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Final Report

Nigeria: Cholera

International Federation of Red Cross and Red Crescent Societies

DREF operation	**Operation n° MDRNG033**
Date of Issue: 01 August 2022	**Glide number:** EP-2021-000143-NGA
Operation start date: 26 September 2021	**Operation end date: 31 March 2022**
Host National Society: Nigerian Red Cross Society	**Operation budget: CHF 303,187**
Number of people affected: 73,055 suspected cases and 2,407 deaths **Number of people targeted:** 684,131 people • Direct targets: 13,683 people (2,280 HH) • Indirect targets: 670,448 people	**Number of people assisted:** - 13,683 people (2,280 HHs) reached with WASH kits - 875,549 people (432,800 males, 442,749 females) from 180,380 HHs directly reached with cholera preventive messages - 4,565,000 people reached through radio shows and community meetings as captured in the body of the report
Red Cross Red Crescent Movement partners actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC)	
Other partner organizations actively involved in the operation: Ministry of Health (MoH), Médecins sans Frontières (MSF), *Action contre la faim* (ACF), UNICEF, WHO, Nigeria Centre for Disease Control (NCDC)	

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

<Click **here** for the final financial report and **here** for contacts>

A. SITUATION ANALYSIS

Description of the disaster

In 2021, Nigeria experienced what is regarded as its worst cholera outbreak in recent years. Indeed, NCDC [1] Cholera Situation Report for Epi-week 50 shows that 32 states and the FCT had reported suspected cholera cases in 2021. These are Abia, Adamawa, Bauchi, Bayelsa, Benue, Borno, Cross River, Delta, Ebonyi, Ekiti, Enugu, the Federal Capital Territory (FCT) Abuja, Gombe, Jigawa, Kaduna, Kano, Katsina, Kebbi, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Ondo, Osun, Oyo, Plateau, Sokoto, Taraba, Yobe, Rivers and Zamfara. By 19 December 2021, a total of 109,189 suspected cases including 3,604 deaths (Case fatality rate of .3%) had been reported from the 32 states and the FCT. Of the suspected cases recorded from the start of the year 2021, age group 5-14 years were the most affected age group with 50% males and 50% females. Eleven LGAs across five states Bauchi (4), Zamfara (4), Kano (1), Katsina (1) and Borno (1) reported more than 1,000 cases each.

[1] Nigeria Centre for Disease Control (NCDC)

At the peak of the outbreak in June 2021, the NCDC activated a level 2 National Emergency Operations Centre (EOC) to coordinate the Cholera response at national level. This multi-sectoral coordination group is still active as of July 2022 and continues to provide updates and follow-up on states to harmonize plans, tools and response strategies. The Nigerian Red Cross Society (NRCS) is an active member of the EOC and works closely with the national and state teams responding to the cholera outbreak.

On 26 September 2021, the NRCS requested and obtained a CHF 303,187 DREF grant from the International Federation of Red Cross and Red Crescent Societies (IFRC) to contribute to controlling the cholera outbreak for at least 684,131 people representing 3% of 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. The operation which was set to be implemented within four months was extended at no cost for two months in January 2022 through an Operation Update, to allow completion of activities 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.

This operation thus ended on 31 March 2022, after six months of implementation and directly reaching 13,683 people (2,280 households) with WASH kits and 875,549 people (432,800 males, 442,749 females) from 180,380 HHs with cholera preventive messages. An additional 4,565,000 people were indirectly reached through radio shows and community meetings as captured in the Detailed Operational Plan section of the report.

Summary of response

Overview of Operating National Society

Baba Aisha in Amassoma Market, Bayelsa State

This DREF Operation was rolled out one month after its launch on 26 September 2021, with a national level training and planning meeting in Abuja. This was due to delayed approval of Project Grant Agreement and transfer of funds to the National Society. Prior to this response operation, NRCS, with support from IFRC, supported the reactive Oral Cholera Vaccination (OCV) campaign in Bauchi State in August 2021. The intervention was aimed to curb the outbreak through social mobilization, demand creation and referral services to cholera treatment sites, targeting the three worst-hit LGAs in the state - Bauchi, Toro and Dass. In the campaign which lasted 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, 32,694 male and 30,627 female with a total of 2,960 households reached with cholera prevention messages.

