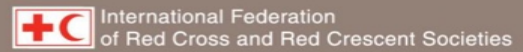




# Emergency Plan of Action (EPoA) Nigeria: Yellow Fever Outbreak



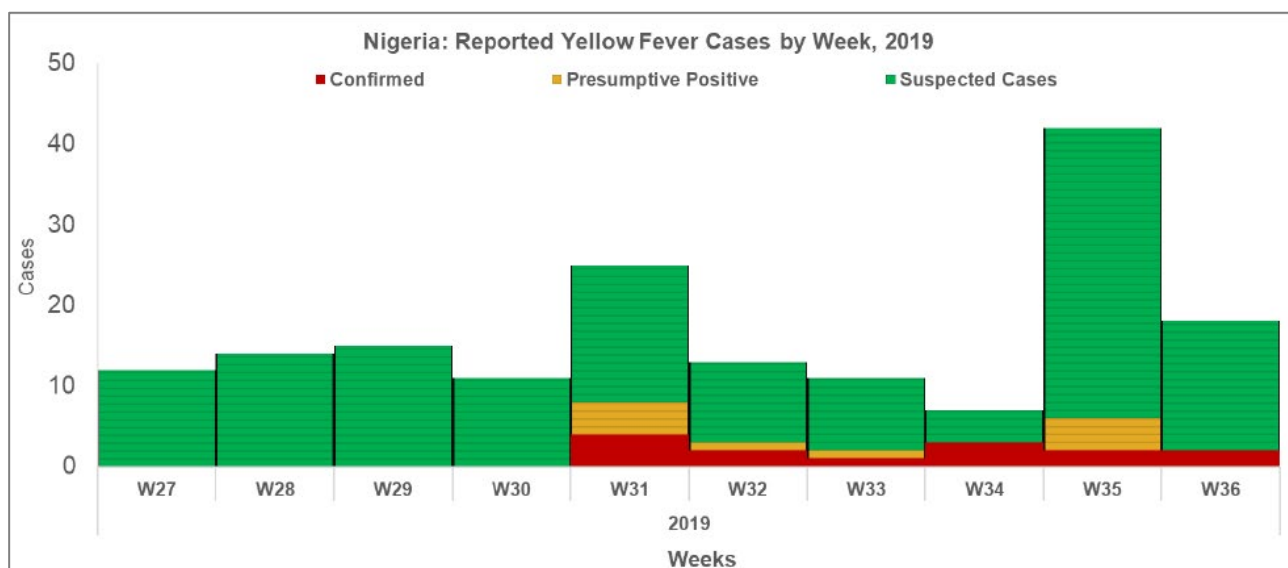
<b>DREF n°</b> MDRNG027 / PGN064	<b>Glide n°:</b> <a href="#">EP-2019-000112-NGA</a>
<b>Date of issue:</b> 20 September 2019	<b>Expected timeframe:</b> 3 months <b>Expected end date:</b> 20 December 2019
<b>Category allocated to the of the disaster or crisis:</b> <b>Yellow</b>	
<b>DREF allocated:</b> CHF 165,635	
<b>Total number of people affected:</b> <b>Bauchi:</b> 1,044,546 persons (174,091 households) <b>Katsina:</b> 4,975,400 (pop of 20 LGAs)	<b>Number of people to be assisted:</b> <b>Bauchi:</b> 313,368 people directly <b>Katsina:</b> 671,679 people to be vaccinated (9 months to 44 years)
<b>Host National Society:</b> The DREF will be implemented by Nigerian Red Cross Society (NRCS), primarily through the Branch offices in Bauchi and Katsina. The following people will be actively involved in the implementation of the DREF from NRCS - the Deputy Health Coordinator, Health Officer, and PMER at HQ, 2 Branch Secretaries, 2 Branch Health Coordinators, 650 community-based volunteers inclusive of 65 volunteer team leads.	
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> The NRCS and IFRC are the two Movement partners involved in this operation.	
<b>Other partner organizations actively involved in the operation:</b> Federal Ministry of Health- National Primary Health Care Development Agency (FMOH-NPHCDA), State Ministry of Health (SMOH), Nigerian Centre for Disease Control (NCDC), State Primary Health Care Development Agency (SPHCDA), MSF, WHO and UNICEF.	

## A. Situation analysis

### Description of the disaster

On 6 September 2019, the Nigerian Centre for Disease Control (NCDC) confirmed an outbreak of yellow fever in Bauchi state. Out of the four new cases, three were residents of Alkaleri Local Government Area (LGA), and one a tourist from Kano who visited the Yankari game resort. Sporadic YF vaccination has been provided to the Yankari game resort staff and aerial spraying has been done in the game resort surroundings.

Nigeria has experienced sporadic spread of Yellow fever (YF) since September 2017 when it was declared an outbreak by the Federal Ministry of Health, with 166 suspected cases recorded, 25 out of 83 suspected cases tested positive and a case fatality rate of 66.7% for confirmed cases. As per the Multiple Indicator Cluster Survey, 2018, The national coverage of Yellow Fever vaccination is 36.5% for children below 12-23 months in Nigeria. The state of Katsina, the coverage was 2.6% and in Bauchi, it is 7.7% for the same age group. The below graph shows the epicurve of YF in Week 35 (SiTrep, BAS001, NCDC, 31 Aug –11 Sept. 2019).



