

DREF final report

Nigeria: Cholera Outbreak

DREF operation MDRNG011 GLIDE n° EP-2011-000092-NGA 15 March, 2012

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross Red Crescent response to emergencies. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

Summary: CHF 92,995 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 22 July, 2011 to support Nigerian Red Cross Society (NRCS) in delivering assistance to some 10,000 beneficiaries affected by cholera in Bauchi and Plateau state.

This operation lasted for two months, during which time community assessments were carried out by NRCS volunteers to determine the risk factors and to recognize the gaps not covered by other stakeholders in cholera control in the selected communities.

About 150 NRCS volunteers were trained and continue to carry out activities on health preventive measures on cholera and diarrhoea in their communities.



Nigerian Red Cross volunteers demonstrating proper hand washing to community members during Stop Cholera campaign in Plateau state /NRCS

These trained volunteers in Bauchi and Plateau states have reached about 13,800 households with health messages on cholera and its prevention, including the preparation of ORS and the importance of hand washing, personal hygiene, environmental sanitation and household water treatment in breaking the chain of cholera transmission. Cholera related non-food items (NFIs) have been distributed to 10,000 identified vulnerable households. Radio jingles were broadcast in local dialect on the importance of safe water, hygiene and sanitation during this period.

Environmental sanitation activities, including clean up of communities, market places and abattoirs were carried out by the volunteers and community members. Hand washing demonstrations were also carried out in schools and household water treatment demonstrations were provided to women by community volunteers.

Advocacy visits/meetings were made with traditional and religious leaders as well as with school heads, which resulted in increased support of Red Cross work in the communities. For example, the local government chairman of Dass, Bauchi state provided financial support to volunteers working in the Cholera Treatment Unit located in Dass General Hospital and promised them his support at all times.

An evaluation carried out at the end of the first phase of the DREF implementation showed no new case reported in week 35 in any of the targeted communities and positive behavioural change among the target population was noticed.

The NRCS and IFRC express their appreciation to DG-ECHO and the Canadian Red Cross/Government for their contributions to the replenishment of this DREF allocation. The major donors and partners of 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 U.S.A., as well as DG-ECHO, the U.K. Department for International Development (DFID), the Medtronic and Z Zurich Foundations and other corporate and private donors. The IFRC, on behalf of the National Society, thanks all for their generous contributions.

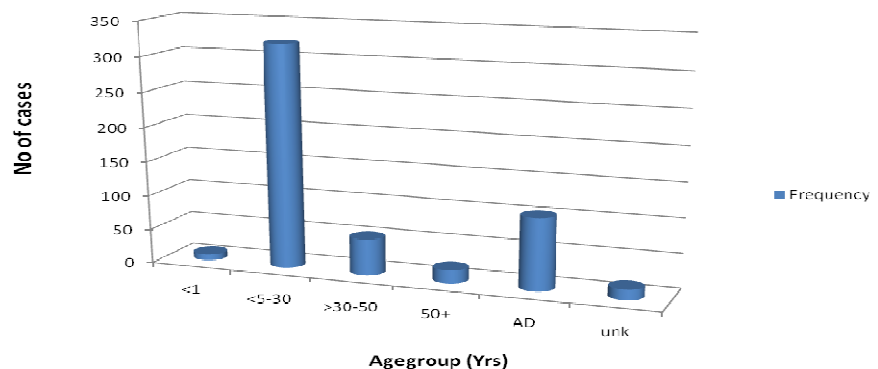
Details of contributions to DREF are found at: www.ifrc.org/docs/appeals/Active/MAA00010_2011.pdf.

[<click here for the final financial report, or here to view contact details>](#)

The situation

A cholera outbreak in Nigeria was initially detected in 2011 in the northern part of the country with about eight states affected, namely Bauchi, Adamawa, Borno, Plateau, Gombe, Kaduna, Taraba and Yobe. The first index case of cholera was reported in week 21 in both Plateau and Bauchi states of Nigeria. By week 30, a total of 522 cases were reported in Plateau and 815 in Bauchi state. A national cumulative total of about 12,000 cases and 308 deaths were reported at week 30. At week 34, some 15,100 cases and 435 deaths with a lethality rate of 3.5% were reported.

