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Emergency Plan of Action (EPoA)

Nigeria: Yellow Fever

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation n°	MDRNG031	Glide n°:	EP-2020-000230-NGA
Date of issue:	30 November 2020	Expected timeframe:	03 months
		Expected end date:	28 February 2021
Category allocated to the of the disaster or crisis: Yellow			
DREF allocated: CHF 139,033			
Total number of people at risk	Approximately 1,840,800	Number of people to be assisted:	900,000 people (150,000 households) - Direct targets: 30,000 people (5,000HH) - Indirect targets: 870,000 people (145,000 HHs)
States affected:	Bauchi, Delta and Enugu	States targeted:	Bauchi, Delta and Enugu
Host National Society presence (n° of volunteers, staff, branches): 09 NHQ Staff, 15 Branch Officers, 200 community-based volunteers from 3 targeted states			
Red Cross Red Crescent Movement partners actively involved in the operation: International Federation of Red Cross and Red Crescent (IFRC)			
Other partner organizations actively involved in the operation: Federal Ministry of Health- National Primary Health Care Development Agency, State Ministry of Health, Nigerian Centre for Disease Control, State Primary Health Care Development Agency, and WHO, MSF and UNICEF.			

A. Situation analysis

Description of the disaster

The Nigeria Centre for Disease Control (NCDC) is currently responding to yellow fever (YF) outbreaks declared on 12th November 2020 in three states - Delta, Enugu and Bauchi States <https://leadership.ng/panic-as-yellow-fever-spreads-across-states/>. The current population for each of these states approximately 16 million people, of which 1,840,800 people living in hotspot LGAs are at risk. Between 1st and 11th November 2020, a total of 222 suspected cases, 19 confirmed cases and 76 deaths had been reported from these three states. Most of the cases are males, with age ranging from 1-55 years and presented with fever, headache, fatigue, jaundice, abdominal pain, vomiting with or without blood, epistaxis, blood in stools/urine, convulsion and unconsciousness (*NCDC Sit rep, Epi wk 24-45, 2020*). To ensure a well-coordinated response and quick control of the outbreak across all affected states, the Nigeria Centre for Disease Control (NCDC) activated the National Yellow Fever Emergency Operations Centre (EOC) to review the situation of the epidemic, partners intervention, identify gaps and proffer way forward. This DREF seeks funding support for Nigerian Red Cross Society



Map of Nigeria showing states and LGAs with Yellow Fever ©NCDC Yellow Fever Situation report 11 November 2020

(NRCS) to support active case finding, vector control, community engagement, social mobilization for Yellow Fever mass vaccination campaign and psychosocial support in three states based on the incidence of confirmed cases.

According to the Multiple Indicator Cluster Survey, 2018, the national coverage of Yellow Fever vaccination is 36.5% for children below 12-23 months in Nigeria (Bauchi coverage at 7.7%, Delta, at 30.4% and Enugu, at 32.2% for the same age group). However, the [WHO](#) recommends population coverage of at least 80% to prevent and control the outbreak.

In 2019, all states of Nigeria, including the Federal Capital Territory (FCT) had reported at least one suspected case. In January 2019, 1,905 suspected cases were reported in 506 (Local Government Areas (LGAs) across the country. In August 2019, the country had recorded an increase in the number of yellow fever cases in Katsina and Bauchi States. The Nigerian Red Cross Society (NRCS) received support from IFRC through [DREF operation](#) launched in September 2019. Through this operation, NRCS was actively involved in the Yellow Fever (YF) response reaching a total 1,669,757 people (278,292 HHs) in Bauchi and Katsina States.

The below graph shows the epicurve as well as age and sex distribution of yellow fever cases in Week 45 (SitRep, BAS001, NCDC, 11 November 2020).

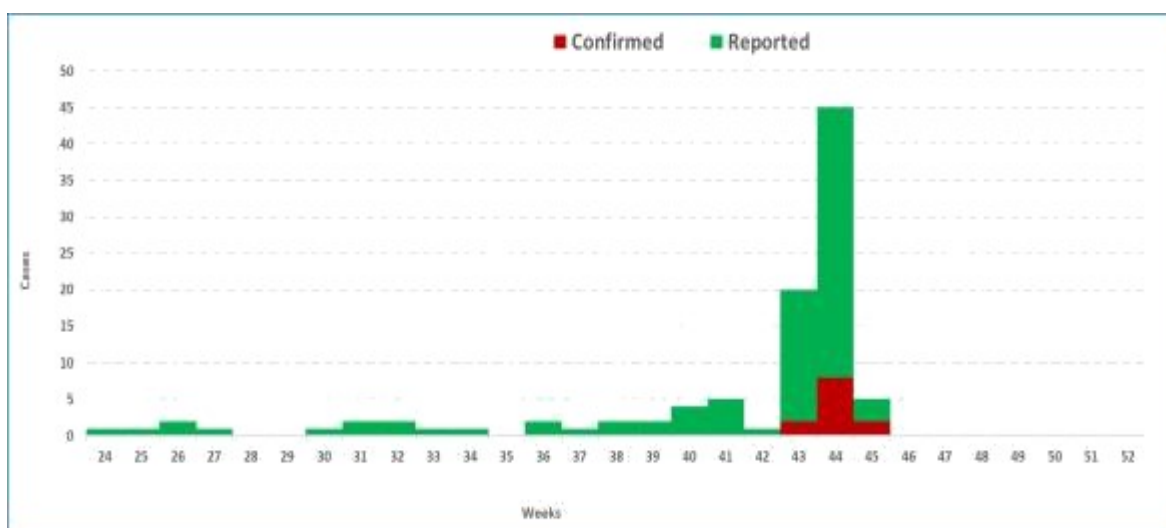


Figure 1: Epicurve of yellow fever cases in Bauchi, Delta and Enugu states, epi-week 24 – 45, 2020

