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Emergency Plan of Action Operation Update

NIGERIA: Cholera

International Federation of Red Cross and Red Crescent Societies

DREF n° MDRNG033	**GLIDE n° EP-2021-000143-NGA**
EPoA update n° 1; 04 January2022	**Timeframe covered by this update: 26 September 2021 - 04 January 2022**
Operation start date: 26 September 2021	**Operation timeframe: 6 months.** **(New end date: March 31, 2022)** **(Initial end date: 31 January 2022)**
Overall operation budget: CHF 303,187	**DREF amount initially allocated: CHF 303,187**
N° of people being assisted: 684,131 people - Direct targets: 13,683 people (2,280 HH) - Indirect targets: 670,448 people	
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC)	
Other partner organizations actively involved in the operation: Medecins sans Frontieres (MSF), Ministry of Health (MoH), Action contre la faim (ACF), UNICEF, WHO, Nigeria Centre for Disease Control (NCDC)	

Summary of major revisions made to emergency plan of action:

The Nigeria Cholera DREF Operation update seeks a 2 month no-cost extension from 31 January 2022 to 31 March 2022. This will allow the completion of activities outlined on the EPoA and ensure the delivery of the operational objectives which were delayed as a result of further discussion on the roles and responsibilities of the NS regarding procurement needed before the signature of the PGA. NRCS and IFRC offices were closed in the month of December and January due to COVID-19 which slowed down the process of finalizing the procurement processes and financial justifications. This delay also affected community level activities and procurement processes which commenced in the first week of November 2021.

As of the time of this update, the following activities have been carried out by the Nigerian Red Cross Society volunteers, some of which are still ongoing:

- National level training and planning meeting
- Step down training of community-based volunteers at divisional level
- Risk communication and community engagement activities
- Hygiene Promotion activities
- Active Case Search and Referrals
- Mass campaigns and public awareness (Baba Ijebu)

The Nigerian Red Cross Society is seeking 2 months no-cost extension for the ongoing Cholera DREF Operation, to allow for implementation and completion of planned activities (this includes the procurement of the hygiene kit and water purification items for prevention purpose) and ensure effective service delivery to targeted population. The proposed new end date for the cholera Operation is 31 March 2022.

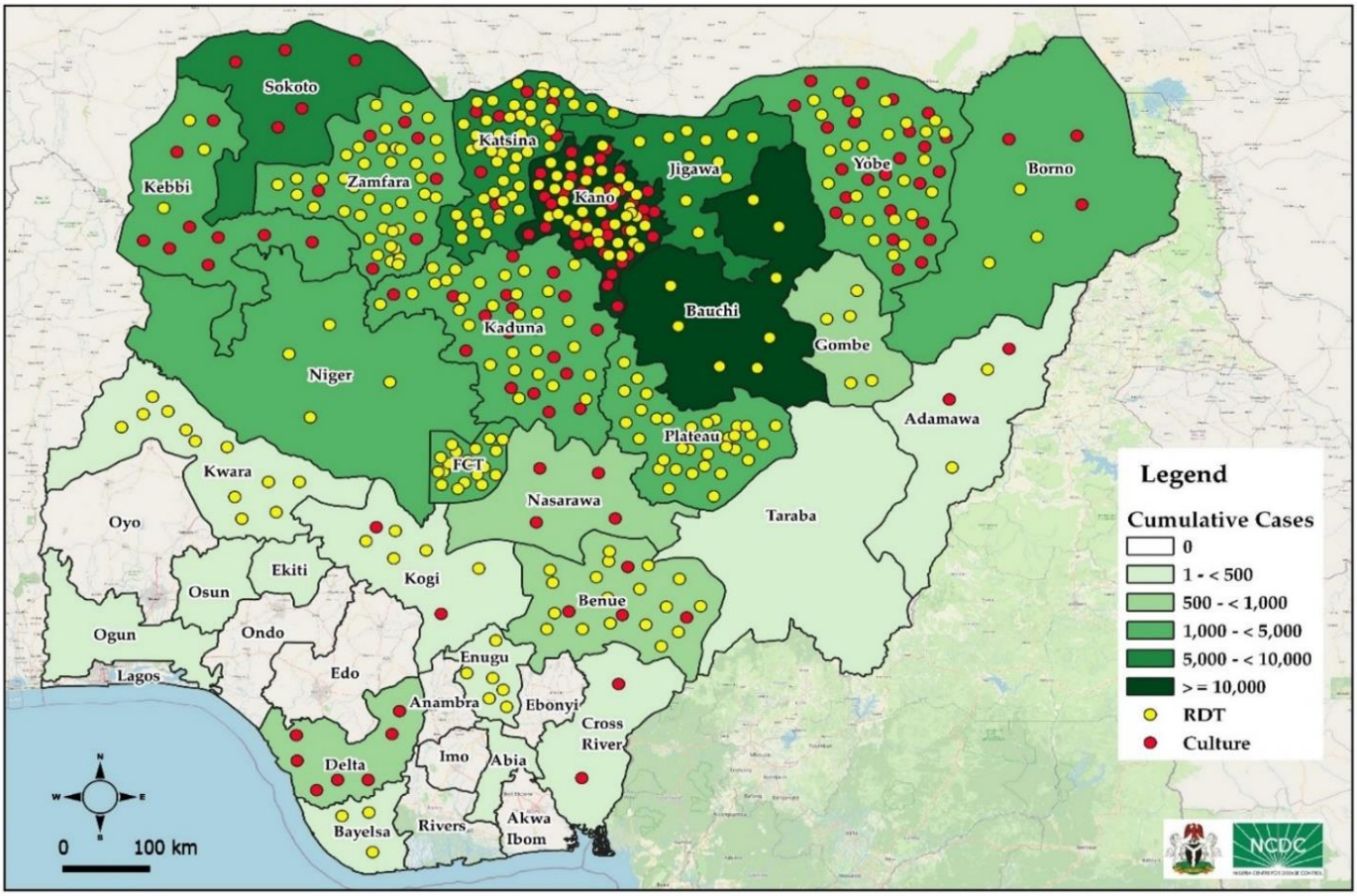
Major revision made to the EPOA is stepping down of ORP deployment as the cholera treatment centres have been closed due to a reduction in the number of cases recorded. Funds for ORP installation has been used to scale up the provision of chlorine tablets and hygiene kits as there is a high demand for WASH materials from beneficiaries and state governments.

