glide n°:	EP-2020-000028-NGA
Date of issue:	05/02/2020	Expected timeframe:	3 months
		Expected end date:	31/05/2020
Category allocated to the of the disaster or crisis: Yellow			
DREF allocated: CHF 284,572			
Total number of people affected:	4,272,358 (at risk) 1226 (Suspected cases W1-W5) 365 (confirmed cases)	Number of people to be assisted:	800,000
States affected:	19	States targeted:	6
Host National Society presence (n° of volunteers, staff, branches): The Nigerian Red Cross Society (NRCS) has branches in all 36 states and the Federal Capital Territory and 29,949 volunteers.			
Red Cross Red Crescent Movement partners actively involved in the operation: The Nigerian Red Cross Society and International Federation of Red Cross and Red Crescent Societies are the two Movement partners involved in this DREF operation. The International Committee of the Red Cross (ICRC) is assessing the possibility to support NRCS for the implementation of awareness activities in selected areas.			
Other partner organizations actively involved in the operation: Federal Ministry of Health- National Primary Health Care Development Agency, State Ministry of Health, Nigerian Centre for Disease Control, State Primary Health Care Development Agency, and WHO, MSF and UNICEF.			

A. Situation analysis

Description of the disaster

A Lassa Fever outbreak in Nigeria has been declared by the Nigerian Centre for Disease Control (NCDC), the nodal agency for epidemic monitoring and surveillance on 24 January 2020¹. The multi-stakeholder National Emergency Operations Centre (EoC) was activated on 24 January and 8 states and the Federal Capital Territory have set up EoCs to monitor and coordinate the response. The number of affected people (suspected and confirmed) is higher this year and more than the cyclical Lassa Fever outbreaks. This DREF seeks funding for Nigerian Red Cross Society (NRCS) to support hygiene promotion, active case finding, contact tracing, vector control and psychosocial support in six states based on the incidence of confirmed cases. Lassa fever is recurrent in Nigeria and neighbouring countries.

¹ <https://ncdc.gov.ng/news/215/nigeria-centre-for-disease-control-intensifies-response-to-ongoing-lassa-outbreak>

Lassa Fever is an acute viral illness and a viral haemorrhagic fever (VHF). The causative agent is a single-stranded ribonucleic acid (RNA) virus in the family *arenaviridae*, the Lassa virus. This zoonotic disease is associated with high morbidity and mortality, transmitted by the multi-mammate rat (*mastomys natalensis*), one of the most common rats in equatorial Africa. In the past, Lassa fever cases and outbreaks were reported in Nigeria, Sierra Leone, Liberia, Ghana, Benin, Mali and Guinea. Once a *mastomys* rat is infected by the Lassa virus, the excreta of the rat, both urine and faeces, will contain high quantities of virus potential to transmit the virus from the rat to humans.

Humans become infected from direct contact with the urine and faeces of the rat which contains the virus, through touching soiled objects, eating contaminated food, or exposure to open cuts or sores. Secondary transmission from person to person can occur following exposure to the virus in the blood, tissue, urine, faeces or other bodily secretions of an infected individual. Hospital-acquired (nosocomial) transmission from person to person are not uncommon, and importantly can occur if appropriate Personal Protective Equipment (PPE) is not worn when managing suspected cases.



Nigerian Red Cross Society volunteers conduct hand washing demonstration activities with children. Source: NRCS

Lassa Fever is an epidemic-prone disease for immediate notification on the Integrated Disease Surveillance and Response (IDSR) platform in Nigeria. The actual incidence rate in Nigeria is unknown, but case fatality rates range from 3% to 42% (and over the last two years has remained between 20% and 25%). Historically, outbreaks occur during the dry season (November to April); however, in recent years, cases have also occurred during the rainy season. Lassa fever importation into non-endemic countries has occurred in the UK, USA, and Germany, amongst others.

The date of the first case of Lassa fever cannot be discerned well as there were some cases that took place in 2019, and their connection to the current epidemic is not certain. The Epidemiological Week (EW) 4 (20-26 January 2020) Sitrep issued by the NCDC², shows 689 suspected cases since the first week of January 2020, of which 258 are confirmed positive. The number of deaths reported from Lassa Fever is 41 with a case fatality rate of 15.9%. Comparing these data with that for the same period in 2019, the outbreak in 2020 is more alarming, fast and widespread than in 2019. Since the beginning of 2020, infection has been reported in 19 states: Ondo, Edo, Ebonyi, Enugu, Kano, Borno, Nasarawa, Kogi, Rivers, Abia, Adamawa, Benue, Kaduna, Delta, Taraba, Plateau, Bauchi, Osun and Ogun. There are states in which at least one confirmed case across 60 Local Government Authorities (LGAs) was reported.