Since then, there have been unending reports of Yellow Fever outbreak in all states. According to the NCDC, since January 2019, about 1,905 suspected cases have been reported in 506 (Local Government Areas (LGAs)). All states of Nigeria, including Federal Capital Territory (FCT) have reported at least one suspected case in 2019. As at epidemiological week 34 of 2019, 1,877 suspected cases had blood samples collected and tested, of which 52 cases have been recorded presumptive positive and 28 inclusive cases from 61 LGAs in 18 states. 19 cases have been confirmed as follows: Edo (7) and 1 inconclusive), Ebonyi (3), Kebbi (2), Ondo (2), Anambra (1), Imo (1), Osun (1) and Sokoto (1).

Since June 2019, YF mass vaccination campaigns is being implemented in different states. Katsina, Borno, Eتي, Rivers and Anambra states are scheduled for a vaccination campaign in September-October 2019. The DREF operation targets two states (Katsina and Bauchi), but is planning specific support to one state, Katsina, with social mobilization for the mass YF as it has the highest YF outbreak to date.

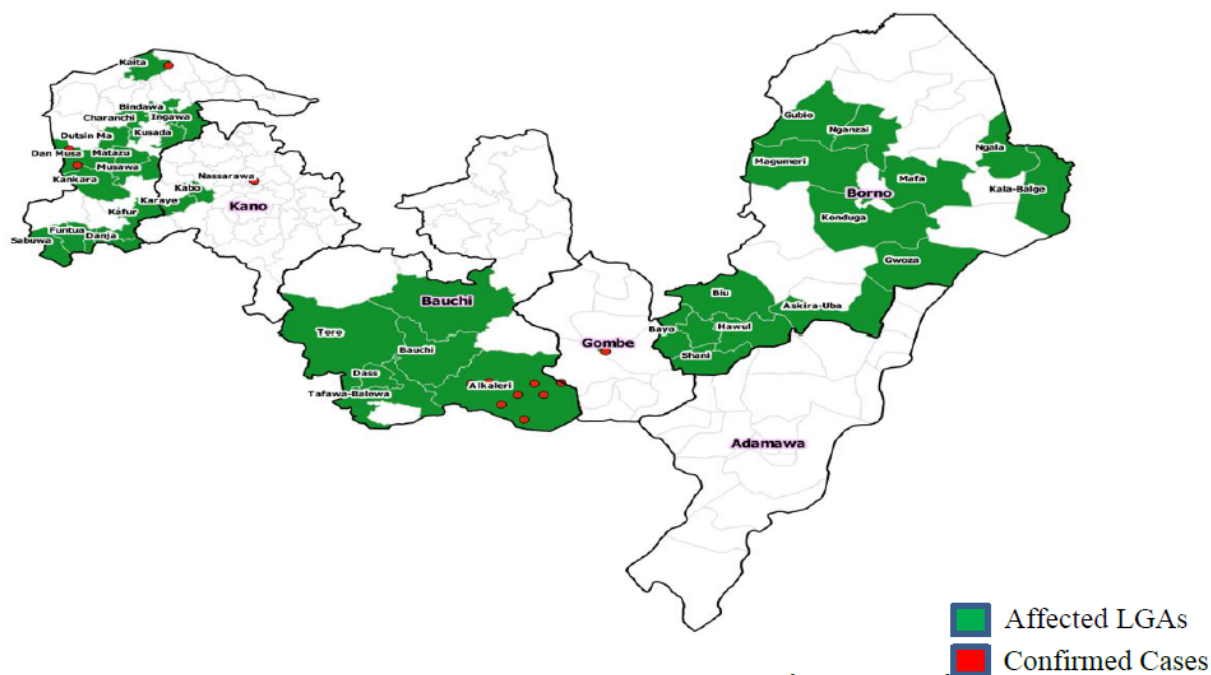
Since the yellow fever outbreak in Bauchi and other states, NCDC, WHO, and NPHCDA has supported the state epidemiology team to ensure better preparedness and improved response, NCDC has sent a team composed of an epidemiologist, a surveillance officer, a wildlife specialist, an entomologist, and a veterinary and communication team for sensitization. The NCDC is the leading organization in response coordination with other organizations such as FMOH, UNICEF, WHO and MSF. An Emergency Operations Centre (EOC) has been set up and four (4) pillars have been constituted with partners participating as team members as follows:

- Surveillance and risk assessment
- Case management and lab diagnosis
- Risk communication and community engagement
- Coordination

To date, five states - Bauchi, Borno, Gombe, Kano and Katsina are considered as significantly affected in the Bauchi Cluster of YF outbreak, with confirmed cases in Bauchi (8) and Katsina (5). Nine reported deaths are reportedly linked to the outbreak in Bauchi and a total of 13 deaths recorded in Katsina.