Distribution of age group with suspected Cholera cases in Plateau State, 2011



The states of Oyo, Lagos Kogi, Niger, Ebonyi, FCT, Nasarawa, Sokoto, Borno, Jigawa, Taraba and Kano were also affected.

Red Cross and Red Crescent action

NRCS with support from IFRC responded to the cholera outbreak in Bauchi and Plateau states. As auxiliary to the government, NRCS supported the effort of the Nigerian government by rendering assistance to the most vulnerable community members in eight local government areas (LGA) in Bauchi and Plateau states. Community based Red Cross volunteers from local branches were used for the operation because of their knowledge of the culture and tradition of their community members.

Achievements against outcomes

Emergency Health

Outcome: To contribute to the prevention and control of cholera among 10,000 most vulnerable families in 2 most affected states

Output

Cholera-related morbidity and mortality is reduced through comprehensive health approach including ORS distribution and case management.

Activities planned

- Rapid orientation of 200 volunteers on health preventive measures on cholera and diarrhoea using cholera kit module.
- Procurement and distribution of ORS to 10,000 most affected families in the affected communities

| | |
|---|--|
| Hygiene practices of the community is improved through sensitization and hygiene and awareness activities | <ul style="list-style-type: none"> • Provide Information Education and communication materials for promotion and risk reduction sensitisation activities. • Conduct health sensitization activities to the most affected communities |
| The risk of cholera is reduced through the provision of safe water and improvement of sanitation conditions | <ul style="list-style-type: none"> • Procurement and distribution of Aquatab to the most affected communities for household water treatment. |

Progress

One of the immediate needs of the affected communities identified was health education on personal, and community hygiene, environmental sanitation and safe drinking water. NRCS organised a two-day training on Water, Sanitation and Hygiene (WASH) for 150 volunteers in Plateau and Bauchi states. The objective of the training was to equip NRCS volunteers in the affected communities with knowledge and skills to contribute to the prevention and control of cholera among the most vulnerable of the target communities. Some of the topics covered are: overview of cholera; diarrhoea and dehydration; safe water; personal/ family and community hygiene; environmental sanitation; communicating with the community; and beneficiary targeting. Some of the topics were practical oriented (Hand washing, preparing ORS during an outbreak, water purification, and communicating with the community) and participants were made to participate fully. Methods employed were power point presentations, group discussions, brainstorming, group work, practical sessions, questions and answers.

NRCS volunteers collaborated with local health facilities by educating the community members on how to prevent the spread of cholera and diarrhoea. They also carried out cholera response activities by chlorinating wells, disinfecting affected households, community sanitation, assisting in the cholera treatment centres (CTCs) by disinfecting camps and households with infected members, giving psychosocial support to those infected and affected by cholera.

The cholera treatment camp located in Dass and Toro General Hospitals were also beneficiaries of the treatment module of cholera kit to help in the case management of the cholera patients on admission. ORS, Aquatab water purification tablets and hand soap were also donated to the cholera treatment unit in Toro General Hospital, patients and their relatives were also given ORS, Aquatab and soap after educating them on prevention of spread of cholera and its management. Additional privately owned health facilities were also beneficiaries of the cholera kit and other cholera related NFIs to assist in the management of both in- and out- patients free of charge.

Safe Water, Sanitation and Hygiene campaign

The trained volunteers then entered their communities and carried out awareness raising activities on safe water, environmental sanitation and personal hygiene. The campaign was tagged Stop Cholera. NRCS volunteers in the eight selected communities educated their community members on: Cholera; personal hygiene; environmental sanitation; Safe water; home based care for Diarrhoea and vomiting.

The volunteers adopted the following methods in getting the messages across to the people mostly using their local dialect:

- House to House visit and education using pamphlets and community tools;
- Educating Quran school children and teachers (other schools were on holidays);
- Use of megaphones;
- Talking to groups of women and men in compounds, markets places and religious groups.
- Strategic placement of poster on hand washing and use of latrine;
- Advocacy visits to religious and traditional leaders and teachers to include messages on good hygiene in their sermons and classes;
- Role play and demonstration;
- Working with health workers in various health centres to educate patients and their relatives on safe water, sanitation and hygiene;
- Radio jingles in local dialect.

