

DREF operation	Operation n° MDRNG016
Date of Issue: 9 December 2014	
Operation start date: 4 June 2014	Operation end date: 4 September 2014
Host National Society(ies): Nigeria Red Cross	Operation budget: CHF 85,658
Number of people affected: 1,500 persons	Number of people assisted: 1,500 people (250 families)
N° of National Societies involved in the operation: 900 volunteers, 5 staff (volunteer), 1 branch	
N° of other partner organizations involved in the operation: ICRC, Association of People Living with Disabilities, NEMA, SEMA, APURIMAC ONLUS, Trauma Centre, State MoH (Jos University Hospital and Binghan University Hospital), Our Lady of Apostle Hospital.	

A. Situation analysis

Description of the disaster

Nigeria has been rocked by increasingly violent attacks as a result of the insurgency in the North East of the country, including bomb explosions, which have led to loss of lives and the destruction of property. On 20 May 2014, there was a deadly explosion in Jos, the capital of Plateau state in North Central Nigeria, which killed 118 people, and injured 84. On 24 May 2014, again in Jos, there was an attempted suicide bombing at a local open air television viewing centre during the finals of the European Champions League. There were over 700 viewers inside the centre at the time of the attack. Though the suicide bomber was prevented from parking close to the viewing centre, four people were killed when the device was detonated elsewhere.



Nigerian Red Cross volunteers evacuating human remains during the Jos twin bomb explosions © NRCS

Jos and the surrounding areas have recorded ethno-religious conflict and prolonged violence since 2001 that have claimed many lives and large scale destruction but the recent indiscriminate bombings in public places are a clear departure from the past. Explosions have also been recorded in other states and the number of victims and casualties has continued to increase. The bereaved family members of those killed, the injured, responders and witnesses of this carnage have been left highly traumatized and insecure.

On 5 June 2014, the International Federation of Red Cross and Red Crescent Societies (IFRC) released CHF 85,658 from the Disaster Relief and Emergency Fund (DREF) to support the Nigerian Red Cross Society (NRCS) in providing psychosocial support to the bereaved, the survivors and their families. The European Commission Humanitarian Aid and Civil Protection (ECHO) made a replenishment of this allocation. Major donors and partners of the current DREF include the Australian, American and Belgian governments, Austrian Red Cross, Canadian Red Cross and government, Danish Red Cross and government, Irish and Italian governments, Japanese Red Cross, Luxembourg government, Monaco Red Cross and government, Netherlands Red Cross/Silent Emergencies Fund and government, Norwegian Red Cross and government, Spanish Government, Swedish Red Cross and government, United Kingdom

Department for International Development (DFID), Medtronic and Zurich Foundations, and other corporate and private donors. The IFRC, on behalf of the NRCS, would like to express its gratitude to all for their generous contributions.

[<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 continues to build on its existing capacities and experience of responding to disaster situations. NRCS has a pool of experienced staff previously deployed as Regional Disaster Response Team (RDRT) members in other countries and National Disaster Response Team (NDRT) in psychosocial Support (PSS), restoring family links (RFL), health in emergencies, water, sanitation and hygiene promotion (WatSan), shelter, and disaster management, which can be easily be mobilized and deployed. The NRCS has 100 staff and volunteers, who have been specifically trained (by the ICRC and IFRC) in providing psychosocial support, mental health and stress management. During the DREF operation, the NRCS National Headquarters (NHQ) provided guidance to the local branch in relating with the families of the affected, the State Emergency Management Agency (SEMA) and the National Emergency Management Agency (NEMA) to provide psychosocial support to 250 targeted families. The NRCS was the only organization that had a comprehensive list of all the affected families in the state and managed to pay visits to their homesteads

Overview of Red Cross Red Crescent Movement in country

The IFRC country-based team assisted the NRCS with the implementation of the DREF operation (monitoring and training) and ensured it was able to carry out its role as an auxiliary to the Government of Nigeria (GoN). The IFRC West Coast regional representation, ICRC and Psychosocial Reference Centre in Copenhagen also provided technical assistance. The ICRC also provided 30 body bags, donated emergency supply kits and deployed its surgical team (as they happened to be in Jos at the time of occurrence) to two hospitals: Jos University Teaching Hospital (JUTH) and Plateau Specialist Hospital.

