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Emergency Plan of Action Preliminary Final Report

Nigeria: Cholera

International Federation of Red Cross and Red Crescent Societies

DREF operation n° MDRNG020	**Glide n°** EP-2014-000055-NGA
Date of Issue: 30 November 2015	**Date of disaster:** 28 February 2015
Operation start date: 6 March 2015	**Operation end date:** 20 August 2015
Initial allocation: CHF 174,228 **Additional allocation:** CHF 26,566 **Total allocation:** CHF 200,794	**Total estimated Red Cross and Red Crescent response to date:** CHF 200,794
Number of people affected: 800	**Number of people assisted:** 31,800
Host National Society(ies): Nigerian Red Cross Society	
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of Red Cross and Red Crescent Societies.	
N° of other partner organizations involved in the operation: Federal & State Ministries of Health, United Nations Children's Fund and the World Health Organization	

A. Situation analysis

Description of the disaster

Since the 2010 cholera epidemic which recorded 41,787 cases and 1,716 deaths, Nigeria has experienced recurrent outbreaks of cholera. In 2014, according to the Cholera Regional Platform, Nigeria was the most affected country by cholera in west and central Africa – with 35,996 cases reported, which represented 39 per cent of all cases in the region. The outbreak in Nigeria spread to neighbouring countries, specifically Chad, Cameroon and Niger. In early 2015, 13 of 36 states recorded cholera cases, with Anambra, Kano, Rivers and Ebonyi states being the worst affected. By the end of April 2015, 2,108 cases had been reported, with 97 deaths with the CFR rate rising to 4.76%, causing extreme concern.

On 6 March, 2015, the International Federation of Red Cross and Red Crescent Societies (IFRC) released CHF 174,228 from the Disaster Relief Emergency Fund (DREF) to support the Nigerian Red Cross Society (NRCS) respond to the needs of the affected population. The DREF operation was intended to support 15,000 people (3,000 households) in Anambra, Kano and Rivers states, with health and care, water, sanitation and hygiene promotion activities; over a period of three months. Following initial assessments, Kano state was removed from the DREF operation, as it was confirmed that there were no cases at the time of the assessment and the state Ministry of Health (MoH) indicated that they did not require any preparedness or response assistance; as such it was replaced with Ebonyi state, where an increase in cases had been reported.

In addition, the DREF operation also coincided with the Presidential and Governorship elections (on 28 March 2015), which had had implications on mobilization of volunteers for training due to security concerns, and thus caused delayed implementation of the planned activities. In "Week 12" of the DREF operation, also identified that the epidemic had continued to spread with sporadic cases being reported, making it difficult to control. On 11 June 2015 an Operations Update was issued to extend the timeframe of the DREF operation by two months (New end date: 6 August 2015) to enable the completion of the activities planned in the Emergency Plan of Action (EPoA) and intensify awareness raising given the continuation of the outbreak. An additional CHF 26,566 was allocated (total allocation: CHF 200,794) to support the extension of the activities planned.

The major donors and partners of the DREF include: the Red Cross Societies and governments of Australia, Austria, Belgium, Canada, Denmark, Ireland, Italy, Japan, Luxembourg, Monaco, the Netherlands, Norway, Spain, Sweden and the USA, as well as DG ECHO, the UK Department for International Development (DFID) the Medtronic and Zurich Foundations and other corporate and private donors. The Nigerian Red Cross Society would like to extend many thanks to all partners for their generous contributions.

Please note that this Preliminary Report is issued in advance of the Final Report, which is expected to be issued by the end of December 2015 following the reconciliation of an overspend (refer to "Budget" section).

Summary of response

Overview of Host National Society

The NRCS has a wide range of volunteers country wide, including Emergency First Aid Teams (EFATs), 50 trained National Disaster Response Teams (NDRT) some of which are also Regional Disaster Response Teams (RDRT) trained and focal points, Health Action Teams and Mothers' Clubs that can be mobilized and deployed in disaster management, water and sanitation, logistics, health in emergencies, psychosocial support, Restoring Family Links (RFL), and shelter. In 2014, DREF operations were carried out in response to cholera outbreak (MDRNG015) in Bauchi state, and explosions in Jos, Plateau state (MDRNG016). In 2015, the Ebola Virus Disease Emergency Appeal operation (MDRNG017) was completed on 31 May 2015; the MDRNG019 Civil Unrest (Election Preparedness) operation was completed on 23 June 2015, and the Complex Emergency Appeal (MDRNG018) is on-going. As such, the NRCS is steadily increasing its capacity to mobilize and deploy volunteers to respond to emergencies. Following the release of the DREF allocation for the MDRNG020 Nigeria Epidemic (Cholera) operation, the following was achieved:

- Training of 15 volunteers on "Knowledge, Attitudes and Practices" (KAP) surveys; and use of the open data kit (ODK) mobile phone data collection technology in the two states of Anambra and Rivers. The NRCS volunteers carried KAP surveys using ODK technology to identify the immediate needs and the risky hygiene practices of the affected population.
- Training of 90 volunteers (30 per state) on cholera prevention and control was carried out in Anambra, Ebonyi and Rivers States. Following the training, these volunteers were mobilized to carry out awareness raising and sensitization activities in the three states, including the distribution of information, education and communications (IEC) materials (leaflets, posters etc.). In total, 31,800 people (6,360 households) were reached through the awareness raising and sensitization. In addition, volunteers worked with the state MoH to intensify surveillance in all 13 states that had reported cases of cholera (though this was not supported financially through the DREF operation). The NRCS national headquarters (NHQ) continued to monitor the situation through regular contact with the branches and the FMoH.
- Procurement/distribution of hygiene related non-food items (NFIs) including buckets, jerry cans and water treatment chemicals, as well as demonstration on their use. In total, 2,140 households were reached with these items. In addition, water and sanitation committees were established/equipped, and monthly environmental sanitation campaigns were carried out.

Refer to "Proposed strategy" and "operational framework" sections for more detailed information on the achievements through this DREF operation.

Overview of Red Cross Red Crescent Movement in country

The IFRC opened a Nigeria country representation in Abuja in 2012 to provide technical oversight, guidance and capacity building. Currently, there is a Health Delegate supporting implementation of health activities and other programmes including DM, OD and Governance support to the Board and management. On 26 February 2015, an alert was issued using the IFRC disaster management information system (DMIS) and an Operational Strategy Call carried out with colleagues at Geneva, regional and country levels. It was agreed that an allocation should be made from the DREF to support the NRCS respond to the situation. Following the launch of the DREF operation, the IFRC and NRCS signed a Memorandum of Understanding (MoU) to enable the implementation of the activities planned, and also mobilised a Regional Disaster Response Team (RDRT) member to support the effective implementation of the operation, as well as deployed a specialist Emergency Health delegate to complete a monitoring mission (in Ebonyi state).

Overview of non-RCRC actors in country

The Federal Ministry of Health (FMoH) is the coordinating body that oversees interventions and disease surveillance, providing overall coordination to the response with support from other partners and donated medical supplies (IV fluids and cholera kits) to the health facilities in the affected communities. The United Nations Children's Fund (UNICEF) in collaboration with the FMoH and state Ministry of Health (MoH) provided capacity building and materials to support the response. During the assessments it was noted that the only organizations implementing activities in the field were the state MoH limited to the health facilities only and not in the communities. The NRCS was the only organization doing activities at community level.

Actions taken by the states and other stakeholders:

- Donation of medicines/other medical supplies such as IV Fluids and cholera test kits to Ebonyi and Rivers states by the FMoH.
- Awareness raising and sensitization of the affected communities by the state Health Education units (Anambra and Rivers).
- Provision of portable water with proper waste management and improved environmental sanitation in the affected communities by the states.

Needs analysis and scenario planning

An assessment and KAP were carried out initially in three states of Anambra, Kano and Rivers. After the initial assessment Kano was replaced with Ebonyi state since the results didn't indicate any occurrence of cholera in the state. Two people (in total six) were sent out to each state to conduct interviews with stakeholders at state level including state MoH, state emergency management agencies (SEMA) and UN agencies. An interview guide was developed with the help of the NRCS planning, monitoring, evaluation and reporting (PMER) officer. The assessment was carried out for an average of three days in each state. A questionnaire was developed and uploaded on the phones using the ODK tool. Volunteers were trained in each of the states on how to use ODK and after that were deployed to conduct the KAP survey. The KAP survey was conducted for three days in each of the two states. The KAP was not conducted in Ebonyi due to inadequate phones available. The NRCS has a total of 15 mobile phones and these were shared between Anambra and Rivers. Eight phones were provided for Rivers while seven were provided for Anambra state. Please refer below for a summary of the results from the KAP survey (by state):

Anambra (Anambra West LGA - Inoma, Owelle and Ukwala communities)

