

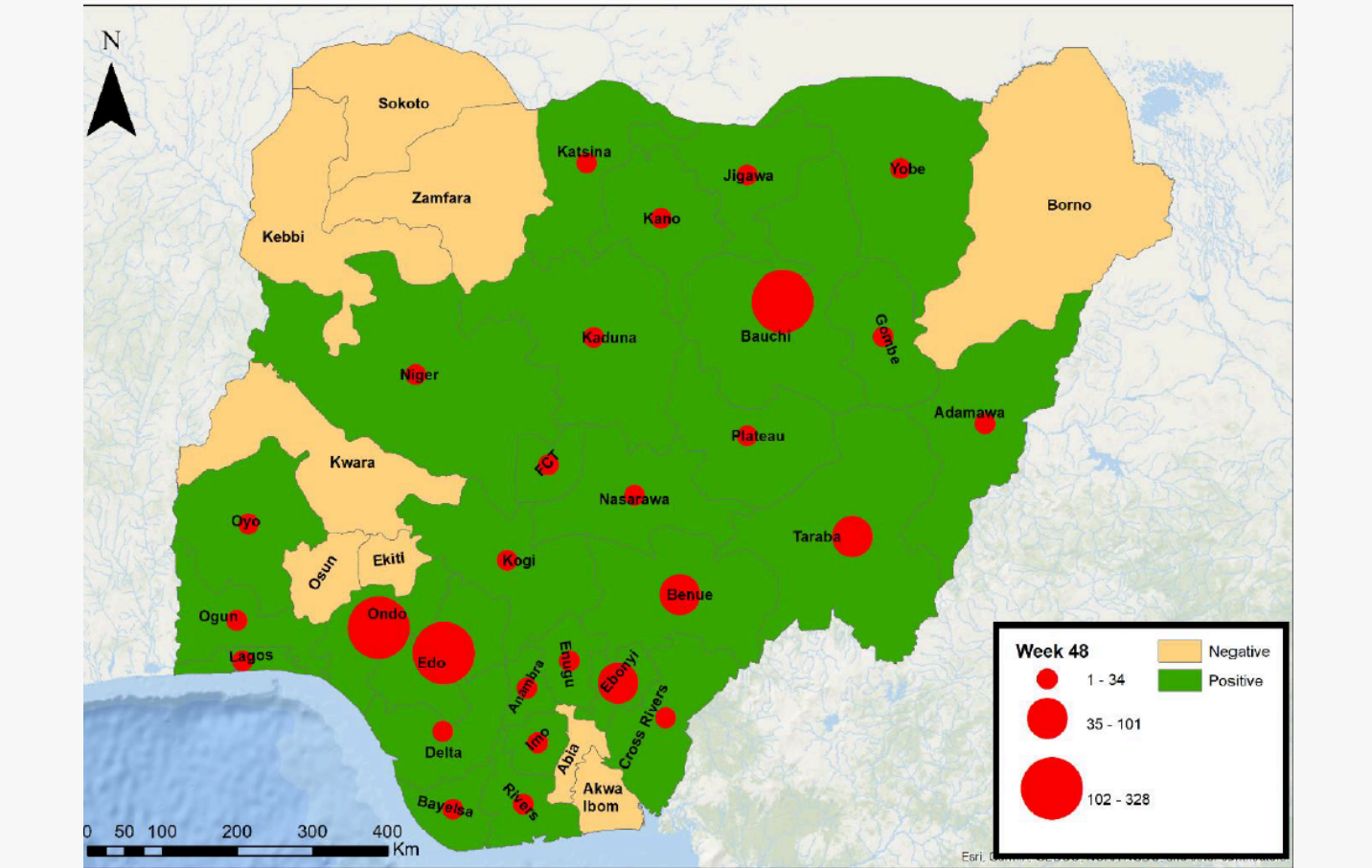


A beneficiary receiving rat trap in Plateau State

Appeal: MDRNG038	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	People Assisted: -
Event Onset: Slow	Operation Start Date: 14-04-2024	Operational End Date: 31-10-2024	Total Operating Timeframe: 6 months
Targeted Areas: Benue, Delta, Ebonyi, Kaduna, Plateau, Rivers			

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, Germany, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Description of the Event



Map showing confirmed Lassa fever cases by States in Nigeria, Sitrep week 48 2024. Source: NCDC

Date when the trigger was met

03-01-2024

What happened, where and when?

In 2024, Nigeria experienced a significant escalation in the Lassa fever outbreak, with suspected cases rising to 10,098, compared to 9,155 during the same period in 2023. By epidemiological week 52, the number of confirmed cases had surged from 7 in week 28 to 1,309, resulting in 214 deaths. In total, 28 states recorded at least one confirmed case across 139 Local Government Areas (LGAs), with 35 healthcare workers affected. (Source: NCDC Sitrep, Week 52)

The Nigerian Red Cross Society (NRCS) was called upon for support in February 2024 as cases peaked, following requests from the Nigeria Centre for Disease Control (NCDC) and other response actors working at the Emergency Operations Centre (EOC). Although Lassa fever is endemic in Nigeria, the outbreak's case fatality rate (CFR) reached 18.8% in week 12, raising significant concerns about existing gaps in surveillance, case management, and coordination with health partners. Between January and week 12, the number of suspected cases surged to 5,029, compared to 3,361 during the same period in 2023.

The outbreak affected both endemic and newly impacted states, making it even of a higher concern. Bauchi, Taraba, Edo, Ondo, Ebonyi, Benue, and Cross River have historically reported cases of Lassa fever. However, Plateau, Rivers, and Anambra recorded cases for the first time in recent years. These newly affected states were characterized by minimal awareness of symptoms, prevention measures, and treatment options. In Ebonyi and Benue, new LGAs that had not previously been affected also began reporting cases, including in internally displaced persons (IDP) camps in Benue State. This emerging trend emphasized the urgent need for community engagement to improve awareness, enhance early detection, and strengthen referral systems for prompt case management.

This new development in non-endemic locations 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. In response to the 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.



