

**RESIDENT/HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
NIGERIA  
RAPID RESPONSE  
OTHER HEALTH EMERGENCY  
2018**

**RESIDENT/HUMANITARIAN COORDINATOR**

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## PART I

### 1. OVERVIEW

<b>18-RR-NGA-30426 TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)</b>	
<b>a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE</b>	<b>4,147,616</b>
<b>FUNDING RECEIVED BY SOURCE</b>	
CERF	655,049
COUNTRY-BASED POOLED FUND (if applicable)	N/A
OTHER (bilateral/multilateral)	N/A
<b>b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE</b>	<b>655,049</b>

<b>18-RR-NGA-30426 TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)</b>			
<b>Allocation 1 – date of official submission: 20/04/2018</b>			
Agency	Project code	Cluster/Sector	Amount
WHO	18-RR-WHO-016	Health - Health	655,049
<b>TOTAL</b>			<b>655,049</b>

<b>18-RR-NGA-30426 TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)</b>	
<b>Total funds implemented directly by UN agencies including procurement of relief goods</b>	<b>N/A</b>
- Funds transferred to Government partners*	
- Funds transferred to International NGOs partners*	
- Funds transferred to National NGOs partners*	
- Funds transferred to Red Cross/Red Crescent partners*	
<b>Total funds transferred to implementing partners (IP)*</b>	<b>0</b>
<b>TOTAL</b>	<b>655,049</b>

### 2. HUMANITARIAN CONTEXT AND NEEDS

Nigeria is endemic for Lassa fever. Over the years, data has demonstrated a seasonal trend peaking during the dry season from December to June. In early 2018, Nigeria experienced an increase in the number of Lassa Fever cases with a total of 317 cases reported in the first 8 weeks of 2018 compared with the 312 cases reported for the whole year of 2017. The Federal Ministry of Health (FMoH) – through the Nigeria Centre for Disease Control (NCDC) – initiated its response immediately declaring an outbreak on 22 January – initially in the traditional states of Edo, Ondo and Ebonyi before further spreading to other non-endemic states. Under this response:

- Rapid response teams were deployed to the three states severely affected by the outbreak;
- Surveillance was enhanced, and daily follow-up contacts initiated;

- Provision of resources to step up the response in all the critical areas of case management, infection prevention and control, surveillance, laboratory and risk communication.

This federal response was completed by initiatives from partners, including WHO, that support the response to the outbreak by federal and state authorities.

However, WHO field assessments revealed several gaps and challenges in the response. The largest gap identified at the time was the limited capacity to report and assimilate data in real time from the laboratories and health facilities at state level to the national Emergency Operation Centre (EOC) to understand the severity of the event.

Further complicating the outbreak was the high number of health care workers being infected. In the first 8 weeks of 2018, 14 healthcare workers from six states were reported as having been affected.

Other challenges identified: limited active case search, logistics for contact tracing and data management; limited data reporting between state and national levels; inadequate patient management at health care facilities including inadequate personal protective equipment and infection prevention and control practices; triaging; bed capacity; patient isolation and waste management; inadequate supply of supportive treatment supplies; lack of community risk perception to Lassa fever infection, and limited staffing.

As a result of those gaps, by the 8th week of the year, 1,081 suspected cases had been reported with 317 lab confirmed from which there were 64 deaths (CFR 20per cent).

In response to those gaps, WHO scaled up its interventions. The WHO interventions aimed at coordinating partners, mobilizing resources through internal resources, partners (ECHO), and developing strategies for effective outbreak management and reporting to rapidly control this Lassa Fever outbreak. The National ECDC was strengthened to provide overall leadership and coordination for the response. In addition, an EOC was established within each of the hot spot states to strategize outbreak control and investigation measures in addition to mobilizing and allocating resources, supplies and consumables for response activities. The national and state EOCs coordinate partner support, plan and implemented capacity building activities and document as well as report on response activities.

The WHO intervention played an important role in kick-starting efforts to scale up the capacity to effectively mitigate the impact of this outbreak and effectively contain it.

This was to be further completed by a new surge in the support provided by WHO through the activation of CERF and the allocation in May of US\$655,049. However, the above mentioned intervention and other initiatives successfully contributed in controlling the outbreak with the emergency phase declared over by the Honourable Minister of Health on 10 May 2018 and the number of cases continuously decreasing.

Consequently, and in consultation with OCHA, WHO decided to return the funds just released by CERF.

### **3. PRIORITIZATION PROCESS**

N/A

### **4. CERF RESULTS**

Since WHO decided to return the funds as the outbreak was declared over after the disbursement of the funds, no activities were implemented under this CERF project and subsequently no people directly benefited from this CERF-funded initiative.

However, through its overall intervention and mobilization of internal and EU resources, WHO support to Nigeria yielded at the time of its completion essential results for the capacity of Nigeria to effectively respond and contain the Lassa fever outbreak.