Overview of non-RCRC actors in country

The SEMA, NEMA, APURIMAC ONLUS and the Association of people with disabilities (APD) provided support to the affected individuals and families. SEMA and NEMA distributed relief materials to the affected people as a once-off activity; while APURIMAC ONLUS and APD were referral points for further assistance.

Needs analysis and scenario planning

The immediate needs of the affected and bereaved families, injured persons and traumatized populations were identified through a preliminary assessment as PSS and RFL services; as well as a one-time food distribution in order to improve their psychosocial wellbeing. Many of those affected by the explosion were breadwinners hence many families lost a vital source of livelihood. Most of the shops were closed and have remained closed up to the time of reporting therefore many people are still not able to trade. In the DREF operation there was no food distribution planned and no other organization distributed any food to the affected people. The situation was critical immediately after the disaster since many people didn't have any means of livelihood. Trauma and stress was palpable during the home visits among the affected people. In order to respond to the needs of the affected people, volunteers and staff needed to be equipped with psychosocial support knowledge and skills.

B. Operational strategy and plan

Overall Objective

The overall objective of the operation was to provide 250 families affected by the twin bomb blast in Jos, Plateau State with psychosocial support.

Proposed strategy

As noted, a total of 250 of the most affected and vulnerable families from the city of Jos, Plateau state, Nigeria were targeted especially traumatized populations surrounding the impact areas of multiple bomb explosions. The criteria in the selection included those families who lost family members, people who were injured, affected families that were hospitalized and recuperating, families whose shops were burnt/damaged, those who lost belongings and/or means of livelihood.

The NRCS with the technical lead through a PSS focal point supported by other PSS staff and volunteers carried out a comprehensive assessment of needs related to the psychosocial support services required by affected population. They conducted training of volunteers, staff and partners (NEMA and one NGO-People with Disabilities representative) on how to deliver psychosocial support first aid and supportive communications in emergencies; replenished first aid kits at the branch office.

Operational support services

Human resources (HR)

The branch secretary and a volunteer coordinator (PSS focal point) were responsible for the implementation of the DREF operation at branch level while the head of organization development, knowledge and learning provided overall technical support to the branch. Please note that the deployment of a RDRT member could not be carried out since no personnel with the profile required was available. The IFRC health delegate provided overall coordination role of the operation in the absence of the RDRT.

Finances

There was an underspent of CHF 5,160 within the DREF operation, following the completion of all the activities, with the variance explained as follows:

- CHF 6,000 for “International Staff” was allocated for a RDRT. This was not used since no personnel with the profile required were available.
- Minor variances on “Medical and First Aid” (CHF 108); “Volunteers” (CHF 748); “Travel” (CHF 961) and “Information and Public Relations” (1,410) which was all due to planned versus actual budget under estimates.

The balance of CHF 5.160 will be returned to the DREF.

Logistics and supply chain

The NRCS logistics department assisted in the purchase of first aid kits, which were provided to the branch office to replenish the stock. A total of 100 first aid kits were purchased centrally following procurement standards.

Information technology (IT)

A projector was purchased as planned to support activities within the DREF operation. The PSS coordinator received monthly allocation of air time to maintain constant contact with the branch secretary, PSS focal point and volunteers at the branch level.

Communications

The training of volunteers was adequately covered by the media and a story was published by some leading print media in the country. A story was posted on the IFRC website: <http://www.ifrc.org/en/news-and-media/news-stories/africa/nigeria/nigerian-red-cross-provides-psychosocial-support-to-blast-survivors-66360/>

Security

The security situation continues to be a critical issue in Plateau state. Regular information sharing was maintained with the ICRC sub-delegation. The volunteers continued with the activities, were being debriefed

regularly and issued with security information. During the DREF operation, there was no security incidents recorded.

