



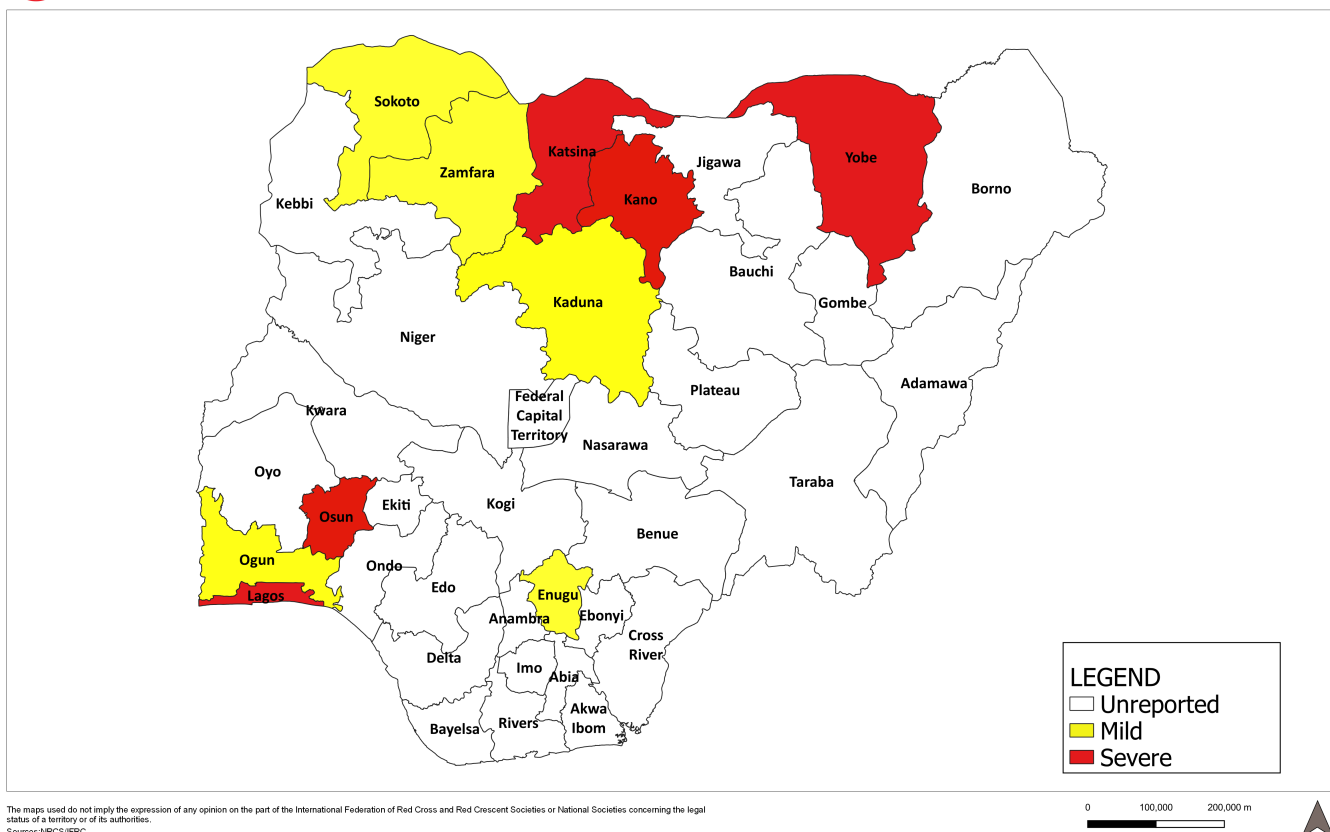
Red cross at a community in Delta state conduct social mobilization activities

Appeal: <b>MDRNG037</b>	DREF Allocated: <b>CHF 355,168</b>	Crisis Category: <b>Yellow</b>	Hazard: <b>Epidemic</b>
Glide Number: <b>EP-2023-000034-NGA</b>	People Affected: <b>1,585,080 people</b>	People Targeted: <b>1,585,080 people</b>	
Event Onset: <b>Slow</b>	Operation Start Date: <b>2023-03-14</b>	Operation End Date: <b>2023-07-31</b>	Operation Timeframe: <b>4 months</b>
	Targeted Areas:	<b>Kano, Katsina, Lagos, Osun</b>	

# Description of the Event



**Map of Nigeria**  
States Showing Affected cases of DIPHTHERIA  
Date 08/03/2023



Map of Nigeria, highlighting number of States affected and caseload ©CDC

## What happened, where and when?

There has been an alarming increase in the diphtheria in Nigeria since early 2023, which worsened in March. The suspected cases reported increased from 136 cases in Week 1 of 2023 to 253 cases by Week 4.

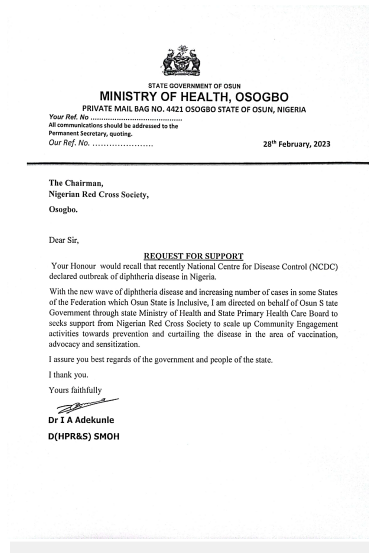
As of 2nd March 2023, Nigeria Centre for Disease Control (NCDC) recorded again further increase of the disease. In total of 733 suspected cases, including 89 deaths (CFR 12.3%) with children between the ages of 5 and 18 are the age group most afflicted. The overall case fatality rate is (12.3%). The World Health Organization (WHO) latest data received from ProMed, reported that 20 states are currently reported suspected cases in Nigeria, with the majority of cases reported from Kano (74%), Yobe (12%), Katsina (6%), Sokoto (2%), Enugu (1%), Ogun (1%), Osun (1%), Kaduna (1%), Lagos (1%), and Zamfara (1%) states. Osun and Lagos States have high cases of zero dose children who are at risk of diphtheria. This outbreak has been labelled as one of the most severe outbreaks of diphtheria in Nigeria in recent years.

