

Final Report

Nigeria: Yellow Fever

DREF operation	Operation n° MDRNG031
Date of Issue: 31 August 2021	Glide number: EP-2020-000230-NGA
Operation start date: 27 November 2020	Operation end date: 30 April 2021
Host National Society: Nigerian Red Cross Society	Operation budget: CHF 139, 033
Number of people affected: 1,840,800	Number of people assisted: 761,100 (126,850 HHs) <ul style="list-style-type: none"> - Bauchi: 120,642 (Male: 53,936, Female: 66,706) - Delta: 158,850 (Male: 73,522, Female: 85,328) - Enugu: 481,608 (Male: 233,070, Female: 248,538)
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of Red Cross and Red Crescent (IFRC)	
Other partner organizations actively involved in the operation: Federal Ministry of Health, National Primary Health Care Development Agency, State Ministry of Health, Nigerian Centre for Disease Control, State Primary Health Care Development Agency, WHO, MSF and UNICEF.	

The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, Germany, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, Fortive Corporation and other corporate and private donors. The Canadian Government contributed to replenishing the DREF for this operation. On behalf of the Nigerian Red Cross Society (NRCS), the IFRC extends its gratitude to all for their generous contributions.

<Click [here](#) for the final financial report and [here](#) for contacts>

A. SITUATION ANALYSIS

Description of the disaster

The Nigeria Centre for Disease Control (NCDC) declared a Yellow Fever (YF) outbreak and activated a multi-sectoral Emergency Operations Centre for coordination of Yellow Fever response on 12 November 2020. The outbreak, which mainly affected three states of Delta, Enugu and Bauchi, already recorded a total of 222 suspected cases 19 confirmed cases and 76 deaths between 1 and 11 November 2020.

As of week 4 of 2021, the outbreak had escalated to 14 states - Akwa Ibom, Bauchi, Benue, Borno, Delta, Ebonyi, Enugu, Gombe, Imo, Kogi, Osun, Oyo, Plateau and Taraba. Most of the cases were males, with ages ranging from 1-55 years and presented with fever, headache, fatigue, jaundice, abdominal pain, vomiting with or without blood, epistaxis, blood in stools/urine, convulsion, and unconsciousness.

In November 2020, the Nigerian Red Cross Society (NRCS) launched this [DREF Operation](#) with support from the International Federation of Red Cross and Red Crescent Societies (IFRC) for CHF 139,033, to support health education, active case finding, vector control, community engagement, social mobilization for Yellow Fever mass vaccination campaign and psychosocial support in the three most affected states (Bauchi, Enugu and Delta) based on the incidence of confirmed cases. In February 2021, an [Operation Update](#) was approved, allowing a two months no-



NRCS volunteers carrying out clean-up campaign to destroy mosquito breeding sites in Delta State ©NRCS

cost timeframe extension of the operation. This was to enable the National Society to efficiently complete activities outlined on the EPoA and ensure effective delivery of operational objectives which were delayed as a result of late transfer of funds to the National Society because NRCS office was closed due to COVID-19 cases and for end of year holidays.

Yellow Fever (YF) is a mosquito-borne viral disease occurring in tropical regions of Africa and South America. YF is a completely vaccine-preventable disease. In Nigeria, vaccination against Yellow Fever is primarily through the routine childhood immunization and where necessary, catch up campaigns are carried out to increase population immunity.

Summary of response

Overview of Operating National Society

NRCS is an active member of the National Emergency Operations Centre for Yellow Fever outbreak and has been coordinating with the NCDC team to ensure a coordinated response and harmonization of tools and resources.

As an auxiliary to the Government of Nigeria on humanitarian response and social welfare, the NRCS through her pool of community-based volunteers, health action teams, mothers' club and National Disaster Response Team (NDRT) members, deployed 220 trained community-based volunteers, 9 volunteer supervisors and 3 NDRTs to support the Yellow Fever Emergency Response.

At the end of the operation, NRCS reached **761,100** people (**126,850 HHS**) with Yellow Fever preventive messages in the three targeted states, with 83 persons showing community case definition of Yellow Fever referred to treatment centres for diagnosis and treatment. Some **9,613** eligible persons were mobilized for Yellow Fever mass vaccination campaign in Bauchi State.

In addition, **40,267** mosquito breeding spaces were destroyed across 8 LGAs in the targeted states, while **5,000** households received mosquito repellents, and **2,809** persons were reached with Psychosocial Support services. Coordination with partnering agencies led by the State Ministry of Health (MoH) was instituted at both National and State levels for a well-coordinated planning and execution of rapid response against the spread of the disease.

