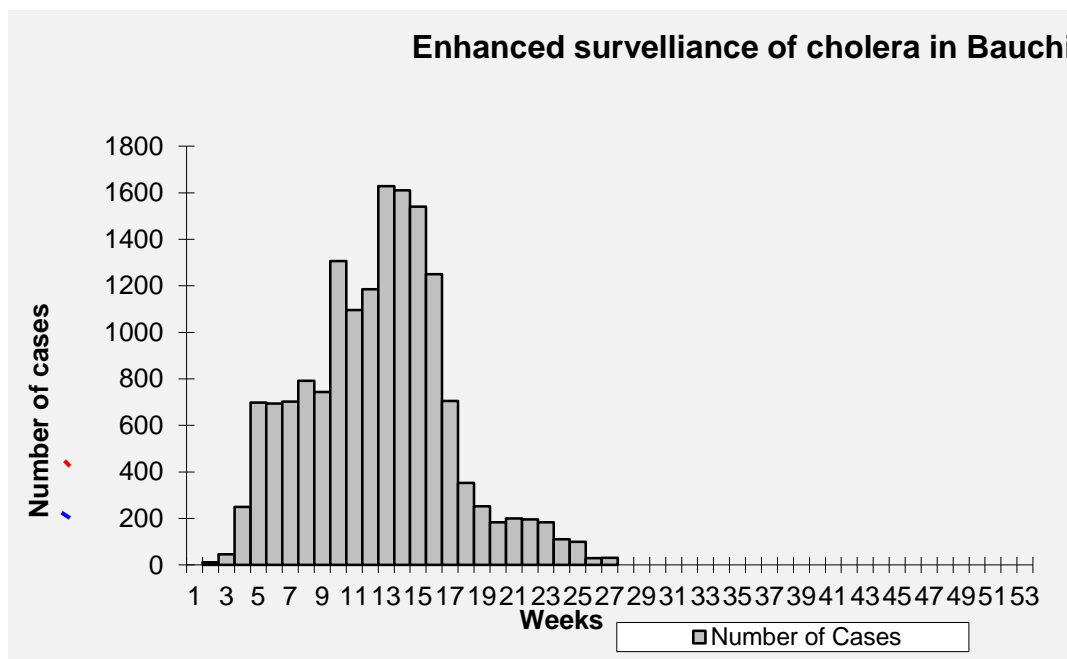


Enhanced surveillance of cholera in Bauchi



The major donors and partners of the DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Canada, Denmark, Ireland, Italy, Japan, Luxembourg, Monaco, the Netherlands, Norway, Spain, Sweden and the USA, as well as DG ECHO, the UK Department for International Development (DFID), the Medtronic, Zurich and Coca Cola Foundations and other corporate and private donors. Details of all donors can be found <http://www.ifrc.org/docs/appeals/Active/MDR00001.pdf>.

[<click here to go directly to the final financial report or here to view the contact details>](#)

Summary of response

Overview of Red Cross Red Crescent Movement in country

The NRCS had presence in all of the affected areas through a well-established branch with trained volunteers in epidemic preparedness and response. The ICRC and IFRC maintain country presence through offices in Abuja, which have helped in coordinating activities and supported resource mobilisation. The Norwegian Red Cross supported the operation with a partially funded emergency health delegate that is worked to oversee the overall coordination of the operation. Regular Movement coordination meetings were held and partners ensured support in emergency assessments and coordination with external actors.

Overview of non-RCRC actors in country

During the operation coordination and partnership was established with Médecins Sans Frontières (MSF), Ministry of Health (MoH), Ministry of Education, Ministry of Agriculture and Environment, and United Nations Children's Fund (UNICEF) at the State level. NRCS volunteers assisted MSF at the Cholera Treatment Centres (CTC) and carried out bucket chlorination of wells in Bauchi Metropolis. UNICEF donated 48000 pieces of soap; 30 bundles of cotton for straining of drinking water at household level; and two drums of chlorine, which were then distributed to households in Bauchi Metropolis. UNICEF proposed to further provide aqua tabs to NRCS volunteers to distribute to the cholera affected communities for water purification.

