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Emergency Plan of Action Final Report

Nigeria: Lassa Fever

 International Federation
of Red Cross and Red Crescent Societies

DREF operation	Operation n°. MDRNG029
Date of issue: 17 November 2020	Glide number: EP-2020-000028-NGA
Operation start date: 05 February 2020	Operation end date: 31 May 2020
Host National Societies: Nigerian Red Cross Society	Operation budget: CHF 284,572
Number of people affected: 4,272,358 (at risk); 1,226 (Suspected cases W1-W5); 365 (confirmed cases)	Number of people assisted: 989,701 (Male 503,042, Female 486,659)
Red Cross Red Crescent Movement partners currently actively involved in the operation: Nigerian Red Cross Society and International Federation of Red Cross and Red Crescent Societies	
Other partner organizations actively involved in the operation: Federal Ministry of Health, National Primary Health Care Development Agency, State Ministry of Health, Nigeria Centre for Disease Control, State Primary Health Care Development Agency, WHO, MSF, AFENET, 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, Fortive Corporation and other corporate and private donors. The Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO) contributed to replenishing the DREF for this operation. On behalf of the 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

Lassa Fever is an acute viral illness and a viral haemorrhagic fever (VHF). The causative agent is a single-stranded ribonucleic acid (RNA) virus in the family *arenaviridae*, the Lassa virus. This zoonotic disease is associated with high morbidity and mortality, transmitted by the multi-mammate rat (*mastomys natalensis*), one of the most common rats in equatorial Africa. The disease was first discovered in a town called Lassa in Borno State, Nigeria in 1969. In the past, Lassa fever cases and outbreaks have been reported in Nigeria, Sierra Leone, Liberia, Ghana, Benin, Mali and Guinea. Once a *mastomys* rat is infected by the Lassa virus, the excreta of the rat, both urine and faeces, will contain high quantities of virus potential to transmit the virus from the rat to humans. Humans become infected from direct contact with the urine and faeces of the rat which contains the virus, through touching soiled objects, eating contaminated food, or exposure to open cuts or sores. Secondary transmission from person to person can occur following exposure to the virus in the blood, tissue, urine, faeces or other bodily secretions of an infected individual. Hospital-acquired (nosocomial) transmission from person to person are not



NRCS volunteer conducting awareness ©NRCS

uncommon, and importantly can occur if appropriate Personal Protective Equipment (PPE) is not worn when managing suspected cases.

Lassa Fever is an epidemic-prone disease for immediate notification on the Integrated Disease Surveillance and Response (IDSR) platform in Nigeria. The actual incidence rate in Nigeria is unknown, but case fatality rates range from 3% to 42% (and over the last two years has remained between 20% and 25%). Historically, outbreaks occur during the dry season (November to April); however, in recent years, cases have also occurred during the rainy season. Lassa fever importation into non-endemic countries has occurred in the UK, USA, and Germany, amongst others.

On 24 January 2020, a Lassa Fever outbreak in Nigeria was declared by the Nigeria Centre for Disease Control (NCDC); the nodal agency for epidemic monitoring and surveillance¹. In a parallel response, the multi-stakeholder National Emergency Operations Centre (EoC) was activated on 24 January in 8 states, including the Federal Capital Territory. These EoCs were set up to monitor and coordinate the response.

The Nigerian Red Cross Society (NRCS) received support from IFRC through this [DREF operation](#), launched for CHF 284,572 in February 2020 to support Government actions to curb the outbreak in the areas of hygiene promotion, active case finding, contact tracing, vector control and psychosocial support in the target six states (Ondo, Edo, Bauchi, Ebonyi, Taraba & Kano) based on the incidence of confirmed cases. Operation lasted three months.

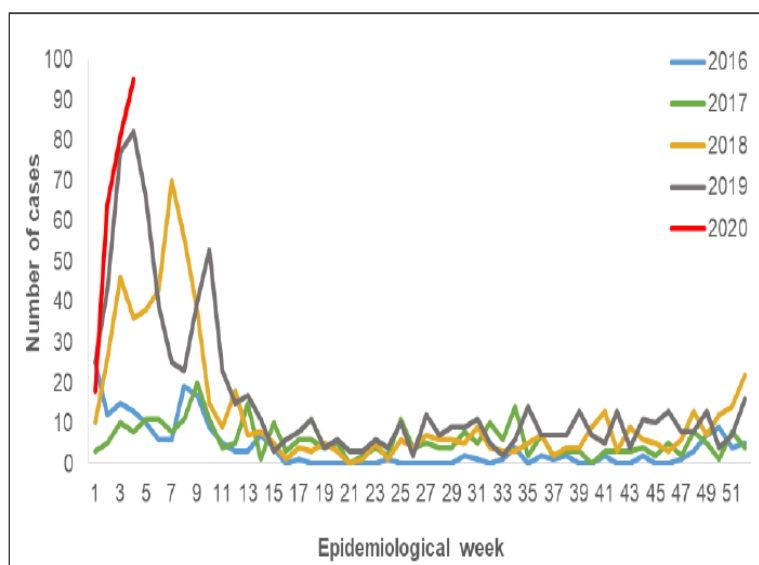


Figure 6: Trend of confirmed cases by epidemiological week, 2016 – 2020 (04), Nigeria.

The number of affected people (suspected and confirmed) was higher this year than previous cyclical Lassa Fever outbreaks. In the Epidemiological Week (EW) 4 (20-26 January 2020), the Sitrep issued by the NCDC², showed 689 suspected cases since the first week of January 2020, out of which 258 were confirmed positive. The number of deaths reported from Lassa Fever is 41 with a case fatality rate of 15.9%. A comparison of this data with that of the same period in 2019 shows that the outbreak in 2020 is more alarming, fast and widespread. Indeed, since the beginning of 2020, infection incidence has been reported in 19 states. These include Ondo, Edo, Ebonyi, Enugu, Kano, Borno, Nasarawa, Kogi, Rivers, Abia, Adamawa, Benue, Kaduna, Delta, Taraba, Plateau, Bauchi, Osun and Ogun states.

Summary of response

Overview of Host National Society Response Actions

The IFRC through NRCS launched a DREF operation to support 6 out of the 19 affected states via door-to-door health education & active case finding (ACF), mobile cinema, radio jingles, vector control, hygiene promotion and Psychosocial Support. The 6 states are Ondo, Edo, Bauchi, Ebonyi, Taraba and Kano.

Twenty-four (24) focal points participated in a Training of Trainers (ToT) on Lassa Fever and the implementation planning meeting in Abuja from 20 – 22 February 2020. They were effectively equipped with general professional approaches, practices and principles of humanitarian action in response to disaster and crises. There was specific emphasis on Lassa fever epidemic control, prevention and rendering psychosocial support to affected persons in the affected states.

Although the response was planned for 3 months from February 5 to March 31, 2020; the operation could only last for 4 weeks as a result of the outbreak of Covid-19 in Nigeria which necessitated the rounding off of activities prematurely to

¹ <https://ncdc.gov.ng/news/215/nigeria-centre-for-disease-control-intensifies-response-to-ongoing-lassa-outbreak>

² <https://ncdc.gov.ng/diseases/sitreps/?cat=5&name=An%20update%20of%20Lassa%20fever%20outbreak%20in%20Nigeria>

avoid the risks to volunteers and staff and to focus on the Covid-19 country-wide intervention by Government and the National Society.

Step-down training

Afterwards, a step-down training was conducted for **400** Community based Red Cross volunteers. The trainees were updated and equipped with Lassa Fever operational strategy and guideline at state level.

Overview of Red Cross Red Crescent Movement in country

The International Federation of Red Cross and Red Crescent Societies (IFRC) West Coast Cluster office in Abuja provided technical assistance to the National Society. One Regional Disaster Response Team member was deployed to provide technical assistance on the operation.

Overview of other actors actions in country

The Nigeria Centre for Disease Control (NCDC) along with the National Primary Health Care Development Agency (NPHCDA) activated the EOCs and incident management system (IMS) structures at the national level and in few states to coordinate response activities, aimed at containing the LF outbreak and providing support to the affected persons. Given the magnitude of the outbreak and the number of states affected, the NCDC and NPHCDA collaborated with the World Health Organization (WHO), Federal Ministry of Agriculture and Rural Development, United Nations Children Fund, Georgetown University, Irua Specialist Teaching Hospital, African Field Epidemiology Network (AFENET), US Centre for Disease Control, the Nigerian Red Cross Society (NRCS) and other agencies in supporting the response in the affected states.

The NRCS branches in the six selected states collaborated with the state EOCs and developed the state-level micro plans and aligned the activities of the DREF operation with the state plans.

UNICEF set up a risk communication task force and mobilised resources internally. WHO provided technical support in monitoring, laboratory, the isolation wards and treatment centres in the affected states. NCDC deployed Rapid Response Teams to support response activities at the state level. The five molecular laboratories for Lassa fever testing in the NCDC network worked full capacity to ensure that all samples were tested, and results provided within the stipulated time. NCDC scaled up the risk communications and community engagement activities in all the states using television, radio, print, social media.

Needs analysis and scenario planning

Needs Analysis

NRCS volunteers conducted sensitization/mass awareness activities in marketplaces, schools, and houses. Six (6) branches benefited from the operation through health education and orientation on the prevention and response to epidemics. Red Cross volunteers from the branches who were based in communities were involved to carry out the operation as they were more aware of the traditions and cultural practices.

The NRCS branch secretaries and National Society staff attended weekly coordination meetings at all levels to share updates and reports for improved coordination and partnership.

Table 1: Community Mapping and Distribution of volunteers

State	LGA	Volunteers Distribution
Ebonyi	Izzi	10
	Abakaliki	10
	Ebonyi	10
Ondo	Owo	60
	Akoko South West	30
	Akure South	50
	Akure North	10
Bauchi	Alkaleri	11
	Bauchi	15
	Ninji	7
	Tafawa Balewa	7

Taraba	Jalingo	32
	Ardo-Kola	18
Edo	Esan West	35
	Esan North East	30
	Etsako West	35
Kano	Gwale	15
	Tarauni	15
Total	18	400

Scenario Planning

Lassa fever is a severe viral haemorrhagic fever (VHF) like Ebola and Marburg that occurs throughout the year in Nigeria and was declared an “active outbreak” by the Nigeria Centre for Disease Control (NCDC) five weeks into 2020. The epidemic which occurs during the annual dry season (roughly November through March) usually spreads across half the country.

The Lassa fever virus is transmitted to humans through contact with food or household items contaminated with urine and faeces of a rat. It is also known to spread from person-to-person through contact with the body fluids and organs of infected persons, which has resulted in healthcare workers easily getting infected; some have died. The epidemic, whose rapid escalation started right from the second week of the year, had by the end of the ninth week seen 774 cases and 132 deaths spread across 26 of Nigeria’s 36 states and the federal capital territory.

In the past five years, there have been four epidemics—all having over 59% of total cases—in the first quarter of the year. In just nine weeks into 2020 Lassa fever cases are already 96% of total cases in 2019, the year with the largest Lassa epidemic with 810 cases and 167 deaths (NCDC epidemiologic reports).

Before the emergence of the new coronavirus, the Nigerian Government and Ministry of Health had focused mainly on Lassa fever. However, tweets from the NCDC’s twitter handle suddenly digressed online publicity to focus more on the coronavirus epidemic despite the reports of an unprecedented Lassa fever epidemic in the country.

While Nigeria still has cases of COVID-19, it is still battling with a Lassa fever outbreak that has caused over a hundred deaths since the beginning of the year.

Risk Analysis

Nigeria has been experiencing a yearly outbreak of the viral hemorrhagic fever since it was first identified in Borno state in 1969. However, the 2020 outbreak happened to be the largest with 1040 confirmed cases across 27 states, with Case Fatality Rate (CFR) of 21% (NCDC Sitrep).

The NCDC activated an emergency operation centre in January 2020 to coordinate surveillance and response and provide technical support to states in controlling the outbreak. However, as Nigeria battled Lassa fever early in the year, another viral disease that is now a global pandemic, COVID-19 was first diagnosed in the country on February 27.

The COVID-19 pandemic has seen the largest deployment of resources — financial, technical, and human towards the control of a disease in Nigeria. Federal and state governments are expending huge resources building and expanding isolation centres, laboratories and building capacities of health workers, among others. Media attention has also been heavily focused on COVID-19, so much so that the devastating effects of other diseases have taken a back seat.

As it stands, many Nigerians may be unaware that the country has been battling a Lassa fever outbreak since the turn of the year. Those who are aware however tend to ask why is Lassa fever that has been around for over 40 years and with much higher case fatality rate (CFR) than COVID-19 not receiving the attention the latter is receiving? Why have resources never been deployed towards its control in the country for over four decades and why are Nigerians not as worried about Lassa fever as they are about COVID-19?

This also led to rumours and misconceptions generating from the communities that Lassa fever disease was indeed a punishment from God or imposed on individuals by witches. This also greatly affected the work of the NRCS volunteers as

the community members refused to listen to Lassa Fever messages and rather expressed anxiety on the need to understand the rationale of the COVID-19 pandemic and what the Red Cross can offer in terms of palliatives.

For the reasons stated above and the safety of the NRCS volunteers in the area of Infection, Prevention and Control, the Lassa Fever Operation was scaled down and merged with the ongoing COVID-19 operation.

B. OPERATIONAL STRATEGY

Objective

The overall operational objective was to reduce the immediate risks to the health of the affected population, particularly in relation to the Lassa Fever outbreak in Ondo, Edo, Bauchi, Ebonyi, Taraba and Kano states.

Key Achievements:

- Increased community awareness on Lassa Fever transmission, prevention and control, through Risk communication and community engagement activities
- Early diagnosis and referrals, contact tracing and early treatment, through community surveillance and active referrals of persons with community case definition of Lassa Fever
- Improved community participation in household and community level vector control activities and strengthened
- Strengthened partnership with stakeholders at National, State and Local levels.

Proposed strategy

1) Epidemic control activities mainstreaming community engagement and accountability measures:

Table 2: Target states and LGAs.

State	LGA
Ebonyi	<u>Abakaliki</u>
	<u>Ebonyi,</u>
	<u>Izzi</u>
Ondo	<u>Owo,</u>
	<u>Akoko South West</u>
	<u>Akure South</u> <u>Akure North</u>
Bauchi	<u>Alkaleri</u>
	<u>Bauchi</u>
	<u>Ninji</u> <u>Tafawa Balewa</u>
Taraba	<u>Ardo-Kola</u>
	<u>Jalingo</u>
Edo	<u>Esan West</u>
	<u>Esan North East</u>
	<u>Etsako West</u>
Kano	<u>Gwale</u>
	<u>Tarauni</u>

Community mobilization and sensitization: A 10-day mass awareness and community sensitization campaign in Ebonyi, Kano, Taraba and Bauchi and 20-day in Edo and Ondo were carried out across 18 Local Government Areas (LGAs: Table 1), in schools, markets, motor parks, tea seller joints, mosques, churches, ceremonial gatherings, shops, and banks.

The campaign included the following: use of key messages on Lassa Fever; using local songs and culture related short dramas to gain community entrance and effectively educate target population on vector control and preventive measures; distribution of posters and flyers (transcribed in the local dialect); and rat traps, *indocid* (Rat poison) for vector control.

Campaigns and house to house sensitization activities were conducted in 6 states. The following sections detail reports on activities conducted from the various branches.

Table 3: Number of people reached with leaflets and posters distributed in the various LGAs during Mass awareness campaign in 6 states.

S/N	State	LGA	No of people reached		No of leaflet distributed	No of posters Distributed
			Male	Female		
1	Kano	Gwale	100,223	77,513	9,100	335
		Tarauni	107,698	70,619	12,013	211
2		Abakaliki	9,141	13,361	2,381	215

	Ebonyi	Ebonyi	32,516	52,632	6,170	209
		Izzi	21,847	34,125	1,210	104
3	Bauchi	Bauchi	898	885	736	65
		Alkaleri	1,510	1,150	724	57
		Tafawa Balewa	1,184	551	816	88
		Ningi	1,074	283	823	54
4	Taraba	Jalingo	2,323	2,352	445	68
		Ardokola	2,424	2,224	300	10
5	Edo	Esan West	2,302	4,723	1,700	100
		Etasko West	22,862	17,884	1,750	151
		Esan North East	13,000	8,417	200	40
6	Ondo	Owo	1,994	2,952	1,950	98
		Akure South	1,901	4,240	3,400	194

2) Community surveillance - contact tracing, active case finding and referrals:

A total of 989,701 (Male 503,042, Female 486,659) people were reached with Lassa fever prevention messages through mass awareness, contact tracing and household visits.

In Ondo and Edo states, 239,307 houses were visited through house to house visits. 372,893 (Male 180,145 and Female 192,748) people were reached through household visits. Through contact tracing, 4,822 people with symptoms were identified and referred to the nearest health facilities; of which 1,490 (Male 637; Female 853) got to the treatment centres. Considering the low percentage of successful referral (30%), the State EOCs recommended that Red Cross volunteers organize follow up to ensure that those with symptoms get to the point of services (see table 4 for detailed data). Table 4 presents detailed data of Community surveillance - contact tracing, active case finding and referrals in Edo and Ondo States.

Table 4: Community surveillance - contact tracing, active case finding and referrals in Edo and Ondo States.

LGAS	Total No of persons reached		Total No of persons that reported fever or headaches, weakness, vomiting, muscle pains and bleeding in the last one month										Total # of cases with symptoms referred to Health Facility	
			Male					Female						
	M	F	0-10	21-30	31-40	41-50	Above 50	0-10	21-30	31-40	41-50	Above 50	M	F
Osi, Akungba/Oba, Iloro, Idasen & Ilale, Owode	17,012	17,160	1	6	1	2	0	0	1	3	2	2	3	2
Ayede Ogbese, Agba Oka, Isaipen I, Oke Lisa	21,337	22,855	2	4	4	1	1	1	4	4	2	0	2	3
Igoba, Ibaka, Isaipen II, Oke Aro	17,096	17,625	0	2	2	0	1	0	0	3	0	0	1	0
Ikanmu, Igboroko I & II, Isinkan	14,505	15,597	0	0	0	2	0	0	0	1	0	1	2	2

Ikese, Ijebu I & II, Isolo	15,030	17,853	0	1	0	0	1	0	0	0	0	0	2	0
Iro/Odopetu	2,189	2,637	1	1	1	1	0	0	1	0	0	0	0	0
Etsako West	20,270	22,486	65	140	137	93	180	98	156	124	132	203	156	175
Esan West	60,949	63,225	169	237	477	127	269	91	306	472	256	302	392	554
Esan North East	11,757	13,310	44	75	70	60	67	80	97	72	78	85	79	117
Total	180,145	192,748	282	466	692	286	519	270	565	679	470	593	637	853

3) Household-level vector control activities and waste management:

As part of the activities to control rodents and the spread of Lassa Fever, NRCS was to mobilize communities and participate in clean-up campaign. The aim was to destroy vector spaces in selected LGAs. Vector control materials such as rat gum, wheelbarrows, rakes, shovels, rubber boots, brooms, rubber elbow gloves, nose masks and industrial helmets were distributed across the states. To ensure an effective operation, the NRCS also partnered with the state ministries of environment to ensure compliance and achieve the desired goal.

Table 5: Distribution of Vector Control and Waste Management Kits

Materials	Bauchi	Ebonyi	Ondo	Edo	Kano	Taraba	HQ	Total
ITEMS								
Shovel	0	0	100	100	0	0	0	200
Rat traps	300	300	1000	700	300	400	0	3,000
Rake	0	0	100	100	0	0	0	200
Standing Broom	0	0	500	500	0	0	0	1,000
Wheel barrow	0	0	50	50	0	0	0	100
Rubber boots	0	0	200	100	0	0	0	300
Rubber Hand Gloves	0	0	300	300	0	0	400	1,000
Face masks	30	20	40	30	20	20	50	210
Hand sanitizer	300	500	500	500	500	500	1200	4,000
Bleaching powder	5	5	20	20	5	5	40	100
Megaphones and batteries	0	0	10	10	0	10	0	30

4) Psychosocial Support services will be provided for the survivors and the families of deceased in the targeted LGAs:

With the sudden arrival of Covid-19, the training of PSS volunteers was suspended to avoid probable contamination of the volunteers. As a result, PSS activities were not carried out as planned.

Coordination and Collaboration

At the National level, Lassa fever response was coordinated by the Nigeria Centre for Disease Control where coordination meetings were held 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 were also shared by the NCDC to monitor progress. During the orientation meeting in Abuja, the representatives of the NCDC, IFRC and Ministry of Environment participated 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 one Health RDRT to support the operation of the program in 6 states. Planning and coordination were done at the Abuja HQ between NRCS and IFRC.

Monitoring and Reporting

The IFRC team and NRCS HQ Team 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


HQ team conducted day to day monitoring of the activities of the volunteers, cross checking the reporting forms to ensure that they are correctly filled and addressing technical and administrative issues as they arose.

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

Recommendations

- To promote sustainability of this response, the NRCS may need to liaise with relevant stakeholders to integrate health promotional/preventive messages to school curriculum of endemic states.
- There might be a need to review mode of mass campaign to ascertain which of the channels of communications (i.e. posters or drama) are more cost effective and efficient.
- Adequate IEC materials should be provided.
- There is need to improve the WASH programme and create more awareness on basic hygiene practices, especially in the markets.

C. DETAILED OPERATIONAL PLAN

Indicators:	Target	Actual
 Health People reached: 989,701 Male: 503,042, Female: 486,659		
Number of NRCS state team members trained	24	24
Number of volunteers trained	200	400
Number of leaflets printed (Distributed)	100,000	100,000
Number of mobile cinema show sessions	30	0
Number of community clean-up sessions to destroy rodent habitat	40	12
Number of rat traps distributed	3,000	3,000
Number of communities that received environmental sanitation kits	8	8
Number of posters printed (Distributed)	4,000	4,000
Number of people reached with LF prevention messages.	800,000	989,701
Number of communities reached with Lassa fever prevention messages	30	54
Percentage of targeted population in the 6 states that are aware of how to prevent Lassa fever	60%	124%

Percentage of people in the target communities correctly recalling key messages on Lassa fever	60%	58% in Edo and Ondo
Number of volunteers trained on PSS	20	0
Number of cases with symptoms referred to Health Facility	4,822	1,490
Number of people provided with PSS	50% of infected/affected people (Edo and Ondo)	0%
Number of NRCS Bibs distributed	500	500
Lessons learned workshop completed	1	0
Number of security assessments completed	1	1
Narrative description of achievements		
<p>During the course of implementation of this DREF operation, some achievements in relation to the objectives have been noted. The operation surpassed the targets for some indicators. These include:</p> <ul style="list-style-type: none"> • 100% achievement for targeted number of volunteers to be trained (400 volunteers and state team members trained). • 180% (30 targeted; 54 reached) achievement for targeted number of communities reached with Lassa fever prevention messages. • 124% increase achievements on the number of people reached with LF prevention messages. • 58% achievement in Edo and Ondo on the targeted population aware of Lassa fever preventive measures. <p>Other achievements include an increased acceptance from within the community indicating increased community engagement. Particularly, the National Society appears to be gaining visibility as depicted by increased indication of interest for volunteer positions. This also seems to be a result of an increasing appreciation of the goal of the National Society to alleviate human suffering.</p> <p>This acceptance is also depicted in the success of the house to house visits in Ondo and Edo states. This success is shown in the increased detection of potential cases and referral to the isolation centres.</p>		
Challenges		
<p>Given the initial goal of assisting a target population of 800,000 through this operation, the following challenges were highlighted:</p> <ul style="list-style-type: none"> • In certain LGAs, there were limited number of volunteers and therefore it took longer to reach more people in those LGAs. • Poor sustainability approach as the communities return to their previous lifestyle almost immediately after sensitization. • In some LGAs, poor environmental sanitation conditions were observed in high burden communities. • There was poor disinfection of affected houses (IPC institutionalization) and treatment centres at state level. • There were improper rodent control measures in hotspot LGAs. • A lack of awareness by target population of where to refer cases. • Poor hygiene practice by market women was observed in all the branches • A growing lack of interest in Lassa Fever awareness by the target population as a result of Corona Virus pandemic. • The operation was cut short by the Covid-19 pandemic, preventing Ns from meeting some of its set targets. 		
Lessons Learned		
Emphasis on challenges for follow up techniques should be discussed during lessons learnt workshops.		



