

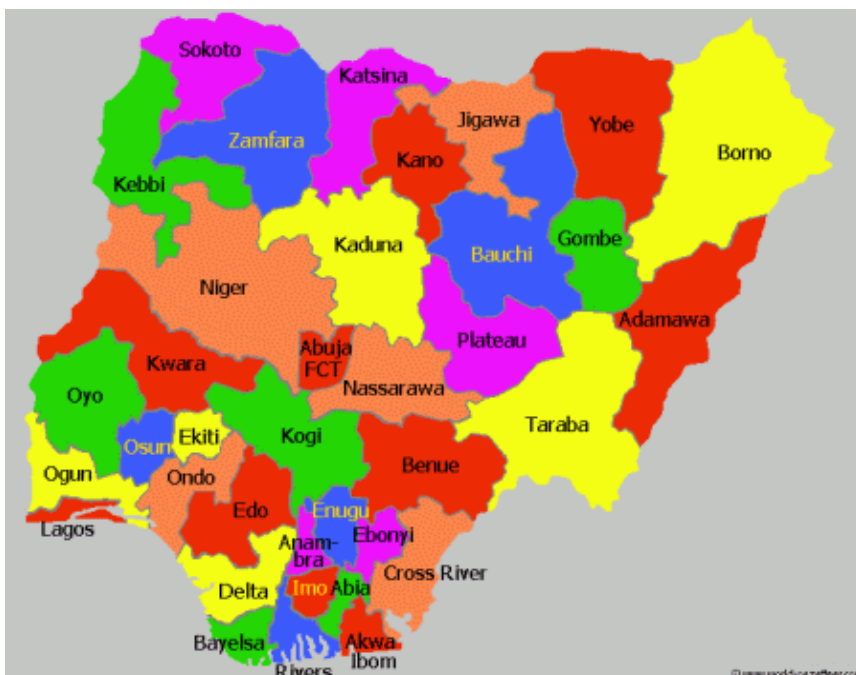
Disaster relief emergency fund (DREF) Nigeria: Lassa fever

DREF operation n° MDRNG012
GLIDE n° [EP-2012-000015-NGA](#)
4 February, 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 and Red Crescent emergency response. 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.

CHF 279,715 has been 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). Unearmarked funds to repay DREF are encouraged.

Summary: An outbreak of Lassa fever was initially reported on the 11th of January, with 6 cases, 1 death in Ebonyi, and an additional case in Nasarawa. However, a consequent joint assessment team that including the NRCS and the Ministry of Health found that the number of cases had risen to 29 with 10 deaths while 5 additional states had been affected, namely Plateau, Yobe, Lagos, Edo and Taraba States, between 11th to 20th January. There is therefore an urgent need to contain the spread of Lassa fever in the country.



Map of Nigerian States

To further scale-up its humanitarian assistance to the affected communities, the NRCS, with technical support from the IFRC West Coast Regional Representation has developed a plan of action to accelerate its intervention through the careful orientation of its volunteers. Volunteers will then carry out sensitization activities among communities, with messages regarding good hygiene and sanitation practices, case detection and referral to the affected population, which will help in controlling the spread of the disease, and reduce suffering of the victims, their families and the community at large. This operation is expected to be implemented over 3 months, and will therefore be completed by May, 2012. A final report will be available 3 months after the end of the operation (by August 2012).

[<click here for the DREF budget; here for contact details; here for a map of the affected area>](#)

The situation

On the 11th of January 2012, an outbreak of Lassa fever was reported in Ebonyi and Nasarawa States in Nigeria. Ebonyi state, which is located in the Southern part of Nigeria recorded 6 suspected cases, 1 laboratory confirmed case and 1 death while Nasarawa State, located in the Northern part of Nigeria recorded 1 confirmed case. The outbreak rapidly spread all over the six geo-political zones of the country. As of the 20th of January 2012, a total number of seven states are involved as shown in the table below:

Table 1: Reported outbreaks of Lassa fever as at 20th January 2012

STATE	SUSPECTED CASES	LAB. CONFIRMED	DEATHS	FATALITY RATE (CFR%)
Ebonyi	11	3	1	10
Nasarawa	1	1	0	0
Plateau	3	1	2	67
Yobe	4	2	3	75
Lagos	1	1	0	0
Edo	8	8	4	50
Taraba	1	0	0	0
TOTAL	29	16	10	33.3

Lassa viral haemorrhagic fever is an acute illness lasting 1-4 weeks endemic to West Africa, particularly Guinea, Liberia, Sierra Leone and Nigeria. The onset of the disease is usually gradual, starting with fever, general weakness, and malaise. After a few days, headache, sore throat, muscle pain, chest pain, nausea, vomiting, diarrhoea, cough may follow. Severe cases may progress to show facial swelling, fluid in the lung cavity, bleeding from body orifices and low blood pressure. Overall mortality rate is estimated at 1 percent, but can climb as high as 50 percent during epidemics. In fatal cases, death usually occurs within 14 days.