Diphtheria is a disease that affects most people without the vaccine, and the NCDC reports that out of the suspected cases, only 27 (12.5%) out of 216 confirmed cases were fully vaccinated with a diphtheria toxin-containing vaccine. There have been laboratory-confirmed cases in addition to clinically suspected cases, and the NCDC is collaborating with state health departments and partners to improve surveillance and response to the outbreak. NCDC has been working with stakeholders to increase the awareness of the disease, however the cases continues to increase.

NCDC was first notified of suspected diphtheria cases in Kano and Lagos states on 01 December 2022. On 20 January

2023, the Nigeria Centre for Disease Control and Prevention (NCDC) officially declared the situation as an outbreak of Diphtheria cases in Lagos and Kano States, which were the first to confirm the outbreak. Diphtheria quickly spread to other states.

The National technical working group multi-partner, multi-sectoral Emergency Operations Centre (EOC) was activated to coordinate the response activities at all levels. With the alarming trend, Government asked for National States support for immunizations scale-up.



## Scope and Scale

Diphtheria is a severe bacterial infection that can affect a person's nose, throat, and occasionally skin. It is brought on by the bacterium *Corynebacterium* species. The people at the greatest risk of contracting diphtheria is among children and people who have not received any, or only a single dose of the vaccine (a diphtheria toxoid-containing vaccine). Residents of densely crowded places and unsanitary areas are also at risk of contracting the disease. Healthcare professionals, hospital frontline workers, and anyone who has come into contact with suspected or confirmed diphtheria cases are also at risk.

Trend of the outbreak and main figures since:

- On 1st January 2023, first cases were notified in Lagos and Kano, which are the starting point of the outbreak.
- 20th January 2023, the outbreak was declared officially and as of end of January, the cumulative situational report from NCDC indicates that from Epi-week 19 2022 – Epi-week 03 2023, a total of 253 suspected cases were reported as follow: Kano (169), Yobe (78), Lagos (5) and Osun (1) States. Considering that, it seems Lagos and Osun, even if lower now in the caseload, have drive the spread of the disease since the onset.

On the suspected cases reported, 111 (42.1%) were confirmed (8 lab confirmed & 103 clinically compatible), 18 (7.1%) were discarded, 40 (15.3%) are pending classification while 84 (33.2%) were unknown. Majority (91.9%) of the confirmed cases occurred in the 2 – 14 years age group. Also, a total of 22 deaths (CFR = 19.8%) were recorded among confirmed cases. Only 12 (10.8%) out of 111 confirmed cases were fully vaccinated with a diphtheria toxin-containing vaccine (DAT). This indicated that most of the affected persons with Diphtheria were not fully vaccinated with DAT.

- First week of March, ProMed, reported a total of 89 deaths recorded among all 733 suspected cases. Representing a case fatality rate of 12.3%. Out of the suspected cases, 313 cases were confirmed in the reports received in the first week of March 2023. Children aged 2-14 years account for 85.2% of confirmed cases. This shows an increase in deaths from 22 deaths first reported in January 2023 to 89 deaths in march 2023, hence the cases and mortality rate of diphtheria keeps increasing in Nigeria.

The outbreak has clearly been deteriorating and from technical analysis, this outbreak is the worst since a decade and may escalate again quickly. Especially with below described context including low testing, low and very low

vaccination coverage in many states, suspected unreported cases, high level of transmission risk in current affected areas.

- 20 states are reported cases and the most affected states include Kano (533, 74%), Yobe (86, 12%), Katsina (45, 6%), Sokoto (14, 2%) and Enugu (9, 1%).
- Only 43.2% of confirmed cases were fully vaccinated with a vaccine containing diphtheria toxin. This indicates that vaccination is important in the protection of diphtheria. Among the confirmed cases, only 10% of confirmed cases were reported vaccinated by end of January.
- The outbreak evolution seems to be a result of low vaccination. Based on latest information of NCDC, only 27 (12.5%) out of the confirmed cases were fully vaccinated with a diphtheria toxin-containing vaccine.
- Lack of testing capacity, low testing and accessibility challenges are factors which likely contribute to undermine the level of the disease.
- Osun and Lagos state having high cases of zero dose children. The same population being at high risk of diphtheria.

Due to insufficient testing equipment in country, the cases for Diphtheria are not diagnosed on time and reported comprehensively. This means that the response team are not updated regularly on the suspected and confirmed cases of Diphtheria. For example, NCDC has indicated at EOC meetings that they are facing challenges with availability of testing kits such as Extraction kits for diagnostics purposes. Many PCR and sample results returned inconclusive, causing more delay in testing, and publishing of epidemiological results. To note, according to the NCDC, many staff have not received adequate training on how to test for Diphtheria.

Zamfara State officially requested assistance from NRCS and NCDC which is currently working in Diphtheria response has shared the challenges and gaps where support is needed. All integrated to the need analysis and requiring community based actions to improve prevention, current immunization scaled-up.

In addition to above, ongoing issues in Nigeria such as Elections have also caused a huge delay in testing for Diphtheria as well as obtaining the cumulative figures. Gubernatorial elections are also coming up in the next few weeks. There remains huge concerns about many more unreported and undetected cases in some communities and hard-to-reach areas with poor access to testing and treatment.

## Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	<b>No</b>
Did it affect the same population groups?	<b>No</b>
Did the National Society respond?	<b>No</b>
Did the National Society request funding from DREF for that event(s)?	<b>No</b>
If yes, please specify which operations	-

### Lessons learned

To accommodate the needs of the state branch at the local level, the planning phase has gathered the expressed needs from the various branches involved to determine the operational needs of each of the local branch, and to encourage the inclusion of state branches in the development and execution of the project. Nigerian Red Cross Society (NRCS) has also built an operational strategy that is optimal and very precise to the outbreak response priority and needs are aligned with the request of each states local authorities.

IFRC Delegation engaged high management of NRCS to ensure delays in processing signature of the agreement is not experienced and the disbursement of funds to the National Society does not experience delays.