The activities that need to be concluded are:

- The beneficiary identification, registration, procurement and distribution of water purification tablets (tentatively scheduled for end of January)
- The Beneficiary identification, registration, procurement and distribution of household WASH Items (soaps hygiene kits and buckets and jerrycans (tentatively scheduled for end of January)
- lessons learned workshop which will take place in March 2022
- Production of documentary

A. SITUATION ANALYSIS

Description of the disaster



Map of Nigeria, highlighting number of States affected and caseload ©Nigeria Centre for Disease Control (NCDC)

Cholera is a water-borne disease characterized by sudden onset of profuse watery diarrhoea, which can lead to sudden death as a result of dehydration, if not properly managed on time. Other symptoms include nausea, vomiting, and weakness. Cholera is preventable and treatable; however, it can be deadly when people who are infected do not access care immediately. Affected persons are advised to visit a health facility immediately if they have sudden onset of profuse watery diarrhoea, nausea, vomiting, and weakness.

The Nigeria Centre for Disease Control (NCDC), a national public health institute, with the mandate to lead the preparedness, detection and response to infectious disease outbreaks and public health emergencies, has defined cholera suspected case as “any patient older than 2 years with acute watery diarrhoea and severe dehydration or dying from acute watery diarrhoea with or without vomiting. In areas where a Cholera outbreak is declared, any person

presenting with or dying from acute watery diarrhoea with or without vomiting"; and a confirmed case as a suspected case in which Vibrio cholerae O1 or O139 has been isolated in the stool by culture.

In 2021, Nigeria experienced what could be regarded as the worst cholera outbreak in recent years. A cumulative Epi-week 50 Summary released by the NCDC shows that Thirty-two states and FCT had reported suspected cholera cases in 2021. These are Abia, Adamawa, Bauchi, Bayelsa, Benue, Borno, Cross River, Delta, Ebonyi, Ekiti, Enugu, FCT, Gombe, Jigawa, Kaduna, Kano, Katsina, Kebbi, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Ondo, Osun, Oyo, Plateau, Sokoto, Taraba, Yobe, Rivers and Zamfara. As of 19 December 2021, a total of 109,189 suspected cases including 3,604 deaths (CFR 3.3%) have been reported from 32 states and FCT in 2021. Of the suspected cases since the beginning of the year, age group 5 - 14 years is the most affected age group for male and female. Of all suspected cases, 50% are males and 50% are females. Currently, four states - Bauchi (19,558 cases), Jigawa (15,141 cases) Kano (12,116 cases), and Zamfara (11,931 cases) account for 54% of all cumulative cases. Eleven LGAs across five states Bauchi (4), Zamfara (4), Kano (1), Katsina (1) and Borno (1) reported more than 1,000 cases each this year.

