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Emergency Plan of Action operation update

Nigeria: Epidemic (Cholera)

 International Federation
of Red Cross and Red Crescent Societies

DREF n° :MDRNG020	GLIDE n° : EP-2014-000055-NGA
EPoA update n° 1 ; 11 June 2015	Timeframe covered by this update : 6 March 2015 to 20 May 2015)
Operation start date : 6 March 2015	Operation timeframe : Five months (New end date: 6 August 2015)
Overall operation budget : Original allocation : CHF 174,228 Additional allocation n° 1 : CHF 26,566 Total allocation : CHF 200,794	Total estimated Red Cross and Red Crescent response to date : CHF 200,794
N° of people being assisted : 15,000 people (3,000 households)	
Red Cross Red Crescent Movement partners currently actively involved in the operation : International Committee of Red Cross; International Federation of Red Cross and Red Crescent Societies.	
Other partner organizations actively involved in the operation : Federal & State Ministries of Health, DG ECHO, United Nations Children's Fund and the World Health Organisation.	

Request to extend timeframe by two months (New end date: 6 August 2015); and an additional allocation of CHF 26,566 to enable the completion of activities planned in the EPoA that were disrupted due security conditions, and issues related logistics and supply chain as a result of the elections that took place in March and April 2015.

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. In 2015, 13 of 36 states have reported cases, with Anambra, Kano, Rivers and latterly Ebonyi states being the worst affected; By the end of April 2015, 2,108 cases had been reported, with 97 deaths, which though compares positively to the same period in 2014 (19,160 cases, and 22 deaths), the CFR rate has risen to 4.76%, which is an extreme concern.

On 6 March 2015, the International Federation of Red Cross and Red Crescent Societies (IFRC) released CHF 175,228 from the Disaster Relief Emergency Fund (DREF) to support the Nigerian Red Cross Society (NRCS) respond to the needs of the affected population. The DREF operation was intended to support 15,000 people (3,000 households) in Anambra, Kano and Rivers states, with health and care, water, sanitation and hygiene promotion activities; over a period of three months. Following initial assessments, Kano state was removed from the DREF operation, as it was confirmed that there were no cases at the time of the



Training of volunteers on the use of cell phones for surveying in Rivers state Photo © IFRC/NRCS

Following initial assessments, Kano state was removed from the DREF operation, as it was confirmed that there were no cases at the time of the

assessment and the state Ministry of Health (MoH) indicated that they did not require any preparedness or response assistance; as such it was replaced by Ebonyi state, where an increase in cases had been reported. In addition, the DREF operation had also coincided with the Presidential and Governorship elections, which has had implications for mobilization of volunteers for training due to security concerns, and thus caused delays to the implementation of the activities planned. In addition, delays in procurement have been caused by a change in the governance, which resulted in the introduction of new logistics and supply chain procedures. As of 20 May 2015, it is estimated that 40 per cent of the activities planned had been completed, and progress made in accordance with the agreed Emergency Plan of Action (EPoA) in the following areas:

- Training of 30 volunteers on “Knowledge, Attitudes and Practices” (KAP) surveys; and use of the open data kit (ODK) cell phone data collection technology in the three states (10 per state).
- Conduct KAP surveys using the ODK technology in Anambra, Ebonyi and Rivers states.
- Training of 90 volunteers on cholera prevention and control in the Anambra, Ebonyi and Rivers states.
- In total, 3,500 people approx. have been reached through household sensitizations, education and general awareness campaigns in the affected communities.
- Procurement of items required for the implementation of the DREF operation (water purification tablets, water storage containers, cleaning and protective equipment) has been initiated.

Figure 1: Nigeria Cholera Epidemic (Weeks 1 -18)