- **Symptoms:** 70 per cent of respondents indicated vomiting and diarrhoea as symptoms of cholera; 16 per cent indicated diarrhoea; 7 per cent indicated vomiting, diarrhoea and fever; 6 per cent indicated vomiting, 1 per cent indicated diarrhoea and fever.
- **Prevention:** 55 per cent of respondents indicated that they were not aware it could be prevented through basic infection preventive measures; 9 per cent indicated through proper hand washing, regular cleaning of the environment and drainages; 8 per cent indicated through proper hand washing and proper handling of food; 7 per cent indicated through using clean water for drinking and cooking; 7 per cent indicated through proper hand washing, 6 per cent indicated through proper hand washing, proper handling of food, by using clean water for drinking and cooking and by regular cleaning of the environment and drainages; 3 per cent indicated through proper hand washing, proper handling of food and by using clean water for cooking and drinking indicated through regular cleaning of the environment and drainages, 2 per cent indicated through proper hand washing, and by using clean water for cooking and drinking; while 1 per cent indicated through proper hand washing (and some other erroneous measures)
- **Transmission:** 60 per cent of respondents indicated that they had no idea of how it is transmitted; 13 per cent indicated through contaminated water; 11 per cent indicated through contaminated water and food; 6 per cent indicated through contaminated water and poor hygiene practice; 3 per cent indicated through poor hygiene practice; 2 per cent indicated through contaminated water, contaminated food and poor hand washing practice; 2 per cent indicated contaminated food; 1 per cent indicated through contaminated water, contaminated food and poor hygiene practice; 1 per cent indicated through contaminated water, contaminated food, poor hand washing and poor hygiene practices; while1 per cent indicated through contaminated water and poor hand washing practice.
- **Water storage:** 63 per cent of respondents indicated that they stored water in covered containers; 29 per cent indicated that they stored water in open containers; while 8 per cent indicated that they used other means to store their water.

- **Hand washing:** 65 per cent of respondents indicated that they washed their hands before eating; 16 per cent indicated before eating, and after using the toilet; 12 per cent indicated before eating, and after cleaning babies buttocks; 2 per cent indicated before eating, before preparing food, after using the toilet, and after cleaning babies buttocks; 2 per cent indicated before eating, before preparing food, and after cleaning babies buttocks; 1 per cent before eating, and before preparing food; 1 per cent indicated before eating, after using the toilet, and after cleaning babies buttocks; and 1 per cent indicated before eating, before preparing food, and after using the toilet.

Rivers state (Andoni LGA- Unyeada, Isiodum, Ikuru, Egendem, Assarama, Inyonorong, Ebbormung, Dema, Okoloile, and Ebukuma communities)

- **Prevention:** 21.3 per cent of respondents indicated using clean water for cooking and drinking; 16.7 per cent indicated regular cleaning of environment and drainages; 15.7 per cent indicated proper handling of food; 15.6 per cent indicate proper hand washing; 5.7 per cent indicated proper hand washing, proper handling of food and using clean water for drinking and cooking; while 5.3 per cent indicated hand washing, proper handling of food, using clean water for drinking and cooking and regular cleaning of the environment and drainages. Please note that 19.7 per cent indicated other means of prevention.
- **Symptoms:** The following are results from the analyses 119 people (39.7 per cent) of the respondents chose vomiting, 38 (12.7 per cent), Diarrhoea, 51 (17 per cent) others, 28 (9.3 per cent) Fever, 18 (6 per cent) and others.
- **Transmission:** 35.3 per cent of respondents indicated contaminated water; 18.7 per cent indicated contaminated food, 12.7 per cent indicated poor hygiene practices; 7.1 per cent indicated poor hand washing. Please note that 15.7 per cent indicated others means of transmission.
- **Hand-washing: in community (A)** 33.7 per cent of respondents indicated that they washed their hands only before eating; 17.3 per cent indicated after using the toilet; 16 per cent indicated before preparing food; 14 per cent indicated after cleaning babies buttocks.
- **Water storage:** 85.3 per cent of respondents indicated that they stored water in covered containers; 10 per cent indicated that they stored water in open containers; while 4.7 per cent indicated that they used other means to store their water.

Ebonyi State (Abakiliki and Izzah LGA)

A joint IFRC / NRCS team visited the State MoH and met with the permanent Secretary, Director public Health, and Nurse in-Charge regarding the cholera situation in the state. In the discussions, the permanent secretary confirmed isolated cases in some communities due to insufficient water, lack of sanitary facilities and also bad hygiene practice (open defecation) in the community which triggered the outbreaks. Following an assessment of the communities, it was identified that people's knowledge of cholera prevention and control was low as caregivers were infected in the process of rending assistance, two of which lost their lives. During focus group discussions (FGD) sessions with affected families and community leaders, the community members admitted drinking rain water from dirty roofs, open defecation practices and the use of public toilets as key issues resulting to the spread of cholera. The NRCS team also visited the health facilities (private health clinic in Omoru community) which recorded 30 cholera cases at the time of the visit. The medical director confirmed that low community knowledge on water treatment; food hygiene and hygiene promotion were the underlying causes of the outbreak. Low or reduced access to timely medical service also contributed to the high CFR, the community had only one health facility, inadequate resources (one doctor, one CHEW and two volunteers) to effectively respond to the patients as they came in.

