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Emergency Plan of Action Final Report

Nigeria: Lassa Acute Viral Haemorrhagic Fever

International Federation of Red Cross and Red Crescent Societies

DREF operation	**Operation No. MDRNG023**
Date of Issue: 02 October 2018	**Glide number:** EP-2018-000022-NGA
Date of disaster: 1 January 2018	
Operation start date: 17 March 2018	**Operation end date:** 17 June 2018
Host National Society: Nigeria Red Cross Society (NRCS)	**Operation budget:** CHF 271,886
Number of people affected: 2,429,500 Individuals	**Number of people reached:** 447,594 people (Male: 113,386; Female: 134,419; Children: 199,789) from 66,014 households in total in 5 states
N° of National Societies involved in the operation: Nigeria Red Cross Society	
N° of other partner organizations involved in the operation: Nigeria Centre for Disease Control (NCDC), World Health Organization (WHO), Ministry of Health and Social Protection, MSF, ALIMA and ICRC	

A. SITUATION ANALYSIS

Description of the disaster

Following the escalating spread and increase in caseload of the Lassa Acute Viral Hemorrhagic Fever affecting 21 states in Nigeria, the International Federation of Red Cross and Red Crescent Societies (IFRC) supported the Nigerian Red Cross Society (NRCS) to launch a Disaster Relief Emergency Fund (DREF) operation for CHF 271,886 to support response in six most affected states. The Nigeria Centre for Disease Control (NCDC) activated the National Emergency Operations Centre (EOC) on 22 January 2018, to coordinate the response of all emergency organizations and increase surveillance through collaborative response. From 1st January to 8 July 2018, a total of 2,115 suspected cases were reported from 21 states. Of these, 446 were confirmed positive with a Case Fatality Rate of 25.4%. About 10 cases were recorded as probable and 1,652 were tested negative. A total number of 115 deaths were recorded amongst the confirmed cases.

A total number of thirty-nine health care workers were affected since the onset of the outbreak in seven states –Ebonyi (16), Edo (14), Ondo (4), Kogi (2), Nasarawa (1), Taraba (1) and Abia (1) with ten deaths in Ebonyi (6), Kogi (1), Abia (1), Ondo (1) and Edo (1). About 81% of all confirmed cases were from Edo (42%), Ondo (24%) and Ebonyi (15%) states.

Lassa fever national multi-partner, multi-agency Technical Working Group (TWG) at the EOC was responsible for the coordination of response activities at all levels. Having identified a gap in community level surveillance, contact tracing and most evidently, risk communication and awareness, the Nigerian Red Cross Society, being an active member of the EOC, requested a DREF grant which was allocated on 17 March 2018 through an operation to scale up intervention to contain the spread of the Viral Haemorrhagic Fever and reduce the risk of transmission. The NRCS achieved this through case finding, surveillance, vector control activities, risk communication and awareness raising as well as providing psychosocial support to the most affected population in the five hardest hit states, which include Bauchi, Taraba, Edo, Ebonyi and Ondo. Oyo state was targeted for cross border awareness activities as there was a report of a case imported into Benin Republic and therefore, the need to intensify surveillance and case finding for early detection and response.

The major donors and partners of the DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, Canada, Denmark, Finland, 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), AECID, the Medtronic and Zurich Foundations and other corporate and private donors. On behalf of the Nigeria Red Cross Society (NRCS), the IFRC would like to extend its gratitude to all partners for their generous contributions.

Summary of response

Overview of Host National Society

The DREF operation targeted 20 communities in 14 Local Government Areas in 6 states. The NRCS focused on four strategies where volunteers were trained, equipped and deployed to carry out the following activities:

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 waste management (support households with vector control kits, community level and school distribution of waste management kits), and
4. psychosocial support activities.

A total number of 200 volunteers were trained on Epidemic Control to carry out house to house awareness and sensitization on Lassa fever in the six (6) states. Some 50 additional volunteers were trained to support Psychosocial Support (PSS) activities in Ebonyi and Edo States where high case fatality was recorded with high level of stigmatization and neglect of patients by health workers. To further scale up intervention and expand the operational coverage, a half day training of 600 volunteers was conducted in Edo, Ebonyi and Ondo states to carry out mass awareness and dissemination of IEC materials across the targeted communities.

The NRCS, as an active member of the EOC, shared updates of the activities of the volunteers through Email with the team and in coordination meetings. Weekly situation reports were also shared by the NCDC to monitor progress.