In line with the EPoA of this operation, activities carried out by the Nigerian Red Cross Society volunteers included:

- National level training and planning meeting for 15 state teams, 3 NDRTs and 7 NHQ Project teams
- Step down training for 160 community-based volunteers at divisional level
- Risk communication and community engagement activities on cholera prevention reaching 13,683 people (2,280 households) with WASH kits and 875,549 people (432,800 males, 442,749 females) from 180,380 households with cholera preventive messages
- Hygiene promotion activities in 15 targeted LGAs reaching 180,380 households
- Active case search and referrals to designated treatment centres with 19,004 suspected cases were identified with 14,198 referred to designated treatment centres in the operation states
- Mass campaigns and public awareness (Baba Ijebu)
- Six live radio shows and call-in sessions
- Infection prevention and control in cholera treatment centres
- Distribution of 2,280 WASH kits - jerricans, buckets with lids, water purification tablets and hygiene kits
- Post Distribution Monitoring
- Lessons learnt workshop.

NRCS supported cholera treatment centres and 15 designated health facilities where cholera patients were treated, with disinfectants and Personal Protective Equipment (PPE)- liquid chlorine, face masks, medical gloves, rubber boots, and disposable gowns. This is in addition to PPEs provided to volunteers and staff engaged in the cholera response.

NRCS communication department also engaged radio stations in the targeted states for live radio spots. Jingles were produced and translated to local languages for the mobile campaigns.

At the end of the operation, a total of 875,549 people (432,800 males, 442,749 females) in 180,380 households in the five states of Sokoto, Bayelsa, Katsina, Kebbi and Gombe were reached with cholera preventive messages. This amounts to 128% above the planned target of 684,131 persons. This remarkable achievement was made possible through engagement of community leaders and key decision makers who publicized the activities of the Red Cross and encouraged the community members to accept the volunteers and turn up in large numbers for community meetings and Focus Group Discussion sessions. Volunteers also engaged Red Cross school health clubs in hygiene promotion activities and cholera sensitization. This further increased the access and reach of beneficiaries. The reach by state is tabulated in Table 1 below.

NRCS 2021 CHOLERA DREF OPERATION

Summary Sheet

S/N	State	Total Household Reached	Total Number of persons reached through H2H Cholera sensitization and awareness (WASH messages)								Total reached Male	Total reached Female	Total # of persons reached
			Male			Female			PWD				
			3-12yrs	13-30yrs	31 & above	3-12yrs	13-30yrs	31 & above	M	F			
1	Sokoto	22755	31125	29842	28163	30261	31564	28526	2436	2001	91566	92352	183,918
2	Bayelsa	18547	11223	12679	11639	10682	12384	12192	510	467	36051	35725	71,776
3	Gombe	51100	44312	41060	37040	38073	39959	35453	464	276	122876	113761	236,637
4	Katsina	36215	42189	32814	29698	35999	33293	59249	1252	853	105953	129394	235,347
5	Kebbi	51763	30783	20823	22975	26333	22415	21533	1773	1236	76354	71517	147,871
	TOTAL	180380	159632	137218	129515	141348	139615	156953	6435	4833	432800	442749	875,549

Table1: Total number of people reached with cholera messages

Overview of Red Cross Red Crescent Movement in country

The IFRC Country Cluster Delegation office in Abuja provided technical oversight to the Nigeria Cholera DREF Operation. The IFRC team participated in the national level training where they led some sessions and made technical contributions. The team also conducted a monitoring mission to the five targeted states during the step-down training 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 country-wide response to the cholera outbreak, the ICRC provided bilateral support to Adamawa, Borno, Plateau and Yobe States to raise awareness in response to the cholera outbreak.

Overview of other actors' actions in-country

The NCDC is the coordinating agency for emergency health response in the country, hosting the national multi-sectoral EOC in collaboration with the Federal Ministry of Health (FMOH), Federal Ministry of Water Resources (FMWR), Federal Ministry of Environment (FMEnvrt) and other partners. The NCDC teams participated in the national training of Red Cross teams where they provided technical support to the RC teams and provided linkages with the State Epidemiologists, Incident Managers and State Health Educators who supported the step-down training in the targeted branches.