The animal vector of Lassa virus is the common rodent of the genus *Mastomys*, known as the "multimammate rat." *Mastomys* rodents infected with Lassa virus do not become ill, but shed the virus in their urine and faeces.

In humans, the disease occurs in all age groups and in both men and women. Persons at greatest risk are those living in rural areas where *Mastomys* rodents are found, especially in areas of poor sanitation or crowded living conditions. Healthcare workers are also at risk if proper barrier nursing and infection control practices are not maintained. People are infected with Lassa virus from exposure to excreta of infected *Mastomys* rodents. It is also spread through direct contact with blood, urine, faeces, or other bodily secretions of a person with Lassa fever. Person-to-person transmission occurs in both community and health care settings, where the virus may be spread by contaminated medical equipment, such as re-used needles.

The antiviral drug ribavirin is effective treatment for Lassa fever if given early on in the course of clinical illness. Prevention of Lassa fever in the community is mainly by promoting good "community hygiene" to discourage rodents from entering homes. Effective measures include storing grain and other foodstuffs in rodent-proof containers, disposing of garbage far from the home and maintaining clean households. Because *Mastomys* rodents are so abundant in endemic areas, it is not possible to completely eliminate them from the environment.

According to reports from the ministry of health, more than 55 people lost their lives in a similar outbreak of Lassa fever between January 2008 to February 2009, with over 390 admitted. In 2010, another outbreak of Lassa fever killed 17 people and left dozens infected in northern Nigeria's Kebbi State.

A total of 15,000 households will benefit from this intervention, as the NRCS selected the intervention states based on the prevalence of the disease with Ebonyi and Edo having the highest number of suspected cases, and Nasarawa being relatively safe security wise. Apart from Lagos, the other affected states currently have security issues. The following activities will be carried out:

- Conduct a quick assessment and data collection in Ebonyi, Edo and Nasarawa States to ascertain households that are most vulnerable.

- Carry out a rapid orientation for the volunteers on Epidemic control for volunteers (ECV) and Personal protective equipments (PPE).
- To engage in community activities such as awareness campaigns, community clean- up surveillance, referrals, sensitization, education and distribution of hygiene items.
- Provide food and water storage materials for affected communities since the mode of spread is via contaminated food and water sources by the *Mastomys* rat.

Coordination and partnerships

The Federal Ministry of Health is investigating the source of the outbreak, and distributing Ribavirin injections in the affected States while case management is still ongoing. The National Society through its local branches is in constant collaboration with partners, meeting with the various state Ministries of Health and health centers in the affected branches. So far, other NGOs and UN organizations are yet to respond in the affected states.

Red Cross and Red Crescent action

With the increase in the number of reported cases, the National Society hopes to intensify its humanitarian activities by mobilizing its volunteers in the affected branches. The volunteers will be equipped and deployed to carry out house-to-house sensitization activities on good hygiene practices, symptoms identification and steps to take if a case is detected as well as early referral to health facilities.

The IFRC, through its delegation in Abidjan, Cote d'Ivoire, continues to work closely with the National Society by supporting its staff and volunteers in all activities of the Red Cross and ensuring that management as well as operational issues are directed and implemented within the principles and core values of the Red Cross Movement to reach the needs of the most vulnerable.

The needs

Beneficiary selection: The beneficiaries of this operation are 15,000 households these include men, women, children as well as the aged in the communities as everybody in the community is susceptible to infection. Three communities are being targeted per state, with each community having an estimated population 500,000 people. Based on the population of each community, 5,000 households will be selected from each state for this intervention.

