



Lassa Fever sensitisation meeting in Jekadefari community in Taraba State

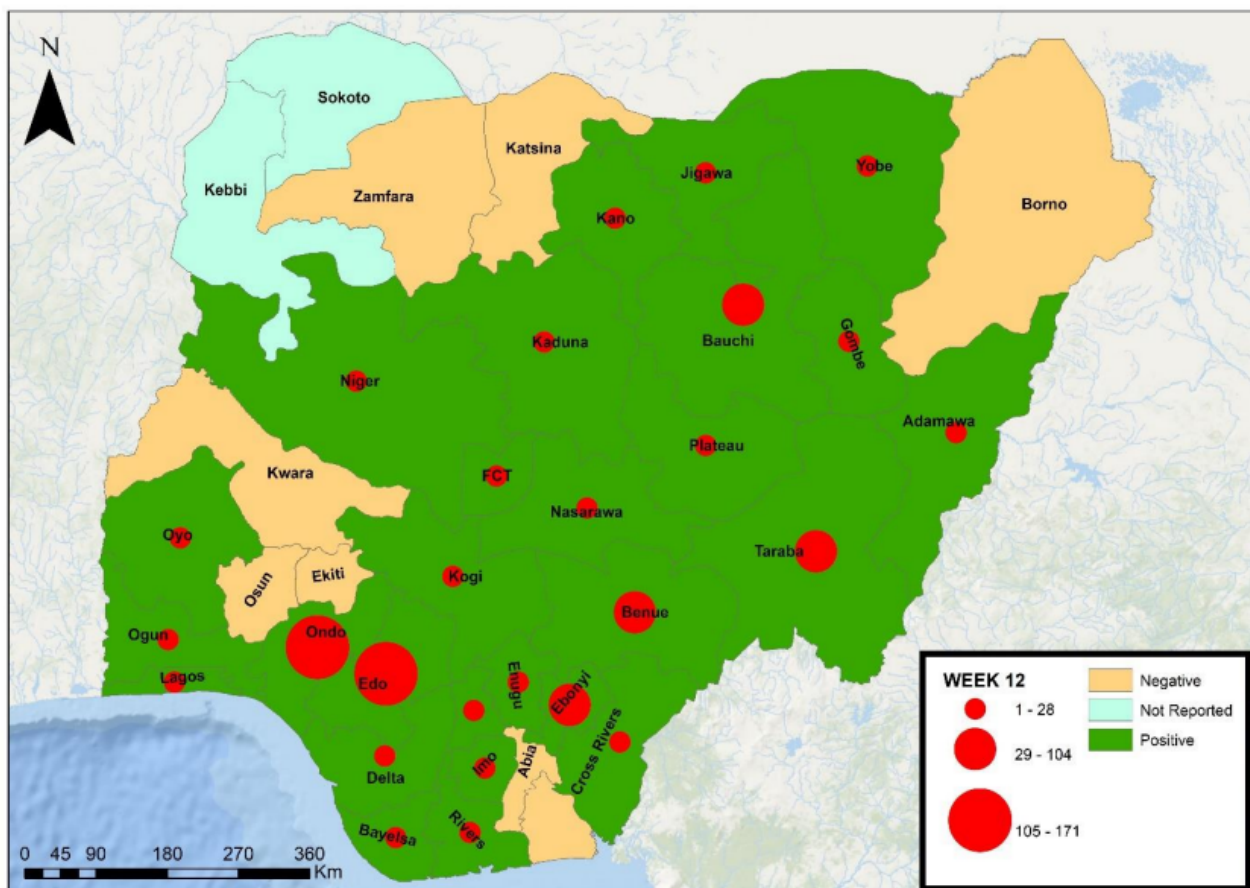
Appeal: <b>NDRNG038</b>	Country: <b>Nigeria</b>	Hazard: <b>Epidemic</b>	Type of DREF: <b>Response</b>
Crisis Category: <b>Yellow</b>	Event Onset: <b>Slow</b>	DREF Allocation: <b>CHF 362,952</b>	
Glide Number: -	People Affected: <b>13,938,566 people</b>	People Targeted: <b>1,393,856 people</b>	
Operation Start Date: <b>2024-04-14</b>	Operation Timeframe: <b>4 months</b>	Operation End Date: <b>31-08-2024</b>	DREF Published: <b>16-04-2024</b>

Targeted Areas: **Benue, Cross River, Delta, Ebonyi, Kaduna, Plateau**

# Description of the Event

## Date when the trigger was met

2024-01-03



Map showing confirmed Lassa fever cases by States in Nigeria, week 12, 2024. Source: NCDC Sitrep week 12.

## What happened, where and when?

The Lassa Fever outbreak in Nigeria keeps escalating with a cumulative 5,295 cases since week 1 of 2024, 150 deaths have been recorded so far, 806 confirmed cases include 32 healthcare workers affected in 27 states including the FCT. The worst affected states are Bauchi, Taraba, Edo, Ondo, Plateau, Benue, Cross River, Rivers, Anambra, and Ebonyi States with 125 local government areas.

