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Emergency Plan of Action (EPoA)
Nigeria: Epidemic (Cholera)

International Federation of Red Cross and Red Crescent Societies

DREF Operation	**Operation n° MDRNG020;**
Date of issue: 8 March, 2015	**Date of disaster** 1 January 2015.
Operation manager (responsible for this EPoA): Samuel Matoka, IFRC Nigeria – Health Delegate	**Point of contact:** Umar Abdul Mairiga, Head of Programmes, Nigeria Red Cross
Operation start date: 6 March 2015	**Operation end date:** 6 June 2015
Operation budget: CHF 174,228	**Expected timeframe:** Three months
Number of people affected: 800 people	**Number of people to be assisted:** 15,000 people (3,000 households)
Host National Society presence: 500,000 volunteers, 37 branches	
Red Cross Red Crescent Movement partners actively involved in the operation: IFRC	
Other partner organizations actively involved in the operation: Federal & State Ministries of Health, United Nations Children's Fund and the World Health Organisation.	

A. Situation analysis

Description of the disaster

In Nigeria, following the epidemic in 2010, which recorded 41,787 cases and 1,716 deaths attributed to cholera, there have been recurrent outbreaks every year. In 2014, there were 35,996 suspected cases and 755 deaths (Case Fatality Rate (CFR) of 2.10%) reported, with Bauchi state in the north of the country the worst affected, accounting for up to 90 per cent of all cases (see table 1). In 2015, there have been 798 suspected cases and 67 deaths reported, with the CFR rising to above 8 per cent, with Anambra, Kano and Rivers States the worst affected, constituting 72 per cent of all cases. The recent weekly epidemiological report from the Federal Ministry of Health (FMoH) reports 19 new cases and three deaths with an alarming CFR of 15.79% in week seven (23-28 February 2015).

Due to the increased insecurity situation in the country especially in the north east due to the insurgency attacks, and the upcoming elections; the situation is expected to be worse than last year as federal and state governments attend to these threats. Limited access to safe drinking water – both in quantity and quality, as well as poor hygiene and sanitary conditions, are contributing to the epidemic; and considering the rather unusual and high CFR, with the rainy season approaching and schools on session, there is reason for concern for further spread of the disease.

Table 1: Reported cholera cases – 2014/2015

Period	Case fatality rate (CFR)	Region surveyed	# of suspected cases	# of deaths
Jan – Dec 2014	2.10%	182 LGAs in 19 States	35,996	755
Jan – Feb 2015	8.40%	20 LGAs in 11 States	798	67

Summary of the current response

Overview of Host National Society

The Nigerian Red Cross Society (NRCS) is present in the 36 states of the country, including the Federal Capital Territory (FCT). It has a pool of Emergency First Aid Teams (EFATs, 50 trained National Disaster Response Teams (NDRT), Health Action Teams and Mothers' Clubs that can be mobilized and deployed in disaster management, water and sanitation, logistics, health in emergencies psychosocial support, Restoring Family Links (RFL), and shelter. Please note that many of the NDRT are also Regional Disaster Response Teams (RDRT) trained and focal points. As of 6 March 2015, NRCS volunteers have been mobilized in the worst affected states, and are carrying out light awareness and sensitization; as well as working with the state Ministries of Health (MoH) to intensify surveillance in all 11 states that have reported cases of cholera. The NRCS national headquarters (NHQ) is continuing to monitor the through regular contact with the branches and MoH. In 2014, DREF operations have been carried out in response to a cholera outbreak (MDRNG015) in Bauchi state, and explosions in Jos, Plateau state (MDRNG016). In 2015, the Ebola virus disease (MDRNG017) and complex emergency appeals (MDRNG018) are on-going, as is the civil unrest DREF operation (MDRNG019).

Overview of Red Cross Red Crescent Movement in country

The International Federation of Red Cross and Red Crescent Societies (IFRC) opened a Nigeria country representation in Abuja in 2012, and this office has been providing technical oversight, guidance and capacity building. As a member of the WASH (Water, Sanitation and Hygiene Promotion) Emergency Sector Working Group, the NRCS participates in regular coordination meetings with external actors at all levels to provide support; and ensure proper coordination of activities. The International Committee of the Red Cross (ICRC) has a country delegation with three sub-delegations in the states and provides technical support to the NRCS.