Needs analysis and scenario planning

By attending coordination meetings at National and State levels, a continuous assessment and analysis of the situation was accomplished. The NRCS, in addition to the initial assessment conducted with the assistance of the emergency health delegate, another assessment to follow up on the initial one. The volunteers were also oriented and deployed to carry out a Knowledge, Attitudes and Practices (KAP) survey in Bauchi which assisted in understanding the gaps at community level.

B. Operational strategy and plan

Overall Objective

The DREF operation focused on the following objectives:

- To assess, monitor and evaluate the cholera operation in Bauchi State;
- To conduct health care activities in the affected community;
- To conduct water and sanitation and hygiene promotion activities in the affected community.

Proposed strategy

The proposed strategy aimed to assist the NRCS in assisting a population of 300,000 at risk of cholera with emergency health and water, sanitation and hygiene promotion interventions. The proposed actions focused at reducing the vulnerabilities of families and the communities through health education promotion, awareness campaigns, distribution of posters and flyers, house-to-house visits, public demonstrations of house-to-house water treatment and improving the drainage and sanitation situation. All the activities were carried out in close cooperation with the community and through advocacy to the community, religious and traditional leaders. These are also important partners when it comes to identifying the most vulnerable groups.

The communities at large benefitted from the operation through volunteers from the local branches because of their knowledge of the culture and tradition of the community. The volunteers were trained in specific cholera related activities. The traditional Red Cross Mother's Club members helped with cholera awareness and hygiene promotion activities, including house-to-house water treatment, registering households and supporting with the KAP survey in the affected areas, to ensure continuous needs assessment and to identify the most vulnerable groups, as well as provide health and hygiene education. Mother's clubs facilitated access to the compounds, which are not easily accessible due to cultural and traditional practices.

Operational support services

Human resources (HR)

The NRCS maintained one staff in Bauchi State during the implementation of the operation whilst the head of the health department and their team provided support to the branch. The IFRC country office provided technical support to the operation, including monitoring visits to the field; as well as through the deployment of a Regional Disaster Response Team (RDRT) member. A health delegate had an overall technical support role for the operation; and a finance officer recruited to support the DREF operation. Please note that there was an underspend of CHF 3,404 (28 per cent) on "International Staff" due to the arrival of the RDRT member after the beginning of the DREF operation; and CHF 3,268 (23 per cent) due to over budgeting, which resulted in a saving on the expected personnel costs.

Finances

Please note that overspends on "Transport & Vehicles Costs" (CHF 1,509); "Volunteers" (CHF 1,688); "Workshops & Training" (CHF 1,326) and "Travel" (CHF 831) were all due to under budgeting at the onset of the operation. Furthermore, there is a minor discrepancy on the "Distribution & Monitoring" line (CHF 84) paid to offload hygiene materials as this was missing in the initial budget.

Logistics and supply chain

The supplies required for the operation were mainly procured locally, with the exception of water purification tablets, tabs and oral rehydration point kits. The NRCS had sufficient water purification tablets in stock for the operation, but these were replenished through the DREF allocation.

Communications

The NRCS head of communication facilitated efficient information sharing with media, authorities and partners at operational level. The Secretary General was responsible for communication to the external stakeholders.

Security

Just before the start of the operation, there were reports of attacks in Bauchi State. The reality is that Bauchi, as part of the Northern corridor for Nigeria, is vulnerable to incidents akin to other parts of Nigeria.

Nevertheless, the ICRC and IFRC supported the NRCS and other partners involved in the operation on security issues by sharing regular updates on security situation in the operational area.