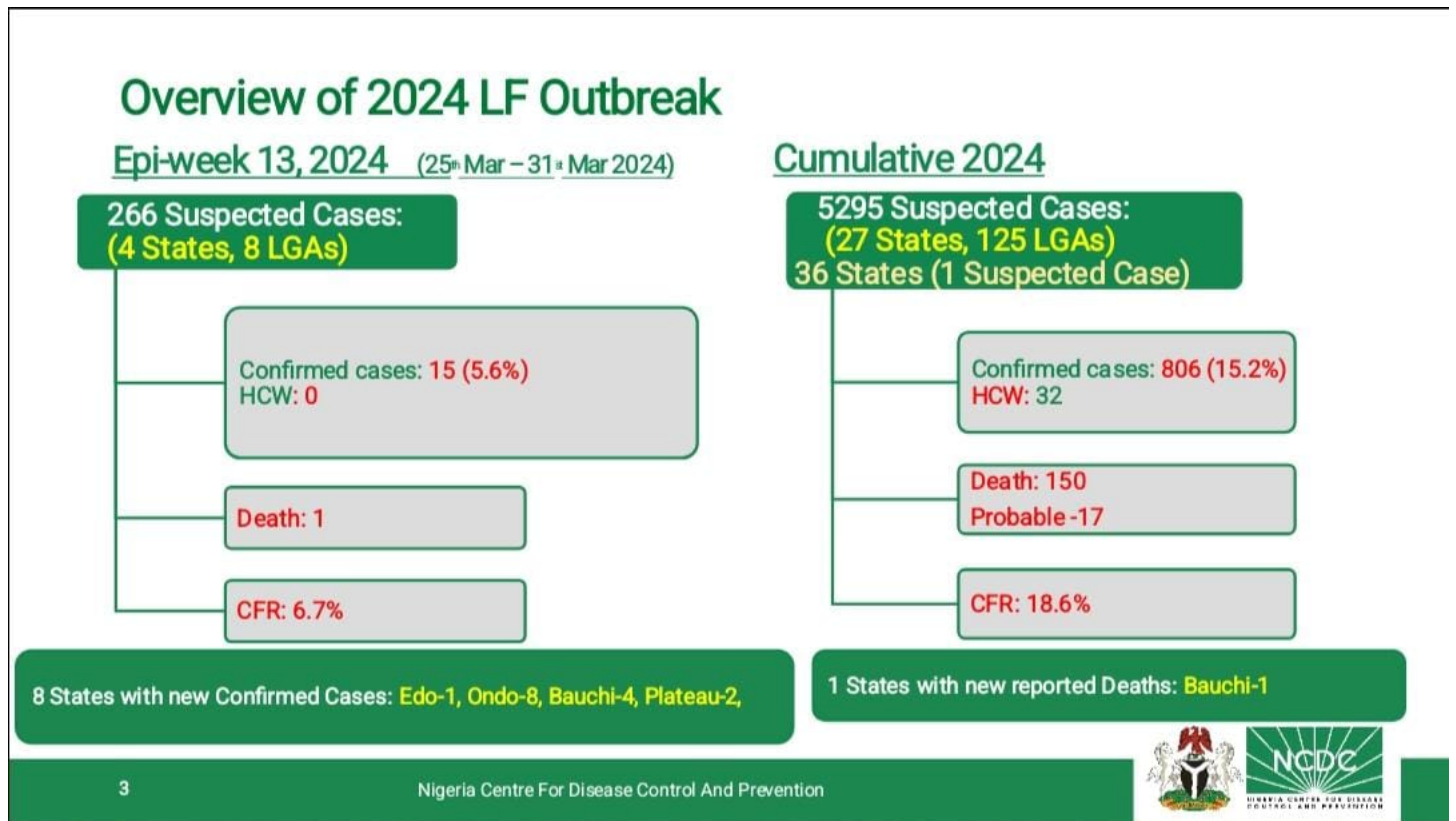
Since February when the cases began to peak, NRCS has been called for support from MoH and through various response platform in place. Branches demands for Red Cross help continue to be recorded from 29th March to 2nd April following the worsening of the situation. Indeed, although Lassa fever disease is endemic in Nigeria, a case fatality rate (CFR) of 18.8% reported on week 12 is appalling and several gaps identified in coordination with health partners raised a lot of concerns. The number of cases also drastically increased compared to the same period in 2023 i.e 5,029 suspected cases from January to week 12 compared to the same period in 2023, which was 3,361.

In the reporting EPI week 12, there were 25 new confirmed cases, 303 suspected cases, 6 deaths and case fatality of 24% reported, with Ondo, Edo, Bauchi, Taraba, Benue, and Ebonyi States highlighted as hotspot zones. In total for 2024, 27 States have recorded at least one confirmed case across 125 Local Government Areas. The National Lassa fever multi-partner, multi-sectoral Incident Management System has been activated to coordinate response at all levels at the Emergency Operations Centre (EOC). So far, the response has been coordinated through 8 pillars namely: Coordination, Research, Risk Communication, Surveillance, Case Management, Logistics, Laboratory, Infection Prevention and Control, and Safe burial.

Even though the cases are higher than past year similar period, the emergency is due to the fatality rate which is >18% and in some states higher. Both NCDC and MoH highlight the gaps and needs on this situation. There is also an important delay between the data collected and the available published reports which could hide a bigger situation. Furthermore, there is a clear expansion of this outbreak in non



endemic areas. Both non endemic states and LGAs that have never reported cases in the most vulnerable endemic states are affected. NCDC following the gaps observed on RCCE and case findings, addressed to the NS the request to scale-up those areas.



Epi-data from CDC Week 13

## Scope and Scale

Lassa fever is an acute viral hemorrhagic illness caused by Lassa virus. It is known to be endemic in Nigeria (and other West African countries) where the natural reservoir host, the multimammate rat (*Mastomys* species) is prevalent. Humans can become infected from exposure to urine or feces of infected rats, or direct contact with infected bodily fluids including blood, urine, feces, or semen of a person infected with Lassa virus. Person-to-person transmission may occur in both the community and in healthcare settings. The incubation period is usually between seven and ten days with a maximum of 21 days.

The NCDC has highlighted the following as major challenges and gaps in response:

- Late presentation of cases leading to an increase in CFR.
- Poor health-seeking behavior due to the high cost of treatment and clinical management of Lassa fever.
- Poor environmental sanitation conditions are observed in high-burden communities.
- Poor awareness and lack of community engagement in high-burden communities.
- Poor IPC measures among health workers especially at the Primary Health Care level.
- Psychosocial services to the community health workers who have rejected patients as a result of fear of infection and consequently death.

In Nigeria, Lassa Fever outbreaks occur frequently, particularly during the dry season when the vector, the multimammate rat, tends to invade homes in search of food and shelter. The high prevalence increases the likelihood of sporadic cases turning into larger outbreaks. Nigeria's healthcare infrastructure faces numerous challenges, including inadequate resources, limited access to medical facilities in rural areas, and a shortage of healthcare workers. This has hindered the effort to detect, diagnose, and treat Lassa fever cases promptly. Healthcare workers face a heightened risk of contracting Lassa fever due to their close contact with infected patients. This risk, in addition to the increased number of deaths among healthcare workers, has led to fear and anxiety among healthcare workers, especially when adequate protective equipment and training are lacking. This has resulted in absenteeism, reluctance to provide care to suspected Lassa fever patients, or improper adherence to infection control protocols, all of which can compromise patient care and exacerbate the spread of the disease.

Furthermore, inadequate surveillance systems and the absence of grassroots informants have also impeded the timely detection and confirmation of Lassa fever cases, hindering outbreak response efforts and the implementation of effective control measures. Certain cultural practices and behaviors, such as reliance on traditional healers or reluctance to seek medical care, can contribute to the spread of Lassa fever.

