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Emergency Plan of Action Final Report

Nigeria: Ebola Virus Disease



Emergency Appeal	Operation n° MDRNG017
Date of Issue: 31.08.2014	Date of disaster: 21.07.2014
Operation start date: 12.08.2014	Operation end date: 31 .05.2015
Host National Society(ies): Nigeria Red Cross	Operation budget: CHF 625,575
Number of people affected: 5,000,000	Number of people assisted: 900,000
N° of National Societies involved in the operation: 1	
N° of other partner organizations involved in the operation: 10	

A. Situation analysis

Description of the disaster

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.

Summary of response

Overview of Host National Society

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 in Lagos and Port Harcourt whereas in other towns preparedness activities were undertaken. A total of 22 trainers from the states were trained on Ebola prevention and Psychosocial Support (PSS). Some volunteers conducted contact tracing, infection control and hygiene promotion, social mobilization/ health promotion while 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

Overview of Red Cross Red Crescent Movement in country

IFRC supported the National Society to combat Ebola following the five 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

Overview of non-RCRC actors in country

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 Federal Ministry of Health (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

[<click here for the final financial report and here for the contact details>](#)

Needs analysis and scenario planning

NRCS in collaboration with the Federal Government and state governments carried out assessments in Lagos and Port Harcourt. However, the additional towns of Edo, Enugu, Oyo and Kaduna were identified through an assessment as risk towns because of having international airports.

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 regularly attended the meetings at the command centre where reports of the various working groups were reviewed on a daily basis. The Red Cross was a 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.

The Nigeria Red Cross worked in collaboration with other partners at the Incident Command Centres (ICC) in Lagos and Port Harcourt which included the Federal Ministry of Health (FMOH), State Ministry of Health (SMOH), WHO, CDC and UNICEF.

In-country fundraising efforts took place. Discussions with Shell, Exxon Mobil, Japanese Embassy and ECHO were held however the efforts did not yield much results because the outbreak was immediately contained.

Risk Analysis

During the implementation of the appeal there were lots of myths about Ebola. In addition there were lots of fears among volunteers and family members about getting involved in the Ebola activities. Some volunteers who were involved in the response were discriminated against. A limited number of volunteers reported being dismissed from their employment and there were no mechanisms to seek redress.

Since the disease was contained quickly, there were no plans put in place to continue with preparedness activities in other states. There is a gap in preparing states to contain any Ebola outbreak if it occurred.

No. of people we have reached

As a result of the assistance, a total of 900,000 people were reached. The 5 million target was not reached because the outbreak was contained early in Nigeria. The majority of people benefited from life-saving messages on prevention of Ebola. The people that were reached adopted preventive behaviours.

B. Operational strategy and plan

Overall Objective

To contribute to the prevention and mitigation of the impact of Ebola virus outbreak in Nigeria: The objective was met and the Nigeria Red Cross with support from the IFRC contributed significantly to preventing and mitigating the effects of Ebola.

Proposed strategy

The Nigerian Red Cross in supporting the Federal and state governments to respond to the Ebola virus outbreak trained and deployed 354 volunteers to conduct sensitization, information dissemination and contact tracing. The IFRC Health delegate and NRCS Health Coordinator participated in coordination meetings at the incident command centres in Lagos and Port Harcourt. Through the work of the volunteers a total of 900,000 people were reached with prevention messages. The target of reaching 5 million people was not reached because the outbreak was contained early. The appeal was also not covered fully. To increase knowledge among NRCS staff, prevention messages were disseminated to all the branches.

Human resources (HR)

The Health Delegate, Finance Delegate and local staff under the IFRC office were partially supported by the appeal while the NS staff costs were fully supported to deliver the on the EPoA. The volunteers were only supported during the period when Ebola cases were active. The majority of the volunteers were supported by the Federal and state Government. The volunteers working at the airport and those who carried out contact tracing were supported by the Government and only those who conducted social mobilization were supported by the appeal.

Logistics and supply chain

PPEs were procured from Geneva while the rest of materials including IEC materials such as T-shirts, leaflets, posters and banners were procured by the NRCS logistics unit.

Communications

The Nigeria Red Cross and IFRC communications unit shared information on the operation with the authorities, partners and media. Stories on the activities of the volunteers during response were published in the media both electronic and print. In collaboration with Etisalat, Radio programmes were aired to educate the public on Ebola. During training of volunteers on Ebola, there was media coverage.

