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Emergency Plan of Action (EPoA) Nigeria: Cholera outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation	Operation n° MDRNG015; Glide n° EP-2014-000055-NGA
Date of issue: 22 April 2014	Date of disaster: 9 April 2014
Operation manager: Javier Barrera, IFRC head of country office	Point of contact : Umar Abdul Mairiga, Head of Programmes, Nigeria Red Cross
Operation start date: 21 st April 2014	Expected timeframe: 3 months
Overall operation budget: CHF 203,530	
Number of people affected: 12,223	Number of people to be assisted: 300,000
Host National Society presence (n° of volunteers, staff, branches): 200 Volunteers, 20 staff, 3 branches.	
Red Cross Red Crescent Movement partners actively involved in the operation: IFRC, ICRC, Norwegian Red Cross	
Other partner organizations actively involved in the operation: Ministry of Health, UNICEF, World Health Organisation and Médecins Sans Frontières	

A. Situation analysis

Description of the disaster

An unseasonal outbreak of cholera since the first few weeks of 2014 is posing a serious risk to Nigeria with hundreds of thousands of people at risk. Cholera is endemic in Nigeria with several major outbreaks in the last years, with 2010 epidemic being the largest with 41,787 cases including 1,716 deaths in 18 of the 37 States of the country.

The first cases of cholera in Bauchi State in 2014 were reported in early January. After that the number of cases has increased week by week. As of week 13, 8,750 cases have been reported in the State in 11 of the 20 areas, with about 8,500 in Bauchi town alone.

The cholera outbreak situation is not restricted to Bauchi state alone. Nationwide, the last official numbers from week 13, 2014 shows a total number of 12, 223 cases with 178 deaths in 13 States. The surge of the cholera outbreak is largely the result of limited access to safe drinking water (both the quality and quantity is poor), insufficient hygiene conditions, and poor sanitation.

As the country is now entering the rainy season there is reason for concern for further outbreaks and spread. The ongoing cholera outbreak in Touboro district in the Northern Region of Cameroon is also traced back to Bauchi State and there is a fear that cholera will now spread to all the countries in the Lake Chad area like in the major outbreak in 2010. This was discussed in recent meetings held in Niger and consideration has been given to cross-border action across four countries.

Whilst the majority of the cases are being treated by Médecins Sans Frontières, there is a need to support emerging community needs. It is expected that the intervention of the Nigeria Red Cross will help to minimize the risk of infection and assist to increase preparedness for expected outbreaks in the coming months of the rainy season.

Summary of the current response

The Ministry of Health, with support from UNICEF, Médecins Sans Frontières and Nigeria Red Cross is undertaking prevention and response activities related to water chlorination, hygiene promotion, cholera treatment centres and outreach activities.

Overview of Red Cross Red Crescent Movement in country

The Nigeria Red Cross is present in the affected areas with trained volunteers in epidemic preparedness and response. The IFRC and ICRC maintain a country office. In response to the cholera situation, the Nigeria Red Cross is supported by the IFRC and Norwegian Red Cross. Regular Movement coordination meetings are held and partners are providing support in emergency assessments and coordination with external actors. The Norwegian Red Cross has supported the operation with a partially funded emergency health delegate that is working to provide overall coordination to the operation.

Overview of non-Movement actors in country

The Ministry of Health is providing overall coordination to the response with support from other partners. Médecins Sans Frontières is managing the cholera treatment centre at the teaching hospital with 145 beds. It has trained staff at 26 Oral Rehydration Points and provides them with supplies. Médecins Sans Frontières is also conducting outreach activities with 15 teams, contact tracing and bucket chlorination of water points.

The Ministry of Health has provided the staff at the cholera treatment centre and also carried out water pipe repairs. The authorities are disseminating preventive messages through radio also. UNICEF has provided cholera response training for authorities and distributing non-food items.

Needs analysis, beneficiary selection, risk assessment and scenario planning

Needs Assessment

An assessment was carried out in Bauchi and Tafawa Balewa regions on 08 April 2014 and included meetings with authorities, humanitarian organisations, community leaders, local health facilities and affected households. The assessment revealed that there has not been enough water in Bauchi for the past two years and this has led to an increased unhygienic situation. Discussions with the water authorities illustrated that the water in Bauchi town is rationed because of the limited amount, but even at full capacity the needs of the population cannot be met. There is an influx of people due to conflicts in neighbouring states and the demand for water is no longer able to be met. There is no electricity to run the pumps, the water pipes are leaking and are sometimes placed inside the sewage. The open wells were also dry.

