



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
NIGERIA
RAPID RESPONSE
DISEASE (EBOLA)**

RESIDENT/HUMANITARIAN COORDINATOR

Mr. Daouda Toure

REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please indicate when the After Action Review (AAR) was conducted and who participated.

World Health Organization (WHO) conducted an After Action Review on 13th October 2014 with CERF recipient agencies to collectively assess the impact of the grant and provide recommendations to improve the effectiveness of future CERF allocations. The agencies that attended the meeting include: United Nations Children's Fund (UNICEF), National Orientation Agency (NOA), United Nations Fund for Population Activities (UNFPA), Lagos University Teaching Hospital (LUTH) and Lagos State Ministry of Health (LSMH). The outcome of the meeting showed that the CERF grant helped to rapidly respond to the Ebola crisis. It provided seed grant that was used to kick start the response while mobilizing additional resources from the private sector in particular.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES NO

The CERF report was disseminated to the Humanitarian Country Team (HCT), which includes UN Agencies, non-government organizations (NGOs), the International Committee of the Red Cross (ICRC), the International Federation of Red Cross and Red Crescent Societies (IFRC) as well as donors as observers, for their review before being finalized by the RC/HC.

- c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES NO

OCHA will circulate the final CERF report for review to relevant in-country stakeholders, including the government counterparts and donors upon final submission.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 5,728,912		
Breakdown of total response funding received by source	Source	Amount
	CERF	1,458,309
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	
	OTHER (bilateral/multilateral)	35,000
	TOTAL	1,493,309

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 22-Aug-14			
Agency	Project code	Cluster/Sector	Amount
UNICEF	14-RR-CEF-108	Health	394,866
WHO	14-RR-WHO-055	Health	1,063,443
TOTAL			1,458,309

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	1,149,612
Funds forwarded to NGOs for implementation	0
Funds forwarded to government partners	308,697
TOTAL	1,458,309

HUMANITARIAN NEEDS

The Nigerian Federal Ministry of Health received information from Lagos state government on the 20th of July 2014 of a case of suspected Ebola Virus Disease (EVD) which was imported from Liberia. The suspected case became positive and died five days later during hospital care but prior to his death, a number of primary and secondary contacts had been made particularly among health care workers and airport contacts who were involved in his assistance and care. Afterwards, the government of Nigeria declared EVD outbreak in Nigeria and in collaboration with the Lagos State Government set up an Ebola Emergency Operations Centre (EEOC) in Lagos to support the containment of the outbreak.

A total of 19 confirmed EVD cases (including the index case) and 1 probable case were recorded in Nigeria with 8 deaths and Case Fatality Rate (CFR) of 40 per cent. Of these, 15 confirmed cases were from Lagos while 4 were from Rivers. The outbreak in Rivers ensued when one of the 71 contacts of the index case developed symptoms and travelled to Rivers state for private treatment. A total of

892 contacts (Lagos-362, Rivers-530) were monitored for 21 days. Three generations of contacts were monitored; primary, secondary and tertiary. Details could be seen in the transmission chain below.

The initial response suffered from some limitations. There was a dearth of doctors, nurses and other health workers who were willing to manage cases or support clinical care and even at that, the capacity to provide the specialized care for EVD patients was also very weak, and further aggravated by the overall weakness in the health care system. The population of Lagos and indeed the primary contacts of the index case were spread across 15 LGAs of Lagos state, making contact tracing a herculean task. While there had been a funding gap as funds pledged had not been fully released by the government, the NCDC /FMOH requested partners under the leadership of WHO to address the funding gaps in order to maintain the momentum necessary to contain the outbreak and save lives. The fund pledge by government of Nigeria was expected to be released from the presidency to the Federal Ministry to lead the outbreak response. UNICEF and WHO have no share in the government funds.