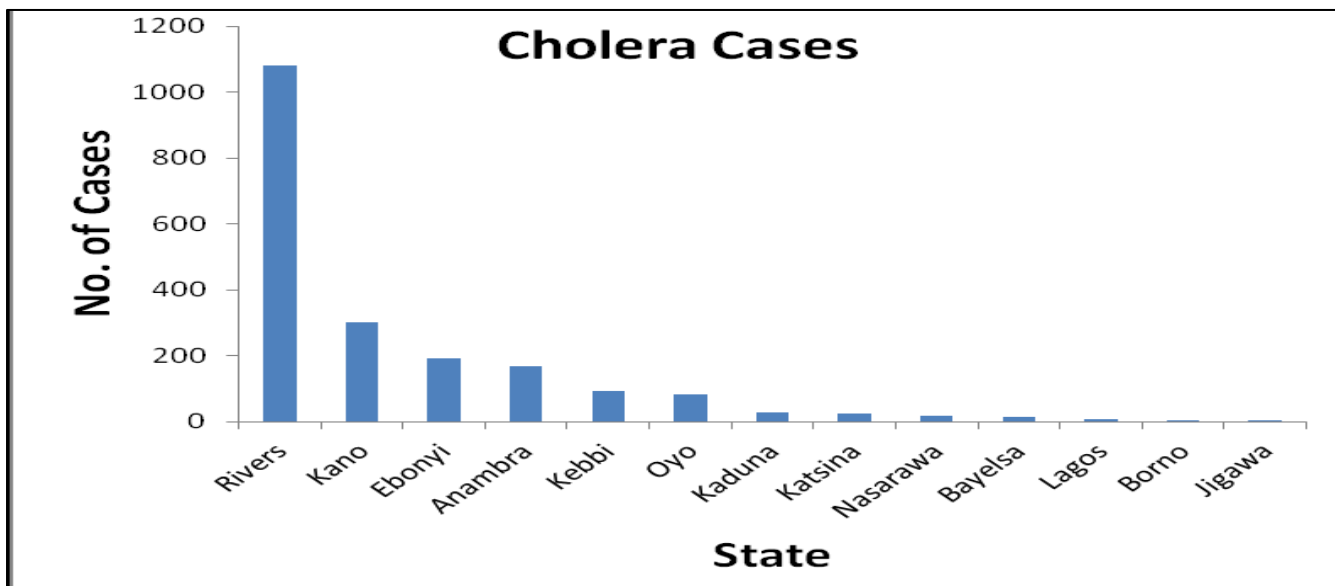


Figure 2: Nigeria Epidemic (Cholera) – Epidemiological situation (Weeks 1 – 18)

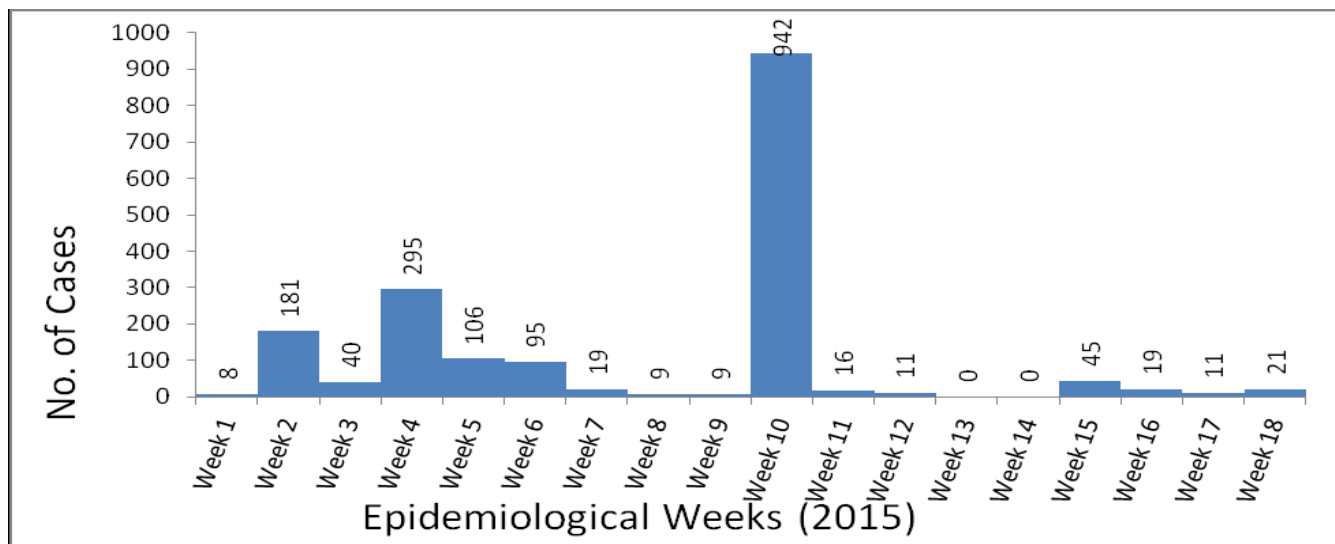


Figure 3: Nigeria Epidemic (Cholera) – Case Trend Analysis 2014 v 2015 (Weeks 1 -18)