Planning, monitoring, evaluation, & reporting (PMER)

The PMER activities of the operation were carried out by the operations teams in Jos State. The NRCS head of organization development, knowledge and learning led the monitoring of the activities. At the branch level, the branch secretary coordinated monitoring and overseeing the activities of the volunteers. At community level, a volunteer supervisor was appointed to lead a group of volunteers.

Reporting involved daily record keeping of all activities carried out by the volunteers and the submission of the reports to the volunteer 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 coordinator.

Lessons learnt workshop was carried out at the end of the DREF operation to discuss good practices, challenges and other experiences. The workshop was held in the operational area to include the beneficiaries and the stakeholders. The IFRC West Coast regional representation deployed a PMER delegate to the operational area for monitoring and facilitation of the lessons learnt workshop.

C. DETAILED OPERATIONAL PLAN

Emergency Health

Outcome 1 The immediate risks to the health of affected populations are reduced
Output 1.1 Psychosocial support provided to the target population
Activities planned
Train 40 volunteers on psychosocial support
Conduct home visits
Conduct referral to other psychosocial support services
Conduct debriefing sessions with staff and volunteers
Output 1.2 Target population is provided with rapid medical management of injuries and diseases
Activities planned
Replenishment of used first aid items

Achievements:

PSS Training: Forty-seven (47) participants for the training were selected from four branches of Adamawa, Borno, Plateau, Yobe, and also NHQ. This equates to 117.5 per cent of the intended target (40). The Adamawa, Borno and Yobe branches are where the GoN has declared State of Emergency since May 2013 due to protracted insurgency hence their inclusion in the exercise.

Community psychosocial support training was carried out over three days (from 23 - 25 June 2014) in the Jos, Plateau state in accordance with the approved PSS training kit from the IFRC Reference Centre for Psychosocial Support. Modules included:

- i. Crisis events and psychosocial support;
- ii. Stress and coping;
- iii. Loss and grief;
- iv. Community-based psychosocial support;
- v. Psychological first aid and supportive communication
- vi. Supporting volunteers and staff.

Module 6 “Children” was carried out during debriefing sessions; since it was not possible to carry out all seven modules including practical, role play and demonstration sessions among others, during the three day training.

Advocacy Visits: Three (3) MHPSS centres were visited in Jos in order to establish referral systems. The centres were Bingham University Teaching Hospital, Our Lady of Apostle Hospital and APURIMAC ONLUS Trauma Healing Centre. These are private and mission MHPSS service centres. The chief medical director (CMD) of Bingham University Teaching Hospital noted that, “many of my hospital staff are also traumatized, especially those in the emergency unit who receive the victims first”. He later solicited for some of his staff to be included in the subsequent PSS training, so that his hospital staff would be able to assist one-another with psychosocial support on and off clinical duties. He was also willing to share the patients’ contacts with the NRCS, especially those who had been discharged or were out-patients; so that they could be given psychosocial support. The same was for Our Lady of Apostle Hospital. The APURIMAC Trauma Healing Centre was recently opened in February 2014 with one medical doctor, two psychologists, one nurse and one social worker. The project is being sponsored by European Union. It had a gym and physiotherapy sections, counselling unit for rape and other traumatized persons, as well as out-patient facilities. The organizations were extremely appreciative of the NRCS plan to refer the 250 beneficiary families to their centre.

PSS house-to-house visit: Five teams of approximately eight people were formed to provide PSS in five communities including the advocacy group and hospital visitation. The group activities were targeted at Jos



Nigerian Red Cross volunteers during a house-to-house psychosocial support visit. Photo by NRCS

North, however eventually Jos South and East were covered as well due to the demand for PSS interventions by the affected. Some affected people could not be reached because they had relocated due to insecurity or to stay with relations elsewhere. A total of 250 families were visited during the operation providing psychosocial support, which includes supportive communication, emotional and social support.