Community Clean-up exercises

NRCS volunteers during the Stop Cholera campaign also made advocacy visit to community traditional leaders to persuade community members to come out for the mass community clean up exercises. Red Cross and their community members cleaned up their environment, drainages, abattoirs, markets and public toilets.

Beneficiary targeting

During the awareness raising campaign and house-to-house visits, the most vulnerable groups were also identified and registered. The vulnerable are the most likely to die from cholera. These are; those affected by cholera; those suffering from vomiting and diarrhoea; those that lack access to safe water and sanitation facilities; children less than 5 years and; and pregnant women. Ten thousand households were registered and benefited from the relief materials (Aquatab, ORS and Soap) that were provided by International Federation of Red Cross and Red Crescent.

Distribution of ORS, Aquatab and Soap

A total of 10,000 households have benefitted from relief items donated by IFRC, which includes 40,000 sachets of ORS, 640,000 tablets of Aquatab and 16,000 hand soaps. Health facilities in Plateau and Bauchi states were also given ORS, Aquatab and Treatment module of cholera kit was donated to the CTC in Dass and Toro, Bauchi state.

The distribution of the relief materials was flagged off in Zaramaganda LEA primary school for Plateau state and Toro LGA secretariat for Bauchi state.

Coordination and partnerships

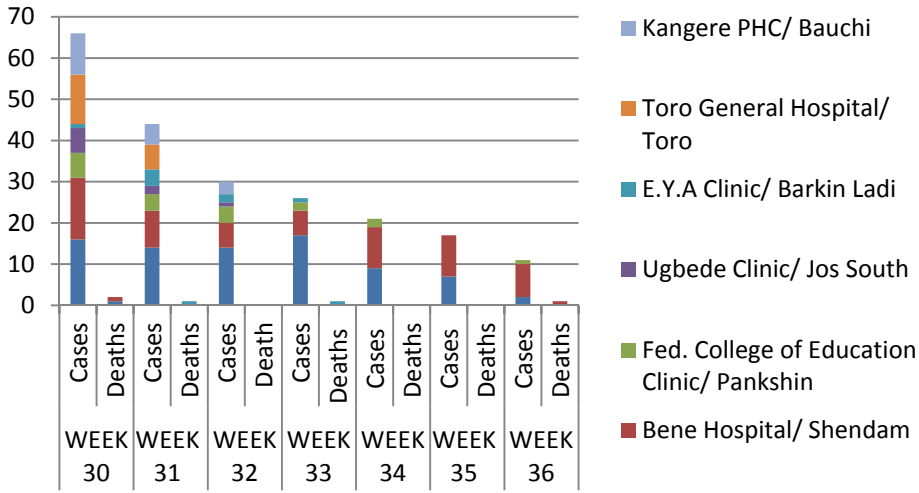
NRCS collaborated with MoH, UNICEF, NEMA and other stakeholders in the control of cholera in Nigeria. NRCS community volunteers in the affected communities worked with Health workers at the CTC taking shifts day and night assisting in disinfecting the clinic and patient relatives with chlorine, general cleaning of the CTC, administration of ORT, monitoring vitals and giving psychosocial support to those affected and their relatives.

Behavioural change and social mobilization are regarded as being vital in addressing the spread of cholera. NRCS Volunteers in the selected communities of Bauchi and Plateau states with support from IFRC carried out health education throughout the period of this operation using IEC materials developed in local languages, Jingles in pidgin and local dialect, social mobilization and distribution of ORS, water purification tablets and hand soap all these focused on raising cholera awareness. UNICEF responded in some of the states by distributing ORS, antibiotics, Intravenous fluids and food supplement to those affected. MSF was involved in diagnosis and case management of those affected in some states.

NRCS was represented at the Multisectoral Epidemic Preparedness and Response coordination meeting both at zonal and state levels.