Frequent trainings on Epidemic control is highly required for state branch to increase their level of preparedness for emergency response and prevent further operational problems.

Furthermore, changes and updates in epidemiological data and trends will play an important role in the operational priorities and inform any changes in operational needs and plans. Therefore, a strong monitoring and reporting system is integrated to this response and will be set-up as from onset of the response. Community-based volunteers and staff at the branch must continue to receive training and information on any updates on situational reports and data.

## Current National Society Actions

<b>Health</b>	National Society has supported the state government in conducting active case search of Diphtheria in hard-to-reach areas and communities in the affected states. Community-based volunteers visit households and settlements in their communities and document any suspected cases of Diphtheria. Any discovery of suspected cases of Diphtheria is reported and referred to the primary health center, diagnostic centers, hospitals and state government.
<b>Coordination</b>	National society has been participating in the Emergency Operations coordination meetings with the required stakeholders and member of the state EOC. Stakeholders include, UNICEF, WHO, MSF, NPHCDA and NCDC. This meeting focuses and deliberates on the emergency response actions, plans and update of the diphtheria outbreak.
<b>National Society EOC</b>	<p>The Nigerian Red Cross Society has conducted emergency meetings with the state branches of the affected states to assess the situation and plan any necessary response actions. This includes providing the state branch with the necessary information on the NRCS response plan and how to engage with the state government in the Diphtheria outbreak.</p> <p>Being the country's largest volunteer-based organization with more than 800,000 volunteers countrywide, NRCS currently has 37 State branches which are active and further divided into Divisions at Local Government Area (LGA) level and detachments at community level. Each state branch of NRCS is managed by a Branch Secretary assisted by program coordinators, among them a health coordinator and PMER coordinator.</p> <p>Most volunteers and health staff have received training on epidemic control for volunteers (ECV), community-based health and first aid (CBHFA) and are equipped to respond to health emergencies at branch level, coordinating activities of members of the Health Action Teams (HAT). The health coordinators and their assistants provide support and active management of the core functions of the society at the divisions/Local Government Areas and the detachment levels, where the Health Action Teams (HATs) and the Mothers Clubs is the strength of the NRCS through their support in implementing the Health and Care programs at community levels.</p>

## Movement Partners Actions Related To The Current Event

The IFRC Operations and Health team is providing technical support to the NRCS team. The IFRC Cluster Delegation in Abuja supported the response

<b>IFRC</b>	<p>to emergency situations in the previous years, including yellow fever and cholera in 2020 and 2021 respectively. Moreover, the IFRC Abuja delegation has also supported the National Society in COVID-19 emergency response and vaccination, non polio immunization and measles vaccination and other health interventions. The IFRC Health and Care Officer, together with the NRCS Health coordinator and health Officer usually participate in the joint monitoring and field visit to the states in Nigeria to support the branch and volunteers during the implementation of the programmes such as social mobilization campaign and RCCE activities in those implementing states in Nigeria.</p> <p>Nigeria is currently experiencing a huge food insecurity crisis and IFRC has launched a Hunger Crisis Emergency Appeal and national level Flood response where several NRCS staff and volunteers are implementing across several states in the country.</p>
<b>ICRC</b>	<p>The ICRC has a country delegation in Abuja with three sub-delegations in Port Harcourt, Jos and Maiduguri and an office in Kano in support of areas affected by conflict and other situations of violence. However, ICRC is not currently or actively supporting the curtailment of the Diphtheria outbreak for now.</p>
<b>Participating National Societies</b>	<p>British Red Cross are currently active in disaster related programmes in the country. Also, there are a few health activities such as WASH that has been delivered by the British Red Cross to reduce the risk of diseases in the country.</p>

## Other Actors Actions Related To The Current Event

<b>Government has requested international assistance</b>	Yes
<b>National authorities</b>	<p>In March 2020, the Nigeria Centre for Disease Control (NCDC) received laboratory support from the UK Health Security Agency for testing of the diphtheria outbreak and other diseases. Despite this support, there has been a significant gap in the testing of Diphtheria cases as the number of cases continues to rise and there is a shortage of trained personnel who can conduct Diphtheria tests. Other forms of diphtheria, such as vaginal diphtheria in girls under the age of 14, have also been discovered during the process. As a result, more testing and case management are required to better diagnose, understand Diphtheria sampling and treatment. The NCDC has identified a lack of intensive care units as a major challenge in the treatment and prevention of diphtheria. Poor diphtheria vaccine coverage in areas with limited access to routine immunization has also contributed to the spread of diphtheria in some communities. Poor environmental sanitation conditions in high-burden communities is also a huge risk factor and lack of awareness of the disease.</p> <p>In December 2022, at the notification of the first cases, Rapid Response Teams (RRTs) were deployed to both states to confirm the outbreak and support response activities. Diphtheria outbreaks were confirmed in both states, and NCDC has been supporting response activities in both states.</p> <p>The National Primary Health Care Development Agency (NPHCDA) is currently supporting in reducing suspected cases of Diphtheria by supporting an intensification of the Routine Immunization to increase the uptake of vaccine and reduce the number of under vaccinated or zero dose vaccinated people with vaccines such as Diphtheria Antitoxin (DAT) and Pentavalent vaccine. This</p>

	vaccination campaign will reconvene in March 2023 and newly affected states and communities will be added to further reduce the spread of Diphtheria.
<b>UN or other actors</b>	<p>WHO is currently providing Diphtheria Antitoxins (DAT) in the country as requested by NCDC. WHO is also providing the laboratory testing kits such as PCR to NCDC laboratory to support and facilitate fast and efficient testing of samples of Diphtheria to produce definite results.</p> <p>UNICEF are supporting the NPHCDA in the routine immunization of children to reduce the number of unvaccinated children and zero dose children in Nigeria.</p> <p>Médecins sans frontières (MSF) is bolstering RCCE's technical assistance in disseminating crucial information on diphtheria in the affected communities as part of its efforts to combat the current diphtheria outbreak. To guarantee that the messages are effectively distributed and disseminated by the locally impacted areas, they (MSF) are designing the guidelines and media printing materials and resources for the messages and critical data on Diphtheria. Diphtheria cases, however, continue to rise.</p>

### **Are there major coordination mechanisms in place?**

The National Emergency Operations Centre (EOC) was activated in January 2023, following an increase in Diphtheria cases. The Emergency Operations Center (EOC) which is hosted at NCDC, is being coordinated in collaboration with the Federal Ministries of Health, Environment and Water Resources, National Primary Health Care Development Agency (NPHCDA), World Health Organization (WHO), IFRC, the NRCS and other implementing partners.