At the peak of the outbreak in June 2021, the NCDC activated a level 02 National Emergency Operations Centre that coordinates National Cholera response. This multi-sectoral coordination group is still active and continues to provide updates and follow up on states to harmonise plans, tools and response strategies. The NRCS is an active member of the EOC and is working closely with the National and state teams in response to the cholera outbreak.

Summary of current response

Overview of Host National Society

At the time of this update, a total of 63,485 households have been visited by the volunteers and 397,547 persons reached with cholera preventive messages (191,233 Males and 206,314 Females). Volunteers have also conducted active case search and referred 7,586 persons showing symptoms of community case definition of cholera. A total of 56,357 hygiene promotion sessions have been conducted, which include public demonstration of handwashing, sensitization on household water treatment and key messages on the hygiene domains. (see table 1 for data summary).

NRCS has also supported cholera treatment centres and designated health facilities where cholera patients are treated, with disinfectants and Personal Protective Equipment (PPE). This is in addition to PPE provided to volunteers and staff engaged in the Cholera response.

NRCS communication team have engaged radio stations in the targeted states for live radio spots scheduled to commence in January 2022. Jingles have also been produced and translated in local languages for mobile campaigns.

NRCS 2021 CHOLERA DREF OPERATION

Summary Sheet for November/December 2021

S/N	State	Total Household Reached	Total Number of persons reached through H2H Cholera sensitization and awareness (WASH messages)								Total # of persons reached	# of persons showing symptoms of Cholera (Dehydration/Vomiting/Diarrhoea/Fever)		# of cases with symptoms referred to Health Facility/ORP		#Hygien promotion sessions held	# of Baba Aisha session conducted	# of communit meetings held	# of Volunteers engaged
			Male			Female			PWD										
			3-12yrs	13-30yrs	31 & above	3-12yrs	13-30yrs	31 & above	M	F		M	F	M	F				
1	Sokoto	5219	7231	7263	6691	6693	6917	6416	559	217	41,987	340	313	763	920	1665	3	3	30
2	Bayelsa	3163	3365	3312	3163	3036	3367	3456	195	163	20,057	348	286	296	262	1061	2	2	20
3	Gombe	26500	25508	23584	20790	20539	22573	19659	372	220	133,245	991	905	795	683	30334	4	3	50
4	Katsina	19294	28850	22068	18544	25718	22907	48579	1102	732	168,500	1660	1194	1415	893	18139	2	3	40
5	Kebbi	9309	6411	4766	7004	6011	6313	2456	455	342	33,758	1164	977	833	726	5158	8	4	20
	TOTAL	63485	71365	60993	56192	61997	62077	80566	2683	1674	397,547	4,503	3,675	4,102	3,484	56,357	19	15	160

Table 1*: Data summary sheet - NRCS*

In August 2021, the Nigerian Red Cross Society with support from the International Federation of Red Cross and Red Crescent Societies (IFRC) supported the reactive Oral Cholera Vaccination campaign in Bauchi State, to curb the outbreak through social mobilization, demand creation and referral services to cholera treatment sites. Targeting three worst-hit LGAs in the state - Bauchi, Toro and Dass. In a campaign that lasted for four days, NRCS trained and mobilized 100 volunteers in the three targeted LGAs. A total of 63,321 eligible persons (5 years and above) were mobilized for OCV: Male - 32,694, Female - 30, 627 with a total of 2,960 households reached with cholera prevention messages.

Procurement of WASH kits - Jerricans, buckets, Aqua tabs and Hygiene kits have been completed and some of the materials sent to the states. Beneficiary identification and registration is to commence in the 3rd week of January, followed by distribution of materials to targeted beneficiaries.

Overview of Red Cross Red Crescent Movement in country
The IFRC West Coast cluster office based in Abuja is providing oversight to the Nigeria Cholera DREF Operation. The IFRC team participated in the National level training where they led some sessions and also made technical contributions. The team also conducted a monitoring mission to the five targeted states during the step-down training in an effort to monitor the quality of operations and NRCS level of accountability.

The ICRC has a country delegation in Abuja with three sub-delegations in Port Harcourt, Jos and Maiduguri and an office in Kano in support of areas affected by conflict and other situations of violence. Relating to the overall response to the outbreak, the ICRC is currently providing bilateral support to Adamawa, Borno, Plateau and Yobe states to raise awareness in response to the cholera outbreak.