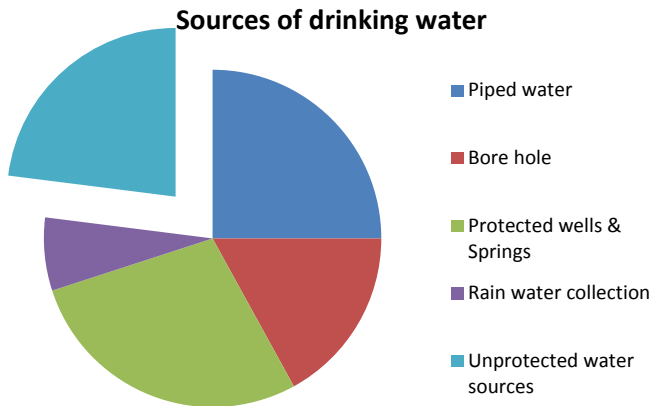
| Emergency Health | |
|--|--|
| Outcome: To contribute to the prevention and control of cholera among 10,000 most vulnerable families in 2 most affected states | |
| Output | Activities planned |
| Cholera-related morbidity and mortality is reduced through comprehensive health approach including ORS distribution and case management. | <ul style="list-style-type: none"> • Rapid orientation of 200 volunteers on health preventive measures on cholera and diarrhoea using cholera kit module. • Procurement and distribution of ORS to 10,000 most affected families in the affected communities |

Progress in Bauchi and Plateau states: 150 NRCS volunteers were trained and are carrying out activities on health preventive measures on cholera and diarrhoea in their communities. The NRCS volunteers were equipped with four volunteer module of cholera kit to help them in their activities in the affected communities. A total of 40,000 sachets of ORS were distributed to 10,000 affected and vulnerable households in the communities.



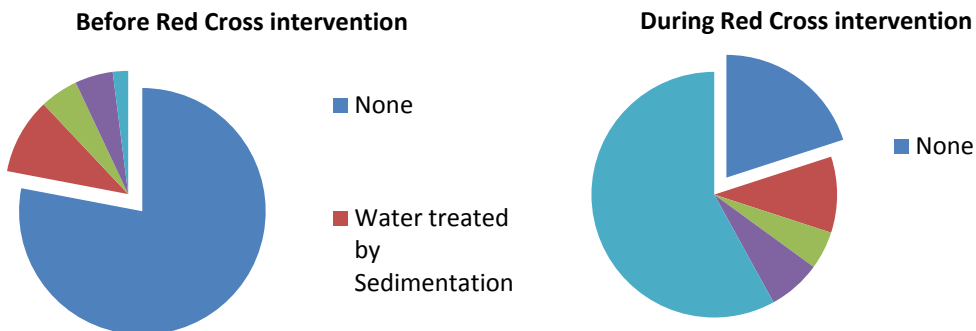
The challenge of potable drinking water

Lack of potable water continues to be a major contributing factor to outbreak and spread of cholera and other water borne diseases in these communities. About 25% of the total population of the selected population has access to pipe borne water, which runs once a week at most. During the Red Cross intervention, community members now get their drinking water from bore holes and protected wells even if they have to walk a great distance to get it.



Methods used to make water safer include filtering, boiling and chlorination. The charts below compare the proportion of the target population that make their water safer for drinking before and during Red Cross intervention.

Comparison of target households using accepted methods of water treatment before and during intervention



The problem of low Latrine coverage and lack of waste disposal site

There is no major change in the method of faecal disposal adopted by the target group as there are still insufficient sanitation facilities (toilets, latrines and hand washing materials) in the selected communities. There is no standard drainage system and definitive waste disposal site in all of the communities where Red Cross volunteers worked and community members just dump their refuse either by the street, back of their houses or dry wells.