² <https://ncdc.gov.ng/diseases/sitreps/?cat=5&name=An%20update%20of%20Lassa%20fever%20outbreak%20in%20Nigeria>

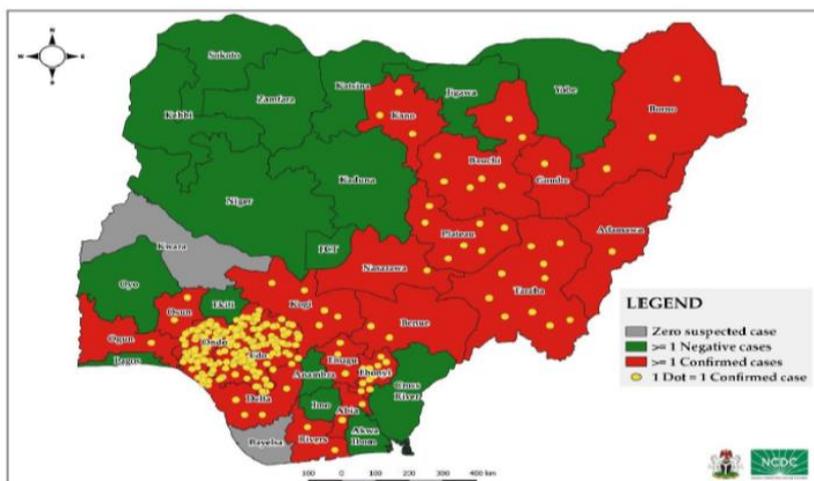


Figure 2. Confirmed Lassa fever cases by States in Nigeria, week 01- 04, 2020

The table below shows the trend in the outbreak of the infection in the states alongside the trends compared to the previous week. Ondo and Edo state together contributes to 74% of the infection and Ebonyi, Taraba, Plateau and Bauchi together contributes to another 15% of the confirmed cases.

Table 3. Cumulative number of confirmed cases for 2020 and new confirmed cases for the current week by State in Nigeria with trend compared to previous week

State	Cumulative confirmed cases	New confirmed cases	Trend	State	Cumulative confirmed cases	New confirmed cases	Trend	State	Cumulative confirmed cases	New confirmed cases	Trend
Ondo	98	16	↑	Bayelsa	0	0	↔	Katsina	0	0	↔
Edo	92	34	↑	Benue	1	1	↑	Kwara	0	0	↔
Ebonyi	15	8	↑	Borno	3	3	↑	Lagos	0	0	↔
Taraba	10	4	↑	Cross River	0	0	↔	Nasarawa	1	1	↑
Plateau	7	4	↑	Delta	5	3	↑	Niger	0	0	↔
Bauchi	7	3	↑	Ekiti	0	0	↔	Osun	2	2	↑
Ogun	1	1	↑	Enugu	2	2	↑	Oyo	0	0	↔
Abia	2	1	↑	FCT	0	0	↔	Rivers	3	3	↑
Kebbi	0	0	↔	Gombe	0	0	↔	Sokoto	0	0	↔
Kogi	4	4	↑	Imo	0	0	↔	Yobe	0	0	↔
Adamawa	1	1	↑	Jigawa	0	0	↔	Zamfara	0	0	↔
Akwa Ibom	0	0	↔	Kaduna	1	1	↑				
Anambra	0	0	↔	Kano	3	3	↑				
Nigeria total									258	95	↑

Figure 2. Confirmed Lassa fever cases by States in Nigeria, week 01- 04, 2020

Source: NCDC Situation Report Week 4

On 22 January 2020, the NCDC confirmed an outbreak of Lassa fever in Kano state, where a pregnant woman had a caesarean section at Aminu Kano Teaching Hospital (AKTH). Two doctors that operated on her died with similar symptoms of the index case. Subsequently, a nurse and a doctor developed similar symptoms. A total of 363 contacts have been enlisted and are currently under case tracking. The hospital is currently in the process of securing the antiviral medication, ribavirin, for all the primary contacts of the patient to minimize the spread of the disease. As ribavirin is in short supply in country, the International Committee of the Red Cross (ICRC) is exploring possibilities of importing this medication.

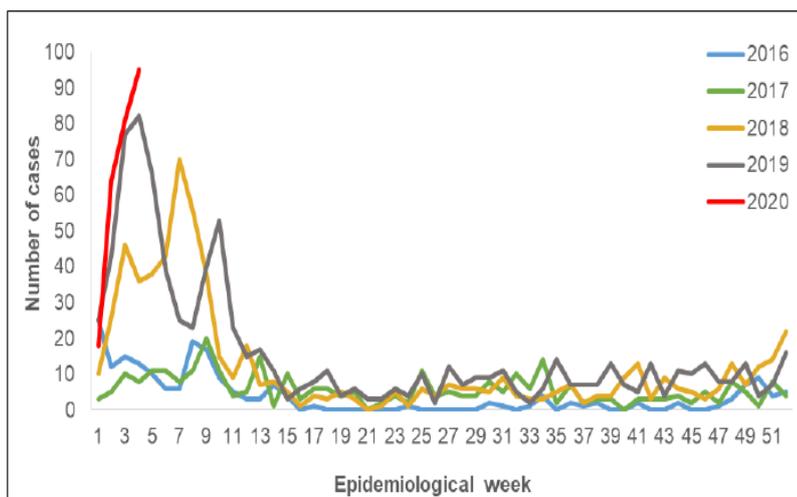


Figure 6: Trend of confirmed cases by epidemiological week, 2016 – 2020 (04), Nigeria.

The analysis of the trend of new confirmed cases from 2016 to 2019 shows that the outbreak is at a peak in Epidemiological week (EW) 1 to 11 and then stabilizes from the EW 13 onwards. As seen from the graph on trends of confirmed cases, the 2020 figure up to EW 4 is higher than the previous years in the same period. If this trend continues without adequate intervention, the outbreak could take more time to stabilize in 2020. The increasing numbers of Lassa fever suspected cases and deaths across the mentioned states has led to the population's concern regarding the spread of the virus. Hence, the NRCS considers the need to support the country, with support from the DREF.