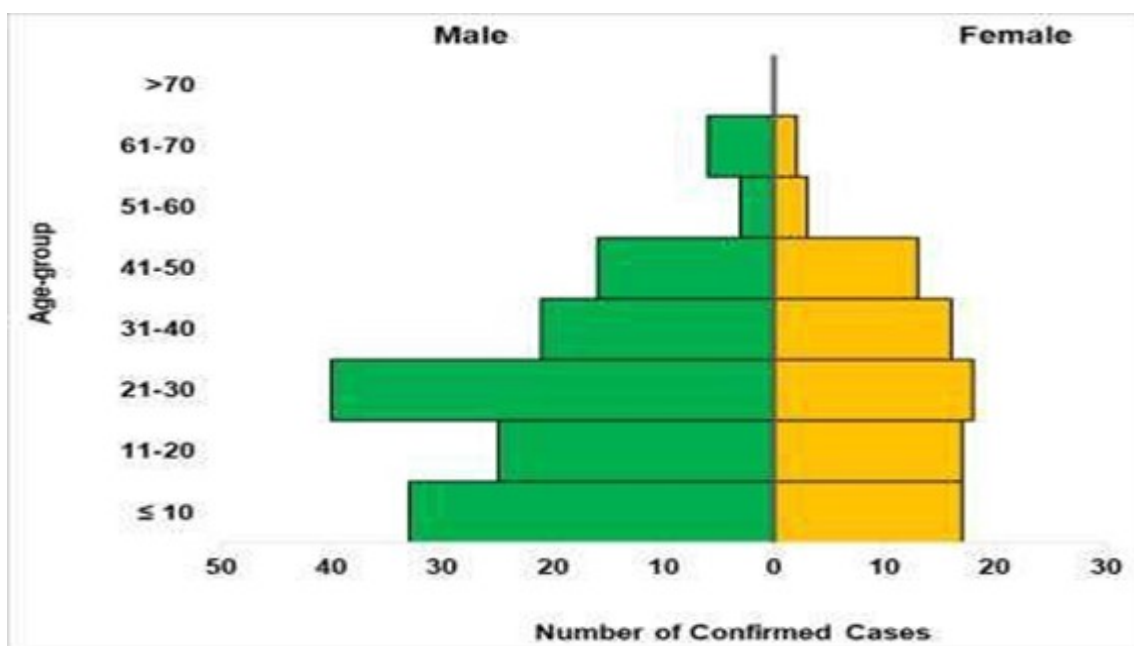


Figure 2: Age and sex distribution of yellow fever cases in Bauchi, Delta and Enugu state, epi-week 24 – 45, 2020

Table 1: Highlights of trends of the current outbreak in the affected states.

State	LGAs affected	Case Total	Confirmed Positive Cases	Total Deaths
Bauchi	1	78	8	8
Delta	2	74	6	35
Enugu	3	70	5	33
Total	6	222	19	76

If the above trend continues without an adequate intervention, the outbreak could take more time to control and eventually cross into 2021. The increasing numbers of yellow fever suspected cases and deaths across the mentioned states has led to the population's concern regarding the spread of the virus. Hence, the NRCS considers the need to support the MoH, with support from the DREF.

Between June and October 2019, the National Primary Health Care Development Agency (NPHCDA) held Yellow Fever mass vaccination campaigns in the states of Katsina, Borno and Ekiti. Rivers and Anambra states implemented in February and October 2020 respectively with Osun, Ondo and Benue planned for 20 – 29 November 2020, Oyo 28 November – 7 December while in Delta it is planned for 4 – 13 December 2020. In addition, the NPHCDA is planning to hold a mass vaccination in Bauchi for February 2021, The NS has been requested to conduct social mobilization through this DREF. Detail plan for Enugu are yet to be confirmed, however, reactive vaccination are ongoing in the affected LGAs. To note, this DREF operation is targeting locations which are different from those targeted in the 2019 Yellow fever Outbreak.

Yellow Fever is a mosquito-borne viral disease occurring in tropical regions of Africa and South America. 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. Yellow Fever is a completely vaccine preventable disease. In Nigeria, vaccination against yellow fever is primarily through routine childhood immunization and where necessary, catch up campaigns are carried out to increase population immunity.

Summary of the current response

Overview of Host National Society Response Action

Since the onset of this outbreak, NRCS in response and to support MoH actions, has undertaken the following actions:

- Media campaign against yellow fever disease at radio stations. This media campaign is meant to continue through the month of November.
- Safety advisories against the breeding/bites from *Aedes Egypti* which is the vector of the yellow fever virus
- Advocacy for immediate vaccination against the Yellow Fever virus.
- Sensitization & mobilization towards the burning/clearing of bushes, covering of open tanks and water storage containers and the dislodging of stagnant water bodies to discourage the breeding of mosquitoes.
- Coordination with partnering agencies led by the state MoH for a well-coordinated planning and execution of rapid response against the disease spread.

The Nigerian Red Cross Society (NRCS), as an auxiliary to the Government of Nigeria for humanitarian issues, supports the federal, state and local governments on social mobilization, community surveillance for acute flaccid paralysis (AFP), routine immunisation intensification, social mobilisation for increased immunisation intake of polio, measles and meningitis, community-based management of severely malnourished children, sexual and reproductive health and HIV prevention, family reunification and most recently, Covid-19 outbreak response across 36 states and the Federal Capital Territory (FCT) in Nigeria.

The NRCS continues to support the government in the fight to contain the yellow fever outbreak as it has been doing in the previous years. The NRCS has over 500,000 pool of motivated volunteers, comprising of health action teams (HATs), Mothers' Clubs, school units, National Disaster Response Team (NDRT), as well as Community-Based Health and First Aid (CBHFA) trainers/volunteers with knowledge and practical experience in responding to disasters, health epidemics and emergencies. Thanks to past YF operations, approximately 800 volunteers have been trained in various LGAs, which unfortunately do not include the currently targeted ones. As such, new trainings will take place in the targeted LGAs. However, some previous trained volunteers will support by cascading the training they had received.

The NRCS is an active member of the Emergency Operations Centre (EoC) at the national and state levels and shares field level reports and updates in the EoC meetings. In 2019, NRCS trained and deployed 801 volunteers to support yellow fever intervention in two states of Bauchi and Katsina, reaching a total of 278,292 households and 1,669,757 people (male adults: 876,311; female adults: 793,446) directly. (See link to 2019 DREF [EPOA](#) and [Report](#)). Through the pool of local volunteers across the states, the NRCS branches are conducting sensitization activities in various communities in the LGAs, promoting good hygiene practices and environmental sanitation.

Lessons learned from previous Yellow Fever response

One of the lessons learned from the last Yellow Fever Operation is the need to build the capacity of Branch Officers across the entire state of target. Reason being that some states like Enugu, Ondo, Benue and Bauchi keep recording recurring outbreak of Yellow Fever every year, most times in a different LGA from the previously targeted LGA.