Through this project the deployment of experts, the organization of trainings, the support to investigation and the availability of essential medical supplies and commodities, ECHO support and assistance:

- Contributed in improving coordination at national level and between partners involved in the response thereby reducing risk of overlaps and gaps;
- Enabled the strengthening of surveillance and case detection leading to improved availability of evidence and information to support monitoring and decision making;
- Improved outbreak response capacities at all 3 administrative levels (federal, state and local);
- Improved case management and infection prevention and control for the benefit of both the affected population and the health care workers;
- Secured and strengthened laboratory capacity.

## 5. PEOPLE REACHED

As the outbreak was declared over on 10 May 2018 and the number of continuously declined just before the release of the CERF allocation, WHO decided to return the funds. There were, therefore, no direct beneficiaries to be reported under this CERF project.

18-RR-NGA-30426 TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR <sup>1</sup>									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Health - Health	0	0	0	0	0	0	0	0	0

<sup>1</sup> Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.

18-RR-NGA-30426 TABLE 5: TOTAL NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING <sup>2</sup>									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	167	670	837	333	1,330	1,663	500	2,000	2,500
Reached	0	0	0	0	0	0	0	0	0

<sup>2</sup> Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors.

18-RR-NGA-30426 TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY		
Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	0	0
Host population	0	0
Affected people (none of the above)	2,500	N/A
<b>Total (same as in table 5)</b>	<b>2,500</b>	N/A

## 6. CERF's ADDED VALUE

As the outbreak was declared over and the number of continuously declined just before the release of the CERF allocation, WHO decided to return the funds. There is therefore no direct achievement and/or performance to be reported under this CERF project.

a) Did CERF funds lead to a <u>fast delivery of assistance</u> to people in need?		
YES <input type="checkbox"/>	PARTIALLY <input type="checkbox"/>	NO <input type="checkbox"/>
N/A		
b) Did CERF funds help respond to <u>time-critical needs</u> ?		
YES <input type="checkbox"/>	PARTIALLY <input type="checkbox"/>	NO <input type="checkbox"/>
N/A		
c) Did CERF <u>improve coordination</u> amongst the humanitarian community?		
YES <input type="checkbox"/>	PARTIALLY <input type="checkbox"/>	NO <input type="checkbox"/>
N/A		
d) Did CERF funds help <u>improve resource mobilization</u> from other sources?		
YES <input type="checkbox"/>	PARTIALLY <input type="checkbox"/>	NO <input type="checkbox"/>
N/A		
e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response		
N/A		

## 7. LESSONS LEARNED

**TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT**

Lessons learned	Suggestion for follow-up/improvement
N/A	N/A

**TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS**

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Outbreaks of epidemic prone diseases are fast evolving event with the situation in the field – in terms of number of cases, geographical spread, gaps, etc. – changing rapidly. Therefore, there is a need for early activation of CERF.	Timely decision to activate CERF is therefore determinant to: <ul style="list-style-type: none"> <li>– Maximise the impact of the intervention</li> <li>– Mitigate risks for the agreed activities and objectives to not be aligned with the situation in the field by the time negotiations are over and funds disbursed</li> </ul>	WHO/ HCT

	<ul style="list-style-type: none"> <li>- Help control the outbreak in its early phase</li> <li>- Reduce the time necessary to complete project inception/negotiation</li> <li>- Improved capacities of implementers to prepare initial proposals in line with CERF requirements</li> <li>- Timely interaction and coordination between the implementer, CERF and OCHA during the negotiation</li> </ul>	
	<ul style="list-style-type: none"> <li>- Increased its internal capacity for proposal writing</li> <li>- Organized training for the attention of its staff on CERF</li> </ul>	WHO

## PART II

### 8. Project Report 18-RR-WHO-016 - WHO

1. Project information			
1. Agency:	WHO	2. Country:	Nigeria
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	18-RR-WHO-016
5. Project Title:	Support the containment of the Lassa fever outbreak in Nigeria		
6.a Original Start Date:	02/04/2018	6.b Original End Date:	01/10/2018
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 4,147,616
	b. Total funding received for agency's sector response to current emergency:		US\$ 957,000
	c. Amount received from CERF:		US\$ 655,049
	d. Total CERF funds forwarded to implementing partners of which to:		<b>US\$ 0</b>
	<ul style="list-style-type: none"> <li>▪ Government Partners</li> <li>▪ International NGOs</li> <li>▪ National NGOs</li> <li>▪ Red Cross/Crescent</li> </ul>		

### 2. Project Results Summary/Overall Performance

As the outbreak was declared over and the number of continuously declined just before the release of the CERF allocation, WHO decided to return the funds. There is therefore no direct achievement and/or performance to be reported under this CERF project.

