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DREF final report

Nigeria: Lassa fever

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRNG012 GLIDE n° EP-2012-000015-NGA 31 August, 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 279,715 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the Nigerian Red Cross Society (NRCS) in delivering immediate assistance to 15,000 households (75,000 beneficiaries).

The recorded number of cases of Lassa fever in Nigeria this year was greater than in the previous years, with 933 cases and 93 deaths reported by late June.

The emergency operation launched by the IFRC to support NRCS in delivering assistance to communities affected by Lassa fever in Ebonyi, Edo and Nasarawa state on 13 February, 2012 reached 21,000 households (81,461 people), significantly more than the number of beneficiaries initially targeted. An estimated 255 out of 300 NRCS trained volunteers in Ebonyi, Edo and Nasarawa states have reached target households with health messages on Lassa fever and its prevention, including the preparation of ORS and the importance of hand washing, personal hygiene, environmental sanitation and household water treatment in view of breaking the chain of transmission.

Non-food items (NFIs) were distributed to 15,000 identified vulnerable households after flag up ceremonies in the three states. Radio jingles were broadcasted both in English and in local dialect on the importance of safe water, hygiene and sanitation. Several meetings were held with state Ministries of Health and other stakeholders in the three different states where the NRCS volunteers intervened.

A second survey carried out at the end of the DREF implementation did not report any new cases in any of the targeted communities. Additionally, positive behavioural changes amongst the target population was noticed. This was also confirmed by the Federal Minister of Health, who declared Lassa fever in Nasarawa and Ebonyi states under control on 11 March, 2012 while Edo state followed on 16 May, 2012.

[<click here for financial report \(unspent balance returned to DREF\), or here for contact details>](#)



Volunteers during sensitization on Lassa fever/ NRCS

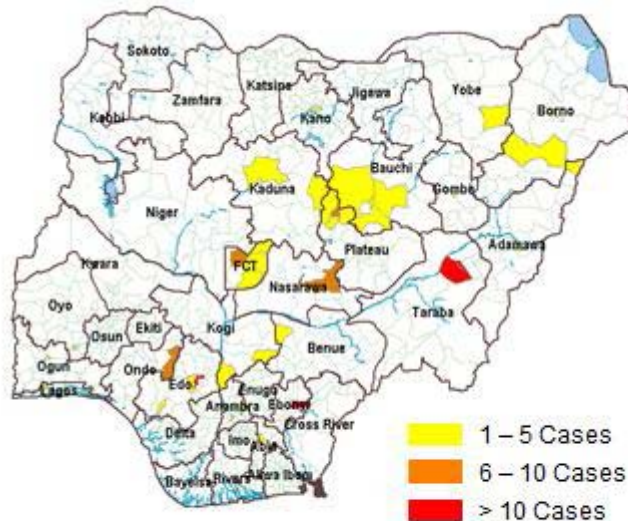
The situation

The Nigerian Federal Ministry of Health reported an increased number of cases of Lassa fever this year, involving 23 of the 36 states since the beginning of 2012. As at June 22, 2012, there were reports of 933 suspected cases, with 93 deaths. About 143 cases were confirmed by laboratory testing. Amongst the dead,

seven of them were healthcare workers. The recorded number of cases of Lassa fever in Nigeria this year is greater than in the previous years. However, cases in previous years could have been underestimated due to adequate laboratory and disease investigation systems.

The Nigerian government in collaboration with other partner agencies has responded to the outbreak by improving the disease investigation, treatment of patients, and conducting awareness campaigns amongst the affected populations. Security and availability of resources are proving to be a major challenge.

Map of Nigeria showing areas affected by Lassa Fever - week 01 to 24, 2012



LGAs affected = 41; States affected = 23

Reported Lassa Fever Cases = 933; Lab Confirmed = 147; Death(s) = 93

Red Cross and Red Crescent action

With financial support from the International Federation, the National Society, through its Health and Care Directorate, has contributed to the control of the epidemic in the affected and high risk districts in the project States. Through collaboration with partners at all levels, the mobilization of communities to respond to the outbreak has been going on successfully. NRCS response is evident through the number of volunteers deployed; the mobilization and sensitization carried out through house-to-house visits, public places and at Anti natal clinics thereby creating awareness in the project States.