State	LGAs affected	Case Total	Suspected Case with Blood sample	Presumptive Positive	Confirmed Positive Cases	Total Deaths
Bauchi	6	35	30	0	8	9
Borno	15	65	65	6	0	0
Gombe	7	7	7	0	1	0
Kano	4	4	4	1	1	0
Katsina	16	54	45	3	5	13
<b>TOTAL</b>	<b>42</b>	<b>169</b>	<b>151</b>	<b>10</b>	<b>15</b>	<b>22</b>

By WHO definition, Yellow fever is caused by a virus (*Flavivirus*) which is transmitted to humans by the bites of infected *aedes* and *haemogogus* mosquitoes. The mosquitoes either breed around houses (domestic), in forests or jungles (wild), or in both habitats (semi-domestic).



**Figure 7: Map of Bauchi and the adjoining States with Suspected /Presumptive/Confirmed Cases as at Week 37, 11<sup>th</sup> September, 2019**

Occasionally, infected YF travellers have exported cases to countries that are free of yellow fever, but the disease can only spread easily if that country has mosquito species able to transmit it, specific climatic conditions and the animal reservoir needed to maintain it.

Once contracted, the yellow fever virus incubates in the body for 3 to 6 days. Many people do not experience symptoms, but when these do occur, the most common are fever, muscle pain with prominent backache, headache, loss of appetite, and nausea or vomiting. In most cases, symptoms disappear after 3 to 4 days.

A small percentage of patients, however, enter a second, more toxic phase within 24 hours of recovering from initial symptoms. High fever returns and several body systems are affected, usually the liver and the kidneys. In this phase people are likely to develop jaundice (yellowing of the skin and eyes, hence the name 'yellow fever'), dark urine and abdominal pain with vomiting. Bleeding can occur from the mouth, nose, eyes or stomach. Half of the patients who enter the toxic phase die within 7 - 10 days.

## Summary of the current response

### Overview of Host National Society.

- The NRCS and IFRC are participating in the activated EOC for Yellow Fever that is guiding the design and coordination of the YF response amongst the partners. The EOC has requested Red Cross assistance in risk communication and environmental clean-up campaigns as well as social mobilization for the mass vaccination programme.
- The NRCS branches have been liaising with the SMOH and have started mobilization the volunteers in Bauchi. The Bauchi branch is attending the coordination meetings and is preparing these teams for action. The Branch in Katsina is implementing a CDC funded Community Surveillance of AFP and priority IDRS disease, including yellow fever. In July, 163 suspected cases of Yellow Fever were identified and in August, 242 cases were identified and reported by the RC volunteers in 7 LGAs where the CDC project is being implemented. A meta-analysis is planned to take place comparing the Red Cross data with that of NCDC reports. Subsequent to the DREF operation, the RC volunteers will continue with the community surveillance of YF, report the case into the national surveillance system and refer the cases to the nearest health facility for treatment.
- NRCS integrates Community Engagement and Accountability (CEA) elements to programmes in several areas, following capacity building provided by IFRC during the Ebola preparedness project in 2016. IFRC

supports two branches throughout NE Nigeria, including some CEA components such as radio broadcasts, feedback and complaints mechanisms and engagement with community leaders. CEA was also a key component in the recent flood operation, where innovative tools like mobile cinema, toll-free hotlines, and radio shows were used.

- However, the branches in Bauchi and Katsina have so far not benefitted IFRC CEA support. Capacity building is required in these locations and must build upon CEA activities previously conducted in the mentioned areas.
- In April, the Nigerian Red Cross received a 3-day training on the CEA. Staff from the Health department were part of this training. In addition to this, 3 NS staff attended a CEA TOT training in Nairobi last year. These people will be providing capacity building in CEA to field staff and volunteers who will be involved in the response.

### **Overview of Red Cross Red Crescent Movement in country**

The International Federation of Red Cross and Red Crescent Societies (IFRC), supports NRCS through its West Coast Country Cluster Support Team (CCST) Office in Abuja. As such, the Abuja CCST is providing necessary technical support in developing a plan of action and liaising with the Africa Region team for this DREF allocation. This is to ensure that NRCS can carry out high priority actions to save human lives being infected with the YF virus. IFRC team in Nigeria continuously provides support to NRCS in emergency health, disaster management, community engagement, development programmes and support to organizational development.

International Committee of the Red Cross (ICRC) has a big presence in the country with the delegation office in Abuja and sub delegations in three states (Port Harcourt, Jos and Yola) besides offices in Maiduguri, Kano and Biu implementing full full-fledged response around conflict interventions. The British and Italian Red Cross has their delegation established in Nigeria.

### **Overview of non-RCRC actors in country**

The EOC, hosted in NCDC, is monitoring the epidemic, and coordinating the YF response among different partners. UNICEF is setting up a risk communication task force and is mobilizing resources internally. WHO is providing the technical support in monitoring and laboratory strengthening. MSF is committed to support the isolation wards and treatment centres set up in Bauchi.

## **Needs analysis, targeting, scenario planning and risk assessment**

### **Needs analysis**

The key challenges mentioned in the EOC meeting held on 11 September 2019 on the latest Bauchi outbreak are:

- Low index of suspicion among available health-care workers
- Lack of printed Yellow Fever information, education and communication (IEC) materials.
- No funds available yet for risk communication and community engagement activities in Bauchi state. UNICEF has promised to support some risk communication activities.
- Non release of approved funds for all activities in the mitigation plan of the Government.
- Inadequate skilled human resources for active case search
- Only 6 bed spaces available at the isolation and treatment centre in Bauchi

The needs that arise out of these challenges and are relevant to the NRCS's roles to mobilize the community-based volunteers to undertake risk communication and community engagement, environmental clean-up to destroy mosquito breeding sites during this rainy season and social mobilization for YF mass vaccination campaign.