Planning, monitoring, evaluation, & reporting (PMER)

The PMER activities were ensured by the operations teams. The national health unit under the supervision of programme coordinator led the monitoring of the activities. At the branch level, the branch secretary coordinated monitoring and overseeing the activities of the Mothers' Clubs. At community level, a volunteer supervisor was appointed in each project community to oversee the project activities.

Reporting involved daily record keeping of all activities carried out by the volunteers and the submission of the reports to the divisional health coordinator, who collated and forwarded to the branch secretary. The branch secretary then compiled the reports and submitted to the programme coordinator and national health unit.

Lessons learnt workshop was carried out at end of the operation to discuss good practices, challenges and other experiences. The planned workshop was held in the operational area to include the beneficiaries and the stakeholders.

C. DETAILED OPERATIONAL PLAN

Early warning & emergency response preparedness

Areas common to all sectors, monitoring and evaluation
Outcome 1: Continuous and detailed assessment and analysis is used to inform the design and implementation of the operation
Output 1.1: Initial and continuous needs assessment are updated following consultation with beneficiaries
Activities planned
Carry out needs and gaps assessments
Participate in coordination meetings with stakeholders at National and State levels
Undertake continuous risk and capacity assessments
Output 1.2 Knowledge, Attitudes, and Practices survey conducted
Activities planned
Train volunteers on Knowledge, Attitudes, and Practices survey
Conduct Knowledge, Attitudes, and Practices survey in Bauchi town

Achievements

Activities commenced on the 7 April 2014, with the operation pre-financed by IFRC country representation. The NRCS started with advocacy to state MoH, MSF, State Emergency Management Agency (SEMA and UNICEF. Subsequently, a needs assessment was conducted, in Bauchi Metropolis in three wards and three communities in Tafawa Balewa Bununu, Wurno and Kowonaka as reported below. During the inception period, primary health care facilities, cholera treatment centres (CTCs), disease surveillance units (DCSU) and community leaders were visited by the joint operations team. This was necessary to map the conditions of the facilities.

Continuous risk and capacity assessment

A continuous risk and capacity assessment was carried out using focus group discussions, community meetings, and one-on-one communication. The assessment helped in understanding the community needs and the proper way of communication that suited the community culture and tradition and hence enable better acceptance of the activities implemented in the community. Assessments conducted in 14 schools indicated that there was inadequate latrine coverage in schools versus the high population of children present. Most of the schools did not have adequate water supply. The findings about water and sanitation facilities in the community indicated that most water sources were unprotected and prone to contamination due to proximity of pit latrines to the wells and surface runoffs. Due to this, the community is still at risk of water and sanitation related disease outbreaks, cholera being one of them. There is need to build capacity of NRCS project officers implementing water, sanitation and hygiene activities for future operations in preventing and controlling the outbreaks.

Data Collection and Monitoring

The use of non-food items (NFIs) was monitored after distribution and during house-to-house visits. Environmental sanitation activities were monitored on a daily basis. This enabled the monitoring of quality and to assess the impact of the operation against the planned actions. It was observed that community's acceptance was positive and they were ready to change to good hygiene practices in order to help prevent cholera outbreaks in future. The NFIs distributed were used as intended and most of the beneficiaries understood their importance and had adequate knowledge on how to treat water using the aqua tabs that were provided.

Both surveys, the first and second KAP surveys were conducted in line with the action plan. A total of 200 volunteers were trained on KAP survey to enable them collect proper data during the exercise.