Achievements against outcomes

Emergency Health	
Outcome: To complement government's effort in the prevention and control of morbidity and mortality from the Lassa fever epidemic in the most affected communities in Ebonyi, Edo and Nasarawa states.	
Outputs (expected results)	Activities carried out
All Red Cross activities are implemented in a coordinated way thus avoiding duplication of Services with other actors. Red Cross experience is also shared with others at coordination meetings and during surveillance, reporting, response and advocacy activities at national and community levels	<ul style="list-style-type: none"> Participated actively at coordination meetings at National and State levels to obtain the relevant statistics and share experiences;
The National Society is able to obtain baseline data and is knowledgeable about the needs and	<ul style="list-style-type: none"> 45 volunteers were used to conduct a rapid assessment on emergency needs, capacity

capacities of affected communities	assessment and data collection in Ebonyi, Edo and Nasarawa States. The results were used to set training agenda, while 300 volunteers were recruited to be engaged in the project;
300 well-oriented and motivated volunteers are equipped to reach the most affected people and provide life saving support to those falling sick from the epidemic	<ul style="list-style-type: none"> • 300 volunteers from the 3 states benefited from the orientation programmes on hygiene promotion, safe food storage and use of Water Treatment Products (e.g. chlorine tablets); • 300 volunteers from the 3 States were oriented on epidemic control for volunteers (ECV) and personal protective equipments (PPE);
Early case detection and referral are improved and reduce the number of deaths	<ul style="list-style-type: none"> • Trained volunteers carry out community based case detection and referral;
The regional resource team from the West Coast regional office will increase the capacity of the Nigerian Red Cross through technical support and advice	<ul style="list-style-type: none"> • Regional health team was deployed from West Coast regional office to support the Nigerian Red Cross in the management of the epidemic;
Volunteers were provided with welfare, protective materials and logistics support	<ul style="list-style-type: none"> • Volunteers and team were provided with welfare, logistics support and protective materials as detailed in the budget; • NRCS volunteers were re-orientated on the promotion and respect of the fundamental principles of the Red Cross/Red Crescent Movement.

Progress:

A total of 300 community based volunteers from Edo, Ebonyi and Nasarawa States were mobilized and trained in Epidemic Control for Volunteers (ECV) toolkit. This is a 100% achievement thanks to the additional support (technical) from the States' Ministries of Health, who offered their chief epidemiologist as co facilitators in the pilot States. The objectives of training volunteers was met as they were fully equipped with knowledge and skills on prevention of Lassa fever, community hygiene and sanitation, also inclusive in the topics covered are beneficiary targeting and identification, and volunteer protection. A pre and post test was arranged for volunteers to assess them. According to reports gathered by the NRCS volunteers, 40% of the populace thinks that eating rat meat contributes to the spread of Lassa fever, of which 20% of them declare that they will continue to eat rat meat; 30% feels it's a seasonal epidemic that comes during the dry season as a result of bush burning thereby chasing the rats into their homes to contaminate their cooking utensils; while 30% think it is just contagious. These findings added to the needs for intensive sensitization.

A total of forty-nine slots of Jingles on Lassa fever were aired for public awareness through FM radio stations. The Ebonyi State Government financed an additional 50 slots of jingles on behalf of the NRCS. About 3.5 million people were reached in the 3 States. A total of 7 people were referred to hospitals in the 3 project states by the NRCS volunteers as recorded in the referral register.

On IEC materials, 3,000 posters; 9,000 leaflets; 400 T-shirts; and 200 caps were distributed in all the States and the neighbouring affected LGAs in the branches. An additional 3,000 leaflets was made available by the NRCS HQ as there was need for more leaflets.

As a result of intensive campaigns and awareness creation activities conducted by trained NRCS volunteers, there was a marked increase in public awareness about Lassa fever (the risk factors for its transmission, its prevention and control measures). This has contributed to an early containment of the outbreak.