Summary of the current response

Overview of Host National Society Response Action

The Nigerian Red Cross Society, as an auxiliary to the Government of Nigeria for humanitarian issues, supports the federal, state and local governments on social mobilization, community surveillance for acute flaccid paralysis (AFP), routine immunisation intensification, social mobilisation for increased immunisation intake of polio, measles and meningitis, community-based management of severely malnourished children, sexual and reproductive health and HIV prevention, and family reunification.

The NRCS continues to support the government in the fight to contain the Lassa fever outbreak as it has been doing in the previous years. The NRCS has a pool of motivated volunteers, comprising of health action teams (HATs), Mothers' Clubs, school units, National Disaster Response Team (NDRT), as well as Community-Based Health and First Aid (CBHFA) trainers/volunteers with knowledge and practical experience in responding to disasters, health epidemics and emergencies.

The NRCS is an active member of the Emergency Operations Centre (EoC) at the national and state levels and shares field level reports and updates in the EoC meetings. In 2018, NRCS trained and deployed 850 volunteers to support Lassa fever intervention in six states of Bauchi, Ebonyi, Edo, Ondo, Oyo and Taraba, reaching a total of 59,151 households and 403,625 people (male adults: 92,964; female adults: 110,872; children: 199,789) directly. (See link to 2018 DREF [EPOA](#) and [Report](#)). Through the pool of local volunteers across the country, the NRCS branches are conducting sensitization activities in various communities in the LGAs, promoting good hygiene practices and vector control measures. Bauchi and Kano states anchored a live TV and radio shows to educate the public on the case definition of Lassa fever, key preventive measures and designated treatment centres. Volunteers in Ondo state trained by the Ministry of Health (MoH) are supporting the state government in safe and dignified burials and disinfecting the households of the people with the virus.

Following the increasing spread of infection, the NRCS will scale-up these activities via this DREF operation to target 18 Local Government Areas (LGA) in six states. This will include social mobilization activities for epidemic control, community surveillance for early alerts on Lassa fever, psychosocial support, as well as household vector control and environmental cleaning activities near homes.

Overview of Red Cross Red Crescent Movement Actions in country

The International Federation of Red Cross and Red Crescent Societies (IFRC), through its Country Cluster office in Abuja is working closely with the NRCS to provide technical support as well as resource mobilization, with support as necessary from the Regional Office of Africa in Nairobi. NRCS and IFRC health and Community Engagement and Accountability (CEA) officers are already involved in the

strategic planning discussions at the national level and also are providing technical support to NRCS branches.

The International Committee of the Red Cross (ICRC) is present in Nigeria through five sub-delegations, with an operational focus in the North East, South and South East regions which are affected by armed conflict or violence. The ICRC and the NRCS are currently assessing the possibility to support NRCS for the implementation of awareness activities, particularly in Borno and Yobe States, which are affected by the armed conflict. The British, Norwegian and Italian Red Cross are present with offices in Nigeria.

Overview of non-RCRC actors' actions in country

The NCDC along with the National Primary Health Care Development Agency (NPHCDA) have activated the EOCs and incident management system (IMS) structures at the national level and in few states to coordinate response activities, including Ondo, Edo, Ebonyi, Borno, and Kano. The NCDC is collaborating with the World Health Organization (WHO), Federal Ministry of Agriculture and Rural Development, Irua Specialist Teaching Hospital, African Field Epidemiology Network, US Centre for Disease Control and other agencies in supporting the response in the affected states.

UNICEF has set up a risk communication task force and is mobilizing resources internally. WHO is providing technical support in monitoring and laboratory, and Medecins Sans Frontieres is committed to support the isolation wards and treatment centres in the affected states. NCDC has deployed Rapid Response Teams to support response activities at the state level. The five molecular laboratories for Lassa fever testing in the NCDC network are working full capacity to ensure that all samples are tested, and results provided within the shortest turnaround time. NCDC is working to support every state in Nigeria to identify one treatment centre, while supporting existing ones with care, treatment and IPC items. NCDC intends to scale up the risk communications and community engagement activities in all the states using television, radio, print, social media and is looking forward for partner support in this area.

The State EOCs are developing micro plans in Delta, Kano, Ondo, Edo and Taraba. The NRCS branches are collaborating with the state teams in development of the state-level micro plans and to align the activities of this DREF operation with the state plans.

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

The predominant age group affected is 11 to 40 years (range: >1 to 60 years, median age: 33 years). The male to female ratio for confirmed cases is 1:1. The number of suspected cases has increased, but is lower than the numbers reported in 2019. Five health care workers in Kano (3), Taraba (1) and Borno (1) were affected in the EW 4³.

