

**ANNUAL REPORT OF
THE RESIDENT/HUMANITARIAN COORDINATOR
ON THE USE OF CERF GRANTS**

Country	NIGERIA
Resident/Humanitarian Coordinator	
Reporting Period	1 January 2009 – 31 December 2009

I. Summary of Funding and Beneficiaries

Funding (US\$)	Total amount required for the humanitarian response:		\$1,279,887	
	Total amount received for the humanitarian response:		\$1,279,887	
	Breakdown of total country funding received by source:	CERF		\$1,279,887
		CHF/HRF COUNTRY LEVEL FUNDS		
		OTHER (Bilateral/Multilateral)		
	Total amount of CERF funding received from the Rapid Response window:		\$1,279,887	
	Total amount of CERF funding received from the Underfunded window:			
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:		\$1,279,887
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):		
		c. Funds for Government implementation:		
d. TOTAL:			\$1,279,887	
Beneficiaries	Total number of individuals affected by the crisis:		55,720	
	Total number of individuals reached with CERF funding:		55,720	
Geographical areas of implementation:		26 States within the Meningitis belt of Nigeria		

II. Analysis

Nigeria is located on the west coast of Africa, right in the centre of the African meningitis belt between Benin and Cameroon. It is the most populous country in Africa with an estimated population of 140 million in 36 states including Abuja the Federal Capital Territory.

The hot and dry season between November and June in Nigeria favour meningitis epidemics. The disease is hyper-endemic, with epidemic outbreaks usually occurring during this period with peak activity between late February and April. The last major meningitis outbreak occurred in 1996, when over 100,000 suspected cases were reported. Since then Nigeria has not experienced any large scale meningitis epidemic and outbreaks have been limited to certain health districts. Less than 5,000 cases are reported annually. The total population in the meningitis high-risk states in Nigeria is approximately 105 million, of which 73.5 million are within the most susceptible age group of 2-30 years.

In 2008, a total of 6,835 cases including 492 deaths (7.2 percent case fatality rate (CFR))were reported. Four states were most affected and by the end of the season, 27 Local Government Areas (LGAs) crossed the alert threshold and 51 crossed the epidemic threshold. In 2007, there were 15 meningitis epidemic LGAs and a total of 2,764 cases and 242 deaths.

The 2009 epidemic was intensive and started earlier than usual. However, because of the prompt and coordinated action that was taken as a result of the CERF funding the epidemic did not reach the magnitude of the 1996 outbreak. A total of 56,135 cases and 2,489 deaths were reported with a CFR of 4.4percent. CERF funding allowed for the following activities to take place:

1. Procurement of vaccines and laboratory supplies

In preparation for the 2010 meningitis season, 314,000 doses of AC vaccines were procured using CERF funds. The vaccines were prepositioned at the national strategic cold store. In addition to the vaccines, laboratory supplies were procured and prepositioned at the national level. These included, 40 boxes of Pastorex kits, trans-isolate medium and 50 cartons of lumbar puncture kits. An additional 40 boxes of Pastorex kits (with longer shelf life) were received in February 2010.

2. Evaluation of the response to the 2009 CSM epidemic

Some good achievements were recorded in the response to the 2009 meningitis epidemic. However, challenges were also encountered which provided learning opportunities for 2010 meningitis epidemic season and beyond.

An evaluation to the response of the 2009 meningitis epidemic was conducted in July 2009 using a cross sectional study design to document the achievements and to identify opportunities for improvement. A total of 16 states, 48 LGAs, 91 health facilities and 96 communities were visited and data was collected through face-to-face interviews using structured questionnaires in July 2009. Key informants were interviewed at the national level, including partners. For these, four senior professors were hired as principal investigators. Also, 32 state epidemiologists and immunization officers were recruited as data collectors. The findings of the evaluation were compiled into a report which is ready for printing and distribution.

3. Training and preparation meeting for the 2010 meningitis epidemic season

In preparation for the 2010 CSM epidemic season, the Federal Ministry of Health (FMOH) in collaboration with its partners conducted a training workshop from 4- 6 November 2009. The objectives of the meeting were:

1. To share the findings of the evaluation to the response of the 2009 CSM outbreak.
2. Update participants on CSM epidemiology, CSF collection, case management and reporting procedures.
3. Assist states to prepare the CSM Epidemic Preparedness and Response plans for the next epidemic season.
4. To conduct practical sessions with lab personnel and clinicians on sample collection, testing and case management.

The participants of the meeting were state directors of disease control, state epidemiologists, clinician focal persons and laboratory focal persons from 36 states of the Federation and the FCT. The facilitators were officers from the FMOH, National Primary Health Care Development Agency (NPHCDA), World Health Organisation (WHO) Geneva, WHO Inter-Country Support for West Africa in Ouagadougou and the WHO Country Office.

The meeting was successful in achieving the stated objectives. A communiqué was issued at the end of the meeting that highlighted the action points for the next epidemic season. Also, states have prepared their Epidemic preparedness and Response Plans for 2010.

III. Results:

Sector/ Cluster	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
EPIDEMIC RESPONSE	Project for emergency health intervention to control the meningitis outbreak in Nigeria 09-WHO-028	\$1,279,887	\$3,108,478	73.5 million people, age 2-30 years.	Prompt case management and reactive vaccination	<p>Increased awareness</p> <p>Improved access to treatment</p> <p>Lowered case fatality rate to 4.4 % (2009) from 7.2 % (2008).</p>	Rapid allocation of CERF funds allowed for prompt case management and reactive vaccination resulting in improved preparedness for the 2009/2010 epidemic season	An evaluation of the response to the 2009 meningitis epidemic was conducted in July 2009. The valuation used cross sectional study design to document the achievements and to identify opportunities for improvement.	The beneficiaries were predominantly women and children.

Annex 1: NGOS and CERF Funds Forwarded to Each Implementing NGO Partner

No funds were forwarded to NGOs.

Annex 2: Acronyms and Abbreviations

CFR	Case Fatality Rate
CSM	Cerebral Spinal Meningitis
FMOH	Federal Ministry of Health
LGA	Local Government Areas
NPHCDA	National Primary Health Care Development Agency
WHO	World Health Organization