Overview of non-Movement actors in country

The FMoH is the coordinating body that oversees interventions and disease surveillance, providing overall coordination to the response with support from other partners; and has donated medical supplies (IV fluids and cholera kits) to the NRCS in Rivers state. The United Nations Children's Fund (UNICEF) is working in collaboration with the FMoH and state MoH to provide capacity building and materials to support the response to the epidemic. Other stakeholders working at state and Local Government area (LGA) levels will be identified during the assessment.

Needs assessment, Beneficiary selection, Risk Evaluation and Scenarios Definition

Needs analysis

In 2014, according to the Cholera Regional Platform, Nigeria was the most affected country by cholera – with, and as noted, 35,996 cases reported, which represents 39 per cent of all cases in the western and central Africa region. In 2014, the outbreak in Nigeria spread to neighbouring countries, specifically: Chad, Cameroon and Niger. Since the beginning of the year, 798 cases have been reported, 11 of the 36 states in Nigeria. For the entire country, health authorities have reported a CFR of 8.4 per cent, which is extremely high, since in normal situations this rate should not exceed one per cent, and draws parallels with what happened in 2015.

A comprehensive needs assessment using the Open Data Kit (ODK) will be carried out to provide more information on the needs of the beneficiaries, as well as the existing stakeholders responding to the outbreak to determine the overall response needs and gaps. The assessment will be conducted for five days assessment in three states of

Anambra, Kano and Rivers which are the most affected states. The IFRC West Coast regional representation in Abidjan, Cote d'Ivoire, and the IFRC zone office in Nairobi, Kenya will provide support this process if and when required.

B. Operational strategy and plan

Overall objective

Contribute to the prevention and control of the cholera epidemic with the intention of reducing morbidity and mortality in Anambra, Kano and Rivers states.

Proposed strategy

The proposed strategy aims to support the NRCS in assisting 15,000 persons at risk (5,000, people per state) with emergency health and water, sanitation and hygiene promotion interventions. This DREF operation will include the following activities:

- Conduct a comprehensive assessment in the three most affected states of Anambra, Kano and Rivers in order to understand the cholera outbreak. The assessment will inform the response needs and approach to be used. Selection criteria will be established for communities and beneficiaries before the full implementation of the operation. Therefore, the results of the assessment will inform a revision of the DREF operation if required. A five day "Knowledge, Attitudes and Practices" (KAP) survey will be carried out Kano, Rivers and Anambra States using the open data kit (ODK) technology. Initial cholera hotspots mapping will also be carried out, which will guide and direct the sensitization, distribution of hygiene kits as well as the disinfection activities.

- Initial response activities have also been identified, and will be carried out in accordance with the "Sword and Shield" approach. Considered as very innovative approach given its complexity and its adaptability, was piloted in Democratic Republic of Congo in 2006 and in Guinea in 2009. Developed initially by UNICEF, the approach is now endorsed by many other international organizations, as best practice in the management of cholera outbreaks. The innovative and interesting aspect of this approach is its dynamic and adaptable characteristics. Indeed, the regular collection and analysis of health information regarding the context of transmission, the most affected groups in the population, the most affected localities help to target effectively and efficiently the response to the outbreak. Given the very dynamic aspect of cholera outbreaks, scientific evidences highlighted the importance of diversifying and combining diverse complementary response activities instead of focusing on only one type of response intervention such as controlling funerals, distributing hygiene kits to the entire population or chlorinating water sources.

  The "Sword and Shield" approach is a combination of epidemiology and WASH actions. Epidemiological information collected guides appropriate, efficient and targeted WASH actions. The "Sword" strategy is an intervention in the epidemic phase at the confirmation of the first cholera cases. It is based on advance preparation that allows in a short term an excellent reactivity and an early response in affected zones. The "Shield" strategy encompasses sustainable preventive Water, Sanitation and Hygiene interventions. It's performed before or after cholera epidemic periods in the localities considered as at risk for cholera. It is also implemented during emergency situations and its aim is to prevent the spread of outbreaks by protecting populations not yet affected.