With the increase in the number of confirmed cases there were potentials for increase in secondary contact tracing. If suspect cases are found positive, the number of contacts will grow exponentially. The threats of expansion to other states remained high. It was critical to continue to strengthen and expand the interventions to contain the virus and protect over 170 million Nigerian people. At the outset, patient care and contact tracing were zeroed to Lagos state, one of the 36 states in Nigeria but close monitoring and a mobile laboratory service was extended to Enugu State, where one of the infected health care workers had moved to, before returning to the isolation centre in Lagos. Lagos is the commercial city of Nigeria and an international port of entry both by air and sea. The mega city has a population of over 11 million people. Containment of the EVD outbreak was therefore of essence to avoid further spread nationally and to other neighbouring countries.

The exceptional and urgent nature of the situation, the threat to lives of the large population of Nigeria and the potential that the epidemic could spread to other parts of the country especially in areas experiencing insecurity due to insurgency and counter-insurgency operations, necessitate an expedited assistance to rapidly contain the outbreak.

II. FOCUS AREAS AND PRIORITIZATION

Although action was taken to mitigate the risk of EVD transmission, strategies to scale-up response were quickly made. On 23 July, 2014 a joint assessment was conducted by Federal Ministry of Health in collaboration with Lagos State Ministry of Health and WHO. As the needs assessment revealed, the focus area was Lagos state, with specific priorities on epidemiology/Surveillance, Case Management, Social Mobilization and Communication, Laboratory, Point of Entry, Logistics and Administration.

The priorities centred on establishment/strengthening of EVD alert management system at national and LGA levels to receive alert calls, rumors, and other information from the communities, and respond promptly to conduct verification/ investigations; establish EVD outbreak database and conduct regular epidemiologic data analysis and interpretation to monitor the evolution of the outbreak and guide outbreak response; strengthen EVD diagnostic capacity at the national reference laboratory to ensure short turnaround time include securing access to diagnostic capacity in a WHO-recognized laboratory; support the establishment of specific EVD isolation treatment centers with full infection prevention and control (IPC) measures; train and mentor national and lower level health care workers on EVD case management and IPC practices; including safe burial practices; deploy experienced international case management experts to support key components of the response, such as clinical management, epidemiological surveillance, social mobilization, points of entry; provide adequate medicines, medical supplies, IPC supplies including PPEs to the isolation treatment centers; strengthen infection prevention and control practices in all health care setting including establishing triage systems, provision of essential IPC supplies and monitoring routine IPC practices; standardize and ensure access to protocols and training for case management and IPC and active surveillance/contact tracing; and assessing Public health risk at the Points of Entry and the Orientation of Port Health Staff on screening SOPs at points of entry.

III. CERF PROCESS

The Federal Ministry of Health and the Lagos State Ministry of Health undertook a needs assessment following the death of the imported case of the Ebola virus disease from Liberia. Risk mapping on geographical location, various risky behaviours, attitudes and perceptions of communities was conducted with participation of community groups, community and religious leaders to agree on key strategies for containment of the disease using the social mobilization approach. The decision to develop the CERF application was made by the UN Resident Coordinator in close consultation with the Humanitarian Country Team (HCT). They prioritized health as a vital sector to control the spread of Ebola and to save lives and the protect dignity of the affected people. With support from OCHA, WHO and UNICEF were

developed the CERF application for submission to the secretariat for live-saving rapid response. In the identification of priority interventions, WHO and UNICEF consulted widely with key stakeholders and partners including Federal/State ministries of health, CDC, Nigerian Red Cross and MSF and ensured that the objectives, plans and strategies of the Ebola interventions align with the Lagos State Operational Plan and the national EVD Response plan and priorities.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 20 million people				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
		Health	7,146,634	6,699,218

BENEFICIARY ESTIMATION

The direct beneficiaries of this project were confirmed cases of Ebola. Their families and the entire population within the project areas were indirect beneficiaries. Both direct and indirect beneficiaries were targeted through public awareness campaigns, house-to-house interpersonal communication, road shows, radio, TV jingles, social media, posters and fliers. Other indirect beneficiaries include health workers and surveillance team who participated in capacity building programmes to increase effective response and management of EVD cases.

