DREF Operational Update

Nigeria_Lassa Fever outbreak

NRCS Volunteer Sensitizing a Market woman in Plateau State

Appeal: **NDRNG038**	Total DREF Allocation: **CHF 362,952**	Crisis Category: Yellow	Hazard: **Epidemic**
Glide Number: **-**	People Affected: **13,938,566 people**	People Targeted: **1,393,856 people**	
Event Onset: **Slow**	Operation Start Date: **14-04-2024**	New Operational End Date: **31-10-2024**	Total Operating Timeframe: **6 months**
Reporting Timeframe Start Date: **14-04-2024**		Reporting Timeframe End Date: **31-10-2024**	
Additional Allocation Requested: **0**		Targeted Areas: **Benue, Delta, Ebonyi, Kaduna, Plateau, Rivers**	

Description of the Event

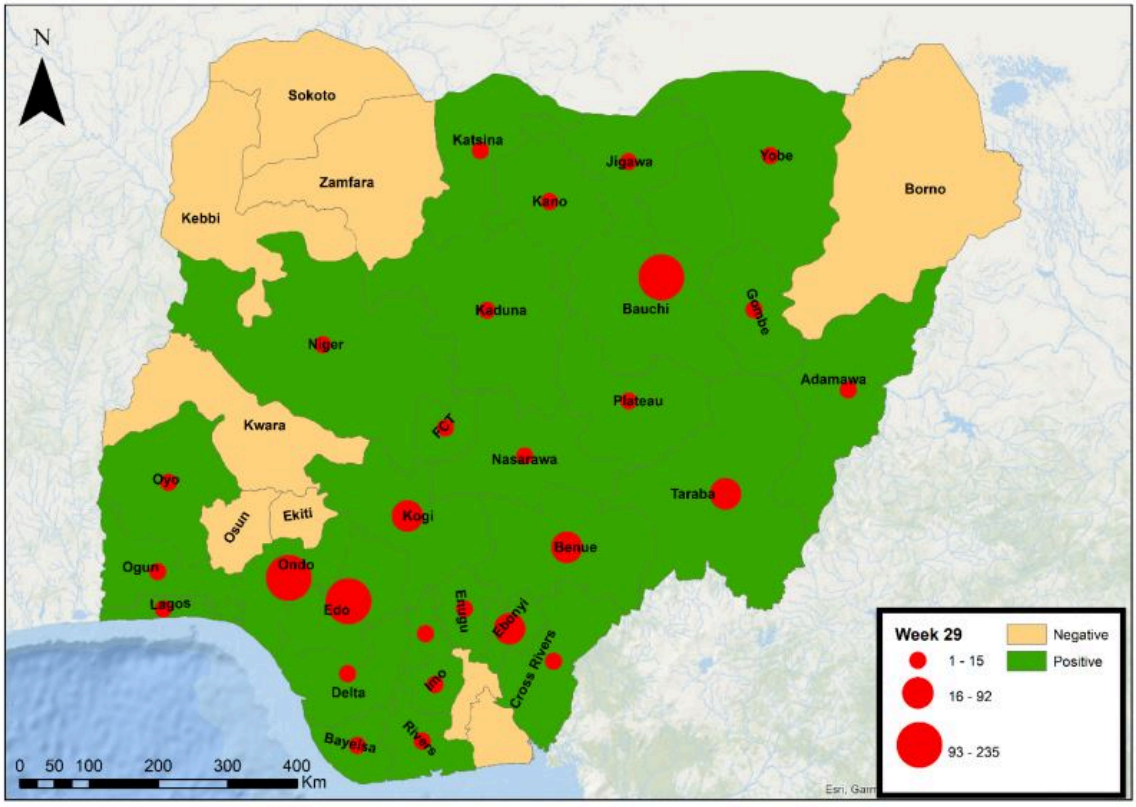

Figure 2. Confirmed Lassa fever cases by States in Nigeria, week 29, 2024

Map of Nigeria showing Cumulative Lassa Fever Cases for epi Week 1-27, 2024. Credit @ NCDC

Date when the trigger was met

03-01-2024

What happened, where and when?

In 2024, the Lassa fever outbreak in Nigeria escalated significantly, with the number of suspected cases rising to 7,407, compared to 6,597 reported during the same period in 2023. By week 29, the number of new confirmed cases increased from 7 in epidemiological week 28 to 11. From week 1 to week 29 in 2024, there have been 163 reported deaths, resulting in a case fatality rate (CFR) of 17.1%, slightly higher than the 16.9% CFR for the same period in 2023. Lassa fever has now spread to 28 states, with at least one confirmed case in 125 Local Government Areas (LGAs), and 32 healthcare workers have been infected across 27 states, including the FCT.