The key challenges in the emergency operation on Lassa fever as outlined in Sitrep for Epidemiological Week 4 of 2020 are:

- Poor environmental sanitation condition observed in communities with higher infection rates.
- Poor risk communication activities at the state level leading to late presentation of cases
- Poor IPC institutionalization at state level and treatment centres
- Implementation of rodent control measures in hot spot LGAs
- Sustainability of Lassa fever outbreak response by states

The principal mode of Lassa fever transmission is through food or household utensils that are contaminated with the faeces or urine of rodents. It is during the Harmattan season, when the agricultural fields are burnt and prepared for cultivation in the next season. This activity in the agricultural fields, disturb the natural habitation of the rodents, who approach the environments of humans in search of food. Cassava is a staple food of the people of Nigeria, like many other African communities. The people cut and put their cassava crop for drying to be preserved for future

³ Ibid. Please note that all pictures used in the DREF are from the same source.

consumption. Normally the cassava is left open during day and night until it dry. The rodents also feast on the cassava laying in the open and thereby contaminate the cassava with faeces and urine. Poor households are more vulnerable, as they do not have proper storage facilities in the kitchen or have closed plate/vessel racks in their houses. Further to this, the meat of rodents is a delicacy for certain communities in Nigeria.

Reports from the Red Cross volunteers in the state confirmed that the outbreak is linked to lack of proper hygiene and sanitation as well as poor infection prevention and control measure in the health facilities. Another factor that has greatly contributed to the increased risk of Lassa Fever transmission is population movement which enhances the spread of the infection to other states. With the recent insecurity in some parts of the country, many residents had fled their homes and there is an increased number of internally displaced people in Nigeria. The treatment centres in Ondo and Edo are overstretched. There is limited staff capacity in major treatment centres, the need for funds for contact tracing and response within a context of poor access to health services and scarce awareness and risk communication.

Resulting from these challenges, within the means and abilities of the NRCS and their role as auxiliary to government health providers, the key needs to stop the transmission of the virus are to ensure communication and means to engage in proper hygiene; awareness raising on the modes of transmission; community level case finding, referral and contact tracing; and provision of additional support to families and survivors.

Targeting

Geographical targeting is done based on the prevalence of the recent outbreak, with Ondo and Edo states having 74% of confirmed cases as of Epidemiological Week 4. The DREF will also operate on a limited scope in Ebonyi, Taraba, Kano and Bauchi. (See map on final page). The provinces of Ebonya, Taraba and Bauchi are three of the four next most affected provinces, and Kano state at the time of writing 2 hospital staff had been infected by the virus and died, with 300 known contacts, and thus a great potential for spread. In each province, the communities with the highest numbers of cases will be targeted using a blanket approach. ICRC is considering supporting Borno and Yobe states. For detailed plans per state

Scenario planning

Scenario	Humanitarian consequence	Potential Response
Most likely scenario - New confirmed cases start dropping and reaches the 2019 benchmark from EW 10	Potential impact on the lives of people decrease due to increased awareness and adaptation of safe behavioural practices.	The response will be reviewed and house-to-house campaign by volunteers will be scaled down. Other activities will continue.
Best case scenario – New numbers of cases decline rapidly and reduce quickly	Adaptation of positive behavioural practises from affected communities reduces numbers of cases and impact on peoples' lives.	Continuation and finalization of all DREF activities and closure of the DREF as per plans.
Worst case scenario- Rapid spread of Lassa fever in the six states or to other states in an increasing proportion when the DREF operation is active.	More deaths will be reported, pressure on the isolation/treatment centres in the states, delayed confirmation from laboratory.	Revision of the DREF EPoA to scale up the operation in new locations, or to make provisions for additional medical supplies and PPEs to health workforce. An additional allocation will be requested in this scenario.

		Potential engagement of volunteers in treatment centres for crowd management, record keeping etc.
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Operation Risk Assessment

Given the means of transmission of Lassa virus, the operational risks will be covered at all possible levels. The first level is at the personal level of the NRCS volunteers, where they will make a 'pledge' on making necessary changes in their attitudes and practices concerning health and hygiene, especially related to consumption of rats, household cleanliness, closed rack to keep vessels/food items, hand washing etc.

In situation where there is a perceived contact with the infection during the case finding and contact tracing, volunteers must protect themselves by using alcohol-based gels and hand washing with soap and clean water. Volunteers will be trained on proper handwashing. Face masks will also be provided to volunteers and other Personal Protective Equipment like rubber boots and hand gloves for use during environmental sanitation. .

The security situations in some of the states are volatile due to the threats of armed robbery, banditry, kidnapping, and criminality. To mitigate against security risks, any movement of personnel engaged in this operation will be approved by the NRCS national health coordinator, with the support of NRCS and IFRC security focal points, following NRCS minimum security requirements. All NRCS personnel actively involved in the operations will be sensitised on the security rules and regulations of NRCS. Road travel also presents a considerable safety hazard; two vehicle convoy movement will be the mitigation for IFRC staff.

Edo state is known for high criminal activity including kidnapping for ransom, militancy, ritual killings, communal clashes, herders and farmers' conflict, and armed robbery. IFRC's security officer has already gathered some intelligence on Edo. A security assessment will be conducted in Ondo to highlight the security risks and put in place proper mitigation measures before the travel of IFRC staff from Abuja to this state.

Financial risks will be mitigated by strengthening communications with IFRC through the publication of dashboards, monitoring and reporting updates, informing all staff and volunteers (including engaging vendors) of the NRCS anti-fraud and corruption policies, ensuring proper management of the project budget through detailed activity budget and engagement of a dedicated finance officer. An RDRT will be recruited to support the Sr Immunisation Officer to manage the DREF and oversight the operation in the field, as the IFRC Health Delegate will be leaving. NRCS will strengthen compliance with statutory reporting requirements in cases of actual or suspected misappropriation and non-compliance measures. The NRCS DREF project manager will monitor the spending and retirements on the working advance from IFRC to ensure timely cash available for the operation. This was one of the lessons learnt in the last DREF.