Inadequate sanitation and hygiene practices, such as improper waste disposal and lack of access to clean water have created



environments conducive to the proliferation of the rodents that carry the Lassa virus. This increases the risk of exposure to the virus among the population.

This outbreak is touching areas where Lassa Fever has never been reported before. The disease is spreading with a high fatality rate both in endemic states and non endemic states. Several LGAs in endemic states have been affected which increase the need to scale-up the intervention. The expansion of Lassa fever to new states presents challenges for outbreak response and control efforts, as affected states have limited experience in managing the disease and may lack adequate resources and infrastructure for timely detection and response. Therefore, surveillance systems would be strengthened to promptly detect and respond to cases in new areas. Additionally, community engagement and awareness-raising activities would be intensified, leveraging on the existing response capacity for the Diphtheria Operation to promote early detection, reporting, and control of Lassa fever in newly affected states.

This DREF is in response to the request from the Government for support in RCCE, surveillance, and MHPSS, to reduce vulnerability in the new locations where Lassa fever is not usually reported and reduce case fatalities in high-burden communities.

## Source Information

Source Name	Source Link
1. TVC News	<a href="https://www.tvcnews.tv/2024/03/delta-state-records-four-cases-of-lassa-fever-two-deaths/">https://www.tvcnews.tv/2024/03/delta-state-records-four-cases-of-lassa-fever-two-deaths/</a>
2. Relief Web	<a href="https://reliefweb.int/report/nigeria/nigeria-epidemic-01-2024-lassa-fever-outbreak-3-2024-03-28">https://reliefweb.int/report/nigeria/nigeria-epidemic-01-2024-lassa-fever-outbreak-3-2024-03-28</a>
3. Nigeria CDC	<a href="https://ncdc.gov.ng/diseases/sitreps/?cat=5&amp;name=An%20update%20of%20Lassa%20fever%20outbreak%20in%20Nigeria">https://ncdc.gov.ng/diseases/sitreps/?cat=5&amp;name=An%20update%20of%20Lassa%20fever%20outbreak%20in%20Nigeria</a>
4. TheCable TV	<a href="https://www.thecable.ng/ebonyi-records-29-confirmed-lassa-fever-cases-14-deaths-in-2024">https://www.thecable.ng/ebonyi-records-29-confirmed-lassa-fever-cases-14-deaths-in-2024</a>
5. Radio Nigeria	<a href="https://radionigeria.gov.ng/2024/03/28/lassa-kills-142-ncdc-confirms-4000-cases/">https://radionigeria.gov.ng/2024/03/28/lassa-kills-142-ncdc-confirms-4000-cases/</a>
6. All Africa News	<a href="https://allafrica.com/stories/202403210017.html">https://allafrica.com/stories/202403210017.html</a>

## Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population group?	Yes
Did the National Society respond?	No
Did the National Society request funding form DREF for that event(s)	-
If yes, please specify which operation	-

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

-

### Lessons learned:

Lassa fever is endemic in Nigeria. However, the outbreaks have historically been concentrated in certain regions of Nigeria, particularly in the southern and middle belt states where the natural reservoir of the virus, the multimammate rat, is prevalent. With



the current outbreak, there is a risk of the disease spreading to new states previously unaffected by outbreaks, as Northern states like Jigawa, Kano, Adamawa, Plateau, and Kaduna which have recorded confirmed cases of Lassa fever. Many people in the affected states still lack awareness about Lassa fever, its symptoms, and modes of transmission. This has led to delayed seeking of medical care and increased the risk of transmission within these communities. Even though as of week 12 the cases slightly decreased, the case fatality rate of this outbreak remains huge and higher than recent years.

This may be due to migration and movement of people within the country, where individuals infected with Lassa fever may have traveled to different states, potentially spreading the virus to previously unaffected regions. Changes in environmental conditions, such as deforestation, urbanization, or agricultural activities, have altered the habitat of the multimammate rat and increased human contact with the rodents, thereby expanding the geographical range of Lassa fever transmission.

The high prevalence of Lassa Fever increases the likelihood of sporadic cases turning into larger outbreaks. Addressing the risk factors requires an integrated approach that includes prompt identification of cases, increased awareness through health campaigns, promoting good sanitation and hygiene practices in the affected communities. It has become necessary for the national society to develop an Early Action Protocol for endemic diseases such as Lassa Fever, and this DREF operation will significantly contribute to the development of a SEAP to better prepare and equip the NS for future outbreaks.

This said, for the emergency stage currently faced, NRCS has learnt from the previous Lassa Fever DREF which highlighted the following challenges currently consider in the planning and approach:

- In certain LGAs, there was a limited number of volunteers and therefore it took longer to reach more people in those LGAs – this operation will deploy 150 volunteers per state to be able to cover more LGAs and communities within a short time.
- Poor sustainability approach as the communities return to their previous lifestyle almost immediately after sensitization- this operation will provide a shift in focus from simply providing information to actively promoting behavioral change. Use evidence-based communication strategies tailored to the local context to encourage sustained adoption of preventive practices. In addition, the operation will ensure active inclusion of community members in decision-making processes and program design. Empowering local leaders and volunteers to take ownership of health promotion activities, fosters a sense of responsibility and accountability within the communities.
- In some LGAs, poor environmental sanitation conditions were observed in high-burden communities. - community clean-up campaigns will be organized to promote environmental sanitation.
- There was poor disinfection of affected houses (IPC institutionalization) and treatment centers at the state level.
- There were improper rodent control measures in hotspot LGAs- NRCS volunteers will work with communities to identify the most effective, sustainable, and generally acceptable rodent control measures and support activities aimed at reducing rat infestation amongst targeted populations.
- A lack of awareness by the target population of where to refer cases- The volunteers will conduct a community mapping of designated health facilities and treatment centers and communicate the same to the communities for early presentation and treatment.
- Poor hygiene practice by market women was observed in all the branches - This operation will integrate health promotion activities into existing community structures, such as schools, religious institutions, or local governance bodies. This ensures that health messages are delivered consistently and become ingrained in community norms and practices.

## Current National Society Actions

### Start date of National Society actions

2024-03-10

#### Health

NRCS volunteers in the affected branches have been deployed to conduct sensitization of the public on the Lassa fever disease, using community case definition. This is aimed at alerting the communities and raise suspicion index and prompt reporting of the disease to reduce rate of community infection. The volunteers are also providing hygiene promotion messages and sensitization to community members to reduce rate of infection from contamination of water and food items.