The worst-affected states are Bauchi, Taraba, Edo, Ondo, Plateau, Benue, Cross River, Rivers, Anambra, and Ebonyi, with a total of 125 LGAs impacted. The predominant age group affected is 31-40 years (Range: 1 to 98 years, Median Age: 32 years), with an equal male-to-female ratio among confirmed cases.

Since February, when the cases began to peak, the Nigeria Red Cross Society (NRCS) was called upon for support by the Ministry of Health (MoH) and various response platforms. Despite Lassa fever being endemic in Nigeria, the case fatality rate (CFR) of 18.8% reported in week 12 was alarming, revealing significant gaps in coordination with health partners, which raised considerable concerns. The number of suspected cases also surged dramatically to 5,029 from January to week 12 in 2024, compared to 3,361 during the same period in 2023.

Among the worst-affected states, Bauchi, Taraba, Edo, Ondo, Ebonyi, Benue, and Cross River are endemic to Lassa fever. In contrast, Plateau, Rivers, and Anambra are newly affected states, where awareness of the symptoms, prevention, and treatment of the disease is minimal or non-existent. In Ebonyi and Benue, new LGAs that were not previously affected by Lassa fever began reporting cases, including within IDP camps in Benue State. This situation underscored the urgent need to engage communities in these areas to raise awareness about the signs and symptoms of Lassa fever and improve early detection and timely presentation of cases through active case searches and referrals.

NRCS Volunteers supporting Community Sanitation in Plateau State

Scope and Scale

The Lassa Fever outbreak in Nigeria has taken an alarming turn, spreading to areas that had never previously reported cases. This expansion posed significant challenges, as the newly affected states had limited experience in managing the disease and lacked the necessary resources and infrastructure for timely detection and response. In response to this evolving situation, the Red Cross scaled up its intervention efforts, targeting newly affected LGAs in the endemic states and the newly impacted states with high case fatalities.

The Red Cross' intervention efforts have shown promising results, as reflected in the recent decline in the Lassa Fever epicurve over the past few weeks. The NCDC has acknowledged the Red Cross' contributions, with the latest epidemiological data indicating a reduction in the number of new Lassa Fever cases compared to the earlier stages of the outbreak.

Through this DREF Operation, the NRCS has significantly contributed to several key areas:

Strengthened Surveillance and Early Detection: Red Cross volunteers are collaborating closely with state and local authorities to enhance disease surveillance systems, enabling the rapid identification and reporting of suspected Lassa Fever cases in all targeted areas. Community members and informants were trained to recognize the signs and symptoms of Lassa Fever, facilitating prompt case detection and reporting.

Improved Case Management and Infection Prevention: NRCS is supporting healthcare facilities in both endemic and non-endemic states by providing personal protective equipment and conducting hygiene promotion sessions to ensure the safe and effective management of Lassa Fever patients.

Enhanced Community Engagement and Awareness: Widespread public awareness campaigns, including roadshows and market rallies, are conducted to educate communities about the mode of transmission, prevention measures, and the importance of early reporting and care-seeking behaviors. IEC materials were produced and distributed across the communities. NRCS teams also engaged traditional and religious leaders to address cultural barriers and promote health-seeking behavior among community members.

Psychosocial Support: The NRCS provides psychosocial support to healthcare workers, affected persons, families, survivors, and volunteers. This support helped address stigma and discrimination, and fear and anxiety among frontline responders.

Lassa Fever remains endemic in several states in Nigeria, including Bauchi, Taraba, Edo, Ondo, Ebonyi, Benue, and Cross River. However,

the disease has also spread to newly impacted states such as Plateau, Rivers, and Anambra, where awareness of the symptoms, prevention, and treatment of Lassa Fever is low. During the planning of this operation, a strategic decision was made to replace Cross River, an endemic state, with Rivers State as a target area. This shift was based on the observation that, while Cross River is indeed affected by Lassa Fever, Rivers State had a higher case fatality rate and lower awareness about the disease among the local population. By focusing on Rivers State, the operation was able to direct resources and interventions towards a non-endemic area experiencing a rise in reported cases, where community knowledge about the disease was limited. This strategic shift aimed to have a greater impact on saving lives through improved early detection and timely presentation of cases.

While recent trends are encouraging, the battle against Lassa Fever is far from over, especially with the next outbreak season fast approaching. The NRCS has therefore begun engaging with the government, communities, and other partners to sustain community actions and develop long-term strategies that will reduce the impact of Lassa Fever in the affected communities.