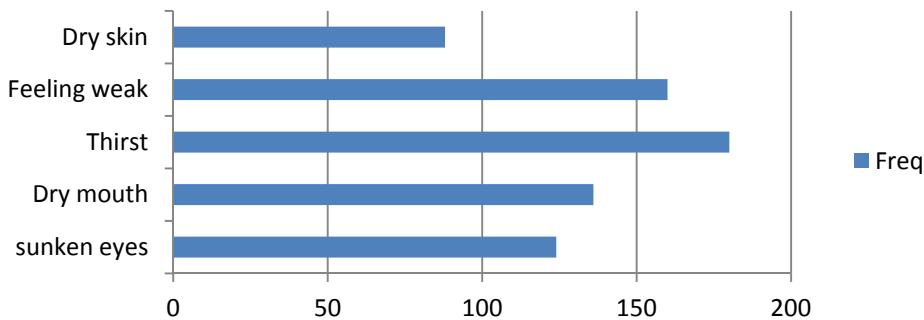
NRCS volunteers made advocacy visits to community heads to provide land space far from homes where people can use as waste disposal site and community members were persuaded to use farm lands for waste disposal while waiting for the community leaders' response.

The weekly environmental sanitation activities conducted by Red Cross volunteers helped rid the rubbish and breeding sites of disease borne vectors around houses.

Home management of diarrhoea and dehydration

The most common complication of diarrhoea/cholera is dehydration, which leads to death if the patient is not rehydrated in time. During the impact evaluation, 80% of the women interviewed could correctly mention five signs of dehydration compared to 38% before Red Cross intervention. The signs mentioned include sunken eyes, dry mouth, feeling weak dry skin and thirst. Those interviewed also know that once a sick person starts showing these signs they should commence ORT. Ninety percent of those interviewed said they would take the sick persons to the hospital if they were still not feeling better after home treatment for one day. Seventy-eight percent of the mothers interviewed could correctly describe the preparation of ORS (packaged) and administration of ORT to a sick child or adult compared to 43% before Red Cross intervention.

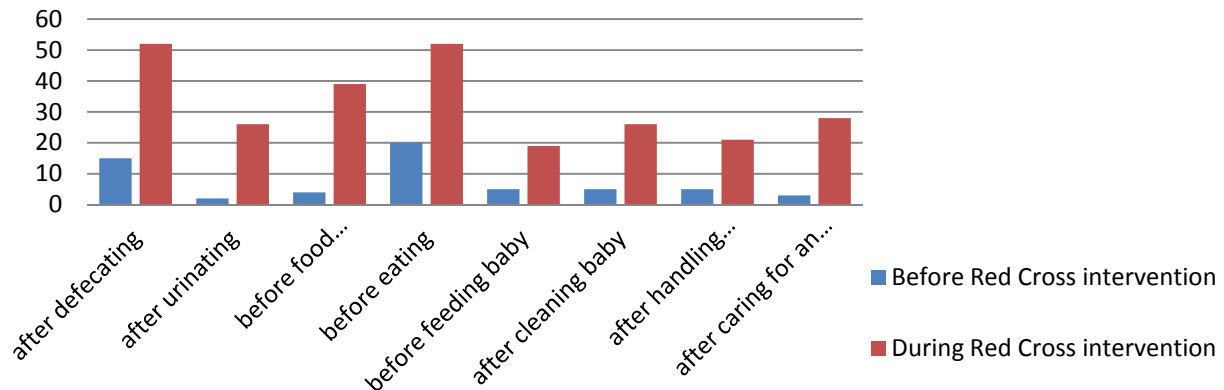
Signs of dehydration correctly identified



Proper hand washing practice

The attitude of the people in the select communities in terms of hygiene has greatly improved as 75% of the inspected toilet facilities were well maintained by regular cleaning with soap and water and the environment free of debris and bushes. Additionally, the hand washing practice of the target community has greatly improved, as shown in the chart below comparing hand washing practice before and during Red Cross intervention. All these led to the drastic reduction in the number of cholera cases reported in all the communities that our volunteers worked.

Comparison of target household handwashing practices before and during intervention



Testimonies

A beneficiary, 25 year old Hajiya Hanatu Ibrahim, a mother of four from Toro community, said that Nigerian Red Cross Society was 'God-sent' as five persons were infected by cholera in her house. She expressed appreciation for the live-saving efforts.

Speaking on the Society's response to the health situation in Plateau and Bauchi states, the Secretary General of the NRCS, Bello Hamman Diram noted that that was not the first time the Society would be responding to health emergencies in the country. He continued, "NRCS would always live up to its mandate and responsibilities to save lives of people affected by conflicts, disasters or outbreak of diseases.'