The volunteers worked four days in a week and for (four to five hours per day). It was noted at the time of writing the report that some volunteers were still visiting affected families even after the operation had ended. This shows the commitment of the volunteers to the activities and also to the vulnerable people.

A total of 40 volunteers were provided with peer support through the formation and utilization of nine peer support groups in order for the caregivers to care for one another psychosocial-wise to avoid burn-out and stress.

During the DREF operation five referrals were made out of 250 families visited for professional psychosocial support. A process of review to determine whether the clients needed to be referred was conducted regularly.

Debriefing Sessions for the Volunteers and Staff: A total of 40 volunteers and 5 staff participated in 4 debriefing sessions during the operation. Debriefing sessions were meant to assist volunteers assess their own level of stress and enable them deal with stress including burnout. Volunteers get affected as well emotionally and psychologically when they hear stories of survivors and sometimes witness the effects of the emergency on the affected people. During the debriefing sessions the volunteers had an opportunity to meet with a psychologist and also the PSS coordinator. The volunteers and staff participated in recreational activities such as soccer, netball, role plays and had chance to share their personal experiences and stories.

Many volunteers testified that the sessions were useful and helped them to renew their strength and also had time to rewind.

The protective material provided to the volunteers for their community activities has been replenished as follows.

Medical materials replenished

Red Cross Aprons	100
Stretchers	7
Hard Gloves	100
Face Masks	100
Safety Goggle	100

Lessons Learnt:

- NRCS was the only organization that visited all the survivors in the entire state and has established a comprehensive list of the survivors.
- It was noted that NRCS was the only organization that carried out PSS in Jos among the affected people.
- The community leadership stated that they were appreciative of the PSS interventions and motivated the NRCS volunteers and the branch to continue with the good work.
- The survivors and families acknowledged through their testimony that the volunteer visits had made a huge impact in their lives. Some confirmed that they now had a reason to live again while others stated that they had hope. One beneficiary was quoted saying, he wanted to commit suicide but due to the NRCS visits and counselling, he saw no need to do it.
- There is need to include livelihood component in order to strengthen the PSS interventions.

Impact

- A suicide case was abated
- Hope has been revived among 50 per cent of the survivors
- 100 per cent of targeted beneficiaries were reached through home visits
- Volunteer capacity was built in psychosocial support. NRCS is now recognized by stakeholders as the main organization in the provision of PSS country-wide

Looking ahead

There is need to conduct an assessment among the survivors to identify the most vulnerable to target them with livelihoods support. In addition, there is an urgent need to provide seed funds to the most vulnerable affected people so that they can rebuild their lives. Since most of them were traders and are still, it is suggested that an amount of 120 -250 CHF per household would be a good initial capital. With minimal support the volunteers can continue to visit the affected people occasionally. The lessons learnt and good practices from this operation should be replicated in other states facing similar challenges.

Challenges:

- Jos being an urban setting, surrounded by plateau/mountains has a difficult terrain that made it a challenge for the volunteers and staff engaged in the PSS DREF operation to cover.
- During the rainy season the volunteers lacked umbrellas thereby limit the frequency of visits.
- The branch did not have a big vehicle to transport the volunteers to communities where they worked.
- The volunteers were stretched due to increased demand for PSS by families. Some volunteers had to cover long distances and had to do more hours during home visits.
- At the time of the operation the Government health facilities were not operational due to a strike by health care workers, this increased the demand for more support from the Red Cross volunteers

Contact information

For further information specifically related to this operation please contact:

- **In Nigeria:** Bello Hamman Diram, Secretary-General, Nigerian Red Cross Society; phone:+234 805 777 9993; e-mail: bdiram@yahoo.com ; bdiram@nrcsng.org
- **IFRC Regional Representation in Cote D'Ivoire:** Daniel Sayi, Regional Representative, West Coast Regional Representation, Abidjan, Cote D'Ivoire; phone: +225 667 75261; email: daniel.sayi@ifrc.org
- **IFRC Zone:** Daniel Bolanos, Disaster Management Coordinator, Africa; phone: +254 (0)731 067 489; email: daniel.bolanos@ifrc.org
- **IFRC Geneva:** Christine South, Operations Support; phone: +41.22.730.45 29; email:christine.south@ifrc.org
- **IFRC Regional Logistics Unit (ZLU):** Rishi Ramrakha, Head of Zone Logistics Unit, Africa; phone +254 20 283 5142, Fax +254 20 271 2777;email rishi.ramrakha@ifrc.org

For Resource Mobilization and Pledges:

- **IFRC Africa Zone:** Martine Zoethoutmaar, Resource Mobilization Coordinator; phone: +251 11 518 6073; email: martine.zoethoutmaar@ifrc.org

Please send all pledges for funding to zonerm.africa@ifrc.org

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

- **In IFRC Zone:** Robert Ondrusek PMER/QA Delegate, Africa; Phone: +254 731 067277; email: robert.ondrusek@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 (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.



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

MDRNG016 - Nigeria - Explosion

Timeframe: 04 Jun 14 to 04 Sep 14

Appeal Launch Date: 04 Jun 14

Annual Report

Selected Parameters

Reporting Timeframe	2014/6-2014/10	Programme	MDRNG016
Budget Timeframe	2014/6-2014/9	Budget	BUDGET9
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		85,658				85,658	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		85,658				85,658	
C4. Other Income		85,658				85,658	
C. Total Income = SUM(C1..C4)		85,658				85,658	
D. Total Funding = B + C		85,658				85,658	

* 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		85,658				85,658	
E. Expenditure		-80,498				-80,498	
F. Closing Balance = (B + C + E)		5,160				5,160	

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Budget Timeframe	2014/6-2014/9	Budget	BUDGET9
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)			85,658			85,658		
Relief items, Construction, Supplies								
Medical & First Aid	3,000		3,108			3,108	-108	
Total Relief items, Construction, Sup	3,000		3,108			3,108	-108	
Land, vehicles & equipment								
Office & Household Equipment	1,500		1,370			1,370	130	
Total Land, vehicles & equipment	1,500		1,370			1,370	130	
Logistics, Transport & Storage								
Transport & Vehicles Costs	7,400		6,976			6,976	424	
Total Logistics, Transport & Storage	7,400		6,976			6,976	424	
Personnel								
International Staff	6,000						6,000	
National Society Staff	2,700		2,537			2,537	163	
Volunteers	11,150		11,898			11,898	-748	
Total Personnel	19,850		14,434			14,434	5,416	
Workshops & Training								
Workshops & Training	36,480		36,401			36,401	79	
Total Workshops & Training	36,480		36,401			36,401	79	
General Expenditure								
Travel	4,200		5,161			5,161	-961	
Information & Public Relations	4,800		6,210			6,210	-1,410	
Communications	2,200		1,356			1,356	844	
Financial Charges	1,000		568			568	432	
Total General Expenditure	12,200		13,295			13,295	-1,095	
Indirect Costs								
Programme & Services Support Recove	5,228		4,913			4,913	315	
Total Indirect Costs	5,228		4,913			4,913	315	
TOTAL EXPENDITURE (D)	85,658		80,498			80,498	5,160	
VARIANCE (C - D)			5,160			5,160		

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Budget Timeframe	2014/6-2014/9	Budget	BUDGET9
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	85,658		85,658	85,658	80,498	5,160	
Subtotal BL2	85,658		85,658	85,658	80,498	5,160	
GRAND TOTAL	85,658		85,658	85,658	80,498	5,160	