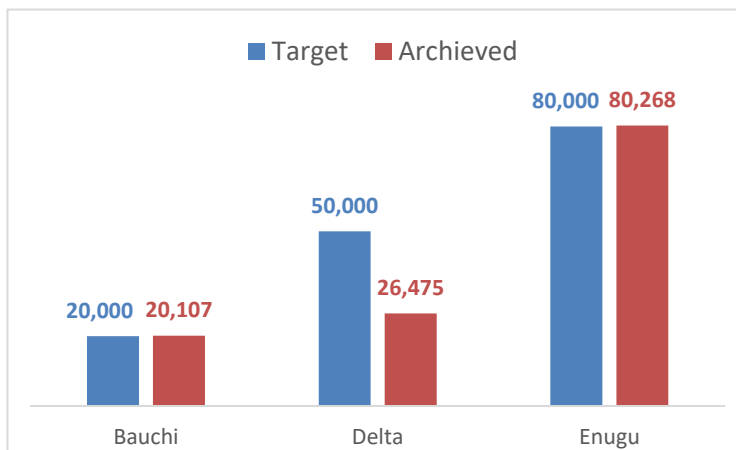


Fig. 1: Number of people/households reached with YF prevention messages by state

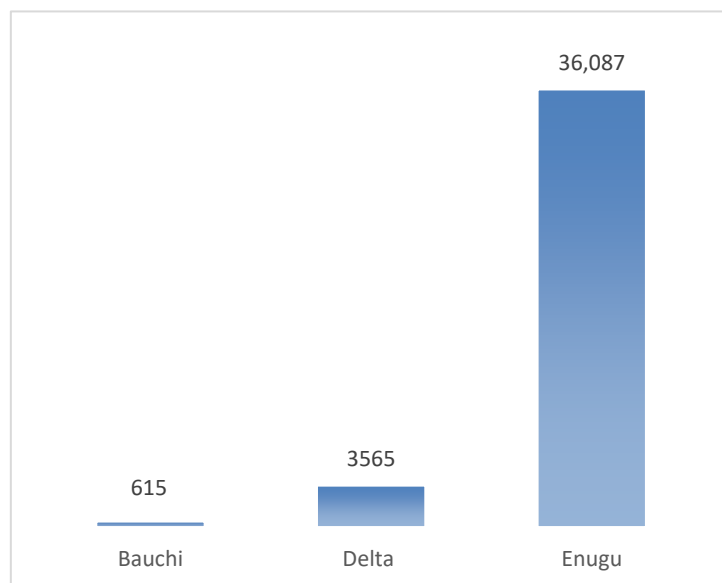


Fig. 2: Number of Mosquito breeding sites destroyed in the 3 states

Overview of Red Cross Red Crescent Movement in-country

The International Federation of Red Cross and Red Crescent Societies (IFRC), through its Abuja Cluster Delegation, worked closely with NRCS to provide technical support as well as resource mobilization throughout the DREF operation. The IFRC Health team constantly followed up on operational updates and provided capacity building and mentoring through supportive supervisory visits to the three targeted states to ensure effective and efficient implementation. Monitoring visits were conducted by IFRC to ensure quality implementation in the states.

The International Committee of the Red Cross (ICRC) with operational presence in the three states, provided institutional support to the NS branches.

Overview of other actors' actions in-country

The Nigerian Centre for Disease Control (NCDC) coordinated the response activities through the National Yellow Fever (YF) Emergency Operations Centre (EOC), in collaboration with states and partners. In collaboration with the National Primary Health Care Development Agency (NPHCDA), an accelerated reactive Yellow Fever mass vaccination campaign was conducted in some of the affected states, leading to YF preventive mass vaccination campaigns (YFPMVC) concluded in all LGAs in Bauchi, Benue, Delta, Ondo, Osun, and Oyo States.

Radio jingles were developed and aired in three languages (Igbo, Hausa and Pidgin English) to sensitize people on how to avoid daytime mosquito bites, keeping home surroundings clean and clearing mosquito breeding areas.

Needs analysis and scenario planning

Needs analysis

Yellow Fever, which is much deadlier than COVID-19, causes headache, muscle pain, nausea and jaundice (from which it takes its name). It is entirely vaccine-preventable, with immunity lasting a lifetime once someone has been vaccinated. The Nigeria Centre for Disease Control categorizes Yellow Fever cases as follows:

- A **suspected case** of Yellow Fever (YF): any person with acute onset of fever, jaundice appearing within 14 days of onset of the first symptoms.
- A **Probable case** of Yellow Fever: a suspected case plus IgM positive on serology or PCR positive for viral RNA in the absence of YF vaccination within 30 days of onset of illness.
- A **Confirmed case** of Yellow Fever: a probable case and presence of YF virus RNA or detection of YF-specific IgM, and/or detection of YF virus-specific neutralizing antibodies at a government recognized laboratory.

Following the establishment of case definitions for the outbreak, the activities were designed to suit and effectively address some of the identified needs which included risk communication and social mobilization, active case search and supportive referral, mass awareness and health promotion, vector control as well as psychosocial support.