On this note, the NRCS is targeting to train all Divisional Secretaries in the targeted states to educate them on Epidemic Control in relation to Yellow Fever outbreak. This will allow for a swift roll out intervention in the future as well as strengthen local capacity to intervene with little or no support.

In addition, one of the key findings from the 2019 operations was the need to carry out a lessons learnt workshop. This has been taken into consideration in this operation.

Overview of Red Cross Red Crescent Movement Actions in country

The International Federation of Red Cross and Red Crescent Societies (IFRC), through its Country Cluster office in Abuja is working closely with the NRCS to provide technical support as well as resource mobilization, with support as necessary from the Africa Region Office in Nairobi. NRCS and IFRC Health and Community Engagement and Accountability (CEA) officers are already involved in the strategic planning discussions at the national level and also are providing technical support to NRCS branches.

The International Committee of the Red Cross (ICRC) is present in Nigeria through five sub-delegations, with an operational focus in the North East, South and South East regions which are affected by armed conflict or violence. ICRC is present and operational in Bauchi, Delta and Enugu States. Support provided includes Institutional support to the Branches -- salary support to 10 positions in the Branch, including FA, PMER and Finance Officers, as well as DMC and BS. NS will leverage on the already existing ICRC support to the branches to complement the planned DREF.

The British, Norwegian and Italian Red Cross Societies are present with offices in Nigeria and supporting the NS in Covid-19 operations and organizational development.

Overview of other actors' actions in country

The NCDC along with the National Primary Health Care Development Agency (NPHCDA) have activated the EOCs and incident management system (IMS) structures at the national level and in the affected states to coordinate response activities. The NCDC coordinates the EOC with the collaboration of World Health Organization (WHO), NRCS, Federal Ministry of Agriculture and Rural Development, Irua Specialist Teaching Hospital, National Reference Laboratory, Gaduwa, African Field Epidemiology Network, US Centre for Disease Control and other agencies in supporting the response in the affected states. NRCS are active member of the EOC at both National and State level. NCDC has deployed Rapid Response Teams to support response activities at the state level under the coordination of the State Ministries of Health in collaboration with NRCS and other key stakeholders.

With the onset of the current outbreak, WHO, AFENET, NCDC and NPHCDA are working in support of State public health teams or Rapid Response Teams (RRTs) that have been organized and trained in each of the affected States. Outbreak investigation is ongoing in each state through the RRTs under the coordination of respective State Ministries of Health. Hospitals have been identified in each state and MSF is supporting capacity building of health workers to manage patients who develop symptoms and complications.

Overall interagency coordination is led by the NCDC and MoH, ensuring that there is no duplication on the support provided by partners.

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

The predominant age group affected are males 1 to 55 years old. The key challenges mentioned in the EOC meeting held on 12 November 2020 on the latest outbreak are:

- High number of pending lab test results from Institut Pasteur (IP) Dakar.
- Poor line listing of yellow fever cases using Surveillance, Outbreak Response Management and Analysis (SORMAS), which is a web-based system used in Nigeria for case-based surveillance.

- Poor environmental sanitation conditions observed in communities
- Lack of printed Yellow Fever information, education and communication (IEC) materials
- Competing activities and resources in the affected states, such as the COVID-19 response activities and the limited resources available for response
- Gaps in operational researches – late identification of outbreaks

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, vector control activities to destroy mosquito breeding sites and social mobilization for Yellow Fever mass vaccination campaign.

Targeting

This DREF operation will directly target an estimated 49% of the population residing in the YF hotspot areas, which corresponds to 900,000 people (150,000HHs) from the 03 affected states. Out of this number, some 30,000 people (5,000HHs) will directly benefit from mosquito repellents while remaining 870,000 people (145,000HHs) will indirectly benefit from all other activities.

Geographical targeting is done based on the prevalence of the recent outbreak, which is Bauchi, Delta and Enugu states, which have high number of confirmed cases and deaths as of Epidemiological Week 45 (8–14 November 2020). The targeted households will be selected in the 6 LGAs which are yellow fever hotspots, with a total 1,840,800 people currently at risk as seen in table below.

Table 2: At-risk population in affected LGAs

State	LGA and YF hotspot	Est. Population
Delta State	Ika North	251,800
	Ika South	230,100
Enugu State	Igbo Eze North	349,400
	Isi-Uzo	200,600
	Nsukka	417,700
Bauchi State	Ganjuwa	391,200
Total		1,840,800

Scenario planning

The current outbreak of YF in the three State in Nigeria is unusual in scale and severity, and the number of cases in time and place is very high in the context of the current national outbreak.

Scenario	Humanitarian impact	NRCS Response
Best case Scenario: The transmission ends within the next 4 weeks	<ul style="list-style-type: none"> - Community resilience and ownership of intervention attained. - No report of new cases. - Immunisation coverage is above 90% in states where immunizations are planned 	NRCS will continue to support community resilience and ownership.
Most Likely Scenario: New confirmed cases of yellow fever, within the next 8 weeks, although overall number of positive cases reduce.	<ul style="list-style-type: none"> - Potential impact on the lives of people decrease due to increased awareness - No more deaths are registered - People are informed of the preventive and curative measures - Immunization coverage is improved 	NRCS will limit its response to the current DREF operation, pending further alert.
Worst case scenario: Rapid spread of yellow fever in the three states or to other states in an increasing proportion when the DREF operation is active.	<ul style="list-style-type: none"> - More deaths are reported - Pressure on the designated treatment centres in the states. - The economic wellbeing of the affected areas is negatively impacted 	<p>Review of the current DREF operation through an Operation Update to broaden the scope of the response, with a possible change in strategy, a longer timeframe and possibly a request for a second allocation.</p> <p>Continuous risk communication around the disease and is preventive and curative measures.</p>

Operation Risk Assessment

The current DREF operation is exposed to a number of risks as highlighted below, for which NS and CCST have discussed mitigation measures to ensure targeted communities receive the needed support.

1- Security Risks (and Mitigation measures):

The security situation in Nigeria is generally fluid and highly unpredictable. Most recently, Nigeria amidst the scourge of Insurgency in the Northeast, Banditry/kidnapping for Ransom in the Northwest and Northcentral among other criminal activities in other regions have been involved with a nationwide protest against police brutality, extrajudicial killings, bad governance, high rate of poverty etc. This protest has been gaining momentum and attention of the international community. Most analyst believe that this could lead to a revolution, some believe that third columnist or rival political parties could hijack the opportunity and use it to create havoc across the country to put the government in a rather more terrible position. Thus, the security situation could affect this operation in several ways such as targeted violent attacks including but not limited to the following.