Although challenges were encountered in collecting the data, this was overcome through the use of a monitoring checklist prepared for each activity which generated an accurate number of persons covered for each activity such as number of house-to-house persons seen, number of people seen on road shows etc. When IEC materials were distributed for different activities data were managed separately so that there were no double counting. The number of twitter followers and Facebook likes and web hits were also monitored to ensure no double counting. Generally, the program exceeded the original target beneficiaries planned in the original proposal.

Table by UNICEF

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	5, 506, 153	7,146,634
Male	5, 730, 910	6,699,218
Total individuals (Female and male)	11, 237, 063	13,845,852
Of total, children <u>under</u> age 5	1, 910, 301	Not known

CERF RESULTS

WHO

Following the declaration of EVD in Nigeria WHO deployed both national and international staff to the field to support response to the outbreak. The Ebola Emergency Operation Centre (EEOC) was set up to coordinate the response activities under 5 thematic areas which include epidemiology/surveillance, case management/Infection prevention and control, Communication and social mobilization, Point of Entry and coordination. At the end of the project, the following results were recorded:

- Epidemiology/surveillance: 892 contacts followed up for 21 days and 211 rumours were monitored. 95.3 per cent of the rumours were investigated and resolved within 24 hours
- Case management/infection prevention and control: 19 confirmed cases were treated. 7 cases resulted in mortality including 1 probable case. 2 isolation centres were stocked with medicines and supplies as well as PPE, body bags and disposable bags
- Coordination: Daily coordination meeting was from July to September 2015
- Point of entry: An average of 7000 passengers were screened daily

A new innovation of the use of mobile phones with GPS coordinates for real time contact tracing was employed in the outbreak response. This facilitated effective daily monitoring of contacts, early detection of symptomatic contacts and immediate evacuation which might have contributed to high survival rate recorded in Nigeria. A total of 892 contacts were followed up for 21 days. Of these, 18 contacts became positive of the Ebola Virus Disease. Screening of inbound and outbound passengers was conducted at the Point of Entry which include airport, seaports and land crossing. Averagely, about 7000 passengers were screened daily. Sensitization of community informants in border communities was also carried out. An isolation/treatment centre was set up in Lagos with WHO experts commencing treatment of confirmed EVD cases. Capacity of national doctors and nurses was also built to provide clinical management services including 15 doctors, 28 nurses and 16 ancillary staff. Results of laboratory investigations were received within 24 - 48 hours. Currently, 3 laboratories in Nigeria have capacity to test for EVD.

A total of 10,400 sets of Personal Protective Equipment, 500 cadaver bags and 5000 biohazard disposable bags were procured for case management and secondary screening at the point of entry. Body bags were used for safe burial practices while biohazard bags were used to collect contaminated fomites to aid infection prevention and control. In addition, medical supplies were procured and used for case management in the treatment centre. Capacity building for infection prevention and control was also conducted for 181 clinicians (doctors, nurses and laboratory scientist).

The Ebola transmission was interrupted in Nigeria on 7th September 2014. Following completion of two incubation periods (42 days) after the date of discharge of last patient, the country was declared Ebola free by the World Health Organization. Meanwhile preparedness activities still continued after the containment of the outbreak to avoid resurgence since transmission of the virus is still on-going in the West African sub-region.

UNICEF

Social mobilization was a critical element of the containment strategy implemented in Lagos. Led by UNICEF, the social mobilization activities aimed at increasing awareness and sensitization of the population on EVD mainly for prevention and also interpersonal communication with the people who had come into contact with the probable cases.