In December 2021, NCDC conducted a workshop on cholera case management guidelines, treatment protocol and SOP harmonization, in which NRCS actively participated and contributed to the revision of the guidelines. The NCDC also shared copies of IEC materials and jingles which were adapted and translated by NRCS for community engagement and education. Representatives from the Ministry of Health were engaged as guest speakers during the live radio shows where they responded to technical questions on cholera prevention and management, while the Red Cross teams provided information on Red Cross activities.

Needs analysis and scenario planning

Demonstration of Hand washing session ©NRCS

The activities of this operation commenced in October 2021, whereas the outbreak was declared, and the response was activated in June 2021. By the time of implementation, changes had occurred in the outbreak pattern as well as the operational needs. Some of the states targeted in the EPoA were declared inactive by the NCDC and other states which were not targeted started recording high number of cases. As such, the volunteer allocation was revised, and the number of volunteers scaled down in states considered inactive and increased for the states where the outbreak was still active. Specifically, Bayelsa State which initially was allocated 30 volunteers was scaled down to 20, with Katsina which recorded more cases at the time allocated 40 volunteers against the initial 30 allocated.

In the five targeted states, the outbreak had reduced in most LGAs compared to months back when the government requested for NRCS' support. At the time of NRCS intervention, most states were working on preparedness plans and prepositioning of stocks. With the decline in number of cases recorded, the states advised that installation of ORP was not a priority, however, there was a huge need for Infection Prevention and Control (IPC) support for treatment facilities and water purification tablets for community members. As a result, NRCS put on hold the deployment of ORPs, while monitoring the evolution of the outbreak and providing IPC support to the health facilities.

The State Ministry of Health (SMOH) of Gombe requested the involvement of NRCS volunteers in knowledge, attitudes and practices (KAP) survey and mapping of cholera hotspots in the state. Trained volunteers supported this activity, in addition to the RCCE activities conducted. This collaboration further strengthened the partnership between NRCS Gombe Branch and the SMoH.

To note, Cholera is a water-borne disease characterized by sudden onset of profuse watery diarrhoea, which can lead to sudden death because 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 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 a cholera suspected case as "any patient aged ≥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."

Risk Analysis

As mentioned in the EPOA, to close the coordination/monitoring gap which may occur because of unavailability of most of the NHQ staff who were 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 were also 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 were shared with volunteers and staff engaged in the operation. The NRCS health team was regularly briefed by the security teams from IFRC and NRCS on security and updates were disseminated to the volunteers in the field, while the Branch Secretaries worked closely with the state security officials for security rules and update regarding the operational areas. A WhatsApp group was created for the branch and NHQ team to encourage information sharing and regular updates.

With the emergence of COVID-19 Omicron variant in Nigeria, the safety of volunteers became a major concern. Hence, surgical masks and hand sanitizers were provided to the volunteers. Regular briefing sessions were organized virtually to discuss operational issues and refresh the volunteers on the COVID-19 situation, the emerging variants as well as basic safety tips and protocols to be strictly adhered to.

To ensure financial accountability and that the right volunteers received their monthly incentives, the volunteers were made to sign daily attendance sheets for each day of activity, and this was submitted in hard copy to the NHQ, along with the reporting forms and action pictures. Upon submission, a payment schedule was prepared by the Cholera focal point to capture the payable amount for each volunteer based on the number of days worked. All incentives were paid

directly into the volunteers' bank accounts upon verification by the finance department and approval by the National Society Secretary General.

B. OPERATIONAL STRATEGY

Proposed strategy

The overall goal of this DREF operation was to contribute to controlling the 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, 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, the NRCS trained 160 volunteers to carry out the outlined activities:

- Active case search and referrals to designated treatment centres
- Mass campaigns and public awareness (Baba Ijebu)
- Live radio shows and call-in sessions
- Infection prevention and control in cholera treatment centres
- Distribution of WASH kits - jerricans, buckets with lids, water purification tablets and hygiene kits
- Post distribution monitoring
- Lessons learnt workshop

Findings from the PDM were also presented and discussed below.