The National multi sectoral EOC activated at level 02, coordinated by NCDC has continued to work closely with all states, relevant stakeholders, and partners, to provide the necessary support for the prevention and control of Diphtheria in Nigeria.

NCDC is supporting states through deployment of rapid response teams, development and dissemination of National Guidelines for Diphtheria, deployment of PCR kits, to five states: Kastina, Kano, Osun, Yobe and Lagos with adequate laboratory testing of samples, case management, contract tracing, RCCE and partnering with stakeholders.

The National Primary Health care development agency (NPHCDA) are currently supporting in the reduce of suspected cases of Diphtheria by conducting an intensification of the Routine Immunization to increase the uptake of vaccine and reduce the number of under vaccine or zero dose vaccinated people with vaccines such as DAT and Pentavalent. This vaccination campaign will reconvene in March 2023 and newly affected states and communities will be added to further reduce the spread of Diphtheria.

Nigerian Red Cross and IFRC are currently part of the the Risk Communication and Community Engagement (RCCE) pillar where they aim to support in the social mobilization of people to increase of the uptake of DAT vaccines during the intensification of Routine Immunization (RI) in the affected states by the NPHCDA.

# Needs (Gaps) Identified



Diphtheria is easily transmitted from person to person through direct contact with infected people; droplets from coughing or sneezing; come into contact with contaminated clothing and objects and is then passed on to the person touching those contaminated items. Symptoms and signs typically appear 2-10 days after being exposed to the bacteria. Meaning that a person who is not vaccinated may have the disease of Diphtheria before showing any major symptoms and hence increasing the likelihood of infection and transmission of the diseases to others. Fever, runny nose, sore throat, cough, red eyes (conjunctivitis), and swelling of the neck are all symptoms of diphtheria. In severe cases, a thick gray or white patch appears on the tonsils and/or at the back of the throat, accompanied by difficulty breathing.

The Routine vaccination provided in country does not reach enough the population. Many people have not been vaccinated. It can be said that, there is a huge challenge in the population immunity gaps taking into account the the low vaccination coverage limited waning of immunity.

Vaccines are procured for the country though the National Primary Health Care Development Agency. It is important for pregnant women as it is used to prevent maternal and neonatal tetanus infection. However, Vaccination is highly recommended for everybody according to the NPHCDA immunization schedule including infants. Infants are expected to receive 3 doses of an anti-diphtheria containing vaccine at 6, 10 and 14 weeks of age. It also been reported that there is lack of availability of DAT and Tetanus Diphtheria (TD) vaccines, especially in the early stages of the Diphtheria. Hence treatment with vaccination is highly beneficial in the early treatment of Diphtheria. This is the Nigerian childhood immunization schedule recommendation. Unfortunately, according to a recent study by the National Immunization Coverage Survey 2021, at least 64% of Nigerian children between the ages of 12 and 23 months did not obtain all the required vaccinations in the previous five years. Forty-six (46) percent of children were reported to have only received a partial immunization between 2016 and 2021, according to the study from the 2021 Multiple Indicator Cluster Survey (MICS) and National Immunization Coverage Survey (NICS). According to Pro-Med and the International Society for Infectious Diseases, the recent Situational report for the reported cases of Diphtheria indicates that 85.2% of confirmed cases were accounted to be children aged between 2 to 14 years. Showing that the majority of the patients affected with Diphtheria are children and hence the focus and target group for this DREF.

Additionally, routine immunization services have not reached many communities especially in hard-to-reach areas. For instance, it has been reported that the global coverage rate for the third dose of the diphtheria, pertussis, and tetanus (DPT) vaccine increased by one percentage point between 2010 and 2019. This indicates that more action is required to administer vaccines to unvaccinated children and increase the immunization coverage in hard-to-reach communities that aren't fully immunized and, more importantly, to ensure that newly reached children receive the full dose of recommended vaccines. However, it is important to conduct more assessment and estimates of the prevalence of zero-dose children to obtain the clear picture of the severity of this issue in 2023.

Children and those who are malnourished are also at risk of contracting Diphtheria. Children who did not obtain any regular vaccinations are referred to as having a zero-dose prevalence. Children at risk of zero dose vaccination are children from poor families, marginalized communities, displaced people and children in IDP and refugee camps who have little to no access to immunization. It is important to ensure that children who have poor access to immunization are prioritized in Routine Immunization campaigns and activities to ensure that children who are not vaccinated move from having zero dose to becoming fully vaccinated. This is a key protective approach in reducing the risk of Diphtheria and other diseases. This Emergency response action aims to support the Nigerian government in reducing the number of zero dose children who are at risk of contracting the Diphtheria.

As the coordinating agency for disease outbreaks and emergency response, the NCDC has identified the following challenges and gaps in the national response to the outbreak:

- Difficulty in accessing some communities due to security concerns

- Poor latrines and toilets with good sanitary conditions
- Lack of potable drinking water in some rural areas and urban slums and sheltered communities
- Inadequate vaccines to cover all LGAs, wards and settlements
- Inadequate health facility and diagnostics centres for management of patients
- Health professionals and front line workers not vaccinated or under vaccinated
- Lack of trained professionals for Diphtheria outbreak, detection, investigation, and management
- Poor and inconsistent reporting from states.

The health care system is currently experiencing so many different types of industrial action and strike by resident doctors which started 2nd August 2021 and ongoing in some states in Nigeria. Many hospitals are experiencing poor staffing levels and shortages of health professionals and affecting the quality of care they provide to patients and members of the public. Most of these gaps in health care and public health crisis are being linked to poor communities engagement, poor environmental conditions, poor communication of public health messages and low vaccination coverage.