Risk Analysis

As noted, the DREF operation coincided with the Presidential and Governorship elections. Thus, training of volunteers was put on hold till after the general elections due to security concerns. Also, there was a delay in procurement of NFIs due to the change of NRCS Governance board which resulted in the introduction of new logistics and supply chain procedures. As a result an extension of the operation was requested and approved to allow for the proper implementation of the operation.

B. Operational strategy and plan

Overall Objective

Contribute to the prevention and control of the cholera epidemic with the intention of reducing morbidity and mortality in Anambra, Ebonyi and Rivers states (Target: 3,000 households/15,000 people).

Proposed strategy

Through the DREF operation, the following strategies were used to meet the needs of the affected population in Anambra, Ebonyi and Rivers states:

- ***Conduct a comprehensive assessment in the three most affected states of Anambra, Ebonyi and Rivers in order to understand the cholera outbreak -*** The assessment informed the response needs and approach to be used. A selection criterion was established for communities and beneficiaries before the full implementation of the DREF operation and the results of the assessment were analysed and these informed the revision of the DREF operation as was required. In total, 15 volunteers were trained on the use of ODK to collect information during the KAP survey. A five day KAP survey was planned and conducted in Anambra and Rivers states using the ODK technology. The KAP was not done in Ebonyi because of lack of phones. Initial cholera hotspot mapping was also carried out, which was intended to guide and direct the sensitization, distribution of hygiene kits as well as the disinfection activities. It was expected that the initial response activities were identified would be carried out in accordance with the "Sword and Shield" approach.
- **90 NRCS volunteers received training to strengthen their capacity to respond to the epidemic which included:** A two-day training on health education, hygiene promotion and epidemic control techniques (using the Epidemic Control for Volunteers (ECV) manual) was conducted. The volunteers acquired the necessary knowledge and skills to enable them provide information on cholera prevention and control in the communities that they were deployed. The NRCS NHQ staff conducted the training in conjunction with the state MoH. The trainings were held at the community level.
- **Community and household level awareness raising activities to improve the knowledge and practices on the prevention and control of cholera were carried out.** This included sensitization on water purification and storage, safe excreta disposal, food hygiene and storage, hand washing techniques and personal hygiene, as well as mass awareness raising at community meetings, rallies, market squares and other public places
- **Distribution of IEC materials** - including leaflets, posters and banners were produced and distributed containing key messages on the prevention and control of cholera, which as was informed by the results of the assessment and KAP survey
- **Procurement and distribution of water purification tablets to promote safe water supply at household level,** as well as demonstrations on household water storage and treatment. Community WASH committees were established and equipped with cleaning equipment (rakes, shovels and wheel barrows), and protective equipment (gloves, masks and rubber boots) to ensure that the sanitation and facilities in their communities are maintained
- **Hygiene related items (NFIs)** comprising buckets, jerry cans and soap were distributed to **2,140** most vulnerable households based on the criteria that was developed during the assessment and beneficiary identification, which included: female headed households, widows, and households with cholera cases. NFI distributions was carried out in conjunction with demonstration on proper collection, treatment, storage and usage of water

All the activities planned were carried out in close cooperation with the community and through advocacy to the community, religious and traditional leader, which were also important partners when it comes to identifying the most vulnerable groups.

Lessons learned from the MDRNG016 operation carried out in Bauchi state in 2014 were taken into consideration and applied in this DREF operation, these were as follows:

- Communities and beneficiaries should be properly educated on the Red Cross emblem.
- It is important to involve community leaders from the early stages in order to have their support. Communities should be properly mobilized and sensitized on the importance of aqua tabs.
- A proper registration and distribution tag to be made before distribution and good logistic planning is critical.
- Use of local volunteers is more appropriate than bringing outside volunteers to work in the community.
- Demonstration of household water treatment with locally available water treatment alternatives is better than using what is not available in the community.
- In order to sustain good sanitation and environmental hygiene it is important to establish community sanitation days and committees.