To attain a wider reach, volunteers will conduct sensitization activities in public places, and there will also be media jingles. The communities at large as well as Red Cross volunteers and staff shall benefit from the operation through health education and rapid orientation in the prevention and response to epidemics. Red Cross volunteers from local branches who are based in communities are being utilized for the operation because of their knowledge of local culture, traditions and practices. This will enable them to effectively penetrate the community during the exercise. The 300 volunteers to be mobilized by the Nigerian Red Cross will conduct household visits 3 times a week for 12 weeks making a total of 10,800 home visits sensitizing about good health and hygiene practice. In addition to hygiene promotion and health education, the intervention will support food hygiene through provision of jerry cans and covered buckets for water and food storage in the communities.

The proposed operation

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 planned
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 the national and district levels; communities.	<ul style="list-style-type: none"> • Participate actively at coordination meetings at the national and local levels in order to obtain the relevant statistics;

The Red Cross is able to obtain baseline data and is knowledgeable about the needs and capacities of affected communities;	<ul style="list-style-type: none"> • Conduct a rapid assessment on emergency needs and capacity assessment and data collection in Ebonyi, Edo and Nasarawa States.
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"> • Conduct orientation programmes for Red Cross volunteers and beneficiaries on hygiene promotion and the safe food storage and use of Water Treatment Products (e.g. chlorination tablets). • Carry out orientation for the volunteers 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 have increased the capacity of the Nigerian Red Cross through technical support and advice;	<ul style="list-style-type: none"> • Deploy a regional health team from West Coast regional office to support the Nigerian Red Cross in the management of the epidemic;
Volunteers have been provided with welfare, protective materials and logistics support;	<ul style="list-style-type: none"> • Provide the volunteers and team with welfare, logistics support and protective materials as detailed in the budget attached; • Promote and respect the fundamental principles of the Red Cross/Red Crescent Movement.

Water, sanitation, and hygiene promotion	
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 planned
Hygiene and health education, as well as community sensitization improve knowledge and practice in order to limit the spread of the disease;	<ul style="list-style-type: none"> • Develop beneficiary targeting strategy and registration system to deliver intended assistance. • Registration of beneficiaries by Red Cross Volunteers • In collaboration with other actors (MoH, Sanitation Service, etc.), carry out community level 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 transmission of the disease.	<ul style="list-style-type: none"> • Conduct training/information programmes for Red Cross volunteers and beneficiaries, in particular regional hygiene promotion and the safe use of e.g. chlorination tablets. • Procure and distribute 15,000 jerry cans and buckets with covers. • Local branch staff monitor and report on relief distributions. • Distribute Aquatabs for water purification to target beneficiaries

Contact information

For further information specifically related to this operation please contact:

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- **Regional Logistics Unit (RLU):** Kai Kettunen, Regional Logistics Delegate, phone +971 4457 2993, email: kai.kettunen@ifrc.org

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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

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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 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.

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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.