### **Targeting**

Geographical targeting is done based on the epicentre of the recent outbreak, which is Bauchi state. Due to insecurity in some of the LGAs in Katsina, and vaccination teams having not been able to provide routine vaccinations in these areas, the YF mass campaign will be a challenge. However, NRCS has made a breakthrough to work in these geographical areas and have successfully vaccinated children for polio in the recent National Intensified Polio Days (NIPD) and is conducting passive community-based surveillance of Acute Flaccid Paralysis. The YF virus containing mosquito does not differentiate on gender or age and every unvaccinated person in a vector dense area has equal probability of infection.

### **Scenario planning**

Mass awareness programme is needed to provide information about the spread of YF virus in these states. A micro plan in Katsina is being developed by the State EOC as the DREF EPOA. The Red Cross Branch is working in collaboration with the State team in development of the state micro plan and to align the EPOA activities with the state plans. Katsina EOC has decided on 10 days of mass vaccination from 26<sup>th</sup> September to 7<sup>th</sup> October 2019. A decision

on mass vaccination has not been made yet in Bauchi state. If MoH decides on a mass vaccination in Bauchi, the RC volunteers will be engaged in risk communication and community engagement activities in this state.

### Operation Risk Assessment

Katsina state has many locations that are security compromised, hence the LGAs are preparing plans to conduct YF vaccination in the locations depending upon the fixed post and mobile vaccination teams. Batsari, Dan Musa, Faskari, Jibia, Kankara, Kurfi, and Safana are the LGAs that have insecure settlements in Katsina, due to kidnapping, cattle rustling, armed robbery and banditry. The involvement of RC will be contingent upon the security risk assessment.

Details of insecure settlements in Katsina as of September 2019 (Source, Katsina EOC)						
State	Total # of LGAs in State	Total # of Wards in State	Total # of Settlements in State	# of LGAs with unsecured Settlements in State	# of Wards with unsecured Settlements in State	# Total unsecured Settlements in State
Katsina	34	361	16471	7	34	293

## B. Operational strategy

### Overall Operational objective:

To reduce the incidence of Yellow Fever through intensified prevention and control activities at the household and community level in Bauchi and Katsina.

### Specific Objectives are:

- To provide information on the importance of YF vaccination, schedule, sites and mobilize the community for the campaign in Katsina and Bauchi states
- To provide health awareness on prevention of YF in the affected communities and to identify and refer people with symptoms to the treatment centres of Bauchi and Katsina
- To destroy breeding grounds of mosquitoes within the houses and in the environment

### Proposed strategy

The DREF intervention will focus on 3 main strategies:

- Community engagement through social mobilization for YF mass campaign and / or health promotion. IFRC will support the NRCS to ensure effective participation of communities and accountability throughout the response by providing information on Yellow fever, the vaccination and response efforts; as well as setting up feedback and complaints mechanisms as guided by the IFRC Community Engagement and Accountability Standards (CEA) and Core Humanitarian Standards (CHS).
- Prevention and active case finding of suspected cases and referrals to treatment centres.
- Vector Control - destruction of breeding grounds of mosquitoes.

Yellow Fever DREF Operation		
Key Strategies	Katsina	Bauchi
Mass vaccination for Yellow Fever	Risk communication, community engagement and social mobilization	<ul style="list-style-type: none"> <li>Risk communication, community engagement and social mobilization</li> </ul>
Prevention of further spread of YF and active case finding	None	<ul style="list-style-type: none"> <li>House to house visit</li> <li>IEC material distribution</li> <li>Mass campaigns for prevention</li> </ul>

		<ul style="list-style-type: none"> <li>Clean up campaigns to destroy mosquito breeding grounds.</li> </ul>
	650 volunteers will be engaged for 10 days in 20 LGAs	150 volunteers will be engaged for 2 months in 3 most affected LGAs

### **Risk communication, community engagement and social mobilization for mass vaccination in Katsina (and in Bauchi, provided a mass vaccination campaign is organized)**

NRCS will support risk communication, community engagement and social mobilization activities for the proposed YF mass campaign in Katsina State. In the 34 Katsina LGAs, the NRCS has 20 active divisions (LGAs) - Daura, Malumfashi, Kurfi, Katsina, Bindawa, Funtua, Baure, Sandamu, Batagarawa, Maiadua, Charanchi, Mani, Mashi, Faskari, Kankara, Jibia, Danmusa, Batsari, Sabuwa, and Safana).

A total of 201 volunteers are currently engaged in 7 LGAs working on community-based surveillance on Acute Flaccid Paralysis (AFP) and other vaccine preventable diseases, supported by the US CDC- Atlanta. These volunteers will be mobilized and engaged to carry out risk communication, community engagement and social mobilization activities for YF mass campaign in the LGAs where they are currently working. The remaining 13 LGAs will have 450 volunteers deployed based on the number of vaccination team.