## IFRC Network Actions Related To The Current Event

#### Secretariat

The IFRC Secretariat has a delegation in Abuja providing support to NRCS on emergency preparedness, response, and longer-term programmes. In recent years, IFRC has also supported NRCS in Diphtheria DREF and Appeal, rolling out a country-wide response to COVID-19, as well as other epidemics including cholera, measles, Lassa fever, yellow



	<p>fever, and meningitis.</p> <p>Currently, The IFRC is supporting the NRCS with the development of the DREF proposal. Additionally, IFRC has dedicated operations and health teams providing technical support to the NRCS team. The IFRC team is also supporting the National Society in engagements around development of a Simplified Early Action Protocol for endemic diseases in Nigeria.</p>
<p><b>Participating National Societies</b></p>	<ul style="list-style-type: none"> <li>- The British Red Cross (BRC) is in the country and integrated into the IFRC secretariat. It is engaged in bilateral initiatives alongside the NRCS, focusing on disaster risk reduction (DRR) and disaster management (DM) capacity building. The BRC is offering technical assistance in cash and voucher assistance (CVA) and integrating community engagement and accountability (CEA) into its programs. While not directly contributing to the current operation, the BRC has significantly enhanced the national society's DRR and response capabilities through various training and mentoring sessions for NS staff, volunteers, and NDRTs, some of whom are actively supporting ongoing operations.</li>   <li>- The Norwegian Red Cross is also present in the country and operates within the IFRC secretariat, providing support to NRCS headquarters in areas such as REACH, community-based health programs, and financial system enhancement. With a presence at the NRCS National Headquarters and in Benue state, the Norwegian Red Cross is deeply involved in strengthening local capacities.</li>   <li>- Additionally, the Italian Red Cross is actively involved in supporting population movement programs at the NRCS headquarters, while the Swedish Red Cross has played a pivotal role in delivering Infection Prevention Control (IPC) training to NS staff, volunteers, and NDRTs, further enhancing their outbreak response capabilities.</li> </ul>

## ICRC Actions Related To The Current Event

The ICRC's operations in Nigeria are primarily concentrated on the conflict-affected North-East region, utilizing its Sub-delegations and Offices spread across the states of Borno, Adamawa, and Yobe in the North-East. The ICRC Delegation in Abuja supports regular coordination meetings among Movement members, in line with the existing Movement Cooperation Agreement, to ensure a unified approach in supporting NRCS efforts in preparedness, readiness, and response. The ICRC is aiding the NRCS in bolstering its emergency response capacity through emergency first aid teams (EFAT) through capacity building and donation of emergency kits, and personal protective equipment.

Together with the IFRC, ICRC, and BRC, the NRCS has established a management committee to streamline the coordination of Movement partners' efforts for an efficient response to emergencies nationwide.



# Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	<p>Due to the escalating number of reported Lassa fever cases across multiple states in the country, the Nigeria Centre for Disease Control (NCDC), as the coordinating body, has initiated the activation of the National Lassa Fever Emergency Operations Centre (EOC) to streamline response efforts. Additionally, a notification letter regarding the activation of state EOCs has been dispatched to all 36 states and the Federal Capital Territory (FCT) and EOC has been activated in the affected states.</p> <p>In collaboration with various entities such as the World Health Organization (WHO), Federal Ministry of Agriculture and Rural Development, Irua Specialist Teaching Hospital, African Field Epidemiology Network, US Centers for Disease Control, and other pertinent agencies, the NCDC is actively engaged in supporting response measures in the affected states.</p>
UN or other actors	<p>MSF provided assistance in conducting fumigation and decontamination efforts in households with confirmed cases, as well as contributed to formulating a thorough plan for assessing the implementation of Infection Prevention and Control (IPC) in the 14 General hospitals of Ebonyi state. Additionally, they continue to offer ongoing assistance in response to the outbreak.</p> <p>The US CDC partnered with national authorities to join the HIV SPICE weekly special session on Lassa fever.</p> <p>The World Bank, in collaboration with CoPREP, supported the IPC Guideline development workshop held in Bauchi State.</p> <p>WHO is actively involved in supporting response measures in affected states.</p> <p>Africa CDC continues to support NCDC through the national Lassa fever multi-partner, multi-sectorial Emergency Operation Center (EOC) to coordinate the response activities at the national level.</p>

## Are there major coordination mechanism in place?

The multi-sectoral incident management system for addressing Lassa fever is operationalized and managed from the Public Health Emergency Operation Centers (PHEOC) at both national and affected state levels. The Nigeria Centre for Disease Control and Prevention assumes leadership at the national level, while pertinent health authorities in affected states spearhead coordination efforts at the State level.

The Nigerian Red Cross Society is a member of the National Emergency Operations Centre (EOC). In order to support the effort of the Nigerian Government to intensify response to the scourge, the Nigerian Red Cross Society has activated interventions in all her branches to support the response efforts in collaboration with the Federal Ministry of Health, the Nigeria CDC and WHO. Presently, the volunteers are carrying out light awareness and community sensitization, but there is need to scale up this intervention to help contain the outbreak.

In recognition of the grassroots presence and the strength and capacity of the Red Cross in community engagement, active case search, and health promotion, the Government is requesting the Red Cross support to bridge the gap in response, enhance community awareness, and promote early detection and presentation of cases to reduce the mortality rates and improve health and wellbeing. The number of states affected and LGAs is important and resources currently engaged by various partners are still not covering the extend of the outbreak.

## Needs (Gaps) Identified



Evolution of the outbreak

- As of 27th February, In week 8, 3,213 cumulative suspected cases in 32 states out of 37,573 confirmed cases, 108 confirmed deaths in 18



states.

- 18th March, epi statement shows a total of 4,726 suspected cases have been reported from 35 on 37 States including FCT. Among these, 766 (CFR-16.2%) have been confirmed from 27 States (and 123 LGAs) with 31 health worker infections.
  - 27th March 5, 029 cases since week 1 of 2024, 149 deaths have been recorded so far and 31 healthcare workers affected in 27 states including the FCT.
  - On 31st March, there were 5,295 suspected cases, on week 13 of 2024 from 36 states. There were 806 confirmed cases in 27 states (125 LGAs); 167 deaths (150 from confirmed cases), CFR 18.6%.
- Latest epi-data week 8-13:
- The new confirmed cases are constant in Edo, Ondo, Taraba, Bauchi, Kaduna, Benue, Ebonyi, Kogi, Nasarawa, Enugu, Gombe, and Rivers States. 24 States with confirmed case across 98 local government areas.
  - Main hotspots remained Ondo, Edo, Bauchi, Ebonyi and recently Plateau. On week 8, 64% of all confirmed Lassa fever cases were reported from these three states - (Ondo 23%, Edo 26%, and Bauchi 15%).
  - The predominant age group affected is 31-40 years (Range: 1 to 98 years, Median Age: 32 years).
  - The number of new confirmed cases increased from 66 in epi week 7, 2024 to 806 in epi week 13, 2024.
  - 32 health workers have been affected.

Factors and vulnerabilities underlined to this outbreak:

One significant gap in the outbreak response is early detection and response. Inadequate case finding, limited surveillance systems and late presentation of cases have led to the increased case fatality rate recorded from the reporting states. While efforts have been made to enhance surveillance systems for monitoring Lassa fever cases, gaps still exist such as limited access to diagnostic testing, challenges in data collection and reporting, and underreporting of cases from states.

The NCDC has also pointed out that this is the peak season of Lassa fever outbreak, but due to the tension and fear of transmission and consequential deaths of healthcare workers, the community health workers are rejecting to investigate, assess, and report cases of Lassa fever. Furthermore, there is also a historical delay between the data collected at the community level and the available published reports which could hide a bigger situation. Inside the endemic states, some LGAs have never reported cases in the past but are currently reporting cases with increased fatalities. Following the general gaps in RCCE and case findings, the NCDC has requested the NS to scale up those areas.

Nigeria's healthcare infrastructure, particularly in rural areas, lack the resources and capacity to effectively manage Lassa fever cases. Inadequate medical facilities, shortages of healthcare workers, and limited access to diagnostic tools and treatment have affected the timely and appropriate care of patients. Ensuring the safety of healthcare workers remains a critical challenge. Shortages of personal protective equipment (PPE), inadequate training in infection prevention and control practices, and fear of contracting the virus has compromised healthcare worker safety and contributed to nosocomial transmission.

Additionally, coordination among various stakeholders involved in the outbreak response is quite sub-optimal. This is due to the concurrent outbreaks of Diphtheria, Cerebrospinal Meningitis (CSM), and Lassa fever, with more attention given to diphtheria and CSM, thereby hindering the implementation of a cohesive and effective response strategy to combat the outbreak.

In many affected areas, there is lack of specialized psychosocial support services, including counseling, therapy, and support groups, leaving individuals and communities without access to needed mental health care. Most healthcare workers and responders also lack training in providing psychosocial support, including skills in active listening, empathy, and trauma-informed care. In most healthcare settings, especially at Primary level of care, Psychosocial support services are not integrated into existing healthcare services, leading to gaps in continuity of care and missed opportunities for early identification and intervention for mental health needs among Lassa fever patients and their families.

Generally, there is a stigma surrounding people affected with infectious diseases like Lassa fever. Fear of discrimination or social isolation may further exacerbate mental health challenges and prevent individuals from accessing needed services.

As a result of the underlying challenge of low awareness and inadequate reporting and diagnosis, there is a presumed risk of secondary transmission due to deaths occurring at home without a clear diagnosis. Infected family members who contract the virus from the deceased person may subsequently transmit it to others in the community, including healthcare workers, relatives, and close contacts. Additionally, without proper diagnosis and awareness of the risks associated with Lassa fever, families may not implement adequate infection control measures when handling the deceased person's body. This can lead to inadvertent exposure to the virus through contact with contaminated surfaces or fluids and contribute to the further spread of the outbreak.

During coordination with CDC, it was also highlighted that delayed presentation at facility has been reported as a significant contributor to treatment options and outcomes, emphasizing poor health seeking behavior that could benefit from intensified risk communication and community engagement (RCCE) activities.

The Red Cross volunteers will conduct door-to-door sensitization and active case search, referring persons with the community case definition of Lassa fever to the designated treatment centers. The volunteers will work with community leaders and gatekeepers to track sick persons and family/friends who may have been in contact with an infected person, linking them to appropriate care, while working closely with the Disease Surveillance Notification Officer and Ministry of Health.





## Water, Sanitation And Hygiene

Water, Sanitation, and Hygiene (WASH) play a crucial role in preventing the spread of infectious diseases like Lassa fever. Many communities in Nigeria lack access to safe and clean drinking water. Limited access to clean water hampers efforts to maintain proper hygiene practices, such as handwashing, which are essential for preventing the transmission of Lassa fever and other infectious diseases. Promoting good hygiene practices, such as regular handwashing with soap and water, is essential for preventing the spread of Lassa fever. However, gaps in hygiene promotion efforts, including limited awareness and education about proper hygiene practices, has undermined the effectiveness of prevention measures.

Poor food hygiene practices, such as improper storage, handling, and preparation of food, can contribute to the transmission of Lassa fever and other foodborne illnesses. Multimammate rats are the primary reservoir of the Lassa virus, and controlling their populations is crucial for preventing Lassa fever outbreaks. Improving food hygiene practices will help reduce the risk of Lassa infection. Implementing vector control measures, such as using traps, and maintaining proper sanitation, will also help reduce the risk of rodent infestation and transmission of the virus.

Improving environmental hygiene, such as waste collection and disposal in affected communities will help reduce the risk of disease transmission, caused as a result of as poor waste management practices and overcrowded living conditions, which has created breeding grounds for disease vectors and contribute to the spread of infectious disease.



## Community Engagement And Accountability

Despite efforts to raise awareness, reaching all segments of the population with accurate information about Lassa fever is still a major challenge. Limited access to educational materials, language barriers, and cultural beliefs have hindered effective communication and awareness-raising efforts. Many communities, particularly in rural areas, lack awareness of the disease, leading to delays in seeking medical care and contributing to the spread of the virus. Engaging communities in decision-making processes and empowering them to take ownership of prevention and control efforts is crucial for sustainability and effectiveness. The Red Cross will intensify efforts to ensure community involvement in identifying local priorities, designing interventions, and promoting behavioural change.

RCCE strategies essential for promoting behaviour change at the community level, including adopting preventive measures such as handwashing, proper food hygiene, and safe burial practices will be tailored to local contexts to encourage communities adaptation and build trust.

