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Emergency Plan of Action (EPoA)
Nigeria: Meningitis

International Federation of Red Cross and Red Crescent Societies

DREF Operation MDRNG021	**Glide n°** EP-2017-000030-NGA
Date of issue: 22 April, 2017	**Date of disaster: November 2016**
Operation manager (responsible for this EPoA): Terrie Takavarasha, IFRC Abuja Cluster Office.	**Point of contact:** Andronicus Adeyemo, Ag. Secretary General, Nigerian Red Cross Society
Operation start date: 18 April 2017	**Expected timeframe: Two months**
Overall operation budget: CHF 234,843	
Number of people affected: Zamfara (3,259,846); Katsina (5,792,578); Sokoto (3,696,999)	**Number of people to be assisted:** 810,000 persons (135,000 families)
Host National Society presence (volunteers, staff, branches): 450 volunteers, 45 volunteer supervisors, 3 NDRTs, 6 Branch and 3 HQ project staff.	
Red Cross Red Crescent Movement partners 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	

A. Situation analysis

Description of the disaster

Meningitis is a serious viral or bacterial disease in which an outside layer of the brain or spinal cord becomes affected and swollen, and can lead to death of the patient. Symptoms of the disease include neck stiffness, high fever, rash, headache, vomiting and confusion. The bacterial or viral infection is transmitted through droplets, which include sneezing coughing and sharing of eating or drinking utensils. Meningococcal disease is spread from person to person. The bacteria spread by exchanging respiratory and throat secretions (saliva or spit) during close (for example, coughing or kissing) or lengthy contact, especially if living in the same household. The bacteria are not spread by casual contact or by simply breathing the air where a person with meningococcal disease has been. People in the same household, roommates, or anyone with direct contact with a patient's oral secretions would be considered at increased risk of getting the infection.

As one of the countries within the Meningitis Belt, Nigeria has recorded outbreaks in the past. Until recently, these outbreaks were caused mostly by *Neisseria meningitides serogroup A (NmA)*. These outbreaks occur in the dry season, due to low humidity and dusty conditions and usually ends with the onset of the rainy season.

The current outbreak of Cerebrospinal Meningitis (CSM) in Nigeria is a repetition of series of outbreaks mostly affecting States in the upper parts of the country, which fall within the African Meningitis Belt. 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 have so far been reported with 455 deaths and CFR of 10.7% from 128 Local Government Areas (LGAs), with the outbreak reaching epidemic proportion in five states, including Zamfara, Sokoto, Kebbi, Katsina and Niger States. As at reporting week 13 of 2017, all 14 LGAs in Zamfara state as well as neighbouring LGAs have been affected some of the cases have crossed alert or epidemic thresholds as shown on the spot map below. The table below also shows the list of affected states and cases reported as at 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**

Note: These numbers are subject to change due to ongoing reclassification, retrospective investigation and availability of laboratory results.

Although Nigeria has witnessed outbreaks of meningitis in the past, since the large-scale vaccination against meningitis A there is a "serotype replacement" – and increase in the cases and outbreaks caused by other Nm serogroups such as W, X, and C. The current outbreak is caused by - N. meningitis serogroup C (NmC). Therefore, vaccines containing Men C are required in its prevention as a matter of urgency be put in place to combat the spread. As at Monday 9th of April, 128 (LGAs) in 21 States have been affected by - *Neisseria Meningitides type C*.

Summary of the current response

Overview of Host National Society

The Nigerian Red Cross Society (NRCS), as an auxiliary to the Government of Nigeria has continued to support the Government in the fight to contain the outbreak since its inception. The NRCS has a pool of trained and well equipped volunteers comprising of health action teams (HATs), mothers' Club, NDRT and CBHFA trainers/volunteers with a wealth of knowledge and practical experience in responding to disasters and health epidemics. Through the National Society (NS)'s grassroots presence and wide range of community-based volunteers, the NRCS is carrying out social mobilization, disease surveillance as well as supporting the case management teams in Sokoto and Zamfara States. At the National and State level, the NRCS is an active member of the Emergency Operations Centre (EOC) led by the Nigerian Centre for Disease Control (NCDC). At the EOC, the NRCS has been saddled with the responsibility to support the Social mobilization and Surveillance Working groups.

Following the continued spread of cases, the NRCS intends to scale-up these activities through a DREF operation, targeting those communities in the affected LGAs, surrounding LGAs identified to be at high risk on the outbreak spreading. These will include social mobilization activities for preventive and reactive campaigns, disease surveillance and risk mapping as well as Psychosocial Support (PSS) services.

Overview of Red Cross Red Crescent Movement in country

The International Federation of Red Cross and Red Crescent Societies (IFRC) though its cluster office in-country in Abuja is working closely with the NRCS to provide technical support as well as resource mobilization. After two alerts,

have been posted in the IFRC's Disaster Management Information System (DMIS) platform, the IFRC facilitated an operations call and a follow-up, which has led to this Plan of Action for DREF allocation to scale-up emergency response.

The International Committee of the Red Cross (ICRC) has presence in Nigeria and focused in the North East and South- Southern part of the country where there are recurrent situations of violence and armed conflict. The NRCS would link up with the ICRC for security briefings and further assistance available.

Overview of non-RCRC actors in country

Given the size of the outbreak and the number of States affected, the Nigerian Centre for Disease Control (NCDC) is leading a multi-agency CSM outbreak Control Team to coordinate the response, aimed at containing the outbreak. Members of the team include the Federal Ministry of Health (FMOH), NCDC, National primary Health Care Development Agency (NPHCDA), WHO, Nigerian Red Cross and other partners (UNICEF, MSF, US-CDC and E-Health Africa). The Outbreak Control Team is focusing on vaccination, communicating prevention messages, strengthening surveillance, case detection, verification and management as well as communication and coordination across the affected State.

Vaccines that provide protection to *Neisseria meningitis* serogroup C (NmC) are not commercially available and need to be acquired through a special process managed by WHO. 500,000 doses of vaccines granted by the international coordinating group (ICG) to Zamfara and Katsina states, while British Government is also supporting with 800,000 doses. However, these vaccines are not enough to cover all the affected states. NPHCDA is working closely with WHO to ensure access to vaccines needed to respond to the outbreak and prevent further cases.

At the Emergency Operations Centre (EOC), Five (5) pillars have been constituted with partners participating as team members as follows:

- *Surveillance and Risk Assessment*
- *Case Management and Lab Diagnosis*
- *Epidemiology and Guideline Development*
- *Vaccines Needs Assessment and Campaign Management*
- *Communication and Social Mobilization*

UNICEF has supported the NPHCDA on social mobilization and communication (social and traditional media) in four states of Sokoto, Kebbi, Zamfara and Katsina. The social mobilization campaign will last only for five days at LGAs and State levels, which is not enough to saturate the targeted states and LGAs at household level. MSF has deployed mobile teams to camps and sites in Sokoto and Zamfara for case management.

The State Primary Health Care Development Agency is planning a reactive vaccination campaign from 5th and 9th April, 2017 in Zamfara State, targeting individuals between the ages of 2 to 29 years.

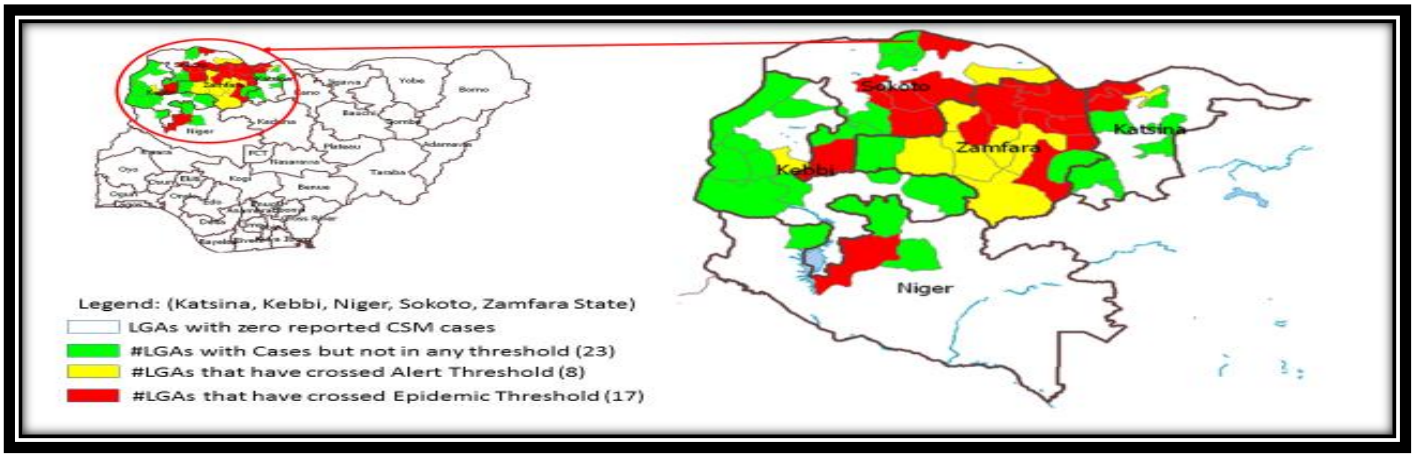
Needs analysis, beneficiary selection, risk assessment and scenario planning

The worst CSM epidemics experienced in Nigeria occurred in **1,996** when about **109,580** cases and **11,717** deaths were recorded, followed by the one in **2,003 (4,130** cases and **401** deaths) then in **2,008 (9,086** cases and **562** deaths) and in **2009**, when **9,086** cases and **562** deaths were recorded. There has been a recent outbreak of Meningitis in several parts of Nigeria. This is the first time the- *Neisseria meningitis* type C is affecting the country in such an epidemic proportion and at such a fast rate.

As at reporting week 13 of 2017, all 14 LGAs in Zamfara State as well as neighbouring LGAs are affected some of which cases have crossed alert or epidemic thresholds as shown on the spot map below. The table below also shows the list of affected states and cases reported as at 9th of April, 2017.

Spot map of CSM, Nigeria (week 01 to week 13)

Figure 1: *LGAs in Alert/Epidemic Threshold using Cumulative Attack Rate from Week 1-13 (source- NCDC)*



Since the onset of the outbreak, efforts of the partners have been focused on case management and vaccination, putting little effort into disseminating preventive messages and early detection. This gap has further exacerbated the situation and a result of physical contacts with the infected person due to overcrowding and/or minimal ventilation mainly in the cases of children, as well as delays in the identifying the disease and accessing medical facilities. The high temperature, extremely dusty wind, precarious hygienic conditions and practices in this region has posed a threat of further spread of the scourge.

As such, awareness raising campaigns are highly needed to strengthen community mobilization, community awareness, surveillance, early detection and referral of suspected cases in the targeted states.

Risk Assessment

Although the North-Western zone is relatively safe, compared to the North East where insecurity and insurgency is at its peak, NRCS volunteers will strictly adhere to security rules. Volunteers will also be extensively briefed on the Standard Operating Procedures (SOPs). Vaccination of volunteers working in affected communities and in close contact with the cases before deployment is required. In addition, the operation will pre-position personal protective equipment (hand sanitizers, gloves, and masks) to protect the actors, staff and volunteers who will be engaged in the operation.

There is risk of international border transmission; Zurmi LGA in Zamfara State, Gada LGA in Sokoto State and Jibia LGA in Katsina State borders with Niger Republic.

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 DREF Operation will focus on the following areas of intervention:

- ***Social Mobilisation:*** Support vaccination campaigns through intensified awareness and social mobilisation on the rationale and importance of vaccination.
- ***Disease Surveillance:*** NRCS volunteers will activate the surveillance system that ensures early detection, monitoring and referral of suspected cases. The volunteers will also consult with the local health facilities are aware of the Red Cross presence to enable assistance, encourage early diagnosis and treatment.
- ***Health Education and Awareness:*** Volunteers will disseminate information on meningitis, early detection and prevention of the disease. Health and hygiene education will be carried out through household visits, community gatherings, worship centres, street cinema, advocacy to community leaders, religious leaders and other local stakeholders.
- ***Psychosocial Support Services:*** Training is planned for volunteers and will aim to identify families and individuals psychologically affected by the loss of family members due to meningitis and provide PSS through counselling and community healing dialogue sessions. Working together with communities, the volunteers will set-up a space for discussion within communities affected by the outbreak to strengthen educational talks and reduce stigma through community healing dialogue.

Key activities planned will include:

- Two days orientation of 450 volunteers comprising of the Mothers' club members and Health Action Teams (HATs) i.e. 150 in Zamfara, 150 Katsina and 150 in Sokoto, on the prevention and control of meningitis, social mobilisation strategies, monitoring and surveillance, promotion of good health and hygiene practices.
- Following the orientation, 450 volunteers will be deployed to various wards and communities to conduct awareness raising campaigns, social mobilisation and dissemination of health and hygiene messages. Volunteers will work 4 days a week for a period of 5 weeks or until the outbreak is declared over- a total of 20 days, visiting at least 15 households a day. The training costs and volunteers' incentives will be covered by the DREF allocation). The volunteers will be equipped with information, education and communication (IEC) materials to support the awareness raising campaigns, comprising: brochures / leaflets (30,000), job aids and informative cards, as well as megaphones.
- During vaccination campaigns, of the 450 volunteers deployed, some will be working at vaccination and health posts to support the health workers in crowd control, documentation, mapping and identification of eligible persons as well as finger marking
- 45 supervisors will be trained on the use of smart phones for disease surveillance at community level. This information will be shared with the local health facilities during referral and the data sent directly to the NHQ server

managed by the IT unit to be shared with stakeholders. Support for internet connection would be made available for data upload.

- 60 trained volunteers (out of the 450 volunteers) will be deployed in small groups to carry out house-to-house visit meeting families who have lost member to the outbreak. The volunteers will also engage communities through focus groups to discuss on how the disease can be prevented and how they can protect their families from contracting the disease. Persons showing signs of mental health disorders will be referred to specialized centres for PSS.

Operational support services

Human resources

Three national headquarters (NHQ) staff and four branch staff will be engaged in the operation, working in closely with the Health and Care department led by the Head of department who is the project manager, who in-turn reports to the Secretary General. The department will further engage three NDRT as support staff to be deployed to the affected states to work closely with the branch staff and report to the NHQ. 45 volunteer supervisors would be mobilised, trained and deployed to work at LGA level, monitoring the activities of the volunteers and supporting the disease surveillance activities. A total of 450 community-based volunteers will be mobilized and engaged in awareness campaigns, health and hygiene promotion as well as social mobilisation activities to support the MoH vaccination campaigns. The volunteers will also support health workers at vaccination and health posts in this activity areas. 60 of the mobilised volunteers will also conduct PSS activities. All volunteers will be covered by IFRC insurance; and provided with personal protective equipment (hand sanitizer, gloves and masks).

Logistics and supply chain

All items required for the implementation of the DREF operation will be purchased locally. These will include mobile phones, call cards, megaphones, training materials, personal protective equipment (hand sanitizer, gloves and masks), information, education and communication (IEC) and visibility materials fuel, etc. procurement will be carried out in accordance with the IFRC logistics procedures and guidelines. Five vehicles will be mobilized in the states of the operation while one vehicle will be positioned at the NHQ for coordination meetings and related activities. These vehicles would either be leased or requested from the IFRC office.

Communications

In addition to the IEC materials, information on meningitis, good hygiene practices and Red Cross action will be disseminated and shared through the social media platform - Twitter, Facebook, WhatsApp and Instagram platforms. The NRCS communication department will be responsible for sharing information and updates of the activities with the donors, partners and the media, whilst the secretary general will be responsible for communicating with external and stakeholders, jointly with IFRC Head of Abuja Cluster. The communication department will undertake the communication activities aimed at increasing visibility of the Red Cross and Red Crescent. The IFRC will support in the documentation and publication of the stories on the IFRC website.

Security

The NRCS secretary general and project manager will hold regular security briefings with the ICRC and IFRC for continuous monitoring of security developments on ground. All staff and volunteers will be introduced to the Stay Safe Courses on the IFRC platform and standard operating procedures and operate under IFRC/NRCS security. Insurance for volunteers will be activated.

Planning, monitoring, evaluation, & reporting (PMER)

Field activities will be monitored at all stages by the NRCS PMER department with the technical support from the IFRC PMER unit at Abuja Cluster office. The PMER unit is also responsible for producing mid-term reports and Operational review of the project as well as project evaluation and final reporting. The NRCS will deploy 3 NDRTs to the three project branches to support implementation and monitoring and ensure weekly reporting to the NHQ. The NDRTs support will be for 20 days in each project area.

Administration and Finance

The NRCS administration and finance department supported by the IFRC ensures proper management and use of resources. Prior to the implementation, the NRCS will sign a Memorandum of Understanding (MoU) with the IFRC, outlining responsibilities to ensure that appropriate channels, guidelines and procedures are followed.

Programme Support

The NRCS will appoint a PSS focal point as well as a program manager/Operations Manager to support the operation.

C. DETAILED OPERATIONAL PLAN

Quality programming / Areas common to all sectors

Outcome 1: On-going evaluation and coordination of activities to monitor the implementation process of the DREF operation

Output 1.1: Continuous planning, monitoring and reporting of the activities under DREF operation in the areas of implementation.