Therefore, this DREF operation aims to bridge some of the gaps in responding timely to outbreaks and perhaps reduce the burden within the state government and ultimately reduce the cases of Diphtheria.



## **Water, Sanitation And Hygiene**

Hand hygiene should be practiced on a regular basis, particularly before touching the mouth, nose, or eyes to prevent the spread of Diphtheria.

As Diphtheria can be caused through coughs and sneezes, and close contact with an infected person, it is important to practice good hygiene. For instance, handwashing must be practiced when touching public installations such as door knobs, table surfaces, etc.; or when hands are contaminated by respiratory secretion after coughing or sneezing. Practices such as improper waste disposal and open defecation endanger the safety of drinking and personal water supplies.

It is therefore critical that communities strengthen hygiene practices during diphtheria outbreaks, particularly hand and respiratory hygiene and that sick children avoid gathering with other children until they have recovered and avoid sharing utensils / toys, etc. with other children unless disinfected.

# **Operational Strategy**

## **Overall objective of the operation**

This emergency response operation aims to support the Nigerian Government with reducing the impact of Diphtheria on affected and at-risk communities through risk communication, epidemic control activities, surveillance, referrals, and hygiene promotion, targeting 1,585,080 people directly and indirectly. The operational timeframe will be four (4) months.

The operation also aims to:

- Reduce the case fatality rate
- Reduce/stop the disease from spreading to neighbouring States, and
- Support the state government by ensuring the outbreak can be controlled by the healthcare system.

## **Operation strategy rationale**

The aim of this emergency response is to support the Nigerian government in reducing suspected and confirmed cases of Diphtheria for at least 1,585,080 (direct and indirect) number of people representing approximately 3% of population in Kano, Lagos, Kastina and Osun states of Nigeria. The goal of this operation is to also reduce the spread and impact of the diphtheria disease on the affected and at-risk communities through risk communication, epidemic control activities, surveillance, referrals and hygiene promotion. Operational timeframe will last four months to end in July 2023. The operation will also support the state government in the early detection and referral of any cases to designated treatment centres whilst carrying out its community based activities:

1. Support social mobilization of the Intensification of routine Immunization campaigns in targeted states;
2. Contribute to reducing the risk of contracting Diphtheria through RCCE and behavioral change activities focusing on safe water, sanitation, and the promotion of safe hygiene practices for communities at risk;
3. Strengthen NRCS partnership with National and local stakeholders, by establishing linkages, referrals, and IPC and case management;
4. Support the families affected by Diphtheria and other most vulnerable families with hygiene promotion activities;
5. Increase the emergency preparedness capacity of the NRCS in the prevention of Diphtheria and vaccine preventable diseases.

The main action is aimed at reducing the suffering of the affected, their families, and the communities at large through 5 main strategies:

1. Risk Communication, Community Engagement, and Routine Immunization
2. Active case search of suspected cases of diphtheria
3. Door-to-door sensitization and mobilization of eligible persons for vaccination
4. Intensify vaccination and deploy vaccination teams to high zero dose communities
5. Conduct road show and vaccination campaigns around high zero dose communities
6. Community Stakeholders meeting and targeted advocacy
7. Promote community hygiene behavior to reduce transmission of the disease.

Considering the vaccination situation explained previously, the Priority for NCDC is strengthening routine immunization with the NPHCDA, reactive campaigns now while exploring data on waning immunity, etc. to determine need for routine vaccination boosting. Integrated RI (Routine Immunization) intensification covers the children less than 4 years of age and those 4 -14 years including health workers in high burden LGAs are being covered by an outbreak response with the provision of Tetanus Diphtheria (TD) vaccine to prevent Diphtheria in those communities. The Diphtheria in TD is very small because it is a fraction of it provided with the Tetanus vaccine. Thus, it is used for boosters. This and all of these actions will be started and continued this month by the ministry of health in its efforts to stop the spread of Diphtheria and improve vaccination coverage in hard to reach areas. IFRC and NRCS aim to support this intervention by the government through social mobilization activities, RCCE and other health related activities carried out by trained members and community based volunteers. This community based volunteers will receive adequate training on Epidemic control of Diseases (Diphtheria in this case) and community based approaches to increasing the uptake of full immunisation for at risk communities in the targeted states.

## Targeting Strategy

### Who will be targeted through this operation?

The overall targeted people will be a representation of at least 3% of the population in Kano, Kastina, Lagos and Osun states of Nigeria for the Diphtheria outbreak.

The National Society targeting follows NCDC immunization plan, request from Osun state and also the analysis of caseload and vaccination rate. Those are the parameters analyzed to target the states. Kano and Katsina being part of the highest affected states; Lagos and Osun have the lowest vaccination rate following information from NCDC. All the 4 being part of the scale-up vaccination campaign started by Government. Osun states authorities also requested specific support. These 4 states are all facing same challenges mentioned under the needs analysis section and identified by Government to be supported.

The overall national lowest vaccination is also a common parameter. Hence, in addition to the reported cases of

Diphtheria in these states, there is a significant risk of children who have not been vaccinated and live in remote communities where health care and vaccination may be difficult to obtain. The NRCS will focus on assisting people who are vulnerable and at risk of the Diphtheria disease, and people living in sheltered communities and hard to reach people with the extended available community-based volunteers across the targeted states.

Specific consideration will be for:

- LGAs recording cases and highest caseload as a priority
- Children age from 0 to 15 years and age 16 years and above
- Women (including pregnant women)
- Adults age 18 years and over especially people who are not vaccinated and not fully vaccinated with DAT
- Elderly people aged 60 years and above who are likely to have immune deficiency.
- Population with weakened immune systems
- Person living with disability (Who may be at risk of not accessing health care and not getting vaccinated)
- Zero Dose children

The above criteria, especially families whose members have weakened immune systems in the communities where cases have already been recorded will be target specially for the hygiene promotion component of this response. Around 12,000 people (2,000 HH) will be specifically targeted for distribution in the areas with highest cases in the targeted states.