Security

During implementation there were no major security issues. Some volunteers and survivors experienced discrimination. Some health workers and volunteers were dismissed from work due to stigma attached to EVD. Through psychosocial support some of the survivors were helped and appreciated the support from the Red Cross because there was no other organization that did provide support.

Planning, monitoring, evaluation, & reporting (PMER)

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.

C. DETAILED OPERATIONAL PLAN



Quality Programming / Areas Common to all Sectors

<p>Needs assessment</p> <p>Outcome 1: Continuous and detailed assessment and analysis is used to inform the design and implementation of the operation</p> <p>Output 1: Initial and continuous needs assessment are updated following consultation with beneficiaries</p> <p>Activities:</p> <ul style="list-style-type: none"> • Carry out needs and gaps assessments • Participate in coordination meetings with stakeholders at National and State levels • Undertake continuous risk and capacity assessments
<p>Achievements</p> <p>NRCS in collaboration with the Federal Government and state governments carried out assessments 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 having international airports.</p> <p>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 regularly attended the meetings at the command centre where reports of the various working groups were reviewed on a daily basis. The Red Cross was a 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 worked in collaboration with other partners at the Incident Command Centres (ICC) in Lagos and Port Harcourt which included the Federal Ministry of Health (FMOH), State Ministry of Health (SMOH), WHO, CDC and UNICEF.</p>
<p>Challenges</p> <p>At the beginning of the operation, it was difficult to coordinate the assessments and information from the affected communities. The NRCS deployed the health coordinator and the health delegate from the IFRC to participate in coordination meetings. The command centres were very useful in sharing information and planning activities.</p>
<p>Lessons Learned</p> <p>The trained volunteers are a resource to the NS because they can be used in other programmes. The volunteers have acquired skills that they can use to responding to any outbreak such as cholera or any other epidemic. The branches that benefited from the support have been strengthened and their capacity built. There is increased number of volunteers in the branches.</p>

Health and Care

Needs analysis: During the outbreak of Ebola, there was need for volunteers to conduct social mobilization and contact tracing. The Red Cross had to identify suitable volunteers to be trained on social mobilization and contact tracing in order to fill the gap.

Population to be assisted: The targeted population were people from the communities where contacts were traced. Contact tracing was conducted in areas where there a case or a suspected case. A total of 900,000 people were reached with information on Ebola prevention. However through the radio and television coverage the target might have been exceeded.

<p>Health and Care</p>	
<p>Outcome 2: The immediate risks to the health of affected populations are reduced</p>	
<p>Output 1.1: The capacity of Nigerian Red Cross Society to manage Ebola virus disease outbreak response has been strengthened.</p>	
<p>Activities:</p> <ul style="list-style-type: none"> • Train 300 volunteers on health education, hygiene promotion and epidemic control techniques 	
<p>A total of 354 volunteers were trained on EVD prevention methods, more especially on social mobilization and contact tracing. Trained volunteers were deployed under the guidance and supervision of the incident command centre manager. A total of 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.</p>	
<p>Output 1:2 Epidemic prevention and control measures carried out</p>	
<p>Activities:</p> <ul style="list-style-type: none"> • Carry out community meetings and sensitizations at markets, churches, mosques, schools and other meeting points • Conduct contact tracing, disease prevention and health promotion campaign • Procure, transport and store 330 PPEs and hand sanitizer gel and Dettol and lease vehicles for the operation • Support HR, logistical and management capacities to implement the operation for the Branch and NHQ 	
<p>Output 1.3: Increased public awareness about EVD (signs and symptoms, transmission risk factors, actions for suspected cases and anti-stigma information)</p>	
<p>Activities:</p> <ul style="list-style-type: none"> • Develop, adapt and share key messages with branches • Produce and disseminate information, education and communication materials related to Ebola virus • Engage the media: National dailies, radio chats, live broadcast on TV stations, call in programmes <p>Distribution of flyers on the streets, churches, mosques, markets, barracks, schools etc.</p>	
<p>Outcome 3: The management of the operation is informed by a comprehensive monitoring and evaluation system</p>	
<p>Output 3.1 A process of monitoring and evaluation maintained and reported on throughout the program</p>	
<p>Activities:</p> <ul style="list-style-type: none"> • Establish and maintain regular monitoring system to map cases and National Society field capacity and ensure regular reporting of the NRCS operation 	
<p>Achievements</p>	
<p>330 PPEs were procured centrally from Geneva and are at the warehouse in Lagos. The PPEs were not used because the RC volunteers were not involved in any activities that required the use of PPEs; however some of the PPEs were used for demonstrations during training of volunteers. The remaining PPEs are stocked for future training and preparedness activities.</p>	
	<p>In order to prepare the branches, all the branches received messages on EVD prevention and control. The branches worked closely with their state governments to carry out preparedness activities. The IFRC assisted in standardisation of messages that were disseminated on various media platforms.</p>
<p>T-shirt for volunteers. Photo: NRCS</p>	
	<p>Demonstration on use of PPE kit. Photo: NRCS</p>