In-depth Security Assessment must be conducted prior to any program implementation especially where IFRC staff will be directly involved with specific focus on the operational areas. This assessment must be complete before any deployment would be done.

- Kidnapping for ransom against NRCS staff and volunteers by criminals' elements who perceives RCRC as a wealthy organization.
- Ambush, Armed robbery, Banditry, looting, and theft of asset.
- Access constraints due to the continued rainy season and bad road condition.
- Carjacking, Road Travel Accident
- Demonstration, civil unrest/riots

To mitigate such incidents during the operation, all security measures of both the Movement and the Government will be strictly adhered to by all volunteers and staff involved in the operation in order to reduce risks.

The security management framework as part of this operation will be based on the RCRC Fundamental Principles and humanitarian values. In addition, the following actions related to security will be implemented:

- These measures include the respect of visibility through the wearing of jackets and regular communication on all the movements.
- A detailed Security Risk Assessment will be conducted in all programme states to proffer accurate and clear mitigation measures to be put in place prior to program implementation.
- Regular briefings will be organized to remind volunteers and staff on their behaviour and safer access.
- Coordination will be maintained between the NS and IFRC to ensure that all security measures are respected.
- Maintaining enhanced security coordination with ICRC is an imperative mainly in accessing specific areas of response.
- IFRC Nigeria office has been processing a recruitment of a senior security officer to provide close oversight and security support to the operations.
- Constant communication check-in measures with base by all operation staff will be sustained.
- The use of two vehicle convoy, compliance with speed limits and other regulations.
- Regular security updates will be organized, and information disseminated.
- Real time monitoring of field activities through the NRCS information management system.
- The use of other IT means of contact system to ensure communications during follow-up missions.

Volunteers will be trained on proper handwashing and use of alcohol-based sanitizers to keep safe while carrying out activities to minimize the risk of COVID-19 infection. Face masks will also be provided to volunteers and other Personal Protective Equipment like rubber boots and hand gloves for use during vector control to destroy mosquito breeding sites and clear drainages.

All staff and volunteers must have undergone the Stay Safe security course and abide by the Code of conduct.

The West Coast CCST office has been following IFRC BCP COVID-19 Pandemic operating modalities with a defined Extreme level on a 4-step scaling. The current situation remains intact in terms of controls and measures in place in support to maintain operability of the country office while Global and Regional BCP and Staff Health Advisors maintain close monitoring of the contextual changes extending advises on review on measures in place. At this point

in time, there has been no contextual evidence to motivate review in the current settings and level the Country office follows.

2- Financial and Programmatic risks:

Financial risks will be mitigated by strengthening communications with IFRC through the publication of dashboards, monitoring and reporting updates, informing all staff and volunteers (including engaging vendors) of the NRCS anti-fraud and corruption policies, ensuring proper management of the project budget through detailed activity budget and engagement of a dedicated finance officer. NRCS will strengthen compliance with statutory reporting requirements in cases of actual or suspected misappropriation and non-compliance measures. The NRCS DREF project manager will monitor the spending and retirements on the working advance from IFRC to ensure timely cash availability for the operation. This was one of the lessons learnt in the last DREF.

Strategic/programmatic risks encompass the failure to meet the objectives of the DREF. In order to ensure compliance, the NRCS will include development of a programme implementation strategy, results-based management, regular monitoring through NRCS and IFRC, measurement and reporting on results, engagement of branch-level planning, monitoring, evaluation and reporting (PMER) officers for prompt branch data collation and reporting to the national headquarters and CEA to enable communities to make complaints about misconduct or provide feedback about the operation on an ongoing basis.

3- National Society competing priorities on several operations:

The National Society currently has an ongoing [Floods DREF operation](#) and the COVID responses on-going, which poses a risk for this operation not receiving the required attention. There is no overlap of branches or division of the ongoing interventions and the planned DREF. In addition, the initial accelerated phase of Covid-19 and Flood DREF have been completed and the remaining part of operation is monitoring and supervision. NRCS Assistant Health and Care Coordinator will oversee the Yellow Fever response, two additional Health Officers, branch staff and NDRTs will be mobilised to provide support. A budget allocation for a Health NDRT has been included in case there is a need for this.

4- COVID-19 Pandemic

This DREF operation and its operational strategy considers the risks related to the current COVID-19 pandemic and is aligned with the IFRC global emergency appeal that supports National Societies to deliver assistance and support to communities affected or at risk of being affected by the COVID-19 pandemic. As of 22 November 2020, out of a total 743,298 samples tested in country, a total 66,228 confirmed COVID 19 cases have been registered with 3,178 active cases, 1,166 deaths, 61,884 recoveries and 61,884 discharged cases according to [Nigerian Centre for Disease Control \(NCDC\)](#). To date, the following measures have been taken to curb the spread of the disease: mandatory mask wearing, set up of proximity screening sites, set up of treatment centres; risk communication, providing updated information on the COVID-19 situation.

Given the means of transmission of yellow fever virus and the current COVID-19 pandemic, the operational risks will be covered at all possible levels. The first level is at the personal level of the NRCS volunteers, where they will make a 'pledge' on making necessary changes in their attitudes and practices concerning health and hygiene, especially related to adherence to Covid19 guidelines, household cleanliness, hand washing etc.

National Society responses to COVID-19 are supported through the IFRC [global appeal](#), which is facilitating and supporting them to maintain critical service provision, while adapting to COVID-19. This DREF operation is aligned with and will contribute to the current global strategy and [regional Emergency Plan of Action](#) for COVID-19 developed by the IFRC Africa Regional Office, in coordination with global and regional partners. This means that the NS will ensure, even as it responds to the Yellow Fever outbreak, COVID-19 prevention measures are adhered to, in line with regional plan of action and its national COVID-19 country plan. IFRC continues to assess how emergency operations in response to disasters and crisis should adapt to this crisis and provide necessary guidance to its membership on the same. The NS will keep monitoring the situation closely and revise the plan accordingly if needed, taking into consideration the evolving COVID19 situation and the operational risks that might develop, including operational challenges related to access to the affected population, availability of relief items, procurement issues, and movement of NS volunteers and staff as well as international staff. For more information please consult the [Covid-19 operation page](#) on the IFRC Go platform.