The number of 8 training/meetings conducted which covered:

- Training of mobilizers on interpersonal communication for house-to-house mobilization. (2 batches one in August and the other in September)
- Training of health educators chief mobilization and orientation officers of national Orientation Agency on Ebola prevention and interpersonal communication
- Training of road show ambassadors on interpersonal communication and sensitization of the public on Ebola prevention and containment
- Meeting with Nollywood actors and actresses on Ebola prevention using acting and theatre
- Meeting with the media objective reporting on Ebola prevention and containment
- Debriefing meetings with the mobilizers doing interpersonal communication

These activities ensured that accurate information on the signs, symptoms and preventive actions on Ebola were disseminated widely prompting every person with symptoms to seek diagnosis and care as well as reducing stigma and discrimination. The Social Mobilization subcommittee developed a communication and social engagement strategy that was evidenced-based and risk informed. It included the use of traditional community mobilization, print, electronic and social media channels.

The first generation of Information, Education and Communication (IEC) materials were developed following a risk mapping workshop which was held to better understand household and community risk, behaviour and attitudes which led to improved messaging and better targeted IEC. In total the quantity of IEC materials produced was 3,840,000 items which included posters, handbills, fliers and stickers

There were three main strands to the C4D approach: a public education campaign was carried out through the mass media and included interactive programmes, discussions, expert talks and jingles that were run daily on the radio and television; a focused social mobilization campaign to expand the allies and stakeholders involved in the campaign promoting the key messages around preventative actions to contain the spread of the EVD and to halt the spread of fresh infections and stigmatization of contacts and household interpersonal communication was also used. To support these activities Information, Education and Communication materials were disseminated. The Table 6 below shows the number of people reached through the various communication approaches:

With the use of social media platform 4,432,582 people were reached. A total of 5,761,750 persons were reached through radio and television jingles. 61,654 persons were reached through house to house interpersonal communication approach while 3,666,770 people were reached through road shows. In meetings with the local structures we reached 34,750 people. Within the appropriate radius from the house of all 16 confirmed cases, interpersonal communication reached 100 per cent of the 364 Contacts with EVD prevention and containment information. A total of 65,375 households were reached with EVD prevention, containment and health education messages across different communities in Lagos state. House to house IPC was scaled up in all the 20 LGAs of Lagos State.

During the project period, EVD prevention and containment messages were constantly aired on all the eight radio stations (Lagos FM, Cool FM, Ray Power, Eko FM, Wazobia, Radio Continental and Brilla) and five television stations (NTA, AIT, Channels, ON TV and Silverbird) in Lagos state. Five acts of discrimination against people associated with EVD acts were reported and resolved using interpersonal communication strategy. These activities made a significant contribution to the early containment of EVD outbreak in Nigeria within three months leading to the subsequent declaration of Nigeria as Ebola free by WHO.

The EVD evaluation carried out in August and December 2014 by the Operations Research Unit, Social Mobilization and Epidemiology/Surveillance teams showed that there was a change in knowledge, behaviour and practices of the beneficiaries about Ebola Virus Disease concerning burial, social distancing and early reporting of the sick. The change in knowledge attitude and practices of the persons reached through various communication platforms by this intervention resulted in enhanced hygiene practices (hand washing with soap and water) and helped to reduce stigma and discrimination amongst infected people and their contacts. The house-to-house IPC targeted at the 500 metre radius of communities where cases had been identified contributed to effective contact tracing and cooperation from the contacts.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?

YES PARTIALLY NO

The CERF funds enabled a rapid scaling up of the house-to-house teams from 20 to 60 in a short space of time, which meant that more people and communities were reached within a shorter timeframe significantly contributing to the containment of EVD. The funding was also used for IEC materials extensively used for awareness creation to the population in Lagos on EVD. The CERF grant was instrumental to prompt dissemination of prevention information through the use of television and radio houses, which contributed to the containment of the spread of EVD. In addition, the establishment of isolation centres also ensured that patients were treated with dignity which helped to reduce stigmatization and spread of EVD. The deployment of EVD testing machines to 3 laboratories in Nigeria increased capacity for rapid testing of EVD. This enabled a rapid response to be put in place and minimize the impact and spread of EVD.

b) Did CERF funds help respond to time critical needs?