Facilitators from the NCDC trained the master trainers from HQ and branch of NRCS in Abuja where they made presentations on the epidemiology, trends in outbreak and spread of Lassa Fever in the country. The facilitators also provided the best practices in prevention, protection and treatment of Lassa Fever to the Red Cross master trainers. At the state level, the Branch Secretaries were also part of the state EOC and they coordinated with the state CDC and Ministry of Health with updates.

Overview of Red Cross Red Crescent Movement in country

The International Federation of Red Cross and Red Crescent Societies (IFRC) West Coast Country Cluster Support Team (CCST) in Abuja provided technical assistance to the National Society. One Regional Disaster Response Team member was deployed to provide technical assistance on the operation. Due to the cap on the working advance limit to NRCS, a health RDRT and a finance consultant was deployed to conduct direct payment for the field activities, especially as the activities were happening simultaneously in all 6 states. An IFRC finance person was later deployed to CCST to coordinate finance support. IFRC procured and supplied all commodities needed for the operation. The option to hire a finance consultant was

Overview of non-RCRC actors in country.

At the National level, Lassa fever response was coordinated by the Nigeria Centre for Disease Control (NCDC) where coordination meetings were held bi-weekly at the EOC. The Lassa fever Technical Working Group (TWG) coordinated the response activities at all levels with Federal Ministry of Agriculture and Rural Development and Federal Ministry of Environment and partners to support the following activities during the response:

- Case management, Infection Prevention and Control and Safe burial
- Designated treatment/isolation centres to manage cases across the country
- Surveillance scaled up across the country
- Update of the Case Investigation Form (CIF) database with new forms received from states where the disease was reported
- Harmonization of laboratory and surveillance data ongoing
- Media engagement and social media messages on Lassa Fever prevention
- Developed and shared infographics for Lassa fever SitRep via NCDC's website and other platforms
- Response commodities - PPEs, Ribavirin (injection and tablets), beds, tents, body-bags, thermometers, hypochlorite hand sanitizers, IEC materials, guidelines and SOPs distributed across 36 states and FCT, treatment centers and military barracks

Needs analysis and scenario planning

Lassa fever is a life-threatening disease that creates panic and leaves a negative impact in the lives of the affected, including loss of lives, dignity, and livelihood. The few casualties who recover equally suffer stigmatization and some level of discrimination in their communities, therefore emphasizing the need to show empathy and psychosocial support to the affected people.

Due to the devastating impact of the disease, some community members and leaders have denied the existence of Lassa fever in their communities, making surveillance, contact tracing and, prevention activities difficult. However, with the engagement of community-based volunteers, the NRCS volunteers were able to debunk rumours and myths about the disease, provide psychosocial support to the affected and advocate for social inclusion of survivors. This was most appreciated by partners and beneficiaries as no other stakeholder carried out psychosocial support activities.

Furthermore, the RC volunteers who were engaged in the operation were also provided psychosocial support to enable them handle specific issues of stress and overcome the fear of infection and stigmatization that is peculiar to the outbreak. Also, because of limited resources, the PSS activities were only carried out in Edo and Ebonyi states which recorded the highest fatalities, resulting in health workers abandoning patients for fear of infection and death.

Community health committees were formed in the targeted communities to support case finding, surveillance and sanitation activities. This strategy yielded great results in passive case finding, early reporting and, referral of cases. Where casualties or affected families denied case reports, the volunteers were able to trace them and provide necessary support through the help of the community health committees.

The volunteer supervisors and the National Disaster Response Team members (NDRT) deployed to support the operation in the states carried out Focus Group Discussions (FGDs) with community members to understand the practices and beliefs that posed a risk of Lassa fever infection to the community. One of the major practices that increased the risk of infection was the common act of drying garri (cassava grains) by the roadside, exposing the food to contamination by rats and other rodents. Information gathered through house-to-house visits and FGDs were used to further sensitize the beneficiaries on good health and hygiene practices aimed at reducing the risk and spread of the outbreak.

Strengthening cross-border activities including enhanced active surveillance at the borders, collaboration and information exchange between Nigeria and Benin was also considered. This was the reason to select Oyo state to conduct epidemic control activities carried out, although there was no suspected or confirmed case recorded. With limited resources from the government to support cross-border activities and a case reportedly imported from Nigeria into Benin Republic, the NRCS engaged 20 community volunteers along the border communities to support epidemic control activities and awareness.

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

Focusing on behavioural change communication with strong emphasis and advocacy on embracing preventive measures to avoid and contain the spread of the viral haemorrhagic disease in the 6 targeted states, the NRCS adopted four strategies to complement the effort of the government in fighting the scourge.