Operational support services

Human resources (HR)

The following staff and volunteers were involved in the DREF:

- The NRCS mobilized one focal staff that provided coordination and support to the branches throughout the implementation of the operation, under the supervision of the National Health Coordinator. A Finance officer dedicated to provide support to the operation at the branch level was also mobilized.
- Two NDRT members were mobilized and deployed in Anambra and Rivers for the assessments.
- In total, 90 volunteers were trained and mobilized, which received a per diem rate to carry out the activities planned in the EPoA. As noted, 15 of these volunteers were initially mobilized and trained to conduct KAP surveys using the ODK cell phone technology for data collection. In addition, 30 volunteers were also trained to conduct beneficiary satisfaction survey as part of the operational review exercise, which was carried out at the end of the DREF operation.
- The IFRC Nigeria country representation (and IFRC zone disaster management, and emergency health units) provided technical support (through monitoring visits); and an RDRT member was deployed for two months to support the effective implementation of the DREF operation.

Logistics and supply chain

All the supplies were procured locally including water guard as the initial plan for international procurement of the water purification tablets (aqua tabs) did not work. All items required for the planned activities were procured as planned. However, delays were experienced due to a change in the NRCS governance, which resulted in the introduction of new logistics and supply chain procedures.

Communications

Communications and visibility of the DREF operation was ensured through information sharing with the media, authorities and partners. The NRCS communication department provided technical support and facilitated the production of community and visibility materials, which was promoted to external and internal audiences, including the use of social media platforms (Twitter and Facebook). NRCS volunteers were also issued with t-shirts and caps to ensure the visibility of the Red Cross Red Crescent Movement, and activities planned within the DREF operation.

Security

In late March 2015 (28 March 2015), the Presidential and Governorship elections, initially postponed was later conducted in a peaceful manner although there were sporadic cases of election violence in some states. However the acts of violence however didn't have implications on the DREF operation, though activities planned were disrupted by the postponement of the elections, which raised tensions and impacted on the mobilization of volunteers. As the situations evolved, The IFRC and ICRC continued to support the NRCS with security and safety issues by sharing regular updates on security situation in areas of implementation.

Planning, monitoring, evaluation, & reporting (PMER)

The DREF operation was coordinated at the National level by the National Health Coordinator, with the assistance of the Programme Coordinator. The Health department has a total of four (4) staffs that were all deployed to monitor and support the branches and volunteers at impact area. In addition, the deployment of the RDRT contributed in strengthening the capacity of the Health department. At the branch level, the Branch Secretaries (BSs) coordinated and monitored the implementation of the DREF operation. At community level, volunteer supervisors were appointed in each community to oversee the activities planned. Reporting involved daily record keeping of all activities carried out by the volunteers and the submission of the reports to the divisional health coordinator, who in turn collated and forwarded to the branch secretary. The BS compiled the reports and submitted them to the Programme Coordinator and National Health Coordinator. At NHQ level, monitoring visits were made to the operational level by the National Health Coordinator and Project Coordinator to provide on the spot check to the team on the ground. The BSs and team continued to conduct weekly monitoring visits to the volunteers working at community level. Implementation of the EPoA was monitored monthly against key indicators, based on the agreed log frame for the plan. Each branch was oriented on the reporting formats. The volunteers were trained on reporting using the indicator monitoring tools developed. The supervisors were also oriented on data collation and reporting to the NHQ. A monitoring mission by

the IFRC zone emergency health coordinator was conducted; and this supported the reorientation of the DREF operation.

A DREF operational review and lessons learnt workshop was carried out in August 2015 involving representatives from the Africa region disaster management and emergency health units, to identify and discuss good practices, challenges and other experiences. In total, 30 volunteers (In Ebonyi and Rivers states) received orientation on beneficiary satisfaction survey using the ODK technology. These volunteers conducted house to house visits to beneficiaries, to find out the impact of the operation in their households, their level of satisfaction and practices adapted to control the spread of cholera. In addition, visits to the community leaders were conducted during the review and lessons learnt workshop held in Anambra, to include the beneficiaries and the stakeholders. An operational review report is being prepared, and will be published on the IFRC Evaluations Database.