Below table indicates potential impact of the pandemic on this DREF operation and how NRCS will respond to the situation in the event of COVID 19 mitigation measures are made more stringent.

COVID-19 measures	Standard epidemic control measures	Temporary lockdown of society (schools, shops, public functions)	Complete lockdown and restriction of movement during implementation period
Likelihood	High	Moderate	Low
Impact on operation	No impact on NRCS operation will ensure to adhere to epidemic control measures in place.	The impact will be relatively low on this operation, as Government has opened its borders and the temporary lockdown has been lifted. NRCS is also assured to be able to implement flood response activities even in the event of temporary lockdown is imposed.	NRCS is ensured to be able to carry on its activities as it is part of the presidential taskforce and has been given full access to move during any lockdown. The unlikely event of a complete lockdown is only possible if there is a drastic increase in the number of COVID-19 cases in the country.
Mitigation measures	As the epidemic control measures were already in place before the floods, the operation is designed to adhere to the measures. Trainings will be conducted in small groups with due respect to social distancing measures Awareness raising exercises will ensure that social distancing norms will be adhered to.	Same as under standard epidemic control measures. In addition, some delays might be experienced with procurements for of finance service providers in case vouchers are used. If this happens, a timeframe extension may be requested.	Health and hygiene promotion activities will be adjusted in line with any new measures that might come up, while relief through cash and voucher assistance will be provided.

B. Operational strategy

Overall Operational objective:

To reduce the immediate risks to the health of the affected population, particularly in relation to the yellow fever outbreak in Bauchi, Delta and Enugu states.

Specific Objectives are:

- To increase knowledge of yellow fever transmission, prevention and control, and support communities to adopt safe behaviours in the targeted states through risk communication and community engagement activities and feedback mechanism
- To conduct social mobilization of eligible persons for mass vaccination campaigns in targeted states
- To conduct active case searches, and referral of persons showing signs and symptoms of yellow fever to designated treatment centres
- Vector Control activities at household and community levels through volunteers and community led campaigns to destroy mosquito breeding sites and educate the community members on the use of mosquito repellent and fumigation exercise supported by the Government

- To provide community-based psychosocial support services to survivors and families of affected persons to cope up with bereavement and loss and to reduce stigma and promote recovery and wellness

Proposed strategy

The operation will have four strategies of implementation in the 3 affected states - health education on signs and symptoms, prevention measure and behavioural change, vector control and active case search to support the Ministry of Health; pest control activities like distribution of mosquito repellent and environmental sanitation/fumigation; and psychosocial support (PSS). The 3 states will also be supported with mass awareness activities such as dissemination of IEC materials and airing of radio jingles. The NCDC has already prepared jingles in Pidgin and other languages, which will be aired on local FM radio stations, as radio is one of the preferred means of communication in Nigeria.

Table 3: Snapshot of proposed strategy

State	Intervention Strategy	Planned Activities	Duration of intervention	LGA
Delta	RCCE, PSS, Vector Control, Social Mobilization for mass campaign, Active Case Search <i>75 Volunteers</i> <i>5 Branch Officers</i>	Door to door health education and dialogue & ACF; & radio jingles; Clean up campaigns to destroy mosquito breeding grounds and PSS, door-to-door mobilization during vaccination campaigns	Intense intervention for 8 weeks/2 months.	Ika North East Ika South (2)
Enugu	RCCE, PSS, Vector Control, Social Mobilization for mass campaign, Active Case Search <i>100 Volunteers</i> <i>5 Branch Officers</i>	Door to door health education and dialogue & ACF; & radio jingles; Clean up campaigns to destroy mosquito breeding grounds and PSS	Intense intervention for 8 weeks/2 months.	Igbo-Eze North, Isi-Uzo, Nsukka (3)
Bauchi	RCCE, Vector Control, Social Mobilization for mass campaign <i>25 Volunteers</i> <i>5 Branch Officers</i>	Door to door health education and dialogue & ACF; & radio jingles; Clean up campaigns to destroy mosquito breeding grounds and PSS, door-to-door mobilization during vaccination campaigns	Intense intervention for 8 weeks/2 months.	Ganjuwa (1)

To roll out above strategy, below activities will be implemented in all three targeted states:

1). Epidemic control activities mainstreaming community engagement and accountability measures: Two hundred (200) volunteers from the 3 branches will be trained and deployed to conduct door to door campaigns and mass awareness campaigns to share and discuss information on yellow fever prevention at various levels (schools, worship centres, markets and public gathering, etc). CEA activities like meeting with community gatekeepers, will be organised to facilitate entry into the communities and patronage from traditional and religious leaders. Radio jingles developed by the NCDC will be adapted and aired on selected FM radio stations with wide coverage in each state. The NRCS volunteers will also make use of mobile Public Address Systems to play jingles in local dialects across the targeted communities. Using the already activated feedback mechanism at the National Society, the NRCS volunteers will engage with community members to collect feedbacks which will help record, analyze and address rumours, misconceptions and the ensure that the NRCS intervention meets the needs of the affected population. This will be achieved through focus group discussions (targeting different community groups) , key informant interviews, KAP surveys and regular community meetings and dialogues. The NRCS toll free lines will be subscribed and the numbers disseminated across targeted states for people to call in. The Communication and IT Officers at the NHQ will be responsible for toll free lines and will link up with the Operation Focal Point where there are technical issues to be addressed.

NRCS branches have School Units in the states, and they will be engaged in the yellow fever prevention campaigns. School Unit members will attend a health and hygiene promotion programme for themselves, to adopt environmental hygienic practices such as clearing bushes around their homes, destruction of mosquito breeding sites e.g. drainages and stagnant water and be model members in their own families, encouraging their siblings and elders to adopt same.

Prior to the state level training of volunteers, a three-day planning and training of trainers workshop will be conducted at the national level for the project team involved in the states, including branch secretaries, branch health coordinators,

branch PMER/CEA focal points and finance, to orient them on the operational objectives, strategies and tools. This will be followed by LGA level stepdown training.

2) Community surveillance - active case finding and referrals; The volunteers will conduct active case searches using community case definitions of yellow fever and also work closely with the state and LGA Disease Surveillance Notification Officers (DSNOs) and other stakeholders to report persons showing symptoms of Yellow Fever and link them to designated referral centres for supportive care. Advocacy will also be made to health facility management to ensure that bed nets are provided at the treatment centres.

3. Vector control – destruction of breeding grounds of mosquitoes: 50% of the volunteers in each branch 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, wheel barrow, 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 install this habit in other household members.

In states where the Government is carrying out household fumigation, NRCS volunteers will support the fumigation exercise and also sensitize household members on the process.

Mosquito repellents will be procured and distributed to 5,000 households (30,000 people) across the targeted states. Criteria will be set for distribution to ensure transparency and that the most vulnerable and eligible families are targeted. Distribution will be done at household level and volunteers will work with community leaders to enforce accountability and community participation during the selection, registration, and distribution process. Depending on the family size, each household will receive 2 mosquito repellents and volunteers will educate the families on the use and assist in installation, where necessary.

4). Social Mobilization for mass vaccination campaigns: Trained volunteers will be mobilized to support mass vaccination campaigns in the targeted states. NRCS will work closely with the National and State Primary Health Care Development Agencies' micro plan for vaccination campaigns. Volunteers will conduct house to house awareness and mobilization of eligible persons for vaccination. Some of the NRCS teams will also support the vaccination teams in crowd control and registration of beneficiaries.

5) Psychosocial Support services will be provided for the survivors and the families of deceased in the targeted LGAs; 5 volunteers each will be trained from the affected states and will be made available as and when required to provide psychological first aid to families of the affected and the survivors. Linkages will be established with PSS and/or counselling centres in the states where people exhibiting signs of need for professional mental health support will be referred for secondary and tertiary services. The training will be based on IFRC Psychosocial Support Centre training materials, PSS program activities for the affected population and survivors in the host communities and hospitals will include individual and group Psychological First Aid, psychoeducation session focusing on loss and grief and referral to specialized services. Such as counselling. Assist and encourage mutual support in the communities. House, hospitals and host communities' visits are provided by the Nigerian Red Cross volunteers and staff to the survivors and affected population to minimize stigma and discrimination.

Operational Support Services

Human resources: At the national level, the NRCS Assistant Coordinator, Health and Care will lead the DREF operation under close supervision of the Coordinator, Health and Care. The other staff that will support the implementation of the DREF are 2 Health Officers, 3 Branch Secretaries and 3 Health Coordinators, 3 PMER, 3 Finance officers, 3 communication/CEA focal points and 200 community-based volunteers. The Branch Health Coordinator will oversee the activities of this operation in the branches, reporting to the Assistant Coordinator, Health and Care and under the supervision of the Branch Secretary. Divisional Secretaries at the LGA level will coordinate all volunteer activities and provide immediate technical and operational support to the volunteers. Community based volunteers will be engaged to carry out different activities in the state.

To further strengthen NRCS response system at the Branch level, the National Society will engage and deploy 3 National Disaster Response Team members from the pool of the NRCS Health Action Team to the 3 project branches to provide oversight and technical assistance to Branch Officers and volunteers. These NDRTs will be responsible for day to day tracking of implementation and coordination. A detailed Terms of Reference and letter of engagement will be issued to the team before deployment.

Logistics and supply chain: All procurement in the DREF will be carried out at the national headquarters level. The procurement/logistics unit will work with the IFRC Administration Officer to ensure compliance with the standard procurement rules and regulations IEC materials designed by NCDC will also be adopted and produced for dissemination at community level.

Security: In view of the recent security events in the country, especially in North East, as well as the insurgency in the North West, the NHQ security focal point will provide regular updates and security briefings to the project technical team and volunteers to ensure the volunteers and management team operate within NRCS security and safety rules and regulations. The security unit from IFRC and NRCS will conduct a security risk assessment in the states of Bauchi, Delta and Enugu and plan out mitigation measures prior to programme implementation. Reports from the security assessments will be shared with project technical team. A session on security and safety regulations will be disseminated during the training to discuss the use of the emblem, schedules, and coordination with other stakeholders and with community members. In addition, a security focal person from NRCS in conjunction with IFRC security focal point will monitor all activities of staff and volunteers in the field and provide weekly security updates to the staff and volunteers in the targeted states. IFRC has already insured 3,000 volunteers in the corporate insurance scheme for 2020. To reduce the risk of RCRC personnel falling victim to crime, violence or road hazards active risk mitigation measures must be adopted. This includes situation monitoring and implementation of minimum-security standards. Security Plans needs to be in place before any deployment as well as confirmation that IFRC COVID BCP plans are implemented. All RCRC personnel actively involved in the operations must have completed the respective IFRC security e-learning courses (i.e. Stay Safe Personal Security, Security Management, or Volunteer Security).

Communication and Media: The communication department will use the NRCS website and social media handles to share information on the DREF operation both at the NHQ and branches. Media personnel will be engaged to report the campaign and an international press conference held in Abuja to attract donors' partnership and support. Branch communication coordinators will be actively involved in work with health coordinators at the branches. IFRC will provide support to amplify stories and content shared through the Nigerian Red Cross and engage regional/global media, as necessary. The audio-visual documentation will be shared across platforms, thereby giving more visibility to NRCS work in Nigeria.

Planning, Monitoring, Evaluation, & Reporting (PMER): The Kobo collect App will also be used for data collection and analysis to measure the impacts of the campaign. Volunteers will be trained by the NRCS PMER unit and will be in charge of the data collection and analysis, with support from Information Technology (IT) unit. Data collection sheets for volunteers will be developed to record the details of the households covered under social sensitization activities, risk communication, and other yellow fever prevention activities. The volunteers will be trained on the use of these data collection tools that the volunteer team lead will collect, verify and validate before giving it to the Divisional Secretary (DS). The DS consolidates the data for the LGA along with the original data sheets of the volunteers and send them to the Branch PMER focal Point. The PMER focal point at the headquarters will support the health team with reporting. A workshop will be conducted towards the end of the operation to review the learnings. Key representative from the branches, along with the HQ team who was involved in the operation will be the participants. The IFRC health team will also be deployed to monitor the YF DREF operation.

Administration and Finance: The NRCS has an Administration 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. Per diems to volunteers will be made through bank transfers to minimize handling of cash.