1) Social mobilization and awareness-raising campaigns at various level (schools, house to house, public places: 200 RC volunteers (table 1 below) were mobilized and trained on Epidemic Control, rationale of Lassa fever, risk identification, active case finding, referrals, health and hygiene promotion, as well as proper use of Personal Protective Equipment and safe and dignified burials. This training was preceded by a 2-days orientation of Branch Secretaries, Health coordinators and NDRTs at the national level. The objective of this orientation was to familiarize

with the operational plan and tools that would be used on the field and develop a workable and detailed plan of action for the operation. Members of the EOC who participated in the training presented the scope of the operation and multi-stakeholder involvement. Up-to-date situational reports on the Lassa epidemic were shared, outlining the gaps and challenges, some of which included, a gap in risk communication and grass root awareness, case finding and most evidently, psychosocial support to the affected persons.

The 200 trained volunteers grouped in pairs and in a team of 10 per community conducted house to house visits within their communities, sensitizing community members on epidemic control measures, promoting good health and hygiene practices. The door to door activity enabled the volunteers to correct rumours, myths and practices and clear misconceptions about the disease. The RC volunteers also organized community meetings and sensitization sessions with community leaders and key opinion leaders to debunk rumours and advocate for psychological first-aid and supportive communication for the affected individuals and families. The volunteers worked 5 days a week targeting at least 20 households a day for a total of 24 days.

Table 1: Distribution of Volunteers in the targeted communities

S/No	State	NDRT deployed	LGA	Community	Number of ECV volunteers	Total ECV	PSS volunteers	# of volunteers for mass awareness
1	Bauchi	Abdul Bamidele	Tafawa Balewa	Burga	10	**20**	**0**	0
				Bununu	10			
2	Ebonyi	Rasheed Tola	Ohankwu	Umuogudu Akpu	10	**40**	**25**	250
			Ebonyi	Ishieke	10			
			Agbaja	Abakiliki	10			
			Ezzanorth	Umuoru	10			
3	Edo	Dan Solomon	Esan West	Eguare	10	**50**	**25**	250
				Ekpoma	10			
			Esan Central	Ewu	10			
			Uhuamwonde	Ehor	10			
				Uhi	10			
4	Ondo	Dr. Salisu Buhari	Akure South	Oke-aro	10	**50**	**0**	150
			Owo	Ijebu - owo	10			
				Iyere - owo	10			
			Ose	Ifon	10			
				Oke-agbe	10			
5	Oyo	Tanimowo Bolatito	Saki	Ajegunle	10	**20**	**0**	0
				Sango	10			
6	Taraba	Dr. Taiwo Ishmael	Jalingo	Jalingo Metropolis	10	**20**	**0**	0
			Bali	Bali	10			
Total	**6**	**6**	**14**	**20**	**200**	**200**	**50**	**650**

To reach a broader audience, a half day training was conducted for 650 volunteers in 3 states namely, Ebonyi (250), Edo (250) and Ondo (150) to carry out public awareness campaigns and community mobilization in markets areas, railway stations, places of worship, schools and other public places across the communities. These volunteers were trained and deployed for four days to make public demonstrations, distribute flyers and posters to community members. Since the rate of spread of the disease was under control, and due to limitations of working advance transfer to the NS, NRCS and IFRC agreed to reduce the scale of the operation and 800 volunteers were mobilized out of the planned 1,200 volunteers. Unfortunately, due to the delay in request for Working Advance from NRCS

and release of funds from IFRC, the public awareness drive in Taraba state could not be conducted within the timeline. The request for extension of the DREF, that needs to be accompanied by the interim report, was not approved, as such, the NS was not able to implement the mass mobilization in Taraba.

2) Community surveillance (contact tracing, active case finding and referrals): This DREF operation contributed to strengthening epidemiological surveillance, by establishing linkages with the nearest health facilities and referral centres. Volunteers were trained to identify suspected cases and refer to the appropriate health facilities for early diagnosis and possible treatment. At the state level, the RC volunteers identified to conduct contact tracing and surveillance pillars at the EOC shared information on identified/missing contacts and epidemiology pattern. With the help of the Community Health Committees, suspected cases were reported and volunteers followed up to ensure that the identified persons received proper medical attention. Through house visits and active case finding, the same volunteers also linked the PSS teams to the families of the affected and the survivors who required urgent Psychosocial Support. Weekly reports and findings were also shared with State Ministry of Health for strengthened coordination. In total, 258 new suspected cases (162 male and 96 female) were identified and referred accordingly.