NRCS will conduct a one-day orientation for volunteers on risk communication, community engagement and social mobilization strategies including the Community Engagement approach to support the mass YF campaign. This training will be facilitated by the technical team from NRCS, State Health Education Officer and EoC members. Volunteers will be trained on how to engage and mobilise the community people during the vaccination campaign, on health promotion for behavioural change on yellow fever prevention and participation in vaccination YF campaign, on how to provide information on the vaccination and response efforts, as well as awareness campaigns in social gatherings. Activities will be supported through dissemination of IEC materials, radio adverts, radio shows, and community outreach activities.

Volunteers will be also trained on how to collect feedback, including rumours and complaints, from the communities. This information will be used to update messages and social mobilization approaches. A help desk will be established in the community where people can ask questions, provide suggestions and feedback or make complaints. The helpdesk will be managed by volunteers. Free-toll- lines will be also advertised so that communities can benefit from them.

Prior to this, a training of trainers will be conducted for the Branch officers (Branch Secretary, Branch Health Coordinator, Divisional Secretaries), LGA Health Educators and NHQ project team to familiarize with the operational strategies and tools.

Trained volunteers will conduct house-to-house visit, before, during and after the mass campaign, sensitizing the community members on the transmission routes of YF, creating health awareness on YF prevention and the importance of vaccination. They will also provide the community members with information regarding the vaccination days and designated vaccination posts.

All volunteers will be engaged in community mobilization and help the vaccinating team during the 10 days of vaccination campaign.

### **Proposed Strategy for Prevention and active case finding in Bauchi State**

Yellow fever cases in Bauchi has been identified in the following 4 LGAs: Toro (suspected), Dass (suspected), Bauchi (suspected) and Alkaleri (confirmed). In Bauchi State, 150 community volunteers will be trained by experts from MoH, NCDS and Red Cross on active case finding, risk communication, community engagement and social mobilization and preventive messages on Yellow Fever. 50 volunteers will be engaged per LGA to work for 5 days a week for the first one month of this operation, visiting a minimum of 20 households per day. The number of days a week will be revised after the first month, depending on the situation and coverage. The Operation will target 30% of the population through house-to-house visits and the remaining 70% will be targeted through mass communication campaign.

Volunteers will conduct door to door case finding for case definition of YF and refer all suspected cases to designated treatment centers or nearest health facilities. Radio shows will be organised in Bauchi to increase the awareness prevention of YF, need to be vaccinated, the days and venue of fixed post and mobile vaccination teams.

## Vector Control - destruction of breeding grounds of mosquitoes in Bauchi

Volunteers will lead and mobilize community members for clean-up campaigns to destroy mosquito breeding grounds. Community leaders and local health commissions will be encouraged to organize breeding-site elimination days at the community level. To this end, they will be provided with Environmental sanitation kits and the necessary tools to properly carry out the activity (shovel,

rake, standing broom, wheelbarrow, rubber hand gloves, face masks), as well as printed informational material to promote activities. The main purpose is to make house-to-house visits in order to encourage families to help eliminate the breeding sites identified in their dwelling and to instil this habit in other household members.

The NRCS received a DREF for Lassa fever in 2018, ended a community-based prevention of malnutrition project with UNICEF funding in January 2019 and they are currently implementing a CDC funded community surveillance project for AFP and other priority diseases. Learnings from the implementation of these projects are taken into account while planning this DREF. Funds were refunded in the 2018 Lassa DREF and in UNICEF project due to the low absorptive capacity of NRCS and due to the working advance cap of 50K CHF put by IFRC on the NS. The Health Delegate in IFRC came on board in April 2018 when the NS was struggling to implement the DREF and the end date of UNICEF project was approaching. The NS is conscious of its limited absorptive capacity and the YF DREF has been conscious of asking for only strategic activities. The AFP surveillance project is in one of the same states of the YF operation, where a strong Branch exists as well the IFRC Immunization Officer is located. The DREF will be using existing volunteers from the current project and recruiting from others from other geographical areas. This has been communicated with the CDC-Atlanta team also.

Pre-planning meetings have been organized in NRCS on PMER, procurement and program planning in the last 2 days. NRCS and IFRC is attending the coordination meetings at EOC and in the state. Thus, the NS is better positioned for timely implementation of this DREF.

### Human resources

At the National level, the NRCS Deputy Health Coordinator (DHC) will lead the DREF operation under close supervision of the Head of Health & Care Department. One Health Officer will support the DHC. At the branch level, the Health coordinator will oversee the activities of this operation, reporting to the DHC and under the supervision of the Branch Secretary. Divisional Secretaries at the LGA level will coordinate all the volunteer's activities and provide immediate technical and operational support to the volunteers. A team of 10 volunteers will be assigned a volunteer team leader who leads the team and provides timely information to the volunteers daily. The team leader is also responsible for daily collation of volunteer reports to submit to the Divisional Secretaries on a weekly basis.

From the IFRC side, the Health Delegate will lead the operation. The CEA Delegate will support the NS in implementing the CEA components. Since the Cluster Office is short in support staff, a short-term surge national support will be selected to support the programme team.