Activities aimed at building trust between communities and healthcare providers for effective communication, collaboration, and response will be integrated. Feedback from participating stakeholders will address historical or systemic issues, including perceived mistreatment or neglect by healthcare providers, cultural or religious beliefs, rumors and misinformation. This will ensure transparent communication, cultural sensitivity, participation, and an effective feedback mechanism.

NRCS would facilitate a co-design workshop with the communities integrated into the KAP survey to come up with a community engagement plan for behavior change that is co-designed with the community.

## Any identified gaps/limitations in the assessment

Although persons of all ages and gender are at risk of the Lassa fever infection, certain groups, such as women, children, elderly individuals, persons with disabilities, and internally displaced persons (IDPs), may face increased risks during outbreaks due to factors such as limited access to healthcare, heightened caregiving responsibilities, and barriers to information and resources. Failure to prioritize the protection and needs of these vulnerable populations can result in disparities in health outcomes and exacerbate existing inequalities. Gender disparities in access to healthcare, decision-making power, and socio-economic opportunities can impact vulnerability to infectious diseases like Lassa fever.

Marginalized groups, including ethnic minorities and indigenous communities may face discrimination, stigma, and social exclusion. This operation will take into consideration the specific needs and vulnerabilities of these groups, mainstreaming inclusive approaches that prioritize the participation and empowerment of marginalized communities to ensure that response efforts are equitable and effective. Meaningful engagement with affected communities, including marginalized groups, will be implored to understand the needs, building trust, and co-designing response strategies that are responsive to the diverse needs and priorities of all community members.

## [Assessment Report](#)



# Operational Strategy

## Overall objective of the operation

This DREF allocation aims to reduce vulnerability and Lassa fever-related deaths by supporting 1,393,856 persons affected by Lassa fever through Risk Communication and Community Engagement activities, active case finding, household-level hygiene promotion and vector control, environmental sanitation, psychosocial support, referral and feedback mechanisms in 6 states of Ebonyi, Benue, Delta, Kaduna, Cross River, and Plateau States for 4 months.

## Operation strategy rationale

To address the needs of the targeted population, this DREF will support the ongoing effort from MoH on the health, WASH and Risk communication. The following area of intervention are prioritized:

1. Conduct health promotion and education activities in affected communities.
2. Conduct Active Case finding, and referral of suspected cases to designated treatment centers.
3. Carry out hygiene promotion sessions, including vector control and sanitation programs.
4. Provide psychosocial support services to survivors, families, volunteers and healthcare workers.
5. Conduct Knowledge, Attitude and Practice (KAP) survey to understand the beliefs, misconceptions in endemic communities.
6. Set up community feedback mechanisms to build trust, promote community participation and encourage ownership.
7. Provide sensitization and awareness on disease prevention and control to community-based volunteers.
8. Conduct health promotion in community health facilities to minimize the risk of infection and nosocomial infections amongst health care workers, patients and families.

NS will maintain and/or take part of the coordination and monitoring system in place with the key stakeholders. MoH and humanitarian actors active in the targeted areas will continuously be engaged to ensure a complementarity of the various actions. The intervention will be conclude through a lesson learnt workshop that will involve relevant health actors and serve as a platform to discuss the learnings from Lassa fever interventions in recent years and exit strategies. With past learnings of Lassa fever, the main way forward include the development of an anticipatory action plan that could be a better tools for more life saving. Some actions planned under this DREF will feed that discussion and serve as transition and sustainable capacity/coordination/system that will inform a Simplified early action protocol development. For instance: Outbreak mapping all through the intervention, coordination, KAP and Lesson learnt workshop are all element that will contribute to the discussion. In addition to the delegation health team, further support will be requested from Regional office to support the monitoring and stakeholders engagements.

## Targeting Strategy

[Targeting Strategy Supporting Document](#)

### Who will be targeted through this operation?

The DREF will aim to reach 1,393,856 people affected or with high-risk exposure to Lassa fever with a focus on 6,000 HHs for NRCS direct reach using volunteers and distributions. The target is prioritizing the areas with newly affected states that are not endemic to Lassa fever, to create awareness, and areas with the highest fatality rate, aiming to reduce vulnerabilities and fatality. This means geographical target will include:

- Non-endemic states not usually affected such as Plateau, Cross River, Kaduna and Delta.
- Endemic states with the highest vulnerabilities in Benue States and Ebonyi States which present the highest fatality rate. NS will prioritize the hotspots LGAs that are usually non-endemics. For instance, in Benue States (Okpokwu, Ogbadibo, Konshisha, Guma, Ukum, and Gwer West) and Ebonyi (Ikwo, Izzi, Onicha, Ohaukwu LGAs). These are LGAs that were previously not reporting Lassa Fever but have recently reported confirmed cases and increased deaths.

A specific attention will be put to:

- Communities with highest cases, high CFR following regular outbreak mapping dashboard/NCDC reports.
- The most vulnerable groups, being the most at-risk populations who are currently the most affected groups. Such as health workers, migrants, schoolteachers and students, motor park drivers, and the predominant age group which is aged 31-40 will also be prioritized for the intervention.
- Community Healthcare Workers will be targeted with health and hygiene promotion sessions and Psychosocial support.
- Specific Socio-economical Vulnerability criteria will apply, especially: PLW, people in vulnerable age groups (children, the elderly), persons with disabilities, and marginalized families that can't access the minimum hygiene facilities, IDPs affected among others. In general, communities who are likely to face increased risks during Lassa fever outbreaks or exposed to high risk of mortality.
- Affected households and HHs prone to rat infestation will be targeted with vector control activities such as household distribution of



rat traps.

- Families living in areas with low and bad hygiene.
- Communities' awareness and risk communication will also prioritize densely populated areas, frequent visited places, existing committee committees' group, opinion leaders and community representatives that have trust and respect.

Intervention is essentially oriented on reducing vulnerabilities and mitigation of the CFR through intensified RCCE, active case finding, and health/hygiene promotional sessions.

## Explain the selection criteria for the targeted population

The selection criteria for the targeted population in this DREF operation is based on considerations of transmission dynamics, and a commitment to equity and inclusivity. In addition to the newly affected states, under-reporting endemic states with obvious challenges of late presentation and delayed reporting of cases will be targeted. States with high case fatalities and ongoing transmission are prioritized for intervention to reduce vulnerabilities and prevent further spread.