Strategic/programmatic risks encompass the failure to meet the objectives of the DREF. In order to ensure compliance, the NRCS will include development of a programme implementation strategy, results-based management, regular monitoring through NRCS and IFRC, measurement and reporting on results, engagement of branch-level planning, monitoring, evaluation and reporting (PMER) officers for prompt branch data collation and reporting to the national headquarters and CEA to enable communities to make complaints about misconduct or provide feedback about the operation on an ongoing basis.

B. Operational strategy

Overall Operational objective:

To reduce the immediate risks to the health of the affected population, particularly in relation to the Lassa Fever outbreak in Ondo, Edo, Bauchi, Ebonyi, Taraba and Kano states.

Specific Objectives:

1	Ondo	98	16	Highest infection state-comprehensive & intense <i>150 Volunteers</i>	Door-to-door health education & active case finding (ACF); mobile cinema & radio jingles; vector control & hygiene promotion; PSS	Intense intervention for 8 weeks/2 months. Tailoring of intervention using EW7 data	Owo, Akure South, Akure North, Akoko SW (4)
2	Edo	92	34	2nd highest infection state-comprehensive & intense <i>100 Volunteers</i>	Door-to-door health education & ACF; mobile cinema & radio jingles; vector control & hygiene promotion; PSS	Intense intervention for 8 weeks/2 months. Tailoring of intervention using EW7 data	Esan NE, Esan central, Etsako west, Esan west (4)
3	Ebonyi	15	8	3rd highest- low cost:high impact intervention <i>50 Volunteers</i>	Mass campaign and distribution of leaflets; radio jingles	10 days/2 weeks, monitored with SitRep	Izzi, Abakiliki, Ebonyi
4	Taraba	10	4	4th highest- low cost:high impact intervention <i>20 Volunteers</i>	Mass campaign and distribution of leaflets; radio jingles	10 days/2 weeks, monitored with SitRep	Jalingo, Ardo-Kola
5	Bauchi	7	3	5th highest- low cost:high impact intervention <i>30 Volunteers</i>	Radio jingles, mass campaign and IEC distribution	10 days/2 weeks, monitored with SitRep	Tafawa Balewa, Bauchi, Ningi, Alkaleri
6	Kano	3	3	Highest number for contact tracing. low cost:high impact intervention for limited period <i>50 volunteers</i>	Active case search; Mass campaign and distribution of leaflets; radio jingles	10 days/2 weeks, monitored with SitRep	Gwale and Kano Municipal

2) Community surveillance - contact tracing, active case finding and referrals: Trained volunteers will conduct active case searches using community case definitions of Lassa fever and also work closely with the state and LGA Disease Surveillance Notification Officers (DSNOs) and other stakeholders to trace the people who came in contact with the confirmed cases and link them to designated isolation and referral centres for supportive care. The reporting forms used by the MoH will be used to collect the data on contact tracing and the reporting will be done to the national surveillance system to complement the efforts taken in the states. The Red Cross divisional secretaries will be responsible to maintain the contact tracing file with the DSNOs and/or the case management team in the states.

3) Household-level vector control activities and waste management: Vector control (rat traps), environmental sanitation materials (shovels, rakes, wheelbarrows, tippy taps, long brooms) and Personal Protective Equipment will be procured and distributed to the branches to support community clean up campaigns and hygiene promotion activities in schools, households and other public gatherings. Volunteers will be provided with PPE to reduce the exposure and risk of infection, and visibility materials (bibs, t-shirts and caps) to enhance NRCS visibility in targeted states. Community clean up campaigns will be done in about 40 communities in the 6 states, the details of this will be worked out during the planning meeting. Planning for distribution of kits and supplies will be done during Training of Trainers as well as consultation with community leaders and committees.

4) Psychosocial Support services will be provided for the survivors and the families of deceased in the targeted LGAs: 10 volunteers each will be trained from Ondo and Edo states and will be made available as and when required to provide psychological first aid to families of the affected and the survivors. Linkages will be established with PSS and/or counselling centres in the states where people exhibiting signs of need for professional mental health support will be referred for secondary and tertiary services. The training will be based on IFRC Psychosocial Support Centre training materials, PSS program activities for the affected population and survivors in the host communities and hospitals will include counselling in groups and individually, according to needs. Assist and encourage mutual support in the communities. House, hospitals and host communities' visits are provided by the Nigerian Red Cross volunteers and staff to the survivors and affected population.

Human resources

At the national level, the NRCS Acting Health Coordinator (Ag. HC) will lead the DREF operation under close supervision of the Assistant Secretary General (Programmes). The other staff that will support the implementation of the DREF are 2 Health Officers, 6 Branch Secretaries and 6 Health Coordinators, 1 PMER, 1 Finance officer, 1 communication/CEA focal point and 400 community-based volunteers. The Health Officers will support the Ag. HC. The Branch Health Coordinator will oversee the activities of this operation in the branches, reporting to the Ag. HC and under the supervision of the Branch Secretary. Divisional Secretaries at the LGA level will coordinate all volunteer activities and provide immediate technical and operational support to the volunteers. Community-based volunteers will be engaged to carry out different activities in the state. An RDRT will support the operation providing needed technical and managerial support to implement the operation.