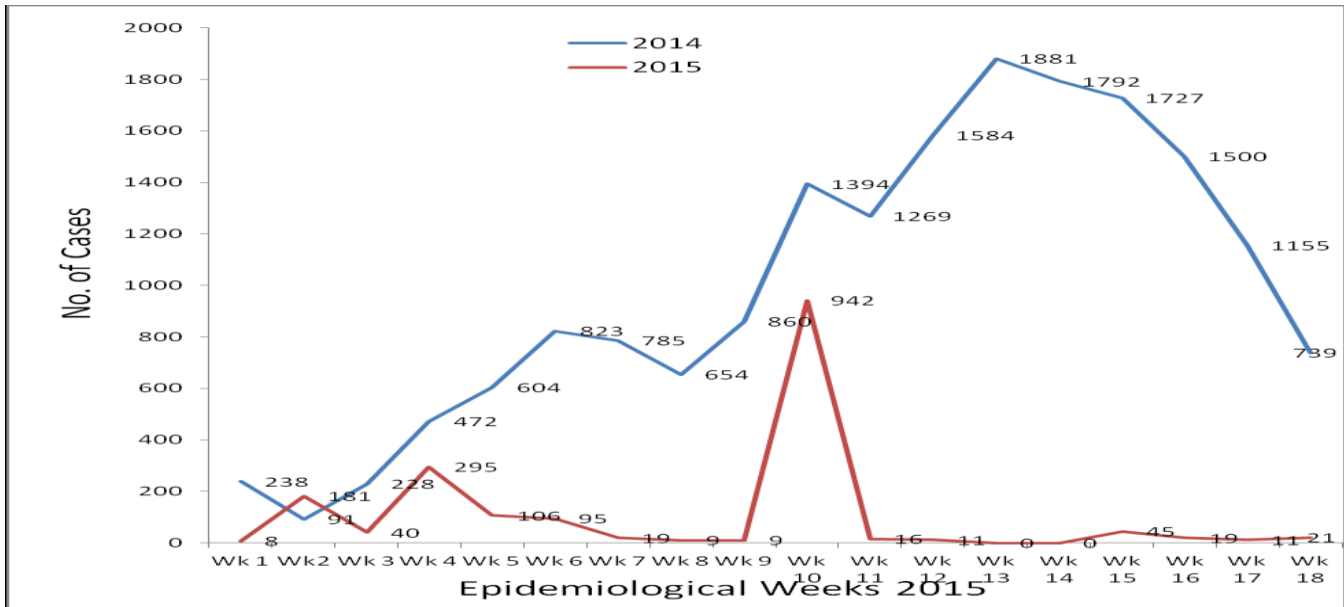
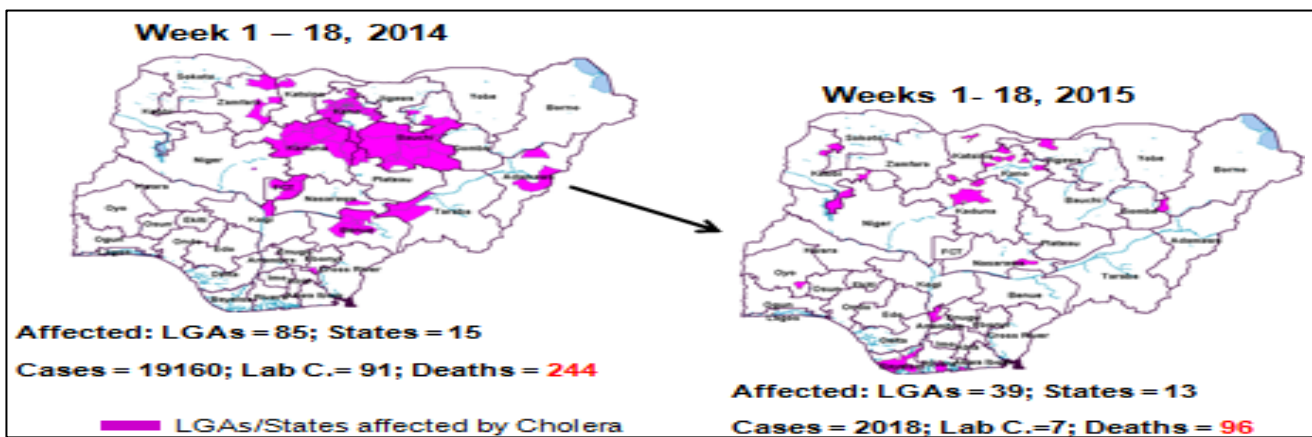


Figure 4: Nigeria Epidemic (Cholera) – State Trend Analysis 2014 v 2015 (Weeks 1 -18)



From the above data (please refer to “Figures 2, 3 and 4), it’s clear that the outbreak is continuing to spread across the country albeit in moderate numbers; however the number of cases are sporadic and widely spread making it difficult to control. This Operations Update is requesting a timeframe extension of two months in order to enable the completion of the activities planned within the EPoA, which have been delayed by the need to re-orientate the area of implementation, security conditions and issues related to logistics and supply chain (see above); as well as additional allocation of CHF 26,566 to support: 1) mobilization of volunteers to additional two days; 2) new rotation of an RDRT for additional two months, and 3) additional NHQ / branch monitoring visit. DREF operation will end on 6 August 2015, and a final report will be made available on 6 November 2015 (Three months after the end of the operation).

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. The IFRC, on behalf of the Nigerian Red Cross Society would like to extend many thanks to all partners for their generous contributions.

