



Nigeria

Ebola Humanitarian Situation Report



SITUATION IN NUMBERS

Highlights

- Since the Ebola Virus Disease (EVD) outbreak was declared in Nigeria by the Federal Ministry of Health on 24th July 2014 there have been 19 confirmed cases in Lagos and State
- 12 of these confirmed cases were discharged recovered with seven deaths giving a case fatality rate of 40%
- There has been no more confirmed cases in Nigeria in the last 18 days and the 24 remaining contacts being following up will have completed the 21 days by the 24 September 2014.
- The Federal Government has set up a National Ebola Emergency Operations Centre (NEEOC) which has supported and provided orientation for the establishment of a Lagos and Rivers based State Ebola Emergency Operations Centre (SEEOC) and an initial team to coordinate operations of the centre
- UNICEF is the team lead for the Social Mobilization group and the Management and Coordination group whilst WHO is the team lead for the Epidemiology/Surveillance group for the SEEOCs.
- Psychosocial support has been provided to patients, family members of patients, contact persons and community members affected by EVD and has reached 335 people (188 males/147 females)
- To halt the spread of new infections and stigmatization of contacts, household interpersonal communication has been used and has reached over 280,000 people (28,699 households)

Ebola statistics as of 21 September:

19 confirmed cases

7 deaths

Case Fatality rate 40%

Discharged (recovered) 12

11 cases and 5 deaths among health care workers

Contacts under follow up 24

Contacts completed 21 days follow up 847

UNICEF's Response with partners

Indicators for Lagos and Rivers	UNICEF for 2014		
	UNICEF Target	Cumulative results (#)	Target achieved (%)
% of households in mapped contact areas reached with key messages on EVD containment and prevention using house-to-house interpersonal communication	18,000	28,699	159%
# of persons reached with key messages on prevention and containment messages using mass media	26,200,000	20,000,000	76%
# of people affected by Ebola provided with Psychosocial Support (PSS)	1,000	335	34%

UNICEF funding needs for next six months

US\$ 6.8 million

UNICEF funding gap

US\$ 5.8 million

Situation Overview & Humanitarian Needs

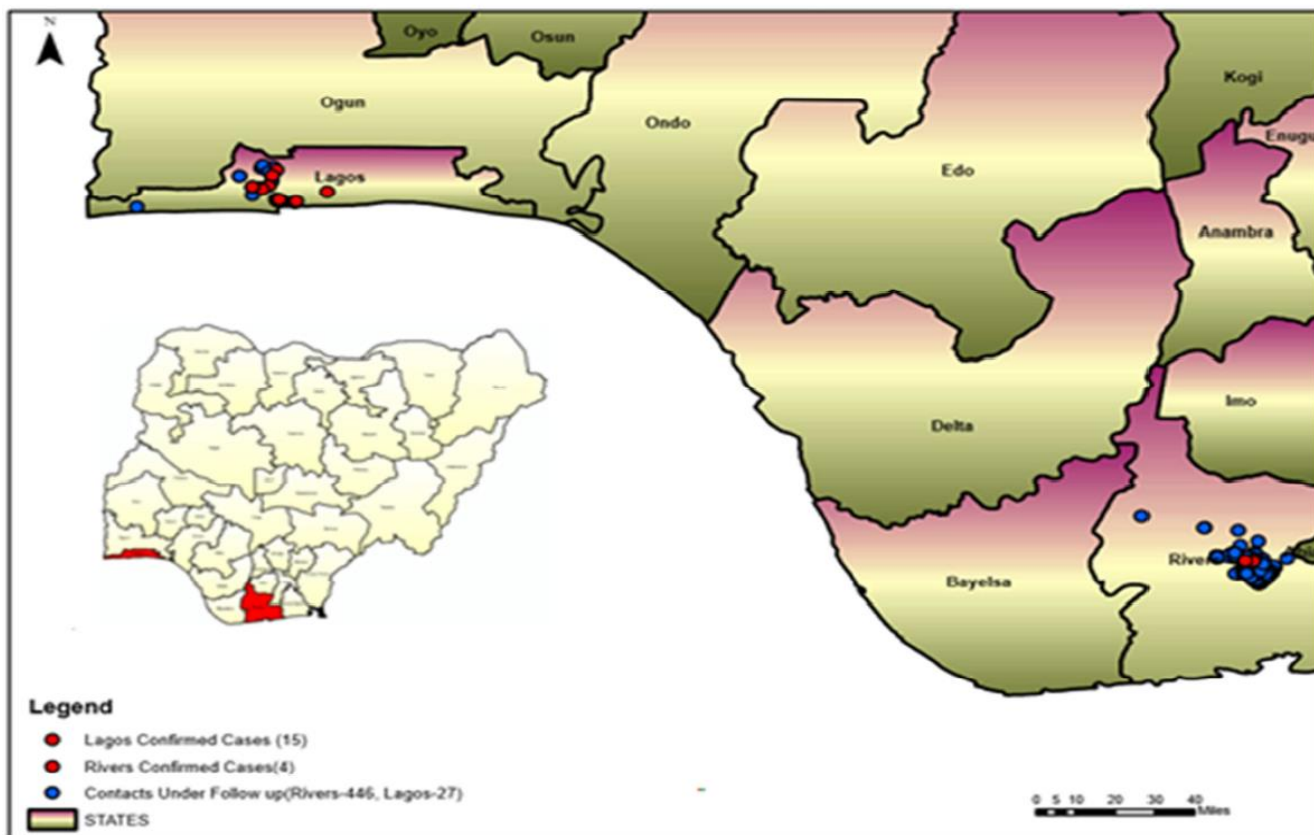
The Ebola Virus Disease (EVD) outbreak was declared in Nigeria by the Federal Ministry of Health on 24th July 2014 following the arrival of a male passenger from Liberia whose condition degenerated in-flight and necessitated evacuation to a hospital on arrival in Lagos. Laboratory tests subsequently confirmed that the traveller from Liberia had EVD.