DREF OPERATION

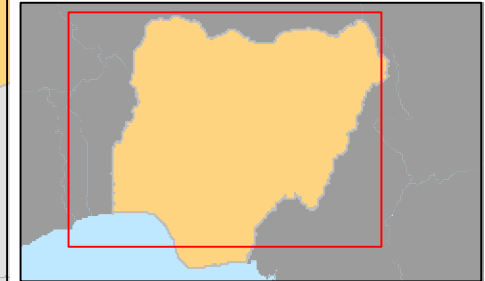
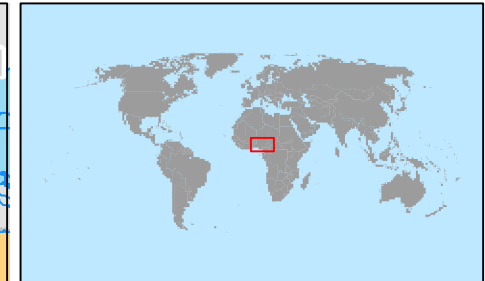
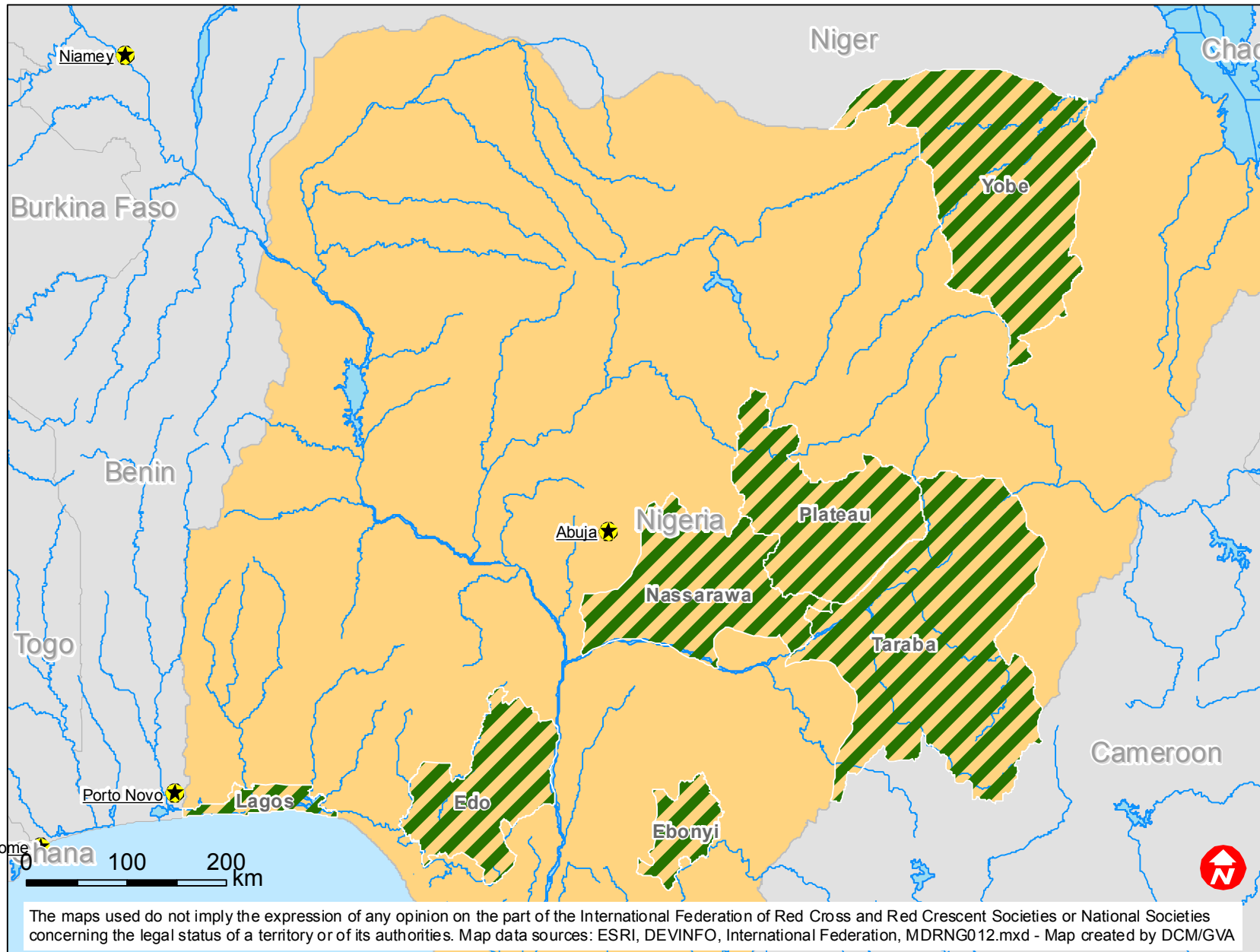
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Nigeria: Lassa fever

Budget Group	DREF Grant Budget CHF
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	143,750
Medical & First Aid	1,149
Teaching Materials	0
Ustensils & Tools	0
Other Supplies & Services	0
Emergency Response Units	0
Cash Disbursements	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	144,899
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	24,540
Logistics Services	0
Total LOGISTICS, TRANSPORT AND STORAGE	24,540
International Staff	0
National Staff	2,128
National Society Staff	4,592
Volunteers	53,400
Total PERSONNEL	60,120
Consultants	0
Professional Fees	0
Total CONSULTANTS & PROFESSIONAL FEES	0
Workshops & Training	7,759
Total WORKSHOP & TRAINING	7,759
Travel	5,840
Information & Public Relations	15,699
Office Costs	886
Communications	900
Financial Charges	2,000
Other General Expenses	0
Shared Support Services	0
Total GENERAL EXPENDITURES	25,325
Programme and Supplementary Services Recovery	17,072
Total INDIRECT COSTS	17,072
TOTAL BUDGET	279,715



Nigeria: Epidemic



 Affected states