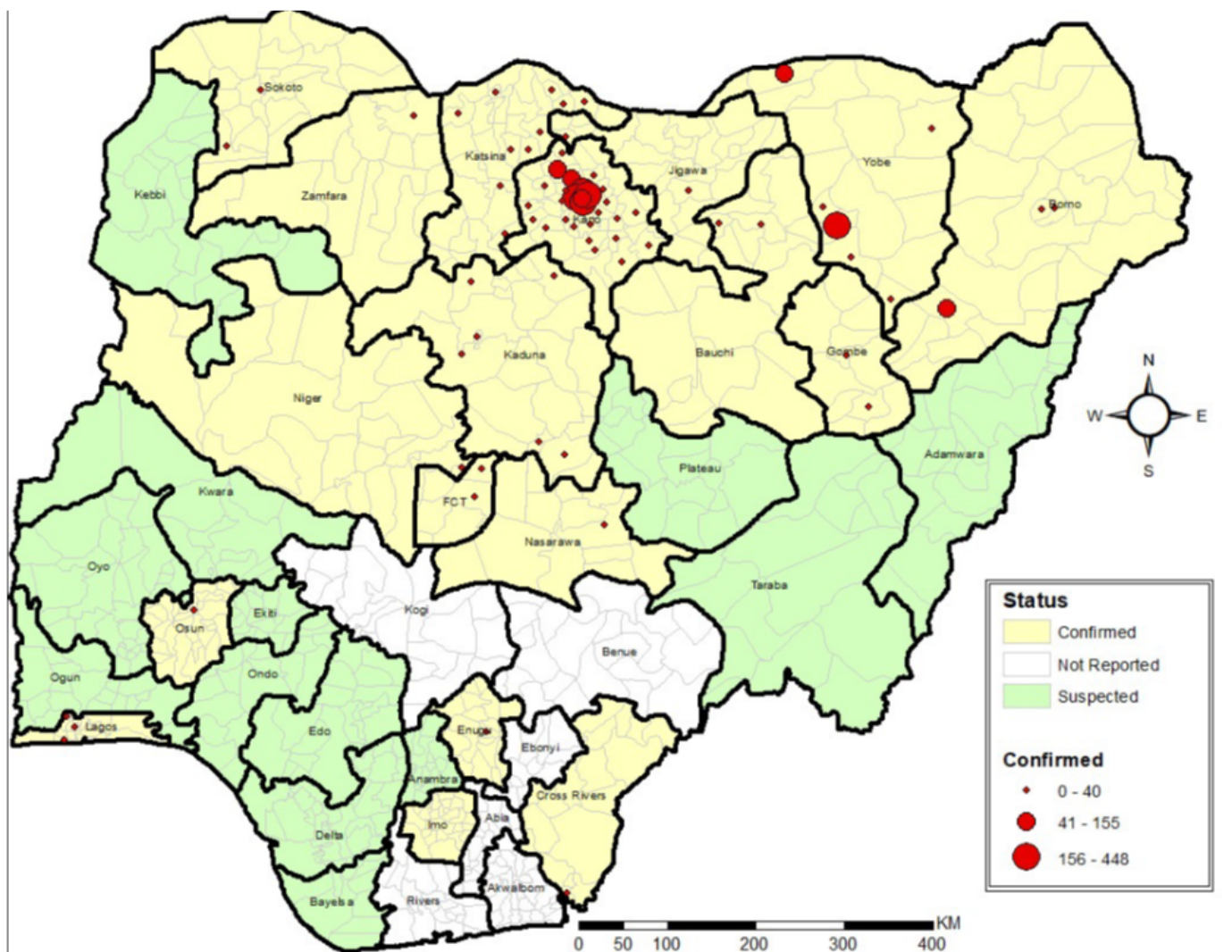




Red cross conducting RCCE activities on Diphtheria in Kano State, Nigeria, the epicenter of the outbreak.