C. Detailed Operational Plan



Health

People targeted: 900,000

Male: 450,000

Female: 450,000

Requirements (CHF): 91,402

Needs Analysis: Assessments and ongoing surveillance by the NCDC and the Nigerian national and state governments have identified ongoing needs. There is a need to provide support to affected communities with yellow fever prevention, psychosocial, hygiene and sanitation promotion activities, as well as in case finding and referral.

Population to be assisted: 900,000 people will be reached directly and indirectly including mass media sensitization activities.

Programme standards/benchmarks: As per guidelines for control of yellow fever per government of Nigeria and NCDC, as well as Red Cross/Crescent movement standards on epidemic prevention and control, CEA and PSS.

P&B Output Code	Health Outcome 1: Transmission of diseases of epidemic potential is reduced	80% of at-risk population targeted with Red Cross actions (Target: 900,000)															
	Health Output 1.1: Community-based disease control and health promotion is provided to the target population	<ul style="list-style-type: none"> • # of volunteers trained on social mobilization and preventive messages on Yellow Fever in Delta and Bauchi (Target: 200). • # of NRCS state team members trained: (Target: 15) • # of volunteers trained (Target: 200) • # of leaflets printed (Target: 10,000) • # of radio spots air (Target: at least 8) • # of HH visited (Target: at least 5,000) • # of people reached with epidemic prevention and control messages • # of feedback received • % of feedback analyzed and actions taken • # of community meetings held 															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	Train 200 volunteers on community mobilization for mass vaccination campaign including CEA in affected states																
AP021	Design and production of IEC materials with key messages on yellow Fever prevention, route of transmission and management																
AP021	Conduct door to door sensitization of community members on yellow fever prevention, control, early diagnosis and referral																
AP021	Conduct mass awareness and dissemination of IEC materials in public places like schools, worship centres, markets etc.																

AP084	Adopt and translate radio jingles into 3 main local languages (Igbo, Pidgin and Hausa) to be aired in selected radio stations																	
AP021	Conduct supportive supervision and monitoring of vaccination																	
AP084	Establish feedback mechanism to encourage community engagement, community dialogue and participation and collection of feedbacks																	
AP084	Conduct mass awareness sessions using Public address Systems (PAS) to raise awareness on yellow fever outbreak and provide information on misconceptions, rumours and early treatment																	
AP021	Procure megaphones for public awareness and mass campaign																	
P&B Output Code	Health Output 1.2: Improved vector control through volunteers and community led campaigns to destroy mosquito breeding sites	<ul style="list-style-type: none"> • # of community clean-up sessions to destroy mosquito breeding sites (Target: 80) • # of communities received environment sanitation kits (Target: 8) • # of mosquito repellents distributed: (Target: 10,000) 																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP021	Conduct 80 community clean up sessions to destroy mosquito breeding sites																	
AP021	Procure PPE and disinfectant for volunteers																	
AP021	Train volunteers on the use of PPE and IPC																	
AP021	Procure and distribute environmental sanitation materials to communities for community clean up campaigns																	
AP021	Distribution of Mosquito repellents to 5000 targeted families																	
AP021	Conduct Active Case search for community transmission and referrals																	
AP021	Set up and support existing community health committees with IEC materials and cleaning equipment for vector control																	
P&B Output Code	Health Output 1.3: Transmission is limited through early identification and referral of suspected cases through active case finding and social mobilization for mass campaign	<ul style="list-style-type: none"> • # of suspected cases identified and referred • % of eligible persons mobilized for yellow fever immunization (Target: 80%) • % of targeted population in the states aware of yellow fever vaccination campaigns and where to get vaccinated (Target: 60%) 																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	

Strategies for Implementation

Requirements (CHF): 47,629

AP021	Conduct active case search of persons with case definition of yellow fever and refer to health authorities and treatment centres																		
AP021	Carry out door to door mobilization of eligible persons for mass vaccination																		
AP021	Procure visibility materials for volunteers engaged in yellow fever Operation (Aprons, long sleeves T-shirts and fez caps)																		
AP021	Supervision and data collection/monitoring																		
P&B Output Code	Health Outcome 2: The psychosocial impacts of the outbreak are lessened	% of affected people reached with PSS services (Target: needs based)																	
	Health Output 2.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff	<ul style="list-style-type: none"> • # of vol trained on PFA (Target : 15) • # of people provided with PSS (Target: 50% of affected people in the affected states) • # of frontline staff and volunteers provided with PSS 																	
	Activities Planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
AP023	Identification and training of 15 volunteers on Psychological First Aid skills and referral																		
AP023	identification and mapping of providers of specialised psychosocial support services in the communities																		
AP023	Provide PSS to people affected by yellow Fever,																		
AP023	Provide Psychosocial support to frontline staff and volunteers																		
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	% of volunteers involved in the response, who are aware of their rights and have signed the Code of Conduct (Target: 100%)																	
	Output S1.1.4: National Societies have effective and motivated volunteers who are protected	<ul style="list-style-type: none"> # of NRCS Bibs distributed. (Target: 1,000) # of trained volunteers (Target: 200) 																	
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
AP040	Ensure that volunteers are insured (<i>already done</i>)																		
AP040	Provide complete briefings on volunteers' roles and the risks they face																		

AP040	Provide psychosocial support to volunteers																	
AP040	Ensure volunteers' safety and wellbeing																	
AP040	Ensure volunteers are properly trained																	
AP040	Provision of visibility and personal protection equipment to volunteers																	
P&B Output Code	Outcome S2.1: Effective and coordinated international disaster response is ensured	# of monitoring visits conducted by IFRC (Target: 3)																
	Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained	# of lessons learned workshop completed (Target: 1)																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP046	IFRC monitoring visits																	
AP046	Deploy 3 NDRTs to provide technical support to Branches for 30days																	
AP046	Lessons learnt workshop																	
P&B Output Code	Output S4.1.4: Staff security is prioritised in all IFRC activities	# of security assessments completed (Target: 1)																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP066	Security risk assessment conducted, and mitigation measures put in place.																	

D. Budget

The overall amount allocated for implementation of this operation is CHF 139,033 as detailed in below budget.