Mini-townhall meeting and hygiene promotion session in Kaduna State



Presentation of PPE and Hygiene Promotion Items for Healthcare Workers in Rivers State



Roundtable Lassa fever with response partners in country @NRCS

Scope and Scale

For this Lassa fever outbreak, the following states were affected: Bauchi, Taraba, Edo, Ondo, Ebonyi, Benue, and Cross River, Plateau, Rivers, and Anambra. The worst-affected states included Bauchi, Taraba, Edo, Ondo, Plateau, Benue, Cross River, Rivers, Anambra, and Ebonyi. The most impacted age group was 31-40 years, with cases ranging from 1 to 98 years and a median age of 32 years. The confirmed cases were equally distributed between males and females.

The Lassa Fever outbreak in Nigeria took an alarming turn, spreading to areas which previously never reported cases. This expansion posed significant challenges, as the newly affected states (Plateau, Rivers, and Anambra) had limited experience in managing the disease and lacked the necessary resources and infrastructure for timely detection and response. The awareness of the symptoms, prevention, and treatment of the disease was 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.

The Red Cross' intervention effort yielded significant results, as reflected in the decline in the Lassa Fever epi-curve, some few weeks into the operation. The NCDC also acknowledged the Red Cross' contributions, with the epidemiological data indicating improved reporting of the targeted states (which were not reporting) and a reduction in the number of new Lassa Fever cases and deaths compared to the earlier stages of the outbreak.

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

- Strengthened Surveillance and Early Detection: Red Cross collaborated with state and local authorities to enhance disease surveillance systems, enabling the rapid identification and reporting of suspected Lassa Fever cases across the targeted areas. Community members and informants were trained to recognize the signs and symptoms of Lassa Fever, facilitating early case detection and reporting.
- Improved Case Management and Infection Prevention: NRCS supported 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, were conducted to educate communities about the mode of transmission, preventive 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 provided psychosocial support to healthcare workers, affected persons, families, survivors, and volunteers. This support helped address stigma, discrimination, fear and anxiety among frontline workers.

While trends during this DREF intervention were encouraging, the battle against Lassa Fever is far from being over due to the endemic nature of the disease in many states and the gaps on the routine efforts against the disease. Closing this intervention with the next outbreak season fast approaching, there was still significant efforts to be made to prevent similar escalation of the Lassa disease.

According to the recent sitrep from the NCDC, in week 1 of 2025, 196 suspected cases and 54 confirmed cases have been reported from 20 LGAs in 6 states. This is accompanied by 10 deaths and a CFR of 18.5%. 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 coming season. A Simplified Early Action Protocol (sEAP) has been developed to align with the Incident Action Plan from the Ministry of Health.

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
2. MDRNG038_application and update 1 publication	https://www.ifrc.org/fr/appeals?date from=&date to=&search terms=&search terms=&appeal code=MDRNG038&search terms=&xt=

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No
Please provide a brief description of those additional activities	-

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 provided overall oversight and guidance for the Lassa Fever 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 supported the NRCS in developing a Simplified Early Action Protocol for Lassa
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	Fever 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 NDRT members, 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. - 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, activated the National Lassa Fever Emergency Operations Centre (EOC) to enhance and centralize response efforts. State-level EOCs were also activated in the affected states following a notification sent to all 36 states and the Federal Capital Territory (FCT). The NCDC worked 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 were essential in providing comprehensive support for the ongoing Lassa fever response in the affected states.
UN or other actors	Médecins Sans Frontières (MSF) supported in case management, fumigation and decontamination of 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) actively supported the response efforts in affected states, while the Africa CDC aided 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 was managed by the Public Health Emergency Operation Centers (PHEOC) at both national and state levels. The Nigeria Centre for Disease Control and Prevention led at the national level, while health authorities in affected states coordinated efforts locally. NRCS was 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 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 NS activated interventions across all 6 branches, working in collaboration with the Federal Ministry of Health, the Nigeria CDC, and WHO. The NRCS volunteers were engaged in awareness and community sensitization activities.

Needs (Gaps) Identified



Health

The Lassa fever outbreak in 2024 began subtly but rapidly escalated into a significant public health concern. In the initial weeks, suspected cases were reported sporadically across several states, but by February, the situation had intensified dramatically.

- By week 8 of 2024, some 3,213 suspected cases had been reported in 32 states, with 573 confirmed cases and 108 fatalities recorded in 18 states. Despite early interventions, the outbreak continued to spread.
- By mid-March, the numbers had surged to 4,726 suspected cases from 35 states, including the Federal Capital Territory, with 766 laboratory-confirmed cases and 123 deaths (NCDC sitrep). Among these, 31 healthcare workers had contracted the virus, underscoring the heightened risk to frontline responders.
- As the months progressed, the outbreak's reach expanded, with the latest situational report for epidemiological week 48 revealing a worrying increase in confirmed cases. New cases were reported in Bauchi, Ondo, Edo, Ebonyi, and Gombe states.

From week 1 to week 48, the cumulative toll rose to 10,098 suspected cases, with 1,309 confirmed and 214 deaths, yielding a case fatality rate (CFR) of 16.3%. Notably, three states—Ondo, Edo, and Bauchi—accounted for 72% of the confirmed cases, illustrating the uneven distribution of the outbreak. The affected population spanned a wide age range, but young adults aged 21-30 were disproportionately impacted. The outbreak demonstrated an equal gender distribution, with a male-to-female ratio of 1:1.

- The highly affected states included endemic states such as: Bauchi, Taraba, Edo, Ondo, Ebonyi, Benue, and Cross River; and non-endemic states: Plateau, Rivers, and Anambra. During the implementation of this DREF, the NCDC's report indicated that Rivers State was registering a higher case fatality rate and lower awareness about the disease among the local population.

The outbreak's trajectory exposed deep-seated vulnerabilities within the health sector. Weak surveillance systems impeded early detection and rapid response. Many rural healthcare facilities lacked essential resources, including diagnostic tools, personal protective equipment (PPE), and adequately trained personnel, undermining their ability to manage cases effectively. Simultaneous outbreaks of diphtheria and cerebrospinal meningitis (CSM) and Cholera further strained resources and diverted attention, creating gaps in the Lassa fever response.