Source Information

Source Name	Source Link
1. Nigeria CDC stirep week 30	https://ncdc.gov.ng/diseases/sitreps/?cat=5&name=An%20update%20of%20Lassa%20fever%20outbreak%20in%20Nigeria

Summary of Changes

Are you changing the timeframe of the operation	Yes
Are you changing the operational strategy	No
Are you changing the target population of the operation	No
Are you changing the geographical location	Yes
Are you making changes to the budget	No
Is this a request for a second allocation	No
Has the forecasted event materialize?	No

Please explain the summary of changes and justification:

The Nigeria Red Cross is requesting a two-month no-cost extension for the Lassa Fever DREF operation (MDRNG038), extending the end date from 31 August 2024 to 31 October 2024. This extension also involves replacing Cross River State with Rivers State, following a recommendation from the NCDC. The additional time will allow the National Society to complete following critical activities:
- Finalize the KAP survey, analyze the data, and use the results to organize round-table discussions with government stakeholders and TWG members on Lassa Fever.
- Conduct post-distribution monitoring.
- Continue roadshows and live call-in radio shows to enhance outreach.
- Hold a lesson-learned workshop to document insights, inform the SEAP, and guide future response actions.
- Support vendor payments and finalize reporting.

The extension is necessary due to the following delays:
- Procurement Issues: The acquisition of WASH materials was delayed by central procurement guidelines and the public tender bidding process.
- Late Deliveries: Vendors delayed the delivery of procured items.
- Extended Data Collection: The KAP Survey's data collection phase was prolonged due to difficulties in accessing remote areas and ensuring data accuracy.
- Contractual Delays: Bureaucratic hurdles delayed the finalization of contracts with local radio stations.
- The National Society has addressed these challenges: procured items have been delivered, a contract with the radio station has been finalized, radio talk shows are ongoing, and a financial report has been shared with the IFRC, pending review.

To date, the activities conducted include:

- Identified and referred 5,239 suspected Lassa fever cases to health facilities and Disease Surveillance and Notification Officers for investigation by Red Cross volunteers.
- Conducted hygiene promotion sessions, including vector control and sanitation programmes in 103 communities.
- Reached 1,189,099 people (227,468 households) with health and hygiene promotion and education activities through community meetings, group discussions, FGDs, school sensitizations, house-to-house outreach, roadshows, and live call-in radio shows.
- Provided psychosocial support services to 13,272 people, including those with symptoms, survivors, families, and healthcare workers.
- Conducted Knowledge, Attitude, and Practice Surveys to understand beliefs and misconceptions in endemic communities.
- Collected and documented 1,003 pieces of community feedback to build trust, promote participation, and encourage ownership.
- Conducted 10 roadshows across six states.
- Held 7 live call-in radio shows.
- Distributed 6,000 rat traps and 18,000 pieces of soap to affected households in the six states.

The current expenditure rate is 36%, but this is expected to increase significantly due to pending vendor payments and volunteer incentives.

The revision of the target location from Cross River to Rivers State occurred during a joint planning meeting between the NRCS and the NCDC on 18 April 2024. Epidemiological data at the time indicated that Rivers State, previously non-endemic, was now reporting Lassa fever cases, while Cross River State, though affected, remains an endemic state with recurring outbreaks.

This decision underscores the commitment of the NRCS and NCDC to evidence-based planning and the adjustment of operational plans to ensure resources are directed where they are most needed. As a result, the DREF operation now targets the following six states: Benue, Delta, Ebonyi, Plateau, Kaduna, and Rivers.

Current National Society Actions

Start date of National Society actions

10-03-2024

Community meeting with Women group in Rivers State

Coordination	The NRCS actively participates in the weekly Lassa fever technical working group (TWG) meetings led by the Nigeria Centre for Disease Control where updates were provided on Lassa fever reporting and trends across the country. At the State level, branch teams also participate in sub-national EOC meetings with the Ministry of Health and other state actors.
National Society Readiness	The Nigerian Red Cross Society has been supporting the government in tackling and responding to epidemic diseases, working collaboratively with the Government of Nigeria through, the Ministry of Health, the Nigerian Centre for Disease Control (NCDC) and the National Primary Health Care Development Agency (NPHCDA). With viable branches in the 37 states and the FCT, the NS has approximately 800,000 volunteers across the country. To ensure a prompt response to emergency health issues, the NRCS has a team of Health Action Team (HAT) members, Mothers' Club volunteers, and National Disaster Response Team (NDRT) members who are trained in Epidemic Control, WASH, Infection Prevention and Control, and community-based surveillance. These teams were deployed within the first weeks of the outbreak to enhance epidemic readiness by engaging in the following activities: - Following the declaration of the Lassa Fever Outbreak, the NRCS activated her Health Action Team members across the states to initiate the following readiness activities: - Community Engagement and Education: Raise awareness about Lassa Fever prevention, symptoms, and treatment through campaigns and media. - Surveillance: Active case search and referral. - Health Promotion: Encouraging hygiene practices and demonstrating the use of protective equipment. - Psychosocial Support: Offering emotional support to affected individuals and communities. - Coordination: Working with local authorities and health agencies for a unified response.