### 3. Changes and Amendments

Following prolonged negotiations over the finalization of the grant, the CERF funds were made available and disbursed to WHO on 11 May 2018, i.e. a day after the outbreak was officially declared over by the Minister of Health and the number of cases reported continuously decreased hereafter. Furthermore, most of the targets identified at the beginning of the activation of the CERF request had been already been reached by the time the negotiations were over and the funds disbursed to WHO.

Consequently, and in consultation with OCHA, WHO decided to return the funds allocated through CERF to make it available for other humanitarian interventions as the initial objectives and intended outputs and activities were not in adequation with the overall epidemiological situation at the time of the disbursement.

This situation showed that:

- Timely decision to activate CERF is essential in the context of an outbreak response as the situation in the field can evolve rapidly
- It is essential to reduce the time necessary to complete the negotiation phase through improved capacities to prepare proposals in line with CERF requirements and more effective interaction and coordination between the implementer, CERF and OCHA during the preparation stage.

Drawing lessons learnt from this, WHO:

- Increased its internal capacity for proposal writing
- Organized training for the attention of its staff on CERF

#### 4. People Reached

##### 4a. Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	167	670	<b>837</b>	333	1,330	<b>1,663</b>	500	2,000	<b>2,500</b>
<b>Reached</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

##### 4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
<i>Refugees</i>	0	0
<i>IDPs</i>	0	0
<i>Host population</i>	0	0
<i>Affected people (none of the above)</i>	2,500	N/A
<b>Total (same as in 4a)</b>	<b>2,500</b>	N/A

*In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:*

As the outbreak was declared over and the number of continuously declined just before the release of the CERF allocation, WHO decided to return the funds. There, is therefore no direct achievement reported under this CERF project.

#### 5. CERF Result Framework

<b>Project objective</b>	Reduction of excess mortality and morbidity through enhanced surveillance, timely confirmation, case management, contact tracing and risk communication in non-Lassa fever endemic states.
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<b>Output 1</b>	Proper case management and infection prevention and control			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	Proportion of isolation and treatment centres with no stock out of ribavirin	90%	N/A	N/A
Indicator 1.2	# of Isolation and treatment facilities available	4	N/A	N/A
Indicator 1.3	Level of CFR	<49%	N/A	N/A
<b>Explanation of output and indicators variance:</b>		As the outbreak was declared over and the number of continuously declined		



		just before the release of the CERF allocation, WHO decided to return the funds. There is, therefore, no direct achievement reported under this CERF project.
Activities	Description	Implemented by
Activity 1.1	Procure life-saving medicines and medical supplies (Ribavirin, IV fluids)	N/A
Activity 1.2	Procure Infection prevention and control supplies (PPEs)	N/A
Activity 1.3	Identify and equip isolation facilities	N/A
Activity 1.4	Conduct orientation of health care workers on case management and IPC	N/A
Activity 1.5	Print and distribute national guidelines for treatment and IPC	N/A
Activity 1.6	Deploy health care workers in isolation facilities	N/A

Output 2	Enhanced surveillance, case tracing and follow up in non-endemic states			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Proportion of Weekly sitreps produced and disseminated	100%	N/A	N/A
Indicator 2.2	Percentage of contacts of all confirmed cases listed and followed up	>90%	N/A	N/A
<b>Explanation of output and indicators variance:</b>		As the outbreak was declared over and the number of continuously declined just before the release of the CERF allocation, WHO decided to return the funds. There is, therefore, no direct achievement reported under this CERF project.		
Activities	Description	Implemented by		
Activity 2.1	Orient and deploy rapid response teams to investigate rumours and conduct contact tracing	N/A		
Activity 2.2	Orient community informants to support contact tracing at community level	N/A		
Activity 2.3	Support supervision and on job mentoring	N/A		
Activity 2.4	Print and disseminate tools for surveillance and contact tracing	N/A		

Output 3	N/A			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.2	Stock of laboratory reagents for Lassa fever	no stock out	N/A	N/A
Indicator 3.1	The time taken to confirm samples	<24 hours	N/A	N/A
<b>Explanation of output and indicators variance:</b>		As the outbreak was declared over and the number of continuously declined just before the release of the CERF allocation, WHO decided to return the funds. There is, therefore, no direct achievement reported under this CERF project.		
Activities	Description	Implemented by		

Activity 3.2	Orient health workers on sample collection, packaging and transportation	N/A
Activity 3.3	Support quality assurance of the laboratory investigation	N/A
Activity 3.1	Support sample transportation from health facilities to laboratory centres	N/A

## 6. Accountability to Affected People

A) Project design and planning phase: N/A

B) Project implementation phase: N/A

C) Project monitoring and evaluation: N/A

## 7. Cash-Based Interventions

### 7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

**7.b Please specify below the parameters of the CBI modality/ies used.** If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

*Supplementary information (optional)*

N/A

## 8. Evaluation: Has this project been evaluated or is an evaluation pending?

No. Considering that the funds had been returned to the CERF secretariat due to the end of the outbreak. However, lessons have been identified to support future requests.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED