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Emergency Plan of Action (EPoA) Nigeria: Lassa Acute Viral Haemorrhagic Fever

 International Federation
of Red Cross and Red Crescent Societies

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| DREF n° MDRNG023 | Glide n°: EP-2018-000022-NGA |
| Date of issue: 17 March 2018 | Expected timeframe: 3 months, Expected end date: 17 June 2018. |
| IFRC focal point and budget holder responsible for this operation (project manager): Momodou Lamin Fye, Head of Cluster, Abuja | National Society focal point responsible for this operation (project manager): Mr. Abubakar Kende Secretary General, Nigerian Red Cross Society (NRCS) |
| Category allocated to the of the disaster or crisis: Yellow | |
| DREF allocated: CHF 271,886 | |
| Total number of people affected: 2,429,500 persons | Number of people to be assisted: 36,000 households directly targeted (estimated 180,000 people). |
| Host National Society(ies) presence (n° of volunteers, staff, branches): 5 National staff, One national supervisor, One project manager, 60 NDRTs, 6 Branch Managers, and 250 community-based volunteers. | |
| Red Cross Red Crescent Movement partners actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC). | |
| Other partner organizations actively involved in the operation: World Health Organization (WHO), Ministry of Health and Social Protection, Nigeria CDC, MSF, ALIMA, ICRC | |

A. Situation analysis

Description of the disaster

From January 1st to March 4th, 2018, a total of 1,121 suspected Lassa fever cases have been recorded: 353 were confirmed positive, 8 probable, 723 negative and 37 await laboratory results. This far, there have been 110 reported deaths and a fatality rate of 23.8%, while 18 States have active cases (Edo, Ondo, Bauchi, Nasarawa, Ebonyi, Anambra, Benue, Kogi, Imo, Plateau, Lagos, Taraba, Delta, Osun, Rivers, FCT, Gombe and Ekiti). According to the SitRep of Week 9 (26 Feb - 4 March 2018), although the Nigeria Centre for Disease Control (NCDC) has currently increased its response to level 3, the highest, there are still key challenges, including contact tracing due to lack of resources. Red Cross branches of these States are updating on the situation on a regular basis.

The vulnerable age group ranges between 31-40 years and the hot spots are the southern states of Edo and Ebonyi. Though acute viral hemorrhagic fever is endemic in Nigeria, the current outbreak, has seen the number of suspected cases more than double the average annual caseload recorded in previous years. Among those infected are 16 health workers, four of whom have died.

A National Lassa fever Emergency Operations Centre (EOC) was activated on 22 January 2018 to coordinate the response, in conjunction with WHO and other humanitarian partners and a letter of notification of Lassa fever EOC activation has been sent to 36 states and the Federal Capital Territory (FCT). While response activities are already underway, treatment facilities in the most affected States are overstretched and samples take too much time to reach diagnostic centres. Gaps in community-based surveillance and contact tracing hinder rapid detection and response to new cases. This outbreak calls for a rapid scale-up by national authorities and international partners to prevent further spread of the disease.

Lassa fever is a viral infection carried by the multimammate rat (*Mastomys natalensis*), one of the most common mice in equatorial Africa and found across much of sub-Saharan Africa. The illness was first discovered in Nigeria when two missionary nurses got infected with the virus in 1969. Its name is derived from the village of Lassa where it was first documented. Lassa fever is predominantly reported in Sierra Leone, Liberia, Guinea and Nigeria but because of the *Mastomys* rat's high prevalence in neighbouring countries, these areas are also at risk. Once a *Mastomys* rat is infected, it can excrete the virus in its urine, potentially for the rest of its life. This makes the spread of the disease worryingly easy when added to the fact that this species, like other rats, breeds easily and inhabits human homes. The most common method of transmission is the consumption or inhalation of rat urine or faeces, through food and/or water. Lassa fever can also be spread through cuts and open sores. Because the rats live in and around human habitation, they often come in contact with foodstuffs. The rats themselves are sometimes eaten and the disease can be spread during their preparation. Person-to-person transmission is possible via blood, tissue, secretions or excretions, but not through touch. Lassa fever can also be passed between patients and staff at poorly equipped hospitals where sterilization and protective clothing is not standard.

The World Health Organization (WHO) has reported four (4) cases of Lassa fever in Benin Republic, supposedly imported from Oyo State, bordering Benin. Cases have also been reporting in Liberia and Sierra Leone in the past month. WHO is working with countries in the region to strengthen coordination and cross-border cooperation.

The escalating spread of the cases and deaths since the start of 2018 is of concern. Available treatment facilities are overstretched, and lack of resources is preventing contact tracing in the affected States. According to the update at the EOC, these challenges, coupled with logistics issues regarding the deployment of supplies between states, delays in samples reaching diagnostic centres and gaps in surveillance and contact tracing in some states need to be addressed urgently.

Overview of Host National Society

The NRCS was established 1960 as an auxiliary to the Government in disaster preparedness and response. It has branches in all 37 States of Nigeria including Federal Capital Territory (FCT), as well as divisional presence. Key to the NRCS health functions is social mobilization with health and prevention messaging, as well as surveillance and referral. Over the years, the NRCS, through her Health Action teams, Mothers' club, National Disaster Response Teams (NDRT) and Regional Disaster Response Team (RDRT) members have

increased the visibility of the Red Cross through her community-based activities aimed at reducing morbidity and mortality of the vulnerable population.

The NRCS has 37 Branch health Coordinators and over 2,000 active Health Action Team members and 80 Emergency Health teams specially trained on Clinical management of highly contagious diseases. These pools of community health volunteers have been trained and engaged to support longer term health interventions using the CBHFA approach as well as Emergency Health interventions during outbreaks such as Ebola, Lassa fever, Cholera, Meningitis, etc.

The NRCS is a member of the National Emergency Operations Centre (EOC). To support the effort of the Nigerian Government to intensify response to the scourge, the NRCS has activated interventions in all her branches to support the response efforts in collaboration with the Federal Ministry of Health, the Nigeria CDC and WHO. The RC volunteers in affected states have been carrying out awareness and sensitization in the communities. In Plateau State, where ICRC supported community first aid activities are ongoing, volunteers have also integrated the health and hygiene messages during the first aid sessions. To further scale-up its humanitarian assistance to the affected communities, the NRCS, with technical support from the IFRC Abuja Country Cluster Support team, seeks to accelerate its intervention through health and hygiene promotion, active case finding and referrals, awareness creation and psychosocial support. This operation is expected to be implemented over 3 months completed by June 2018, targeting 6 states, Edo, Ondo, Ebonyi, Oyo, Bauchi and Taraba.

Overview of Red Cross Red Crescent Movement in country

The IFRC and ICRC are both physically present in country. The ICRC has a large delegation with activities in 17 States, though the bulk of programming is focused in the North East. The ICRC is carrying out awareness raising activities for Lassa Fever in Adamawa, Yobe and Borno.

The IFRC West Coast Cluster Office is based in Abuja, Nigeria. In Nigeria, the IFRC is supporting and building the capacity of the NRCS in the North East through the “One International Appeal” operation. The IFRC is also supporting the NRCS with health programmes country wide, Measles and Polio, as well as assisting in Capacity Building and Resource Mobilization. IFRC through its Africa Regional Office in Nairobi and Secretariat in Geneva are mobilizing technical/surge capacity such as RDRT and short-term deployment of health expert from the IFRC Dakar Cluster to support the operation.

Overview of non-RCRC actors in country

The Nigeria Centre for Disease Control (NCDC) has activated five (5) response pillars at the EOC for Lassa fever response, namely: i.) Coordination; ii.) Surveillance; iii.) Risk communication; iv.) IPC/Safe burial and v.) Laboratory.

The Federal Ministry of Health is investigating the source of the outbreak and distributing Ribavirin injections in the affected States while case management is still ongoing. The Nigeria Centre for Disease Control (NCDC) is the coordinating agency for Lassa fever response. NCDC has activated an Emergency Operations Centre in Abuja to coordinate response activities in the country. Letters have also been sent to the states to activate EOCs for coordinated response and timely reporting. Organizations like the WHO, CDC, MSF and ALIMA have also supported in assessments, case management, surveillance and IPC. Currently, there is a gap in community awareness, health and hygiene promotion and the EOC is looking up

to the NRCS to support, using their widespread network of community-based volunteers. So far, other NGOs and UN organizations are yet to respond in the affected states.

Needs analysis, targeting, scenario planning and risk assessment

While response activities are already underway, treatment facilities in the 18 most affected States are overstretched and samples take too much time to reach diagnostic centres. Gaps in surveillance and contact tracing hinder rapid detection and response to new cases. Now a grade 2 emergency on the WHO Emergency Response Framework, this outbreak calls for a rapid scale-up by national authorities and international partners to prevent further spread of the disease.

Strengthening of cross-border activities including enhanced active surveillance at the borders, collaboration and information exchange between Nigeria and Benin is also considered.

Lassa fever has left negative impact including loss of lives, the entire community at large could face ability to withstand this crisis as the few casualties who recovered are equally suffering stigmatization and some level of discrimination in their communities. There is need to show sensitivity and provide psychological first aid to the identified group of persons who were infected with the virus and have recovered, as well as the families and groups who lost their loved ones to the scourge to promote absolute recovery. Furthermore, the Red Cross volunteers who would be engaged in this operation also require psychosocial support to enable them handle specific sources of stress and overcome fear of infection and stigmatization that are particular to this outbreak. It is worthy to note that the NRCS has a precedent and is nationally recognized for her role in providing psychosocial support to the affected persons in Nigeria.

The NRCS with IFRC in country will continue to attend coordination meetings at all levels to share updates and reports for improved coordination and partnership. Through the DREF operation, the NRCS seeks to intensify activities and expand the coverage of this intervention to other affected states which have little or no activities going on. Through this DREF operation, the NRCS will adopt four strategies where volunteers will be trained, equipped and deployed to carry out 1) social mobilization and awareness raising campaigns at various level (schools, house to house, public places, etc), 2) community surveillance (contact tracing, active case finding and referrals), 3) household level vector control activities and wastes management (Support Households with vector control kits, community level and school distribution of waste management kits), as well as 4) psychosocial support activities.

Target Beneficiaries

The target population of this operation are:

- 36,000 households in 20 wards households will be directly targeted with social mobilization and awareness raising sessions as well as surveillance activities. NRCS has identified these households in consultation with local authorities. A total of 200 volunteers, deployed in teams of 2 with 20 supervisors visiting 20 households per day at a rate of 3 days per week over 8 weeks will be mobilized to support these activities, with one supervisor assigned per 10 volunteers or 1 per 5 teams.
- Vector control activities will target: 1,000 households with vector control kits and 200 waste management kits in support of community as well as school hygiene groups. These households have been prioritised based on the level of exposure, NRCS's access to communities and coordination with local authorities and other agencies.
- Communities will be indirectly targeted through media messaging as well as mass mobilization campaigns. (with average of 200 volunteers per State two days activities per month (including training) for two months).
- 50 volunteers conducting Psycho Social Support (PSS) activities will target 1,000 people.

- Volunteers will be trained with demonstrations sessions on the use of PPEs and samples kits for demonstration will be provided by MoH and WHO in country. Considering the big challenges that may happen to procure PPE, including availability worldwide and customs aspects in Nigeria, PPE will not be procured in this operation.

Scenario planning

The upsurge in Lassa fever cases and deaths since the start of 2018 is of concern. A few treatment centres have been activated and are presently overstretched. With Edo state being the worst affected, there is no contact tracing activities due to lack of funds. These challenges, coupled with logistics problems for the deployment of supplies between states, delays in samples reaching diagnostic centres and gaps in community surveillance and contact tracing in some states need to be addressed urgently. This might likely result in a number of cases roaming the streets or bedridden at home without referrals. Reports from Red Cross branches have revealed that a greater proportion of the vulnerable groups are the medical workers. Since the onset of this epidemic, a total number of eleven medical workers have been infected with four feared dead. Therefore, the need to intensify IPC awareness and facilitate supplies to treatment and isolation centres.

Presently, there is limited presence of organisations responding to this outbreak and one of the challenges identified by the NCDC is little or no awareness sessions. Since Lassa fever response is a state level response and not the direct responsibility of the Federal Government, this is considered one of the challenges and reasons for the growing number of cases as the capacity of the state is low or inadequate and medical workers are avoiding contacts with patients, therefore increasing the risk of fatality and further spread of the disease. This poses a great risk to the affected populace and the population at risk who might not be aware of the presence of this highly contagious haemorrhagic fever. With the grass-root presence of the Red Cross, the National Society is well placed to support this intervention than the NRCS. The NRCS will focus its intervention in 20 communities along 6 states as follows:

Table 1: 6 (six) Target states with related key activities

| N° | State | Planned key activities |
|-------------|---------------------------------|---|
| 1 2 3 | Edo Ondo Ebonyi Bauchi | 1)social mobilization and awareness raising campaigns at various level (schools, house to house, public places etc), 2) surveillance (contact tracing, active case finding & referrals), 3) household level vector control activities and wastes management (Support Households with vector control kits, community level and school distribution of waste management kits), as well as 4) psychosocial support activities. |
| 5 6 | Oyo Taraba | 1)social mobilization and awareness raising campaigns at various level (schools, house to house, public places etc), 2) surveillance (contact tracing, active case finding &and referrals) |

Operation Risk Assessment

Given the close contacts between volunteers and people of the affected areas, volunteers must protect themselves by using alcohol-based gels and handwashing with soap and clean water at all times. A total of 80 emergency health volunteers were trained with the support of the German Red Cross in 2016 on the use of PPE and IPC. Six among this roster will be recalled and deployed to support the operation in target states.

The areas of operation are considerably 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 National Health Coordinator, following NRCS minimum security requirement. This includes situation monitoring and implementation of minimum security standards. All RCRC personnel actively involved in the operations must have completed the respective IFRC security e-learning courses (i.e. Stay Safe Personal Security, Security Management, or Volunteer Security). Road travel also presents a considerable safety hazard, which ought to be addressed appropriately. Contingency plans must be in place to manage emergencies sufficiently.

The Secretary General, technical directors, service chiefs and IFRC and ICRC staff will all be involved in Movement coordination meetings and monitoring of security situation. However, ICRC will not be involved in the coordination of this DREF implementation. The following actions related to security will be complemented by the IFRC / NRCS:

- Regular safety meetings would be held;
- Continuous monitoring of developments on the ground;
- Monitoring to ensure communication systems are in working order (for example functional, fully charged, and if necessary top up with airtime);
- All staff and volunteers must complete the STAY SAFE safety course before starting their mission.

Management in the context of this DREF operation will be based on RCRC Fundamental Principles and humanitarian values.

B. Operational strategy

Overall objective

To reduce immediate risks to the health of the affected population, particularly in relation to the Lassa Fever outbreak, in 20 communities along 6 target States as well as mass awareness raising in 6 LGA's of the 6 States.

Proposed strategy

With focus on communication for behaviour change and adoption of best practices, the National Society will conduct a 5 days orientation of 250 volunteers on the rationale of Lassa fever, risk identification, active case finding, referrals, health and hygiene promotion, as well as safe and dignified burials. Preceding the volunteers' training would be a 2 days orientation of 30 NDRTs in Abuja who will be deployed to supervise and monitor activities at field level for the period of the operation. The 200 trained volunteers will conduct an advocacy, door to door and school sensitization and hygiene awareness campaign that will last 8 weeks, 12 days a month for 2 months, targeting 20 households a day. The door to door activity enable the volunteers to collect feedback on rumours, myths and practices. In addition, these volunteers will be deployed 2 days per month for 2 months (including a half day training) to conduct awareness campaigns, which would be done through community mobilization (markets, railway stations, places of worship, schools and other public places) to a broader audience over the 6 LGA's. The broadcast of spots on local radio stations as well as radio chat shows will be used to widen reach and awareness creation. This would allow for more in-depth discussion of the issues and to accept calls from listeners to answer questions and collect feedback on peoples' beliefs around Lassa Fever. With the support of health and State authorities, the antenna times will be negotiated with local radio stations to relay local language awareness messages. This DREF operation will also contribute to strengthening epidemiological surveillance, by establishing linkages with the nearest health facilities and referral centres. Weekly reports and findings will also be shared with State Ministries of Health for strengthened coordination.

In addition, out of the 200 selected volunteers for house to house, and the supplementary 1,200 volunteers for the awareness raising, a team of 50 volunteers, will be trained to carry out Psychosocial Support (PSS) activities targeting people who, over the course of this outbreak, have lost or who may lose their loved ones or suffer from the stigma associated with the infection. These volunteers will work 3 days a week for 8 weeks and also carry out community meetings to discuss the issues, myths and facts concerning the disease, promoting early detection and timely referral which are key to the early treatment and survival. The PSS volunteers will also be included in social mobilization activities to reduce fears and change beliefs, promote active listening and clarify rumours. RC volunteers will also organize community meetings and sensitization sessions with community leaders and key opinion leaders to debunk rumours and advocate for psychological

first aid and supportive communication as a teamwork for the affected individuals and families, PSS, active case finding and relief activities. The information collected will be used to inform and update health and hygiene messages to ensure they remain relevant and effective. In the border communities along 2 States of Oyo and Taraba, volunteers will be trained and support awareness activities and active surveillance.

Vector control activities includes the distribution of 1,000 vector control kits (plastic boots, face masks, hand gloves, rat traps) to most 1,000 vulnerable households and the support to community and school groups with 200 wastes management kits (wheel barrow, rakes, brooms, face masks, rubber boots, hand gloves and shovels, handwashing soap, tipy taps)

All the elements necessary for the implementation of the DREF operation will be made through local procurement. This will include: credit units for SMS, fuel, hydro-alcoholic hand gel, gloves, masks, tools, training materials, buckets, soap, jerry cans, etc., and will be in accordance with IFRC logistics procedures and guidelines. If the items are not available on the local market, they may be requested by the IFRC Abuja CCST. It goes without saying that all procurement files will be reviewed and validated at IFRC Regional logistics level before orders are placed on the field. In total, five National Society vehicles will be involved in the implementation areas for the operation of DREF. Fuel and maintenance costs have been budgeted.

To halt the rapid spread of the epidemic, the DREF operation will also support the communications team to disseminate messages on how to prevent Lassa fever. Information messages will be disseminated through radio programs on preventing disease through good hygiene practices. Key messages on prevention and early detection will be made available to the communications department to disseminate using the National Society's social media platforms such as the webpage, Twitter, Facebook, Instagram and WhatsApp. Leaflets and posters with key messages on Lassa fever will be produced and disseminated to the targeted population. In addition, volunteers will also be provided with T-shirts and caps conveying key messages on good hygiene. These T-shirts and caps will be produced with the Red Cross emblem printed on them, to promote the visibility of the Red Cross Movement.

The performance and accountability in this DREF operation will be strengthened through a system of monitoring and reporting. The focus will be on strengthening the monitoring of progress on outcomes to inform operational planning and decision making. Monitoring and reporting structures at the branch will be strengthened so they gather viable data in a timely and credible manner. NRCS will collect all data related to the planned intervention and response to any emergency in the affected areas on daily basis and send it to the analysis seat and weekly reporting to the IFRC Abuja CCST. This will be done through house to house survey, as volunteers will already be deployed. A workshop on lessons learned will be conducted, which will be used to inform changes and modifications to be reflected on future DREF operations.

On first weeks of the operation, a Memorandum of Understanding (MoU) will be signed between the IFRC and the NRCS, describing the responsibilities of the parties in implementing the activities laid out in this DREF emergency plan of action (EPoA) and ensure that appropriate guidelines are respected in terms of using DREF allocations. The IFRC has a permanent administrative and financial department, which ensures the proper use of financial resources under the terms of an MoU.

C. Detailed Operational Plan



Health

People targeted: 36,000 Households (180,000 people¹)

Male: 91,206

Female: 88,794

Requirements: CHF 44,231

Needs analysis: There is continued rumor, fear and stigmatization linked with a potential wide spread of the Lassa fever across the entire sub-region. At LGAs and community level, capacities to respond and prevent new cases is a limiting factor. Although support from WHO and other humanitarian partners have been acknowledged, there is a growing concern on funding support and this situation will continue to deteriorate. Relevant tools and system need to be maintained. As such, RC mobile teams and community volunteers shall continue to maintain and expand the momentum through a cross border coordination and cooperation's with neighboring countries RC entities as well as government technical agencies.

Population to be assisted: 36,000 households or 180,000 people directly assisted

Programme standards/benchmarks: The activities will seek to meet WHO Standards in addressing Lassa Acute Viral Haemorrhagic Fever at community and transboundary level.

| P&B Output Code | Health Outcome 1: The immediate risks to the health of affected populations are reduced | # of people reached by community-based health activities Target: 36,000 households or 180 000 people | | | | | | | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|
| | Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population | # of volunteers trained by NRCS Target: 200 volunteers | | | | | | | | | | | | | | | |
| | Activities planned Week | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| AP011 | Training and orientation of 250 volunteers, living within identified high risk areas of the disease, on health advocacy in coordination with MoH and District Health Offices. | | | | | | | | | | | | | | | | |
| AP011 | Train 250 volunteers on communicable disease surveillance in coordination with MoH and District Health Offices. | | | | | | | | | | | | | | | | |
| AP011 | Train 250 volunteers on the use of PPE kits and SDB (safe and dignified burials) | | | | | | | | | | | | | | | | |

¹ Estimated percentage ratio of men vs women in 2016 was at 50.67% vs 49.33% (Source: <https://data.worldbank.org/indicator/SP.POP.TOTL.FE.ZS?locations=NG&view=chart>)

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|-----------------|--|--------------------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|--|
| AP011 | Conduct awareness raising using 200 volunteers for 2 days a month / 2 month | | | | | | | | | | | | | | | | | |
| AP011 | Support disease surveillance campaign for two months in high risk areas and border communities | | | | | | | | | | | | | | | | | |
| P&B Output Code | Health Output 1.4: Epidemic prevention and control measures carried out. | <i># of PPE kits available</i> | | | | | | | | | | | | | | | | |
| | Activities planned Week | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | |
| AP021 | Conduct demonstration sessions on Epidemic prevention and control measures. (Epidemic Control for Volunteer ECV) | | | | | | | | | | | | | | | | | |
| AP021 | Organise demonstrations sessions on the use PPE | | | | | | | | | | | | | | | | | |

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| P&B Output Code | Health Output 1.5: Psychosocial support provided to the target population | <i># of people reached by psychosocial support</i> Target: 1,000 people | | | | | | | | | | | | | | | | |
| | Activities planned Week | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | |
| AP023 | 2 days training of 50 volunteers to carry out PSS activities in targeted areas | | | | | | | | | | | | | | | | | |
| AP023 | Conduct assessment on community belief and understanding of Lassa fever including fears and use this information to inform health and hygiene promotion. | | | | | | | | | | | | | | | | | |
| AP023 | Provide Psychological first aid to affected families, discharged patients and other affected community members | | | | | | | | | | | | | | | | | |



Water, sanitation and hygiene

People targeted: 36,000 Households (180,000 people)

Male: 91,206

Female: 88,794

Requirements: CHF 102,257

Needs analysis: Statistics from recent NRCS program implementation in the affected area confirms the high inequalities that exist in terms of access to basic WASH services both in communities, schools and primary health and care facilities. It could be anticipated that people living in these vulnerable areas will continue to face the same problem as before, where the shortage of safe drinking water and adequate sanitation and hygiene facilities will be exacerbated. Lack of relevant hygiene behaviour and knowledge will be detrimental in ensuring reliable barrier to the Lassa Fever epidemics transmission route.

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| AP030 | Select target groups, key messages, and methods of communicating with beneficiaries (mass media and interpersonal communication). | | | | | | | | | | | | | | | | | | |
| AP030 | Train volunteers to implement activities from communication plan. | | | | | | | | | | | | | | | | | | |
| AP030 | Procure and distribute 1,000 vector control kits (plastic boots, face masks, hand gloves, rat traps) | | | | | | | | | | | | | | | | | | |

Strategies for implementation

Requirements: CHF 44,971

| P&B Output Code | Outcome S2.1: Effective and coordinated international disaster response is ensured | # of AoF supported by surge staff (disaggregated by type of surge staff) | | | | | | | | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|--|
| | Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained | # of RDRTs and surge deployed for the operation (disaggregated by area of specialisation) | | | | | | | | | | | | | | | | |
| | Activities planned | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | |
| AP040 | Developing with concerned branches and disseminate contingency plan of the Nigeria RCS | | | | | | | | | | | | | | | | | |
| AP040 | Bibs and t-shirt for visibility | | | | | | | | | | | | | | | | | |
| AP040 | Set up Community level surveillance and early referral/warning system | | | | | | | | | | | | | | | | | |
| AP040 | Deployment of an RDRT team leader with expert in health advice and coordination profile for 2 months | | | | | | | | | | | | | | | | | |
| AP040 | Deployment of an RDRT Finance to assist in Cash Direct payment and other financial aspects for 2 months | | | | | | | | | | | | | | | | | |

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| Outcome S3.1: The IFRC secretariat, together with the National Society uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable. | <i># of NS and IFRC joint monitoring missions conducted</i> <i>Target: 5 joint missions</i> |
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| P&B Output Code | | | | | | | | | | | | | | | | |
|-----------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|
| | Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming. | | | | | | | | | | | | | | | |
| | Activities planned Week | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| AP045 | Conduct continuous Monitoring and evaluation | | | | | | | | | | | | | | | |
| AP045 | Lessons learned workshop | | | | | | | | | | | | | | | |

of monitoring missions and evaluation conducted
Target: 10 monitoring missions and 1 lessons learned workshop

D. Budget

The required budget for this DREF operation is CHF 271,886 as detailed in attached budget.

Nigeria Lassa Fever

| Budget Group | | DREF Grant | Expenditures CHF |
|--|--|----------------|------------------|
| 500 | Shelter - Relief | 0 | 0 |
| 501 | Shelter - Transitional | 0 | 0 |
| 502 | Construction - Housing | 0 | 0 |
| 503 | Construction - Facilities | 0 | 0 |
| 505 | Construction - Materials | 0 | 0 |
| 510 | Clothing & Textiles | 3,571 | 3,571 |
| 520 | Food | 0 | 0 |
| 523 | Seeds & Plants | 0 | 0 |
| 530 | Water, Sanitation & Hygiene | 60,000 | 60,000 |
| 540 | Medical & First Aid | 0 | 0 |
| 550 | Teaching Materials | 2,857 | 2,857 |
| 560 | Utensils & Tools | 0 | 0 |
| 570 | Other Supplies & Services | 1,257 | 1,257 |
| 571 | Emergency Response Units | 0 | 0 |
| 578 | Cash Disbursements | 0 | 0 |
| Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES | | 67,686 | 67,686 |
| 580 | Land & Buildings | 0 | 0 |
| 581 | Vehicles Purchase | 0 | 0 |
| 582 | Computer & Telecom Equipment | 0 | 0 |
| 584 | Office/Household Furniture & Equipment | 0 | 0 |
| 587 | Medical Equipment | 0 | 0 |
| 589 | Other Machinery & Equipment | 0 | 0 |
| Total LAND, VEHICLES AND EQUIPMENT | | 0 | 0 |
| 590 | Storage, Warehousing | 0 | 0 |
| 592 | Distribution & Monitoring | 3,714 | 3,714 |
| 593 | Transport & Vehicle Costs | 8,143 | 8,143 |
| 594 | Logistics Services | 0 | 0 |
| Total LOGISTICS, TRANSPORT AND STORAGE | | 11,857 | 11,857 |
| 600 | International Staff | 28,000 | 28,000 |
| 661 | National Staff | 0 | 0 |
| 662 | National Society Staff | 2,857 | 2,857 |
| 667 | Volunteers | 79,593 | 79,593 |
| Total PERSONNEL | | 110,450 | 110,450 |
| 670 | Consultants | 0 | 0 |
| 750 | Professional Fees | 0 | 0 |
| Total CONSULTANTS & PROFESSIONAL FEES | | 0 | 0 |
| 680 | Workshops & Training | 29,643 | 29,643 |
| Total WORKSHOP & TRAINING | | 29,643 | 29,643 |
| 700 | Travel | 20,571 | 20,571 |
| 710 | Information & Public Relations | 3,571 | 3,571 |
| 730 | Office Costs | 257 | 257 |

| | | | |
|-----------------------------------|---|----------------|----------------|
| 740 | Communications | 3,400 | 3,400 |
| 760 | Financial Charges | 1,000 | 1,000 |
| 790 | Other General Expenses | 6,857 | 6,857 |
| 799 | Shared Support Services | 0 | 0 |
| Total GENERAL EXPENDITURES | | 35,657 | 35,657 |
| 599 | Programme and Supplementary Services Recovery | 16,594 | 16,594 |
| Total INDIRECT COSTS | | 16,594 | 16,594 |
| TOTAL BUDGET | | 271,886 | 271,886 |

Contact information

Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

For further information, specifically related to this operation please contact:

For Nigeria Red Cross Society (NRCS)

- Abubakar Kende, Secretary General NRCS; Tel: +234 8089595095; Email: abukende@yahoo.com / abukende@gmail.com

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In IFRC Geneva :

- Eszter MATYEKA, Senior Officer, Disaster Relief Emergency Fund (DREF); Email: eszter.matyeka@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- IFRC Africa Regional Office for resource Mobilization and Pledge: Kentaro Nagazumi, Head of Partnership and Resource Development, Nairobi, email: Kentaro.nagazumi@ifrc.org, phone: +254 202 835 155

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:** Fiona Gatere, PMER Coordinator, email: Fiona.gatere@ifrc.org, phone: +254 780 771 139

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.**