



Red cross volunteer at a community in Lagos Mainland conducting RCCE activities

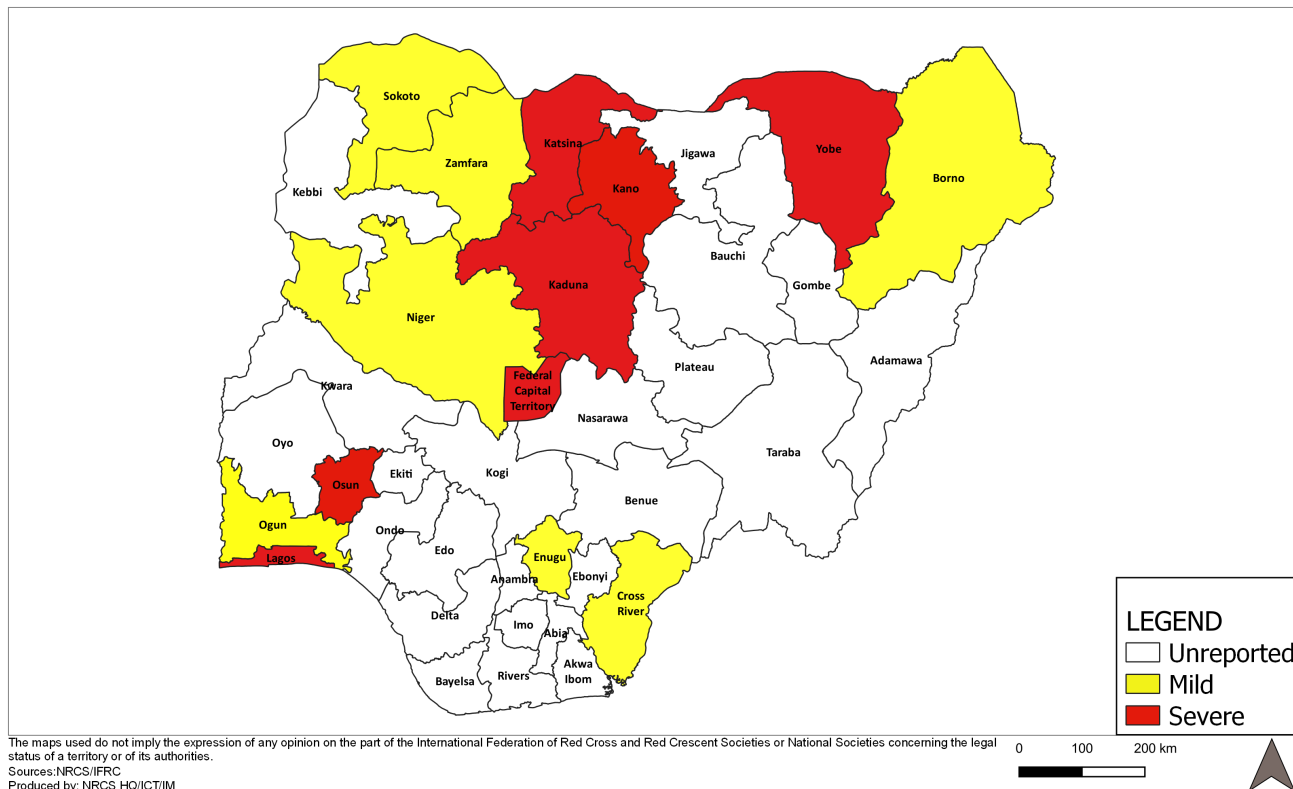
Appeal: MDRNG037	Total DREF Allocation CHF 430,654	Crisis Category: Yellow	Hazard: Epidemic
Glide Number: EP-2023-000034-NGA	People Affected: 1,585,080 people	People Targeted: 1,585,080 people	
Event Onset: Slow	Operation Start Date: 2023-03-14	New Operational end date: 2023-09-30	Total operating timeframe: 6 months
Additional Allocation Re- quested 75,486	Targeted Areas:	Federal Capital Territory, Kaduna, Kano, Katsina, La- gos, Osun	

Description of the Event



Map of Nigeria

States Showing Affected cases of Diphtheria Spread (Updated)
25/7/2023



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

What happened, where and when?

The Diphtheria outbreak continues to pose a huge threat to at risk communities in Nigeria. This deadly disease which began in December 2022 and into the early 2023 has been spreading to other states as reported by the NCDC in the last SITREP of 7 July 2023.

Since week 1 of 2023, the outbreak has been at least 70% concentrated in Kano state. Followed by Yobe (12%), Katsina (6%), Sokoto (2%), Enugu (1%), Ogun (1%), Osun (1%), Kaduna (1%), Lagos (1%), and Zamfara (1%) states. Since June and especially from early July, FCT and Cross River has also reported cases.

The main concern of the Diphtheria outbreak in these areas are still the same as initially highlighted: the immunization is very low, and poor uptake of routine immunization is one of the major causes of the disease.