C. DETAILED OPERATIONAL PLAN

Health

People reached: 875,549
Male: 432,800
Female: 442,749

Outcome 1: **Transmission of diseases of epidemic potential is reduced**

Indicators:	Target	Actual
% of targeted population reached with community-based disease control actions	100%	128%

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	875,549
# of community stakeholder meetings held	20	31
# of volunteers supporting oral vaccination campaign	160	0
# of mobile messaging sessions conducted	40	33

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	N/A
% rate of CTC disinfection once case detected	100%	100%

Narrative description of achievements

Summary

- A three-day national level refresher on ECV, RCCE and WASH was conducted for 5 branch secretaries, 5 health focal points and 5 PMER officers
- NRCS mobilized and trained 160 Health Action Teams and Mothers' Club members on ECV, RCCE, WASH in five targeted states
- A total of 180,380 households, i.e., 875,549 persons (432,800 male, 442,749 female) were reached through door-to-door cholera prevention awareness and risk communication activities
- Some 31 community stakeholders' meetings were conducted in targeted communities and LGAs
- A total of 33 mobile messaging sessions (Baba Ijebu) conducted in targeted states
- A total of 19,004 persons showing symptoms of community case definition of cholera were identified and referred to designated treatment centres
- IPC support was provided to treatment centres through disinfection of wards and CTCs by volunteers.

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

A three-day national level refresher session and planning meeting was conducted with sessions on epidemic control, cholera prevention and control, risk communication and community engagement strategies, and social mobilization for OCV campaigns. Participants in the training were Branch secretaries, Branch health focal points and PMER officers from each state, as well as NRCS staff, NDRTs and IFRC/NCDC/ICRC staff.

The training 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 the respective targeted communities to share key messages on cholera prevention, awareness and hygiene promotion through STOP Cholera mass awareness campaigns and mobile road shows.

Under close supervision of the team leaders and branch officers, volunteers conducted monthly community meetings to engage stakeholders across the five targeted states. Volunteers worked five days a week for four months, conducting door-to-door awareness and health promotion on cholera. Once every week, volunteers held Focus Group Discussions (FGD) and community meetings to discuss cholera issues, risk behaviours and preventive measures.

At household level, the volunteers gathered household members for hygiene promotion sessions, where they demonstrated the use of water purification tablets, household preparation of sugar salt solution and proper handwashing, using soap or ash. These demonstrations were made during community meetings and street messaging campaign (Baba Ijebu shows). Forty-eight (48) hygiene promotion sessions were conducted during the Baba Ijebu and community meetings in the five states, with 104,667 demonstrations made at households, schools, markets, motor parks.

Issues around misconception, beliefs and rumours about cholera were discussed and addressed during the meetings, with feedback documented. NRCS toll-free lines were 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 was still a lot of misconception regarding the cause and treatment of cholera as most persons still believed it was punishment of some sort and residents still used local concoctions for the treatment of cholera which may be harmful to the health of the users.

Table 2: Number of people reached through active case search by state.

State	Persons showing symptoms of Cholera	Cases with symptoms referred to Health Facility/ORP
Sokoto	6,650	4,763
Bayelsa	1,318	1,199
Gombe	1,959	1,584
Katsina	2,973	2,303
Kebbi	6,104	4,349
Total	**19,004**	**14,198**

Some of the feedback received, including rumours, misconceptions, observations, suggestions, questions and acknowledgements are detailed in the Operation Update.

Key stakeholder groups and opinion leaders (taxi drivers, health workers, religious leaders, traditional birth attendants, community leaders and teachers) were targeted as change agents for RCCE and health promotional activities. Local radio stations with wide population coverage and network were engaged for live radio shows. Six radio shows were conducted in three states 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. About 50 calls were received during the radio shows. Guest facilitators from state EOCs or SMoH were present at the live radio shows to provide technical insight on the cholera outbreak.

The radio discussions generated a lot of responses, especially on the control of cholera. Most importantly, people were interested to learn how to prepare salt and sugar solution for immediate care and stabilization of persons with acute watery diarrhoea. It is worth noting that even though the operation covered only three LGAS in each state, people from other LGAs called in to register their appreciation and requesting for more information on Cholera control.

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 Abuja delegation office. Due to reduction in caseloads in the targeted states, NRCS was unable to deploy the ORP. However, NRCS supported cholera treatment centres (CTC) and health facilities where cholera patients were treated with disinfectants and PPEs, while volunteers sensitized the patients, their families and health workers on IPC. Appropriate PPEs were made available to all volunteers with additional context-specific PPEs for the volunteers supporting the CTCs.