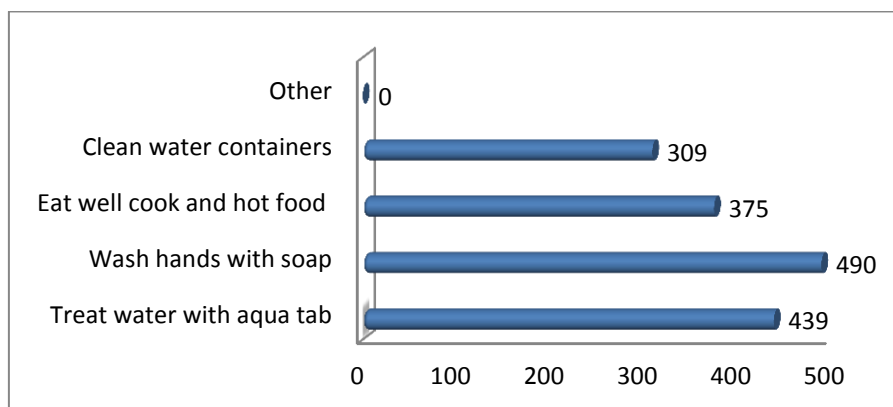
The findings for the first KAP survey:

- 87 per cent wash their hands before eating; but only 47 per cent before they prepare food, 57 per cent after using the toilet and 50 per cent after cleaning their baby's bottoms.
- Only 60 per cent could demonstrate proper hand washing.
- 73 per cent would have started salt sugar solution (SSS)/oral rehydration solution (ORS) in case of suspected cholera in the household; but only 20 per cent would have transferred the ill to a health clinic.
- Preventative measures by proper hand washing were known by 60 per cent; proper hygiene of food by 50 per cent; and the use of safe water by 57 per cent.
- There was need for a special focus to improve on hand washing, preventative measures and treatment of a suspected cholera patient during the awareness campaign.

During the second KAP survey a total of 300,000 people in Bauchi Metropolis were targeted, some of the wards included Dan Amar A, Dan Amar B, Makama A and Tafawa Balewa local government. Proportionate cluster random sampling was applied for the data collection and a sample size of 600 represented 10 per cent of the total households of the targeted population.

Key findings of the second KAP survey were as follows:

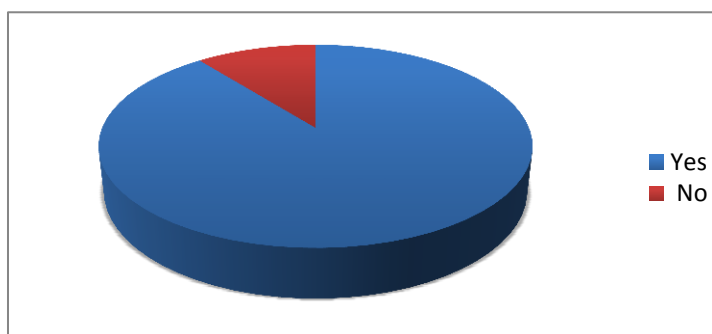
Figure 1: Knowledge on cholera prevention



There was improvement in knowledge, attitudes and practices comparing the first KAP and the second KAP as illustrated in the table below:

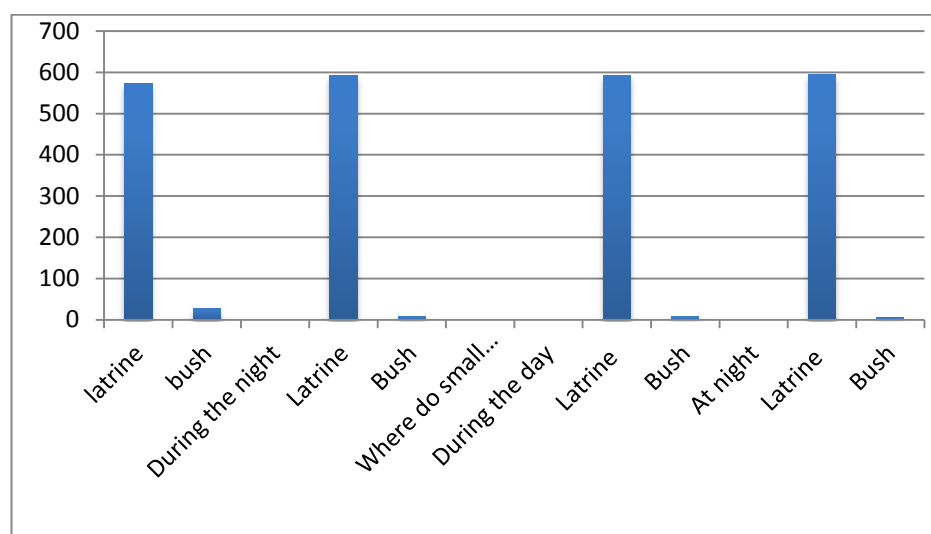
Knowledge on prevention	First KAP (%)	Second KAP (%)
Proper handling of cooked food	50	63
Use of SSS/ORS	73	89
Safe drinking water	57	73
Hand washing at critical times	60	82