C. DETAILED OPERATIONAL PLAN

Quality Programming / Areas Common to all Sectors

Quality Programming / Areas Common to all Sectors	
Outcome 1: Needs assessment and situation analysis to plan the design and implementation of the operation	
Output 1.1: Initial and continuous needs assessment are updated following consultation with beneficiaries and stakeholders	
Activities planned	
1.1.1	Carry out five days initial needs and gaps assessments in Anambra, Kano and Rivers states
1.1.2	Participate in monthly coordination meetings with stakeholders at National and State levels.
1.1.3	Undertake continuous risk and capacity assessments during implementation.
Achievements	
1.1.1	Initial assessments were conducted as planned in Anambra, Ebonyi and Rivers states. In Anambra and Rivers states, the assessments corroborated the projections made by the MoH on the caseload, scale and coverage in the affected areas. Following the assessments, immediate, medium and long term recommendations were made in regards to the provision of sustainable support to communities, which included: o Improving the knowledge of the affected population on the prevention and control of cholera, including the development of messages that would clearly be understood by the community. The messages were in line with the FMoH IEC materials. o Community-level provision of safe water supply and sanitation facilities, hygiene promotion, as well as the distribution of hygiene related items (jerry cans, buckets and soap.)
1.1.2	Continuous coordination was carried out by the NRCS through participation at meetings with stakeholders at National and State level during which information was shared, and mapping of responding agencies. The NRCS has been working in collaboration with the Ministry of Water Resources, MoH, National Emergency Management Agency (NEMA) and UNICEF both at national and state levels. During coordination meetings, situation updates were shared from which response strategies were developed and implemented
1.1.3	Continuous risk and capacity assessments were undertaken during implementation. Risk assessments were conducted during implementation of the project. The assessments continued throughout the implementation period, thereby strengthening the capacity of the branches
Output 1.2: Knowledge, Attitudes, and Practices conducted	
Activities planned	
1.2.1	Conduct a two days training for 30 volunteers (10 per state) on Knowledge, Attitudes, and Practices survey (KAP). Volunteers will be oriented on the use of the open data kit (ODK)
1.2.2	Conduct a five day KAP survey in Anambra, Ebonyi and Rivers states using the open data kit (ODK)
Achievements	
1.2.1	15 community volunteers received training on KAP surveys, which equates to 50 per cent of the

intended target (30); and was due to the number of phones (15) that were available and therefore only possible in Anambra and Rivers states.

1.2.2 KAP surveys were carried out using the ODK mobile phone technology in both Anambra and Rivers states. Following discussions with the MoH; it was agreed that Kano state would be removed from the DREF operation, and replaced with Ebonyi state, where an increase in cases had been reported. On replacement, a KAP survey was not conducted in Ebonyi however a general assessment was done (refer to "Needs analysis and scenario planning" section).

Output 1.3: Monitoring and Evaluation is conducted

Activities planned

1.3.1	Conduct two monitoring visits to operational areas
1.3.2	Deploy one RDRT to strengthen the human resource capacity of the health team and two NDRT to support implementation of the DREF operation in the states
1.3.3	Monthly reporting and review of activities
1.3.4	Conduct DREF review and lessons learnt workshop before the end of the operation

Achievements

1.3.1 Monitoring visits were carried out as planned in Ebonyi, Anambra and Rivers. Following the extension of the operation timeframe, the NHQ and branch level monitoring missions were conducted. Additional resources were also allocated for monitoring.

1.3.2 A RDRT was deployed to ensure coordination between the IFRC and NRCS and also support the implementation of the DREF operation in addition to two NDRT mobilized for support the assessments in Anambra and Rivers states.

1.3.3 Refer to "PMER" section.

1.3.4 As noted (refer to "PMER" section) an operational review/lessons exercise was carried out. The Africa region DREF delegate and the Emergency Health delegate were deployed to support the DREF review and facilitate the lessons learned exercise, with the support of the in-country IFRC Health Delegate. An operational review report is being prepared, and will be published on the IFRC Evaluations Database.

Challenges

Key challenges included:

- Information technology: The duration of the KAP (ODK) training was inadequate as most of the volunteers were not familiar with the use of smartphones and needed more time to get acquainted with the technology. Due to the number of mobile phones available the number of volunteers was reduced to 15. This was less than the number planned in the EPoA.
- PMER: The KAP was only done in Anambra and Rivers and not in Ebonyi. As explained above, the number of phones could not allow for the use of the same in Ebonyi state. The elections also affected the number of days to implement the assessment and KAP.

Lessons Learned

Lessons learned included:

- PMER: For quality information and proper data collection, KAP survey training using mobile phones (ODK or RAMP) should be given at least three (3) days with field testing and simulation. It is important to give some time in between the general assessment and the KAP. It was not possible to analyse the data and information gathered to inform decisions and strategy on the operation because the assessment and KAP were done concurrently. This was a departure from the EPoA. On the other hand however it was useful for Kano state where after the assessment a decision was made not to conduct a KAP and an operation because the authorities didn't confirm availability of cholera cases in the state.
- RCRC/Agency Coordination: There is need for improved coordination at state and local levels. In future operations, mechanism should be put in place for information (reports and updates) sharing at the state levels to improve surveillance and avoid duplication of efforts.