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC Cluster Delegation in Nigeria plays a vital role in supporting the NRCS in both emergency preparedness and response, and in the implementation of longer-term programmes. Based in Abuja, the IFRC Secretariat provides overall oversight and guidance for the ongoing DREF operation, with dedicated operations and health teams offering technical support to the NRCS. The IFRC Abuja Cluster Delegation works closely with the International Committee of the Red Cross (ICRC) and Partner National Societies (PNSs) present in Nigeria. This collaboration ensures that all activities align with the broader strategic goals of the IFRC, avoiding duplication of efforts, and maximizing the effective use of resources. The IFRC facilitates regular information exchange among Movement partners through various platforms, including Movement Technical Working Group meetings, coordination meetings, workshops, and joint planning sessions. These efforts ensure that all stakeholders are well-informed about ongoing operations, challenges, and opportunities. Beyond supporting the DREF operation, the IFRC is leading the development of the NRCS 2025 Unified Plan. This includes providing technical support to the NRCS and coordinating with PNSs to pool funds, human resources, and materials, thereby enhancing the impact of their interventions. The IFRC Cluster Delegation also represents the Red Cross and Red Crescent Movement in engagements with government bodies, international organizations, and other key stakeholders in Nigeria. In these forums, the IFRC ensures that the perspectives of the Movement are included in discussions and decisions that influence humanitarian action. The delegation works to ensure that Red Cross interventions complement government efforts, aligning with national disaster response plans, public health initiatives, and other governmental priorities.

	In addition to providing technical guidance, coordinating with Movement partners, and participating in national coordination platforms for the Lassa fever response, the IFRC team is assisting the NRCS in developing a Simplified Early Action Protocol for endemic diseases in Nigeria. This initiative aims to enhance the National Society's capacity to respond effectively to health emergencies.
Participating National Societies	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 providing 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 on-going operations. 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 presence at the NRCS National Headquarters and in Benue state, the Norwegian Red Cross is deeply involved in strengthening local capacities. - 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.

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 (PPE).

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	In response to the increasing number of Lassa fever cases across multiple states, the Nigeria Centre for Disease Control (NCDC), as the lead coordinating body, has activated the National Lassa Fever Emergency Operations Centre (EOC) to enhance and centralize response efforts. State-level EOCs have also been activated in the affected states following a notification sent to all 36 states and the Federal Capital Territory (FCT). The NCDC is working closely with key partners, including the World Health Organization (WHO), the Federal Ministry of Agriculture and Rural Development, Irua Specialist Teaching Hospital, the African Field Epidemiology Network (AFENET), the US Centers for Disease Control and Prevention (CDC), the Red Cross, and other relevant agencies. These collaborations are essential in providing comprehensive support for the ongoing response efforts in the affected states.
UN or other actors	Médecins Sans Frontières (MSF) assisted with fumigation and decontamination efforts in households with confirmed cases and played a key role in developing a comprehensive

	plan to assess the implementation of Infection Prevention and Control (IPC) in the 14 General Hospitals of Ebonyi State. The World Bank, in partnership with CoPREP, funded the IPC Guideline Development Workshop held in Bauchi State. The World Health Organization (WHO) is actively supporting response efforts in the affected states, while the Africa CDC continues to aid the Nigeria Centre for Disease Control (NCDC) through the national Lassa Fever multi-partner, multi-sectoral Emergency Operations Center (EOC) to coordinate response activities at the national level.

Are there major coordination mechanism in place?

The multi-sectoral incident management system for addressing Lassa fever is managed by the Public Health Emergency Operation Centers (PHEOC) at both national and state levels. The Nigeria Centre for Disease Control and Prevention leads at the national level, while health authorities in affected states coordinate efforts locally. The Nigerian Red Cross Society is a key member of the National Emergency Operations Centre (EOC). Recognizing the Red Cross's strong grassroots presence and its capacity for community engagement, active case search, and health promotion, the Government initially requested its support to address response gaps, enhance community awareness, and promote early detection and treatment to reduce mortality rates and improve overall health. To support the Nigerian Government's intensified response, the Nigerian Red Cross Society activated interventions across all its branches, working in collaboration with the Federal Ministry of Health, the Nigeria CDC, and WHO. Currently, volunteers are engaged in awareness and community sensitization activities. Support will continue through the non-cost extension of the DREF to assist the government and relevant stakeholders in containing the outbreak.

Needs (Gaps) Identified

Health

Evolution of the Outbreak: As at 27 February week 8, 3,213 cumulative suspected cases were reported in 32 states with 573 confirmed and 108 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, of which 766 (CFR-16.2%) have been confirmed from 27 States (and 123 LGAs) with 31 health workers infected.
Latest Situation Report reveals that, for epidemiological week 27, 5 new cases were recorded in 3 States including Ebonyi. Cumulatively from week 1 to 27, 163 deaths have been recorded with a case fatality rate (CFR) of 17.5%. Twenty eight (28) of the 37 States have recorded at least 1 confirmed case of Lassa fever from 125 Local Government Areas (LGAs) and 32 healthcare workers infected 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. Main hotspots remained Ondo, Edo, Bauchi, Ebonyi and recently Plateau.