FCT has now reported cases of diphtheria, and due to its large or diverse demographic and busy economic activity or situation, with large clustered communities, sheltered housing areas, and a high population, FCT remains at risk of transmission and the spread or duplication of the disease may spiral quickly if actions are not properly taken. Also, there has also been recent surge of diphtheria cases in new LGAs in previously affected states.

In June 2023, there was 439 suspected cases reported from Kano (420), FCT (17), Osun (1) and Lagos (1) states. Out Of the 439 suspected cases reported, 160 (36.5%) were confirmed. This shows that the cases are still spreading, and continuous public health actions is required to curb the spread of Diphtheria to other states and people.

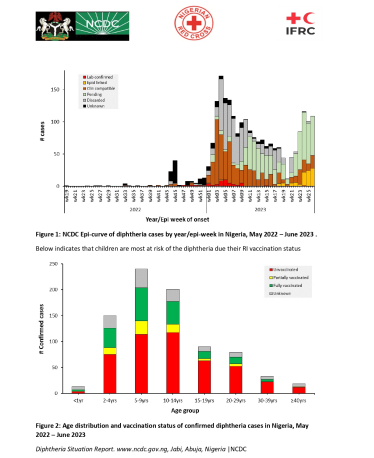
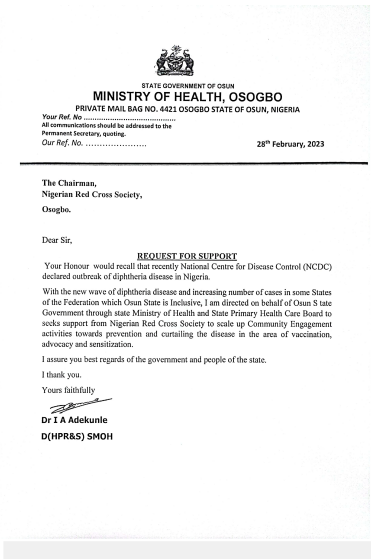


A total of 8 states have confirmed cases of Diphtheria and a total of 83 deaths were recorded among all confirmed cases (CFR: 9.9%). Kano (2,171), Yobe (95), Katsina (61), Lagos (29), FCT (22), Sokoto (14) & Zamfara (13) accounted for 98.0% of suspected cases and Kaduna with an alarming trend.

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 continue 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 with Diphtheria cases in Lagos and Kano States, which were the first to confirm the outbreak. Diphtheria has now quickly spread to other states such as Kaduna, FCT, Cross River and other local government areas in the already affected states.

Therefore, this operational update provides an overview of the Diphtheria outbreak in Nigeria and the Emergency response action by the Nigerian Red Cross Society.



Diphtheria NCDC SitRep Data

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.

From technical analysis, this outbreak is the worst since a decade and may escalate again quickly. Especially with the context of poor testing, and very low vaccination against Vaccine Preventable Disease (VPD) in the country, hard to reach communities are most at risk. Also, suspected unreported cases are slowly reported and slow data consolidation at the NCDC and can be noted as well as high level of transmission in marginalized communities.

As reported by NCDC report on 7 July 2023, there is a cumulative 2,455 suspected cases reported from 24 states but with 7 main hotspots accounting for 98.0% of suspected cases. Kano (2,171), Yobe (95), Katsina (61), Lagos (29), FCT (22), Sokoto (14), & Zamfara (13).

- Kano has always cumulated 74 to 75% of the caseload and fatalities of the outbreak, making it the worst hit areas by the disease.
- There has been more increase on cases in the initial affected states with new LGA affected. From 24 LGA affected in March to 33 LGAs now reported cases as of July 2023.



- The confirmed cases are now distributed across 33 LGAs in eight (8) States. Kano, Yobe, Osun, Kaduna, Katsina, Lagos, FCT, Sokoto, & Zamfara .
- Majority (589 being 71.5%) of the confirmed cases occurred among children aged 2 – 14 years.
- Of the 2,455 suspected cases reported, 836 (34.1%) were confirmed. 53 lab confirmed; 101 epi linked; 682 clinically compatible. 632 (25.7%) were discarded, 731 (29.8%) are pending classification & 256 (10.4%) are unknown.
- A total of 83 deaths were recorded among all confirmed cases (CFR: 9.9%)
- Only 181 (21.7%) out of 836 confirmed cases were fully vaccinated with a diphtheria toxin-containing vaccine. Osun and Lagos States have high number of zero dose children who are at risk of diphtheria- or at risk of other vaccine preventable diseases (VPD). The overall vaccination coverage in Nigeria and those targeted states is still low since 2022 and main hotspot areas of the Diphtheria outbreak count among the highest unvaccinated population. Therefore, it can be said that poor vaccination and incomplete vaccination schedule amongst at risk population remains a huge problem.
- During the month of Jul and until 25 July, data reported from branches present Kaduna caseload in an alarming trend.