YES PARTIALLY NO

At the time the CERF funds were received it was critical that house-to-house teams were scaled up very quickly to cover more people and communities within a shorter timeframe significantly contributing to the containment of EVD and to print IEC materials extensively used for awareness creation to the population in Lagos on EVD. The CERF grant was instrumental to prompt dissemination of prevention information through the use of television and radio houses, which contributed to the containment of the spread of EVD. There was timely response in areas of contacts tracing which facilitated early isolation of symptomatic contacts and early commencement of treatment which contributes to improved survival rate.

c) Did CERF funds help improve resource mobilization from other sources?

YES PARTIALLY NO

CERF funds catalysed mobilization of resources from other sources which helped to increase the success of the project. Both UN and private organizations provide both cash¹ and logistics. For example, UNFPA supported the printing of IEC materials to compliment the intervention while Lagos state government committed both staff time and logistics. In addition, the private sector companies such as oil and gas companies donated ambulances, min-busses and Hilux pickups to aid in logistics and transportation of supplies, equipment and response teams

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

CERF was used to support the operations of the Ebola Emergency Operation Centre which coordinated the outbreak response. The effective coordination is one of the strategies that contributed immensely to Nigeria's success story. This is one of the advantages Nigeria had over the 3 worst affected countries.

The EEOC had 6 teams under the leadership of the Incident Manager. The teams brought together volunteers and seconded staff from the Government UN, NGOs, Private Sector and individual groups/persons. The 6 teams were led by WHO, UNICEF, Federal Port Health, Lagos State MOH, LUTH and LUTH Laboratory.

The Management and Coordination team led by UNICEF was responsible for private sector engagement such as donations and technical advice. The donations from the private sector were needs based and reflected the gaps in the operational plan and budget. This streamlined and coordinated private sector involvement in the Ebola response. All partners interested in contributing human or financial resources to the EVD response were encouraged to do so through this structure. Volunteers from all sectors were registered through the HR unit of the Management and Coordination team. The HR database of the EEOC records 1,289 volunteers from government, UN, academia, NGOs and individuals.

The EOC strengthened coordination, the 6 teams met daily (7 days a week) at 8am. Team members would be dispatched for fieldwork immediately thereafter. The 6 EEOC team leaders plus the Incident Manager and Deputy Incident Manager constituted a Strategy Group. This group met daily at 10am to advise the Incident Manager on emerging issues coming out of the team meetings. The Strategy Group meeting would inform policy decisions or paradigm shifts. It also monitored key bottlenecks and barriers on a daily basis. A nightly meeting was convened at 6pm for each team to feedback on progress made in that day and for reporting on key indicators captured on the reporting dashboard. This structure and system was highly effective in ensuring accountability for results. An action tracker system was used every night to identify status on agreed action points from the nightly meetings.

¹ Dangote Foundation donated \$1,000,000 for the rehabilitation of the Ebola Emergency Operation Center

Performance of teams was gauged by their nightly reporting and adjustments in teams were decided on this basis in Strategy Group meetings.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Availability of resources facilitated the early containment of the outbreak	Provide resources early enough to aid prompt response	CERF
Communicating early detection has saved lives	Communication of early detection still to be emphasized in the future in order to save lives.	CERF

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Country's leadership and ownership to mitigate the epidemic	Continued provision of strong leadership in outbreak response by government	Federal ministry of health (FMOH)
Rapid Technical response based on Polio Eradication Initiative (PEI) best practices	Build response on existing structure	FMOH and partner
Social mobilization and community participation	Continue to engage the community in managing public health events	FMOH and partners
No response strategy before the outbreak	Response strategy to be written by Nigeria for all the pillars and documented	NCDC
No contingency plan/response strategy before the EVD outbreak negatively impacted on the rapidity of the response	Contingency plan/response strategy to be written by Nigeria for all the pillars and documented	NCDC
Integration of social mobilization and surveillance (i.e. health and social mobilisation). helped to target and identify early, affected areas enabling rapid deployment of house to house Interpersonal communication teams which significantly increased the impact of the social mobilisation activities	Collaboration between WHO and UNICEF to be continued and strengthened in any health emergency in the future	WHO, UNICEF