The houses are arranged so that 5-15 families share a compound. The waste from their latrines goes out onto the streets and the drainage is blocked by waste. Many of the compounds have their own open wells and use that water for drinking, cleaning and cooking with the wells are located just a few meters from the latrine. There are several hundred taps and open wells around in the streets and many of the taps are dry. People cook next to their open latrines and do not protect the food from insects. Food vendors display their products on top of the sewage. Information collected indicates that people do not use chlorine or water purification tablets to clean their water and they cannot demonstrate proper hand washing techniques. In Tafawa Balewa, the findings are similar to Bauchi. Open defecation, latrines close to the water source, open wells and drinking water taken from the river.

The assessment found that the community does experience cholera every year, but have seen more cases this year than in previous years. Some community leaders informed the assessment team that they have lost count of the number of deaths from cholera that never made it to the oral rehydration points or cholera treatment centres since the beginning of the year and thus they are never mentioned in any reports.

The neighbouring States of Bauchi, Yobe and Gombe, are in a State of Emergency and there has been some reports of clashes in Bauchi State in the last years, but not the last months. The situation will be closely monitored. As the rainy season is commencing, some areas of Tafawa Balewa are prone to flooding and might become difficult to access.

B. Operational strategy and plan

Overall objective

Proposed strategy

The proposed strategy aims to assist the Nigeria Red Cross in supporting 300,000 individuals at risk of cholera with emergency health and water, sanitation and hygiene promotion interventions. A total of 200 volunteers will be mobilized for up to 44 days each with a per diem rate of CHF 8 per person to carry out the planned activities outlined, resulting in the high budget line related to volunteer costs.

The proposed actions are aimed at reducing the vulnerabilities of families and the communities through health education promotion, awareness campaigns, distribution of posters and flyers, house to house visits, public demonstrations of house to house water treatment and improving the drainage and sanitation situation.

In addition, hygiene promotion non-food items will be distributed to 3,500 most vulnerable households. The distribution of the items will be undertaken in conjunction with messaging on proper collection, storage and usage of water.

All the activities will be done in close cooperation with the community and through advocacy to the community, religious and traditional leaders. These are also important partners when it comes to identifying the most vulnerable groups. By attending coordination meetings at State and National level, a continuous assessment and analysis of the situation will be accomplished. The Nigeria Red Cross, in addition to the initial assessment that was conducted with the assistance of the emergency health delegate, will conduct another assessment to follow up on the initial one. The volunteers have also been oriented and deployed to carry out a Knowledge, Attitudes and Practices survey in Bauchi which will assist in understanding the Knowledge, Attitudes and Practices gaps at community level.

The communities at large shall benefit from the operation through volunteers from the local branches because of their knowledge of the culture and tradition of the community. They will be trained in specific cholera related activities. The traditional Red Cross Mother's Club members will carry out cholera awareness and hygiene promotion activities, including house to house water treatment, registering households and supporting with Knowledge, Attitudes and Practices survey in the affected areas to ensure continuous needs assessment and to identify the most vulnerable groups, as well as provide health and hygiene education. Mother's clubs will provide access to the compounds which are not easily accessible due to cultural and traditional practices. These are the main activities for response to the cholera outbreak.

Operational support services

Human resources

The Nigeria Red Cross will have one staff to be present in Bauchi State during the implementation of the operation. The head of the health department and his team will provide support to the branch. A finance officer will be engaged to provide support to the operation at the branch level. Support provided by the IFRC country office will also be covered by the operation such as monitoring visits to the field to provide technical support including the deployment of a Regional Disaster Response Team member.

Logistics and supply chain

All the supplies will be procured locally except for the water purification tablets and tabs and oral rehydration point kits. The Nigeria Red Cross has sufficient water purification tablets in stock for the operation, but these will to be replenished.

Communications

The Nigeria Red Cross will share information on the operation with the media, authorities and partners. The Secretary General will be responsible for communication to the external stakeholders. At the operational level the Secretary General will appoint a focal person to undertake communications activities. The IFRC will support with the publishing of stories on the website. The beneficiaries will be targeted with mass media communication.

Security

There have been reports of recent attacks in Bauchi State. The reality is that Bauchi, as part of the Northern corridor for Nigeria, is vulnerable to incidents akin to other parts of Nigeria. Nevertheless, the IFRC and ICRC will support the Nigeria Red Cross and other partners supporting the operation on security issues by sharing regular updates on security situation in the operational area.

Planning, monitoring, evaluation, & reporting (PMER)

Supervision of the project will be done at all levels and at the three stages of implementation: Training, sensitization and public awareness, and distribution. The project will be coordinated at the national level by the National Health Coordinator, under the supervision of the Programme Coordinator.

At the branch level, the Branch Secretary will coordinate and monitor the implementation of the project, overseeing the activities of the Mothers' Clubs. At community level, a volunteer supervisor will be appointed in each project community to oversee the project activities in the community.