Summary of current response

Overview of Host National Society

The 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. At the onset of the epidemic, NRCS volunteers were mobilized in the worst affected states, and carried out awareness and sensitization; as well as

working with the state MoH to intensify surveillance in all 13 states that have reported cases of cholera. Apart from the three states (Anambra, Ebonyi and Rivers) the rest of the states (branches) didn't receive any financial support for mobilization of the volunteers. The NRCS national headquarters (NHQ) has continued to monitor the situation through regular contact with the branches and the FMoH. In 2014, DREF operations were 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 Emergency Appeal operation (MDRNG017) was completed on 31 May 2015; and the Complex Emergency Appeal (MDRNG018) is on-going, as is the Civil Unrest DREF operation (MDRNG019). From the above, this is an indication that the NRCS is steadily increasing its capacity to mobilize and deploy volunteers to respond to the emergencies.

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. Currently, there are two technical delegates working with the NRCS providing guidance on finance and programming. Following the launch of the DREF operation, the IFRC and NRCS signed a Memorandum of Understanding (MoU) to enable the implementation of the activities planned, and also mobilized a Regional Disaster Response Team (RDRT) member to support the effective implementation. 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. The ICRC has shown interest to support some cholera activities in some states and discussions are underway to synergize the activities.

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. During the assessments it was noted that the only organizations implementing activities in the field were the state MoH.

Actions taken by the states and other stakeholders:

- Donation of medicines/other medical supplies such as IV Fluids & Cholera test kits to Ebonyi and Ebonyi states by the FMoH.
- Sensitization of the affected communities by the state Health Education units (Bayelsa and Rivers) and NRCS.
- Provision of portable water with proper waste management and improved environmental sanitation in the affected communities by the states.

Needs analysis and scenario planning

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 neighboring countries, specifically: Chad, Cameroon and Niger. Currently outbreaks of Cholera are on-going in some States across the country. So far in 2015, 13 States have reported outbreaks of cholera between weeks 1 & 18 (Figure 1).

Through the DREF operation, KAP surveys have been carried out in Anambra and Rivers states using the ODK technology, to assess specifically the affected population's knowledge on the prevention, symptoms and transmission of cholera; as well as their practices related to hand washing and water storage. Following discussions with the MoH; it was agreed that Kano state would be removed from the DREF operation, and replaced with Ebony state, where an increase in cases had been reported. Please refer below for a summary of the results from the KAP survey (by state):

Anambra (Anambra West LGA / Inoma, Owelle and Ukwala communities)

- **Symptoms:** 70 per cent of respondents indicated vomiting and diarrhea as symptoms of cholera; 16 per cent indicated diarrhea; 7 per cent indicated vomiting, diarrhea and fever; 6 per cent indicated vomiting, 1 per cent indicated diarrhea and fever.
- **Prevention:** 55 per cent of respondents indicated that they were not aware it could be prevented through basic infection preventive measures; 9 per cent indicated through proper hand washing, regular cleaning of the environment and drainages; 8 per cent indicated through proper hand washing and proper handling of food; 7 per cent indicated through using clean water for drinking and cooking; 7 per cent indicated through proper hand

washing, 6 per cent indicated through proper hand washing, proper handling of food, by using clean water for drinking and cooking and by regular cleaning of the environment and drainages; 3 per cent indicated through proper hand washing, proper handling of food and by using clean water for cooking and drinking indicated through regular cleaning of the environment and drainages, 2 per cent indicated through proper hand washing, and by using clean water for cooking and drinking; while 1 per cent indicated through proper hand washing (and some other erroneous measures)

- **Transmission:** 60 per cent of respondents indicated that they had no idea of how it is transmitted; 13 per cent indicated through contaminated water; 11 per cent indicated through contaminated water and food; 6 per cent indicated through contaminated water and poor hygiene practice; 3 per cent indicated through poor hygiene practice; 2 per cent indicated through contaminated water, contaminated food and poor hand washing practice; 2 per cent indicated contaminated food; 1 per cent indicated through contaminated water, contaminated food and poor hygiene practice; 1 per cent indicated through contaminated water, contaminated food, poor hand washing and poor hygiene practices; while 1 per cent indicated through contaminated water and poor hand washing practice.
- **Water storage:** 63 per cent of respondents indicated that they stored water in covered containers; 29 per cent indicated that they stored water in open containers; while 8 per cent indicated that they used other means to store their water.
- **Hand washing:** 65 per cent of respondents indicated that they washed their hands before eating; 16 per cent indicated before eating, and after using the toilet; 12 per cent indicated before eating, and after cleaning babies buttocks; 2 per cent indicated before eating, before preparing food, after using the toilet, and after cleaning babies buttocks; 2 per cent indicated before eating, before preparing food, and after cleaning babies buttocks; 1 per cent before eating, and before preparing food; 1 per cent indicated before eating, after using the toilet, and after cleaning babies buttocks; and 1 per cent indicated before eating, before preparing food, and after using the toilet.