### Logistics and supply chain

All procurement in the DREF will be carried out at the NHQ level according to the NRCS procurement processes and policies. The Procurement Officer of the NRCS will work with the IFRC logistics department to ensure compliance with the IFRC procurement processes and standard. Long sleeves T-shirts and 80 environmental cleaning kits (including rubber gloves and boots) will be procured for volunteers in Bauchi. IEC materials designed by UNICEF/MoH will also be produced for dissemination at community level. Request has been made to UNICEF to supply us with needed IEC materials in Bauchi, which is pending approval at the time of submission of the EPoA.

### Security

In view of the recent security events in the country, especially in Katsina, as well as the insurgency in some locations, the NHQ security focal point will provide regular updates and security briefings to project's technical team and volunteers to ensure the volunteers' and management team's physical integrity. A session on Safer Access framework will be

provided during the training to discuss the use of the emblem, schedules, and coordination with other stakeholders and with community members. A security focal person from NRCS or IFRC will be positioned in Kastina during the vaccination drive and will manage the security in coordination with ICRC, as relevant. All volunteers will be covered under IFRC's standard insurance scheme. PPE for volunteers during the community clean-up campaigns and full-sleeves T-shirts are part of the operation; there is no risk of human to human transmission of YF virus.

### **Planning, Monitoring, Evaluation, & Reporting (PMER)**

Data collection sheets for volunteers will be developed to record the details of the households covered under social mobilization for vaccination, risk communication, community engagement and other community events. The volunteers will be trained on use of these simple data collection tools that the volunteer team lead will collect, verify and validate before giving it to the Divisional Secretary. The DS consolidates the data for the LGA and along with the original data sheets of the volunteers and sends them to the Branch Office.

A focal person for data management will be identified at the branches to enter the data into an excel sheet to be transmitted to the HQ. Part of the monitoring data will be the community feedback and complaints collected by Red Cross volunteers. This data will be analysed and reviewed with the technical teams on a regular basis to keep track of the progress of activities and inform operational decisions. The PMER in the Health Department at HQ will clean, edit and analyse the data and prepare the narrative mid-term and final report of the project under the supervision of the DHC.

### **Administration and Finance**

The NRCS has an Admin and Finance department that ensures proper management and use of resources. The administrative and financial procedures are in line with the NRCS' quality control procedures, and they will support all actions included in the National Society's humanitarian mission, ensuring transparency and adequate accountability. The Finance department will be closely involved in supporting the operation. Furthermore, the IFRC's in-country office will also support the administrative and financial management processes and provide support to ensure compliance with established quality standards. Prior to the implementation, the NRCS will sign a Memorandum of Understanding (MoU) with the IFRC, specifying the outcomes, timeline, budget, reporting requirements, and compliances. The Federation has put a cap of working advance up to 50,000 CHF per project. Hence where necessary, procurement of items will be done jointly by the Federation and the NS and paid out directly to vendors. Payment to volunteers will be made through bank transfers to minimize handling of cash.

## C. Detailed Operational Plan



### Health

**People targeted:** 985,047  
 Male: 502,372  
 Female: 482,671.56  
**Requirements (CHF): 125,464**

P&B Output Code	Health Outcome 1: The immediate risks to the health of affected populations are reduced	<i>Number of people reached with preventive messages on Yellow Fever (Target: 313,365 of persons in Bauchi and 671,679 in Katsina)</i>															
	Health Output 1.1: The immediate risks of the population affected by Yellow Fever is reduced	<ul style="list-style-type: none"> <li>- <i>Number volunteers trained on active case finding, social mobilization and preventive messages on Yellow Fever in Bauchi (Target: 150).</i></li> <li>- <i>Number of IEC materials produced and disseminated (Target: 25,000)</i></li> <li>- <i>Percentage of targeted populations aware of how to interact with RC and feedback mechanism (Target: 60%)</i></li> <li>- <i>Percentage of people correctly recalling key messages on Yellow fever (Target: 60%)</i></li> <li>- <i>Number of radio sessions on Yellow fever prevention (Target: 12)</i></li> </ul>															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	Distribute 25,000 IEC materials to targeted communities to increase awareness on YF transmission and prevention																
AP021	Train 150 volunteers in Bauchi on active case finding, risk communication, community engagement and social mobilization (how to collect and manage feedback, rumour tracking) and preventive messages on Yellow Fever																