As of June 2023, and according to the NCDC Situational reports, A total of 439 suspected cases were reported from Kano (420), FCT (17), Osun (1) and Lagos (1) states. Out Of the 439 suspected cases reported, 160 (36.5%) were confirmed (1 lab confirmed; 80 epidemiologically [epid] linked; 79 clinically compatible), 3 (0.7%) were discarded, 275 (62.6%) are pending classification & 1 (0.2%) was unknown. A total of 8 states have confirmed cases of Diphtheria.

The risk of Diphtheria on children is still needed for further actions. According to NCDC, of the 2,455 suspected cases reported from 24 states, 836 (34.1%) were confirmed. The confirmed cases were distributed across 33 LGAs in eight (8) States. Majority (589 [71.5%]) of the confirmed cases occurred among children aged 2 – 14 years. Trend of the outbreak and main figures are provided below. Details of caseload repartition per group and year from 2022 to March 2023 are provided in the operation plan launched on 14 March 2023.

- On 1st January 2023, first cases were notified in Lagos and Kano, which were the starting point of the outbreak. 20th January 2023, the outbreak was declared officially by the MOH/Government.
 - January 2023, a total of 253 suspected cases were reported according to the NCDC situational report from Epi-week 19 of 2022 to Epi-week 03 of 2023. Caseload were as follows: Kano (169), Yobe (78), Lagos (5) and Osun (1) States.
 - As of March 2023: 20 states reported cases and the most affected states include Kano (533, 74%), Yobe (86, 12%), Katsina (45, 6%), Sokoto (14, 2%) and Enugu (9, 1%).
 - In April 2023, NCDC reported new suspected cases in Cross River (01 case by end of April) and increased cases in initial hotspots. The NCDC SITAware for EPI Week 16, shows 73 deaths from 530 confirmed cases and 1,359 suspected cases.
 - In May 2023, cumulatively a total of 2,006 suspected cases were reported from 23 states.
 - Suspected cases repartition were as follows: Kano (1,747), Yobe (95), Katsina (61), Lagos (27), Sokoto (14) & Zamfara (13) accounted for 97.6% of suspected cases.
 - 672 (33.5% of total suspected) were confirmed (52 lab confirmed; 20 epid linked; 600 clinically compatible), 487 (24.3%) were discarded, 575 (28.7%) are pending classification & 272 (13.6%) are unknown.
 - The confirmed cases were distributed across 33 LGAs in seven (7) States. Majority [491 (73.1%)] of the confirmed cases occurred among children aged 2 – 14 years.
 - A total of 73 deaths were recorded among all confirmed cases (CFR: 10.9%). Only 144 (21.4%) out of 672 confirmed cases were fully vaccinated with a diphtheria toxin-containing vaccine.
- Therefore, it is important to continue this emergency response as DREF by the Nigerian Red Cross society as 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.

Summary of changes

Are you changing the timeframe of the operation	Yes
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Are you changing the operational strategy	No
Are you changing the target population of the operation	No
Are you changing the geographical location	Yes
Are you making changes to the budget	Yes
Is this a request for a second allocation	Yes
Has the forecasted event materialize?	No

Please explain the summary of changes and justification

This update is to inform the stakeholders on the achievements since the launch of the operation and expand the actions of the NS on supporting the Ministry of Health (MoH) response in the updated context, with the inclusion of new affected areas. This includes a second allocation of CHF 75,486 and extension of 2 months to cover for those changes.

This update comes after situational changes of the outbreak in couple of states. From June 2023 to 7 July 2023, new cases have been reported in FCT (22 suspected, 1 confirmed case death), Kaduna (6 suspected cases, 1 confirmed), Cross River (1 suspected case, 1 confirmed). Furthermore, there have been new LGA hotspot in Katsina (Karfur LGA) to take into consideration. In total, the outbreak spread from 733 suspected cases cases 2nd March 2023 to 2,455 suspected cases and 836 confirmed cases (34.1%) in 7th July 2023. 83 deaths reported by Nigeria Centre for Disease Control (NCDC).

The NS will extend the support to the vaccination campaign/activities by the MOH/state health facilities, RCCE activities and sensitization of at risk groups on Diphtheria in new affected states being Kaduna and FCT and extend the activities to 15 new LGA in Kano, Katsina, Lagos, Osun.

The changes include:

- Operation now targets 5 states and the FCT. New areas: Federal Capital Territory (FCT) being an economical corner, Kaduna states with daily increased of cases and 15 new LGAs in the initial 4 targeted states (Kano, Katsina, Lagos, Osun). All experiencing an increase of cases that the gap in reports consolidation by NCDC could cover more. In total, 2.6K suspected cases were reported as of 7 July by NCDC, more than four hundred in June only.
- NRCS wish to allocate additional fund to intensify some activities for the next 2 months: RCCE activities, sensitization door to door and mass media; social mobilization of most at risk groups. Especially in hard-to-reach areas, to address the logistic challenges and gaps identified by MoH.
- Support to additional teams of volunteers to support the vaccination teams with social mobilization, mapping, and mobilization of un-immunized children at community level etc.