Reporting will involve daily record keeping of all activities carried out by the volunteers and the submission of the reports to the Divisional Health Coordinator, who will in turn collate and forward to the Branch Secretary. The Branch Secretary will then compile the reports and submit to the Programme Coordinator and National Health Coordinator.

A lessons learnt workshop will be held before the end of the operation to discuss good practices, challenges and other experiences. The planned workshop will be held in the operational area to include the beneficiaries and the stakeholders.

At headquarter level, monthly visits will be made to the operational level by the Head of Health and Deputy Health Coordinator to provide on the spot check to the team on the ground. The Branch Secretary and team will conduct weekly monitoring visits to the volunteers who are working at community level. The National Disaster Response team will work closely with the Branch Secretary to ensure that the operation is effective and efficient. Implementation of the Operational Plan will be monitored monthly against key indicators, based on the agreed log frame for the plan. A "Monitoring and Evaluation plan" and an "Indicator tracking table" will be a supplement to the report. The results of findings will be shared with all stakeholders monthly.

C. DETAILED OPERATIONAL PLAN

Areas common to all sectors (assessments, monitoring and evaluation)

Outcome 1: Continuous and detailed assessment and analysis is used to inform the design and implementation of the operation							
Output 1.1: Initial and continuous needs assessment are updated following consultation with beneficiaries							
Activities planned	Week	2	4	6	8	10	12
Carry out needs and gaps assessments		X		X			
Participate in coordination meetings with stakeholders at National and State levels		X	X	X	X	X	X
Undertake continuous risk and capacity assessments		X	X	X	X	X	X
Output 1.2 Knowledge, Attitudes, and Practices survey conducted							
Activities planned	Week	2	4	6	8	10	12
Train volunteers on Knowledge, Attitudes, and Practices survey		X					
Conduct Knowledge, Attitudes, and Practices survey in Bauchi town			X				X

Health and Care

Outcome 1: The immediate risks to the health of affected populations are reduced							
Output 1.1: Community-based disease prevention and health promotion is provided to the target population							
Activities planned	Week	2	4	6	8	10	12
Train 200 volunteers on health education, hygiene promotion and epidemic control techniques		X	X				
Undertake disease prevention and health promotion campaign for 44 days spread over three months			X	X	X	X	X
Output 1.2 Epidemic prevention and control measures carried out							
Activities planned	Week	2	4	6	8	10	12
Produce and disseminate information, education and communication materials related to cholera		X	X				
Carry out community meetings and sensitizations at markets and other meeting points			X	X	X	X	X
Conduct house to house visits to sensitize and education on cholera prevention and treatment, water purification and storage, safe excretal disposal, food hygiene and storage, hand washing techniques			X	X	X	X	

Water, sanitation, and hygiene promotion

Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities							
Output 1.1: Drainage sanitation improved in Bauchi							
Activities planned	Week	2	4	6	8	10	12
Procure cleaning equipment (wheelbarrows, rakes, shovels) and protective equipment (gloves, masks, rubber boots)		X					
Organize cleaning committees and distribute cleaning equipment and protective gear to each committee							
Support clearing of drainage and sewerage systems in Bauchi town		X	X	X	X		
Output 1.2 Hygiene-related goods (NFIs) which meet Sphere standards are provided to the target population							
Activities planned	Week	2	4	6	8	10	12
Procure 3,500 water storage containers (buckets and jerry cans) and packs of soap and 252,000 water treatment packages		X					
Provide 3,500 households with water storage containers, soap and household water treatment packages		X	X	X			
Train 3,500 households on the proper use of distributed items			X	X			

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 (NGO's) 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.

DREF BUDGET

22.04.2014

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Budget Group	Budget CHF
Water, Sanitation & Hygiene	40,733
Teaching Materials	26,000
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	66,733
Land & Buildings	0
Vehicles Purchase	0
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machinery & Equipment	0
Total LAND, VEHICLES AND EQUIPMENT	0
Storage, Warehousing	0
Distribution & Monitoring	0
Transport & Vehicle Costs	1,528
Total LOGISTICS, TRANSPORT AND STORAGE	1,528
International Staff	12,000
National Society Staff	13,944
Volunteers	73,639
Total PERSONNEL	99,583
Workshops & Training	10,447
Total WORKSHOP & TRAINING	10,447
Travel	7,222
Information & Public Relations	2,222
Communications	1,150
Financial Charges	2,222
Total GENERAL EXPENDITURES	12,817
Programme and Supplementary Services Recovery	12,422
Total INDIRECT COSTS	12,422
TOTAL BUDGET	203,530



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