All field volunteers activities will reach at least 50% of the current overall target, estimation of the highest at risk, surrounding communities where cases have already been recorded and population with the above criteria in those communities.

A total of 1,585,080 people will be targeted in the 4 states, mass media coverage being able to reach that target during the 4-month operation with engagement of audio-visual media planned.

**Explain the selection criteria for the targeted population**

Priority will be placed on Zero dose and under vaccinated children and children aged 0 to 14 years, following the analysis provided under the “needs section” which indicate that these people are the most at risk, with the situational report indicating 85.2% of confirmed cases were children between 2 to 14 years of age. Adults aged 15 years and over, especially those who have not been vaccinated will also be targeted.

## Total Targeted Population

Women:	305,080	Rural %	Urban %
Girls (under 18):	400,000	%	%
Men:	300,000	People with disabilities (estimated %)	
Boys (under 18):	580,000	%	
Total targeted population:	1,585,080		

## Risk and security considerations

Please indicate about potential operational risk for this operations and mitigation actions	
Risk	Mitigation action
Current Operations	Many NRCS operational staff members are now on the ground as a result of the ongoing Hunger Crisis Emergency Appeal and the national flood response. Some

	of them are working on other projects to support the ongoing interventions in the states. Under the overall supervision of the Assistant Coordinator, Health & Care Department, NRCS will deploy members from her team of trained National Disaster Response Teams members (NDRTs) to the branches to work closely with the Health Action Teams to fill the gap in coordination and monitoring and ensure efficient service delivery in supported branches.
Safety	To mitigate the risk of infection, volunteers will be advised to strictly adhere to safety practices and and take the Diphtheria vaccines to reduce to chances of getting seriously ill. NRCS will also provide the volunteers with face masks, hand sanitizers and other disinfectants to minimise chances of infection.
Insecurity	There are also issues of insecurity and escalating violence in the targeted states and throughout the country. As a result, the safety of employees and volunteers has become a major operational challenge that must be closely monitored. To identify and avoid potential risks, NRCS will rely on the security assessment report and regular security reports and briefings from the NRCS/IFRC security teams. Volunteers and staff will also be trained and retrained on the Safer Access framework and security precautions.


**Please indicate any security and safety concerns for this operation**


Nigerian Elections: The Independent National Electoral Commission has announced the postponement of the Gubernatorial Elections, which were previously scheduled for 11 March 2023. This mostly created an uncertain tension in the country as to if indeed the election will go ahead and if any post election violence will occur. Therefore, IFRC security officers are currently providing guidance and support the IFRC West Africa cluster office to mitigate any risk of danger to its staff. Hence, Minimum security requirements and safety guidance are always observed at all times by all IFRC staff in Nigeria and West Coast Cluster office.

**Change of Government and Administration:**


Upon conclusion of the Nigerian elections, there is likelihood of a change in government and an update to the ministerial cabinet, governors, house of representatives and, national and state house of assembly. This may have an impact on current policy, programs, and actions at ministries, national and state governments, and immunization campaigns and other operations within the country.

# Planned Intervention

	Water, Sanitation And Hygiene	Budget	CHF 85,148
		Targeted Persons	792500
Indicators		Target	
Number of people reached with hygiene promotion messages		1585080	
Number of families reached with household disinfectants		2000	
Number of volunteers engaged in hygiene promotion		500	
Priority Actions:		<div>- Reduce the contraction of infectious diseases through hygiene promotion interventions in households and communities. The intervention will only focus on and support families who have been directly affected by Diphtheria, as identified by the health care centers. Once diagnosed with Diphtheria, patients are advised to practice good hygiene to prevent infection from spreading to other households, settlements, and communities.</div> <div>- Provide households with children with Diphtheria with targeted hygiene promotion messages and support through household disinfectants to limit the spread of the disease (1 bottle of 1 L per HH)</div> <div>- Trained NRCS volunteers will raise community awareness and sensitization about Diphtheria prevention and treatment, with a focus on hand washing with soap and respiratory hygiene through house-to-house visits, community group discussions, sensitization at markets and other meeting points using a mobile cinema and distribution of IEC materials with key messages on the prevention and control of Diphtheria.</div>	


	Community Engagement And Accountability	Budget	CHF 10,972
		Targeted Persons	792500
Indicators		Target	
Number of community influencers reached		500	
Number of feedback received LGA		50	

Number of press briefings conducted	3
Number of people reached with messages on Diphtheria through media	792500
<b>Priority Actions:</b>	<p>NRCS will work closely with the community leaders and representations of different groups (women, youth, transport unions, healthcare workers, traditional healers, etc.) to select households that are most prone to Diphtheria, which includes but not limited to pregnant/lactating mothers, elderly, People with Disability (PWD), people displaced due to insecurity, Child headed family, Orphans and Vulnerable Children (OVC), families with recorded case(s) of Diphtheria.</p> <p>At least 50% of the current overall target are planned to be reached with the RCCE actions. Being the mothers with 0 to 14 years old infant not vaccinated, elderly, highest at risk population. •</p>

	Protection, Gender And Inclusion	Budget	CHF 2,280
		Targeted Persons	792500
Indicators		Target	
Number of persons living with disability reached on RCCE on Diphtheria		350000	
Number of people receiving psychosocial support for Diphtheria		12000	
Priority Actions:		PGI will be mainstreamed throughout the intervention to ensure communities dignity, access, participation and safety. As part of the needs assessment and analysis, a gender and diversity analysis will be included in sector responses including health and hygiene promotion. All sectors will seek to meet the IFRC Minimum Standards on Protection, Gender and Inclusion in Emergencies  Acknowledging that women, girls, men and boys with diverse ages, disabilities and backgrounds have very different needs, risk and coping strategies, the operation will pay particular attention to protection and inclusion of vulnerable groups and on gender and diversity analysis.	