NRCS contributed significantly to addressing the needs and operational gaps identified. Efforts made included but were not limited to health education and prevention measures through the production of IEC materials (posters and leaflets), community clean up campaigns, distribution of mosquito repellents to the affected communities and PSS services to the affected persons and families.

However, due to the escalating spread of the scourge to 11 other states which were initially not affected, the available capacity and resources were overstretched. Also, the second wave of COVID-19 and the rise in the number of COVID-19 cases recorded across the country resulted in competing resources and manpower with minimal focus on the Yellow Fever response.

Despite earlier YF DREF operation in Bauchi State in 2019, the number of Yellow Fever cases continued to increase, and the epidemic continued to spread rapidly. This was due to high mobility of the people, refusal to be vaccinated and other factors such as failure to adhere to the vaccination schedule and vaccines, water bodies that aid the breeding conditions for mosquitoes, and non-compliance with measures to clean up local environments with a priority to eliminate non-biodegradable and discarded containers, as well as used tyres, etc.

Operation Risk Assessment

As explicitly described in the [EPoA](#), the major operational risks anticipated at the onset of the operation were anchored around security risks, financial and programmatic risks, NS competing operations and the COVID-19 pandemic. Several mitigation measures were put in place by the National Society to ensure smooth delivery of operational objectives. Some of the measures included:

- Security Risk Assessment in targeted branches: This was conducted before commencement of field activities in all the eight targeted LGAs by the National Society Security Unit, with the sole aim of assessing the state of criminal activities and security threats that might hinder or cause delays in implementation or cause damage to the NRCS/IFRC staff & volunteers providing humanitarian services at the proposed communities. Some of the activities carried out include:
 - Security assessment in five LGAs in Enugu State,
 - Gathering of GPS Coordinates of necessary facilities and muster points in all the LGAs,

Advocacy meetings with key security agencies, hospitals, and community leaders. Hotel inspections for safety, security, and facilities standard.

Recommendations and security matrix and phone numbers shared by the Security team were widely disseminated among the team members at the National, State and Divisional levels, for strict compliance.

- All volunteers and staff engaged in the Yellow Fever Emergency Response took the Stay Safe course and signed the RCRC Code of Conduct.
- The NRCS operation manager worked closely with the Finance Team to ensure close monitoring of budget expenditure and follow up with branches for timely justification of funds.

- Bi-weekly operational meetings were held via zoom to discuss progress, challenges, and recommended solutions for a smooth and successful implementation.
- To reduce the workload on the core staff and ensure close tracking of implementation timelines and deliverables, three well trained and skilled NDRTs were deployed to the three targeted states to provide technical and operational support to the volunteers and staff; and to ensure that activities are carried out as planned with weekly reports sent to the National Headquarters (HNQ).
- Given the route of transmission of Yellow Fever as well as the current COVID-19 pandemic, this DREF operation fully considered the risk of infection of volunteers and staff engaged and made efforts to ensure their safety and minimize exposure to identified risks by procuring and distributing personal protective materials such as face masks/shields, hand sanitizers and hand gloves to the branches. Also, long sleeves t-shirts with key messages on Yellow Fever were provided to all volunteers and staff. Volunteers were also trained on Standard Operating Procedures for response in the context of COVID-19.
- A WhatsApp group was set up for the branch and NHQ team to encourage information sharing and regular updates.

B. OPERATIONAL STRATEGY

Proposed strategy

Overall Operational Objective:

The overall objective of the operation was to reduce the immediate risks to the health of the affected population, particularly concerning the Yellow Fever outbreak in Bauchi, Delta and Enugu states.

Specific Objectives:

- To increase knowledge of Yellow Fever transmission, prevention and control, and support communities to adopt safe behaviours in the targeted states through risk communication and community engagement (RCCE) activities and feedback mechanism.
- To conduct social mobilization of eligible persons for mass vaccination campaigns in targeted states.
- To conduct active case searches and referral of persons showing signs and symptoms of Yellow Fever to designated treatment centres.
- Vector control activities at household and community levels through volunteers and community-led campaigns to destroy mosquito breeding sites and educate the community members on the use of mosquito repellent and fumigation exercises supported by the Government.
- To provide community-based Psychosocial support (PSS) services to survivors and families of affected persons to cope up with bereavement and loss and to reduce stigma and promote recovery and wellness.

Below points highlight how implementation of key activities was conducted, as well as the achievements by NRCS:

1- Epidemic control activities mainstreaming community engagement and accountability measures

A total of 220 volunteers were trained and deployed to conduct RCCE activities in the three states. Allocation of volunteers to LGAs and States was based on needs and geographical scope. Before deployment, a two-day virtual training was conducted for the National Disaster Response Team (NDRT), National project team, and State officers through zoom. A two-day (19 to 20 January 2021) physical stepdown training was carried out with the volunteers in the targeted LGAs. This training was co-facilitated by the State Epidemiologists, LGA Disease Surveillance Notification Officers (DSNOs) and State Health Educators. This collaboration further strengthened NRCS partnership with the Government.