Health and Care

Health and Care

Outcome 2: Immediate risk of cholera to the health of the population is reduced through prevention and control activities in the Anambra, Ebonyi and Rivers states over a period of five months

Output 2.1: Capacity of Nigeria Red Cross Society to respond to the epidemic in the affected area is strengthened

Activities planned

2.1.1 Conduct a two day training of 90 volunteers (30 per state) on health education, hygiene promotion and epidemic control techniques.

2.1.2 Train a pool of 30 volunteers on ODK approach in order to perform community cholera hotspots mapping by using the phones. The training will be combined with the KAP assessment training and extra practice during the training of volunteers on specific health issues.

2.1.3 Continuous analysis of the dynamic of the outbreak in terms of geographical distribution and main contexts of transmission.

2.1.4 Continuous adaptation of the intervention based on the continuous analysis of the outbreak.

Achievements

2.1.1 In total, 90 volunteers participated in a two-day training on health education, hygiene promotion and epidemic control techniques (using the Epidemic Control for Volunteers manual) was carried out in the three states, which equates to 100 per cent of the intended target (90).

2.1.2 Refer to “Activity 1.2.1” and “Activity 1.2.2” for information.

2.1.3 Continuous analysis of the dynamic of the outbreak in terms of geographical distribution and main contexts of transmission were carried out. The NRCS NHQ and branches were continuously in contact with the MoH receiving updates on cholera in the country ensuring that the current situation was documented at every level. The BSs attended coordination meetings where the cholera situation was regularly reviewed

Output 2.2: Target population in the affected areas are provided with sensitization to improve the knowledge and practices on the prevention and control of cholera (Target: 15,000 beneficiaries / 3,000 households)

Activities planned

2.2.1 Carry out disease prevention and house to house sensitization on cholera prevention and treatment, water purification and storage, safe excretal disposal, food hygiene and storage, hand washing techniques and personal hygiene.

2.2.2 Produce and disseminate information, education and communication (IEC) materials - 15,000 leaflets and 3,000 posters, three banners, 200, t-shirts and caps with key messages on cholera to be informed by the assessment results.

2.2.3 Carry out 18 community meetings, rallies and sensitizations at market squares and other public gathering (two events per state per month).

Achievements

2.2.1 In total, 31,800 persons were reached through house to house sensitization campaigns in the three states (Anambra, Ebonyi and Rivers), which was carried out by the 90 volunteers, and equates to 212 per cent of the intended target (15,000).

2.2.2 Information, Education and Communication (IEC) materials (15,000 leaflets and 3,000 posters) were produced and disseminated, with key messages on prevention of cholera and best hygiene practices. During the revision of the DREF operation, which led to the extension of the activities planned, it was recommended that more IECs be produced, thus additional 900 posters and 1,600 leaflets were produced for each state

2.2.3 Market rallies, mass awareness campaigns were carried out to reach 10,230 people at market squares, worship centres, community and public gatherings

Challenges

Key challenges included:

- Human Resources: Rallies were also postponed on the days of heavy down pour as volunteers did not have umbrellas or raincoats to enable them work in the rain.
- Logistics and supply chain: As the DREF operation was carried out in the rainy seasons, some communities were not accessible as roads were flooded. Some communities were inaccessible especially

across the river where it required use of boats.

- Security: Community meetings, rallies and sensitization at market squares and other public gatherings were disrupted due to the Presidential and Governorship elections and security concerns.

Lessons Learned

Lessons learned included:

- Human Resources: Raincoats or umbrellas should be provided in subsequent operations, should the operation take place during the rainy seasons.
- Logistics and supply chain: The volunteers requested for motorbikes or bicycles for easy movement round the communities. In Anambra the Branch used a boat to transport NFIs to the affected communities and the cost of the transportation of the materials was not budgeted for. The Branch used its own resources to transport the materials. These costs should be budgeted in future operations.
- Resource Mobilization: Good collaboration with the stakeholders enabled the branch to mobilize more resources to add to the DREF operation.