Rivers state (Andoni LKA)

- **Prevention:** 21.3 per cent of respondents indicated using clean water for cooking and drinking; 16.7 per cent indicated regular cleaning of environment and drainages; 15.7 per cent indicated proper handling of food; 15.6 per cent indicate proper hand washing; 5.7 per cent indicated proper hand washing, proper handling of food and using clean water for drinking and cooking; while 5.3 per cent indicated hand washing, proper handling of food, using clean water for drinking and cooking and regular cleaning of the environment and drainages. Please note that 19.7 per cent indicated other means of prevention.
- **Symptoms:** The following are results from the analyses 119 people (39.7%) of the respondents chose vomiting, 38(12.7%), Diarrhea, 51(17%) Others, 28(9.3%) Fever, 18(6%) and others.
- **Transmission:** 35.3 per cent of respondents indicated contaminated water; 18.7 per cent indicated contaminated food, 12.7 per cent indicated poor hygiene practices; 7.1 per cent indicated poor hand washing. Please note that 15.7 per cent indicated others means of transmission.
- **Hand-washing: in community (A)** 33.7 per cent of respondents indicated that they washed their hands only before eating; 17.3 per cent indicated after using the toilet; 16 per cent indicated before preparing food; 14 per cent indicated after cleaning babies buttocks.
- **Water storage:** 85.3 per cent of respondents indicated that they stored water in covered containers; 10 per cent indicated that they stored water in open containers; while 4.7 per cent indicated that they used other means to store their water.

It should be noted that the responses given indicate that of the affected population in (Anambra West LGA / Inoma, Owelle and Ukwala communities) and Rivers (Andoni LKA) states, while the majority (over 50 per cent) are aware of the symptoms of cholera; immediate, medium and longer term measures are required to improve understanding of prevention and transmission.

Ebonyi State

A joint IFRC / NRCS team visited the State MoH and met with the permanent Secretary, Director public Health, and Nurse in-Charge regarding the current Cholera situation in the state, in the discussions, the permanent secretary who indicated that the state has not experienced any epidemic until recently, and authorities from the MoH confirmed that they normally have isolated cases in some communities due to insufficient water and also bad hygiene practice in the community which trigger the small scale outbreaks.

Table 1: Cholera Cases in Ebonyi state

s/n	Name of community	No of cases	No of death	No of people undergoing treatment
1	Izzi LGA	6	4	2
2	Ebonyi LGA	30	2	10
3	Ohuku LGA	Unverified	4	Unverified
4	Isheli LGA	15	2	10
5	Ohaozara LGA	Unverified	4	Unverified
6	Abakalki LGA	Unverified	No death	Unverified
7	Orizou LGA(Omororo)	6	2	4
8	Ohaukwu LGA	3	2	1

As of this Operations Update, the KAP survey in Ebonyi was concluded, and the results are now being compiled.

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, Ebonyi* and Rivers states.

**Following discussions with the MoH, Kano has been replaced by Ebonyi state.*

Proposed strategy

As per the agreed strategy, the following activities were prioritized within this DREF operation:

- Conduct a comprehensive assessment in the three most affected states of Anambra, Ebonyi and Rivers in order to understand the cholera outbreak. The assessment would inform the response needs and approach to be used. A selection criterion would be established for communities and beneficiaries before the full implementation of the DREF operation. Therefore, the results of the assessment would inform a revision of the DREF operation if required. A five day KAP survey was planned in Anambra, Ebonyi and Rivers states using the ODK technology. Initial cholera hotspots mapping would also be carried out, which was intended to guide and direct the sensitization, distribution of hygiene kits as well as the disinfection activities. Initial response activities were identified, and intended to be carried out in accordance with the “Sword and Shield” approach. Activities planned include within this strategy will include:
 - NRCS volunteers would receive training to strengthen their capacity to responds to the epidemic, which was to 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 was to be combined with the KAP assessment training and extra practice during the training of volunteers on specific health issues; and on KAP (30 volunteers (10 per state). During these trainings, the volunteers would 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 were planned for a total of 36 days (three days a week); and to 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 – would be distributed containing key messages on the prevention and control of cholera, which were to 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 were to 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 would be distributed to 2,140 of the most vulnerable households based on the criteria that will be developed during the assessment, but was expected to include: female headed households, widows, and households with a cholera

cases. NFI distributions would be carried out in conjunction with messaging on proper collection, storage and usage of water.