To improve routine vaccination uptake as started in the initial plan. Phase 2 and 3 of the vaccination are planned in coming weeks and vaccine is now available. In total 150 RC volunteers will cover Kaduna and FCT. 50 in Kaduna, 40 in FCT and the remaining volunteers will be deployed to the newly affected LGAs in the targeted states. They will be trained on CBHFA and ECV for the additional state of Kaduna and FCT. They will be deployed in the coming 2 months.

- These volunteers will cover the sensitization, RCCE will be extended to the above-mentioned states, focusing mainly on hotspot LGA and surrounding areas.
- Extension of WASH activities: Hygiene promotion and distribution of hygiene kits to the most at risk groups in the newly added states/LGA.

As of 15 July 2023, the NRCS supported MoH vaccination campaign as a main pillar to the Diphtheria response plan. Achievement so far in the health component include:

- Training of Trainer (ToT) completed on CBHFA and ECV (500 volunteers trained and 11 NDRT Trainers).
- LGA reached with the activities in the operation are:



- Lagos: Amaowu odofin, Mushin, Agege, Ojo, Lagos mainland, Ikorodu, Alimosho, Ifako-Ijaiye.
- Kastina: Charanchi and Zango
- Osun : ilesha East, Ilesa West and Atakunmosa East
- Kano: Ungogo, Dala, Fagge, Gwale, Nassarawa, Tarauni, Kumbotso, Dawakin Kudu, Zaya, Gezawa, Municipal Kano
- 500 volunteers and 8 NDRT Surge profiles were deployed in the 4 targeted states to support the emergency response plan. 220 volunteers Kano, 40 volunteers in Katsina, 180 volunteers in Lagos, 60 volunteers in Osun to conduct the activities on RCCE, social mobilization for immunization campaign support, and awareness.
- 978,634 people reached so far in 193,896 Households in 4 states of Kano, Katsina, Lagos, Osun. The NS achieved this target with house to house sensitization of community members on Diphtheria.
- Provided support to the vaccination campaign and activities conducted by MoH in the country. A total of 214,926 unimmunized or partially immunized children have been mobilized for vaccination in the targeted states by the Nigerian Red Cross Volunteers.
- NS also supported active case finding: The total number of Active Case search was completed in each state by the Red Cross Community based volunteers and included Kano state volunteers detected 313 suspected cases and Katsina volunteers detected 17 suspected cases which were all referred to the health center. One child died from the suspected cases of Diphtheria in Katsina as detected by the volunteers.
- 1 radio show per state has been conducted in each of the targeted states within the project, 4 in Osun.
- Mass awareness campaign -road walk in Kano, Osun and Lagos states have started and ongoing. Lagos has conducted 2 road shows, while Osun and Kano is scheduled for July 2023.

Current National Society Actions



IFRC Health&Care Officer, Regional Emergency health Director, Health-Nigerian Red Cross/Osun Primary HealthCare

National Society EOC

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.

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.

	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.
Health	The National Society has supported the state government in conducting active case finding 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. 500 Community based volunteers are now deployed for the operation in the 4 targeted states. However, the cases of the diphtheria are currently spreading to other LGAs within the targeted states. According to the NCDC sitrep, the cases have now been discovered in the surulere LGA in Lagos and Karfur LGA in Kastina. RCCE activities are currently ongoing in the targeted states to raise awareness of the Diphtheria disease and outbreak.
Coordination	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 updates on the diphtheria outbreak. The European Union through its European Civil Protection and Humanitarian Aid Operations has provided funding of 150,000 Euros to support the diphtheria outbreak response as a form of replenishment for the DREF to the Nigerian Red Cross society. This will replenish to DREF as funding allocation to support the emergency response action by the Nigerian Red Cross society to reduce the spread of Diphtheria in Nigeria and support partners including the Nigerian Government and the Ministry of Health (NCDC/NPHCDA) in its effort to curb the outbreak.