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	14.08.14 – 13.02.15
2. CERF project code:	14-RR-CEF-108	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Social Mobilization for Containment of the Ebola Virus Disease in Lagos		
7. Funding	a. Total project budget:	US\$6,782,709	d. CERF funds forwarded to implementing partners: <ul style="list-style-type: none"> ▪ NGO partners and Red Cross/Crescent: US\$ NA ▪ Government Partners: US\$ 308,697
	b. Total funding received for the project:	US\$ 915,027	
	c. Amount received from CERF:	US\$394,866	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please</i>
<i>a. Female</i>	5, 506, 153	7,146,634	The project exceeded the number of target beneficiaries mainly due to the fact that UNICEF was able to air the jingles on TV as well as radio which was not planned at the outset.
<i>b. Male</i>	5, 730, 910	6,699,218	
<i>c. Total individuals (female + male):</i>	11, 237, 063	13,845,852	
<i>d. Of total, children <u>under</u> age 5</i>	1, 910, 301	Not known	Target for under 5 were not reached because although they were planned for they were not affected as anticipated. Consequently, no activities were focused specifically on under 5 children however the prompt containment of EVD in Nigeria benefited all population ages including under 5
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> • To immediately contain the disease within the identified geographical location and interrupt transmission to other parts of the country • To improve community knowledge about preventive actions that help control the spread of the Ebola virus disease • To reduce stigma and discrimination associated with EVD 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • 100 per cent of contacts have the applicable house radius reached with EVD prevention and containment information • All affected LGAs reached with EVD prevention and containment information • All radio stations air messages on EVD prevention and containment 			
Indicators:			

<ul style="list-style-type: none"> • Proportion of contacts whose house radius were reached • Number of households reached with EVD prevention and containment information • Three LGAs reached with health education messages • Number of discriminatory acts reported in areas of intense interpersonal communication 	
11. Actual outcomes achieved with CERF funds	
<p>Outcome 1: 100 per cent of contacts have the applicable house radius reached with EVD prevention and containment information</p> <ul style="list-style-type: none"> • Within the appropriate radius from the house of all 16 confirmed cases interpersonal communication reached 100 per cent of the 364 Contacts with EVD prevention and containment information. • A total of 65,375 households were reached with EVD prevention, containment and health education messages across different communities in Lagos state. • House to house IPC was scaled up in all the 20 LGAs of Lagos State. <p>Outcome 2: All affected LGAs reached with EVD prevention and containment information</p> <ul style="list-style-type: none"> • All affected 20 LGAs in Lagos were reached with house-to-house interpersonal communication and the fliers and handbills were distributed. Also the mobilizers demonstrated proper hand washing technique to all households in the 20 LGAs during the period. <p>Outcome 3: All radio stations air messages on EVD prevention and containment</p> <ul style="list-style-type: none"> • During the period of the funding EVD prevention and containment messages were constantly aired on eight radio stations namely: Lagos FM, Cool FM, Ray Power, Eko FM, Wazobia, Radio Continental and Brilla and five television stations including: NTA, AIT, Channels, ON TV and Silverbird) in Lagos state. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
The project reached more than the anticipated number of beneficiaries mainly due to the fact that UNICEF was able to air the jingles on TV as well as radio which was not planned at the outset. However, no activities were focused specifically on under-5 children.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): 2a If 'NO' (or if GM score is 1 or 0):	
14. Evaluation: Has this project been evaluated or is an evaluation pending? UNICEF did not carry out any end of project evaluation on the EVD response in Nigeria.	EVALUATION CARRIED OUT <input type="checkbox"/> EVALUATION PENDING <input type="checkbox"/> NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	WHO	5. CERF grant period:	14.08.14 – 31.03.15
2. CERF project code:	14-RR-WHO-055	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Life-saving response to contain the Ebola virus Disease outbreak in Lagos Nigeria		
7. Funding	a. Total project budget:	US\$ 5,728,912	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,063,443	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 0
	c. Amount received from CERF:	US\$1,063,443	▪ <i>Government Partners:</i> US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	5,506,153	7,146,634	The project exceeded the number of target beneficiaries.
b. Male	5,730,913	6,699,218	
c. Total individuals (female + male):	11,236,066	13,845,852	
d. Of total, children <u>under</u> age 5	1,910,301	Not known	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> To stop EVD transmission by implementing early detection, diagnosis, and referral of suspected cases through active surveillance, contact tracing and extended field investigation To institute prompt and effective case management of all suspected cases To prevent importation/exportation of EVD by implementing effective entry/exit screening at point of entries To ensure effective coordination of the outbreak response activities at all levels 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> A Rapid Response team is in place in Lagos .Provision of field logistical support including Personal Protective Equipment supply and laboratory supplies An isolation/treatment center complying with highest IPC standards is set up and functions Provision of care to patients with effective infection prevention and control in health care settings Chains of transmission broken through active surveillance, case investigation, contact tracing and follow-up A laboratory with the capacity for performing RT-PCR for EVD is established and functions <p>Indicators:</p> <ol style="list-style-type: none"> Proportion of contacts followed up: 99.9 per cent of contacts were followed up for 21 days. One contact was lost to follow-up Proportion of rumors/alerts investigated within 48 hours : 95.3 per cent of rumours were investigated within 24 hours Number of health care workers trained on case on standard case definitions, contact tracing and case management 			