3) Household level vector control activities and waste management (support households with vector control kits, community level and school distribution of waste management kits): 1,000 vector control kits including rat traps, rubber boots, and hand gloves were procured and distributed across the 6 targeted states as shown on the table below. These vector control kits were distributed during the house visits to 1,000 most vulnerable households especially the people living in rat prone areas. The beneficiaries were shown how to use the rat traps and the appropriate way of disposal.

   In addition, volunteers also mobilized community members to carry out community sanitation and drainage clearing. Students were also mobilized for cleaning and safe waste disposal in schools, including a public demonstration of proper hand washing using the soaps and tippy-taps procured. At the end of the exercise, the waste management kits and tippy taps were handed over to the community health committees and the identified schools to ensure continuity and sustainability of the sanitation exercises in the communities.

4) Psycho Social support activities: A team of 50 volunteers were trained to carry out Psycho Social Support (PSS) activities in Edo and Ebonyi states where the case fatality rates were relatively high. The PSS volunteers targeted people who over the course of the outbreak, had lost their loved ones or suffered from stigma associated with the infection. These volunteers worked for a total number of 15 days searching for the affected persons and their families and carrying out community meetings to discuss the issues, myths and facts concerning the disease, thereby encouraging early detection and timely referral which is vital in early treatment and survival. The PSS volunteers also supported the social mobilization activities to reduce fears and change beliefs, promote active listening and clarify rumours. In these two states, a total of **179 survivors (131 M, 89 F and 17 children)** were reached with PSS activities.

Distribution of Vector Control and Waste Management Kits

Item	Quantity	Bauchi	Ebonyi	Ondo	Edo	Oyo	Taraba
Rubber Boots	200	40	40	40	40	0	40
Face Masks (FFP2 or FFP3)	2,000	200	400	400	400	200	200
Hand Gloves	200	15	50	40	60	15	20

Rat Traps	1,000	100	200	250	250	100	100
Wheel Barrows	100	10	20	25	25	10	10
Rakes	200	15	50	40	60	15	20
Brooms	1,000	100	200	200	200	100	200
Soaps (hand washing)	1,000	150	200	150	200	150	150
Tipy Taps	200	10	60	50	50	10	20
Shovels	200	10	50	50	50	10	20

Coordination and Collaboration

At National level, Lassa fever response is coordinated by the Nigeria Centre for Disease Control, where coordination meetings are held bi-weekly at the EOC. The Nigerian Red Cross Society is an active member of the EOC and shared update of volunteers' activities with the team during coordination meetings and via email. Weekly situation reports are also shared by the NCDC to monitor progress. During the orientation meeting in Abuja, the representatives of the NCDC participated in the meeting and made presentations on the epidemiology and statistical distribution of the outbreak.

At the state level, the Branch Secretaries participated in the state EOC and coordinated activities with the state CDC and Ministry of Health to share reports and updates. Within the Red Cross movement, the IFRC mobilized two RDRTs- a Finance and a Health person to support the operation of the programme in 6 states and manage direct payment for the initial activities in the 6 states. Planning and coordination was done at Abuja level between NRCS and IFRC.

Monitoring and Reporting

The National Disaster Response Team (NDRT) members deployed to the states provided technical support and on the job training to the volunteers working in the field. Together with the branch Officers, the NDRTs conducted day to day monitoring of volunteer's activities, cross checking the reporting forms to ensure that they were correctly filled and addressed technical and administrative issues as they arised.

For easy monitoring and coordination from the NHQ, a WhatsApp group was created for all NDRTs, Branch Officers and NHQ Project Officers to encourage daily reporting, information sharing, urgent enquiries and updates. This medium has proven efficient with several pictures and comments shared.

At the end of every week, the NDRTs collated the data from the volunteers, summarized and sent them to the NHQ Project officer, who in-turn, analysed and shared with the Head of Health and Care and Secretary General as well as the PMER team. This weekly data collation and analysis allowed for early detection and correction of errors on the data.