- Benue and Ebonyi are selected due to the high case fatalities (CFR of 51%+) with an assumption of a lower knowledge and existing vulnerabilities due to the limited exposure to the disease at community and health center levels.
- 04 out of the 7 affected LGAs in Ebonyi States are virgin LGAs not previously affected or endemic to Lassa Fever- Ikwo, Izzi, Ohaukwu, and Onicha LGAs and will be targeted for response. These two states are also reporting a >50% fatality rate.
- In Benue State, 6 out of the 8 affected LGAs have not recorded cases of Lassa Fever in past years. These LGAs include Okpokwu, Ogbadibo, Konshisha, Guma, Ukum, and Gwer West. In epi week 13, 4 positive cases were picked in one of the IDP Camps (IDP camp Ortese with a population of 10,200 persons) and 2 positive cases were detected in the host community approx. 50 meters to Ichwa IDP Camp (with a population of 14,229 persons). These populations will also be targeted to reduce the risk of transmission and further spread of the disease.

NRCS will also consider a level of capacity already in place in endemic states and in bigger states or LGAs with more partner presence. The targeting will consider people who are more likely to get Lassa fever and spread it, based on data about how the disease spreads and the population at risk.

In other affected states, supported by the Diphtheria Operation, the NS will expand the scope of work of the volunteers to include RCCE for the Lassa fever outbreak. This is already ongoing in Bauchi, Taraba, Yobe, Kano, Katsina, and other diphtheria states where volunteers are also creating awareness on Lassa Fever, in addition to the Diphtheria awareness activities.

## Total Targeted Population

Women	349,035	Rural	46%
Girls (under 18)	335,348	Urban	54%
Men	361,831	People with disabilities (estimated)	7%
Boys (under 18)	347,642		
Total targeted population	1,393,856		

## Risk and Security Considerations

Please indicate about potential operation risk for this operations and mitigation actions

Risk	Mitigation action
Community resistance or misinformation	<p>Intensified community engagement activities to raise awareness about Lassa fever, its symptoms, transmission, and prevention measures.</p> <p>NRCS will collaborate with local community leaders, religious institutions, and traditional healers to gain their support and address cultural beliefs that may affect disease control efforts.</p> <p>Culturally sensitive approaches to ensure effective</p>



	communication and community participation will be implord throughout the operation.
Access to affected areas	NRCS will enforce the recruitment and deployment of community-based volunteers for this operation. These volunteers know the terrain, culture, and customs of the communities and will easily access the affected areas with little or no hitches.
Risk of infection: There is a risk of volunteers and staff contracting Lassa fever while engaged in this operation.	The Staff and volunteers involved in this operation will be provided with comprehensive training on infection prevention and control measures. Adequate personal protective equipment (PPE) and hand sanitizers will be made available to all volunteers and staff to minimize exposure. The management will ensure adherence to standard operating procedures for conducting community activities.

### Please indicate any security and safety concerns for this operation

Due to the volatile security situations in some of the targeted states, mainly characterized by threats of armed robbery, banditry, kidnapping, and criminal activities, specific measures will be implemented to mitigate security risks throughout the operation.

Sensitization on Security Rules: All volunteers and staff actively engaged in the operation will receive training and awareness sessions on NRCS security rules and regulations, including the safer access framework course.

Road Travel Safety: Recognizing the safety hazards and risks associated with road travel, NRCS/IFRC staff will prioritize traveling by air. where there are no airports, the team will adopt a two-vehicle convoy movement to enhance safety.

Security Assessment has been conducted in most of the affected states and the situation will be reviewed with revised guidelines duly disseminated. The IFRC's security officer will continually share security reports and updates as he continues to coordinate with the security teams at national and State levels.

**Has the child safeguarding risk analysis assessment been completed?**

Yes

## Planned Intervention



**Budget:** CHF 173,551

**Targeted Persons:** 1,393,856

### Indicators

Title	Target
Total number of volunteers trained on RCCE	900
# of people reached with Lassa fever messages	1,393,856
# of health care workers reached with PSS services	1,500
# of volunteers engaged in Active case finding and PSS	240
# of suspect cases referred to health facility	3,000
% of referred cases confirmed as cases by MoH	80



## Priority Actions

- Conduct door-to-door sensitization of community members on Lassa fever prevention, control, early diagnosis, and referral through engagement of 900 volunteers across 6 states-150 volunteers per state.
- Print IEC materials with community case definitions of Lassa fever for volunteers involved in active case search.
- Train 120 volunteers to conduct active case finding and referral and provide psychological first aid to the affected families and emergency responders.
- Provide PSS to people affected by Lassa Fever - volunteers and healthcare workers involved in the operation.
- Conduct health education in markets, schools, health facilities, motor parks and other public places.
- Conduct targeted advocacy to community leaders and opinion leaders to facilitate behavior change and sustainable approach to prevention and control of Lassa fever.
- Conduct a workshop to draw a seasonal calendar for endemic diseases and respective hotspots for the development of a simplified early action protocol for the country.



## Water, Sanitation And Hygiene

**Budget:** CHF 60,746

**Targeted Persons:** 6,000

## Indicators

Title	Target
# of PPE provided for volunteers and health workers	2,000
# of households to be reached with rat traps	6,000
# of persons reached with hygiene promotion messages	1,393,856
# of households reached with disinfectants and soap	6,000

## Priority Actions

- Conduct weekly community clean-up sessions to destroy rodent habitats.
- Procure PPE and disinfectant for volunteers and health facility workers.
- Procure and distribute rat traps and multipurpose soaps to 6000 targeted households.
- Set up and support existing community health committees to support clean-up campaigns.
- Train volunteers on the appropriate use of PPE.



## Protection, Gender And Inclusion

**Budget:** CHF 5,529

**Targeted Persons:** 199,055

## Indicators

Title	Target
# of community dialogues conducted	30

## Priority Actions

- Training for staff and volunteers on PGI including safeguarding and ensure staff have signed code of conduct.
- Raise awareness and challenge discriminatory social norms and practices that perpetuate gender inequality and exclusion.
- Conduct community dialogues, campaigns, and educational programs to promote positive attitudes towards gender equality and



inclusion.

- Mainstream training and capacity-building programs for staff members on gender equality, protection, and inclusion, including understanding and addressing gender-based violence and discrimination.
- Ensure that gender considerations are integrated into all program activities, policies, and decision-making processes to address gender disparities and promote equality.
- Promote supportive referrals to ensure that services, facilities, and programs are accessible and inclusive for individuals with disabilities, older persons, and other marginalized groups.