As of September 23, 2014 the Federal Ministry of Health has reported a total of 19 confirmed Ebola cases in Nigeria including the imported case from Liberia. Of the 19 cases, 15 are from Lagos while four cases were reported in Rivers State. Since the first case was reported there, a total of 891 contacts have been listed -365 in Lagos and 526 in Rivers. The number of contacts that have completed the 21 days monitoring and been discharged total 847; 349 in Lagos and 498 in Rivers. There remains 24 contacts under observation; zero in Lagos and 24 in Rivers.

Since the beginning of the epidemic, there have been seven deaths (five in Lagos and two in Rivers), 11 survivors that have been discharged in Lagos and one in Rivers with no confirmed cases currently in isolation. There has been no more confirmed cases in Nigeria in the last 18 days and the remaining contacts being following up will have completed the 21 days by the 24 September 2014.

The EVD response in Nigeria borrowed heavily from the good practices implemented in the polio programme by establishing an Emergency Operation Centre (EOC), led by the Incident Manager, using an Incident Management System (IMS) to coordinate the response and consolidate decision making. The EOC/IMS structure served as the overall implementing arm of the response for the Ministry of Health and the Nigerian Centre for Disease Control (NCDC). All partners, donors and response teams would work through the EOC structure reporting to the Incident Manager. Another practice adopted from the polio programme is the use of Dashboard to measure performance and smartphones for the contract tracing as well as House-to-House teams.

Map of Nigeria showing the distribution of Confirmed cases and contacts in Lagos and Rivers States



Humanitarian leadership and coordination

The Federal Government has set up a National Ebola Emergency Operations Center (EEOC) which was established in Lagos where the outbreak first occurred in the country. Being transient in nature, the national EEOC moves to the epicenter of the disease. When Port Harcourt, Rivers state experienced an outbreak, the national EEOC moved from Lagos to Port Harcourt where they set up a Port Harcourt based State Ebola Emergency Operations Center (SEEOC). The SEEOC is responsible for the oversight and coordination of the response. The national EEOC comprises the Federal Ministry of

Health (Incident Manager), the Nigeria Center for Disease Control (NCDC), the US-based Center for Disease Control, WHO, UNICEF and MSF. The EEOC has the following Teams:

- Management and Coordination (Team Lead UNICEF)
- Epidemiology/Surveillance (Team Lead WHO)
- Case Management and Information Control (Team Lead Lagos State Ministry of Health)
- Social Mobilization (Lagos University Teaching Hospital)
- Laboratory Services (Lagos University Teaching Hospital)
- Ports and Point of Entry (Federal Port Health Services)

WHO is the Team Lead for the Epidemiology/Surveillance group; while UNICEF is Team Lead for Management and Coordination. UNICEF also provides technical leadership for the Social Mobilization and Communication group.