Based on the above general EPI information and the data provided by NCDC, the NS conducted a Knowledge, Attitudes, and Practices (KAP) survey to assess public understanding of Lassa fever, risk behaviours, and community practices that influence its transmission and prevention.

The survey targeted six high-risk states: Benue, Delta, Ebonyi, Kaduna, Plateau, and Rivers. These states were chosen based on historical Lassa fever outbreak patterns, demographic diversity, and their varying levels of vulnerability to the disease. The survey aimed to gather data that would inform evidence-based interventions to reduce the burden of Lassa fever in these areas.

- Using a close-ended, self-administered questionnaire encoded on Kobo Toolbox, data collection was conducted in collaboration with local health authorities, community leaders, and volunteers. Participants included 3,255 individuals representing different genders, age groups, educational levels, and occupational backgrounds. The analysis focused on understanding the demographic, socio-cultural, and behavioural factors influencing Lassa fever awareness and prevention within the target communities.

The survey revealed significant gaps in health knowledge, access, and practices related to Lassa fever. Although most participants (86.1%) understood the severity of the disease, widespread misconceptions and stigma persist. Alarming, 41.3% of respondents admitted to the existence of stigma against individuals recovering from Lassa fever, with 27.2% unwilling to welcome them into their homes. These attitudes underline the urgent need for health education campaigns that address stigma, dispel myths, and promote inclusivity.

Behavioural risk factors also emerged as critical concerns, with poor hygiene practices, improper food storage, and rodent infestations being frequently reported. These behaviors, coupled with limited access to affordable healthcare, exacerbate vulnerability to Lassa fever. High treatment costs (33.3%), long distances to health facilities (16.4%), and negative experiences with healthcare worker attitudes (13.9%) were identified as major barriers. Addressing these issues requires both systemic healthcare reforms and community-based interventions



to reduce financial and logistical barriers to accessing care.

Despite these obstacles, concerted efforts were made to address the crisis. Enhanced surveillance activities, including active case finding and contact tracing, were initiated in affected states. Laboratory networks were optimized to reduce diagnostic delays, and healthcare workers received targeted training in case management and infection prevention. The activation of a multi-sectoral Incident Management Centre played a pivotal role in coordinating response activities and aligning partner contributions.



Water, Sanitation And Hygiene

The unsanitary conditions in many affected communities created an enabling environment for the spread of Lassa fever. Poor sanitation, inadequate hygiene practices, and limited access to clean water provided the perfect conditions for the proliferation of multimammate rats, the primary reservoirs of the Lassa virus. In many affected communities, basic hygiene practices such as regular handwashing were impossible due to a lack of water supply. Open waste dumps and poorly managed refuse acted as magnets for rodents, increasing the risk of disease transmission. Food contamination through improper storage and handling was another significant factor, as rodents frequently infiltrated homes and storage areas.

The KAP survey confirmed that Water, sanitation, and hygiene (WASH) challenges significantly contribute to the spread of Lassa fever. Poor waste management, affecting 14.8% of participants, and inadequate sanitation facilities leave many communities at risk. The presence of rodents, identified as a key driver of disease transmission, highlights the need for sustained vector control efforts, including community clean-up campaigns and the provision of rodent traps.

Hygiene practices remain inconsistent despite general awareness of their importance. While 23.7% of participants identified good hygiene as a critical preventive measure, gaps in practice remain due to insufficient access to hygiene supplies like soap and disinfectants. Improving WASH infrastructure and promoting regular hygiene education are essential to mitigating these risks.

Furthermore, through monitoring and survey administration, it was assessed that hygiene and sanitation are part of the main drivers that are hindering the response efforts to the Lassa fever. While the interventions had a substantial positive impact on hygiene and sanitation practices, the 96% of beneficiaries that reported improvements in these areas mentioned that this was due to the distribution of soap and rat traps. This could indicate that the lack of possibilities to access these basic hygiene items are underlying issues of the continuous outbreak.

To address these issues, community-wide hygiene promotion campaigns were rolled out to emphasize the importance of handwashing, proper waste disposal, and food safety. Volunteers conducted door-to-door sensitizations, working closely with local leaders to ensure the uptake of key hygiene practices. Additionally, rodent control measures were implemented, including environmental sanitation drives and the distribution of rat traps. These activities not only addressed immediate outbreak concerns but also aimed to instill lasting behavioral change within communities. However, many high-burden communities lacked the necessary infrastructure to support WASH activities, such as access to safe drinking water and functional waste management systems. Inadequate public awareness about the links between hygiene and disease transmission further complicated efforts. Overcoming these barriers requires sustained investment in community-led WASH solutions and continuous public health education.



Community Engagement And Accountability

Community engagement remains the cornerstone of outbreak response. Early in the outbreak, misinformation and rumors about the disease created fear and resistance within communities, leading to delays in seeking care and, in some cases, outright refusal to cooperate with health authorities, especially in states that are non-endemic to Lassa Fever. Cultural beliefs and distrust in the healthcare system further complicated response efforts.

The survey highlighted the importance of effective communication and community engagement in controlling Lassa fever. Despite outreach efforts, 24.3% of participants reported not receiving any information about the disease, indicating significant information gaps. Trusted communication channels, such as Red Cross volunteers, healthcare workers, and radio, emerged as key mediums for disseminating information. Leveraging these platforms to amplify health messaging can significantly enhance community awareness. Community feedback revealed challenges such as distrust in authorities (11%) and poor coordination (21%), which hinder effective disease prevention and response. These findings emphasize the need for transparent, responsive, and inclusive CEA systems that build trust and foster collaboration between communities and health authorities.

Encouragingly, 79.9% of participants expressed willingness to engage in community-based surveillance systems. This readiness presents an opportunity to involve communities in disease prevention and early warning efforts, empowering them to take an active role in safeguarding public health.

Recognizing these barriers, the response strategy prioritized building trust and fostering participation through robust community engagement. Red Cross volunteers trained in risk communication and community engagement (RCCE) were deployed to facilitate dialogue with affected populations. They collaborated with community leaders, religious figures, and local influencers to disseminate accurate

information about Lassa fever, emphasizing prevention, early recognition of symptoms, and the importance of seeking medical care promptly. Behavioral change communication strategies were tailored to reflect local contexts, promoting practices such as handwashing, safe food handling, and proper waste disposal.