  Activities planned include within this strategy will include:

  - NRCS volunteers will receive training to strengthen their capacity to responds to the epidemic, which will include: a two day training on health education, hygiene promotion and epidemic control techniques (90 volunteers (30 per state); on the ODK approach in order to perform community cholera hotspots mapping by using the phones (20 volunteers). The training will be combined with the KAP assessment training and extra practice during the training of volunteers on specific health issues; and on Knowledge, Attitudes, and Practices

survey (KAP) (30 volunteers (10 per state). During these trainings, the volunteers will be provided with lunch, per diem and transport.

- Community and household level activities to improve the knowledge and practices on the prevention and control of cholera will be carried out for a total of 36 days (three days a week); and include sensitization on water purification and storage, safe excretal disposal, food hygiene and storage, hand washing techniques and personal hygiene, as well as mass awareness raising at community meetings, rallies, market squares and other public places.
- Information, education and communications (IEC) materials - including leaflets, posters and banners – will also be distributing contain key messages on the prevention and control of cholera, which will be informed by the results of the assessment and KAP survey.
- Procurement and distribution of water purification tablets to promote safe water supply at household level, as well as demonstrations on household water storage and treatment. Community WASH committees will be established and equipped with cleaning equipment (rakes, shovels and wheel barrows), and protective equipment (gloves, masks and rubber boots) to ensure that the sanitation and facilities in their communities are maintained.
- Hygiene related items (Non-food items (NFIs)) comprising buckets, jerry cans and soap will be distributed to 2,140 most vulnerable households based on the criteria that will be developed during the assessment, but is expected to include: female headed households, widows, and households with a cholera cases. NFI distributions will be carried out in conjunction with messaging on proper collection, storage and usage of water.

Please note that all the activities planned will be conducted 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. By attending coordination meetings at State and National level, a continuous assessment and analysis of the situation will be accomplished. The NRCS, in addition to the initial assessment that will be conducted will continue with other assessments through coordination meetings at various levels. The volunteers will be oriented and deployed to carry out a Knowledge, Attitudes and Practices survey in the three states which will assist in understanding the Knowledge, Attitudes and Practices gaps at community level.

Lessons learned from the MDRNG016 operation carried out in Bauchi state in 2014 have been taken into consideration, and are as follows.

- Communities and beneficiaries should be properly educated on the Red Cross emblem.
- It is important to involve community leaders from the early stages in order to have their support. Communities should be properly mobilized and sensitized on the importance of aqua tabs.
- A proper registration and distribution tag to be made before distribution and good logistics planning is critical.
- Use of local volunteers is more appropriate than bringing outside volunteers to work in the community.
- Demonstration of household water treatment with locally available water treatment alternatives is better than using what is not available in the community.
- In order to sustain good sanitation and environmental hygiene it is important to establish community sanitation days.

Operational support services

Human resources

The DREF operation will require personnel which includes the following staff and volunteers:

- The NRCS will have one focal staff that will coordinate and provide support to the branches throughout the implementation of the operation, under the supervision of the Head of Health unit. A Finance officer will be dedicated to provide support to the operation at the branch level. Two National Disaster Response Team (NDRT) members will be mobilized for 30 days.
- In total, 90 volunteers will also be trained and mobilized for up to 36 days each with a per diem rate of CHF 11 per person to carry out the activities planned in the Emergency Plan of Action (EPoA).

- The IFRC Nigeria country representation will provide technical support (through monitoring visits); and a Regional Disaster Response Team (RDRT) member will also be deployed for two months to support the effective implementation of the DREF operation.

Logistics and supply chain

All the supplies will be procured locally except for the water purification tablets as these are not available in the country. The NRCS and IFRC country office will work with the Zone Logistics unit and the Global Logistics system to procure the aqua tabs if the quantities permit.

Communications

The NRCS will share information on the operation with the media, authorities and partners. The Secretary General will be responsible for communication to the external stakeholders. At the operational level the Secretary General will appoint a focal person to undertake communications activities. The IFRC will support with the publishing of stories on the website. Please note that the participation of a member of staff form the Communication unit has been budgeted for, and there is an expectation that this will help facilitate the production of community and visibility materials, which will be promoted to external and internal audiences, including the use of social media platforms (Twitter), NRCS volunteers will also be issued with t-shirts and caps to ensure the communication and visibility of the Red Cross Red Crescent Movement, and activities being carried out within this DREF operation.