Water, sanitation and hygiene promotion

Water, sanitation and hygiene promotion	
Outcome 3: Immediate risk of cholera is reduced through the provision of safe water supply and hygiene promotion in the Anambra, Ebonyi and Rivers states over a period of three months	
Output 3.1: Target population in the affected area is provided with access to safe drinking water supply (Target: 15,000 beneficiaries / 3,000 households)	
Activities planned	
3.1.1	Procure and distribute 120,000 water purification tablets (aqua tabs) to promote Household Water Treatment (HHWT)
3.1.2	Conduct public demonstrations and sensitization on household water storage and treatment, and the use of water purification tablets (aqua tabs) – this will be done through house to house approach
Achievements	
3.1.1	In total, 2,140 water guards were procured and distributed to Household Water Treatment (HHWT). It was agreed that water guard be procured since it is available in the country at a reasonable cost and can easily be purchased by beneficiaries should they run out of the ones provided.
3.1.2	Prior to distribution demonstration and sensitization on household water storage and treatment were carried out through a house to house approach
Output 1.2: Target population in the affected area is provided with adequate drainage environmental sanitation facilities. (Target: 15,000 beneficiaries / 3,000 households)	
Activities planned	
3.2.1	Procure cleaning equipment (60 rakes, 60 shovels, 30 wheelbarrows,) and 15 cartons of protective equipment (gloves, masks, rubber boots) to equip Water and Sanitation committees
3.2.2	Establish nine WatSan Committees (of six persons each) to ensure sustainability of monthly clearing of drainages and promotion of hygiene in affected communities
3.2.3	Distribute cleaning and protective equipment to Water and Sanitation committees to organize monthly community sanitation
3.2.4	Supervise and support monthly clearing of drainage and sewerage systems
Achievements	
3.2.1	Procurement of cleaning equipment (60 rakes, 60 shovels, 30 wheelbarrows) and 15 cartons of protective equipment (gloves, masks and rubber boots) was completed and used for drainage clearing and environmental sanitation. Upon extension of the DREF operation, additional cleaning equipment was procured to reach other targeted communities (30 wheelbarrows, 28 rakes, 30 shovels) and 25 cartons of protective equipment comprising gloves, masks and rubber boots).
3.2.2	In total, nine water and sanitation committees have been established, which equates to 100 per cent of the intended target (nine) and the cleaning equipment handed over to the committees under close supervision of the Red Cross detachment for continuity and sustainability. Monthly clearing and cleaning of drainage and sewerage systems were carried out using the cleaning and protective equipment, following the establishment of Water and Sanitation Committees in the community
3.2.3	Refer to “Activity 3.2.2”.

3.2.4	Refer to “Activity 3.2.2”.
Output 3.3: Target population in the affected areas are provided with hygiene-related items (NFIs), which meet Sphere standards (Target: 10,700 beneficiaries / 2,140 households)	
Activities planned	
3.3.1	Procure 2,140 water storage containers (2,140 buckets and 2,140 jerry cans) and 60,000 pieces of soap (10,000 packs) for most to most vulnerable 2,140 households.
3.3.2	Distribute 2,140 households with water storage containers (buckets and jerry cans), soap and household water treatment packages
3.3.3	Orient households on the proper use of distributed items during house to house visits
Achievements	
3.1.1	In total, 2,140 water storage containers (buckets and jerry cans), and 60,000 bars of soap was procured and distributed to 2,140 identified and registered households, which equates to 100 per cent of the intended target (2,140).
3.1.2	Refer to “Activity 3.3.1”.
3.1.3	In addition to the public demonstrations on the proper use of water storage containers and soap, the volunteers also conducted house to house visits to sensitize beneficiaries on the proper use of water storage
Challenges	
Key challenges included: • Logistics and supply chain: Delayed procurement and distribution of NFIs as a result of change of NRCS governance leading to restructured logistics and procurement systems. The sanitation tools were delayed and the committees were established almost at the completion of the operation hence this made it difficult to monitor the activities of the committees. In addition, the procured NFIs were insufficient for the number of people in need. Hence, about 30 per cent of targeted population (3,000 households) were not reached with relief materials	
Lessons Learned	
Lessons learned included: • Human Resources: It is important to have a RDRT in time and up to the end of the operation. The RDRT should be deployed to the operational area in order to ensure close monitoring of the operation. There was a big difference between this operation and the one carried out in 2014 where the RDRT was deployed at the field. • Logistics and supply chain: Procurement plans should begin along with planned activities to avoid unnecessary delay and ensure that affected populations are provided relief at the peak of the disaster. • Disaster preparedness and risk reduction: There is need for the NRCS to pre-stock relief items to complement the items covered with the DREF to reach at least 90% of the affected population. In future operations it would be ideal to provide all targeted beneficiaries with NFIs. Some of the people did not benefit from the NFIs that were provided because they were not enough.	

D. THE BUDGET

The DREF allocation was CHF 200,794 of which CHF 200,827 was spent, which is an overspend of CHF 33 and will absorbed by the IFRC Nigeria country representation.

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.

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.