Table 1: Distribution of intervention strategies and volunteers

State	# of LGAs targeted	Strategy for Implementation	# of volunteers
Bauchi	(1) Ganjuwa	<ul style="list-style-type: none"> • RCCE • Vector control • Clean up campaigns 	20
Delta	(2) Ika North (3) Ika South	<ul style="list-style-type: none"> • RCCE; • Vector control • Clean up campaigns • PSS 	66
Enugu	(4) Igbo Eze North (5) Isi Uzo (6) Nsukka (7) Igbo-Etiti (8) Enugu East	<ul style="list-style-type: none"> • RCCE • Vector control • Clean up campaign • PSS 	134
Total	8		220

Trained volunteers conducted door to door sensitization and mass awareness campaigns with a focus on Yellow Fever transmission, prevention and control, and supported communities to adopt safe behaviours. Health promotional

messages were disseminated using various IEC materials (posters, leaflets, etc.). This included public awareness in schools, markets, motor parks, worship centres and community gatherings.

Trained NRCS volunteers from three branches were deployed to conduct door-to-door and mass publicity activities, to share and discuss information on Yellow Fever prevention in public places such as schools, places of worship, markets, public gatherings, etc. Community Engagement and Accountability (CEA) events were organized, such as meetings with community guardians, to promote entry into the community and advocacy to traditional and religious leaders. On a weekly basis, NRCS volunteers deployed the mobile public broadcasting system to play songs in local languages (Hausa, Igbo and Pidgin English) in the target communities, creating awareness on Yellow Fever prevention and the importance of vaccination for all eligible groups.

Using the feedback mechanism already activated by the National Societies, NRCS volunteers interacted with community members to collect feedback to help record, analyse and eliminate rumours and misunderstandings, and ensure that NRCS interactions meet the needs of affected people. The interaction was achieved through focus group discussions (for different community groups), key informant interviews, KAP surveys, and regular community meetings and dialogues. To address rumours and misconceptions, NRCS teams, led by the NDRTs based in the states, conducted advocacy visits to key decision-makers and community leaders, focus group discussions (FGDs) and community meetings to discuss and address the feedback received and to explain to the community members what actions have been taken to address their needs and other recommendations proffered.

NRCS volunteers targeted school units to participate in the health and hygiene promotion plan for themselves, adopt environmental sanitation measures, such as cleaning the bushes around their homes, destroying mosquito breeding sites, such as drainages and stagnant water, and to become model members to inspire their own families.

Through the DREF operation, Red Cross Volunteers reached 126,850 households (761,100 people) with preventive messages on Yellow Fever.

2- Community surveillance, active case search and referral

Working with the LGA Disease Surveillance Notification Officers (DSNO) and other stakeholders, NRCS volunteers used the national Yellow Fever case definitions for active case search to report Individuals with symptoms of Yellow Fever. In total, 83 individuals were referred appropriately.

3- Vector control - elimination of mosquito breeding grounds

Volunteers embarked on weekly community clean up campaigns, mobilizing community members for environmental sanitation and destruction of mosquito breeding sites within and outside their homes. This was accompanied by household distribution of mosquito repellent to targeted households.

The 220 trained NRCS volunteers mobilized and led community members to carry out clean-up campaigns to eliminate mosquito breeding grounds. Communities in seven LGAs in Delta and Enugu States were provided with environmental hygiene kits and tools (shovels, rakes, brooms, trolleys, rubber gloves, masks) necessary for carrying out the cleanups, as well as IEC materials to promote the activities. In Bauchi, the targeted community, Ganjuwa had received cleaning materials during the 2019 Yellow Fever DREF Operations, and these materials were used by volunteers and community members for the clean-up campaigns. Volunteers carried out house-to-house visits to encourage families to help eliminate identified breeding sites in their environment and instil this habit in other family members. Volunteers also distributed 10,000 mosquito repellents to 5,050 most vulnerable and eligible households through engagement and participation of community leaders to strengthen community responsibility and participation in the selection, registration and distribution process. Volunteers educated the family on the use and assisted in the installation where necessary.

4- Psychosocial support services (PSS) provided to the survivors and to the families of the deceased in the target LGAs

PSS services were provided to the survivors and to the families of the deceased in the target LGAs of Delta and Enugu States. In total, 2,809 individuals were reached with PSS services. Volunteers visited the affected families and survivors of Yellow Fever to provide Psychological First Aid. In severe cases, individuals and families were linked with PSS and/or counselling centres in states for individuals affected to benefit from professional mental health support at secondary and tertiary centres. Volunteers assisted and encouraged mutual support by the communities to the survivors and affected population to minimize stigma and discrimination.