Through this Operations Update, the following activities have been revised:

- Additional IECs (leaflets (15,000), and 3,000 posters) for dissemination of messages on the prevention and control of cholera during house to house sensitization campaigns.
- Mobilization of volunteers for an additional two days to catch up on the activities that have been delayed; as well as support the dissemination of the additional IECs (see above).

Please note that all the activities planned will continue to 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 KAP survey in the three states which will assist in understanding the KAP gaps at community level.

Lessons learned from the MDRNG016 operation carried out in Bauchi state in 2014 have been taken into consideration, and continuing to be applied in this DREF operation, these 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 logistic 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 NDRT members were mobilized and deployed in Anambra and Rivers for the assessments.
- In total, 90 volunteers will also be trained and mobilized for up to 38 days each (an additional two days) with a per diem rate of CHF 11 per person to carry out the activities planned in the EPOA. As of this Operations Update, 30 volunteers have been mobilized and trained KAP surveys and use of the ODK cell phone technology for data collection. An additional 90 volunteers have been trained in cholera prevention and control in the three states.
- The IFRC Nigeria country representation (and IFRC zone disaster management, and emergency health units) will provide technical support (through monitoring visits); and a RDRT member has also been deployed for two months to support the effective implementation of the DREF operation, and a new rotation of an RDRT for additional two months has been included through this Operations Update.

Logistics and supply chain

All the supplies will be procured locally except for the water purification tablets (aqua tabs) as these are not available in the country. The NRCS and IFRC country office is working with the zone Logistics unit and the Global Logistics system to procure the aqua tabs. Procurement of all items required for the activities planned is in progress; however delays have been experienced due to a change in the NRCS governance, which resulted in the introduction of new logistics and supply chain procedures.

Communications

Communications and visibility of the DREF operation is being ensured through information sharing with the media, authorities and partners. Please note that the participation of a member of staff from 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); however as of this Operations Update no materials have been forthcoming. As noted, 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

In late March 2015, the Presidential and Governorship elections, which had been delayed were carried out, and were conducted in a peaceful manner despite sporadic cases of elections violence in some states. Please note however that acts of violence however didn't have implications for the DREF operation, though activities planned were disrupted by the postponement of the elections, which raised tensions and impacted on the mobilization of volunteers. Following the elections, the situation has alleviated, though the IFRC and ICRC is continuing to support the NRCS with security and safety issues by sharing regular updates on security situation in areas of implementation.

Planning, monitoring, evaluation, & reporting (PMER)

The DREF operation is being 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 can be deployed to monitor and support the branches and volunteers at impact area. The DREF operation is not having implications for the implementation of on-going interventions, as responsibilities and workload are being shared in order to maximize output. In addition, the deployment of the RDRT will contribute to building the capacity of the Health unit, and as noted, a new rotation of an RDRT for additional two months has been included through this Operations Update. At the branch level, the branch secretaries are coordinating and monitoring the implementation of the project, overseeing the activities of the Mothers' Clubs and Health Action Team. At community level, volunteer supervisors have been appointed in each community to oversee the activities planned. Reporting involves daily record keeping of all activities carried out by the volunteers and the submission of the reports to the divisional health coordinator, who in turn collates and forwards to the branch secretary. The branch secretary has compiled the reports and submits them 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 healthy coordinator to provide on the spot check to the team on the ground. The branch secretaries and team are continuing to conduct weekly monitoring visits to the volunteers who are working at community level. Two NDRT members have also worked closely with the branch secretaries to ensure that the DREF 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 monitoring mission by the IFRC zone emergency health coordinator has been completed; and this has supported the reorientation of the DREF operation through this Operations Update. An additional NHQ / branch monitoring mission has also been included through this Operations Update to ensure that there are no further delays in the implementation of the activities planned, as well as provide quality assurance on those that have been completed.

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 lessons learnt 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