Trained volunteers also conducted house-to-house active case search, for persons manifesting community case definition of cholera, for screening and referral to treatment centres. Volunteers worked closely with community leaders and key informants to identify and refer affected persons for clinical care. At the end of the operation, 19,004 suspected cases were identified with 14,198 persons giving their consent for referral to designated treatment centres.

The distribution of persons showing symptoms of cholera and referral to health facilities for treatment is shown in Table 2 on the left.

Challenges

- Intervention commenced late - therefore the NRCS could not deploy the ORPs received from the region as the context and needs had changed
- The Federal Government did not conduct any OCV campaign during the period of operation

Lessons learned
More impact would be made if NS response activities start when cases are at their peak.

Water, sanitation and hygiene
People reached: 2,280 Households

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

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

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	160	160
# of households assisted with water purification tablets	1,000	2,280
# of households reached with WASH related household items (soap, hygiene kits, buckets and jerricans)	2,280	2,280
# of hygiene promotion sessions conducted	24	48
# of volunteers engaged in hygiene promotion	160	160
# of Red Cross branches having received sanitation equipment	5	0
# of PDMs conducted	5	2

Narrative description of achievements

Summary

- A total of 160 volunteers and 10 branch staff were trained on hygiene promotion and communication plan
- Some 13,650 copies of IEC materials (posters and leaflets) with hygiene promotional messages were produced and distributed across the five branches for sensitization
- A total of 2,280 jerricans, 4,560 buckets, 34,200 water purification tablets, and 2,280 hygiene kits were procured and distributed to 2,280 households in 5 targeted states
- Some 104,667 demonstration sessions were conducted and 48 hygiene promotion sessions held in communities on safe water usage and treatment products, safe hygiene, and sanitation practices
- PDM was conducted in Sokoto and Gombe states

Distribution of NFI in Ogbia LGA, Bayelsa State

Water, Sanitation and Hygiene – WASH

The 160 trained volunteers carried 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, hand washing with soap through house-to-house visits, community group discussions, sensitization at markets and other meeting points. This operation documents that 104,667 demonstrations were conducted by the volunteers at households, community meetings and public places.

A total of 34,200 water purification tablets, 2,280 buckets with lids, 2,280 tippy-taps and 2,280 jerricans and 13,680 multi-purpose soaps were procured and distributed to 2,280 targeted households in the five branches. In addition,

2,280 sets of hygiene kits were distributed to families. Content of the hygiene kits includes washing powder, sanitary pad, toothpaste, toothbrush, bathing soap, nail clipper, sponge and water scoop.

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

At the end of the distribution, a post-distribution monitoring (PDM) was conducted to monitor the use of the distributed NFIs and receive feedback from the beneficiaries on their perception and impact of the NRCS activities (see attached PDM report).

Challenges

- The Red Cross cholera response commenced six months after the outbreak started, due to reporting issues by the National Society, which made the NRCS ineligible to request for new DREF funds. This impacted the timeliness of the response. However, the response remained relevant as NRCS could contribute to national efforts in quelling down the unprecedented spread of the outbreaking country.
- Changes in the epidemiological trend led to changes in operational needs and plans
- Operation was not flexible enough to adapt to local and cultural needs. For example, some communities required the use of boats to cross the river. Provision of life jackets and mobility were not considered in the budget.
- The budget line for sanitation equipment was under budgeted and revised to make up for hygiene kits and other WASH items. This is also mentioned under challenges below.

Lessons learned

More impact would be made if NS response activities start when cases are at their peak.

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
# of press briefings conducted	1	2
# of documentaries produced	1	1
# of NS monitoring missions conducted	5	7

Narrative description of achievements

- Volunteers were regularly briefed on security, access, and potential risks.
- Volunteers and staff were provided with adequate PPEs for their protection
- A WhatsApp group was created for easy communication and information sharing
- Three (3) national disaster response team members (NDRTs) were deployed to supervise activities and provide technical support to the branches
- Two (2) press briefings were conducted during the national level training and the NFI distribution exercise
- Daily monitoring visits were conducted to operational locations by Branch Secretaries and Branch health coordinators.

