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Emergency appeal operations update

Nigeria: Ebola virus disease

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRNG017		6 month update
Timeframe covered by this update: 2 August 2014 to 2 February 2015		
Emergency Appeal operation start date: 2 August 2014		Timeframe: 9 months and end date 31 May 2015
Appeal budget: CHF 1,619,444	Appeal coverage: 39%	Total estimated Red Cross and Red Crescent response to date: CHF641,000
Disaster Relief Emergency Fund (DREF) allocated: CHF150,000		
N° of people being assisted: 5,000,000		
Host National Society(ies) presence (n° of volunteers, staff, branches): 300 Volunteers, 20 staff, 3 branches		
Red Cross Red Crescent Movement partners actively involved in the operation: IFRC		
Other partner organizations actively involved in the operation: Federal Ministry of Health, State Ministries of Health, State Emergency Management Association, UNICEF, World Health Organisation and United States Centres for Disease Control		

Summary:

Since the first case was reported in Lagos, Nigeria on 20 July 2014, the Nigeria Red Cross was actively involved in the Ebola response in various ways. Mr Patrick Sawyer arrived at the International airport in Lagos presenting with signs and symptoms of Ebola and was taken to a private hospital where he was attended to before he died 4 days later. In the process a number of people who attended to him contracted the Ebola Virus Disease (EVD). The Ebola cases spread to Port Harcourt where a primary contact of the first case went for treatment. A total number of 21 cases and 8 deaths were confirmed and 891 contacts were recorded and followed up throughout the country. A total of 12 people were discharged. Nigeria was declared Ebola free on 14 November 2014.



Volunteers demonstrating correct hand washing techniques. Photo: NRCS

The Nigeria Red Cross in collaboration with IFRC country office trained a total of 354 volunteers in Lagos, Port Harcourt, Oyo, Kaduna, Edo and Enugu to respond to the Ebola operation. The primary focus of the response was on Lagos and Port Harcourt whereas the other towns were for preparedness sake. A total of 22 trainers from the states were trained on Ebola prevention and psychosocial support (PSS). The Volunteers conducted contact tracing, infection control and hygiene promotion, social mobilization/ health promotion. The other volunteers were involved in screening in and out bound passengers at the international and domestic airport in Lagos. It is important to note that 10 volunteers are still working at the International airport in Lagos.

IFRC continues to support the National Society to combat Ebola, through a 5 pillar approach spelled out in the Ebola regional framework. These include: (1) Beneficiary Communication and Social Mobilization; (2) Contact

Tracing and Surveillance; (3) Psychosocial Support; (4) Case Management as well as (5) Dead Body Management, Burials and Disinfection. However in Nigeria only the first three pillars were applicable.

Coordination and partnerships

The Federal Government, State Government of Lagos and partners were proactive in the response. An Isolation ward was identified and equipped swiftly including identification and allocation of appropriate staff and materials. A coordination centre – incident command centre (ICC), was established and leadership command established to coordinate the response. The Incident Command Centre to which NRCS and IFRC belonged made decisions on how to handle day-to-day issues through established committees. At the beginning there were coordination challenges however this was addressed when the Federal President through the FMOH appointed an Incident Command Manager (IM). The ICC was managed through committees with expertise in contact tracing, infection control, case management, health promotion and social mobilization, training and Logistics/HR. Partners and Government structures were grouped in these committees where action plans were developed and implemented



Ebola Awareness campaign. Photo: NRCS

Operational implementation

Overview

There is strong and close collaboration with the stakeholders through a government led incident command centre based in Lagos where all EVD operations were directed. The Red Cross was part of the coordination mechanism and was seen as a very important partner. The Government and its partners including WHO, UNICEF, MSF and other NGOs provided staff to work at the command and at the treatment centres. The Red Cross also provided staff and volunteers. The Red Cross volunteers were involved in contact tracing, infection control and hygiene promotion, social mobilization and health promotion at community level.

Planned interventions	Implementation (%)
Areas common to all	
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	
Carry out needs and gaps assessments	100% - NRCS was part of the initial assessment carried out with the Federal Government and state governments in Lagos and Port Harcourt. Within the reporting period additional towns of Edo, Enugu, Oyo and Kaduna were identified through an assessment as risk towns because of international airports.
Participate in coordination meetings with stakeholders at National and State Levels	100% - NRCS with support from IFRC was part of the initial assessments conducted by the Federal Government. IFRC and NRCS sent two health staff to be part of the coordination team at the incident command centre in Lagos and Port Harcourt where daily assessments and reviews of the response was being done. Routine group planning meetings for contact tracing, infection control, case management, social mobilization, training and coordination were held and Red Cross participated and contributed to the road maps. In Port Harcourt, the Branch staff were attending the meetings at the command centre where reports of the various working groups were being reviewed on a daily basis. The Red Cross was a