Factors and vulnerabilities underling to the Outbreak: One significant gap in the outbreak response is early detection, inadequate case finding due to limited surveillance structures and, late presentation of cases which led to the increase case fatality rates recorded from the reporting states. While efforts have been made to enhance the surveillance system Lassa fever, gaps still exist such as limited access to diagnostic testing, challenges in data collection, reporting, and underreporting of cases from the states. The NCDC has also pointed out that this was the peak season for 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.

Also, in some of the endemic states, cases of Lassa fever were recorded in LGAs that have never reported cases in the past years, with increased fatality being that they were novices to the diseases. Following the general gaps in RCCE and case finding, the NCDC requested the NS to fill the gaps in those areas.
Healthcare infrastructures in Nigeria, particularly in the rural areas, lack the requisite resources and capacity to effectively manage Lassa fever cases. Shortages of personal protective equipment (PPE), inadequate training on infection prevention and control practices has compromised the safety of healthcare workers and contributed to nosocomial transmission.

Additionally, coordination among various stakeholders involved in the outbreak response is quite suboptimal. 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 counselling, 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.

A need was identified for enhanced community engagement and active case search in response to the Lassa fever outbreak. To address

this, Red Cross volunteers are now conducting door-to-door sensitization and active case search, referring individuals who meet the community case definition of Lassa fever to designated treatment centers. They are working with community leaders and gatekeepers to track and support sick individuals and those who may have had contact with infected persons, ensuring they are linked to appropriate care. This process is ongoing and involves close collaboration with the Disease Surveillance Notification Officer and the Ministry of Health to effectively manage and contain the outbreak.

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 which impedes efforts to maintain proper hygiene practices, such as hand washing, which are essential for preventing the transmission of Lassa fever and other infectious diseases. Promoting good hygiene practices, such as regular hand washing 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 weakened the effectiveness of preventive measures.

Poor food hygiene practices, such as improper storage, handling, and preparation of food, can also contribute to the transmission of Lassa fever and other foodborne illnesses. Multimammate rats are the primary reservoir of the Lassa virus therefore, dislodging them is crucial for preventing Lassa fever outbreak. Improving food hygiene practices can 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 contribute to reducing the risk of disease transmission from poor waste management practices and overcrowded living conditions, which has created conducive breeding spaces for vectors and leading 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 has 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 behavioral change.

RCCE strategies essential for promoting behavior change at the community level, including adopting preventive measures such as hand washing, proper food hygiene, and safe burial practices were tailored to local contexts to encourage community's 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.

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.

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, Rivers, and Plateau States for 6 months.

Operation strategy rationale

Although the epidemic curve for Lassa Fever is showing a decline, the ongoing protests, violence, and curfews across several states have created new challenges that could hinder the continued success of this response. This DREF extension is therefore critical to sustaining the downward trend of the outbreak while adapting to the current socio-political realities. The unrest has added complexity to the public health efforts, requiring a more flexible and responsive approach. The NCDC still identifies challenges around the late presentation of cases, poor health-seeking behaviour due to the high cost of treatment and clinical management of Lassa fever, poor environmental sanitation conditions observed in high-burden communities, and Poor awareness observed in high-burden communities.

This extension will continue to support the Ministry of Health's (MoH) efforts in health, WASH (Water, Sanitation, and Hygiene), and risk communication through the following pending activities:
- Finalize the KAP survey, analyze the data, and use the results to organize round-table discussions with government stakeholders and TWG members on Lassa Fever.
- Conduct post-distribution monitoring.
- Continue roadshows and live call-in radio shows to enhance outreach.
- Hold a lesson-learned workshop to document insights, inform the SEAP, and guide future response actions. This operation will conclude with a comprehensive lesson-learned workshop, which will not only review the Lassa Fever interventions in recent years but also focus on the specific challenges encountered and recommendations for long-term outcomes. This workshop will contribute to the development of an anticipatory action plan, emphasizing the need for a robust Early Action Protocol that is resilient to Lassa Fever emergencies in the country.

NRCS volunteers will continue to monitor the security situation in their locality and adapt strategies that ensure the safety of volunteers and staff in the field. Special emphasis will be placed on engaging communities through locally trusted channels.

During the two month no-cost extension, the National Society will continue to actively engage in the established coordination and monitoring systems with key stakeholders. Ongoing collaboration with the Ministry of Health (MoH) and humanitarian actors in the targeted areas will ensure that actions remain complementary and effective. The intervention will conclude with a lesson-learned workshop involving relevant health actors. This workshop will serve as a platform to review insights gained from recent Lassa fever interventions and to discuss exit strategies. Based on the insights from the workshop and stakeholder engagement outcomes, efforts will focus on transitioning to a sustainable capacity, coordination, and system to support the development of a Simplified Early Action Protocol.