Figure 2: Knowledge on ORS/SSS



89 per cent said yes and 11 per cent said No

Figure 3: Use of latrines



Health and care
Outcome 1: The immediate risks to the health of affected populations are reduced
Output 1.1: Community-based disease prevention and health promotion is provided to the target population
Activities planned
Train 200 volunteers on health education, hygiene promotion and epidemic control techniques
Undertake disease prevention and health promotion campaign for 44 days spread over three months
Output 1:2 Epidemic prevention and control measures carried out
Activities planned
Produce and disseminate information, education and communication materials related to cholera
Carry out community meetings and sensitizations at markets and other meeting points
Conduct house-to-house visits to sensitize and educate on cholera prevention and treatment, water purification and storage, safe excretal disposal, food hygiene and storage, hand washing techniques.

Achievements

200 volunteers were trained on health education, hygiene promotion and epidemic control techniques. A total of 170 female and 30 male volunteers were trained. The training enabled them to conduct 33 days of house-to-house visits, sensitize and educate communities on cholera prevention, household water treatment, safe water chain, safe excretal disposal, proper food hygiene and hand washing techniques. On-the-job-training continued as the implementation of activities were in progress to make sure the volunteers maintained the standards and quality delivery of information required to the beneficiaries. During implementation of this activity, a total of 67,509 beneficiaries were sensitized and educated.

Development, procurement and distribution of IEC materials were done and mass campaign was conducted in both Bauchi Metropolis and Tafawa balewa in Bauchi State. Public address system, posters, and demonstrations, video shows were used and key hygiene practices/messages were disseminated: 5,000

posters were mounted in public places and 12,000 leaflets distributed. A total of 132,500 people were reached during the mass awareness campaign. Awareness was conducted in 18 schools and a total of 35,229 children were reached directly and 176,147 people reached indirectly.

Water, sanitation and hygiene promotion
Outcome:1.1 Immediate reduction in risk of waterborne and water related diseases in targeted communities
Output 1: Drainage sanitation improved in Bauchi
Activity planned
Procure cleaning equipment (wheelbarrows, rakes, shovels) and protective equipment (gloves, masks, rubber boots)
Organize cleaning committees and distribute cleaning equipment and protective gear to each committee
Support clearing of drainage and sewerage systems in Bauchi town
Output 1:2 Hygiene-related goods (NFIs) which meet Sphere standards are provided to the target population
Activities planned
Procure 3,500 water storage containers (buckets and jerry cans) and packs of soap and 252,000 water treatment packages
Provide 3,500 households with water storage containers, soap and household water treatment packages
Train 3,500 households on the proper use of distributed items

Please refer below for a breakdown of the cleaning equipment and protective equipment that was procured under this outcome.

Table 1: Sanitation tools procurement and distribution

Item	Unit	Quantity
Wheel Barrow	Number	10
Gum boots	Pairs	100
Rakes	Number	50
Shovel	Number	50
Heavy duty gloves	Pairs	2,000

Environmental sanitation committees were established to conduct clean-up campaigns of drainage and sewage system. A total of 214 drainage systems of different lengths were cleaned in Bauchi Metropolis. Environmental cleanliness awareness was done during this exercise and community members came out in large numbers to participate in the cleaning exercise. The community leaders were cooperative and participated in mobilizing members of the community and encouraged them to be involved.