Overview of non-RCRC actors in country

The cholera response is being coordinated by the national multi-sectoral EOC hosted at NCDC, in collaboration with the Federal Ministry of Health (FMOH), Federal Ministry of Water Resources (FMWR), Federal Ministry of Environment (FMEnvrt), and partners. The NCDC deployed National Rapid Response Teams (RRTs) with response commodities to support the response in sixteen states - Benue, Kano, Kaduna, Zamfara, Bauchi, Plateau, Jigawa, Katsina, Niger, Gombe, Sokoto, Kebbi, Oyo, Yobe, Adamawa, Borno, Ogun, Cross River and the FCT.

MSF is managing the cholera treatment centres and has opened two new centres in Gombe based on new cases being reported in LGAs where there were no cases.

In December 2021, NCDC conducted a workshop on cholera case management guidelines, treatment protocol and SOP harmonization, in which IFRC and NRCS actively participated and contributed to the revision of the guidelines.

Needs analysis and scenario planning

Needs analysis
Although the needs and operational gaps identified in the *EPoA* remains the same, some revisions had been made at the time of implementation, as there were changes in the outbreak pattern as well as operational needs and spread of the disease to additional states and LGAs, who weren't recording cases initially. The volunteer allocation was revised and the number of volunteers scaled down from states with less active cases and increased to states that were more active. Specifically, Bayelsa state which initially was allocated 30 volunteers was scaled down to 20, with Katsina which is very active having 40 volunteers against the initial allocation of 30.

Significant progress has been made through the contributions of the NRCS, such as hygiene promotion activities, active case search and referrals, mass campaign and public awareness, risk communication and community engagement production and distribution of IEC material (Posters and leaflets). The State Ministry of Health, Gombe requested the involvement of NRCS volunteers in a KAP survey and mapping of cholera hotspot areas in the state. Trained volunteers supported this activity, in addition to the RCCE activities carried out, and this collaboration further strengthened the partnership between NRCS Gombe Branch and the SMOH.

However, with the escalating spread of the outbreak to other states and LGAs that initially weren't affected, the available capacity and resources have been overstretched. Again, with the fourth wave and emergency of COVID-19 omicron variant and the rise in number of COVID-19 cases recorded across the country has resulted in competing resources and manpower with minimal focus on Cholera response.

More states are currently working on preparedness plans as fresh cases are being recorded in new LGAs. With the decline in number of cases recorded, the state advised that installation of ORP was not a priority, however, there is a huge need for Infection, Prevention and Control (IPC) support to treatment facilities and water purification tablets for community members. As a result, NRCS has put on hold the deployment of ORPs, while monitoring the evolution of the outbreak and providing IPC support to the health facilities.

Operation Risk Assessment
As mentioned on the EPOA, the need to engage National Disaster Response Teams (NDRTs), for supportive supervision and to close the coordination/monitoring gap which may occur as a result of the unavailability of most of the NHQ staff who are actively engaged in other operations, the Health team deployed three NDRTs to support the branches during the step-down training, community entry and advocacy. These NDRTs will also be deployed to support beneficiary registration and distribution of NFIs, working closely with the branch officers and Health Action Teams, under the overall supervision of the Assistant Coordinator, Health & Care Department.

To mitigate the potential security risks to volunteers and staff, the Safer Access Framework and security tips have been shared with volunteers and staff engaged in the operation. The NRCS health team is also relying on the Security teams

from IFRC and NRCS for regular security briefings and updates to be disseminated to the volunteers on the field, while the Branch Secretary is working closely with the state security officials for security rules and update regarding the operational areas. A WhatsApp group has also been created for the branch and NHQ team to encourage information sharing and regular updates.

With the emergence of the COVID-19 Omicron variant in Nigeria, the safety of volunteers has also become a major concern. Surgical masks and hand sanitizers have been procured and sent to the volunteers. A virtual briefing session is planned in January to discuss operational issues and also refresh the volunteers on the COVID_19 situation, the emerging Omicron variant as well as basic safety tips and protocols to be strictly adhered to.

To ensure financial accountability and that the right volunteers are being paid incentives, the volunteers are made to sign daily attendance sheets for each day of activity, and this is submitted hard copy to the NHQ, along with the reporting forms and action pictures. Upon submission, a payment schedule is prepared by the Cholera focal point to capture the payable amount for each volunteer based on the number of days worked for. All incentives are paid directly into the beneficiary's bank account upon verification by the finance department and approval by the Secretary General.

B. OPERATIONAL STRATEGY

Proposed strategy

The overall goal of the Cholera DREF operation is to contribute to controlling cholera outbreak for at least 684,131 people representing 3% of the population in Sokoto, Katsina, Kebbi, Gombe and Bayelsa States of Nigeria as well as reducing its impact on the affected and at-risk communities through risk communication, epidemic control activities, surveillance, referrals and hygiene promotion.