Water, sanitation, and hygiene promotion and relief distributions (non-food items)

Outcome: To complement government's effort in the prevention and control of morbidity and mortality from the Lassa fever epidemic in the most affected communities in Ebonyi, Edo and Nasarawa states.	
Outcome	Activity
Hygiene and health education, as well as community sensitization improve knowledge and practice to limit the spread of the disease	<ul style="list-style-type: none"> • Developed beneficiary targeting strategy and registration system to deliver intended assistance; • Registration of beneficiaries by Red Cross Volunteers;

	<ul style="list-style-type: none"> • In collaboration with other actors (MoH, Sanitation Service, etc.), carried out community awareness campaigns, clean-up, surveillance, referrals, sensitization, education and distribution of hygiene items;
Ensure the availability of water and food storage materials to promote food hygiene and reduce the transmission of the disease	<ul style="list-style-type: none"> • Conducted training/information programmes for Red Cross volunteers and beneficiaries, in particular regional hygiene promotion and the safe use of chlorination tablets; • Procured and distributed 15,000 jerry cans and buckets with covers; • Local branch staff are monitoring and reporting on relief items distributions; • Distributed Aquatabs for water purification to target beneficiaries.

Progress in Edo, Ebonyi and Nasarawa

After an initial flag off of distribution of relief items by council heads of the affected communities at the three project States 30,000 jerry cans and buckets as well as 500,000 tablets of Aquatabs (water purification tablets) were distributed to 15,000 registered beneficiaries in the three project States. During the relief distribution, beneficiaries were taught how to use the water purification tablets and the importance of preventing rodents from having access to their cooking utensils and food stuff (especially grains) by storing them in rodent proof containers. House-to-house education sessions and Radio jingles on prevention of Lassa fever continued.

Hygiene promotion and sanitation

The trained volunteers have reached a total of 15,120 households during door-to-door household sessions on health promotion activities in the affected communities. A mobile public address system was deployed during the two-day sensitization in the community to disseminate messages on Lassa fever prevention, environmental sanitation and personal hygiene with support of fifteen volunteers for two days in all the 3 States. Also pregnant mothers were reached during their antenatal visits at different health centres in the 3 project States.

Monitoring and Evaluation

Outcome: To strengthen coordination and local response by supporting long term epidemic risk reduction actions and participating in the coordination and monitoring mechanisms	
Output	Activities planned and carried out
All NRCS activities are properly coordinated and adequately monitored, evaluated and reported on	<ul style="list-style-type: none"> • All NRCS activities were coordinated with all stakeholders and adequately monitored, evaluated and reported on • NRCS participated in all State and national coordination meetings to facilitate effective and accelerated outbreak control activities • NRCS was part of joint inter-agency field monitoring and supervisory visits in the affected LGAs and communities; • NRCS provided routine technical support to its volunteers and field staff; • NRCS provided regular reporting of all activities.

Progress: The National Society participated in the 3 States' coordination meetings. NRCS was also part of the joint inter-agency field monitoring and supportive supervisory visits to the local government. The trained volunteers provided weekly report of their activities through Branch Secretary. The monitoring of activities through meetings and supportive supervision visits has ensured that regular situation reports are shared with stakeholders. This has kept them abreast of the developments in the affected areas and corrective measures were taken where necessary. The stakeholders involved include NEMA, SEMA, UNICEF, CDC, and WHO.

SN	Branch/State	No. of sensitization session held	No. OF H/H	No. of people sensitized
1	Nasarawa			
a	Lafia LGA	20	3,475	12,181
b	Awe LGA	20	1147	5,000
c	Obi LGA	20	1,610	5,926
2	Edo			
a	Etsako	20	2,320	8,021
b	Ikpopa	20	3,720	12,793
c	Auchi	20	1,800	6,820
3	Ebonyi			
a	Abakiliki	20	2,791	11,152
b	Ebonyi	20	2,250	9,510
c	Ikwo/Ohaukwu	20	2,500	10,058
	Total	180	21,613	81,461