Challenges:

- New cases from more communities which poses a great challenge of reintroduction of cholera into the already controlled areas;
- Health delivery systems in these affected communities are weak;
- Limited safe water and frequent water cuts that force people to resort to unsafe sources has not been addressed;
- Access to water purification tablets will be difficult for the community members once they exhaust the one distributed to them;
- In addition, information gathered from the community during assessment revealed that boiling water as a means of purification is not practicable.
- Low latrine coverage resulting in unhygienic practices that lead to contamination of water source during raining season has not been addressed;
- Start up problem due to internal problem and late arrival of supplies.

Lessons Learned

- A long term intervention is necessary for successful cholera control project;
- Extending intervention to the affected neighbouring community will prevent re-introduction of the disease into the already controlled areas;
- Greater positive impact will be made when community members are part of the planning and implementation and monitoring of the project;
- Enhanced understanding and skills of community volunteers on PHAST and CBHFA are required for long term success of cholera control project;
- Visionary, energetic and committed leaders are critical for the success of the project and should be supported.

Recommendations

- Long term commitment and funding need to be established that can be sustained over multiple budget cycles (e.g. the interregional approach can be designed to work this way). This may require that the National Society commits to investing in volunteers training/retraining, in structures (e.g. boreholes, latrines, etc.), in IEC materials, and in pre-stocking materials before a crisis occurs.
 - Scaling up interventions to respond in more affected communities.
 - Enhanced programme officers education and training should be encouraged and staff attendance in professional development programmes organized by other training entities should be supported.
 - Continued coordination with other partners in cholera control.
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Contact information

For further information specifically related to this operation, please contact:

- **Nigerian Red Cross Society:** Bello Diram, Secretary General, Nigerian Red Cross Society; phone: +234 8036071041; email: bdiram@nrscng.org ; Umar, Abdu Mairiga, NRCS DM Coordinator, phone: +234 802 327 3624, email: mairigaumar@yahoo.co.uk
- **IFRC Regional Representation:** Daniel Sayi, Regional Representative, West Coast, Abidjan, Côte d'Ivoire office phone; +22566775261 email: daniel.sayi@ifrc.org
- **IFRC Zone:** Daniel Bolanos, Disaster Management Coordinator, Africa; phone: +254 (0)731 067 489; email: daniel.bolanos@ifrc.org
- **In Geneva:** Christine South, Operations Support; phone: +41.22.730.45 29; email: christine.south@ifrc.org
- **Regional Logistics Unit (RLU):** Ari Mantyvaara Logistics Coordinator, Dubai; phone +971 50 4584872, Fax +971.4.883.22.12, email: ari.mantyvaara@ifrc.org

For Resource Mobilization and Pledges:

- **West and Central Africa hub:** Elisabeth Seck, Resource Mobilization Officer, Dakar; phone: +221 33 869 36 60; mobile: +221 77 450 59 49; email: elisabeth.seck@ifrc.org

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

- **IFRC Zone:** Robert Ondrusek, PMER/QA Delegate, Africa phone: +254 731 067277; email: robert.ondrusek@ifrc.org

How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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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.

MDRNG011 - Nigeria - Cholera

Appeal Launch Date: 22 jul 11

Appeal Timeframe: 22 jul 11 to 22 sep 11

FINAL Report

| Selected Parameters | |
|---------------------|----------------|
| Reporting Timeframe | 2011/7-2011/11 |
| Budget Timeframe | 2011/7-2011/9 |
| Appeal | MDRNG011 |
| Budget | APPEAL |

All figures are in Swiss Francs (CHF)

I. Consolidated Funding

| | Disaster Management | Health and Social Services | National Society Development | Principles and Values | Coordination | TOTAL |
|--------------------------------------|---------------------|----------------------------|------------------------------|-----------------------|--------------|---------------|
| A. Budget | 92,995 | | | | | 92,995 |
| B. Opening Balance | 0 | | | | | 0 |
| Income | | | | | | |
| <u>Other Income</u> | | | | | | |
| <i>DREF Allocations</i> | 92,953 | | | | | 92,953 |
| C4. Other Income | 92,953 | | | | | 92,953 |
| C. Total Income = SUM(C1..C4) | 92,953 | | | | | 92,953 |
| D. Total Funding = B + C | 92,953 | | | | | 92,953 |
| Appeal Coverage | 100% | | | | | 100% |