Integrating feedback mechanisms was of great value. Community members were encouraged to voice their concerns, which were systematically addressed to dispel fears and misconceptions. For example, targeted sessions and mini town hall meetings clarified the safety of treatment centers and the protocols in place to protect patients and healthcare workers. These engagements not only improved public understanding but also strengthened the relationship between communities and healthcare providers.

In many remote areas, language barriers and limited access to communication channels posed a challenge to outreach efforts. Additionally, entrenched cultural norms occasionally conflicted with recommended preventive measures, requiring more nuanced and persistent advocacy. Engagement of Community based volunteers bridged communication and language barriers and promoted a deeper integration of community voices into planning processes, co-creating culturally appropriate interventions.

Operational Strategy

Overall objective of the operation

This DREF allocation was aimed at reducing 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

Two months into the response, the epidemic curve for Lassa fever began to show signs of decline with significant improvement in early presentation of cases, early diagnosis and treatment and reduced fatality. However, the #endSARS protests which took place in some of the targeted states, violence, and curfews introduced unforeseen challenges to the ongoing response efforts. These socio-political realities disrupted public health operations, hampered access to affected communities, and added layers of complexity to an already challenging outbreak response. Considering these developments, the DREF operation was extended by two months. This extension was crucial not only to sustain the positive downward trend in cases but also to adapt response strategies to the volatile environment.

Despite the surveillance efforts to encourage early diagnosis and active case search, late presentation of cases remained a recurrent issue in some non-endemic regions, often resulting in higher case fatality rates. Many individuals delayed seeking medical care due to lack of understanding of symptoms and costs of treatment and clinical management, worsening the impact of the disease in vulnerable populations. Furthermore, poor environmental sanitation in high-burden areas provided fertile ground for the spread of Lassa fever. Awareness campaigns struggled to overcome misinformation, fear, and cultural resistance, particularly in rural and underserved communities. Addressing these barriers became a central focus of the operation.

The National Centre for Disease Control (NCDC) and its partners, including the NS, worked tirelessly to implement flexible and responsive strategies to navigate these challenges. By leveraging existing coordination mechanisms and fostering stronger collaboration with the Ministry of Health and humanitarian actors, the response was both complementary and impactful.

The intervention of the NS was coordinated but also informed by the evolution of the outbreak and priorities. For instance, 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 NCDC's submission 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.

NRCS DREF allocation enabled cross learnings and extended consultations at various communities and partners levels. Ensuring to evaluate the relevance and effectiveness of activities implemented but also areas of improvement and gaps/limitations. The PDM conducted brought valuable insights into the effectiveness of the Lassa fever strategy on this DREF. It also identified areas for improvement. For instance, the findings highlight the importance of targeted interventions, enhanced awareness campaigns, and addressing logistical challenges in remote areas to effectively combat the spread of Lassa fever. The operation concluded with a comprehensive lessons-learned workshop, which provided a platform for key stakeholders to reflect on the successes and shortcomings of recent Lassa fever interventions. This workshop was not merely an evaluative exercise, but a forward-looking dialogue aimed at strengthening future outbreak preparedness and response. Participants identified critical gaps, such as the need for better early detection systems and the importance of integrating community-based strategies into national protocols. These insights informed the development of an anticipatory action plan, designed to establish a robust and resilient framework for future emergencies. One of the



workshop's most significant outcomes was the formulation of a simplified Early Action Protocol (sEAP) tailored to the unique dynamics of Lassa fever outbreaks in Nigeria. The sEAP focuses on enabling faster and more effective responses, ensuring that the systems in place are equipped to act decisively in the face of future challenges. The transition to this anticipatory approach marks a shift from reactive measures to proactive preparedness, aligning with global best practices for managing public health emergencies.

Targeting Strategy

Who was targeted by this operation?

In total, NRCS intervention reached 397,192 households, amounting to 2,105,817 individuals in the most vulnerable communities that were registering the high CFR and were part of the high-burden areas. It included

- The non endemic LGAs in endemic states like Benue and Ebonyi. Benue LGAs included Okpokwu, Ogbadibo, Konshisha, Guma, Ukum, and Gwer West, while Ebonyi, LGAs included Ikwo, Izzi, Onicha, and Ohaukwu. All these LGAs were facing surges.
- The traditionally "non-endemic" states such as Rivers, Delta, Plateau, and Kaduna. The emergence of confirmed cases in these states underscored the need for prompt awareness campaigns, early detection efforts, and timely treatment programs to contain the disease and prevent widespread transmission.

The assistance delivered included distributions of hygiene material to 6,000 households. Essentially to improve hygiene and pest control. The beneficiaries included 64% of women and 36% of men. The majority were aged 30-59 (65%), followed by the 18-29 age group (20%).

For the overall assistance, the specific focus included:

- Communities with the highest burden of cases and fatalities, as identified through outbreak mapping and NCDC reporting tools, and populations most at risk. Among these groups were health workers, migrants, schoolteachers, students, and motor park drivers, as well as individuals in the 31-40 age range, who were disproportionately affected by the outbreak.
- Community healthcare workers that were prioritized for capacity-building efforts and later on the risk communication and awareness as a mitigation to the challenges detailed under the intervention. These workers received health and hygiene promotion training and psychosocial support to help them manage the physical and emotional strain of their work. Vulnerable populations, including pregnant and lactating women, children, the elderly, people living with disabilities, and marginalized families without access to essential hygiene facilities, were also prioritized. Internally displaced persons (IDPs) and communities facing significant socio-economic hardships were similarly targeted to reduce their heightened risks.
- Households identified as prone to rodent infestation were supported with vector control measures, such as the provision of rat traps, to minimize exposure to the primary reservoir of the Lassa virus. Families living in areas with poor sanitation and hygiene infrastructure were engaged through intensified hygiene promotion initiatives to improve practices such as handwashing and waste management. Efforts to raise awareness and promote risk communication were strategically directed at densely populated areas, frequently visited public spaces, and vulnerable communities. Engagements were conducted through existing community structures, leveraging the trust and influence of local committees, opinion leaders, and other respected representatives. This approach ensured that information was disseminated effectively and that behavioral change messages reached those most in need.