- protocols and guidelines : 109 health workers were trained
4. Number of health care workers trained on IPC: 181 doctors, nurses and laboratory scientist were trained
 5. Case fatality rate: 40 per cent
 6. Proportion of patients with laboratory results: 100 per cent

11. Actual outcomes achieved with CERF funds

Outcome 1: A Rapid Response team is in place in Lagos

A Rapid Response team comprising epidemiologists, surveillance officers, clinicians and hygienist was established in Lagos. The team was responsible for identifying and reviewing suspected EVD cases detected during contact tracing with subsequent patient evacuation and decontamination of the environment. This results in early case detection and early commencement of treatment which ultimately improves patient's prognosis and survival rate. In addition, an Ebola Emergency Operations Centre was also established in collaboration with federal and state ministries of health as well as other partners. The EOC was headed by the incident manager and was saddled with the responsibility of coordinating the EVD response. Coordinating meetings were held daily to review the response activities, identify gaps in the response and address those gaps. This robust coordination mechanism contributed immensely to the successful containment of the EVD outbreak in Nigeria.

Outcome 2: Provision of field logistical support including Personal Protective Equipment supply and laboratory supplies

10,400 sets of Personal Protective Equipment, 500 cadaver bags and 5000 biohazard disposable bags were procured and prepositioned in 2 isolation centres and 8 tertiary hospitals. The items contributed to prevention of infection among health workers in isolation centers. Logistics support was also provided for contact tracing including provision of vehicles and fueling of those vehicles to facilitate daily movement of the contact tracing teams to homes of contacts under follow-up.

Outcome 3: An isolation/treatment center complying with highest IPC standards is set up and functions

Isolation centre was set up in Lagos equipped with bed sheet, bed covers, aprons and IPC supplies. Capacity of 56 health workers was also built on case management and 181 on Infection Prevention and Control. The isolation centre with effective infection prevention and control measures in place helped to reduce the spread of infection in the community and among health workers treating the EVD patients. All suspected cases were evacuated to the isolation centre which has two sections; one section was for confirmed cases and the other for suspected cases. Suspected cases that were negative of EVD were discharged while and those with positive laboratory result were kept at the isolation centre and managed until they are free of symptoms with two negative results within 72 hour interval.