AP021	Conduct door to door case finding for case definition of yellow fever and refer all suspected cases to designated treatment centres or nearest health facilities																	
AP021	Conduct house to house sensitization and awareness raising on yellow fever prevention and control, including vector control																	
AP084	Set up a system for data collection and analysis from CEA activities to inform programmatic decisions, risk communication, community feedback and complaints.																	
AP084	Train volunteers on how to produce and deliver radio shows (10 volunteers)																	
AP084	Produce 1-hour radio programme on Yellow fever prevention (Live interactive radio program, call-ins) to allow communities to engage, ask questions, dispel myths and rumours, express concerns on Yellow fever.																	
AP084	Establish dialogue channels on how to prevent yellow fever /platforms (call-in radio programmes), including at community level through community meetings, community leaders, mothers' clubs, feedback desks, etc.																	
P&B Output Code	<b>Health Output 1.2: Target population is provided with preventive vaccination</b>	<ul style="list-style-type: none"> <li>- <b>Number of volunteers trained on community mobilization for mass vaccination in Katsina (Target: 650)</b></li> <li>- <b>Number of households visited by volunteers (Target: 200,000)</b></li> <li>- <b>Number of radio adverts (Target: 90)</b></li> </ul>																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP021	Train 650 volunteers on community mobilization for mass vaccination campaign including CEA in Katsina																	
AP021	Conduct house to house campaign to create demand for yellow fever vaccination																	
AP021	Conduct supportive supervision and monitoring																	
AP021	Support the vaccination campaign using interactive radio shows and radio adverts in the affected areas (the dissemination of Yellow fever messages).																	
P&B Output	<b>Health Output 1.4: Epidemic prevention and control measures carried out in the 4 LGAs in Bauchi state</b>	<ul style="list-style-type: none"> <li>- <b>Number of sessions of clean up campaigns conducted (Target: 300)</b></li> </ul>																

Code	Activities planned Week	<ul style="list-style-type: none"> <li>- Number of environmental sanitation kits procured and distributed for clean-up campaigns (Target: 100)</li> <li>- Number of community sanitation committees established (Target: 20)</li> </ul>															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	House to house sensitization and awareness on YF prevention																
AP021	Procure and distribute environmental sanitation kits to community members for clean-up campaigns																
AP021	Facilitate community clean up campaigns to destroy mosquito breeding grounds																
AP021	Establish community sanitation committees to coordinate community clean up campaigns																

## Strategies for Implementation

Requirements (CHF): 40,171

P&B Output Code	S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform	<ul style="list-style-type: none"> <li>- Number of volunteers actively involved in the operation (Target: 80 volunteers)</li> <li>- Number of long sleeve T-shirts distributed (Target: 500 T shirts)</li> <li>- Number of volunteers insured (Target: 1,000)</li> </ul>														
		Activities planned Week			1	2	3	4	5	6	7	8	9	10	11	12
AP040	Provision of visibility and personal protection equipment to volunteers															
AP040	Insurance for volunteers involved in the operation															

P&B Output Code	Outcome S2.1: Effective and coordinated international disaster response is ensured													
	Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained													
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	
AP046	IFRC monitoring visits		■	■			■		■					
AP046	Surge support (3 months)	■	■	■	■	■	■	■	■	■	■	■	■	

## D. Budget

The overall budget for this DREF operation is CHF 165,635 as detailed below.

*all amounts in  
Swiss Francs  
(CHF)*

### DREF OPERATION

MDRNG027 -Nigeria- Yellow Fever

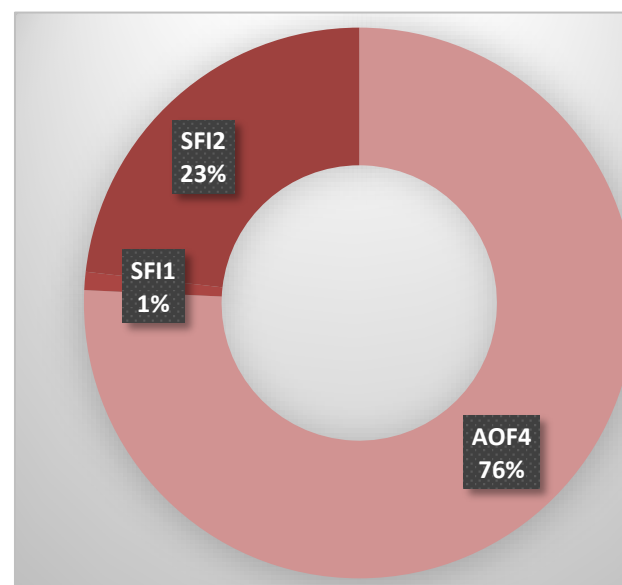
20/09/2019

#### Budget by Resource

Budget Group	Budget
Water, Sanitation & Hygiene	6,854
Medical & First Aid	6,193
<b>Relief items, Construction, Supplies</b>	<b>45,798</b>
Volunteers	73,004
<b>Personnel</b>	<b>74,078</b>
Workshops & Training	33,407
<b>Workshops &amp; Training</b>	<b>33,407</b>
DIRECT COSTS	155,526
INDIRECT COSTS	10,109
<b>TOTAL BUDGET</b>	<b>165,635</b>

#### Budget by Area of Intervention

AOF4 Health	125,465
SFI1 Strengthen National Societies	1,759
SFI2 Effective International Disaster Management	38,412
<b>TOTAL</b>	<b>165,635</b>



## 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:**

#### In the Nigeria Red Crescent Society

- Abubakar Kende, Secretary General, phone: +234 803 959 5095; e-mail: [secgen@redcrossnigeria.org](mailto:secgen@redcrossnigeria.org)
- Dr. Juma Ibrahim Juma, Head, Health and Care, [juma.ibrahim@redcrossnigeria.org](mailto:juma.ibrahim@redcrossnigeria.org) +234 8037865361.