Challenges

- None

Lessons learned

- None

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%	100%
Output 1.1: Effective and respected surge capacity mechanism is maintained.		
Indicators:	**Target**	**Actual**
# of IFRC missions conducted	3	5
# of two-ways feedback system set-up	1	2
# of lessons learned workshop conducted	1	1

Narrative description of achievements

Summary

- The IFRC team conducted monitoring missions to the five targeted states to supervise the training activities and provide technical support to branch teams.
- NRCS toll-free lines were activated and phone numbers were disseminated to the targeted groups for two-way feedback
- Monthly review meetings with volunteers to analyse feedback and address issues of concern were also held
- A post-distribution monitoring was conducted to evaluate the usefulness of the intervention to the beneficiaries
- Due to the Covid-19 resurgence, a virtual lessons learnt workshop was conducted to review implementation and effectiveness.
-

Protection, Gender, and Inclusion (PGI)

A session on PGI was included in the training curriculum at both National and State levels to educate the volunteers on the need to ensure communities' dignity, access, participation, and safety. Attention was 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 were heard and their needs considered. This was achieved through Focus Group Discussions with various groups, community meetings and house visits to persons with disability. Volunteers also worked 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.

Lessons Learnt Workshop (LLW)

A virtual LLW was conducted with 26 participants, including the Branch Secretaries, Branch Health Coordinators and Branch PMEAL officers of the targeted states, NHQ Health, CEA, PMEAL, Logistics, Communication and Finance teams, as well as the IFRC counterparts.

The LLW had the following objectives:

- ✧ To review project activities for what went well and what did not go well
- ✧ To review project targets versus achieved
- ✧ To proffer recommendations and way forward for subsequent interventions.

All the five implementing branches made presentations on activities carried out, key achievements, stakeholder engagement, challenges, and recommendations.

Achievements

Some of the key achievements highlighted during the workshop are:

- Capacity building for NRCS staff and volunteers
- Improved collaboration with Ministry of Health/State Epidemiologists and other partners
- Community acceptance and participation
- Increased community knowledge and awareness on cholera prevention and control
- Improved community perception and good hygiene practices
- Behavioural change towards open defecation and water hygiene was achieved
- Some communities initiated monthly environmental sanitation following sensitization
- Increased coverage and reach through radio shows
- Increased Red Cross visibility and membership drive
- WHO, UNICEF, and Primary Health Care supported the branches in the training of volunteers and coordination of volunteers' activities.
- Improved collaboration with health facilities on cholera case management
- Improved NRCS capacity to set up and manage Oral Rehydration Points
- Improved coordination between the NRCS NHQ, branches and the IFRC.

Challenges

- Poor timing for the commencement of the NRCS response (intervention was delayed)
- Network outage in some communities
- Security concerns
- Some activities were under budgeted

Recommendations

- National Society response activities should commence when cases are at their peak
- Branches should actively participate in budgeting due to unstable and unpredictable fluctuations in prices of goods and services
- The peculiarities of each branch should be taken into consideration when planning and budgeting for activities
- In the future, more LGAs should be covered in emergency response
- Volunteers' transportation allowance should be regularly reviewed especially during fuel scarcity
- Branded souvenir should be shared to volunteers occasionally as means of motivation.

Challenges

- None

Lessons learned

- The findings from the PDM showed that the beneficiaries were happy with the assistance they received from NRCS and the NFIs they received impacted their households positively. However, the PDM revealed that the NRCS team needs to devise better strategy to ensure more people get information on the various channels of giving feedbacks. Adequate information sharing by the CEA team on the complaints channels will enable beneficiaries share or give feedback to the NRCS team.
- Timely planning between the programme and the PMEAL teams will help in the better conduct and coordination of subsequent PDM activities.
- It is always helpful when the NS investigates allegations or sensitive feedback by beneficiaries. This has been found to be very useful in establishing facts from fictions and building accountability to communities. Sometimes, the allegations are also found to be untrue after investigation.

D. Financial Report

The overall budget allocated for this operation was CHF 303,187, of which CHF 276,289 (91 %) was spent. The balance of CHF 26,898 will be returned to the DREF pot.

