

# Final Report

## Nigeria: Yellow Fever

<b>DREF operation</b>	<b>Operation n° MDRNG027</b>
<b>Date of Issue:</b> 21 May 2020	<b>Glide number:</b> <a href="#">EP-2019-000112-NGA</a>
<b>Date of disaster:</b> 1 August, 2019	
<b>Operation start date:</b> 20 September 2019	<b>Operation end date:</b> 20 December 2019
<b>Host National Society:</b> Nigerian Red Cross Society	<b>Operation budget:</b> CHF 165,635
<b>Number of people affected:</b> <ul style="list-style-type: none"> <li>- <b>Bauchi:</b> 1,044,546 persons (174,091 households)</li> <li>- <b>Katsina:</b> 4,975,400 (pop of 20 LGAs)</li> </ul>	<b>Number of people assisted: 1,669,757 (278,292 HHs)</b> <ul style="list-style-type: none"> <li>- <b>Katsina:</b> 1,055,535 (Male: 578,239, Female: 477,296)</li> <li>- <b>Bauchi:</b> 614,222 (Male: 298,072, Female: 316,150)</li> </ul>
<b>N° of National Societies involved in the operation: 01 (Nigerian RC)</b>	
<b>N° of other partner organizations 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	

*The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, Germany, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, and Fortive Corporation and other corporate and private donors. DG ECHO, the Belgian Government and the Canadian Government contributed in replenishing the DREF for this operation. On behalf of Nigerian Red Cross Society (NRCS), the IFRC would like to extend gratitude to all for their generous contributions.*

## A. SITUATION ANALYSIS

### Description of the disaster

In August 2019, the country had recorded an increase in the number of yellow fever cases in Katsina, Bauchi and Benue States. By September 2017, all 36 States in Nigeria and the Federal Capital Territory had reported at least one suspected case of yellow fever. Between 1<sup>st</sup> and 31<sup>st</sup> October 2019, some 839 suspected cases were recorded from all states including FCT, adding up to a total of 3,620 suspected cases reported in 588 LGAs since January 2019; with 18 States recording at least one confirmed case of yellow fever (*NCDC Sit rep, Epi wk 40-44*). To ensure a well-coordinated response and quick control of the outbreak, the Nigeria Centre for Disease Control (NCDC) activated the national Emergency Operations Centre (EOC) which met weekly to review the situation of the epidemic, partners intervention, identify gaps and proffer way forward.



*NRCS volunteers mobilized eligible persons for YF vaccination in Katsina State ©NRCS*

In support to Government actions to curb the rising trend of the outbreak, the Nigerian Red Cross Society (NRCS) received support from IFRC through this [DREF operation](#), launched for CHF 165,635 in September 2019. Through this operation, NRCS was actively involved in the Yellow Fever (YF) response, mobilising communities for clean-up campaigns, destruction of mosquito breeding spaces and providing risk communication messages to the affected populations in Katsina and Bauchi States. Through door to door education and awareness creation, dissemination of leaflets and posters with key messages on Yellow Fever, airing of jingles in Hausa and Jarawa languages, mobile cinema shows to publicly display a video of yellow fever transmission and prevention in the local language as well as weekly live radio shows, reaching a total 1,669,757 people (278,292 HHs) in Bauchi and Katsina States. This amounts to 69% above the planned target of 985,044 people.

YF is a mosquito-borne viral disease occurring in tropical regions of Africa and South America. YF is a completely vaccine preventable disease. In Nigeria, vaccination against yellow fever is primarily through the routine childhood immunisation and where necessary, catch up campaigns are carried out to increase population immunity. In the course of the outbreak, Bauchi state organised a mass vaccination campaign in three worst affected communities (Gudum Hausawa, Gudum Fulani, & Gudum Sayawa) and the NRCS volunteers moved door to door in the targeted areas to encourage households to ensure that their children and HH members below 44 years of age received the vaccine.

In addition to providing support to the vaccination exercises, Red Cross volunteers also mobilised the community members to keep their environment clean and free of stagnant water to discourage the breeding of mosquitoes and ensure consistent use of insecticide treated mosquito nets, limit forest activities and have screens on windows and doors to prevent access for mosquitoes. Additionally, volunteers conducted door to door active case search to refer people with signs of community case definition of yellow fever to the nearest treatment centres.

## **Summary of response**

### **Overview of Host National Society**

In its auxiliary role to complement the effort of the Federal Government of Nigeria in areas of disaster management, health care and social development, the NRCS, an active member of the YF EOC supported with risk communication activities, environmental clean-up campaigns as well as social mobilisation for organised mass vaccination programme. At the state level, the NCS Branches worked closely with the SMOH and other participating stakeholders to provide regular operational updates and ensure a coordinated response. In Katsina state, where new cases were recorded, the NRCS Branch in Katsina mobilized 651 volunteers to support mass vaccination campaign in 20 LGAs. Also, 200 volunteers already working on the CDC funded project on Community Surveillance of AFP and priority IDRS diseases including yellow fever, were mobilized to intensify the surveillance activities.

Some 150 volunteers were trained and deployed in Bauchi to support the Yellow Fever operation in four LGAs (Alkaleri, Bauchi, Tafawa Balewa & Kirfi). Through the National Society (NRCS)'s grass root presence and wide range of community-based volunteers, the NRCS trained and mobilised these community-based volunteers to carry out social mobilisation activities, case detection and community engagement for behavioural change. Across the targeted states, NRCS provided capacity building on Community Engagement and Accountability (CEA) for the volunteers to ensure that CEA elements are mainstreamed into all the activities to promote community participation, effective communication, and accountability.

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

The International Federation of Red Cross and Red Crescent Societies (IFRC), through its West Coast Cluster office in-country worked closely with the NRCS to provide technical support and regular updates on the operation. The IFRC Health delegate in the country constantly followed up on the operational updates and provided capacity building and mentoring to the NRCS team involved in this operation. IFRC's PMER also provided support to the design of data collection tools and field data quality. Monitoring visits were conducted by IFRC to ensure quality implementation in the states.

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

Considering the size of the outbreak and the number of states affected, the Nigerian Centre for Disease Control (NCDC) led a multi-agency YF outbreak Control Team to coordinate the response, aimed at containing the outbreak and providing support to the affected persons. The EOC had representatives from the Federal Ministry of Health, National Primary Health care Development Agency (NPHCDA), and development partners- World Health Organization, US Centres for Disease Control, United Nations Children Fund, African Field Epidemiology Network, Georgetown

University, MSF, the Nigerian Red Cross Society (NRCS), etc., with a focus on these key outputs: i). Strong coordination of laboratories providing laboratory confirmation; ii) Rapid deployment of Rapid Response Team for immediate investigation of confirmed cases iii). Rapid mobilization of entomology team for the survey iv). Rapid development of ICG request for reactive vaccination v). Case management support vi). Preventive mass vaccination campaign vii). Increased risk communication activities.

To boost herd immunity of the affected population, a preventive mass yellow fever vaccination campaign was conducted in Katsina state from 28 September to 7 October 2019 and in the 4 LGAs in Bauchi state from 19 to 21 October 2019.

### Needs analysis and scenario planning

On 16 October 2019, the NCDC deactivated the EOC following reports that showed that the outbreak was within control and had been contained in some of the high-risk states. After the deactivation of the EOC, a new report (posted on 3 November 2019) in the Daily Post, captioned: **“Another suspected YF outbreak kills 6 in Bauchi”** surfaced with one confirmed case in Ningi LGA in Bauchi. New reported cases in Katsina and Zamfara States became a great concern. This led to an immediate reactivation of the Yellow Fever EOC on 5 November 2019, with all the compositions in place. Please see Scenario planning in EPoA [here](#).

### Risk analysis

Some of the major challenges identified at the EOC included: low index of suspicion of yellow fever among health care providers; low but improving routine immunisation coverage in the states; poor documentation of yellow fever surveillance in many health facilities and across states. On this note, the NCDC requested that the Red Cross should scale up risk communication activities to include Ningi LGA and Katsina state to reach the security compromised areas with preventive messages on YF. With zero reports from Kirfi and Tafawa Balewa LGAs two weeks after implementation, NRCS scaled down activities in these two LGAs to include only community clean up campaigns. With the remaining resources, the NRCS mobilised 20 volunteers to conduct 10 days of health education, community clean up campaigns and mobile cinema activities in high risk settlements of Ningi LGA where new cases were reported. A team of five, trained on mobile cinema were deployed to Ningi to support the mobile cinema shows and provide technical support to the volunteers.



*NRCS volunteers supporting community cleanup campaign in Alkaleri, Bauchi ©NRCS*

## B. OPERATIONAL STRATEGY

### Overall Operational objective:

The objective of this operation was to reduce the incidence of Yellow Fever through intensified prevention and control activities at the household and community level.

### Specific Objectives were:

- To mobilise the community for the proposed YF mass 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 centers of Bauchi and Katsina
- To destroy breeding grounds of mosquitoes within the houses and in the environment

Through this operation, NRCS reached out to 1,669,757 people out of the targeted 985,047, including 1,055,535 in (Male: 578,239, Female: 477,296 ) in Katsina and 614,222 people (Male: 298,072, Female: 316,150) in Bauchi.

The DREF intervention focused on three main strategies:

## 1. Community engagement through social mobilisation for YF mass campaign and / or health promotion

NRCS trained 651 community based volunteers to conduct social mobilisation for mass vaccination campaign in 20 LGAs in Katsina State (Daura, Malumfashi, Kurfi, Katsina, Bindawa, Funtua, Baure, Sandamu, Batagarawa, Maiadua, Charanchi, Mani, Mashi, Faskari, Kankara, Jibia, Danmusa, Batsari, Sabuwa, and Safana). Preceding the volunteers' training, was a one-day orientation for 20 trainers drawn from the 20 LGAs targeted. This orientation was facilitated by the State immunization technical team using a harmonized curriculum developed by the State. Trained volunteers conducted house to house education on the rationale of YF, its prevention and the importance of taking the YF vaccine, and mobilised the eligible persons for vaccination. At the end of the 10 days vaccination campaign, a total number of **761,385** eligible persons were mobilised for vaccination. **106,160 households** were visited reaching **1,055,535 persons** with preventive messages on Yellow Fever in 20 LGAs in Katsina State (see table 1 below).