Explain the selection criteria for the targeted population

The targeted population for the DREF operation was selected through a careful analysis of Lassa fever's transmission dynamics and a strong commitment to equity and inclusivity. While newly affected states required urgent attention, endemic states with chronic challenges such as under-reporting, delayed case presentation, and poor health-seeking behavior were also prioritized. This approach sought to reduce case fatalities, address vulnerabilities, and curb the spread of the outbreak in communities at the greatest risk.

Benue and Ebonyi states emerged as critical focal points due to alarmingly high case fatality rates (CFR exceeding 51%). The outbreak in these states revealed underlying gaps in knowledge and preparedness at both community and health center levels. Many of the affected LGAs in these states were encountering Lassa fever for the first time, intensifying the vulnerabilities of local populations and healthcare systems. In Ebonyi, four of the seven affected LGAs—Ikwo, Izzi, Ohaukwu, and Onicha—had no prior history of Lassa fever cases, making them "virgin" LGAs. Similarly, six of the eight affected LGAs in Benue—Okpokwu, Ogbadibo, Konshisha, Guma, Ukum, and Gwer West—had no recorded cases of Lassa fever in previous years. These areas were at heightened risk due to limited community awareness and inadequate preparedness at health facilities.

Specific hotspots within these states required immediate intervention. For instance, during epidemiological week 13, four confirmed Lassa fever cases were identified in the Ortese IDP Camp in Benue State, which houses approximately 10,200 people. Additionally, two positive cases were detected in the host community located just 50 meters from the Ichwa IDP Camp, home to a population of 14,229. These camps and surrounding areas were targeted for comprehensive interventions to reduce the risk of transmission and prevent further spread.

The NRCS also assessed the existing response capacity in endemic states and considered areas where partner presence was limited or where populations were at a higher risk of contracting and spreading the disease. This data-driven approach ensured that resources were directed to the communities most in need, optimizing the impact of the interventions.



In other states already supported by the Diphtheria Operation, such as Bauchi, Taraba, Yobe, Kano, Katsina, and others, the NRCS expanded the scope of volunteer activities to integrate RCCE for Lassa fever. Volunteers in these states conducted house-to-house sensitization efforts, educating households about Lassa fever prevention and detection while simultaneously addressing diphtheria-related concerns. This dual approach allowed for a more holistic response, leveraging existing operational frameworks to maximize outreach and impact.

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 collaborated 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 were 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 were able to 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 also ensured adherence to standard operating procedures for conducting community activities.

Please indicate any security and safety concerns for this operation

The #EndBadGovernance protests, coupled with violence and curfews across several Nigerian states, posed challenges to the Lassa fever operation. These socio-political disruptions had a profound impact on the response efforts, restricting movement, interrupting surveillance and reporting mechanisms, and curtailing public gatherings essential for community outreach. Key activities such as awareness campaigns, roadshows, and preventive education programs were severely affected, limiting the reach and effectiveness of the intervention at a critical time. To navigate these challenges and ensure the safety of volunteers and staff, the Nigerian Red Cross Society adapted its operational approach to ensure that work schedules were adjusted to align with curfew hours, allowing essential activities to proceed during safer periods. Local leaders and community groups were engaged to facilitate access to affected areas and maintain critical lines of communication.



The safety of personnel remained a priority throughout the operation. The IFRC security officer closely monitored the evolving situation, providing timely security updates and coordinating with state and national security teams. Branch Secretaries collaborated with local security agencies to assess risks, guide volunteers, and ensure compliance with safety protocols. This proactive approach enabled the NRCS to continue delivering vital services without compromising the well-being of its teams.

Has the child safeguarding risk analysis assessment been completed?

Yes

Implementation



Budget: CHF 173,551

Targeted Persons: 1,393,856

Assisted Persons: 2,105,817

Indicators

Title	Target	Actual
# of volunteers trained on the operation	1,140	1,140
# of people reached with Lassa fever messages	1,393,857	2,105,817
# of persons reached with PSS services	1,500	13,818
# of volunteers engaged in Active case finding and PSS	240	240
% of suspected cases referred to health facilities (House-to-house ACS)	80	7,387
# of households targeted for RCCE (door-to-door sensitization)	200,000	397,192

Narrative description of achievements

A total of 1,140 volunteers were trained and deployed to carry out extensive Lassa fever response activities. Their efforts encompassed house-to-house sensitization, health and hygiene promotion, psychosocial support (PSS), environmental sanitation campaigns, active case finding, and the referral of suspected cases to Disease Surveillance Notification Officers (DSNOs) and health facilities. Key achievements are as follows:

- Volunteers reached 397,192 households, amounting to 2,105,817 individuals, with key messages on Lassa fever prevention, health, and hygiene promotion.
- Among the reached population, A total of 3,920 persons with disabilities (PWDs) were specifically targeted for health education and support.
- A total of 7,658 suspected cases of Lassa fever were identified and reported to the respective LGA DSNOs. Out of the identified cases, some 7,387 suspected individuals were referred to health facilities for further investigation and follow-up.
- A total of 13,818 individuals, including affected persons and families, received psychosocial support to help them cope with the psychological impacts of the outbreak.
- Multipurpose soap and rat traps were distributed to 6,000 households for hygiene promotion and vector control, exceeding the initial target of 3,000 households.
- Volunteers mobilized community members for weekly environmental sanitation activities aimed at dislodging rats from their homes and reducing the risk of contamination and Lassa fever transmission.

Below is a breakdown of number of persons reached for each state with a total reach of 2,105,817 persons (995,343 male and 1,110,474 female):

- Kaduna: 553,153 persons - Male: 262,466; Female: 290,687
- Ebonyi: 479,562 persons (Male: 200, 012; Female: 279, 550)
- Plateau: 194,935 persons (Male: 96, 320; Female: 98, 615)
- Benue: 545,177 persons (Male: 274, 373; Female: 270,804)
- Delta: 185,953 persons (Male: 88, 431; Female: 97, 522)
- Rivers: 147037 persons (Male: 73, 741; Female: 73, 296)

Lessons Learnt

- House-to-house sensitization proved to be an effective method for reaching large populations, including vulnerable groups such as persons with disabilities (PWDs).
 - Engagement of community-based volunteers ensured cultural appropriateness in communication and better access to remote or underserved communities. This demonstrated the value of building local capacity for long-term public health resilience.
- Combining hygiene promotion, vector control, and psychosocial support into a single operation enhanced the efficiency and impact of the intervention - addressing multiple community needs simultaneously, strengthened the overall response.