Logistics and supply chain

All procurement in the DREF will be carried out at the national headquarters level. The procurement/logistics unit will work with the IFRC Administration Officer to ensure compliance with the standard procurement rules and regulations IEC materials designed by NCDC will also be adopted and produced for dissemination at community level.

Security

In view of the recent security events in the country, especially in North West, as well as the insurgency in the North East, the NHQ security focal point will provide regular updates and security briefings to the project technical team and volunteers to ensure the volunteers and management team operate within NRCS security and safety rules and regulations. The security unit from IFRC and NRSC will conduct a security risk assessment in the states of Ondo, Taraba, Bauchi and Ebonyi and plan out mitigation measures prior to programme implementation. Reports from the security assessments will be shared with project technical team. A session on security and safety regulations will be disseminated during the training to discuss the use of the emblem, schedules, and coordination with other stakeholders and with community members. In addition, a security focal person from NRCS in conjunction with IFRC security focal point will monitor all activities of staff and volunteers in the field and provide weekly security updates to the staff and volunteers in the targeted states. IFRC has already insured 3000 volunteers in the corporate insurance scheme for 2020.

Community Engagement and Accountability Strategy

Knowledge Attitude and Practice surveys have already been done by other institutions which have identified preferred and reliable channels of communication, as well as lessons learned from previous operations, including avoiding delays in the initiation of operations and activities through extensive pre-planning of activities, financial processes and procurement. The traditional and religious leaders in the affected communities will be engaged through community meetings for easy entry into the community, better understand the culture and practices, and convenient times for effective behavioural change communication. Volunteers will be trained to operate and deploy mobile cinemas to disseminate Lassa Fever prevention messages. There may be a need to create/adopt video clips and translate into local language for better impacts. A team from the NHQ will support the branches to anchor live radio shows to educate the public on Lassa Fever with little assistance from the radio station's technicians. In addition to the live radio show, radio jingles will be adopted, translated and aired on the most popular radio station accessible to the target communities. In terms of complaints and feedback mechanisms, the NRCS has free telephone lines which will be advertised to allow communities to provide feedback on the operation.

Communication and Media

The communication department will use the NRCS website and social media handles to share information on the DREF operation both at the NHQ and branches. Media personnel will be engaged to report the campaign and an international press conference held in Abuja to attract donors' partnership and support. Branch communication coordinators will be actively involved in work with health coordinators at the branches. IFRC will provide support to amplify stories and content shared through the Nigerian Red Cross and engage regional/global media as necessary. A professional media consultant will be hired to document the work of the volunteers in the communities, the challenges they face and the outcomes of the intervention. The audio-visual documentation will be shared across platforms, thereby giving more visibility to NRCS work in Nigeria.

Planning, Monitoring, Evaluation, & Reporting (PMER)

The Kobo collect App will also be used for data collection and analysis to measure the impacts of the campaign. Volunteers will be trained by the NRCS PMER unit will be in charge of the data collection and analysis, with support from IT. Data collection sheets for volunteers will be developed to record the details of the households covered under social sensitization activities, risk communication, and other Lassa fever prevention activities. The volunteers will be trained on the use of these data collection tools that the volunteer team lead will collect, verify and validate before giving it to the Divisional Secretary. The DS consolidates the data for the LGA along with the original data sheets of the volunteers and send them to the Branch PMER focal Point. The PMER focal point at the headquarters will support the health team with reporting. A workshop will be conducted towards the end of the operation to review the learnings. Key representative from the branches, along with the HQ team who was involved in the operation will be the participants.

Administration and Finance

The NRCS has an Administration and Finance department that ensures proper management and use of resources. The administrative and financial procedures are in line with the NRCS' quality control procedures, and they will support all actions included in the National Society's humanitarian mission, ensuring transparency and adequate accountability. The Finance department will be closely involved in supporting the operation. Furthermore, the IFRC's in-country office will also support the administrative and financial management processes and provide support to ensure compliance with established quality standards. Prior to the implementation, the NRCS will sign a Memorandum of Understanding (MoU) with the IFRC, specifying the outcomes, timeline, budget, reporting requirements, and compliances. Per diems to volunteers will be made through bank transfers to minimize handling of cash.

C. Detailed Operational Plan



Health

People targeted: 800,000

Male: 400,000

Female: 400,000

Requirements (CHF): 217,505

Needs Analysis: Assessments and ongoing surveillance by the NCDC and the Nigerian national and state governments have identified ongoing needs. There is a need to provide support to affected communities with Lassa fever prevention, psychosocial, hygiene and sanitation promotion activities, as well as in contact tracing, case finding and referral.

Population to be assisted: 800,000 people will be reached directly and indirectly including mass media sensitization activities.

Programme standards/benchmarks: As per guidelines for control of Lassa fever per government of Nigeria and NCDC, as well as Red Cross/Crescent movement standards on epidemic prevention and control, CEA and PSS.