The UN in Nigeria at the national level has agreed on a key framework for action with UNICEF responsible for communication and social mobilization and WHO for the health response, this is also being replicated at the state level. A UNICEF team comprising of country and field office staff support the National Ebola Emergency Operations Center in Lagos and the Port Harcourt EEOC. The teams are supporting social mobilization, communications, media and overall management and coordination of the response.

Humanitarian Strategy

The overall objective of the Government of Nigeria's response is to implement a comprehensive strategy that will contain the spread and reduce morbidity and mortality. To achieve this the Government of Nigeria is implementing a dual strategy of containment in areas affected by Ebola and a prevention/preparedness strategy in other areas. The containment strategy involves the identification, monitoring and treatment of all cases, the identification of all contacts, 21-day intensive monitoring of all the Ebola contacts for development of symptoms and a simultaneous social mobilization campaign is being mounted to ensure that communities within the vicinity of the identified contacts are reached with preventative information and messages. The government has set up a toll-free hotline (0800EBOLAHELP) and a website (www.ebolaalert.org). UNICEF is leading the social mobilization campaign and has internally redeployed C4D staff to the SEEOCs to support the campaign as well as providing psychosocial support to Ebola affected people and their families.

The Government of Nigeria has embarked on a prevention/preparedness strategy which involves a public sensitization/awareness raising campaign about the disease and the promotion of preventive practices such as hand washing which is being supported by UNICEF as well as prepositioning IEC materials in case of an outbreak in another state. The government has issued guidelines on the screening of travellers at the major ports of entry which are being enforced. In addition, the Government of Nigeria is taking steps to ensure that other states are prepared and recently held a preparedness/prevention workshop in Rivers for six states in the south of the country, planning is on-going to roll this out nationally. The preparedness covers all key technical areas of the response: coordination through the Incident Manager System; capacity development all those involved; data and information management; epidemiology/surveillance; laboratory; case management) infection, prevention and control); social mobilization and sensitization; psychosocial support; points of entry; decontamination/evacuations and burials; logistics (supplies and transportation).

The National EOC has developed the management structure, capacity, systems and tools required based on the experiences and lessons learnt in the Lagos and Rivers EOCs. The tools include checklists, Standard Operating Procedures and terms of reference of the various sub-committees that form the Management Structure. This Incident Manager System ensures consistency of messaging, standardization and relevance, continuous updating and minimizes duplication of efforts.

Summary Analysis of Programme response

Management and Coordination support to the NEOC

UNICEF's office in Lagos is leading this team at the national EEOC level. When the epicentre of the outbreak moved to Port Harcourt, the national EEOC built capacity and transferred leadership to the state government. Upon return to Lagos, the national EEOC will build capacity and transfer leadership to that state government as well. This team is responsible for private sector engagement/ contributions, planning, budgeting, HR, Logistics, Admin and IT. With over 678 volunteers in Lagos and 554 volunteers in Port Harcourt the management of these volunteers has been a major challenge and to

assist with this a database has been developed. This team has developed and finalized ToRs for all the sub-committees and is supporting the development of a report documenting the Nigerian experience to date.

Psychosocial Support

Individual/group counselling has been provided to patients, family members of patients, contact persons and community members affected by EVD and has reached a total of 335 people: 239 people (151 males/88 females) in Lagos and 96 people (37 males/59 females) in Rivers.

To improve awareness among UNICEF staff training was conducted on Ebola (transmission, prevention, symptoms) for 37 UNICEF staff members and adult family members as well as 27 children.