Targeting Strategy

Who will be targeted through this operation?

• Non-Endemic LGAs in endemic states with the highest vulnerabilities in Benue States and Ebonyi States which present the highest fatality rate are prioritized. 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.
Additionally, newly affected states such as Rivers, Delta, Plateau and Kaduna, usually non-endemic to Lassa Fever were also targeted for improved awareness, early diagnosis and timely treatment.
Attention was given to:
- Communities with the highest cases, and high CFR following regular outbreak mapping dashboard/NCDC reports.
- The most vulnerable groups, being the most at-risk populations 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 are also prioritized for the intervention.
- Community Healthcare Workers are targeted with health and hygiene promotion sessions and Psychosocial support.
- Specific Socio-economical Vulnerability criteria have been applied, 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 are also 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 are also prioritized, densely populated areas, frequently visited places, existing committee committees' groups, 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 were 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 are 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.
- Four (4) 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. The NRCS also considered a level of existing capacity in endemic states and, in bigger states or LGAs with high partner presence, the targeting considered people who were more likely to get Lassa fever and spread it, based on data about how the disease spreads and the population at risk.
In other states, supported by the Diphtheria Operation, the NS expanded the scope of work for 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	**60%**
Girls (under 18)	**335,348**	Urban	**40%**
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	This was mitigated by intensifying Community engagement activities to raise awareness about Lassa fever, its symptoms, transmission, and prevention measures. 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. Culturally sensitive

	approaches to ensure effective communication and community participation will be implored throughout the operation.
Access to affected Communities	The NRCS ensured 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	The risk of volunteers and staff contracting Lassa fever during this operation was mitigated by providing comprehensive training on infection prevention and control for all human resource engaged for the operation. Also, adequate personal protective equipment (PPE) and hand sanitizers were made available to all volunteers, staff and health care facility workers 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

The recent hashtag #endbadgovernance protests, violence, and curfews in some Nigerian states have significantly disrupted the Lassa Fever operation. This disruption has led to several challenges: restricted movement, which has hindered the ability to carry out essential activities; interrupted surveillance and reporting, making it difficult to track new cases; and curtailed public gatherings and community outreach efforts, affecting awareness campaigns, roadshows, and preventive education.

To ensure the safety of volunteers and staff, the NRCS has adjusted operation schedules to comply with curfew hours, allowing essential activities to occur during safe periods. They are also working closely with local leaders and community groups. The IFRC's security officer is monitoring the situation closely, providing daily security reports and updates, and coordinating with security teams at both national and state levels. Additionally, Branch Secretaries are collaborating with security agencies to understand the evolving situation and to guide volunteers effectively.

Has the child safeguarding risk analysis assessment been completed?

Yes

Planned Intervention

Health

Budget: CHF 173,551
Targeted Persons: 1,393,856

Indicators

Title	Target	Actual
# of volunteers trained on the operation	1,140	1,140
# of people reached with Lassa fever messages	1,393,857	1,189,099
# of persons reached with PSS services	1,500	13,272
# of volunteers engaged in Active case finding and PSS	240	240
# of suspect cases referred to health facility	3,000	5,239

% of Suspected Cases referred to health facilities (House-to-house ACS)	80	97
# of households targeted for RCCE (door-to-door sensitization)	200,000	227,468

Progress Towards Outcome

• Door-to-door sensitization: To bolster community awareness and prevention of Lassa fever, 900 volunteers were mobilized across six states. These volunteers conducted door-to-door sensitization, educating community members on Lassa fever prevention, control, early diagnosis, and referral processes.
• Information, Education, and Communication (IEC) Materials: IEC materials, including community-specific case definitions of Lassa fever, were printed and distributed to volunteers. These materials supported the volunteers in conducting active case searches and providing accurate information to the public.
• Volunteer Training: A total of 1,140 volunteers received specialized training for RCCE (Risk Communication and Community Engagement), active case finding, and referral activities. The training also covered psychological first aid for affected families and emergency responders, ensuring a comprehensive approach to the response.
• Psychosocial Support: Psychosocial support was offered to 13,272 individuals affected by Lassa fever, including 240 volunteers and healthcare workers involved in the operation. This support aimed to address the psychological impact of the outbreak on those directly engaged in response efforts.
• Health Education Campaigns: Campaigns were conducted in public spaces such as markets, schools, health facilities, and motor parks to raise awareness about Lassa fever and promote preventive behaviors.
• Targeted Advocacy: Advocacy efforts were directed at community and opinion leaders to facilitate behavior change and promote sustainable approaches to Lassa fever prevention and control within communities.
• Volunteer Activities: Both RCCE and ASC/PSS (Active Case Search/Psychosocial Support) volunteers provided key Lassa fever messages to households during their visits and distributed IEC materials. ACS volunteers also searched for suspected cases of Lassa fever, reported them to LGA Disease Surveillance Nodes (DSNs), referred them to the nearest health facilities for investigation and follow-up, and provided psychological first aid as needed. RCCE volunteers referred suspected cases to ACS volunteers for onward reporting and PSS.
• Protective Measures: PPE, including disposable gowns, elbow gloves, goggles, face masks, and chlorine disinfectants, were supplied to health facilities in local communities. This measure aimed to reduce nosocomial infections among health workers dealing with suspected Lassa fever cases referred by volunteers.