Movement Partners Actions Related To The Current Event

IFRC	The IFRC Operations and Health team is providing technical support to the NRCS team. The IFRC Cluster Delegation in Abuja supported the response 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
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	mobilization campaign and RCCE activities in those implementing states in Nigeria. 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.
ICRC	The ICRC has a country delegation in Abuja with other sub-delegations in 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.
Participating National Societies	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.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	The Nigerian Government has recently received a pledge support of 1,500,000 doses of Penta 1 and Penta 3 vaccines from the Indonesian government to improve routine immunization of children in Nigeria. This has recently been flagged off and acknowledged by the National Primary Health Care Development Agency (NPHCDA). https://ldkpi.kemenkeu.go.id/en/post/1.5-million-pentavalent-vaccination-doses,-from-indonesia-for-nigerian https://www.pulse.ng/news/local/indonesia-donates-158m-doses-of-pentavalent-vaccines-to-nigeria/wkjsww3 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 and lack of awareness of the disease is also a huge risk factor. Additionally, the MOH is currently ensuring adequate supply of Diphtheria Antitoxin (DAT) at the hospitals for treatment of Diphtheria. 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. 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. 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 the Pentavalent vaccine. This vaccination campaign continued in March and April 2023, with phase 1 and phase 2 of the intensification of the routine immunization completed and the phase 3 to commence by the SPHCDA. The newly affected states and communities will be added to further reduce the spread of Diphtheria.
UN or other actors	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. UNICEF are supporting the NPHCDA in the routine immunization of children to reduce the number of unvaccinated children and zero dose children in Nigeria. 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, MSF are designing the guidelines and printing media materials and resources for the messages and critical data on Diphtheria. Diphtheria cases, however, continue to rise.

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 reduction 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 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



Health

1) Transmission and prevention

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. The best medical indication is immunization.

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.

2) At risk and affected group

According to Pro-Med and the International Society for Infectious Diseases, the recent Situational report for the reported cases of Diphtheria indicated 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.

3) Immunization Gaps

On march, only 27 (12.5%) out of 216 confirmed cases were fully vaccinated with a diphtheria toxin-containing vaccine. SITREP of July reported by NCDC show that 181 (21.7%) out of 836 confirmed cases were fully vaccinated with a diphtheria toxin-containing vaccine. This is still low, but actions are showing an increase of immunization on which expansion of action could better benefit to the response/prevention against the disease. In addition, according to a recent study, there have been a long-standing gap on immunization against diphtheria. Some examples are:

- The National Immunization Coverage Survey 2021, reported that 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).

In general, 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 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. According to a recent study by the National Immunization Coverage Survey in 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.

Overall, 1,5 million vaccines were made available in Nigeria by the Indonesian Government and MoH is processing the dispatch of the vaccines to the affected states which is to be administrated directly to people at risk of Diphtheria such as children under 5 years. Currently from data collected by the NS there are the following:

- Shortage of vaccines in Kano, Katsina which is the targeted state for the vaccination campaign has the highest caseload. MoH is speeding the process to have the vaccine delivered and made available in the respective states.
- Available vaccines in most health facilities in Lagos and Osun state.
- Osun state is facilitating more vaccines in the health facilities that may be sufficient for some LGAs.



However, it should be noted that, it was identified that overall, the available vaccines are not sufficient to cover the at-risk population. NRCS aims to promote the safe and adequate uptake of Routine Immunization (RI) among the most at risk and exposed population in the various hotspot areas. The need of advocacy with MoH institution to deliver in the concerns LGAs in priority is also considered by the NRCS and in this DREF operation.

2) Health needs and gaps

Some states are struggling with logistics support with vaccine delivery, due many reasons such as high cost of transportation fare and reaching children's who may be at risk of (VPD) Vaccine preventable diseases such as Diphtheria in marginalized communities and hard to reach areas.

The health care system is currently experiencing so many different types of industrial action and strike by resident doctors which started on 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.

There is a need to increase the immunization, information and sensitization 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.

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 portable 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 centers 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.

5) Additional conditions to consider

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 usually children from poor families, marginalized communities, displaced people, 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.

6) Testing and outbreak monitoring

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. According to the NCDC, many staff have not received adequate training on how to test for Diphtheria. For example, the report shows that many results are not clinically compatible, and many are discarded. For instance, the current and latest situational report by NCDC for June 2023 show that of the 439 suspected cases reported in June 2023, 160 (36.5%) were confirmed (1 lab confirmed; 80 epidemiologically [epid] linked; 79 clinically compatible), 3 (0.7%) were discarded, 275 (62.6%) are pending classification & 1 (0.2%) were unknown. These cases that are pending classification



and unknown are still being re-tested and checked for Diphtheria. Therefore, it is imperative to note that the surveillance although comprehensive is yet to be definite and many cases of Diphtheria can still be undetected. Hence, NCDC continues to carry out adequate testing of those cases that are inconclusive. Hence Nigerian Red Cross society aims to continue its operation given these recent development to reduce to spread of the disease. 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.

Any identified gaps/limitations in the assessment

Operational Strategy

Overall objective of the operation

This operation objective remains to support the Nigerian Government, Ministry of Health by 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 objective will be reached through an extension of 2 months of the timeframe, making the whole intervention of NS deployed for 6 months in total and to support 5 states (Kano, Kastina, Lagos, Kaduna and Osun) and FCT. The operational timeframe will be six (6) months.

The operation also aims to:

- Reduce the case fatality rate.
- Reduce/stop the disease from spreading to neighboring States.
- Support the state government by ensuring the outbreak can be controlled by the healthcare system.
- Support the state government in improving awareness of the Diphtheria disease.



Operation strategy rationale

This Emergency intervention started in March 2023 and has kept the same priority actions and pillars, including:

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 other vaccine preventable diseases.