SPARK₂
LIGHT UP



Mass awareness campaign in Edo





Community clean up exercise in Ondo state

D. FINANCIAL REPORT

The overall amount allocated for this operation was CHF 284,572 out of which CHF 167,055 (58.7%) was expended. The underspend was solely due to the sudden outbreak of the COVID-19 in Nigeria which necessitated the discontinuation of the operation before the end date. The balance of the sum of CHF 117,517 will be returned to the DREF pot.

Explanation of variances:

Description	Budget	Expenditure	Variance	Explanation of variance
Water, Sanitation and Hygiene	11,507	14,332	-2,825	Overspent because of general price increase due to COVID19 pandemic
Medical and First Aid	8,562	10,320	-1,758	Overspent because of general price increase due to COVID19 pandemic

Contact information

Reference documents



Click here for:

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

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

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

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How we work

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

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



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote social inclusion
and a culture of
non-violence and **peace**.

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/2-2020/7	Operation	MDRNG029
Budget Timeframe	2020/2-2020/5	Budget	APPROVED

Prepared on 20/Aug/2020

All figures are in Swiss Francs (CHF)

MDRNG029 - Nigeria - Lassa Fever

Operating Timeframe: 05 Feb 2020 to 31 May 2020

I. Summary

Opening Balance	0
Funds & Other Income	284,572
DREF Allocations	284,572
Expenditure	-167,055
Closing Balance	117,517

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	151,681	96,526	55,155
AOF5 - Water, sanitation and hygiene			0
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	151,681	96,526	55,155
SFI1 - Strengthen National Societies	41,474	43,176	-1,702
SFI2 - Effective international disaster management	87,274	26,286	60,988
SFI3 - Influence others as leading strategic partners			0
SFI4 - Ensure a strong IFRC	4,143	1,068	3,075
Strategy for implementation Total	132,891	70,530	62,361
Grand Total	284,572	167,055	117,516

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/2-2020/7	Operation	MDRNG029
Budget Timeframe	2020/2-2020/5	Budget	APPROVED

Prepared on 20/Aug/2020

All figures are in Swiss Francs (CHF)

MDRNG029 - Nigeria - Lassa Fever

Operating Timeframe: 05 Feb 2020 to 31 May 2020

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	37,027	25,039	11,989
Water, Sanitation & Hygiene	11,507	14,332	-2,825
Medical & First Aid	8,562	10,320	-1,758
Teaching Materials	2,466		2,466
Utensils & Tools	13,808		13,808
Other Supplies & Services	685	387	298
Logistics, Transport & Storage	4,696	1,318	3,378
Distribution & Monitoring	1,578		1,578
Transport & Vehicles Costs	3,118	1,318	1,800
Personnel	94,521	17,043	77,477
International Staff	26,630	16,995	9,636
Volunteers	67,890	49	67,842
Workshops & Training	29,247	28,758	489
Workshops & Training	29,247	28,758	489
General Expenditure	101,713	84,702	17,011
Travel	51,933	48,100	3,833
Information & Public Relations	34,063	29,682	4,381
Office Costs	14,010	6,097	7,914
Communications	1,501	721	780
Financial Charges	205	103	103
Indirect Costs	17,368	10,196	7,172
Programme & Services Support Recover	17,368	10,196	7,172
Grand Total	284,572	167,055	117,516