Water, Sanitation And Hygiene

Budget: CHF 60,746
Targeted Persons: 6,000

Indicators

Title	Target	Actual
# of Community Sanitation conducted	72	42
# of Households reached with hygiene promotion messages (House-to-house)	200,000	227,468
# of Households reached with multi-purpose soap	6,000	6,000
# of Households reached with rat traps	6,000	6,000

Progress Towards Outcome

The RCCE and surveillance volunteers received training in infection prevention and control (IPC), health, and hygiene promotion. They have been actively passing key hygiene messages to households, including hand hygiene. Through their efforts, the volunteers reached 227,468 households and 1,189,099 individuals with hygiene information. Multipurpose soaps were distributed to 6,000 households where suspected Lassa fever cases were identified during house-to-house sensitization.

Both RCCE and ASC/PSS volunteers, totaling 1,140 are delivering hygiene promotion messages during their visits and distributing 2 rat traps and 2 bars of soap to households with a history of confirmed or suspected Lassa fever cases. A total of 6,00 households have been reached with rat traps. These volunteers conduct house-to-house activities four days a week and mobilized community members to participate in communal environmental sanitation once a week. This initiative aims to dislodge vectors and prevent contamination with the Lassa fever virus in their surroundings.

Protection, Gender And Inclusion

Budget: CHF 5,529
Targeted Persons: 199,055

Indicators

Title	Target	Actual
# of volunteers and staff trained on PGI	1,200	1,200
# of PGI booklets provided for volunteers and staff	2,000	2,000

Progress Towards Outcome

Training and capacity-building programs on gender equality, protection, and inclusion were mainstreamed across all levels of this operation. These programmes included components on understanding and addressing gender-based violence and discrimination, equipping staff with the knowledge and skills needed to support affected individuals effectively. Comprehensive training sessions were conducted for staff and volunteers on PGI, including safeguarding principles. As part of this operation, all staff members were required to sign a code of conduct, ensuring adherence to ethical standards and commitment to safeguarding vulnerable populations.
Community dialogues and educational programs were organized to promote positive attitudes toward gender equality and inclusion. These initiatives engaged community members in discussions about the importance of gender equity and the need to support inclusive practices.
Gender considerations were integrated into all activities and decision-making processes of the DREF Operation.
Supportive referral systems were promoted to ensure that services, facilities, and programs were accessible and inclusive for individuals with disabilities, elderly, and other marginalized groups.

Community Engagement And Accountability

Budget: CHF 50,429
Targeted Persons: 1,393,856

Indicators

Title	Target	Actual
# of live radio shows conducted	12	11
# of road shows conducted	12	10
# of feedback documented and addressed	72	1,003
# of KAP surveys conducted	6	6
# of community/mini town hall meetings held	72	136

Progress Towards Outcome

3 high burdened communities were in each of the states were selected for the survey, targeting a diverse cross-section of the population, including men, women, youths, community leaders, and healthcare workers.
• As part of the efforts to understand the underlying factors influencing community behaviors and attitudes toward Lassa Fever prevention and control, a comprehensive Knowledge, Attitude, and Practice (KAP) survey has been conducted across the 6 targeted states. The KAP survey was rolled out in phases. The initial phase involved extensive community mapping and stakeholder engagement to ensure that the survey accurately reflects the local context. Twenty (20) volunteers were trained in each state to conduct the survey. Mobile data collection tool (Kobo collect) was used to facilitate the process ensuring that entries were uploaded to the server in real time.
Upon completion of data collection, the NRCS team is currently conducting thorough data analysis to identify key trends, misconceptions, and gaps in knowledge. This extension will allow for a detailed analysis of findings, consolidated into a detailed report that will inform both ongoing and future health promotion strategies. The insights gained from the KAP survey will support the development of a Simplified Early Action Protocol, which will enhance preparedness and response to future outbreaks. Furthermore, the findings will serve as a foundation for a round table discussion with the government and other key actors, facilitating a discussion around refining strategies and ensuring that the lessons learned from the current and past Lassa Fever interventions are effectively incorporated into future plans.