The main action is aimed at reducing the suffering of the affected, their families, and the communities at large through 7 main strategies:

1. Risk Communication, Community Engagement (RCCE), and Routine Immunization (RI) activities.
2. Active case finding of suspected cases of diphtheria.
3. Door-to-door sensitization and mobilization of eligible persons for vaccination.
4. Intensify RI activities and deploy vaccination teams to reach zero dose children and missed communities.
5. Conduct road show/walks and vaccination outreach activities to zero dose children and missed communities.
6. Community stakeholders meeting and targeted advocacy: media engagement.
7. Promote community hygiene behavior to reduce transmission of the disease.

Through this update, some additional considerations are made and NRCS is aligning the coming weeks priority actions to that effect, especially for the health prevention and response component.

Support immunization

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 the needs for routine vaccination boosting. Integrated RI (Routine Immunization) intensification covers the children less than 5 years of age and those 2 -14 years including health workers in high burden LGAs who are being covered by an outbreak response with the provision of Tetanus Diphtheria (TD) vaccine integrated in the Penta 1 and Penta 3 to prevent Diphtheria in those communities. The Routine Immunization for Nigeria consists of the pentavalent (Penta 1 and Penta 3 vaccine).

Nigeria's immunization schedule includes three doses of diphtheria-tetanus-pertussis (DTP) containing vaccine at 6, 10, and 14 weeks of age which is now integrated in the pentavalent vaccine. However, diphtheria and tetanus immunity wane over time and by school age (5–6 years old), many children are susceptible to infection. For this reason, in addition to the complete Pentavalent doses given before the age of one year, WHO recommends three booster doses of tetanus- and diphtheria-containing vaccines to be provided to children and adolescents at the ages of 12–23 months, 4–7 years and 9–15 years to provide adequate protection across the life-course. For more information and better understanding, Td vaccine is only for children 7 years and older, adolescents, and adults. Also, the Diphtheria in TD is small in an integrated vaccine because a fraction of it is provided with the Tetanus vaccine. Thus, it is also used and recommended for boosters for additional protection of people who are also vaccinated to maximum strong immunity. For instance, Td is usually given as a booster dose every 10 years, but it can also be given earlier after a severe and dirty wound or burn for children/adult who are at risk.

Therefore, the MOH (NPHCDA) is solely responsible for the guidelines of the vaccination against the Diphtheria and NRCS will follow the immunization guideline and policy of the routine immunization which protects against Diphtheria. This and all of these actions have been started by the MOH and will continue in the coming months 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 aims to support this intervention to the government through social mobilization activities, RCCE, deployment of vaccination teams and other health related activities carried out by trained community-based volunteers. These community-based volunteers will receive adequate training on Epidemic control of Diseases (Diphtheria in this case), basic training on Vaccine preventable disease (VPD such as diphtheria) and community-based approaches to increasing the uptake of full immunization for at risk communities in the targeted states.



Following the unavailability of vaccines in several states such as Kano, the current update is to inform that NS started the mobilization and has also referred more than 214,000 children for vaccination at various health facilities in the targeted states. However, the NRCS, due to limited vaccines does not for now report on effective vaccinated children among the ones referred during that phase 1 and phase 2 vaccination campaign.

Phase 3, 4 and other phases of vaccination are planned in the coming weeks and NS will cover the social mobilization, facilitate the mapping of unimmunized children and refer them to the health facilities with existing vaccine stocks. To achieve this, the NRCS is coordinating and keeping information sharing with NCDC, MoH states and health facilities. For now, the confirmation of availability of vaccine in the health facilities of Lagos, Osun, FCT, has been communicated. NRCS through this extension, will focus the social mobilization and support to vaccination teams in these priority states. The team trained and mobilized in the other states will be deployed the same time when vaccine will be available at the health facilities.

1,585,080 (direct and indirect) number of people representing approximately 3% of population in Kano, Lagos, Katsina, Kaduna, Osun states and FCT, Nigeria will be reached.

RCCE and awareness

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. The operational timeframe will now be for 6 (six) months and will be completed in September 2023. The rationale to include an additional state of Kaduna and the FCT is the increasing number of cases that has recently been reported by the NCDC where 1 death of a 4 year old child was recorded in FCT. Hence, the strategy will include conducting RCCE activities in Kaduna and FCT and also expand to other local government areas within the existing targeted states of Osun, Lagos, Kano and Katsina. Therefore, the operational strategy aims to include an additional 150 volunteers to scale up and support the additional LGA, region in Kaduna and Federal Capital Territory (FCT) in the operations.

The DREF operation is also supporting the states government in the early detection and referral of any cases to designated treatment centers and communicated to the LIO (LGA Immunization Officer at the SPHCDA) whilst carrying out its community-based activities. These actions were already started in Kano, Katsina, Lagos, Osun and will be expanded to Kaduna and FCT.

Targeting Strategy

Who will be targeted through this operation?