**Table 1: People reached with YF preventive information**

No of persons reached with preventive information on Yellow Fever, Katsina, Oct-Nov 2019													
LGA	No of households reached	No of males reached						No of females reached					
		0-14	15-24	25-44	45-64	Above 65	Total Male	0-14	15-24	25-44	45-64	Above 65	Total Female
Batagarawa	5,544	13,481	5,300	2,847	1,188	182	<b>28,542</b>	13,962	5,660	3,352	895	128	<b>23,997</b>
Batsari	4,831	8,651	7,154	4,108	2,409	1,284	<b>28,437</b>	8,846	7,071	5,068	2,005	1,107	<b>24,097</b>
Baure	13,317	18,791	13,771	13,762	6,891	2,950	<b>69,482</b>	22,179	17,540	12,475	7,134	2,652	<b>61,980</b>
Bindawa	5,611	11,755	5,305	4,561	2,420	980	<b>30,632</b>	10,107	5,084	5,046	1,649	939	<b>22,825</b>
Charanchi	4,060	8,843	3,912	3,473	2,205	741	<b>23,234</b>	11,292	3,834	4,140	1,426	547	<b>21,239</b>
Danmusa	4,894	16,047	5,403	3,701	2,211	735	<b>32,991</b>	13,348	5,324	5,849	1,750	523	<b>26,794</b>
Daura	8,113	14,417	7,054	6,145	3,239	1,678	<b>40,646</b>	13,897	8,531	6,917	2,284	760	<b>32,389</b>
Faskari	3,775	5,535	5,009	5,381	3,885	2,163	<b>25,748</b>	6,157	5,380	5,437	3,787	2,092	<b>22,853</b>
Funtua	4,412	7,054	5,355	4,438	1,916	1,319	<b>24,494</b>	6,590	4,839	4,013	2,288	711	<b>18,441</b>
Jibia	1,552	2,573	1,063	814	643	217	<b>6,862</b>	2,072	1,183	1,107	527	380	<b>5,269</b>
Kankara	2,204	3,217	1,673	1,693	915	312	<b>10,014</b>	3,167	1,924	1,847	666	162	<b>7,766</b>
Katsina	7,770	14,375	8,168	6,515	3,157	860	<b>40,845</b>	16,124	7,935	6,556	2,122	608	<b>33,345</b>
Kurfi	7,560	14,544	9,339	7,144	3,818	996	<b>43,401</b>	14,042	11,126	8,433	2,946	674	<b>37,221</b>
Mai-Adua	5,107	10,394	3,143	3,455	2,219	519	<b>24,837</b>	9,261	5,202	5,049	2,247	134	<b>21,893</b>
Malumfashi	4,053	9,528	5,124	4,149	1,766	673	<b>25,293</b>	6,757	5,049	3,635	1,152	323	<b>16,916</b>
Mani	4,270	10,297	5,937	3,572	2,498	630	<b>27,204</b>	10,456	6,357	4,764	1,367	460	<b>23,404</b>
Mashi	6,142	8,899	6,834	6,329	173	64	<b>28,441</b>	8,022	6,988	6,007	160	64	<b>21,241</b>
Sabuwa	1,192	3,321	2,738	2,189	1,809	585	<b>11,834</b>	4,155	2,936	2,214	1,438	554	<b>11,297</b>
Safana	4,215	5,405	4,300	4,110	2,012	1,150	<b>21,192</b>	6,052	4,766	5,884	1,691	1,338	<b>19,731</b>
Sandamu	7,538	13,061	5,953	5,028	1,925	605	<b>34,110</b>	11,966	5,785	4,955	1,380	512	<b>24,598</b>
<b>Total</b>	<b>106,160</b>	<b>200,188</b>	<b>112,535</b>	<b>93,414</b>	<b>47,299</b>	<b>18,643</b>	<b>578,239</b>	<b>198,452</b>	<b>122,514</b>	<b>102,748</b>	<b>38,914</b>	<b>14,668</b>	<b>477,296</b>
<b>Grand total</b>		<b>1,055,535</b>											

Some 15 volunteers were trained as trainers in mobile cinema, radio shows and feedback mechanism to cascade the training to 150 volunteers in four Local Government Areas (LGAs) (Alkalari, Bauchi, Tafawa Balewa and Kirfi) in the state. This training was facilitated by the technical team from NRCS, State and LGA Health Education Officers, the State Epidemiologist and Bauchi Emergency Operation Centre (EOC) members. Volunteers were trained on how to engage and mobilise the community people for YF vaccination and health promotion for behavioural change as well as awareness campaigns in social gatherings.

A great emphasis was laid on active case finding strategies and community case definition of Yellow Fever. Trained volunteers conducted house-to-house visits sensitising the community members on the transmission routes of YF, creating health awareness on YF prevention and the importance of vaccination. The volunteers worked five days in a week for the first four weeks, targeting at least 30 HHs each day, including markets, shops, schools, community gatherings and religious centers. As the number of cases began to reduce, activities were scaled down in Tafawa Balewa and Kirfi LGAs, while Alkalari and Bauchi LGAs continued for another 2 weeks. In total, **614,222 persons** were reached with preventive messages on YF in 44 wards in 4 LGAs in Bauchi.

To stop further spread of the YF virus and boost herd immunity in the worst affected LGA, the Bauchi state Government implemented a yellow fever reactive mass vaccination campaign in Bauchi LGA and the NRCS volunteers were actively involved in the targeted settlements, creating awareness and mobilising community members for vaccination. They also provided information about the vaccine, the campaign and the dates of vaccination to the community leaders and members.

Community meetings and advocacy visits were made to LGA chairmen and community leaders to introduce the team of volunteers and discuss the strategies of the operation. Regular visits were made to the EOC and state Ministry of Health to receive update on the outbreak and provide information about the RC activities and how it complements the effort of the Government. Operational updates were regularly being shared with the State team to ensure a coordinated response.

An additional 15 volunteers were trained to facilitate and host live radio show, mobile cinema and how to collect feedback using Kobo Collect, including rumours and complaints, from the communities. An assessment was carried out to identify information gap and response needs of the targeted LGAs in Bauchi State, also to find out if there was a change in perception, practice, knowledge beliefs and attitude of the respondents due to the social mobilisation activities, mobile cinema and radio programmes carried out in their respective communities/LGAs. Red Cross volunteers carried out a house to house KAP assessment, targeting the four LGAs in Bauchi state. Each volunteer was given a target of 15 HH per day for five days. Six hundred (600) responses were received, 150 per LGA for four LGAs. Key findings from the KAP survey are as follows:

- A total of 319 males and 277 females were interviewed
- There were more rural settlements in the targeted area than urban
- The most trusted source of information was the radio, therefore targeted messages should be sent through the radio
- 96% of the respondents (572 persons) said they had heard about yellow fever (The question was asked to find out if the social mobilisation and radio team properly passed the required information) 4% (24 persons) said they had not heard about yellow fever
- 62% (368 persons) of the respondents said by taking yellow fever vaccine, yellow fever can be prevented
- 97% agreed to take yellow fever vaccine
- 97% (580 persons) of the respondents said they trusted the information they received from the Red Cross
- The options radio and word of mouth (H2H) were the respondents preferred means to receive health and disaster related information from the Red Cross
- News, Magazine on Health, Drama and Soap Opera were the preferred radio programmes by the respondents
- The preferred timing for programmes chosen by the respondents were 6-9pm and/or 8-12 noon. Red Cross radio programmes can target these times
- 83% of the respondents (494 persons) preferred face to face with the Red Cross to raise complaints and questions.

Trained volunteers staged 40 shows at strategic locations in the communities using megaphones to mobilise community members for cinema shows. The one hour radio show titled "Haska Lafiyar ka" in Hausa, which means "light your health" was presented on Bauchi Radio Corporation 990KHz, 846KHz by trained volunteers who developed the scripts for the show and also anchored the sessions, providing information about the RCRC Movement, the current outbreak, the activities of the NRCS and also giving time for call in from community members to ask questions and provide feedback. In appreciation of the work of the Red Cross and to show commitment in fighting the scourge, the Management of Bauchi

Radio Corporation gave the NRCS one hour free slot to host a live radio session in Ningi radio station that covers the under-served nomadic settlement in the remote part of the LGA.

In a bid to reach a larger population and an expanded coverage, the NRCS supported the translation of radio jingles from Hausa to Jarawa local language and contracted the Bauchi Radio Corporation (BRC) to air jingles in Hausa and Jarawa languages in Bauchi. BRC has the widest coverage with booster stations in all the LGAs in the state with transmission in the local languages. The jingle was aired, 5 times a day in Hausa and Jarawa languages. Also, 50,000 leaflets and 3,000 posters with key messages on yellow fever were produced in English and disseminated. Additional 10,000 leaflets were produced in Hausa language for dissemination in Bauchi and Katsina states. NRCS printed and distributed 500 long sleeve T-shirts with an inscription “Yellow Fever vaccine saves lives” to promote visibility of the NRCS in the targeted communities.



NRCS hosting a live session at Ningi radio station ©NRCS

## 2. Prevention and Active case finding of suspected cases

*Community case definition of Yellow Fever: Any person with acute onset of fever, with jaundice appearing within 14 days of onset of the first symptoms (WHO definition)*

NRCS targeted four high risk LGAs in Bauchi (Kirfi, Tafawa Balewa, Bauchi and Alkaleri) where cases of Yellow Fever were initially reported. Some 150 volunteers were trained on active case finding, social mobilisation and preventive messages on Yellow Fever: 50 in Bauchi, 40 in Alkaleri, 30 in Tafawa Balewa and 30 in Kirfi. These volunteers conducted door to door case search for case definition of YF. The volunteers also established linkages with the Disease Surveillance

Notification Officers (DSNOs) to report all suspected cases and ensure prompt referral to the designated treatment centers or nearest health facilities for treatment.

In total, 77 suspected cases were identified by the NRCS volunteers in the 4 LGAs and referred for treatment.

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

Sanitation materials were procured and delivered to Bauchi to support community clean- up campaigns in the targeted LGAs as follows:

S/N	Material	Number (Quantity)
1	Wheelbarrow	20 pcs
2	Shovel	100 pcs
3	Broom with long handle	400 pcs
4	Face masks	30 packets
5	Hand sanitizers	900 pcs
6	Rake with the handle	100 pcs
7	Rubber Hand gloves	200 pcs

Volunteers worked with the community leaders to fix dates for the clean-up campaigns while community members were mobilised to clean up their environment and destroy mosquito breeding grounds. In Alkaleri LGA of Bauchi State, the NRCS team paid an advocacy visit to the Local Government Chairman. In appreciation and show of support for the work of the Red Cross, the chairman sent a delegation to all the wards in the LGA to enforce environmental sanitation in all communities and also support the volunteers during the clean-up campaigns. During the operation timeframe, 689 clean up sessions were conducted, and 30 community health committees established to oversee and mobilize community members for the clean-up exercise and also take ownership to ensure continuity.

## C. DETAILED OPERATIONAL PLAN



### Health

**People reached: 1,669,757**

**Male: 876,311**

**Female: 793,446**

Indicators:	Target	Actual
Number of people reached with preventive messages on Yellow Fever	985,047 people	1,669,757 people (614,222 (196%) in Bauchi and 1,055,535 (157%) in Katsina).
Number of volunteers trained on active case finding, social mobilization and preventive messages on Yellow Fever in Bauchi and Katsina	750 volunteers	750 volunteers (650 in Katsina and 150 in Bauchi)
Number of IEC materials produced and disseminated	25,000	63,000
Percentage of targeted populations aware of how to interact with RC and feedback mechanism	60%	83%
Number of radio sessions on Yellow fever prevention	12	7
Number of households visited by volunteers	200,000	204,875
Number of radio adverts	90	96
Number of clean up campaigns sessions conducted	300	689
Number of environmental sanitation kits procured and distributed for clean-up campaigns	100	100
Number of community sanitation committees established	20	30
Number of long sleeve T-shirts distributed	500	500
Number of volunteers insured	1,000	1,000
Number of volunteers and staff vaccinated with YF vaccines	175	681
Number of mobile cinema sessions conducted	30	65
Number of persons reached through mobile cinema	N/A	14,581

#### Narrative description of achievements:

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

**Health Output 1.1: The immediate risks of the population affected by Yellow Fever is reduced**

#### Key Achievements:

- Distributed 63,000 IEC materials to targeted communities to increase awareness on YF transmission and prevention (60,000 leaflets and 3,000 posters in Hausa and English languages) in Katsina and Bauchi States.
- Trained 150 volunteers in Bauchi on active case finding, social mobilization and preventive messages on Yellow Fever.

- Conducted door to door case finding for case definition of yellow fever and refer all suspected cases to designated treatment centres or nearest health facilities. Some 77 suspected cases were identified by the NRCS volunteers in the four LGAs of Bauchi state and referred for treatment.
- Anchored seven episodes of live radio shows in Bauchi state to discuss the Yellow Fever outbreak and provide preventive information that will help the public stay safe.
- Supported the airing of 96 radio adverts in Hausa and Jarawa languages in Bauchi state.
- Conducted 65 sessions of mobile cinema shows in communities and schools in Bauchi state, reaching a total of 14,581 persons.
- Increased knowledge of community members on Yellow Fever transmission, prevention, early detection, and treatment, through timely and accurate information provided by the NRCS volunteers.

#### **Health Output 1.2: Target population is provided with preventive vaccination**

##### **Key Achievements:**

- Trained 651 volunteers on community mobilization for mass vaccination campaign in Katsina.
- Conducted house to house campaign to sensitize the population towards yellow fever vaccination in Katsina. During the campaign, the NRCS volunteers reached out with preventive messages on YF to 1,055,535 people (578,239 males and 477,296 females) in a period of 10 days of vaccination, against the initial target of 671,679 (**57% above target**). The 651 volunteers covered 106,160 households in 20 LGAs of Katsina.
- **761, 385** eligible persons (<45 years) were mobilized for reactive yellow fever vaccination in 20 LGAs of Katsina state.
- 65 volunteer supervisors were trained in Katsina to provide supportive supervision and monitoring along with the 20 divisional secretaries.

#### **Health Output 1.4: Epidemic prevention and control measures carried out in the 4 LGAs in Bauchi state**

##### **Key Achievements:**

- Conducted house to house sensitization and awareness raising on yellow fever prevention and control reaching a total of 98,715 HHs (614,222 persons) in Bauchi. **This exceeded the target by 96%.**
- Procured and distributed 100 sets of environmental sanitation kits to community members for clean-up campaigns in Bauchi.
- Trained additional 20 volunteers to support community clean-up campaigns in Ningi LGA.
- Facilitated 689 community clean-up campaign sessions to destroy 9,787 mosquito breeding grounds in 5 LGAs of Alkali, Bauchi, Tafawa Balewa, Ningi and Kirfi.
- Established 30 community sanitation committees to coordinate community clean up campaigns.

##### **Challenges**

- **Data Entry issues:** The huge volume of daily reporting forms made it difficult for one data entry volunteer to collate and enter the data with minimal errors. For instance, in Katsina, volunteers returned 6,510 forms at the end of the 10 days campaign and it was almost impossible for one data entry volunteer to tabulate all the information within a short time. However, the branch mobilised student volunteers who devoted time to collate and enter the information into the summary sheet. The IFRC Field Health Officer based in Katsina also supported the data entry process, review and clean up. To improve the data quality and fast track the data entry process in Bauchi, the volunteer team leaders were also tasked with the responsibility of providing weekly summary to the data entry volunteer who inputs on the summary sheets and sends to the PMER focal point at the NHQ for collation and analysis.
- **Delayed payment of volunteers:** Following the recent policy by the Central Bank of Nigeria to reduce the number of daily transfers over the counter to 20 transfers in a day, the NRCS experienced difficulty making transfers to about 800 volunteers mobilized at the time of the operation. However, the IFRC took over the

responsibility to facilitate the payment of the volunteers through their mobile banking platform (as per the payment schedule prepared by the NRCS) in order to avoid delay in implementation.

- There was a communication gap between NHQ, IFRC and the branches, specifically in the aspect of information flow channel. Branches were receiving different information from the IFRC and the NRCS, most times contradictory. A typical example was the unavailability of data for social mobilisation during the reactive vaccination campaign in Bauchi LGA. The branch reported that they received information from the IFRC not to focus on data collation but to focus on mobilising the eligible persons, whereas the NRCS had trained the volunteers on social mobilisation and data entry, and also provided them with the indicator forms for data entry.

### Lessons Learned

- Mobile Cinema Show has proven to be a useful tool to reach a large number of people in a very educative and interactive manner. The community leaders and members welcomed the team and were excited to be a part of the show. The interactive sessions held during the show allowed for community participation and created a platform to address rumours and misconceptions about Yellow Fever.

### Recommendations

- In subsequent operations, a planning meeting should be held with relevant stakeholders and branch representatives prior to implementation. This will improve coordination and provide unified information on the operational plan, budget, and expectations. It is also an opportunity for the implementing branches to provide needed information about the targeted communities to aid planning.
- NRCS should activate her mobile banking platform to avoid future delays in volunteers' payment.
- In every operation, there should be an information flow chart, clearly indicating the communication channel from the level of the community volunteers to the NHQ and then partners. This should be emphasized and adhered to, in order to minimize confusion.
- A lessons learned workshop should be planned and costed for, in future operations.



Mobile Cinema show in Bauchi LGA ©NRCS



Sensitization and health education session in Tafawa Balewa ©NRCS

## D. Budget

The overall budget for this operation was CHF 165,635 of which CHF 145,428 (87.8%) was spent. The balance of CHF 20,207 will be returned to the DREF.

### Explanation of variances:

- Medical and First Aid: Budget line remained unspent because the expenditure was booked under Other Supplies and Services.
- Water, Sanitation & Hygiene: Underspent by CHF 2,284 due to efficiency in program management.
- Teaching materials: A positive balance of CHF 4,742 as the unit cost was lower than budgeted.
- Other Supplies and Services: Budget line remained unspent marginally by CHF 1,532 due to savings in procurement.

## Contact information

Reference documents



Click here for:

- [Emergency Plan of Action \(EPoA\)](#)

### For further information, specifically related to this operation please contact: In the Nigeria National Society

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### For IFRC Resource Mobilization and Pledges support:

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### For In-Kind Donations and Mobilization table support:

- Rishi Ramrakha, Head of Operational Logistics, Procurement and Supply Chain Unit, Africa Region; phone: +254 733 888 022; [rishi.ramrakha@ifrc.org](mailto:rishi.ramrakha@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.

[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

# DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/09-2020/4	Operation	MDRNG027
Budget Timeframe	2019/9-12	Budget	APPROVED

Prepared on 16/May/2020

All figures are in Swiss Francs (CHF)

## MDRNG027 - Nigeria - Yellow Fever

Operating Timeframe: 20 Sep 2019 to 20 Dec 2019

### I. Summary

Opening Balance	0
<b>Funds &amp; Other Income</b>	<b>165,635</b>
DREF Allocations	165,635
<b>Expenditure</b>	<b>-145,428</b>
Closing Balance	<b>20,207</b>

### II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	126,784	145,428	-18,644
AOF5 - Water, sanitation and hygiene			0
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
<b>Area of focus Total</b>	<b>126,784</b>	<b>145,428</b>	<b>-18,644</b>
SFI1 - Strengthen National Societies	1,759		1,759
SFI2 - Effective international disaster management	36,873		36,873
SFI3 - Influence others as leading strategic partners			0
SFI4 - Ensure a strong IFRC	220		220
<b>Strategy for implementation Total</b>	<b>38,851</b>		<b>38,851</b>
<b>Grand Total</b>	<b>165,635</b>	<b>145,428</b>	<b>20,207</b>

# DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/09-2020/4	Operation	MDRNG027
Budget Timeframe	2019/9-12	Budget	APPROVED

Prepared on 16/May/2020

All figures are in Swiss Francs (CHF)

## MDRNG027 - Nigeria - Yellow Fever

Operating Timeframe: 20 Sep 2019 to 20 Dec 2019

### III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
<b>Relief items, Construction, Supplies</b>	<b>45,798</b>	<b>31,046</b>	<b>14,751</b>
Water, Sanitation & Hygiene	6,854	4,570	2,284
Medical & First Aid	6,193		6,193
Teaching Materials	20,661	15,919	4,742
Other Supplies & Services	12,089	10,558	1,532
<b>Personnel</b>	<b>74,078</b>	<b>74,412</b>	<b>-334</b>
National Staff	1,074	1,348	-275
Volunteers	73,004	73,064	-59
<b>Workshops &amp; Training</b>	<b>33,407</b>	<b>29,671</b>	<b>3,735</b>
Workshops & Training	33,407	29,671	3,735
<b>General Expenditure</b>	<b>2,243</b>	<b>1,422</b>	<b>821</b>
Travel	1,954	1,167	788
Communications	83	55	27
Financial Charges	206	200	6
<b>Indirect Costs</b>	<b>10,109</b>	<b>8,876</b>	<b>1,233</b>
Programme & Services Support Recover	10,109	8,876	1,233
<b>Grand Total</b>	<b>165,635</b>	<b>145,428</b>	<b>20,207</b>