Challenges

- Refusal of health workers to attend to suspected cases referred to the health facilities by the volunteers for fear of being infected.
- Inability of LGA DSNOs to investigate/collect samples from persons who met the case definition for Lassa fever due to lack of logistics.



Water, Sanitation And Hygiene

Budget: CHF 60,746

Targeted Persons: 6,000

Assisted Persons: 6,000

Indicators

Title	Target	Actual
# of Community sanitation conducted	72	144
# of Households reached with hygiene promotion messages (house-to-house)	200,000	2,105,817
# of Households reached with multi-purpose soap	6,000	6,000
# of Households reached with rat traps	6,000	4,613

Narrative description of achievements

The NRCS volunteers successfully implemented widespread hygiene promotion and vector control activities across six states, reaching a significant portion of the population. Key accomplishments include:

- Volunteers reached 397,192 households, engaging 2,105,817 individuals with key hygiene promotion messages. Among those reached were 3,920 persons with disabilities (PWDs), ensuring inclusivity in the outreach efforts.
- Practical handwashing demonstrations were conducted at all 397,192 households, reinforcing proper hygiene practices to prevent the spread of Lassa fever.
- Communities were mobilized for 144 weekly clean-up campaigns aimed at dislodging rats and improving environmental sanitation. These activities fostered collective action and sustainable hygiene practices.
- 6,000 households received multipurpose soap to encourage improved hygiene.
- 4,612 households were provided with rat traps to support vector control efforts and reduce exposure to the primary reservoirs of the Lassa virus.
- Personal protective equipment (PPE) and disinfectants were donated to primary health care facilities across the six states to enhance infection prevention and control measures.

Lessons Learnt

- Combining education with practical tools like soap, rat traps, and PPE enhanced the effectiveness of health interventions
- One rat trap was not enough to tackle problem of rodents in the average rural community household.

Challenges

• Poor access to portable water was a barrier to regular hand hygiene by some community members in some rural settings. Urban communities were not willing to participate in the weekly environmental sanitation campaigns



Protection, Gender And Inclusion

Budget: CHF 5,529

Targeted Persons: 199,055

Assisted Persons: 2,105,817

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

Narrative description of achievements

- Staff and volunteers were trained on PGI including safeguarding and ensuring signed Code of Conduct.
- Awareness on PGI, discriminatory social norms and practices that perpetuate gender inequality and exclusion were discussed.
- Conducted community dialogues, campaigns, and educational programs to promote positive attitudes towards gender equality and inclusion.
- Mainstreamed training and capacity-building programs for staff members on gender equality, protection, and inclusion.
- Understanding and addressing gender-based violence and discrimination.
- Promoted supportive referrals to ensure that services, facilities, and programs were accessible and inclusive for individuals with disabilities, older persons, and other marginalized groups.

Lessons Learnt

Some cultures are very sensitive to discussion on gender issues

Challenges

Some communities were not open to gender discussions during community meetings. The involvement of community group representatives helped in facilitating discussions and getting feedback.



Community Engagement And Accountability

Budget: CHF 50,429

Targeted Persons: 1,393,856

Assisted Persons: 2,105,817

Indicators

Title	Target	Actual
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# of live radio shows conducted	12	11
# of road shows conducted	12	11
# of feedback documented and addressed	72	1,050
# of KAP surveys conducted	6	6
# of community/mini town hall meetings held	72	136

Narrative description of achievements

- 11 live radio shows were conducted to raise awareness about Lassa Fever, clarify misconceptions, address rumors, and provide information on early treatment.
- 11 road shows were carried out in targeted LGAs to engage communities directly with public health messages and promote awareness.
- 1,050 feedback responses were collected, allowing technical teams to review rumors and complaints, guiding improvements in communication strategies.
- Knowledge, Attitude and Practice survey was conducted in the six states to assess public awareness, risk behaviors, and practices contributing to Lassa fever transmission.
- Community and mini-town hall meetings were held, alongside hygiene promotion sessions, to foster awareness and behavioral change on a local level.
- Following NS assistance, either distribution and community based activities such as awareness, the NS has been monitoring the impact of these activities to ensure necessary adjustments are made. A post assistance survey was also conducted in addition to the direct engagement with assisted communities.
- Post-distribution monitoring was carried out to assess the operational effectiveness of the activities and identify areas for improvement.
 - For the The PDM survey administrated, it revealed that the distribution of items was successful, with 76% receiving soap and rat traps. While the majority (77%) reported full utilization of the items, 23% indicated limited usage or uncertainty regarding their use.
 - Most beneficiaries understood the connection between the items and Lassa fever prevention, with 65% aware of feedback mechanisms to provide any complaint, positive feedback or questions. The interventions positively impacted hygiene and sanitation practices, but logistical difficulties in remote areas hindered distribution.
 - Awareness and Perception: 97% of respondents were aware of the link between Lassa fever and the items, with no reported bias or corruption in beneficiary selection.
 - Beneficiary Awareness and Feedback: A vast majority of beneficiaries understood the connection between the distributed items and Lassa fever prevention. However, a small percentage remained unaware of this link. The PDM also highlighted the effectiveness of feedback mechanisms, with 65% of beneficiaries aware of available channels for providing feedback.
 - Findings suggest that while a majority of beneficiaries (66%) were well-informed about the Lassa fever outbreak and the purpose of the distribution, a small but notable portion lacked clarity. This highlighted the need for reinforced community education and awareness campaigns to ensure a more comprehensive understanding of the disease and its prevention measures. Even with the DREF ending, the capacity built in the branches and the expected EAP to be in place will play a critical role on reinforcing these essential awareness.
 - Hygiene and Sanitation: The interventions had a substantial positive impact on hygiene and sanitation practices. 96% of beneficiaries reported improvements in these areas due to the distribution of soap and rat traps. This also indicates that the lack of possibilities to access these basic hygiene items are underlying issues of the continuous outbreak.
- The NS further work on the learnings and consultations by ensuring the following activities took place with all available partners.
- Lessons learned workshop was conducted to evaluate the DREF operation and develop an anticipatory action plan for sustainable preparedness and response to endemic diseases.