C. DETAILED OPERATIONAL PLAN

Health
People reached: 59,151 households (403,625 people)
Male: 92,964
Female: 110,872
Children: 199,789

Health Outcome 1: The immediate risks to the health of affected populations are reduced

Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population		
Indicators:	**Target**	**Actual**
# of people reached by community-based health activities	36,000 HHs/180,000 people	59,151HH/ 403,625 people
# of volunteers trained by NRCS	200	200

Narrative description of achievements

Training and orientation of 200 volunteers, living within identified high risk areas of the disease, on health advocacy in coordination, communicable disease surveillance and awareness on Lassa Fever

A 3 days training of 200 volunteers was conducted in 6 states. 20 communities were targeted, and 10 volunteers selected from each community and trained on community advocacy and sensitization, disease surveillance and case finding, including the use of Personal Protective Equipment. The volunteers were also trained to fill the daily reporting forms, recording the number of people reached, number of suspected cases identified and on referral to the health facility. The training which ran simultaneously in the targeted states was facilitated by the Branch Health Coordinators, Branch Secretaries, NDRT and the NHQ Health Officers. The RDRT Health technical person from the IFRC was present to support in two states- Ebonyi and Edo. A total number of 50 volunteers were trained in Edo, 50 in Ondo, 40 in Ebonyi, 20 in Oyo, 20 in Bauchi and 20 in Taraba states respectively. Preceding the volunteers training was a 2-day orientation meeting for 6 NDRTs, Branch Secretaries, Health Coordinators and NHQ Project staff in Abuja to develop an operational work plan with timelines.

Conduct awareness raising using 200 volunteers for 5 days a month / 2 month

Immediately after the training, the volunteers were grouped in pairs and started door-to-door sensitization. They created awareness on Lassa fever and provided community members and leaders the required information on the transmission, prevention and management of the viral haemorrhagic fever, with emphasis on early detection and referral to enhance the chances of survival and reduce spread. Volunteers went into markets, worship centres, shops, schools, homes, community gatherings, farmlands and, relaxation centres to create awareness and educate people. Volunteers worked for a total of 5 days in a week, targeting at least 20 households per day. To meet the timeline, the volunteers in Bauchi, Ondo and, Taraba worked 7 days week. Data collected from the 6 states showed that the volunteers reached out to 59,151 households, with a total population of 403,625 (92,964 males, 110,872 females, 199,789 children) with key messages on Lassa fever.

In every community, the volunteers, together with the NDRT and Branch Officers visited the State EOCs, provided updates on the community sensitization and surveillance work of the RC volunteers. They also conducted advocacy meetings with the religious and community leaders, and the Local Government Executives. The meeting was helpful to introduce the presence of the RC work and to seek their continued support to carry out the activities in the communities. This was welcomed with great enthusiasm by the leaders, who showed zeal to support and work with the RC team.

Support disease surveillance campaign for two months in high risk areas and border communities

To strengthen community level surveillance, the 200 Epidemic Control volunteers also carried out household investigation and case finding to identify new and suspected cases and refer to the nearest health facility for observation and further referral to the treatment centre. Information about cases recorded in the last 3 months as well as new

suspected cases was retrieved for psychosocial support and referrals where necessary. At the end of the operation, 260 new suspected cases (163 Male and 97 Female) where identified and referred accordingly.
There were good linkages between the branches and health facilities for contact tracing and with surveillance team at the State EOC. The household coverage of RC volunteers was shared and the EOC guided the RC volunteers to the geographical areas where cases were being reported. Even though community leaders and members denied reports of Lassa fever cases due to fear of isolation or stigmatization, the RC volunteers were able to get this information thanks to their grass root presence.

Health Output 1.5: Psychosocial support provided to the target population

Conduct 2 days training of 50 volunteers to carry out PSS activities in targeted areas

Some 50 community-based volunteers, 25 in Edo and 25 in Ebonyi were trained on PSS and home-based care. Volunteers who could read and write English language and fluent in their local dialect were selected and trained for two days on interpersonal communication skills and information and methods to provide psychosocial first-aid in an efficient and effective manner. The training methodology encompassed participatory plenary sessions, story-telling, group work and presentations, role plays and simulation exercise.

The psychosocial manual that covers modules on psychological first-aid, stress and coping, loss and grief and managing crises were reproduced and provided to the volunteers as a guide. In addition, volunteers were trained on the technical issues on Lassa fever outbreak, transmission routes, prevention methods. Myths and frequently asked questions about Lassa fever were discussed and addressed during the sessions.

Provide psychological first-aid to affected families, discharged patients and other affected community members

Survivors, family relatives and friends of affected persons were reached with psychosocial support services in Edo and Ebonyi States. Issues of social inclusion were also addressed where advocacy to schools and community leaders was made to reintegrate survivors who were discriminated. The 50 volunteers worked for 15 days, grouped in a team of 5 and focusing families of people infected/affected and the general public. The PSS volunteers supported the social mobilization and health education activities along with the ECV volunteers while tracing the families of the affected.

A special case is that of a family in Umuoru community in Ebonyi state, where 3 members of the family were infected with the Lassa virus and one person died. Amongst two of the survivors was a boy in Junior Secondary School (JSS3) who missed registration for Junior WAEC because he was hospitalized. The PSS volunteers paid a visit to the School headmaster and the State Ministry of Education to solicit for the portal to be reopened so that the little boy could be registered for his Junior WAEC examination. Because of the intervention, the boy is back in School. The activity has, to a large extent increased the visibility and acceptance of the Red Cross among community members and stakeholders as the Red Cross is the only organization that provided psychosocial support to both survivors and families of the affected. An overall total of 237 people (131 M, 89 F and 17 children) affected with the disease were reached with psychosocial support activities.

Challenges

The visibility materials (bibs and aprons) were insufficient in some states and some of the volunteers went into the communities without them. The volunteers expressed fear of infection and discomfort due to delay in the arrival of

hand sanitizers and personal protective equipment. IFRC had procured these items centrally for all the states with a condition of delivery to the Branch offices. Since different vendors were selected through a competitive bid, the materials reached at different times in different states.

The number of volunteers allotted to each community was quite small compared to the population of the community- from next campaign, a better planning for deployment of volunteer should be made based on the population within the community. Some volunteers threatened to stop work as they were no provision to provide advance payment to meet their transportation expenses to visit the communities. Due to the typical situation in Nigeria, there were limitations in providing Working advance to the NS and hence IFRC had to setup mechanisms for direct payment to volunteers. Payment of volunteers through bank accounts were met with resistance in the beginning but was a great success in the end of the campaign.

Most community leaders and members denied reports of Lassa fever cases in their communities. Through sensitization and psychosocial support, the community members opened up about their fear of stigmatization and isolation as the major reason for denial and lack of referral.

Lessons Learned

For a successful operation good coordination within the movement is key. There is need for all departments from logistics, operations and finance to work closely together.

There is need to invest in volunteer visibility material even before an operation occurs as this is key for volunteer acceptability and safety in the communities they work in.

Volunteer management is key, and it is also essential to continue engaging volunteers even when disasters are not there to instil the spirit of voluntarism in them.

Water, sanitation and hygiene
People reached: 78,098
Male: 20, 180
Female: 28,499
Children: 29,419

WASH Outcome1: Immediate reduction in risk of waterborne and water related diseases in targeted communities

WASH Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities

Indicators:	Target	Actual
Number of people reached	180,000	78,000
1,000 vector control kits distributed to targeted 36,000 households	1,000	1,000
Number of volunteers involved in hygiene awareness	1,000	650
Number of states in which mass awareness campaigns were conducted	6	4

Narrative description of achievements

Procure and support community and school hygiene groups with general sanitation/waste management kits as well as support of households with vector/rodent control kits.

Sanitation material was procured and distributed to targeted states as listed on the distribution table above. Upon delivery and receipt of the materials in the states, the volunteers carried out environmental sanitation in the communities, clearing drainages, waste disposal and environmental cleaning. Hygiene promotion activities including public demonstration of handwashing using the tippy taps and soaps were carried out in schools, village squares and

prisons. Volunteer team leaders made use of megaphones to disseminate key messages on Lassa fever and educate the public on the preventive measures and mode of transmission. Information, Education and Communication (IEC) materials with contextualized messages on Lassa fever were produced and distributed during the mass awareness campaigns. At the end of the exercise, the materials were handed over to the community leaders, wardens and school teachers to ensure proper distribution and continuity. The airing of jingles and messages through local radio station was not organised in the beginning, as the MoH had already availed sufficient air-time from this media.

WASH Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population

Procure and distribute 1,000 vector control kits (plastic boots, face masks, hand gloves, rat traps)

Some 1,000 vector control kits were procured and delivered in the states for distribution as shown in the distribution table above. During the house visits and mass awareness, volunteers distributed the rat traps to the most vulnerable households and made demonstrations on the use of the kits.

Challenges

Receiving specifications of items for procurement, centralised procurement, and getting it delivered at the states by multiple vendors was a complex process, that the NS did not anticipate, especially when the procurement limits were above the threshold of NRCS Management. The rat traps were planned to be distributed at household level, but the materials arrived 3 weeks after the house to house sensitization commenced. Therefore, the branch Secretaries and the health coordinators took the lead to distribute the rat traps and other items to the community after the campaign.

Lessons Learned

There is need to invest in training of the logistics team in the NRCS to improve their efficiency. Having a data base of suppliers can go a long way in improving efficiency when it comes to procurement for response materials.

International Disaster Response

Outcome S2.1: Effective and coordinated international disaster response is ensured

Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained

Indicators:	Target	Actual
Number of AoF supported by surge staff maintained	2	2
Number of RDRTs and surge deployed for the operation	2	2

Narrative description of achievements

One RDRT member health was deployed for the mission. Since the search for a finance RDRT member was taking time, the operations used the expertise of a finance staff from the Regional Office. As the NS had reached the threshold of working advance, direct payment for all expenditure in the state was the only option. The presence of the RDRT and finance staff was helped in facilitating the process. Bibs were procured to be used by the volunteers to increase the visibility.

Challenges

DREF operation is a great challenge in the event when the working advance has reached the threshold amount. In a geographical spread of operation, direct payment by IFRC is a great challenge in a vast country like Nigeria and carrying hard currency is at high risk to the life of the Red Cross staff involved in the operation. This challenge was mitigated through a management decision to transfer the incentive to the volunteer through bank transfers. Since

many volunteers did not have a bank account, we had to facilitate opening new bank accounts in their name and then to make the bank transfer.

Security restrictions also hindered free movement of Red Cross staff from Nigeria. A two 'vehicle convoy was a security requirement through many roads moving out of Abuja, that increased stress on the arrangement of logistic for the DREF. The NS and IFRC team flew to the farthest states and then used the Branch vehicle of hired vehicles for field movement.

Lessons Learned

Direct transfer to volunteer`s bank account was a great achievement that the Federation and NRCS can be happy about. This has increased the accountability and transparency of NRCS in its operation. By opening bank accounts to many volunteers, they developed pride in themselves and many were happy to initiate a habit of thrift and savings with the income they earned from their volunteer incentives.

Influence others as leading strategic partner

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.

Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming

Indicators:	Target	Actual
Number of monitoring missions	10	9
Lessons learned, and evaluation conducted	1	0

Narrative description of achievements

There was a delay in starting the project activities of this operation. Working advance limits, direct payment modality, and management of logistics had to be resolved before the operation implementation commenced. A request for extension of the DREF was sent, but the timing was not in favour for the extension request as such, the lessons learnt workshop couldn't be held within the operation.

Challenges

The slow pace of work of the NS was a great challenge and its systems were not conducive enough for quick response.

Lessons Learned

The DREF operation has helped to raise the need to a have effective operation systems in the NS and also within IFRC. For instance, cash transfer from IFRC to NS takes a long time as the funds are to be transferred from the HQ CHF account to the CHF account of NRCS in Nigeria. Having multiple intermediary banks delay the credit of the account in the NRCS account in Nigeria and there is no known online system for the IFRC cluster finance to track the transfer.

D. THE BUDGET

The overall budget for this operation was CHF 271,886, of which CHF 185,400 was utilized to meet the needs of the affected households which is about 68% expenditure rate. Hence a total amount of CHF 86,486 will be returned to the DREF fund. Within the project implementation, some variances on the budget were made but these were based on the actual needs on the ground. The table below explains some of the major variances:

Activity	Budget	Variance	Comment
Clothing and textiles	3,572	3,572	This line remained unspent because, volunteer bibs were procured but booked under different line item.
Other supplies and services	1,257	1,257	This line remained unspent because, there was no need to spend from this line.
Distribution and monitoring	3,714	3,714	This line remained unspent because, the cost of distribution was built into the cost of procurement. The suppliers selection was inclusive of the cost of distribution to the targeted States.
National Staff	0	9, 952	There were costs for National staff (IFRC drivers) i.e. Accommodation and per diem which were not originally budgeted, leading to a negative balance of 100%.
National Society Staff	2,857	- 11,892	The over expenditure of 516% incurred under the National society staff is because the NS staff had to spend more time in the field than planned due to the issue of direct payment modality for volunteer allowances. Delays were also caused due to field security restriction and staff had to be in the field longer than anticipated. This resulted in more costs on perdiems and travel costs for NS staff.
Workshops & Training	29,643	9, 669	The budget for the workshops and training was not fully utilized as the NS did not conduct the planned Lessons learned workshop.
Information & Public Relations	3,572	-1, 256	The budget over spent by 35.16% because more costs were incurred on printing more IEC material for the social mobilization activities.
Office Costs	257	- 351	The budget over spent by 136% because of photocopying project documents and need for fuel to run a generator during one of the workshops.
Financial Charges	995	256	Bank charges was overspent by 25.72% because it was underbudgeted at planning.
Other general expenses	6,857	6,857	All cost incurred here were wrongly booked into the NS staff cost.

Contact information

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

National Society

- **Nigeria Red Cross Society:** Secretary General, Abubakar Kende, Secretary General NRCS; phone: +234 8089595095; email: abukende@yahoo.com / abukende@gmail.com

In the IFRC

- **IFRC Head of Cluster, West Coast:** Dr Michael Charles, Acting Head of Cluster, West Coast Region; Abuja, Nigeria; phone: +2348186730823; email: michael.charles@ifrc.org
- **IFRC Africa Region:** Adesh Tripathee, Head of DCPRR Unit; Nairobi; Kenya phone: +254 202835000; email: Adesh.tripathee@ifrc.org
- **IFRC Zone Logistics Unit (ZLU):** Rishi Ramrakha, Head of zone logistics unit; Tel: +254 733 888 022/ Fax +254 20 271 2777; email: rishi.ramrakha@ifrc.org

In IFRC Geneva

- **IFRC Geneva**: Alma Alsayed, Senior Officer, Response and Recovery; phone: +41 22 730 4566; email: alma.alsayed@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- **In IFRC Africa Zone**: Kentaro Nagazumi, Head of Partnership and Resource Development, Nairobi; phone: +254202835155; email: kentaro.nagazumi@ifrc.org

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

- **IFRC Zone:** Fiona Gatere, PMER Coordinator; phone: +254780771139; email: fiona.gatere@ifrc.org

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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 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:

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

Disaster Response Financial Report

MDRNG023 - NIGERIA - Lassa Fever Outbreak

Timeframe: 17 Mar 18 to 17 Jun 18

Appeal Launch Date: 17 Mar 18

Final Report

Selected Parameters			
Reporting Timeframe	2018/3-2018/8	Programme	MDRNG023
Budget Timeframe	2018/3-2018/6	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		271,886				271,886	
B. Opening Balance							
Income							
Other Income							
DREF Allocations		*271,886*				*271,886*	
C4. Other Income		*271,886*				*271,886*	
C. Total Income = SUM(C1..C4)		271,886				271,886	
D. Total Funding = B +C		271,886				271,886	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		271,886				271,886	
E. Expenditure		-185,400				-185,400	
F. Closing Balance = (B + C + E)		86,486				86,486	

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Disaster Response Financial Report

MDRNG023 - NIGERIA - Lassa Fever Outbreak

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Budget Timeframe	2018/3-2018/6	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure						Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/ RC work	Joint working and accountability	TOTAL	
	A						B	A - B
BUDGET (C)			**271,886**				**271,886**	
Relief items, Construction, Supplies								
Clothing & Textiles	3,572							3,572
Water, Sanitation & Hygiene	60,001		21,292				21,292	38,710
Teaching Materials	2,857		1,649				1,649	1,208
Other Supplies & Services	1,257							1,257
Total Relief items, Construction, Sup	67,687		22,941				22,941	44,746
Logistics, Transport & Storage								
Distribution & Monitoring	3,714							3,714
Transport & Vehicles Costs	8,143		3,619				3,619	4,524
Total Logistics, Transport & Storage	11,857		3,619				3,619	8,238
Personnel								
International Staff	28,000		8,940				8,940	19,060
National Staff			9,952				9,952	-9,952
National Society Staff	2,857		14,750				14,750	-11,892
Volunteers	79,594		70,761				70,761	8,833
Total Personnel	110,451		104,403				104,403	6,049
Workshops & Training								
Workshops & Training	29,643		19,974				19,974	9,669
Total Workshops & Training	29,643		19,974				19,974	9,669
General Expenditure								
Travel	20,572		15,785				15,785	4,787
Information & Public Relations	3,572		4,828				4,828	-1,256
Office Costs	257		608				608	-351
Communications	3,400		675				675	2,725
Financial Charges	995		1,251				1,251	-256
Other General Expenses	6,857							6,857
Total General Expenditure	35,653		23,147				23,147	12,505
Indirect Costs								
Programme & Services Support Recove	16,594		11,315				11,315	5,278
Total Indirect Costs	16,594		11,315				11,315	5,278
TOTAL EXPENDITURE (D)	**271,886**		**185,400**				**185,400**	**86,486**
VARIANCE (C - D)			**86,486**				**86,486**	