Programming / Areas Common to all Sectors

Programming / Areas Common to all Sectors

Outcome 1: Needs assessment and situation

Outputs

% of achievement

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			80%
	Output 1.2: Knowledge, Attitudes, and Practices conducted			85%
	Output 1.3: Monitoring and Evaluation is conducted			65%
Activities	Is implementation on time?		% progress (estimate)	
	Yes	No		
1.1.1 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) <i>*Following discussions with the MoH, Kano has been replaced with Ebonyi state</i>	X		100%	
1.1.2 Participate in monthly coordination meetings with stakeholders at National and State levels.	X		90%	
1.1.3 Undertake continuous risk and capacity assessments during implementation.	X	Ongoing	60%	
1.2.1 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)	X		100%	
1.2.2 Conduct a five day KAP survey in Anambra, Kano* and Rivers states using the open data kit (ODK) <i>*Following discussions with the MoH, Kano has been replaced by Ebonyi state</i>	X		90%	
1.3.1 Conduct two monitoring visits (one per month) to operational areas using a team of four people (Health team, Programmes, Communications and PMER focal person). Additional resources have been allocated due to the extension of the DREF.		X	70%	
1.3.2 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	X		100%	
1.3.3 Monthly reporting and review of activities		X	70%	
1.3.4 Conduct DREF review and lessons learnt workshop before the end of the operation	X	Ongoing	50%	
Progress towards outcomes				
<p>1.1.1 Initial assessments have been completed in Anambra, Ebonyi and Rivers states. In Anambra and Rivers states, the assessments have corroborated the projections made by the MoH on the caseload, scale and coverage in the affected areas. Following the assessments, immediate, medium and long term recommendations have been made in regards to the provision of sustainable support to communities, which included:</p> <ul style="list-style-type: none"> ○ Building the understanding of the affected population on the prevention and control of cholera, including the development of messages that can be understood and acted. ○ Community-level provision of safe water supply and sanitation facilities, hygiene promotion, as well as the distribution of hygiene related items (jerry cans etc.). <p>1.1.2 Continuous coordination is being carried out by the NRCS through participation at meetings with stakeholders at National and State level during which information is shared, and mapping of which agencies are responding where and when identified. The NRCS has been working in collaboration with the Ministry of Water Resources, MoH, National Emergency Management Agency (NEMA) and UNICEF both at national and state levels. During meetings situation updates are shared from which response strategies have been</p>				

developed and implemented.

- 1.1.3 Undertake continuous risk and capacity assessments during implementation. Risk assessments were conducted during implementation of the project. The assessments will continue throughout the implementation period. The capacity of the branches is being strengthened as a result of the risk assessments that were conducted.
- 1.2.1 In total, 30 community volunteers received training (10 per state) on KAP surveys, which equates to 100 per cent of the intended target (30); and therefore an implementation level is also 100 per cent.
- 1.2.2 In Anambra and Rivers states, KAP surveys have been carried out using the ODK cell phone technology. Following discussions with the MoH; it was agreed that Kano state would be removed from the DREF operation, and replaced with Ebonyi state, where an increase in cases had been reported. As of this Operations Update, the KAP survey in Ebonyi was concluded, and the results are now being compiled.
- 1.3.1 As of this Operations Update, one monitoring visit was carried out in Ebonyi and others have been planned for in Anambra and Rivers. As noted, an additional NHQ / branch monitoring mission has also been included through this Operations Update to ensure that there are no further delays in the implementation of the activities planned, as well as provide quality assurance on those that have been completed.
- 1.3.2 A RDRT has been deployed to support the effective implementation of the DREF operation, in addition to two NDRT for support at state level. As noted, a new rotation of a RDRT for an additional two months has been included through this Operations Update.
- 1.3.3 Each branch has been oriented on the reporting formats and has started reporting to the NHQ.
- 1.3.4 An operational review/lessons exercise will be carried out; and the Terms of Reference for this is under preparation.

Health & care

Health & 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 <i>*Following discussions with the MoH, Kano has been replaced by Ebonyi state</i>	Outputs			% of achievement
	Output 1.1: Capacity of Nigeria Red Cross Society to respond to the epidemic in the affected area is strengthened			70%
	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)			25%
Activities	Is implementation on time?		% progress (estimate)	
	Yes	No		
1.1.1	Conduct a two day training of 90 volunteers (30 per state) on health education, hygiene promotion and epidemic control techniques.	X		100%
1.1.2	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.	X		100%
1.1.3	Continuous analysis of the dynamic of the outbreak in terms of geographical distribution and main contexts of transmission.			60%
1.1.4	Continuous adaptation of the intervention based on the continuous analysis of the outbreak.	X		80%
1.2.1	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 five months* <i>*Extension of timeframe to five months through this Operations Update</i>	X		40%
1.2.2	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.	X		40%
1.2.3	Carry out 18 community meetings, rallies and sensitizations at market squares and other public gathering (two events per state per month).	X		40%
Progress towards outcomes				
1.1.1	As of this Operations Update, the two-day training of 90 volunteers (30 per state) on health education, hygiene promotion and epidemic control techniques was carried out in the three states, which equates to 100 per cent of the intended target (90); and there implementation is also 100 per cent.			
1.1.2	In total, 30 community volunteers have received training on the use of the cell phone based ODK software for data collection, which equates to 100 per cent of the intended target (30)); and therefore implementation level is also 100 per cent. The use of the ODK has been applied when carrying out the KAP surveys in Anambra and Rivers states. Please note that there will be continued coaching to ensure that the community volunteers are competent on the use of the ODK.			
1.1.3	Continuous analysis of the dynamic of the outbreak in terms of geographical distribution and main contexts of transmission. The NRCS NHQ and branches is in contact with the MoH receiving updates on cholera in the country ensuring that the current situation is documented at every level. The Branch Secretaries are attending coordination meetings where the cholera situation is discussed.			
1.1.4	As noted, (please refer to “PMER” section”, a monitoring mission was carried out by the IFRC zone			

emergency health coordinator, which supported the reorientation of the DREF operation through this Operations Update.