Explanation of variances:

Description	Budget	Expenditure	Variance		Comments
			CHF balance	%	
Water, Sanitation & Hygiene	121,626	119,715	1,911	1.5	Positive balance of CHF 1,911 was left because some of the expenses on this budget line were incurred at the same time with volunteers' activities
Medical & First Aid	19,350	9,965	9,385	48.5	Positive balance of CHF 9,385 because the market value of tools was lower than the budgeted amounts.
Distribution & Monitoring	8,715	5,143	3,572	41	This budget line has a positive balance of CHF 3,572 because the supplier's agreement included cost of distribution to the targeted states.
National Society Staff	3,600	667	2,933	81	Underspent by CHF 2,933 because the NS did not conduct all the monitoring visits as planned.
Volunteers	51,638	53,455	-1,818	-3.5	Overspent by CHF 1,818 because cost related to volunteer incentives/Water, Sanitation & Hygiene were booked under this budget line. Additionally, project was extended by two months, which increased the costs.

Workshops & Training	31,140	29,740	1,399	4.5	A positive balance of CHF 1,399 because the NS conducted a virtual Lessons Learned workshop as against the physical workshop planned
Travel	4,230	3,876	354	8	
Information & Public Relations	23,834	20,388	3,445	14	A positive balance of CHF 3,445 due to efficiency in programme management
Financial Charges	945	0	945	100	This line remained unspent because, there was no need to spend from this line
Other General Expenses	19,606	16,476	3,130	16	Underspent by CHF 3,130 due to efficiency in programme management
Programme & Services Support Recover	18,504	16,863	1,642	9	N/A

Contact information

Reference documents ↘

Click here for:

- Operation Update
- Emergency Plan of Action (EPoA)

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

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- 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 Manager, 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:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace

Selected Parameters			
Reporting Timeframe	2021/9-2022/5	Operation	MDRNG033
Budget Timeframe	2021/9-2022/3	Budget	APPROVED

DREF Operation

FINAL FINANCIAL REPORT

Prepared on 17/Jun/2022

All figures are in Swiss Francs (CHF)

MDRNG033 - Nigeria - Cholera Outbreak

Operating Timeframe: 25 Sep 2021 to 31 Mar 2022

I. Summary

Opening Balance	**0**
Funds & Other Income	**303,187**
DREF Allocations	303,187
Expenditure	**-276,289**
Closing Balance	**26,898**

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			**0**
PO02 - Livelihoods			**0**
PO03 - Multi-purpose Cash			**0**
PO04 - Health	303,187	111,378	**191,809**
PO05 - Water, Sanitation & Hygiene			**0**
PO06 - Protection, Gender and Inclusion			**0**
PO07 - Education			**0**
PO08 - Migration			**0**
PO09 - Risk Reduction, Climate Adaptation and Recovery		136,802	**-136,802**
PO10 - Community Engagement and Accountability			**0**
PO11 - Environmental Sustainability			**0**
Planned Operations Total	**303,187**	**248,180**	**55,007**
EA01 - Coordination and Partnerships			**0**
EA02 - Secretariat Services		28,109	**-28,109**
EA03 - National Society Strengthening			**0**
Enabling Approaches Total		**28,109**	**-28,109**
Grand Total	**303,187**	**276,289**	**26,898**

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2021/9-2022/5	Operation	MDRNG033
Budget Timeframe	2021/9-2022/3	Budget	APPROVED

Prepared on 17/Jun/2022

All figures are in Swiss Francs (CHF)

MDRNG033 - Nigeria - Cholera Outbreak

Operating Timeframe: 25 Sep 2021 to 31 Mar 2022

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	**140,976**	**129,680**	**11,296**
Water, Sanitation & Hygiene	121,626	119,715	1,911
Medical & First Aid	19,350	9,965	9,385
Logistics, Transport & Storage	**8,715**	**5,143**	**3,572**
Distribution & Monitoring	8,715	5,143	3,572
Personnel	**55,238**	**54,122**	**1,115**
National Society Staff	3,600	667	2,933
Volunteers	51,638	53,455	-1,818
Workshops & Training	**31,140**	**29,740**	**1,399**
Workshops & Training	31,140	29,740	1,399
General Expenditure	**48,615**	**40,741**	**7,874**
Travel	4,230	3,876	354
Information & Public Relations	23,834	20,388	3,445
Financial Charges	945		945
Other General Expenses	19,606	16,476	3,130
Indirect Costs	**18,504**	**16,863**	**1,642**
Programme & Services Support Recover	18,504	16,863	1,642
Grand Total	**303,187**	**276,289**	**26,898**