II. Movement of Funds

| | Disaster Management | Health and Social Services | National Society Development | Principles and Values | Coordination | TOTAL |
|---|---------------------|----------------------------|------------------------------|-----------------------|--------------|----------------|
| B. Opening Balance | 0 | | | | | 0 |
| C. Income | 92,953 | | | | | 92,953 |
| E. Expenditure | -92,953 | | | | | -92,953 |
| F. Closing Balance = (B + C + E) | 0 | | | | | 0 |

International Federation of Red Cross and Red Crescent Societies

MDRNG011 - Nigeria - Cholera

Appeal Launch Date: 22 jul 11

Appeal Timeframe: 22 jul 11 to 22 sep 11

FINAL Report

| Selected Parameters | |
|---------------------|----------------|
| Reporting Timeframe | 2011/7-2011/11 |
| Budget Timeframe | 2011/7-2011/9 |
| Appeal | MDRNG011 |
| Budget | APPEAL |

All figures are in Swiss Francs (CHF)

III. Consolidated Expenditure vs. Budget

| Account Groups | Budget | Expenditure | | | | | TOTAL | Variance |
|---|---------------|---------------------|----------------------------|------------------------------|-----------------------|---------------|---------------|----------|
| | | Disaster Management | Health and Social Services | National Society Development | Principles and Values | Coordination | | |
| A | | | | | | | B | A - B |
| BUDGET (C) | | 92,995 | | | | | 92,995 | |
| Relief items, Construction, Supplies | | | | | | | | |
| Water, Sanitation & Hygiene | 17,400 | 25,139 | | | | 25,139 | -7,739 | |
| Medical & First Aid | 14,208 | 6,028 | | | | 6,028 | 8,180 | |
| Teaching Materials | 5,300 | | | | | | 5,300 | |
| Total Relief items, Construction, Supplies | 36,908 | 31,167 | | | | 31,167 | 5,741 | |
| Logistics, Transport & Storage | | | | | | | | |
| Storage | | 2,253 | | | | 2,253 | -2,253 | |
| Distribution & Monitoring | 2,772 | 2,786 | | | | 2,786 | -14 | |
| Transport & Vehicles Costs | | 2,909 | | | | 2,909 | -2,909 | |
| Logistics Services | | 392 | | | | 392 | -392 | |
| Total Logistics, Transport & Storage | 2,772 | 8,340 | | | | 8,340 | -5,568 | |
| Personnel | | | | | | | | |
| National Staff | 4,806 | 723 | | | | 723 | 4,083 | |
| National Society Staff | 28,381 | 15,248 | | | | 15,248 | 13,133 | |
| Volunteers | | 18,165 | | | | 18,165 | -18,165 | |
| Total Personnel | 33,187 | 34,136 | | | | 34,136 | -949 | |
| Workshops & Training | | | | | | | | |
| Workshops & Training | 3,460 | | | | | | 3,460 | |
| Total Workshops & Training | 3,460 | | | | | | 3,460 | |
| General Expenditure | | | | | | | | |
| Travel | | 896 | | | | 896 | -896 | |
| Information & Public Relations | 8,641 | 9,987 | | | | 9,987 | -1,346 | |
| Office Costs | 825 | 1,869 | | | | 1,869 | -1,044 | |
| Communications | 1,376 | 474 | | | | 474 | 902 | |
| Financial Charges | 150 | 411 | | | | 411 | -261 | |
| Total General Expenditure | 10,992 | 13,637 | | | | 13,637 | -2,645 | |
| Indirect Costs | | | | | | | | |
| Programme & Services Support Recov | 5,676 | 5,673 | | | | 5,673 | 3 | |
| Total Indirect Costs | 5,676 | 5,673 | | | | 5,673 | 3 | |
| TOTAL EXPENDITURE (D) | 92,995 | 92,953 | | | | 92,953 | 41 | |
| VARIANCE (C - D) | | 41 | | | | 41 | | |