- 2.1.1 In total, 3,500 people have been reached through house to house sensitization campaigns in the three states (Anambra, Ebonyi and Rivers), which have been carried out by the 90 volunteers that received training on health education, hygiene promotion and epidemic control techniques (please refer to “Activity 1.1.1”); and equates to 25 per cent approx.. of the intended target (15,000)
- 2.1.2 Production and dissemination of IEC materials has been carried out and informed by the assessments carried out. Please note that following feedback from volunteers, there is a need to have additional IECs in order to reinforce the dissemination of messages on the prevention and control of cholera during house to house sensitization campaigns; and this is included through this Operations Update.
- 2.1.3 Community meetings, rallies and sensitization at market squats and other public gatherings were disrupted due to the Presidential and Governorship elections; however they have since commenced.

Water, sanitation, and hygiene promotion

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	Outputs		% of achievement	
	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)		0%	
	Output 1.2: Target population in the affected area is provided with adequate drainage environmental sanitation facilities. (Target: 15,000 beneficiaries / 3,000 households)		0%	
	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)		25%	
Activities	Is implementation on time?		% progress (estimate)	
	Yes	No		
1.1.1 Procure and distribute 120,000 water purification tablets (aqua tabs) to promote Household Water Treatment (HHWT)	X		75%	
1.1.2 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		X	30%	
1.2.1 Procure cleaning equipment (60 rakes, 60 shovels, 30 wheelbarrows,) and 15 cartons of protective equipment (gloves, masks, rubber boots) to equip Water and Sanitation committees	X		75%	
1.2.2 Establish nine WatSan Committees (of six persons each) to ensure sustainability of monthly clearing of drainages and promotion of hygiene in affected communities	X		75%	
1.2.3 Distribute cleaning and protective equipment to Water and Sanitation committees to organize monthly community sanitation		X	0%	
1.2.4 Supervise and support monthly clearing of drainage and sewerage systems		X	0%	
1.3.1 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.	X		75%	
1.3.2 Distribute 2,140 households with water storage containers (buckets and jerry cans), soap and household water treatment packages		X	0%	

1.3.3	Orient households on the proper use of distributed items during house to house visits		X	0%
Progress towards outcomes				
1.1.1	Procurement of water purification tablets (aqua tabs) is in progress; and expected to be completed in early June 2015, when public demonstrations and sensitization on household water storage and treatment will be carried out through a house to house approach.			
1.1.2	Public demonstrations and sensitizations on household water storage and treatment through a house to house approach have commenced. It has been agreed to procure water guard which is available in the country and at reasonable cost.			
1.2.1	Procurement of cleaning equipment (rakes, shovels and wheelbarrows) and protective equipment (gloves, masks and rubber boots) is in progress; and expected to be completed in early June 2015.			
1.2.2	In total, nine Water and Sanitation Committees have been established, which equates to 100 per cent of the intended target (Nine); and these will be effective once the materials have been procured and delivered.			
1.2.3	Distribution of cleaning equipment and protective equipment has not been completed, however as noted procurement is in progress.			
1.2.4	Monthly clearing and leaning of drainage and sewerage systems has been carried out, and will be improved with the procurement of cleaning equipment and protective equipment, following the establishment of Water and Sanitation Committees in the community			
1.3.1	Procurement of water storage containers (buckets and jerry cans), and soap is in progress; and expected to be completed in early June 2015.			
1.3.2	Distribution of water storage containers and soap has not been carried out, and is pending the procurement (please refer to Activity 1.3.1), which is expected to be completed in early June 2015.			
1.3.3	As of this Operations Update, orientation of households on the use of water storage containers and soap has not commended (please refer to "Activity 1.3.1 and 1.3.2"			

D. Budget

See budget summary below for details

Contact Information

**For further information specifically related to this operation please contact:
In the National Society**

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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 (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and **peace**.

DREF OPERATION UPDATE

MDRNG020 NIGERIA CHOLERA

11.06.2015

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	24,000
National Staff	0
National Society Staff	30,417
Volunteers	44,389
Total PERSONNEL	98,806
Consultants	0
Professional Fees	0
Total CONSULTANTS & PROFESSIONAL FEES	0
Workshops & Training	26,972
Total WORKSHOP & TRAINING	26,972
Travel	4,500
Information & Public Relations	18,583
Office Costs	0
Communications	3,500
Financial Charges	1,000
Other General Expenses	0
Shared Support Services	0
Total GENERAL EXPENDITURES	27,583
Programme and Supplementary Services Recovery	12,255
Total INDIRECT COSTS	12,255
TOTAL BUDGET	200,794