With a focus on four main strategies: *Risk Communication, Community Engagement, and OCV Campaign; Case Management through ORPs; Support Infection prevention and Control (IPC) with disinfection of identified CTCs across the targeted states; Breaking of cholera transmission routes through WASH based interventions in households and communities using trained volunteers as part of a Branch Transmission Intervention Team (BTIT)* - the NRCS has trained 160 volunteers to carry out the outlined activities that have reached **397,547 persons** so far in the 5 targeted states.

Targeted LGAs in each state			
S/N	State	LGAs targeted	# of volunteers engaged
1	Sokoto	Yabo, Shagari and Bodinga	30
2	Bayelsa	Ogbia and Southern Ijaw	20
3	Gombe	Balanga/Talasse and Gombe	50
4	Katsina	Funtua and Charanchi	40
5	Kebbi	Augie and Shanga	20
	Total		160

1. Health (Target: 684,131 people)

a) Risk Communication and Community Engagement (RCCE) and Health Education

A three day national level refresher session and planning meeting has been conducted with sessions on Epidemic control, Cholera prevention and control, Risk Communication and Community Engagement strategies, and social mobilization for OCV campaigns. Participants in this training were Branch Secretary, Branch Health focal point and PMER officer from each state, as well as NRCS staff, NDRTs and IFRC/NCDC and ICRC staff.

This was further cascaded to the 160 volunteers pulled out from the Health Action Teams (HAT) and Mothers' Club (MC) members in the targeted states. Trained volunteers were deployed to respective targeted communities to share key messages on cholera prevention, awareness and hygiene promotion through STOP Cholera mass awareness campaigns and mobile road show. The volunteers who are meant to work for a period of four months have completed the first two months of implementation.

Under close supervision of the team leaders and branch officers, volunteers also conduct monthly community meetings to engage stakeholders across the five targeted states. NRCS toll-free lines have also been activated and disseminated through IEC materials, local jingles and word of mouth.

Feedbacks received through community meetings and mobile messaging (Baba Ijebu) revealed that there is still a lot of misconception regarding the cause and treatment of cholera as most persons still believe it is a punishment of some sort and residents still use local concoctions which may be harmful to health, for cholera treatment.

Some of the feedbacks received include:

Rumours/misconception/Observation:

- Once a patient takes ORS, there is no need to visit the hospital
- Cholera is caused by a change in weather
- Use of battery cell water can help push down toilet waste
- Cholera can be treated by drinking a mixture of maggi seasoning and coke
- Cholera is spread by watermelon and punishment from God
- Most women do not wash their hands thoroughly after attending to their babies as they feel that baby faeces is not harmful to health

Suggestions:

- Request for mass media campaign and aqua tabs
- Request for drugs against cholera
- Volunteers should participate in environmental campaign as well as giving cash/kind support to community heads to motivate them to spread cholera messages
- Government should build and enforce use of toilet to stop open defecation and use of key opinion leaders to spread cholera messages whilst suggesting refreshment either in form of cash/kind after meetings
- People want to learn local methods of filtration and ORPs should be established
- Red Cross to establish an effective water filtration and storage method
- More farmers should be reached with cholera messages
- Your visit should have been at the beginning of the epidemic time when cases are very high
- Our community should be supplied with water treatment materials and WASH
- Our clinics need more drugs and materials for cholera treatment because when we took children there we heard them complaining of running out of supplies
- Some community members asked for liquid soap and purification of their water source which is primarily river
- Most people are poor and do not have the means to evacuate toilet waste, thus regular evacuation of toilet waste will help reduce the risk of cholera
- Red Cross volunteers should be more available and provide drugs for cholera treatment

Questions:

- Why didn't the Red Cross come around three months back when cases were high and our children are dying?
- What is Red Cross doing to support people affected with cholera?
- What is Red Cross doing to avoid another outbreak?
- We want to know water treatment tools?
- Is there a vaccine for cholera? And when will the campaign commence in their state?

- How can we make our river safe and where can we report cholera cases?
- How to ensure farm produce do not have cholera on them
- Asked for local treatment of cholera

Acknowledgement:

- Community leader is pleased with Red Cross for the awareness campaign
- Community members asked to join NRCS and encouraged their youths to do same
- We now understand what cholera is, thanks to the Red Cross
- We are very grateful for your visit as your explanations has cleared the misconception we have on Cholera and also the various ways by which Cholera can spread
- We are also grateful for the way you enlightened us Cholera prevention messages, hygiene promotion and water treatment

Sensitive feedback
- You can't take pictures of our women but your female volunteers can meet inside our leader's house and discuss with them

Key stakeholder groups and opinion leaders (taxi drivers, health workers, religious leaders, traditional birth attendants, community leaders and teachers) are being targeted as change agents for RCCE and health promotional activities. Through these meetings, volunteers are able to collect and report feedback from community members.