P&B Output Code	Health Outcome 1: Transmission of diseases of epidemic potential is reduced																
	Health Output 1.1: Community-based disease control and health promotion is provided to the target population						# of NRCS state team members trained: (target= 24)										
	Activities planned/ Week	1	2	3	4	5	6	7	8	9	10	11	12				
AP021	Organize 3 days planning and TOT Workshop for project team leads at national and state level in coordination with the MoH and other relevant stakeholders on project objectives and strategy	X															
AP021	Participate in the national and state EoC meetings regularly and monitor the trends in the outbreak	X	X	X	X	X	X	X	X	X	X	X	X				
	Health Output 1.2: Vector-borne diseases are prevented						# of volunteers trained (target= 200) # of leaflets printed (target= 100,000) # of mobile cinema show sessions: (target= 30)										
	Activities planned/ Week	1	2	3	4	5	6	7	8	9	10	11	12				
AP021	Design and production of IEC materials with key messages on Lassa Fever prevention, route of transmission and management		X	X	X												
AP021	Conduct door-to-door sensitization of community members on Lassa fever prevention, control, early diagnosis and referral				X	X	X	X	X	X	X	X					

	Activities planned/Week	Percentage of people in the target communities correctly recalling key messages on Lassa fever (target: 60%)																
		1	2	3	4	5	6	7	8	9	10	11	12					
AP021	Print pictorial posters with community case definition of Lassa fever for volunteers involved in active case search		X	X														
AP021	Establish communication and engagement with communities and local authorities related to case detection and contact tracing				X	X	X	X	X	X	X	X	X					
AP084	Set up community feedback mechanism to receive and address rumours, complaints and general feedback, including reviewing feedback with leadership and technical teams				X	X	X	X	X	X	X	X	X					
AP021	Procure visibility materials for volunteers engaged in Lassa Fever Operation					X	X											
AP021	Supervision and data collection/monitoring			X	X	X	X	X	X	X	X	X	X					
P&B Output Code	Health Outcome 2: The psychosocial impacts of the outbreak are lessened																	
	Health Output 2.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff							# of volunteers trained on PSS (target = 20) # of people provided with PSS (target =50% of infected/affected people in Edo and Ondo states)										
	Activities Planned/Week		1	2	3	4	5	6	7	8	9	10	11	12				
AP023	Identification and training of 20 volunteers on psychosocial support				X	X												
AP023	Assessment and mapping of PSS needs and resources (service providers) available in the communities				X	X												
AP023	Provide PSS to people affected by Lassa Fever, including staff and volunteers					X	X	X	X	X	X	X	X					
AP023	Conduct regular debriefings and technical meetings to share reports and updates					X	X	X	X	X	X	X	X					

Strategies for Implementation

Requirements (CHF): 67,067

P&B Output Code	S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform																
	Output S1.1.4: National Societies have effective and motivated volunteers who are protected	# of NRCS Bibs distributed. (target =500)															
	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12				
AP040	Ensure that volunteers are insured (<i>already done</i>)																
AP040	Provide complete briefings on volunteers' roles and the risks they face		X	X													
AP040	Provide psychosocial support to volunteers					X		X			X						
AP040	Ensure volunteers' safety and wellbeing		X	X	X	X	X	X	X	X	X	X	X				
AP040	Ensure volunteers are properly trained		X	X													
AP040	Provision of visibility and personal protection equipment to volunteers		X	X	X	X	X	X	X	X	X	X	X				
P&B Output Code	Outcome S2.1: Effective and coordinated international disaster response is ensured																
	Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained	# of security assessments completed (target = 1)															
	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP046	IFRC monitoring visits		X	X			X		X								
AP046	Surge support RDRT (3 months)	X	X	X	X	X	X	X	X	X	X	X					
AP046	Lessons learnt workshop											X					
P&B Output Code	Output S4.1.4: Staff security is prioritised in all IFRC activities	# of security assessments completed (target = 1)															
	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

AP066	Security risk assessment conducted, and mitigation measures put in place.	X	X																
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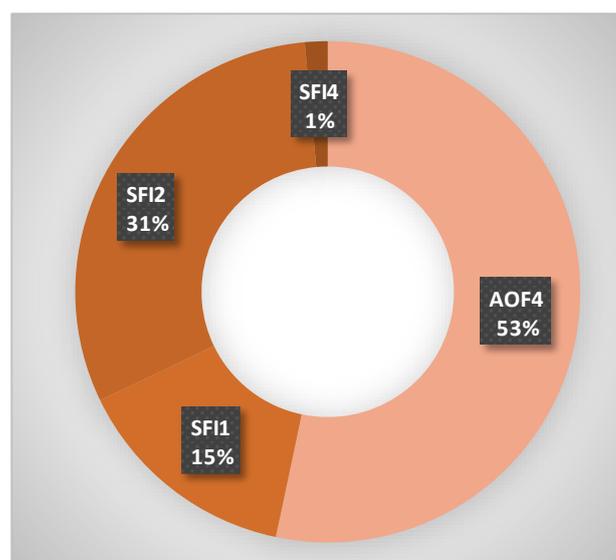
Funding Requirements

The overall budget for this operation is CHF 284,582 as detailed in the attached budget.