Activities planned / Weeks	1	2	3	4	5	6	7	8	9	10	11	12
Regular coordination meetings with stakeholders at National and State levels	■	■	■	■	■	■	■	■				
Orientation and briefing of supervisors on data collection and monitoring	■											
Follow-up and monthly monitoring of planned activities by 3 NDRT members			■	■	■	■	■	■				
Follow-up and monitoring by 3 NHQ technical team	■	■	■	■	■	■	■	■				
Lessons learnt workshop							■	■				

Health and care

Outcome 2: Immediate risk and impact of meningitis on the health of the targeted population is reduced through social mobilization, prevention and surveillance activities in Zamfara, Sokoto and Katsina States, over a period of three months

Output 2.1: NRCS capacity to respond effectively and efficiently to support people affect by meningitis outbreak is strengthened

Activities planned / Weeks	1	2	3	4	5	6	7	8	9	10	11	12
One-day orientation for 4 NHQ technical teams and 6 NDRT (10 persons)	■											
One-day training of 45 supervisors on data collection using mobile phones		■										
Two days training of 450 volunteers on disease surveillance, health promotion and social mobilisation in the different branches		■	■									
Procurement of PPEs (hand sanitizers, gloves, masks) for the volunteers	■	■	■	■								
Procurement of mobile phones and sim cards for the volunteer supervisors (45)	■	■	■	■								
Procurement of visibility materials (Red Cross bibs, hijabs and fez caps (1,000 pieces)	■	■	■									
Production of IEC materials- leaflets, posters and banners (10 banners, 3,000 posters, 30,000 leaflets and information cards)	■	■	■	■								
Procure 45 megaphones for awareness campaigns	■	■	■	■								

Output 2.2: Community knowledge on meningitis prevention, signs and symptoms as well as vaccination coverage is improved

Activities planned / Weeks	1	2	3	4	5	6	7	8	9	10	11	12
Conduct door-to-door sensitization on disease prevention and control, early detection, community surveillance and referral (Target: 450 volunteers, 4 days a week for five weeks)			■	■	■	■	■					

Carry-out social mobilization to create demand for vaccine and improve vaccine coverage in targeted areas												
Conduct advocacy visits to local stakeholders and decision makers to disseminate information on meningitis and ensure compliance to vaccination												
Carry-out public awareness at social and religious gatherings, street cinema and role play to disseminate information and create awareness on prevention and management of meningitis												

Psychosocial Support

Outcome 3: The psychosocial and mental health needs of affected families are addressed as part of an integrated and harmonized post-Meningitis recovery plan.												
Output 3.1: Enhanced NRCS capacity to deliver psychosocial support for survivors, bereaved families and frontline workers of Meningitis at community level												
Activities planned Weeks	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Train 60 NRCS staff and volunteers involved in the response on PSS activities												
Produce 75 PSS handouts/books												
Output 3.2: Strengthening psychosocial interventions at the community level												
Activities planned Weeks	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Set-up a space for discussion within communities affected by Meningitis to strengthen educational talks and reduce stigma through community healing dialogue												
Carry out house-to-house PSS to meningitis survivors and the bereaved families for six days												

C. Budget: See attached budget below.

Contact Information

For further information specifically related to this operation please contact:

Nigeria National Society

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For Resource Mobilization and Pledges:

- In Africa Region: Fidelis Kangethe, Partnerships and Resource Mobilization Coordinator; Nairobi; phone: +254714026229; email: fidelis.kangethe@ifrc.org

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

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How we work

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

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

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

DREF Niger:Meningitis

12/04/2017

Budget Group	DREF Budget CHF
Shelter - Relief	0
Shelter - Transitional	0
Construction - Housing	0
Construction - Facilities	0
Construction - Materials	0
Clothing & Textiles	0
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	0
Medical & First Aid	4,055
Teaching Materials	7,036
Ustensils & Tools	0
Other Supplies & Services	0
Emergency Response Units	0
Cash Disbursments	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	**11,091**
Land & Buildings	0
Vehicles Purchase	0
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machiney & Equipment	0
Total LAND, VEHICLES AND EQUIPMENT	**0**
Storage, Warehousing	0
Dsitribution & Monitoring	0
Transport & Vehicle Costs	4,463
Logistics Services	0
Total LOGISTICS, TRANSPORT AND STORAGE	**4,463**
International Staff	0
National Staff	0
National Society Staff	27,863
Volunteers	104,022
Total PERSONNEL	**131,886**
Consultants	0
Professional Fees	0
Total CONSULTANTS & PROFESSIONAL FEES	**0**
Workshops & Training	45,886
Total WORKSHOP & TRAINING	**45,886**
Travel	10,000
Information & Public Relations	5,000
Office Costs	0
Communications	10,684
Financial Charges	1,500
Other General Expenses	0
Shared Support Services	
Total GENERAL EXPENDITURES	**27,184**
Programme and Supplementary Services Recovery	14,333
Total INDIRECT COSTS	**14,333**
TOTAL BUDGET	**234,843**

International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

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11 April 2017

Nigeria: Meningitis outbreak

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Data sources: IFRC, GADM. Map produced by: IFRC Africa Regional Office, Nairobi.