Outcome 4: Provision of care to patients with effective infection prevention and control in health care settings

Case management of patients with effective infection prevention and control measures in place was provided. A total of 19 confirmed cases were managed. Of these, 13 patients were successfully managed and discharged while 7 resulted in mortality. Most of the fatalities were as a result of co-morbidity. Nigeria is one of the few countries that did not record any health worker infection at the Ebola Treatment Centre. The only health worker infection was among those that worked in the private hospital where the index case was treated. This results from the robust infection prevention and control measures put in place to mitigate the risk of contracting EVD while providing care to the patients. In addition, Nigeria also has one of the lowest case fatality rate (40 per cent), mainly due to effective case management.

Outcome 5: Chains of transmission broken through active surveillance, case investigation, contact tracing and follow-up

A real-time contact tracing was conducted with about 98 per cent of contacts physically seen on daily basis which led to early interruption of the EVD transmission. Android phones were linked to GPS to ascertain the exact location of the contact tracer. Record of abnormal temperatures immediately triggers an alert on a dashboard at the Ebola EOC which leads to immediate dispatch of case management team for further review and patient evacuation. Early evacuation of suspected cases prevented establishment of EVD community transmission which contributed greatly to Nigeria's success in early containment of the outbreak

Outcome 6: A laboratory with the capacity for performing RT-PCR for EVD is established and functions

Capacity of 3 laboratory where built for EVD diagnosis; Lagos University Teaching Hospital, Redeemers University and Irua specialist hospital. Laboratory samples were analyzed within 24 hours which aided the case management team to make quick decision on patient management while suspected cases that turned out negative were discharged immediately to avoid exposing

<p>them to contracting the disease at the Ebola Treatment Centre. In addition, early confirmation of cases facilitated early contact listing and immediate commencement contact tracing as contacts are only traced to confirmed cases. Availability of laboratory capacity for EVD diagnosis within the same city with the Ebola Treatment Centre also helped in reducing the biohazard risk of transporting infectious samples.</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	
	<p>YES <input checked="" type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>If 'YES', what is the code (0, 1, 2a or 2b): Fill in If 'NO' (or if GM score is 1 or 0): Please describe how gender equality is mainstreamed in project design and implementation</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>The project was monitored through regular review of the response activities where gaps and challenges in the response were identified and addressed immediately. This has led to the successful containment of the Ebola virus disease outbreak on time.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner*	Comments/Remarks
14-RR-CEF-108	Health	UNICEF	Lagos Ministry of Health	Yes	GOV	\$67,333	2-Sep-14	2-Sep-14	
14-RR-CEF-108	Health	UNICEF	National Orientation Agency	Yes	GOV	\$241,364	5-Sep-14	5-Sep-14	

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AIT	Africa Independent Television
CAP	Consolidate Appeal
CDC	Community Development Committee
CERF	Central Emergency Relief Fund
ECOWAS	Economic Community Of West African States
EEOC	Ebola Emergency Operations Centre
EVD	Ebola Virus Disease
FMoH	Federal Ministry of Health
HCT	Humanitarian Country Team
HSWG	Health Sector Working Group
IASC	Interagency Standing Committee
IEC	Information education Communication
IM	Incident Manager
IPC	Infection Prevention and Control
LGA	Local Governmnet Area
LTV	Lagos Televison
LUTH	Lagos Universirty Teaching Hospital
MOH	Ministry Of Health
NCDC	Nigeria Centre for Disease Control
NGO	Non Government Organization
PEE	Missing
PEI	Polio Eradication Initiative
PHCB	Primary Health Care Board
RC/HC	Resident/Humanitarian coordinator
RT-PCR	Rapid Test- Polymerace chain reaction
UNCT	United Nations Country Team
UNFPA	United Nations Fund For Population Activities
UNICEF	United Nations Children Fund
WHO	World Health Organization