#### In the IFRC West Africa

- Ruben Cano, Head of West Africa Cluster, phone: +2348035204391; [email:ruben.cano@ifrc.org](mailto:ruben.cano@ifrc.org)
- Sherry Joseph, Health Delegate, phone: +2349087498349; [email:sherry.joseph@ifrc.org](mailto:sherry.joseph@ifrc.org)

#### IFRC Africa Region:

- Adesh Tripathee, Head of DCPRR Unit, Kenya; phone: +254 731 067 489; email: [adesh.tripathee@ifrc.org](mailto:adesh.tripathee@ifrc.org),

#### In IFRC Geneva

- Karla Morizzo, DREF Senior Officer, DCPRR; Email: [karla.morizzo@ifrc.org](mailto:karla.morizzo@ifrc.org)
- Nicolas Boyrie, Operations Coordination, Senior Operations Coordinator, DCPRR; email: [nicolas.boyrie@ifrc.org](mailto:nicolas.boyrie@ifrc.org)

#### For Performance and Accountability support

IFRC Africa Regional Office: Illah Ouma, Acting PMER Coordinator, email: [illah.ouma@ifrc.org](mailto:illah.ouma@ifrc.org)

## How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

[www.ifrc.org](http://www.ifrc.org)

Saving lives, changing minds.

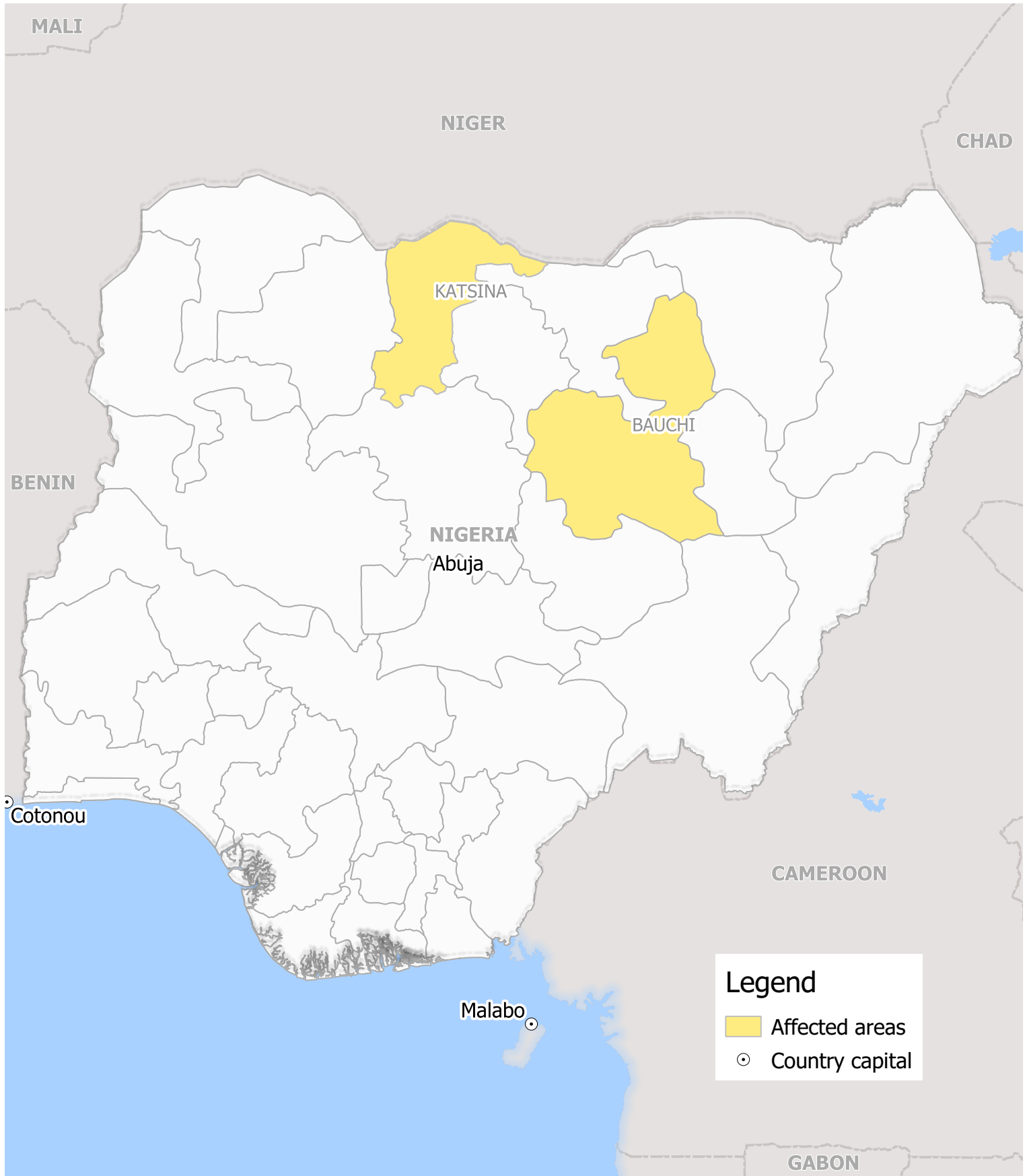


The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

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



# Nigeria - Yellow Fever Disaster Relief Emergency Fund



**Legend**

- Affected areas
- Country capital

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