5- KAP Survey

A knowledge, attitude and practice study was carried out among the affected population in two of the affected states (Delta and Enugu) prior to the onset of the operation. A total of 120 respondents were recruited in Delta and 201 in Enugu states. Findings from the KAP studies showed that nearly all the respondents were aware of Yellow Fever. Most (85%) and (91.5%) of the respondents in Delta and Enugu states respectively know that YF can be transmitted through the bite of an infected mosquito. A little above half (55%) of the respondents in Delta state, and about two-thirds (64.7%) of those in Enugu state knows that YF can be prevented by taking the YF vaccine. Most (85%) and (95.5%) of the respondents in Delta and Enugu states respectively were willing to receive the YF vaccine.

6- Monitoring and Supervision

To effectively monitor the progress of activities on the field, the Branch teams in the three states comprising of the Branch Secretary (BS), Health Coordinator (HC), PMER, and the NDRT carried out supervisory visits to the volunteers in the field. The Branches also created an online platform where meetings were held with the Team Leads on weekly basis to receive feedback on the operations and address challenges. Also, IFRC staff members visited the three states to monitor the operation.

7- Lesson Learnt Workshop

With the support of IFRC, the Nigerian Red Cross Society conducted a two-day lesson learned workshop to review the activities of the Yellow Fever DREF operation. The workshop was held in Abuja on the 27 and 28 April 2021 with participants from the IFRC, the NDRTs and representatives from the three NRCS branches (Enugu, Bauchi, and Delta). Focal persons from the NRCS national headquarters were equally present to facilitate and coordinate the activities. The state teams took turns to make presentations on their experiences on the field and the challenges they encountered. These were discussed by the participants with a view of recommending ways to prevent them from occurring or minimizing their effects in future operations. The operations engineered social behavioural change towards communal sanitation and hygiene practice and helped foster the need for collaboration between stakeholders. It also served as a tool for volunteer recruitment in the programme communities in the supported branches. In conclusion, it was resolved that there was need for community area mapping and assessment before budgeting with a view to covering unforeseen costs. A more reliable means of communication than zoom meetings should be explored due to poor network connection leading to loss of important information during meetings that could impact project success. Table 2 below provides a summary of results of the intervention against targets.

Table 2: Summary of Indicators


Indicators	Target	Actual	% Achieved
Number of mosquito repellents distributed	10,000	10,000	100%
Number of families directly benefited from mosquito repellents	5,000	5,050	101%
Number of people reached with preventive messages on Yellow Fever	900,000	761,100	85%
Number of suspected YF cases identified and referred to designated treatment centres	NA	83	
Number of volunteers trained on active case finding, social mobilization and preventive messages on YF	200	220	110%
Number of people mobilized for mass vaccination	80% of eligible persons	9,613	No. of eligible persons could not be determined
Number of leaflets printed	10,000	12,000	120%
Number of households reached with YF prevention messages	150,000	126,850	85%
Number of community clean-up sessions conducted	80	119	148%
Number of environmental sanitation kits procured and distributed for clean-up campaigns	200	200	100%
Number of volunteers trained on PSS	15	20	133%
Number of people provided with PSS	15,000	2,809	19%
Number of community meetings held	NA	103	
Number of feedbacks received	NA	139	

Strengths and Opportunities of the National Society in Epidemic Response

- Presence of community-based volunteers available for immediate deployment

- The NRCS enjoys enormous goodwill in all the communities (both rural and urban).
- The familiarity of the Volunteers with the modus of operation of the NRCS because of continuous training and capacity building enhanced their easy understanding of the objectives of the mission
- Community members are familiar with the Red Cross emblem, and this provided easy access and acceptance in all Communities that the operation was conducted.
- The enthusiasm and selflessness demonstrated by the Volunteers were remarkable and commendable.
- The Branch and Divisional structures have a good relationship with the Traditional institutions, religious organizations, the Security agencies, and other major stakeholders in the state, this should be sustained.
- The extension of the operation by two months allowed efficient completion of activities outlined on the EPoA and ensure effective delivery of operational objectives which were delayed as a result of delayed transfer of funds to the National Society. The extension also accommodated the completion of the Knowledge, Attitudes and Practices (KAP) survey and the DREF Lessons Learnt Workshop.

C. DETAILED OPERATIONAL PLAN

 <p>Health People reached: 761,100 Male: 360,528 Female: 400,572</p>		
Outcome 1: Transmission of diseases of epidemic potential is reduced		
Indicators:	Target	Actual
% of at-risk population targeted with Red Cross actions	80% (900,000 people)	68% (761,100 people)
Output 1.1: Community-based disease control and health promotion is provided to the target population		
Indicators:	Target	Actual
# of volunteers trained on social mobilization and preventive messages on Yellow Fever in Delta and Bauchi	200	220
# of NRCS state team members trained	15	19
# of volunteers trained	200	220
# of leaflets and posters produced	10,000	12,000
# of radio spots aired	8	0
# of people reached with epidemic prevention and control messages	900,000	761,100
# of community meetings held	N/A	103
# of feedbacks received	N/A	143
% of feedbacks analysed and actions taken	N/A	100%
Output 1.2: Improved vector control through volunteers and community led campaigns to destroy mosquito breeding sites		
Indicators:	Target	Actual
# of community clean-up sessions to destroy mosquito breeding sites	80	119
# of mosquito breeding sites destroyed	5,000	40,267
# of mosquito repellents distributed	10,000	10,000
Output 1.3: Transmission is limited through early identification and referral of suspected cases through active case finding and social mobilization for mass campaign		
Indicators:	Target	Actual
# of suspected cases identified and referred	Not determined	83
% of eligible persons amongst direct targets mobilized for Yellow Fever Immunization	80%	40% or 9,613 people
% of targeted population in the states aware of Yellow Fever vaccination campaigns and where to get vaccinated	60%	100%

Outcome 2: The psychosocial impacts of the outbreak are lessened

Output 2.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff

Indicators:	Target	Actual
# of volunteers trained on PFA (Psychological First Aid)	15	20
# of people provided with PSS	50% or 15,000 people	18.7% or 2,809 people
# of frontline staff and volunteers provided with PSS	NA	240

Narrative description of achievements

- 20 National and state supervisors trained in a two-day virtual training of trainers/planning meeting conducted for branch and NHQ project teams with a focus on Epidemic control, RCCE on Yellow Fever prevention, vector control and PSS.
- 220 volunteers trained across nine LGAs in Bauchi, Enugu and Delta states between 19 – 20 January 2021. This training was co-facilitated by the State Epidemiologists, LGA Disease Surveillance Notification Officers (DSNOs) and State Health Educators. This further strengthened NRCS partnership with the Government.
- A total of 119 community clean up campaigns were conducted across eight LGAs in the three states with 40,267 mosquito breeding sites destroyed.
- A total number of 10,000 mosquito repellents were distributed to 5,050 households in all three states.
- Community meetings and advocacy were carried out in 103 communities, to understand the beliefs and risk practices on Yellow Fever and address concerns, rumours, and misconceptions.
- In Bauchi, the trained volunteers supported the YF mass vaccination campaign and mobilized 9,613 persons through conducting house to house mobilization of eligible persons and persons who missed vaccination during the initial campaign. NRCS volunteers also provided information about the vaccine, the dates of campaigns and the location of vaccination posts to community members.
- Active Case Search for community case definition of Yellow Fever was conducted in the three states with 83 persons identified and referred to health facilities for treatment.
- 20 volunteers were trained on Psychological First Aid in the targeted states to provide PSS services during the operation.
- The PSS volunteers worked closely with the RCCE teams to identify persons of concern, and families affected for Psychosocial support. NRCS volunteers conducted 829 PSS sessions, reaching 2,809 people.
- Volunteers worked closely with community leaders and other stakeholders to map out 28 PSS centres for referrals.
- 240 staff and volunteers engaged in this operation were sensitized on self-care tips and caring for volunteers. A team of PSS supervisors was set up at the National level to closely engage with the teams on the field and provide regular support and care.



Challenges

There was a high level of disbelief and misconception about Yellow Fever (YF), specifically in Enugu State where community members believed that YF is either caused by witchcraft or is a punishment from God. Volunteers intensified RCCE using several approaches including Focus Group Discussions to target smaller/specific groups to sensitize them on the causes, transmission, and prevention of YF. In addition, advocacy to key decision-makers, opinion and religious leaders was conducted to sensitize them and gain their acceptance to address these misconceptions among their congregations.

It was difficult getting the details and addresses of persons affected from the Government. All efforts made to get the line-list proved abortive. However, community leaders and members were happy to link the PSS teams to the affected persons and families. This has further improved NRCS acceptance in the targeted communities.

Delayed transfer of funds to the National Society - the first tranche of funds was received on 23 December 2020, when the office had already closed due to COVID-19 cases and for end of year holidays. Branch engagement and implementation however effectively commenced in January 2021. However, the extension of the operation by two months allowed all the activities to be completed.

The second wave of COVID-19 and the rise in number of COVID-19 cases recorded across the country resulted in available manpower been overstretched. To reduce the workload on the core staff and ensure close tracking of

implementation timelines and deliverables, three well trained and skilled NDRTs were deployed to the three targeted states to provide technical and operational support to the volunteers and staff; and ensured that activities are carried out as planned with weekly reports sent to the NHQ.

Another challenge was poor network during zoom training arising in subsequent loss of important information meant to be communicated during the training.

Recommendations

- NRCS HQ to consider a more reliable means of conducting training than zoom meetings due to the poor network leading to loss of important information that could impact project success
- Emphasis should be made on the recruitment and/or mobilization of community-based volunteers for future operations
- NRCS HQ to review volunteers' incentives due to an increase in transport cost and distance to different communities
- In future operations, the branch teams should ensure volunteers are familiar with safer access before deployment.

Lessons Learned

- Mobile Cinema Show which has proven to be a useful tool to reach many people in a very educative and interactive manner in the previous operations could not be utilized due to restriction of mass gathering because of COVID-19.
- Having elders among the Volunteers was a good thing as they guided the younger ones in Community entry and Advocacy. This should be encouraged in all Divisions by encouraging retirees to join the NRCS.

Strengthen National Society

S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities

Indicators:	Target	Actual
% of volunteers involved in the response, who are aware of their rights and have signed the Code of Conduct	200 volunteers	220 volunteers

Output S1.1.4: National Societies have effective and motivated volunteers who are protected

Indicators:	Target	Actual
# of NRCS bibs distributed	500	500
# of volunteers trained on self-care	200	220
# of posters printed	9000	9000

Narrative description of achievements

- 500 NRCS crested bibs, t-shirts and fez caps were produced and shared across the 3 branches, for increased visibility.
- 200 volunteers were initially targeted for this operation. However, to achieve a more efficient PFA impact in communities, 20 volunteers were trained specifically to provide PFA in Enugu and Delta states. This increased the number of volunteers to 220 against the initial target.
- All volunteers and staff engaged were trained on and signed the Code of Conduct to ensure adherence to the ethical and fundamental principles of the RCRC Movement.

Challenges

- Untimely payment of volunteers' incentives made it difficult to access some hard-to-reach communities due to high cost of transportation (bikes)
- Security unrest in target community, putting volunteers at risk

Lessons Learned

Faster transfers to the implementing NS will support quicker implementation and payment of volunteers. Indeed, it is important to ensure that the volunteers receive their daily stipend as they deploy, especially in response to epidemics.

International Disaster Response

Outcome S1: Effective and coordinated international disaster response is ensured

Indicators:	Target	Actual
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# of monitoring visits conducted by IFRC team	3	3
# of lessons learned workshop completed	1	1
# of NDRTs deployed	3	3
# of security assessments completed	1	3

Narrative description of achievements

- The IFRC team conducted monitoring visits to the three targeted states to provide support to the field teams.
- Three (3) National Disaster Response Team members were deployed to the three states to provide day to day monitoring and supportive supervision to volunteers and branch staff.
- Prior to the commencement of field activities, the Security unit of the NRCS conducted a Security Risk Assessment in the three targeted states and thereafter issued a security clearance for activities to commence with key recommendations to guide the volunteers and staff.
- A 2day lesson learned workshop was conducted in April.

Summary of IFRC monitoring

- Strong political will as shown by the presence of the LGA Chairman during volunteers training in Bauchi State
- Good collaboration at all levels in the targeted States
- Community acceptance and involvement across the 3 States
- All the volunteers were trained before the commencement of activities
- NRCS has a good reputation in the States as mentioned during the Emergency Operation Centre (EOC) meetings
- Deployment of NDRT by NHQ to provide technical support to the Branches

Challenges

- Social mobilization activities commenced on day 5 of the Yellow Fever mass vaccination campaign due to knowledge gap as to whether Ganjuwa LGA of Bauchi State was part of the campaign
- Untimely payment of volunteers' incentives made it difficult accessing some hard-to-reach communities due to high cost of transportation (bikes)
- Environmental cleaning equipment were not supplied as at the time of the monitoring
- Some of the IEC materials supplied for the activity were in Hausa instead of the Igbo language in Enugu
- Security reports indicate that Wednesdays should be work free due to the unpredictable security nature of the day being a market day especially in Ganjuwa LGA of Bauchi State
- It was also noted in Delta, that the NDRT spent most of the time in one LGA, hence neglecting other areas.
- During the distribution of the mosquito repellent in Delta State, the locals were more receptive to volunteers when receiving the benefits more than the RCCE house visits
- Delay in submission of financial returns which makes it difficult to access next tranche of fund from the IFRC

Actions taken

- Stock taken of IEC and other materials supplied to the Branches
- Followed up with Bauchi State Immunization Officer to ascertain areas covered in Ganjuwa LGA during reactive Yellow Fever vaccination
- Ensured RC volunteers participated in the campaign to mobilize all eligible targets population to the vaccination posts
- Ensured the Branch team participated in the evening review meetings at both LGA and state levels
- Branch leveraged on previous Yellow Fever intervention to provide cleaning equipment to the volunteers in Bauchi State
- Together with NDRT, provided technical support to the PMER officer to ensure reports submitted are validated and analysed for immediate action
- In Delta State, the NDRT was tasked to visit other LGAs where implementation was being carried out to ensure that the volunteers are receiving adequate support for the operation.

Recommendations

- The Branch Health Coordinators to ensure full participation at state pre, during and post-campaign activities to enable them to have first-hand information to plan accordingly
- NRCS HQ to ensure timely payment of volunteers' incentives
- Branch teams and NDRTs to ensure volunteers activities are closely monitored and data validated before submission to PMER
- Environmental cleaning equipment and other materials should be supplied implementing branches as planned to mitigate delay in implementation of activities
- NRCS HQ should ensure IEC materials to be supplied to implementing branches are checked to avoid sending contents that will not be useful (e.g., Hausa instead of Igbo language in Enugu)
- NRCS HQ to review volunteers' incentives due to an increase in transport cost and distance to different communities for future operation

- Branches to ensure volunteers are familiar with SAFER ACCESS before deployment
- NRCS HQ to ensure timely submission of retirements to enable prompt transfer of tranches by IFRC

Lessons Learned

- Despite challenges, NRCS HQ coordinated the Branch offices with its wide network of volunteers in ensuring timely and effective delivery of the Yellow Fever DREF operation.
- Continuous community engagement despite any challenges, such as poor response from the locals in Delta State
- Better use of media communication (radio and social media) to increase awareness of the Yellow Fever.
- Efficient LGAs coordination between the communities and the Branch offices
- Understanding different needs of each LGA and community
- Community leaders react better to incentives than only information.

D. Financial Report

The overall budget for this operation was CHF 139,033 of which CHF 109,384 (78.7%) was spent. The balance of CHF 29,649 will be returned to the DREF.

Explanation of variances:

- **Teaching Materials:** This budget line remained unspent due to efficiencies in procurement
- **Distribution and Monitoring:** This budget line remained unspent because expenses related to this budget line were booked under transport and vehicle costs.
- **National Society Staff:** This budget line remained unspent due to efficiency in program management.
- **Workshops and training:** A positive balance of CHF 15,680 because most of the expenses on this budget line were incurred at the same time with information and Public Relations activities.
- **Information and Public Relations:** Overspent by CHF 9,105 (32%) because costs related to volunteer's workshops/training including incentives were booked under this budget line since the activities were conducted within the same period. Additionally, project was extended by 2 months.
- **Office costs:** Overspent by CHF 140 (42%) due to increased cost of stationeries because of inflation.

Contacts

Reference documents



Click here for:

- [Operation Update](#)
- [Emergency Plan of Action \(EPoA\)](#)

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

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For In-Kind donations and Mobilization table support:

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For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

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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 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.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote social inclusion
and a culture of
non-violence and **peace.**

DREF Operation

Selected Parameters			
Reporting Timeframe	2020/11-2021/07	Operation	MDRNG031
Budget Timeframe	2020/11-2021/04	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 23/Aug/2021

All figures are in Swiss Francs (CHF)

MDRNG031 - Nigeria - Yellow Fever Outbreak

Operating Timeframe: 27 Nov 2020 to 30 Apr 2021

I. Summary

Opening Balance	0
Funds & Other Income	139,033
DREF Allocations	139,033
Expenditure	-109,384
Closing Balance	29,649

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction		1,006	-1,006
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	91,402	107,877	-16,475
AOF5 - Water, sanitation and hygiene			0
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	91,402	108,883	-17,481
SFI1 - Strengthen National Societies	15,069		15,069
SFI2 - Effective international disaster management	22,912		22,912
SFI3 - Influence others as leading strategic partners		501	-501
SFI4 - Ensure a strong IFRC	9,648		9,648
Strategy for implementation Total	47,630	501	47,130
Grand Total	139,032	109,384	29,649

DREF Operation

Selected Parameters			
Reporting Timeframe	2020/11-2021/07	Operation	MDRNG031
Budget Timeframe	2020/11-2021/04	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 23/Aug/2021

All figures are in Swiss Francs (CHF)

MDRNG031 - Nigeria - Yellow Fever Outbreak

Operating Timeframe: 27 Nov 2020 to 30 Apr 2021

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	37,969	27,359	10,609
Water, Sanitation & Hygiene	25,589	21,554	4,036
Medical & First Aid	3,663	3,126	536
Teaching Materials	4,883		4,883
Utensils & Tools	3,833	2,680	1,154
Logistics, Transport & Storage	1,172	711	461
Distribution & Monitoring	440		440
Transport & Vehicles Costs	733	711	21
Personnel	12,489	7,498	4,991
National Society Staff	4,725		4,725
Volunteers	7,765	7,498	267
Workshops & Training	21,189	5,509	15,680
Workshops & Training	21,189	5,509	15,680
General Expenditure	57,728	61,630	-3,902
Travel	17,427	16,516	911
Information & Public Relations	27,689	36,794	-9,105
Office Costs	330	470	-140
Communications	2,857	2,597	260
Financial Charges	488		488
Other General Expenses	8,937	5,253	3,685
Indirect Costs	8,486	6,676	1,810
Programme & Services Support Recover	8,486	6,676	1,810
Grand Total	139,032	109,384	29,649