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.

National rallies, Radio chats, Live broadcast on TV station, call-in programmes were held. Etisalat worked together with 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 disseminated information on Ebola to the public at specific times. The NRCS will continue with the collaboration under the Beneficiary Communication project until early 2016.



Volunteer training on Ebola –Lagos. Photo: NRCS

Challenges

The appeal was not fully funded due to the early containment of the outbreak of Ebola. This affected the reaching of the planned target of 5 million people with prevention messages. Instead a total of 900,000 people were reached.

Lessons learned

Being involved in coordination meeting is critical to get the support from stakeholders. The deployment of volunteers at the airport was really strategic and significant. The volunteers were paid stipends by the Federal and state governments. Those involved in contact tracing were also supported with stipends by the governments. Some of the volunteers are still working at the airport terminal conducting screening of the in and out bound passengers. The operation provided temporary employment for some volunteers. The Federal Government is still paying the volunteers for the services provided.

The use of and training of all implementers on standardised reporting tools enabled quick reporting and sharing of information with other stakeholders. The IFRC assisted the NRCS to set up monitoring and evaluation mechanism by ensuring that data collection tools were developed and volunteers oriented on the tools. The volunteers were coached and mentored on the use of the tools. Key staff at the branch were also trained on the forms to allow for proper supervision. The reporting mechanisms were harmonized with the state and Federal government. It is noted that the operation provided an opportunity to the NS to document some good practices that can be used in other situations.

Involvement of key stakeholders enhances project success. The selection criteria for volunteers to be involved in the operation was done in consultation with the community leaders. The community leaders worked together with the RC staff and lead volunteers to identify suitable volunteers. Gender equity and diversity was ensured. The number of female and male volunteers was equal. Through teleconferences, workshops and reports, the story of Nigeria containment of the outbreak was shared. Lessons have been learnt and shared across the region. Radio and Television interviews were held to share the lessons learnt on the response to Ebola.

The NRCS and IFRC have documented the processes used and the challenges encountered during the operation so as not to experience the same in the future operations. The most vital part is that the pool of volunteers that were trained and deployed in the operation will forever treasure their immeasurable experience and capacity gained during the Ebola operation.

Psycho-social Support

EVD Affected people and communities receive Psycho-social support

Needs analysis: The survivors, some volunteers and family members were being stigmatized and discriminated against in the communities. The need to provide correct information on EVD was critical to address the myths and misunderstanding.

Population to be assisted: It was planned that a limited number of volunteers would be picked from the total trained to provide PSS services to the affected people including their numbers.

Psycho-social Support
<p>Outcome 3: Psychosocial effects of the outbreak are reduced for affected individuals, families and communities</p> <p>Output 1.1 Staff and volunteers oriented on basic PSP interventions</p> <p>Activities:</p> <ul style="list-style-type: none"> • Identification of volunteers to be trained • Orientation of 80 volunteers on PSP <p>Output 1.2 Basic PSP services provided to affected families, staff and volunteers</p> <p>Activities:</p> <ul style="list-style-type: none"> • Conduct debriefing sessions on weekly basis to staff, volunteers & emergency hospital medics • Establish systems for volunteer care and stress management and recreational activities for all personnel involved in the operation • Engage with affected communities to develop and implement psychosocial support interventions at community level
Achievements
<p>A total of 20 volunteers in in Lagos and Port Harcourt were oriented on how to provide psychosocial support while 120 volunteers in other states of Enugu, Kaduna, Oyo and Edo were also trained. The twenty volunteers in Lagos and Port Harcourt were deployed. These 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. Unfortunately there were no means of legal mitigation for the survivors.</p> <p>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.</p> <p>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. The survivors and the family members appreciated the home visits conducted by the volunteers.</p>
Challenges
<p>The main challenge was to find other stakeholders to provide support on PSS. There was no resource allocation for PSS activities by the Governments. The only support for PSS activities were solely by the EVD appeal.</p>
Lessons learned
<p>It was found out that only the Red Cross provided PSS to the survivors and affected relatives. The Red Cross conducted home visits to the survivors of EVD and they lamented on lack of social, economic and emotional support from the government and other stakeholders. In future, there is need to advocate for stakeholder support in all proposed activities in order to have adequate coverage for the affected populations.</p>