	<p>main source of information at community level due to its spread through the network of volunteers and the Government relied on it for up-to-date data.</p> <p>The Nigeria Red Cross was working in collaboration with other partners at the Incident Command Centres (ICC) including the Federal Ministry of Health (FMOH), State Ministry of Health (SMOH), WHO, CDC and UNICEF.</p> <p>In-country fundraising efforts took place. Discussions with Shell, Exxon Mobil, Japanese Embassy and ECHO were held however the efforts didn't yield much results because the outbreak was immediately contained.</p>
Undertake continuous risk and capacity assessments	100% - These went on for some time until the disease was contained. Currently weekly epidemiological data is shared with all stakeholders.
Health and Care	
Outcome 1: The immediate risks to the health of affected populations are reduced	
Output 1.1: The capacity of Nigerian Red Cross Society to manage Ebola virus disease outbreak response has been strengthened	
Train 300 volunteers on health education, hygiene promotion and epidemic control techniques	100% - A total of 354 volunteers were trained and deployed. 126 volunteers were deployed to carry out social mobilization and health promotion in the communities identified to have contacts in Lagos. A total of 58 volunteers were deployed at the airport to screen the passengers in Lagos. A total of 50 volunteers were trained in Port Harcourt and deployed. The rest of the 120 volunteers were trained in the other states for preparedness. The health team from the NRCS and IFRC including the communications department were deployed in Rivers state to participate in coordination of activities with the various stakeholders
Output 1.2 Epidemic prevention and control measures carried out	
Carry out community meetings and sensitizations at markets, churches, mosques, schools and other meeting points	80% The volunteers were part of the command centres operation to sensitize people in specific communities and a total of 900,000 people were reached by the time of reporting.
Conduct contact tracing, disease prevention and health promotion campaigns	A total of 176 volunteers were part of the Ebola emergency operation centres in both Lagos and Port Harcourt conducting contact tracing and infection control while 58 volunteers were at the airport screening in and out bound passengers in Lagos
Procure, transport and store 330 PPEs and hand sanitizer gel and Dettol and lease vehicles for the operation	100% - 330 PPEs were procured centrally from Geneva and are at the warehouse in Lagos. There is no need to use the PPEs because the volunteers are not involved in any activities that require the use of PPEs, However most of them were used for demonstrations during training.
Support HR, logistical and management capacities to implement the operation for the Branch and NHQ	100% - The Health Delegate is the Operations Manager for the Nigeria EVD response. 354 volunteers were active in the response during the outbreak. The Nigeria RC staff – head of health, finance and logistics were supporting the operation. The Finance and Administration delegate ensured quality financial reporting of the expenses.
Output 1.3: Increased public awareness about EVD (signs and symptoms, transmission risk factors, actions for suspected cases and anti-stigma information)	
Develop, adapt and share key messages with branches	100% - 37 branches received messages on EVD prevention and control. The branches were working closely with their state governments in preparedness activities. The IFRC assisted in standardisation of messages that were disseminated.
Produce and disseminate information,	100% - Flyers, t-shirts, posters and banners were produced

education and communication materials related to Ebola virus	and distributed in the communities as indicated under the distribution of IEC materials section below.
Engage the media: National dailies, radio chats, live broadcast on TV stations, call in programmes	National dailies, Radio chats, Live broadcast on TV station and call-in programmes have been held. Etisalat agreed to support the Nigeria RC in bulk SMS dissemination of Ebola messages to all Etisalat subscribers and identified key radio stations in Abuja and Lagos where RC staff would disseminate information on Ebola to the public at specific times.
Distribution of flyers on the streets, churches, mosques, markets, barracks, schools etc.	100% - A total of 180,000 handbills, 56,000 posters, 500 T-shirts, and 500 caps were produced. The t-shirts and caps were distributed among the trained volunteers and the IEC materials were distributed as volunteers were conducting disseminations of key messages on Ebola. The IEC materials contributed to increased visibility for the Red Cross.
Psychosocial support	
Outcome 1: Psychosocial effects of the outbreak are reduced for affected individuals, families and Communities	
Output 1.1 Staff and volunteers oriented on basic PSP interventions	
Identification of volunteers to be trained	100% - 20 volunteers were identified in Lagos and Port Harcourt for training.
Orientation of 80 volunteers on PSP	80% - 20 volunteers were oriented in in Lagos and Port Harcourt and 120 volunteers in other states of Enugu, Kaduna, Oyo and Edo. The twenty volunteers in Lagos and Port Harcourt were deployed.
Output 1.2 Basic PSP services provided to affected families, staff and volunteers	
Conduct debriefing sessions on weekly basis to staff, volunteers and emergency hospital medics	100% - Volunteers conducted home visits to Ebola survivors and family members of the deceased. The visited people appreciated the Red Cross support and confirmed that there was no other organization that had visited them since the disease was contained in September 2014. Many survivors still had challenges of stigma and discrimination from people including relatives. Some of the survivors reported that they had been laid off their employment.
Establish systems for volunteer care and stress management and recreational activities for all personnel involved in the operation	100% - All the volunteers involved in the operation were supported with incentives to cover their transport and refreshments. The volunteers at the airport were supported by Government through the ministry of health.
Engage with affected communities to develop and implement psychosocial support interventions at community level	100% - The Federal and state government provided high level psychological support to the survivors and the relatives of the deceased during the outbreak. However after that the Red Cross was the only organization working at community level with the survivors and family members.
Management and PMER	
Outcome 3: The management of the operation is informed by a comprehensive monitoring and evaluation system	
Output 3.1 A process of monitoring and evaluation maintained and reported on throughout the program	
Establish and maintain regular monitoring system to map cases and National Society field capacity and ensure regular reporting of the NRCS operation	100% - A high level monitoring visit by the National President represented by the health Advisor, Secretary General, IFRC acting Country Representative, head of programmes, head of communications and head of finance was conducted to Lagos. While the health delegate and head of health and head of communication visited Port Harcourt for training of volunteers and monitoring. Similarly during the training of branch secretaries and health coordinators from 22 states the health delegate, head of health and communication and head of OD supported the training in Kaduna. During the official opening of the workshop, media houses were invited to cover the event.