Lessons Learnt

- Engaging communities through multiple platforms, such as radio shows, road shows, and town hall meetings, proved essential in building trust and spreading accurate information.
- The roundtable forum demonstrated the value of bringing together diverse stakeholders to find long-term solutions.
- The Red Cross is generally known for providing relief materials to most rural communities, hence there was high expectation from the Communities.

Challenges

Managing community expectation was challenging, as some communities were anticipating the distribution of food items and other relief materials for which the Red Cross is largely known.



Secretariat Services

Budget: CHF 20,130

Targeted Persons: 1,212

Assisted Persons: 1,212

Indicators

Title	Target	Actual
# of documentaries produced	2	2
# of supportive supervision conducted by secretariat	7	7
# of coordination meetings attended	12	56
# of technical and operational monitoring missions	5	6

Narrative description of achievements

- NRCS/IFRC were well represented in coordination meetings at national and subnational levels.
- Joint supportive supervision of targeted branches was conducted with government stakeholders.
- Two documentaries and stories were done on best practices and lessons learned.
- Security risk assessment was conducted, and mitigation measures were put in place.
- NRCS was also recognized as a key actor with robust grassroot presence and other partners like MSF reached out to partner with the Red Cross on RCCE and surveillance, complementing the case management role of MSF.
- A Partners Roundtable forum was organized to discuss and brainstorm sustainable strategies for tackling Lassa fever in Nigeria. The Lassa Fever Roundtable Forum provided a platform for key stakeholders, including government agencies, international partners, and public health experts, to review past response efforts and chart a strategic course for improved preparedness and control of Lassa Fever in Nigeria. Discussions focused on lessons learned, challenges faced, and actionable steps to strengthen future interventions. A critical takeaway from the forum was the need to enhance surveillance and response mechanisms to improve early detection and timely intervention. Stakeholders emphasized the importance of real-time data collection and sharing, ensuring that reporting structures at national, state, and local levels are aligned with the National Integrated Surveillance Strategy. Strengthening case detection, laboratory diagnostics, and response integration is essential in reducing mortality and morbidity associated with the disease. The discussions also underscored the importance of community engagement and risk communication as key pillars of an effective response. Participants noted that misinformation and mistrust remain significant barriers to early medical intervention. To address this, the forum recommended scaling up grassroots awareness campaigns, involving traditional and religious leaders, and promoting public trust in Lassa Fever prevention and treatment measures.

Building the capacity of health workers emerged as another priority. The forum called for continuous training on case management, infection prevention and control (IPC), and laboratory diagnostics to ensure a skilled workforce capable of managing outbreaks effectively. Strengthening the capacity of rapid response teams at both state and local levels was also highlighted as a key action point.

Lessons Learnt

- The need to strengthen partnerships with international and local agencies to secure funding and technical support for Lassa Fever control efforts was strongly emphasized.

Moving forward, the outcomes of this forum will serve as a roadmap for refining response strategies and ensuring better preparedness against Lassa Fever. The NRCS is also leveraging the outcome and recommendations from the Roundtable to develop readiness, prepositioning and response plans under the Simplified Early Action Protocol for Lassa Fever, which is currently under review.

- Active participation in coordination meetings and joint supervision with government stakeholders gave the Red Cross strong visibility and presence. This was essential for aligning efforts, leveraging resources to tackle the Lassa Fever outbreak.



Challenges

Some of the expectations from the Government could not be met as they perceive the NS to be a donor agency. However, the team continued to educate the partners of the auxiliary role of the Red Cross to complement effort of the Government.



National Society Strengthening

Budget: CHF 52,566

Targeted Persons: 1,200

Assisted Persons: 1,200

Indicators

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

Narrative description of achievements

- All volunteers engaged in the operation were insured.
- Briefings on roles, safety and security were regularly provided to volunteers.
- Visibility and personal protective equipment were provided to volunteers and staff.
- NDRTs -12 members were trained and 6 were deployed to support the DREF Operation.

Lessons Learnt

- The team conducted daily review meetings with implementing branches to track progress and provide daily feedback on the activities on the field. This meeting was a great initiative that strengthened capacity and efficiency of the teams, ensuring that activities were tracked effectively, and adjustments were provided on time to ensure the activities were aligned with the overall objective of the operation.
- The deployment of the NDRTs was an added advantage to promote efficiency and provide on the job coaching to the volunteers on the field, while strengthening the capacity of the branch officers some of which were newly engaged in the Red Cross, as a result of human resource restructuring in the branches.

Challenges

Online training and meetings were a bit challenging due to poor internet connectivity in sub-urban areas.



Financial Report

International Federation of Red Cross and Red Crescent Societies

5.1 PROJECT PARTNER EXPENDITURE CERTIFICATION

PROJECT PARTNER NAME: NIGERIAN RED CROSS SOCIETY
PROJECT NAME: LASSA FEVER EPIDEMIC
IFRC PROJECT CODE: PHC028 MDEN0038
CURRENT REPORTING PERIOD: 14/04/2024-31/12/2024