	National Society Strengthening	Budget	CHF 43,169
		Targeted Persons	505
Indicators		Target	
Number of branch staff participated in operation		15	

Number of NDRTs deployed	5
Number of community based volunteers trained and mobilised	500
Number of branches supported with training and capacity	4
<b>Priority Actions:</b>	<ul style="list-style-type: none"> <li>• Both Branches staff and volunteers will receive capacity strengthening in required sectors and also briefings on community engagement and adapted messages to ensure sensitivity is considered in their various actions.</li> <li>• 500 community based volunteers will be trained and mobilized</li> <li>• Programme staff in the Health and Care department at the NRCS will participate in the implementation of this emergency response.</li> <li>• NRCS will require support from 5 NDRTs during the implementation of the operation. These NDRT members will be deployed to support the states, reporting directly to the Assistant Coordinator, Health &amp; Care, who in turn reports to the Head of Health department of the National Society. The cost for these local surge members (NDRTs) will be covered by the operation.</li> <li>• The Branch Health Coordinator will oversee the activities of this operation in the branches under the supervision of the Branch Secretary in each state. The cost for these 10 persons will be included to the operation for overall timeframe.</li> <li>• NHQ monitoring will involve 12 missions in total for technical health, operational and support services (finance and communication support).</li> </ul>

	<b>Secretariat Services</b>	<b>Budget</b>	CHF 19,085
		<b>Targeted Persons</b>	10
<b>Indicators</b>	<b>Target</b>		
Number of lesson learnt workshop completed	2		
Number of monitoring activities completed	5		
Number of IFRC staff supporting NS	10		
	<p>The NRCS has an Administration and Finance department that ensures proper management and use of resources. The administrative and financial procedures are in line with the NRCS' quality control procedures, and they will support all actions included in the National Society's humanitarian mission, ensuring transparency and adequate accountability. The Finance department will be closely involved in supporting the operation with a mission planned as described under PMER section. Furthermore, the IFRC's in-country office will also support the administrative and financial management processes and provide support to ensure</p>		

**Priority Actions:**

compliance with established quality standards.

Prior to the implementation, the NRCS will sign a Memorandum of Understanding (MoU) with the IFRC, specifying the outcomes, timeline, budget, reporting requirements, and compliances). Per diems to volunteers will be made through bank transfers to minimize handling of cash.

A finance and logistics officer will be required to support the operation. Further support might be required from Movement partners when appropriate. All the items required for the operation will be procured locally by the NRCS, in accordance with the agreed IFRC logistics standards. IFRC Local Logistic Officer will support the NS in the procurement process in respect of IFRC policy.

From the IFRC, the main staff providing technical support to the Nigerian Red Cross society are: The IFRC Health and care Officer, IFRC operations coordinator, program assistant, senior communications Officers, Senior Planning, monitoring, Evaluation reporting officer (PMER) and Senior CEA focal person. A mission of Regional coordinator public health.

**Health****Budget**

CHF 194,514

**Targeted Persons**

1585080

**Indicators****Target**

Number of volunteers supporting routine immunization campaign

500

Number of interactive radio shows broadcast

30

Number of volunteers trained on RCCE and ECV

500

Number of community of stakeholder meetings held

20

Number of people reached (Indirect) with awareness messages on Diphtheria

1580000

Number of volunteers participating in Active case search and case management

500

The main actions to be implemented under this section will be health education, with support of risk communication and community engagement (RCCE) methodologies. As such, all response activities will be implemented at the community level and will be participatory. They will involve the religious / traditional leaders, women groups, schools, youth groups, community healthcare workers, trade and transport workers, etc., to work in close cooperation with the community. These are also important partners

when it comes to identifying the most vulnerable groups and conducting advocacy work in the communities. The communities at large shall benefit from the operation through Red Cross volunteers from the local branches and community level because of their knowledge of the culture and tradition of the community people.

Activities include:

- Conduct EPIC training with CBHFA (immunization module in particular), epidemic control for volunteers (ECV) and community-based surveillance (CBS) capacity building for community volunteers. The training modules will include modules which cover the presence of key vaccine preventable diseases (not limited to Diphtheria, but including the other diseases whose antigens are included in the Pentavalent vaccine together with Diphtheria, particularly whooping cough and tetanus, as well as measles – not included in the Pentavalent but likely to have low coverage as part of routine immunization)

- Support the referral of children to health centers and outreach immunization services, including task shifting roles of volunteers in outreach services, if feasible, especially for zero dose children

- Implement risk communication and community engagement (RCCE) in communities to stimulate access to outreach vaccination services, provide messages on prevention of spreading of vaccine preventable diseases in case of infected children in the communities (including hands and respiratory hygiene), activation of rumours monitoring around vaccine preventable diseases and vaccinations

#### **Priority Actions:**

- Conduct one national level refresher session on ECV modules including community disease surveillance activities, community case definition of Diphtheria and referrals, RCCE ,WASH, and social mobilization for routine vaccination campaigns for 15 branch people (one branch secretary, health focal point and PMER officer per state) to support cascading trainings of volunteers across the six targeted states.

- Mobilize and train Health Action Teams (HAT) and Mothers' Club (MC) members on ECV, RCCE and social mobilization for Routine Immunization campaign, and hygiene promotion activities. They will work as volunteers throughout the operation and will receive the training on how to carry out the activities and support from their branch. Hygiene actions and masks utilization will be implemented so that the mothers group does not become an amplifier event for the spread of Diphtheria.

- Deploy 160 HAT and MC members across targeted states to share useful tips and information to households on Diphtheria prevention awareness and hygiene promotion through mass awareness campaigns and also support with social mobilization during Routine Immunization campaigns organized by the government. In the Northern communities where male volunteers are not allowed in the households due to cultural and traditional restrictions. Mother's clubs will be used to provide access to the compounds. They will be deployed for four months. To note NRCS

provides incentives for volunteers on operations at a monthly rate for cost efficiency.

- Conduct monthly community meetings to engage stakeholders across 5 targeted states. Key stakeholder groups and opinion leaders (taxi drivers, health workers, religious leaders, traditional birth attendants, community leaders and teachers) will be targeted as change agents for RCCE and health promotional activities.