## Community Engagement And Accountability

**Budget:** CHF 50,429

**Targeted Persons:** 1,393,856

### Indicators

Title	Target
# of persons reached with Risk Communication and Community Engagement	1,393,856
# of live radio shows conducted	12
# of road shows conducted	12
# of feedback documented and addressed	72
# of KAP surveys conducted	6
# of community meetings and dialogue held	72

### Priority Actions

- Adopt and translate radio jingles into 4 main local languages (Igbo, Yoruba Pidgin and Hausa) to be aired on selected radio stations.
- Anchor 12 Live radio call-in sessions to raise awareness of the Lassa Fever outbreak and provide information on misconceptions, rumors, and early treatment.
- Conduct road shows in the targeted LGAs in all 6 states for wider reach.
- Set up a community feedback mechanism to receive and address rumors, complaints, and general feedback, including reviewing feedback with leadership and technical teams.
- Conduct a KAP survey in the 6 targeted states to evaluate the level of awareness, risk behavior, and practices that pose a risk of spreading of Lassa virus.
- Conduct weekly community meetings to increase awareness and promote advocacy for behavioral change.
- Conduct lessons learned workshop to measure the impact and evaluate the effectiveness of the DREF operation and develop anticipatory actions for sustainable preparedness and response plans for endemic diseases in Nigeria.
- Conduct Post distribution monitoring visits.



## Secretariat Services

**Budget:** CHF 20,130

**Targeted Persons:** 1,212

### Indicators

Title	Target
# of documentaries produced	2



# of supportive supervision conducted by secretariat	7
# of coordination meetings attended	12
# of security assessments conducted and updated	6
# of technical and operational monitoring missions	5

## Priority Actions

- Ensure NRCS/IFRC representation in coordination meetings at national and subnational levels.
- Conduct joint supportive supervision of targeted branches.
- Organize a media cafe with potential donors and partners for resource mobilization and visibility.
- Produce documentary and storytelling on best practices and lessons learned.
- Conduct Security risk assessment and ensure that adequate mitigation measures are put in place.
- High-level Advocacy and support mission of the Regional or HQ Health Delegate. Stakeholders meetings and outcome of the mission to contribute to the technical support on the discussion of exit strategies and long-term action plans.



## National Society Strengthening

**Budget:** CHF 52,566

**Targeted Persons:** 1,206

## Indicators

Title	Target
# of staff and NDRT supporting the operation	6
# of volunteers insured	1,200

## Priority Actions

- Ensure that volunteers involved in the operation are insured.
- Provide complete and regular briefings on volunteers' roles, safety and security.
- Provide visibility and personal protection equipment to volunteers and staff.
- Deploy 6 NDRTs to support the DREF Operation.

# About Support Services

## How many staff and volunteers will be involved in this operation. Briefly describe their role.

NRCS will mobilize 1200 Volunteers.

- 800 volunteers will be trained and deploy to conduct RCCE, Surveillance (active case search and contact tracing) and, provide PSS services to affected families and health workers. The RCCE volunteers will conduct daily door-to-door sensitization and awareness creation in the targeted communities, working 4 days a week for 12 weeks.

Community meetings and hygiene promotion sessions will be held once every week to address rumors, document feedback, support clean-up campaigns, household disinfection, and mass campaigns.

- The 180 surveillance volunteers will conduct active case finding, contact tracing, and early referrals, working closely with the NCDC Rapid Response Teams and the Ministry of Health.

- 220 Community volunteers will also be involve to support the activities.

- Six (6) National Disaster Response Team (NDRT) personnel and 6 NRCS staff will be deployed to support the branches during the operation. Also, the IFRC staff will provide technical support to NRCS for during the operation.



## **If there is procurement, will it be done by National Society or IFRC?**

All procurement in the DREF Operation will be carried out at the national headquarters level. The procurement/logistics unit will work with the IFRC Procurement Officer to ensure compliance with the standard procurement rules and regulations. PPEs, visibility materials, and NFIs such as rat traps will be procured under close supervision of the IFRC. IEC materials designed by NCDC will also be adopted and produced for dissemination at the community level.

## **How will this operation be monitored?**

The operation will be monitored at all levels, by the NRCS branch, divisional teams, and the NHQ team. Indicator monitoring tools will be deployed to collect, collate, analyze, and transmit activity results at all levels. The volunteer's activity daily reporting forms will be submitted to the divisional secretaries for collation at the LGA level which will then be forwarded to the branch for the State summary. The branch team will collate and summarize data from the LGAs and transmit same to the NHQ every week for validation, analysis, and onward reporting to the IFRC. This process will be supported by the NHQ and IFRC teams to enhance quality and timely updates of the operation activities.

Regular field missions will be conducted by NRCS and IFRC teams for spot checks and to provide on-the-job training and operation oversight on the activities.

The IFRC health Delegate at the Region or HQ level will conduct a supportive mission to Nigeria to provide technical support on the analysis of outbreak mapping, KAP, and LLW which will contribute to the development of an S-EAP, exit strategies, and long-term plans.

## **Please briefly explain the National Societies communication strategy for this operation**

The communication department of the NRCS will utilize the website and social media channels to disseminate information about the DREF operation. Local media agencies will be engaged to cover the campaigns, and a press conference will be held in Abuja to attract partnership and support from donors. Branch communication officers will collaborate closely with Branch health coordinators at the respective branches to document best practices, success stories and share action pictures of the activities. The IFRC communication team will assist in amplifying stories and content shared through the Nigerian Red Cross and engage regional and global media when necessary.



# Contact Information

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

**National Society contact:** Dr. Manir Jega, Director Health and Care, manir.jega@redcrossnigeria.org, +2348034068054

**IFRC Appeal Manager:** Bhupinder Tomar, Head of Cluster Delegation, bhupinder.tomar@ifrc.org

**IFRC Project Manager:** Idaraobong Ekanem, Health officer, Abuja cluster delegation, idaraobong.ekanem@ifrc.org

**IFRC focal point for the emergency:** Francis Salako, Operations Coordinator, francis.salako@ifrc.org, +234 9087351968

**Media Contact:** Susan Nzisa Mbalu, Communications Manager, susan.mbalu@ifrc.org, +254733827654

[Click here for the reference](#)