The overall targeted people will be a representation of at least 1,585,080, keeping the total initially targeted but reprioritized in the 5 states (Kano, Katsina, Lagos and Osun - initial target and Kaduna - newly added) and the FCT targeted. For the selection of these direct target, 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 aged 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 and under immunized children.

The above criteria, especially families whose members have weakened immune systems in the communities where cases have already been recorded will be targeted especially for the hygiene promotion component of this response. Around 12,000 people (3,000 HH) will be specifically targeted for distribution in the areas with highest cases in the targeted states.

All the field volunteers' activities will reach at least the above general target which is around 2 to 3% of the population in LGA hotspots. Estimation of the highest at risk, surrounding communities where cases have already been recorded and population with the above criteria in those communities will be supported.



A total of 1,585,080 people will be targeted in the 5 states (Kaduna, Kano, Osun, Lagos, Katsina) and FCT, through mass media coverage to reach that target during the 6-month operation with engagement of audio-visual media planned.

The new geographical targeting follows the evolution of cases and priorities of mainly the vaccination. Indeed, as the cases of Diphtheria has now spread to other states such as Kaduna and FCT, with one case fatality reported in FCT (a death of a 4-year-old child amongst suspected cases), the emergency response aims to add Kaduna state and FCT in its operation. Also, the operation will reach other LGAs which has reported new cases of diphtheria in the target areas within the operation. According to the NCDC sitrep, the cases has now been discovered in the Surulere LGA in Lagos and Karfur LGA in Kastina.

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 and Kaduna and FCT currently reporting new cases of Diphtheria and mortality with children under 5 years old being most affected.

All the 6 areas are now part of the scale-up vaccination campaign started by the government (called the intensification of routine immunization. Osun states government authorities also requested specific support. These 6 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.

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
Vaccine availability	



	The vaccination coverage improvement depends on vaccine availability in health centers after effort of social mobilization. NRCS will work closely with MoH in the states to identify the health centers with vaccines and advocate for this to be process in right time.
High Transportation Cost due to Govt policy	Red Cross volunteers and state branch health coordinators facing challenges with the recent fuel subsidy removal and hike in transportation costs, number of working days by the volunteers reduced, this has an impact on the timelines. Hike in transportation cost is also likely going to affect logistics of the vaccine transportation within the state and health facilities, possibly cold chain during local travel with the vaccines for the logistics support and supply of vaccines and the outreach teams conducting routine immunisation activities. Therefore, a request for allocation is required to mitigate this high cost of transportation due to change in government policy known as Fuel subsidy and to support the health facilities in conducting outreach activities of vaccination of children under 5 years old and also Red cross volunteers.
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.
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.
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.

Please indicate any security and safety concerns for this operation

Nigerian Elections: The Independent National Electoral Commission conducted the presidential elections and the Gubernatorial election (which was postponed by one week). 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. Despite the election being conducted in February and March 2023, pockets of unrest and violence occurred in few areas and states in Nigeria. 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. Currently and as of July 2023, the Nigerian government has sworn in a new president and commander in chief of the Armed Forces. However, the new President of Nigeria is yet to appoint ministers and form his presidential cabinet. Currently, there is no Minister of Health - however, a Permanent secretary is currently acting as the Minister of Health, Nigeria. 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. NRCS/IFRC continues to monitor the situation closely and continues to follow government procedures as well as adapt to any changes and update in the national and state government policy and perform its role as being auxiliary to the government.



Planned Intervention

	Community Engagement And Accountability	Budget	CHF 11,402
		Targeted Persons	792500
Indicators	Target	Actual	
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		
Progress Towards Outcome			
Feedback forms currently used to collect community responses on the diphtheria outbreak. NRCS is currently collating reports on the new adapted feedback CEA tools.			

	Water, Sanitation And Hygiene	Budget	CHF 92,506
		Targeted Persons	792500
Indicators	Target	Actual	
Number of people reached with hygiene promotion messages	1585080	978634	
Number of families that confirmed they received household disinfectants	3000	2000	
Number of volunteers engaged in hygiene promotion	650		
Progress Towards Outcome			
Registration of 2,000 families of the most affected and vulnerable people who are at risk of Diphtheria has been completed in the four targeted states. Volunteers are going house to house to distribute the hygiene kits to the selected beneficiaries/HHs. Distribution of hygiene materials was completed in the 4 targeted states.			

Additional 1,000 HHs will receive same support with disinfectants and Hygiene kits in new main hotspots, in the communities with increased reported cases.