A radio show is planned as engagement with radio stations have commenced and quotations received. These are currently being reviewed and contract agreements are in process for engagement. Two live radio shows are planned for each state, to discuss the situation of cholera, transmission routes, prevention and management, dispel rumours and misconceptions, and explain the role of the NRCS in the cholera outbreak. Guest facilitators from state EOCs or SMOH will be present at the live radio shows to provide technical insight on the cholera outbreak.

b) Case Management and Infection, prevention and Control (IPC)

A virtual training of NHQ staff on the setting up of ORP was conducted with the support of the IFRC Africa Cholera Coordinator and Country Support Platform (CSP) hosted by the IFRC West Coast office delegation. Due to reduction in caseloads in the targeted states, NRCS will not deploy the ORP but the team is constantly monitoring and trend and will deploy the ORP team once the need arises within the period of operation. Also, since three of the targeted states are also targeted under the Hunger Crises, LGAs where cholera is currently reported which are not targeted under the DREF will be targeted in the Hunger Crisis Appeal and ORPs deployed where there are needs.

Trained volunteers are also conducting house to house active case search, for persons manifesting community case definition of cholera, for screening and referral to treatment centres. Volunteers are also working closely with community leaders and key informants to identify and refer affected persons for clinical care. As of the time of this report, 8,178 suspected cases were identified with 7,586 persons giving consent for referral to designated treatment centres.

The branches have mapped out designated cholera treatment centres and health facilities where cholera patients are treated and are carrying out health and hygiene promotion as well education on IPC. Disinfectants and other consumables have been procured for distribution to the health facilities. Appropriate PPEs (Protective Personal Equipment) have been made available to all volunteers with additional context-specific PPEs for the volunteers supporting the CTCs.

2. Water, Sanitation and Hygiene – WASH (Target: 13,683 people or 2,280 HH)

The same 160 volunteers are also carrying out WASH activities in the targeted communities, conducting community awareness and sensitization on cholera prevention and treatment, water purification and storage, safe excreta disposal, food hygiene and storage, handwashing with soap through house-to-house visits, community group discussions, sensitization at markets and other meeting points. As at the time of this update, 56,357 Hygiene Promotion sessions have been conducted by the volunteers.

34,200 water purification tablets, 2,280 water storage containers (bucket and jerricans) and soaps have been procured and sent to the branches for distribution. Procurement of hygiene kits is also being finalized as NRCS just received approval from the IFRC regional office.

Families affected with cholera, vulnerable groups living in areas where there are local outbreaks and households around cholera prone areas will be targeted. Beneficiary selection and registration will be carried out in a way that puts the community at the centre of the activity, promoting community integration and participation.

A community satisfaction survey is planned after distribution to monitor the use of the distributed NFIs and also receive feedback from the beneficiaries on their perception and impact of the NRCS activities. As such, distribution will take place earlier to give time for usage and post-distribution monitoring.

Cross-cutting issues
Protection, gender and Inclusion (PGI) :
A session on PGI was included in the training curriculum at both levels to educate the volunteers on the need to ensure communities dignity, access, participation and safety. Attention is given to women, girls, men and boys with diverse ages, disabilities and backgrounds who may have different needs, risk and coping strategies, to ensure their voices are heard and need considered. This is achieved through Focus Group Discussions with various groups, community meeting and house visits to persons with disability. Volunteers are also working closely with the religious/ traditional leaders, women groups, schools, youth groups, community healthcare workers, trade and transport workers etc. within the communities. These are also important partners when it comes to identifying the most vulnerable groups.

C. DETAILED OPERATIONAL PLAN

Health
People reached: 397,547 (63,485 HH)
Male: 191,233
Female: 206,314

***Outcome 1:* Transmission of diseases of epidemic potential is reduced**		
Indicators:	**Target**	**Actual**
% targeted population reached with community-based disease control actions	100%	58%
Output 1.1: Community-based disease control and health promotion is provided to the target population		
Indicators:	**Target**	**Actual**
# of volunteers trained on RCCE and ECV	160	160
# of people reached with awareness messages on Cholera	684,131	397,457
# of community stakeholder meetings held	20	15
# of volunteers supporting oral vaccination campaign	160	N/A
# of mobile messaging sessions conducted	40	19
Output 1.2: Transmission is limited through early identification and referral of suspected cases using community-based surveillance, active case finding, and/or contact tracing		