The environmental sanitation committee is composed of seven steering committee members, two women, two youths, two elders and a head who is a community leader of the ward. There are 98 community leaders in Bauchi Local government. Makama B has 9 wards, Dan Amar A 17 wards and Dan Amar B 7 wards respectively. Therefore, the total environmental sanitation committee members are 686 in Bauchi Metropolis with 231 of them from cholera operation area namely Makama B, Dan Amar A and Dan Amar B.

The DREF operation attracted various key government actors namely Commissioner of Special duties, Chiroma of Bauchi District head and Bakaro, The Dankade of Bauchi District head of Jahun, Permanent Secretary Bauchi State Environmental Protection. After the operation, environmental sanitation tools were handed over to the Environmental Committee for the sustainability of the operation. The key government players agreed to sustain support and continue with the activities. They agreed that they will revive environmental sanitation meetings and clean-up campaigns will be conducted every Saturdays and NRCS will be involved.

Sanitation tools used during the cholera response operation is illustrated in the table below:

Table 2: Sanitation tools used during cholera operation

No	Tool	Quantity
1	Wheel barrow	5
2	Rakes	30Pcs
3	Shovels	30pcs

4	Gum boots	10pcs
5	Face Mask	3 Cartons
6	Heavy duty gloves	2 Satchet

NFIs were procured and distributed to 3,500 beneficiaries in Bauchi metropolis as shown in the table below:

Table: 3: Number of NFIs procured and distributed

Distribution sites	Items distributed	No. Distributed
Baya fada maternity	Jerry can	523
	Buckets	523
	Soap	523
	Aqua tabs	10,460
PHC Kofar Dummi	Jerry can	691
	Buckets	691
	Soap	691
	Aqua tabs	34,550
Islamiya school Gwallaga	Jerry can	530
	Buckets soap	530
	Aqua tab	26,500
PHA Kandahar	Jerry can	956
	Bucket	956
	Soap	956
	Aqua tab	47,500
Dispensary Riming Johu	Jerry can	800
	Bucket	800
	Soap	800
	Aqua tab	40,000
Tafawa balewa	Aqua tabs	92,990
Total Distributed		
	Jerry can	3,500
	Bucket	3,500
	Soap	3,500
	Aqua tab	252,000

The beneficiaries were trained on the use of the NFIs distributed, with emphasis on good hygiene practices during the distributions. Household water treatment was demonstrated using aqua tabs and hand-washing techniques with soap and clean water. The NFI distribution impacted positively on the community by reducing contamination of drinking water and food at household level, thus reducing number of cholera cases in the affected area.

Lessons learned

A lesson learned workshop was conducted to find out good practices and challenges encountered during the cholera outbreak operation and to make recommendations for future operations. A total of 50 participants attended the one-day workshop and these were NRCS staff and volunteers who actively participated in the operation. The methodology used during the workshop was presentation, group work and plenary. The following were discussed:

- Epidemiology situation in Nigeria the Bauchi State
- Bauchi State cholera response
- Lessons learned from cholera response

Table: 4: Findings from Lessons Learnt Workshop

No.	Challenges encountered	Way forward
1.	A few people refused to accept volunteers in their households due the Red Cross emblem	Increase awareness on Red Cross emblem
2.	Poor participation of community leaders and key influential persons in some communities	During inception of the operation, community leaders and other influential persons in the community should be involved.

3.	Fighting and disruption of NFIs distribution	Proper communication and identification of beneficiaries before NFIs distribution
4.	Some people rejected the aqua tabs because they associated them with family planning tablets	Proper mobilization and enlightening of community members on importance of aqua tabs
		Proper registration and distribution tags should be made available before NFIs distribution
		Good planning on logistics
5.	Hard to reach areas especially in Tafawa balewa	Recruit community-based volunteers instead of bringing volunteers from distant places to work in other communities
6.	Aqua tabs not locally available in the market	It is more appropriate to demonstrate household water treatment With chemical that is locally available in the market such as water guard and boil water.