5.1.1 BUDGET & EXPENSES BY PROJECT PARTNER ONLY PER PLANNED OPERATIONS & ENABLING APPROACH (Local Currency)

Planned Operations / Enabling Approaches	Budget Local Currency (A)	Prior Period Expenses Local Currency (B)	Current Period Expenses Local Currency (C)	Total (Year to date) Local Currency (D) (B+C)	Budget Balance Local Currency (E) (A-D)	Percentage budget spent (F) (D/A)	Explain Implementation > 110% for Interim and Final Report and < 90% for Final Report only (G)
Shelter and Basic Household Items			0	0	0	0%	
Unleashed			0	0	0	0%	
Multi-purpose Cash			0	0	0	0%	
Health	238,558,000	109,619,000	119,749,618	229,368,618	19,189,382	96%	
Water, Sanitation & Hygiene	81,500,000	50,848,800	25,404,485	76,253,285	4,246,715	93%	
Protection, Gender and Inclusion	7,600,000	1,400,000	6,133,898	7,533,898	66,102	99%	
Education			0	0	0	0%	
Migration			0	0	0	0%	
Risk Reduction, Climate Adaptation and Recovery			0	0	0	0%	
Community Engagement and Accountability	69,318,000	44,411,100	22,792,847	67,203,947	2,114,053	97%	
Environmental Sustainability			0	0	0	0%	
Coordination and Partnerships			0	0	0	0%	
Secretariat Services			0	0	0	0%	
National Security Strengthening	55,915,615	22,196,705	36,405,904	58,602,609	-2,686,994	105%	
Total	452,891,615	224,475,605	210,484,763	434,960,368	17,931,247	96%	

5.1.2 BUDGET & EXPENSES BY PROJECT PARTNER ONLY ACCORDING TO COST CATEGORIES (Local Currency)

Cost Categories	Budget Local Currency (A)	Prior Period Expenses Local Currency (B)	Current Period Expenses Local Currency (C)	Total (Year to date) Local Currency (D) (B+C)	Budget Balance Local Currency (E) (A-D)	Percentage budget spent (F) (D/A)	Explain Implementation > 110% for Interim and Final Report and < 90% for Final Report only (G)
Personal	226,200,000	100,200,916	126,268,977	226,469,893	-269,293	100%	
Relief supplies, transportation and storage	187,728,000	103,526,900	67,931,430	171,458,330	16,247,670	92%	
Contributions to other organisations			0	0	0	0%	
Other direct costs	10,085,000	7,048,000	9,480,000	10,508,000	-423,000	104%	
Indirect cost recovery	28,886,615	15,700,389	17,804,355	25,504,744	2,377,871	92%	
Total	452,891,615	224,475,605	210,484,763	434,960,368	17,931,247	96%	

5.1.3 BUDGET & EXPENSES BY PROJECT PARTNER ONLY PER STRATEGIC PRIORITY & ENABLER (CHF)

Strategic Priority & Enabler	Budget CHF (A)	Prior Period Expenses CHF (B)	Current Period Expenses CHF (C)	Total (Year to date) CHF (D) (B+C)	Budget Balance CHF (E) (A-D)	Percentage budget spent (F) (D/A)	Explain Implementation > 110% for Interim and Final Report and < 90% for Final Report only (G)
SP1 Climate and environmental crises			0	0	0	0%	
SP2 Evolving crises and disasters			0	0	0	0%	
SP3 Growing gaps in health and wellbeing	215,997	111,289	105,242	216,531	-5,466	98%	
SP4 Migration and mobility			0	0	0	0%	
SP5 Values, Power and inclusion	5,192	994	4,363	5,359	-167	103%	
EN Engaged			0	0	0	0%	
EN Accountable			0	0	0	0%	
EN Trusted	84,181	47,375	42,104	89,479	-5,298	106%	
Total	305,370	159,660	149,709	309,369	1	100%	

5.1.4 BUDGET & EXPENSES BY PROJECT PARTNER ONLY PER RESULT OR OBJECTIVE (CHF)

Result or Objective	Budget CHF (A)	Prior Period Expenses CHF (B)	Current Period Expenses CHF (C)	Total (Year to date) CHF (D) (B+C)	Budget Balance CHF (E) (A-D)	Percentage budget spent (F) (D/A)	Explain Implementation > 110% for Interim and Final Report and < 90% for Final Report only (G)
All results			0	0	0	0%	
R1 Cost common to all results			0	0	0	0%	
R2			0	0	0	0%	
R3			0	0	0	0%	
R4			0	0	0	0%	
R5			0	0	0	0%	
R6			0	0	0	0%	
R7			0	0	0	0%	
R8			0	0	0	0%	
Total	0	0	0	0	0	0%	

5.1.5 CLOSING INCOME-EXPENSE BALANCE PROJECT PARTNER ONLY (CHF) - PER REPORTING PERIOD END DATE

Funds received to date	309,369
Year to date expenses	309,369
Closing Balance	0
Percentage reported vs. total amount transferred	100%

5.1.6 CERTIFICATION

The undersigned authorised officer of the above mentioned project partner hereby certifies that:

- they have no knowledge of, nor suspicion of, any fraud and corruption connected in any way to the expenditures included in this report and that they have taken reasonable steps to minimise the risk of fraud and corruption
- they have taken reasonable steps to minimise the risk of error and mistake in this report. This includes, but is not limited to, searching the appropriate internal controls and employing competent staff
- Supporting documentation exists for the expenditures included in this report and shall be made available for examination when required and for a period of 8 years from the submission of this report
- Expenditures have been incurred in line with the agreed project plan and the signed Project Funding Agreement and in accordance with IFRC Project Partner standard procedures and financial regulations, as assessed by the
- the planned expenditure figures and funds transfer request shown above represents estimated expenditures for the next two reporting periods in accordance with the agreed Project Plan

Date Submitted

19/03/2025

Name, Title & Signature of Project partner designated official

Dr. Manu Josa

For IFRC internal use

Approved by IFRC Project Manager

DARABONG BANGM

Name & Title

Signature

Date 19/03/2025

Validated by IFRC Finance officer

Elizabeth Enadu

Name & Title

Signature

Date 19-03-2025

[Click here for the complete financial report](#)

Please explain variances (if any)

IFRC-DREF allocation to this intervention was CHF 362,952 through the Response Pillar. Expenses were in total CHF 340,671. Closing Balance of CHF 22,281 will return to the DREF pot following the publication of this report. The variances on the attached financial report are explained below:

Foreign Exchange Gains – Favorable exchange rate fluctuations resulted in cost savings, leading to unspent funds in some budget lines.

Non-deployment of Public Health in Emergencies (PHiE) Expert – The planned visit of a PHiE expert from HQ or the Region was not



realized due to the surge in Mpox (Monkeypox) outbreaks in the region, which required the reassignment of Regional/HQ Health colleagues to other priority response operations. This led to savings in travel and mission cost.



Contact Information

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

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[Click here for reference](#)