Indicators:	Target	Actual
# of volunteers engaged in ORP management and CTC disinfection	40	0
# of ORPs setup and linked with CTCs	4	0
# of targeted volunteers conducting active case detection and referrals	100%	100%
# of ORPs supported with consumables	4	0
% rate of CTC disinfection once case detected	100%	100%

Progress towards outcomes

Achievements:

- Conducted a three day National level refresher on ECV/RCCE/WASH for branch secretaries, health focal points and PMER officers
- Mobilised and trained 160 HAT and MC members on ECV, RCCE, WASH in 5 targeted states
- 63,485 Households and 397,547 persons (191,233 Male and 206,314 Female) reached through door to door cholera prevention awareness and risk communication activities
- 15 community stakeholders meeting conducted in targeted communities and LGAs
- 19 mobile messaging sessions (Baba Ijebu) conducted in targeted states
- 7,586 persons showing symptoms of community case definition of cholera identified and referred to designated treatment centres
- IPC support to treatment centres through disinfection of wards and CTCs by volunteers

Water, sanitation and hygiene

People reached: . 397,547
Male: 191,233
Female: 206,314

Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities

Indicators:	Target	Actual
% households reached with key messages to promote personal and community hygiene	100%	58%

Output 1.1: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population

Indicators:	Target	Actual
# of volunteers trained on WASH and BTIIT	160	160
# of households assisted with water purification tablets	1000	0
# of households reached with WASH related household items (soap, hygiene kits, buckets and jerricans)	2,280	0
# of hygiene promotion sessions conducted (mobile van)	24	24
# of hygiene promotion sessions conducted (community/household levels)	N/A	56,357
# of volunteers engaged in hygiene promotion	160	160
# of Red Cross branches having received sanitation equipment	5	0

Progress towards outcomes

Achievements:

- Trained 160 volunteers and 10 branch staff on hygiene promotion and communication plan
- 13, 650 copies of IEC materials (posters and leaflets) with hygiene promotional messages produced and distributed across the 5 branches

- Procured 2,280 jerricans, 4,560 buckets, 34,200 water purification tablets, and 2,280 hygiene kits for distribution to targeted beneficiaries
- 56, 357 hygiene promotion sessions held in communities to safe water usage and treatment products, safe hygiene and sanitation practices

Challenges:

- Late commencement of response. Red Cross cholera response commenced six months after the outbreak due to late submission of previous DREF reports (Yellow Fever and Flood response) which made the N.S ineligible to request for a new DREF fund
- Changes in epidemiological trend causing changes in operational needs and plans
- Delayed disbursement of funds to the National Society
- Operation is not flexible enough to adapt to local and cultural needs
- Some communities require the use of boats to cross the river. Provision of life jackets and mobility was not budgeted for

Strengthen National Society

S1.1: Improved NRCS capacity to ensure that necessary ethical and financial systems and structures, and required skills to implement efficiently and effectively

Indicators:	Target	Actual
# of volunteers and staff provided with PPE	200	200
Output 1.1: National Societies have the necessary corporate infrastructure and systems in place		
Indicators:	**Target**	**Actual**
# of NDRTs deployed	3	3
# of branch staff supporting the operation	10	10
# press briefings conducted	1	1
# of documentaries produced	1	0
# of NS monitoring missions conducted	5	2

Progress towards outcomes

Achievements:

- Regular volunteers' briefings on security, access, and potential risks
- Provision of adequate PPEs for volunteers and staff
- WhatsApp group created for easy communication and information sharing
- 3 local surge teams (NDRTs) deployed to supervise activities and provide technical support to the branches
- Press briefing conducted during the National level training. A second press briefing is planned for the distribution exercise
- Daily monitoring visits to operational locations by Branch Secretaries and Branch health coordinators

International Disaster Response

Outcome S1: Effective and coordinated international disaster response is ensured

Indicators:	Target	Actual
% target population reporting acknowledging usefulness of the intervention	60%	TBC
Output 1.1: Effective and respected surge capacity mechanism is maintained.		
Indicators:	**Target**	**Actual**
# of monitoring visits conducted by IFRC team	3	1
# of two-ways feedback system set-up	1	2
# of lessons learned workshop conducted	1	0
Progress towards outcomes		

Achievements:

- The IFRC team had conducted a monitoring visit to the 5 targeted states to supervise the training activities and provide technical support to branch teams
- NRCS toll free lines have been activated and phone numbers disseminated to the targeted groups for a two-way feedback
- Monthly review meeting with volunteers to analyse feedback and address issues of concern