International Federation of Red Cross and Red Crescent Societies		<i>all amounts in Swiss Francs (CHF)</i>
DREF OPERATION		
MDRNG029 - NIGERIA - LASSA FEVER		3/2/2020
<u>Budget by Resource</u>		
Budget Group		Budget
Water, Sanitation & Hygiene		11,507
Medical & First Aid		8,562
Teaching Materials		2,466
Utensils & Tools		13,808
Other Supplies & Services		685
Relief items, Construction, Supplies		37,027
Transport & Vehicles Costs		3,118
Logistics, Transport & Storage		4,696
International Staff		26,630
Volunteers		67,890
Personnel		94,521
Workshops & Training		29,247
Workshops & Training		29,247
Travel		51,933
Information & Public Relations		34,063
Office Costs		14,010
Communications		1,501
Financial Charges		205
General Expenditure		101,713
DIRECT COSTS		267,204
INDIRECT COSTS		17,368
TOTAL BUDGET		284,572

Budget by Area of Intervention

AOF1	Disaster Risk Reduction	
AOF2	Shelter	
AOF3	Livelihoods and Basic Needs	
AOF4	Health	151,681
AOF5	Water, Sanitation and Hygiene	
AOF6	Protection, Gender and Inclusion	
AOF7	Migration	
SF11	Strengthen National Societies	41,474
SF12	Effective International Disaster Management	87,274
SF13	Influence others as leading strategic partners	
SF14	Ensure a strong IFRC	4,143
TOTAL		284,572



For further information, specifically related to this operation please contact:**In the Nigerian Red Cross Society**

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For In-Kind donations and Mobilization table support:

- IFRC Africa Regional Office for Logistics Unit: RISHI Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org phone: +254 733 888 022

For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

- IFRC Africa Regional Office: Marie Manrique, Ag. PMER manager, email: marie.manrique@ifrc.org

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 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**.



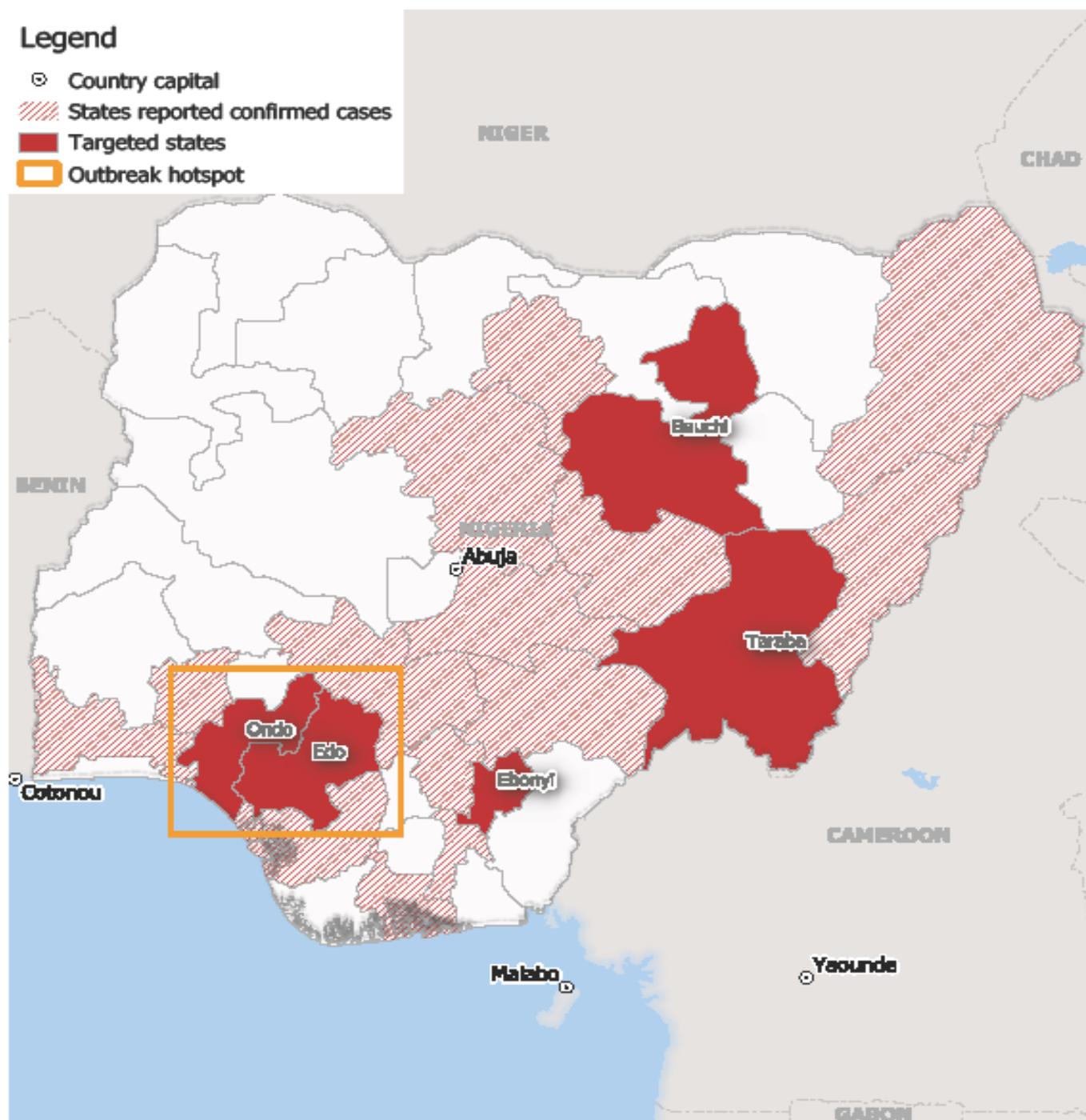
31 January 2020
EP-2020-000028-NGA

Nigeria - Lassa Fever Disaster Relief Emergency Fund



Legend

- Country capital
- States reported confirmed cases
- Targeted states
- Outbreak hotspot



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. Sources: GADM, HDX, OCHA, Nigerian Red Cross, IFRC.