	Health	Budget	CHF 259,214
		Targeted Persons	1585080
Indicators		Target	Actual
Number of volunteers supporting routine immunization campaign		650	500
Number of interactive radio shows broadcast		30	8
Number of volunteers trained on RCCE and ECV		650	500
Number of coordination meetings held with Health partners		30	14
Number of people reached (Indirect) with awareness messages on Diphtheria		1580000	978634
Number of volunteers participating in Active case search and case management		650	500
Number of communities stakeholders meetings conducted		100	89
#of IEC material used for the mass campaign		50000	

Progress Towards Outcome

- 3-day TOT was completed by NRCS covering 8 NDRTS and Branch health coordinators trained on CBHFA and ECV.
- 1 day State level training on eCBHFA and ECV as well on Diphtheria disease for 500 branch volunteers has been conducted.
- House to house sensitization of community members on Diphtheria and routine immunization (978,634 person reached so far in 193,896 Households in 4 states).
- A total of 214,926 unimmunized or partially immunized children has been mobilized and referred for vaccination in the targeted states by the Nigerian Red Cross Volunteers.
- 08 radio shows have been conducted covering the 4 states.
- Mass awareness campaigns:
 - road walk in Kano, Osun and Lagos states ongoing. Lagos has conducted 2 road walk shows, while Osun and Kano are scheduled to happen later.
- Mobilization of 45 vaccination teams to high zero dose areas for vaccine intensification in Kano. Their deployment is pending due to unavailability of vaccines. The vaccines available have been earmarked for RI only.
- 330 cases were identified and referred during active case finding by volunteers' search. The Kano state volunteers detected 313 suspected cases and Katsina volunteers detected 17 suspected cases which were

all referred to the health centers. One child died from the suspected cases of Diphtheria as detected by the volunteers.

In the next two months, the NS plans to extend the health interventions to 15 additional LGA now reporting cases in Kano (mainly), Katsina, Lagos, Osun and expand the intervention to the new states' hotspots: Kaduna and FCT. NRCS will complete the pending activities initially planned in 4 targeted states and will continue with additional activities in new areas.

The following activities are pending and yet to be conducted:

- Social mobilization and support of vaccination team in 5 states and FCT during the phase 2 and 3 vaccination campaign. Initial states for next phase will be Lagos, Osun and FCT where vaccine are ready and next phase to cover for the whole states. MoH plans to deploy around 30-45 teams for which NRCS intends to support mapping of areas of unimmunized children at risk, logistics, printing of new IEC materials for RCCE, volunteer incentives/insurance and payment of vaccination teams from the state primary health care board for the additional human personnel and e.t.c
- Community outreach support through door-to-door sensitization in hard-to-reach areas and most at risk communities in hotspots LGAs in 1 or 2 weeks. NRCS aims to have the community-based volunteers to work alongside the vaccination teams from the health facilities to conduct outreach activities where the vaccination will be taken to the children to be vaccinated in their households or the nearest central post (such as mosques, local schools and traditional centers) for immunization activities.
- Mass awareness campaign will continue for the next 2 months - road shows in 5 states and FCT.
- Radio talk shows will also continue.
- An additional 150 volunteers will be trained on CBHFA and ECV for the additional state of Kaduna and FCT and others covering the additional LGA targeted in initial states.

	Secretariat Services	Budget		CHF 20,448
		Targeted Persons		10
Indicators		Target	Actual	
Number of lesson learnt workshop completed		2		
Number of monitoring activities completed		5	2	
Number of IFRC staff supporting NS		10	7	

Progress Towards Outcome

NRCS is currently processing and submitting retirement documents as received from the 4 state branches. The second tranche is set and allocated to cover volunteer payments for community based activities, road show, media engagement and the payment of vaccination teams at the State Primary health Care Board (SPHCDA). Also the payment is to continue to printing of IEC materials and the monitoring/ supportive supervision of volunteers by the NRCS health team and the Branch health coordinators.

IFRC West coast cluster now in the process of facilitating the second tranche which is due payment to the NRCS. IFRC West cast cluster is reviewing and updating financial statements and reporting for the months implemented so far.

		Budget	CHF 44,266
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	National Society Strengthening	Targeted Persons	535
Indicators	Target	Actual	
Number of branch staff participated in operation	15	3	
Number of NDRTs deployed	5	8	
Number of community based volunteers trained and mobilised	650	500	
Number of branches supported with training and capacity	4	4	
Progress Towards Outcome			
8 NDRT surge staff were deployed in the 4 targeted states to support the branch with training and roll out of the emergency response plan. NDRTs also participated in training of the community volunteers. 500 volunteers have been mobilized and additional 150 will be added. Trainings for now are covered by the 500 mobilized and will be expanded to the additional team.			

	Protection, Gender And Inclusion	Budget		CHF 2,818
		Targeted Persons		792500
Indicators		Target		Actual
Number of persons living with disability reached on RCCE on Diphtheria		350000		
Number of people receiving psychosocial support for Diphtheria		12000		
Progress Towards Outcome				
Achievements not yet consolidated by the time of this report however PGI is integrated in all the operation activities.				

About Support Services

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

- A total of 650 Red Cross 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. This includes an addition of the 150 volunteers to be trained and added to the existing number of 500 volunteers currently deployed.
- 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.
- 8 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 will 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.

Contact Information

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

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