International Federation of Red Cross and Red Crescent Societies

*all amounts in Swiss Francs
(CHF)*

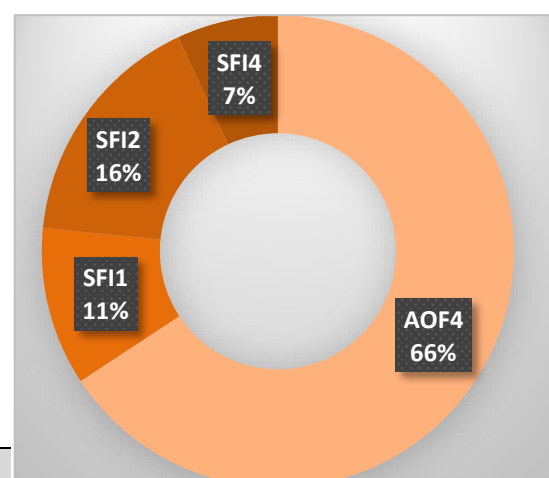
DREF OPERATION

MDRNG031 - NIGERIA - YELLOW FEVER OUTBREAK

26/11/2020

Budget by Resource

Budget Group	Budget
Water, Sanitation & Hygiene	25,589
Medical & First Aid	3,663
Teaching Materials	4,883
Utensils & Tools	3,833
Relief items, Construction, Supplies	37,969
Distribution & Monitoring	440
Transport & Vehicles Costs	733
Logistics, Transport & Storage	1,172
National Society Staff	4,725
Volunteers	7,765
Personnel	12,489
Workshops & Training	21,189
Workshops & Training	21,189
Travel	17,427
Information & Public Relations	27,689
Office Costs	330
Communications	2,857
Financial Charges	488
Other General Expenses	8,937
General Expenditure	57,728
DIRECT COSTS	130,547
INDIRECT COSTS	8,486
TOTAL BUDGET	139,033



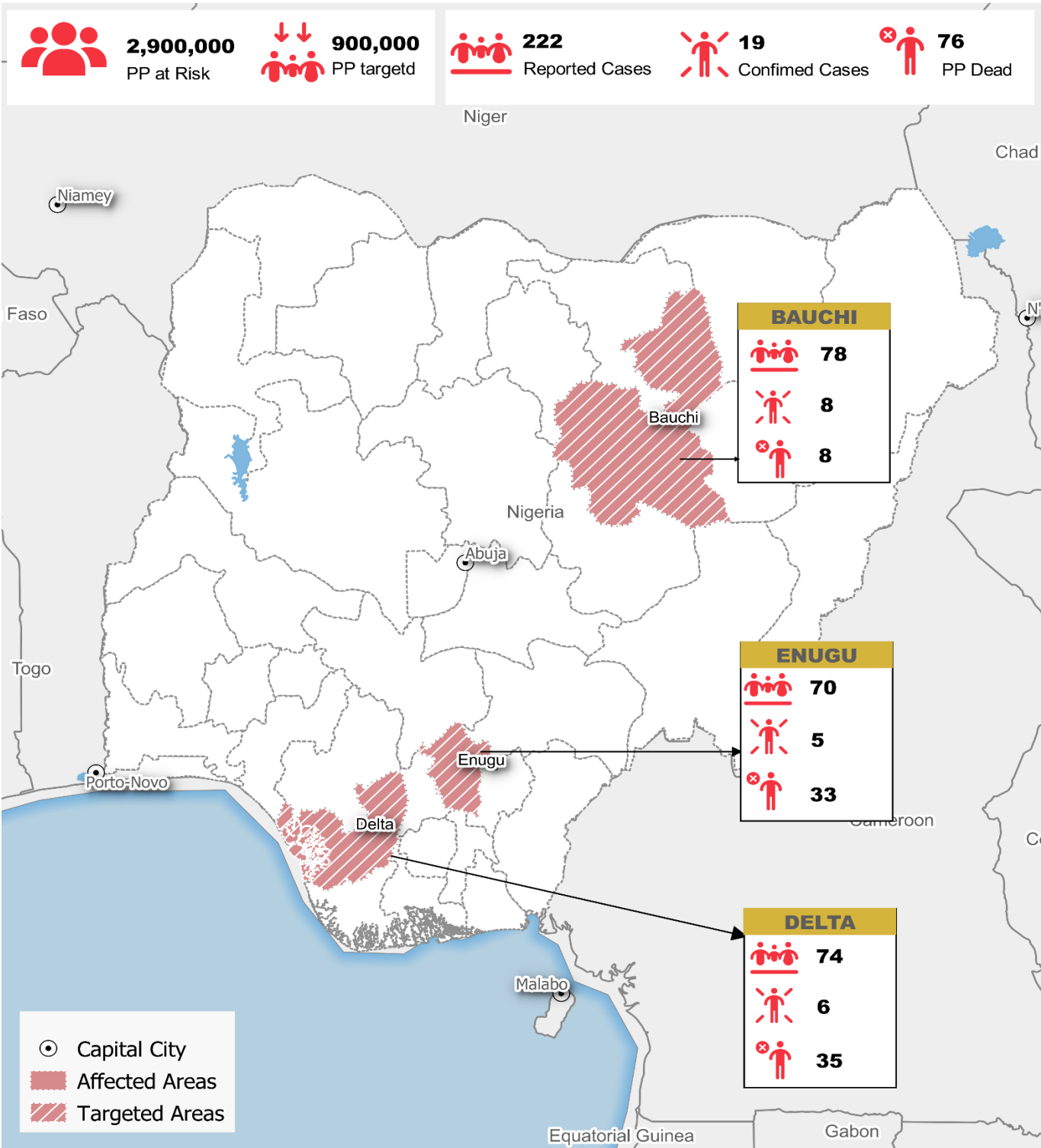
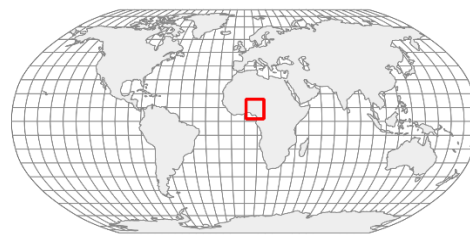
Budget by Area of Intervention

AOF4	Health	91,402
SF11	Strengthen National Societies	15,069
SF12	Effective International Disaster Management	22,912
SF14	Ensure a strong IFRC	9,648
TOTAL		139,033

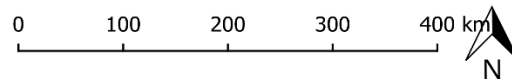


Nigeria: Yellow Fever Outbreak

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The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.
 Map data sources: GADM, Nigeria RC, IFRC. Map produced by: IFRC Africa Regional Office, Nairobi



Reference documents



Click here for:

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

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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**.