Table 1: Reported outbreaks of Lassa fever as at 30th March 2012

STATE	SUSPECTED CASES	LAB. CONFIRMED	DEATHS	CFR%	Epidemic Situation
EBONYI	18	9	4	22.2	Under control
NASARAWA	6	4	3	50	Under control
PLATEAU	7	3	4	57.1	On-going
YOBE	4	2	3	75	Under control
LAGOS	3	1	0	0	Under control
ONDO	7	6	1	14.3	Under control
EDO	575	66	26	4.5	On-going
RIVERS	16	5	7	43.8	On-going
ANAMBRA	5	1	3	60.0	Under control
GOMBE	1	0	1	100.0	Laboratory confirmation negative for Lassa
KANO	1	1	1	100.0	Laboratory confirmation negative for Lassa
BORNO	4	0	2	50.0	Laboratory confirmation negative for Lassa
KADUNA	1	0	1	100.0	Laboratory confirmation negative for Lassa
OYO	2	1	0	0.0	Under control
FCT	13	2	2	15.4	Under control
ADAMAWA	1	0	0	0.0	Laboratory confirmation negative for Lassa
TARABA	48	9	18	37.5	Under control
ABIA	1	1	0	0.0	Laboratory confirmation negative for Lassa
BAUCHI	1	1	0	0.0	On-going
TOTAL	714	110	75	10.5	

source : Epidemiology Div, NCDC, FMOH, Abuja

Challenges:

1. Twenty three States are now experiencing Lassa fever outbreak compared to seven states at the beginning of the operation (FMOH)
2. New cases are being reported from other LGAs in Edo State where NRCS volunteers are presently not intervening.
3. Inadequate IEC materials (posters and leaflets).

Lessons learned:

1. The dispatching of traditional town criers by the communities to other non-affected communities of the pilot States was effective.
2. Setting up of local task team by the neighbouring pilot states.

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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.



MDRNG012 - Nigeria - Lassa Fever Outbreak

Appeal Launch Date: 02 feb 12

Appeal Timeframe: 02 feb 12 to 02 may 12

Final Report

I. Funding

Selected Parameters	
Reporting Timeframe	2012/2-2012/6
Budget Timeframe	2012/2-2012/6
Appeal	MDRNG012
Budget	APPROVED

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
A. Budget	279,715					279,715	
B. Opening Balance	0					0	
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>	279,715					279,715	
C4. Other Income	279,715					279,715	
C. Total Income = SUM(C1..C4)	279,715					279,715	
D. Total Funding = B +C	279,715					279,715	
Coverage = D/A	100%					100%	

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
B. Opening Balance	0					0	
C. Income	279,715					279,715	
E. Expenditure	-274,230					-274,230	
F. Closing Balance = (B + C + E)	5,485					5,485	

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III. Expenditure

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)		279,715					279,715	
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene	143,750	6,548				6,548	137,202	
Medical & First Aid	1,149	1,167				1,167	-18	
Utensils & Tools		134,671				134,671	-134,671	
Total Relief items, Construction, Su	144,899	142,387				142,387	2,512	
Logistics, Transport & Storage								
Transport & Vehicles Costs	24,540	24,403				24,403	137	
Total Logistics, Transport & Storage	24,540	24,403				24,403	137	
Personnel								
National Staff	2,128						2,128	
National Society Staff	4,592	5,722				5,722	-1,130	
Volunteers	53,400	42,570				42,570	10,830	
Total Personnel	60,120	48,292				48,292	11,828	
Workshops & Training								
Workshops & Training	7,759	21,444				21,444	-13,685	
Total Workshops & Training	7,759	21,444				21,444	-13,685	
General Expenditure								
Travel	5,840						5,840	
Information & Public Relations	15,699	16,735				16,735	-1,036	
Office Costs	886	1,006				1,006	-120	
Communications	900	378				378	522	
Financial Charges	2,000	2,847				2,847	-847	
Total General Expenditure	25,325	20,967				20,967	4,358	
Indirect Costs								
Programme & Services Support Recov	17,072	16,737				16,737	335	
Total Indirect Costs	17,072	16,737				16,737	335	
TOTAL EXPENDITURE (D)	279,715	274,230				274,230	5,485	
VARIANCE (C - D)		5,485				5,485		