Security

Anambra state is relatively safe; however there have been reports of attacks in Kano state recently and Rivers state remains tense as a result of the upcoming elections. Nonetheless, the volunteers are community based and therefore understand the terrain and the security issues in their community. Also, the IFRC and ICRC will support NRCS with security and safety issues by sharing regular updates on security situation in the operational area.

Planning, monitoring, evaluation, & reporting (PMER)

The DREF operation will be coordinated at the national level by the Head of Health unit, under the supervision of the Programme coordinator. The Health unit has a total of four (4) staff which could be deployed to monitor and support the branches and volunteers at impact area. It is not expected that this DREF operation will distract from the implementation of on-going interventions, as responsibilities and workload will be shared evenly in order to maximise output. In addition, the deployment of the RDRT will contribute to building the capacity of the Health unit.

At the branch level, the Branch Secretaries will coordinate and monitor the implementation of the project, overseeing the activities of the Mothers' Clubs and Health Action Team. At community level, a volunteer supervisor will be appointed in each project community to oversee the project activities in the community. Reporting will involve daily record keeping of all activities carried out by the volunteers and the submission of the reports to the Divisional Health Coordinator, who will in turn collate and forward to the Branch Secretary. The Branch Secretary will then compile the reports and submit to the Programme Coordinator and National Health Coordinator. At NHQ level, monthly visits will be made to the operational level by the Head of Health and Deputy Health Coordinator to provide on the spot check to the team on the ground. The Branch Secretaries and team will conduct weekly monitoring visits to the volunteers who are working at community level. Two National Disaster Response team (NDRT) members will work closely with the Branch Secretaries to ensure that the operation is effective and efficient. Implementation of the EPoA will be monitored monthly against key indicators, based on the agreed log frame for the plan.

A DREF review and lessons learnt workshop will be held before the end of the operation to identify and discuss good practices, challenges and other experiences. Visits to the operational areas will be conducted during the review and where possible a lessons learned workshop will be held in the operational area to include the beneficiaries and the stakeholders. Moreover, a case study and/or marketing tool will be developed to demonstrate to external and internal partners the results of the DREF operation.

C. DETAILED OPERATIONAL PLAN

Quality programming / Areas common to all sectors

Outcome 1: Needs assessment and situation analysis to plan the design and implementation of the operation												
Output 1.1: Initial and continuous needs assessment are updated following consultation with beneficiaries and stakeholders												
Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12
Carry out five days initial needs and gaps assessments in Anambra, Kano and Rivers States (using three teams of three staff per team including drivers) - The costs will include fuel (three vehicles), per diem, accommodations and branch costs.	■	■	■	■								
Participate in monthly coordination meetings with stakeholders at National and State levels	■	■	■	■	■	■	■	■	■	■	■	■
Undertake continuous risk and capacity assessments during implementation				■				■				■
Output 1.2: Knowledge, Attitudes, and Practices conducted												
Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12
Conduct a two days training for 30 volunteers (10 per state) on Knowledge, Attitudes, and Practices survey (KAP). Volunteers will be oriented on the use of the open data kit (ODK) – Lunch, transport and per diem, stationery, hall hire			■	■	■	■						
Conduct a five day KAP survey in Kano, Rivers and Anambra States using the open data kit (ODK)					■	■	■	■				
Output 1.3: Monitoring and Evaluation is conducted												
Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12
Conduct two monitoring visits (one per month) to operational areas using a team of four people (Health team, Programmes, Communications and PMER focal person)			■	■			■	■			■	■
Deploy one RDRT to strengthen the human resource capacity of the health team and two NDRT to support implementation of the DREF operation in the states			■	■	■	■	■	■	■	■		
Monthly reporting and review of activities				■				■				■
Conduct DREF review and lessons learnt workshop before the end of the operation											■	■