- Conduct radio shows to dispel rumours, reduce fear, raise awareness on the transmission roots and prevention methods. Red Cross volunteers will respond to questions and document feedbacks during engagements with the public /community. Through the various identified and trusted communication channels by the NCDC, radio jingles and house-to-house approach were both found to be more effective in the response to Covid-19 pandemic and endemic diseases and outbreaks. Therefore, the operational team will ensure that timely, accurate and appropriate information is passed to targeted beneficiaries and that community participation is promoted and ensured in all activities. A guest speaker from the NCDC or Ministry of Health will be invited to the show to provide technical guidance and responses to listeners. Feedback received through the feedback communication channels and radio shows will also contribute to topics to present on the live call-in radio sessions. NRCS Health and Communication/CEA teams will coordinate and anchor the radio shows in the states.

- Conduct mobile messaging (baba ijebu) twice a month across five targeted states for 4 months, to support awareness and dispelling rumours.

- NRCS will build on the existing feedback mechanisms (community meetings and NRCS toll-free lines) to document community beliefs, fears, questions, and suggestions in each state. Feedbacks collected will be actioned on a real-time and weekly basis, while a monthly report will be shared with the Health Department for onward transmission to the Movement partners, NCDC and other stakeholders to inform decision making and address concerns and misconceptions. In the communities, the feedback collected will be shared with community members to refine the health information and activities to better address the needs and concerns in the community. It will also enable conversation with communities and will help volunteers and the NS to provide relevant and tailored messages in the community. Actions taken to address the concerns and needs of the community will be communicated back to the community members, to promote accountability and build trust.

Produce Information, Education and Communication (IEC) materials and disseminate during the awareness exercises, with consideration for people with identified impairments or disabilities.

# About Support Services

## **How many staff and volunteers will be involved in this operation. Briefly describe their role.**

- A total of 500 volunteers (including Divisional secretaries) will be deployed to support implementation of activities. The cost for their incentives will be covered at a monthly rate, throughout the intervention.
- Divisional Secretaries at the LGA level will coordinate all volunteer activities and provide immediate technical and operational support to the volunteers. All necessary protective equipment will be provided to them as necessary.
- 15 branch staff participated in operation will be mobilized and deployed to ensure supervision and field monitoring
- 5 NDRTs deployed will reinforce technical aspect and have the oversight of the branches technical supervisions and reporting to the HQ.

## **If there is procurement, will it be done by National Society or IFRC?**

Procurement of PPEs and Hygiene Kits for WASH activities will be done NRCS with support to be provided by IFRC as needed.

## **How will this operation be monitored?**

The IFRC Health and care Officer, together with the program assistant, senior communications Officers, Senior Planning, monitoring, Evaluation reporting officer (PMER) and Senior CEA focal person would provide technical support to the National Society at all stages of the operation. The cost of the monitoring visits will be covered by the operation.

Supervision of the project will be done at all levels and at the three stages of implementation: training, sensitization and public awareness and distribution. The project will be coordinated at the National level by the Assistant Coordinator, Health, under the supervision of the National Health Coordinator.

At the branch level, the Branch Secretary will ensure field coordination and monitor the implementation of the project, overseeing the activities of the HATs/Mothers' club, assisted by the Branch Health coordinator, who will support the activities at both community and divisional level, reporting to the Branch Secretary who in turn reports to the Project Manager. At community level, a volunteer supervisor will be appointed in each project community to oversee the project activities in the community. The volunteer supervisors shall be responsible for volunteer identification, mobilization and deployment, community mobilization and registration, linkages with community/traditional leaders and health facilities.

Reporting will involve daily record keeping of all activities carried out by the Community-Based Volunteers (CBVs) and the submission of the reports to the Branch Health Officers who will in turn collate and forward to the NHQ through the Branch Secretary. The Branch Secretary and team will conduct weekly monitoring visits to the volunteers who are working at community level. The NDRT members will work closely with the Branch Secretary to ensure that the operation is effective and efficient.

At HQ level, monthly visits will be made by the operational teams to provide on the spot check to the team on the ground. Five monitoring visits will be conducted by NRCS NHQ staff including Head of health unit, deputy head of health unit, PMER officer, finance officer, and Logistics officer. The health staff will each conduct one mission to ensure smooth implementation and redirect operation as necessary. The finance and logistics staff will ensure that procedures are respected in their various fields and support procurement process. The PMER officer will ensure data is collected to facilitate reporting as necessary. The finance and logistics staff will ensure that procedures are respected in their various fields and support procurement process.

A lesson learnt workshop will be held before the end of the operation to discuss good practices, challenges, and other experiences.

## **Please briefly explain the National Societies communication strategy for this operation.**

With technical support from IFRC, NRCS will share information on the operation with the media, government, and partners. The Secretary General will be responsible for communication to the external stakeholders. At the operational level, NRCS Communications Department will organize a press briefing to provide information on the

DREF and NRCS support to Government effort.

The health department will work closely with communications team to promote NRCS activities on social media using the NRCS official social media handles. NS contribution to overall containment and reduction of Diphtheria will be produced to support visibility of the NS will be produced in a format of a documentary. As such, two NS communication officers will be deployed across 5 states to support on recording necessary content for this production. The Communication officers will be working with the state branch communication officer to ensure that local testimonials are captured at the community level.

# Budget Overview



## DREF OPERATION

### MDRNG037 - Nigeria Red Cross Diphtheria Outbreak

#### Operating Budget

<b>Planned Operations</b>	<b>292,915</b>
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	194,514
Water, Sanitation & Hygiene	85,148
Protection, Gender and Inclusion	2,280
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	10,972
Environmental Sustainability	0
<b>Enabling Approaches</b>	<b>62,254</b>
Coordination and Partnerships	0
Secretariat Services	19,085
National Society Strengthening	43,169
<b>TOTAL BUDGET</b>	<b>355,168</b>

*all amounts in Swiss Francs (CHF)*

# Contact Information

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

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- **IFRC Appeal Manager:** Bhupinder Tomar, Head of delegation Abuja, bhupinder.tomar@ifrc.org

- **IFRC Project Manager:**

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[Click here for the reference](#)