Media Engagement: Conducted 11 Live radio call-in sessions to raise awareness of the Lassa Fever outbreak and provide information on misconceptions, rumors, and early treatment: -11 live radio shows were conducted across six states to enhance mass awareness and public enlightenment about Lassa fever. These shows provided a platform for the public to call in with questions, express concerns, and discuss community perceptions, rumors, and myths about the disease, while receiving accurate information from trusted sources.
• Motorized Campaigns: The NRCS utilized a motorized campaign strategy to spread awareness about Lassa fever prevention and control. Ten roadshows were carried out in high-traffic areas, such as markets and motor parks, targeting crowded public locations to maximize outreach during the reporting period.
• Door-to-Door Engagement: Volunteers conducted door-to-door visits to engage community members on the Lassa fever outbreak. They recorded community feedback using the Kobo app, which was analyzed and discussed during community meetings. During the reporting period, a total of 1,003 pieces of feedback were collected from households across the six states.
• KAP Survey: A Knowledge, Attitude, and Practice (KAP) survey was carried out in the six states, employing both quantitative and qualitative methods to gather data for comprehensive analysis and triangulation. The analysis of this data is ongoing and will be used to guide stakeholder engagement and the development of the Simplified Early Action Protocol (SEAP).
• Community Meetings: A total of 136 Community and mini-town hall meetings were held, integrating hygiene promotion sessions to educate community members on practices that can either contribute to or prevent disease. Pictorial hygiene promotion cards were used, and demonstrations of handwashing were conducted during these sessions.

Secretariat Services

Budget: CHF 20,130
Targeted Persons: 1,212

Indicators

Title	Target	Actual
# of documentaries produced	2	0
# of supportive supervision conducted by secretariat	7	3
# of coordination meetings attended	12	14
# of security assessments conducted and updated	6	5
# of technical and operational monitoring missions	5	3

Progress Towards Outcome

The Nigerian Red Cross Society (NRCS) has actively participated in the weekly Lassa fever Technical Working Group (TWG) meetings led by the Nigeria Centre for Disease Control. These meetings provided updates on Lassa fever reporting and trends across the country. At the state level, branch teams also engage in sub-national Emergency Operations Centre (EOC) meetings with the Ministry of Health and other state actors.

The NRCS National EOC was activated at the start of the DREF operation. Initially, daily review meetings were held for the first 20 days to monitor implementation progress and address challenges, ensuring smooth project execution. These meetings have since been scaled down to a weekly schedule to facilitate comprehensive updates on all thematic areas from the branches.
The NRCS/IFRC/Government were represented in 14 coordination meetings at national and subnational levels.
• A total of 3 Joint supportive supervision and monitoring were conducted of targeted branches.
• Documentaries and storytelling on best practices are in the process of being produced.

National Society Strengthening

Budget: CHF 52,566
Targeted Persons: 1,206

Indicators

Title	Target	Actual
# of staff and NDRT supporting the operation	6	12
# of volunteers insured	1,200	1,200

Progress Towards Outcome

All volunteers (1,200) and staff (12) engaged in the DREF operation were trained and provided with visibility materials and PPE. They were also insured. NDRTs were deployed to support the DREF implementation at the 6 branches.

About Support Services

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

• 900 volunteers were deployed to conduct RCCE (Risk Communication and Community Engagement), IPC (Infection Prevention and Control), and hygiene promotion sensitization through house-to-house visits, schools, markets, streets, and motor parks.
• 240 volunteers were assigned to carry out door-to-door Active Case Search (ACS) and Psychosocial Support (PSS) for affected persons and households.
• 24 branch staff were deployed to support branches, collect community feedback, and conduct mini-town hall meetings with communities and healthcare workers in health facilities.
• 11 staff members from the National Headquarters, including Health, PMER (Planning, Monitoring, Evaluation, and Reporting), Logistics, Finance, and Communication teams, along with 6 NDRT (National Disaster Response Team) members, were engaged under the coordination of the Director of Health and Care to support the branches.

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

Procurement for all DREF activities was centrally managed at the national headquarters level. The Procurement/Logistics unit collaborated with the IFRC to ensure adherence to standard procurement procedures. The NRCS adopted IEC materials designed by the NCDC for production and dissemination.

How will this operation be monitored?

The Kobo tool was utilized for information data collection throughout this operation. A supervisory checklist was developed and deployed to standardize information gathering by all staff and partners during supervision and monitoring. Volunteers were trained in mobile data collection for community feedback. Additionally, hard copy data collection forms were used by volunteers during house-to-house visitations. A post-implementation/distribution monitoring (PDM) will be conducted by the PMEAL department at least two weeks after the distribution. Upon completion of all field activities, a lesson-learned workshop will be held to consolidate insights and guide future programming.

Please briefly explain the National Societies communication strategy for this operation

The NRCS communication department is actively using its website and social media channels to disseminate information about the DREF operation. Local media agencies are being engaged to cover the campaigns, and a press conference is scheduled in Abuja to attract partnerships and support from donors. Branch communication officers are collaborating with branch health coordinators to document best practices, and success stories, and share action pictures of the activities. The IFRC communication team is assisting in amplifying stories and content shared by the Nigerian Red Cross and engaging regional and global media as needed.

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