To ensure that psychosocial support was integrated into the response in Lagos and Port Harcourt, UNICEF ensured that a psycho-support team was established and provided with the appropriate training on basic counseling skills. Key medical staff were also trained on psychosocial support, basic communication skills and Ebola awareness in a psycho-social context to improve their approach to possible EVD affected patients.

Education

The response in the education sector has been mainly focused on preparedness for the re-opening of schools set for 22, September by the federal government. Following the containment of the Ebola outbreak in Port Harcourt, the Rivers state government through the ministry of health announced the resumption of schools to be on 6 October 2014.

General awareness and sensitization of teachers organized by the state ministry of education in Port Harcourt attracted more than 5,000 teachers which demonstrated the critical need for more organized public education and systematic training of teachers on Ebola virus disease in the state. The social mobilization team (mainly led and supported by UNICEF) commenced scheduled teacher training on 23, September targeting all Local Government Areas (LGAs) and a total of 2,273 teachers were trained on EVD and general hygiene practices including hand-washing with soap. IEC materials (developed and printed with UNICEF support) including fliers, posters and fact sheets were distributed to the participants. A school package including an algorithm and child friendly posters and booklets will be disseminated to schools in Rivers state.

Teacher sensitization was conducted in collaboration with state ministries of education across other states in South East Nigeria including Enugu where most schools reopened on the 22, September. Planning is underway to roll out this training in all states in Nigeria.

Communications for Development (C4D)

C4D is a critical element of the containment strategy being implemented in Lagos and Rivers states and is being led by UNICEF to ensure that there is an increased awareness and sensitization of the population to ensure that accurate information on the signs, symptoms and preventive actions on Ebola are disseminated widely prompting every person with symptoms to seek diagnosis and care and that stigma and discrimination are reduced. The Social Mobilization subcommittee has developed a communication and social engagement strategy that is evidenced-based and risk informed. It includes 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.

A Knowledge, Attitudes and Practice (KAP) survey was conducted by the Operations Research Sub-group under the Epidemiology/Surveillance Team in Lagos the week beginning 25 August 2014. The findings of the KAP was used to re-orientate not only the social mobilization and communications work, but the rest of the response including contact tracing,

infection prevention and control in Lagos. This led to the revising of the IEC materials (second generation) that were being used to take on board the findings of the KAP survey.

A public education campaign is being carried out through the mass media and includes interactive programmes, discussions, expert talks and jingles that is run daily on the radio and television and have reached an estimated 20 million people. A focused social mobilization campaign to expand the allies and stakeholders involved in the campaign to promoting the key messages around preventative actions to contain the spread of the EVD has reached over 5.1 million people. To halt the spread of fresh infections and stigmatization of contacts household interpersonal communication has been used and has reached over 280,000 people (28,699 households). To support these activities over 350,000 Information, Education and Communication materials have been disseminated.

Lessons Learnt

Some of the key lessons learnt in the containment and prevention of the spread of EVD in Nigeria include:

- The adoption of the US based CDC's incident management and the decentralization of the National Ebola EOC to the epicenter of the outbreak in Lagos and then Rivers state whilst at the same time building the State's capacity to manage the outbreak
- This system also successfully brought together the various sectors required for a successful response under one command structure enabling effective inter sectoral coordination
- Only the Minister of Health was permitted to talk to the media on issues relating to Ebola and this meant that there was only one official source of information which helped to reduce rumors
- The decision to pay incentives as well as appropriate sensitization for health workers enabled a fast and effective response as this encouraged health workers to continue working in EVD affected areas

Funding

Funding Requirements for a period of 6 months				
Appeal Sector	Requirements*	Funds received**	Funding gap	
			\$	%
WASH	1,610,928		1,517,616	100%
Education	864,000		864,000	100%
Nutrition	1,024,095		1,024,095	100%
Psychosocial Support	582,120		582,120	100%
Social Mobilization	2,701,566	894,866	1,806,700	67%
Total	6,782,709	894,866	5,794,531	87%

* The requirements noted above include the indirect cost recovery of 8% as per UNICEF's Executive Board decision

** 'Funds received' does not include pledges

Final SitRep

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