D. BUDGET

The overall budget for this operation is CHF 303,187 of which CHF 90,000 have been transferred to the National Society and CHF 58,829.37 expended so far. The NS is working tirelessly to ensure additional justifications are submitted to the IFRC and are expecting to receive another tranche of funding.

all amounts in Swiss Francs (CHF)

International Federation of Red Cross and Red Crescent Societies

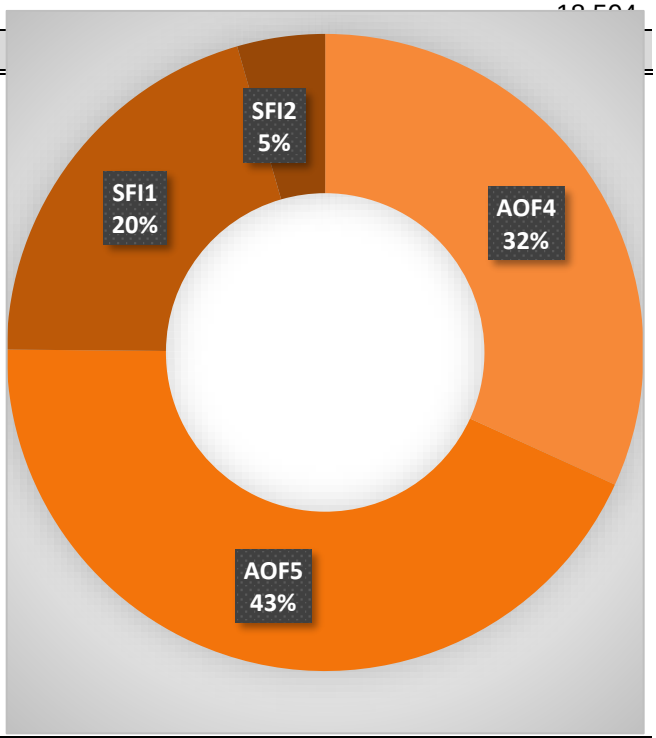
DREF OPERATION

MDRNG033 - NIGERIA - CHOLERA OUTBREAK

24/09/2021

Budget by Resource

Budget Group	Budget
Water, Sanitation & Hygiene	121,718
Medical & First Aid	19,365
Relief items, Construction, Supplies	**141,083**
Distribution & Monitoring	8,703
Logistics, Transport & Storage	**8,703**
National Society Staff	3,603
Volunteers	51,677
Personnel	**55,279**
Workshops & Training	31,071
Workshops & Training	**31,071**
Travel	4,222
Information & Public Relations	23,846
General Expenditure	**48,547**
DIRECT COSTS	284,683
INDIRECT COSTS	
TOTAL BUDGET	



Budget by Area of Intervention

AOF4	Health	96,448
AOF5	Water, Sanitation and Hygiene	131,380
SFI1	Strengthen National Societies	61,847
SFI2	Effective International Disaster Management	13,513
	TOTAL	**303,187**

Contacts

Reference documents

Click here for:

- Emergency Plan of Action (EPoA)

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

In the Nigerian Red Cross Society

- Abubakar Kende, Secretary General, phone: +234 803 959 5095; e-mail: secgen@redcrossnigeria.org
- Dr. Manir H. Jega, Coordinator, Health and Care, phone: +234 8034068054; email: manir.jega@redcrossnigeria.org

In the IFRC Cluster Office Abuja

- Bhupinder Tomar, Head of Abuja Country Cluster Delegation, phone: +234 8186730823; email: bhupinder.tomar@ifrc.org
- Dr. Maryam Tanimu , Health & Care Officer , phone: +2349087578566; email: maryam.tanimu@ifrc.org

IFRC Africa Region:

- Adesh Tripathee, Head of DCPRR Unit, Kenya; phone: +254731067489; email: Adesh.tripathee@ifrc.org

In IFRC Geneva

- Nicolas Boyrie, Operations Coordination, Senior Operations Coordinator, DCPRR; email: nicolas.boyrie@ifrc.org
- Eszter Matyeka, Senior Officer, Disaster Relief Emergency Fund (DREF), email: eszter.matyeka@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- Louise DAINTREY-HALL, Head of Partnership and Resource Development, phone: +254 110 843 978; email: louise.daintrey@ifrc.org;

For In-Kind donations and Mobilization table support:

- IFRC Africa Regional Office for Logistics Unit: RISHI Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org phone: +254 733 888 022

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

IFRC Africa Regional Office: Philip Komo Kahuho, PMER Coordinator, Email: Philip.kahuho@ifrc.org

How we work

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

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