Contact information

For further information specifically related to this operation please contact:

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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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Saving lives, changing minds.



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

MDRNG017 - Nigeria - Ebola Virus Disease

Timeframe: 08 Aug 14 to 31 May 15

Appeal Launch Date: 12 Aug 14

Interim Report

Selected Parameters

Reporting Timeframe	2014/8-2015/1	Programme	MDRNG017
Budget Timeframe	2014/8-2015/5	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		1,619,444				1,619,444	
B. Opening Balance							
Income							
Cash contributions							
<i>Australian Government</i>		49,352				49,352	1,089
<i>Canadian Red Cross (from Canadian Government*)</i>		58,969				58,969	
<i>European Commission - DG ECHO</i>		114,646				114,646	
<i>Japanese Red Cross Society</i>		53,400				53,400	
<i>Red Cross of Monaco</i>		18,096				18,096	
<i>Shell</i>		61,599				61,599	
<i>The Netherlands Red Cross (from Netherlands Government*)</i>		241,651				241,651	
<i>The Republic of Korea National Red Cross</i>		30,000				30,000	
C1. Cash contributions		627,713				627,713	1,089
Other Income							
<i>Fundraising Fees</i>		-3,080				-3,080	
C4. Other Income		-3,080				-3,080	
C. Total Income = SUM(C1..C4)		624,633				624,633	1,089
D. Total Funding = B + C		624,633				624,633	1,089

* 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		624,633				624,633	1,089
E. Expenditure		-591,847				-591,847	
F. Closing Balance = (B + C + E)		32,786				32,786	1,089

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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)			1,619,444			1,619,444		
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene			1,740			1,740	-1,740	
Medical & First Aid	30,600		14,883			14,883	15,718	
Total Relief items, Construction, Sup	30,600		16,623			16,623	13,977	
Logistics, Transport & Storage								
Storage	1,000						1,000	
Distribution & Monitoring			3,953			3,953	-3,953	
Transport & Vehicles Costs	15,400		14,583			14,583	817	
Logistics Services	68,000		3,003			3,003	64,997	
Total Logistics, Transport & Storage	84,400		21,539			21,539	62,861	
Personnel								
International Staff	228,000		115,201			115,201	112,799	
National Staff			1,884			1,884	-1,884	
National Society Staff	18,455		53,174			53,174	-34,719	
Volunteers	812,850		77,738			77,738	735,112	
Total Personnel	1,059,305		247,997			247,997	811,308	
Workshops & Training								
Workshops & Training	173,900		118,987			118,987	54,913	
Total Workshops & Training	173,900		118,987			118,987	54,913	
General Expenditure								
Travel	32,000		12,623			12,623	19,377	
Information & Public Relations	71,600		76,232			76,232	-4,632	
Office Costs			2,528			2,528	-2,528	
Communications	19,000		167			167	18,833	
Financial Charges	9,000		2,926			2,926	6,074	
Other General Expenses	26,784						26,784	
Shared Office and Services Costs	14,016		7,447			7,447	6,569	
Total General Expenditure	172,400		101,922			101,922	70,478	
Operational Provisions								
Operational Provisions			48,161			48,161	-48,161	
Total Operational Provisions			48,161			48,161	-48,161	
Indirect Costs								
Programme & Services Support Recover	98,839		36,090			36,090	62,749	
Total Indirect Costs	98,839		36,090			36,090	62,749	
Pledge Specific Costs								
Pledge Earmarking Fee			459			459	-459	
Pledge Reporting Fees			70			70	-70	
Total Pledge Specific Costs			529			529	-529	
TOTAL EXPENDITURE (D)	1,619,444		591,847			591,847	1,027,597	
VARIANCE (C - D)			1,027,597			1,027,597		

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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	1,619,444		624,633	624,633	591,847	32,786	1,089
Subtotal BL2	1,619,444		624,633	624,633	591,847	32,786	1,089
GRAND TOTAL	1,619,444		624,633	624,633	591,847	32,786	1,089