Recommendations

There is need to plan for a long-term solution to improve water, sanitation and hygiene situation in Bauchi State to reduce water sanitation and hygiene related diseases risks. The proposed long-term interventions are as follows:

- i. Rehabilitation of existing unprotected wells.
- ii. Construction of latrines in schools.
- iii. Repair of damaged water pipes exposed to surface water contamination.
- iv. Intensify hygiene promotion, practices and awareness in the neighbouring states including targeting the pastoralists.
- v. Prioritization of water, sanitation and hygiene related diseases' being one of the health risks in the state by Ministry of health, NRCS, IFRC and other key players in public health issues is vital.
- vi. Volunteers will play a very important role in the community due to the training they underwent and the experience they obtained during the operation, they will remain good ambassadors and role models in the community as far cholera prevention is concerned.
- vii. As agreed by the environmental sanitation committee established, there will be clean up campaigns every Saturday and volunteers should continue without stipends because NRCS will be involved in this exercise, thus it will be community initiative exercise.

D. THE BUDGET

The remaining balance of CHF 7,131 will therefore be returned to DREF.

Contact information

For further information specifically related to this operation please contact:

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For Performance and Accountability (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 (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster 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.

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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.

Disaster Response Financial Report

MDRNG015 - Nigeria - Cholera Outbreak

Timeframe: 21 Apr 14 to 21 Jul 14

Appeal Launch Date: 21 Apr 14

Final Report

Selected Parameters

Reporting Timeframe	2014/4-2014/8	Programme	MDRNG015
Budget Timeframe	2014/4-2014/7	Budget	Approved
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		203,530				203,530	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		203,530				203,530	
C4. Other Income		203,530				203,530	
C. Total Income = SUM(C1..C4)		203,530				203,530	
D. Total Funding = B + C		203,530				203,530	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		203,530				203,530	
E. Expenditure		-196,399				-196,399	
F. Closing Balance = (B + C + E)		7,131				7,131	

Disaster Response Financial Report

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Budget Timeframe	2014/4-2014/7	Budget	Approved
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			203,530			203,530		
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene	40,733		39,965			39,965	768	
Teaching Materials	26,000		25,734			25,734	266	
Total Relief items, Construction, Sup	66,733		65,700			65,700	1,034	
Logistics, Transport & Storage								
Distribution & Monitoring			84			84	-84	
Transport & Vehicles Costs	1,528		3,037			3,037	-1,509	
Total Logistics, Transport & Storage	1,528		3,120			3,120	-1,593	
Personnel								
International Staff	12,000		8,596			8,596	3,404	
National Society Staff	13,944		10,676			10,676	3,268	
Volunteers	73,639		75,327			75,327	-1,688	
Total Personnel	99,583		94,599			94,599	4,984	
Workshops & Training								
Workshops & Training	10,447		11,773			11,773	-1,326	
Total Workshops & Training	10,447		11,773			11,773	-1,326	
General Expenditure								
Travel	7,222		8,053			8,053	-831	
Information & Public Relations	2,222		166			166	2,056	
Communications	1,150						1,150	
Financial Charges	2,222		1,000			1,000	1,222	
Total General Expenditure	12,817		9,220			9,220	3,597	
Indirect Costs								
Programme & Services Support Recove	12,422		11,987			11,987	435	
Total Indirect Costs	12,422		11,987			11,987	435	
TOTAL EXPENDITURE (D)	203,530		196,399			196,399	7,131	
VARIANCE (C - D)			7,131			7,131		

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Budget Timeframe	2014/4-2014/7	Budget	Approved
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	203,530		203,530	203,530	196,399	7,131	
Subtotal BL2	203,530		203,530	203,530	196,399	7,131	
GRAND TOTAL	203,530		203,530	203,530	196,399	7,131	