D. THE BUDGET

Financial situation

A DREF loan of CHF 150,000 was used to start up the operation. The total funding received was CHF625,055 and CHF622,815 was spent. A balance of CHF2,240 remained that was budgeted for the customs clearance of the PPEs. The Nigeria Red Cross was exempted from paying of tax on the PPEs during the Ebola outbreak. This amount will be moved to the [Nigeria development operational plan for 2015](#) to be used for epidemic preparedness.

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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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

Final Report

Selected Parameters

Reporting Timeframe	2014/8-2015/7	Programme	MDRNG017
Budget Timeframe	2014/8-2015/5	Budget	Approved
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		1,619,444				1,619,444	
B. Opening Balance							
Income							
Cash contributions							
<i>Australian Government</i>		49,741				49,741	700
<i>Canadian Red Cross (from Canadian Government*)</i>		58,969				58,969	
<i>European Commission - DG ECHO</i>		114,679				114,679	
<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		628,135				628,135	700
Other Income							
<i>Fundraising Fees</i>		-3,080				-3,080	
C4. Other Income		-3,080				-3,080	
C. Total Income = SUM(C1..C4)		625,055				625,055	700
D. Total Funding = B + C		625,055				625,055	700

* 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		625,055				625,055	700
E. Expenditure		-622,815				-622,815	
F. Closing Balance = (B + C + E)		2,240				2,240	700

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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								
Medical & First Aid	30,600		16,840			16,840	13,760	
Total Relief items, Construction, Sup	30,600		16,840			16,840	13,760	
Logistics, Transport & Storage								
Storage	1,000						1,000	
Distribution & Monitoring			64			64	-64	
Transport & Vehicles Costs	15,400		18,322			18,322	-2,922	
Logistics Services	68,000		6,893			6,893	61,107	
Total Logistics, Transport & Storage	84,400		25,278			25,278	59,122	
Personnel								
International Staff	228,000		140,405			140,405	87,595	
National Staff			274			274	-274	
National Society Staff	18,455		18,197			18,197	258	
Volunteers	812,850		126,596			126,596	686,254	
Total Personnel	1,059,305		285,472			285,472	773,833	
Workshops & Training								
Workshops & Training	173,900		141,620			141,620	32,280	
Total Workshops & Training	173,900		141,620			141,620	32,280	
General Expenditure								
Travel	32,000		15,207			15,207	16,793	
Information & Public Relations	71,600		76,232			76,232	-4,632	
Communications	19,000		3,463			3,463	15,537	
Financial Charges	9,000		3,371			3,371	5,629	
Other General Expenses	26,784		6,716			6,716	20,068	
Shared Office and Services Costs	14,016		10,107			10,107	3,909	
Total General Expenditure	172,400		115,095			115,095	57,305	
Indirect Costs								
Programme & Services Support Recove	98,839		37,980			37,980	60,860	
Total Indirect Costs	98,839		37,980			37,980	60,860	
Pledge Specific Costs								
Pledge Earmarking Fee			461			461	-461	
Pledge Reporting Fees			70			70	-70	
Total Pledge Specific Costs			531			531	-531	
TOTAL EXPENDITURE (D)	1,619,444		622,815			622,815	996,629	
VARIANCE (C - D)			996,629			996,629		

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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		625,055	625,055	622,815	2,240	700
Subtotal BL2	1,619,444		625,055	625,055	622,815	2,240	700
GRAND TOTAL	1,619,444		625,055	625,055	622,815	2,240	700