Health and Care

Outcome 1: Immediate risk of cholera to the health of the population is reduced through prevention and control activities in the Anambra, Kano and Rivers states over a period of three months												
Output 1.1: Capacity of Nigeria Red Cross Society to respond to the epidemic in the affected area is strengthened												
Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12
Conduct a two day training of 90 volunteers (30 per state) on health education, hygiene			■	■								

promotion and epidemic control techniques												
Train a pool of 30 volunteers on ODK approach in order to perform community cholera hotspots mapping by using the phones. The training will be combined with the KAP assessment training and extra practice during the training of volunteers on specific health issues.												
Continuous analysis of the dynamic of the outbreak in terms of geographical distribution and main contexts of transmission												
Continuous adaptation of the intervention based on the continuous analysis of the outbreak												
Output 1.2: Target population in the affected areas are provided with sensitization to improve the knowledge and practices on the prevention and control of cholera (Target: 15,000 beneficiaries / 3,000 households)												
Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12
Carry out disease prevention and house to house sensitization on cholera prevention and treatment, water purification and storage, safe excretal disposal, food hygiene and storage, hand washing techniques and personal hygiene for a total of 36 days (three days a week) over a period of three months												
Produce and disseminate information, education and communication (IEC) materials -15,000 leaflets and 3,000 posters, three banners, 200, t-shirts and caps with key messages on cholera to be informed by the assessment results												
Carry out 18 community meetings, rallies and sensitizations at market squares and other public gathering (two events per state per month)												

Water, Sanitation and hygiene promotion

Outcome 1: Immediate risk of cholera is reduced through the provision of safe water supply and hygiene promotion in the Anambra, Kano and Rivers states over a period of three months												
Output 1.1: Target population in the affected area is provided with access to safe drinking water supply (Target: 15,000 beneficiaries / 3,000 households)												
Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12
Procure and distribute 120,000 water purification tablets (aqua tabs) to promote Household Water Treatment (HHWT)												
Conduct public demonstrations and sensitization on household water storage and treatment, and the use of water purification tablets (aqua tabs) – this will be done through house to house approach												
Output 1.2: Target population in the affected area is provided with adequate drainage environmental sanitation facilities. (Target: 15,000 beneficiaries / 3,000 households)												
Activities planned	1	2	3	4	5	6	7	8	9	10	11	12

Week / Month												
Procure cleaning equipment (60 rakes, 60 shovels, 30 wheelbarrows,) and 15 cartons of protective equipment (gloves, masks, rubber boots) to equip WatSan committees												
Establish nine WatSan Committees (of six persons each) to ensure sustainability of monthly clearing of drainages and promotion of hygiene in affected communities												
Distribute cleaning and protective equipment to WatSan committees to organize monthly community sanitation												
Supervise and support monthly clearing of drainage and sewerage systems												
Output 1.3: Target population in the affected areas are provided with hygiene-related items (NFIs), which meet Sphere standards (Target: 10,700 beneficiaries / 2,140 households)												
Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12
Procure 2,140 water storage containers (2,140 buckets and 2,140 jerry cans) and 60,000 pieces of soap (10,000 packs) for most to most vulnerable 2,140 households.												
Distribute 2,140 households with water storage containers (buckets and jerry cans), soap and household water treatment packages												
Orient households on the proper use of distributed items during house to house visits												

Contact information

For further information specifically related to this operation please contact:

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For Resource Mobilization and Pledges:

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

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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.

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.

DREF OPERATION

MDRNG020

Budget Group	DREF grant budget
Shelter - Relief	0
Shelter - Transitional	0
Construction - Housing	0
Construction - Facilities	0
Construction - Materials	0
Clothing & Textiles	0
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	18,722
Medical & First Aid	0
Teaching Materials	0
Utensils & Tools	15,456
Other Supplies & Services	0
Emergency Response Units	0
Cash Disbursements	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	**34,178**
Land & Buildings	0
Vehicles Purchase	0
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machinery & Equipment	0
Total LAND, VEHICLES AND EQUIPMENT	**0**
Storage, Warehousing	0
Distribution & Monitoring	0
Transport & Vehicle Costs	1,000
Logistics Services	0
Total LOGISTICS, TRANSPORT AND STORAGE	**1,000**
International Staff	12,000
National Staff	0
National Society Staff	28,472
Volunteers	42,389
Total PERSONNEL	**82,861**
Consultants	0
Professional Fees	0
Total CONSULTANTS & PROFESSIONAL FEES	**0**
Workshops & Training	26,972
Total WORKSHOP & TRAINING	**26,972**
Travel	3,000
Information & Public Relations	11,083
Office Costs	0
Communications	3,500
Financial Charges	1,000
Other General Expenses	0
Shared Support Services	
Total GENERAL EXPENDITURES	**18,583**
Programme and Supplementary Services Recovery	10,634
Total INDIRECT COSTS	**10,634**
TOTAL BUDGET	**174,228**