Appeal: <b>MDRNG037</b>	Total DREF Allocation <b>CHF 430,654</b>	Crisis Category: <b>Orange</b>	Hazard: <b>Epidemic</b>
Glide Number: <b>EP-2023-000034-NGA</b>	People Affected: <b>2,855,080 people</b>	People Targeted: <b>2,855,080 people</b>	
Event Onset: <b>Slow</b>	Operation Start Date: <b>2023-03-14</b>	New Operational end date: <b>2023-12-31</b>	Total operating timeframe: <b>9 months</b>
Additional Allocation Re- quested <b>0</b>	Targeted Areas:	<b>Bauchi, Federal Capital Territory, Gombe, Jigawa, Kaduna, Kano, Katsina, Kebbi, Lagos, Osun, Sokoto, Yobe, Zamfara</b>	

# Description of the Event



Map of Nigeria, highlighting number of States affected and caseload @NCDC

## 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 over the past months with relapse of the outbreak and significant increased in states like FCT, Kano, Cross River. The outbreak is now a country wide concern with key states biggest hotspots which include previous affected states which still reported a high curve (Kano, Yobe, Kastina, Lagos and Osun, Kaduna - initial target); recent hotspots in the rising trend (FCT, Cross River, Yobe, Zamfara) and new hotspots since the last update (Bauchi, Borno, Jigawa, Gombe, Kebbi, Niger among the highest).

According to the WHO, Nigeria has recorded an unusual increase in cases of diphtheria across several states. At week 37, the Nigeria Centre for Disease Control and Prevention was reporting 7,178 confirmed cases on the 11,464 suspected and a case fatality of 6.1%, 99 LGA being affected in 18 states. In recent months, from 30 June to 31 August 2023 (In week 34, ending 27 August 2023), a total of 5898 suspected cases were reported from 59 Local Government Areas (LGAs) in new 11 states. Majority of suspected cases reported in from June to August were from Kano (1816), Katsina (234), Yobe (158), Bauchi (79), Kaduna (45) and Borno (33). A total of 4717 confirmed cases has been reported, 3466 (73.5%) were aged 1 – 14 years, of these 699 were aged 0-4 years, 1505 aged 5-9 years, 1262 (aged 10 – 14 years) with a case fatality of 6.1%. More than half of the cases (2656; 56.3%) were females. Only 1074 (22.8%) of the confirmed cases were fully vaccinated against diphtheria, 299 (6.3%) were partially vaccinated. More than half of the cases of diphtheria (2801; 59.4%) were unvaccinated. The Diphtheria outbreak is still spreading, immunization still



very low with poor uptake of routine immunization, challenges on streamlining the vaccine availability or information in the communities. The trend is also critical for

Minister of Health and Social Welfare constituted an emergency task force to curb the Diphtheria outbreak. Through the ongoing operation, the situation is pressing a scale-up of effort and planning for a scale-up of the intervention. However, the task force just set-up key starting information to harmonized the needed resources and the priorities for the required scale-up of this DREF intervention is being finalized. NRCS started reorienting the resources needed to the immediate actions while planning the best way forward as a partner on the constitute task force.



IFRC Regional Health coordinator, health officer and NRCS at a health centre in Lagos

## 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.

The outbreak is characterize with critical factors that add to the concern on the current situation and possible scenario:

- Very low vaccination against Vaccine Preventable Disease (VPD) in the country across all age groups. Unvaccinated population: Most of the population is unvaccinated, with levels reaching >80% in Yobe states.
  - High risk of transmission among critical age groups. More than 80% affected are the under 5. The risk of Diphtheria on children is still critical and require further actions. There is an extremely high proportion (>50%) of unvaccinated school age children (5-19 Yrs old) in Kano - Katsina – Kaduna; this bring a high risk of resurgence of the outbreak as soon as schools reopen (currently they are closed)
  - Information gap: There is a large gap in epidemiological information in Borno, Bauchi and Katsina States, where for >70% of the population across all age groups there is no information on vaccination status.
- As reported by WHO on the 13th of September 2023, the cases for diphtheria has increased dramatically since July 2023, and the WHO has described this as a second wave of the outbreak where the number of deaths has increased to 453 a huge increase from the 83 deaths reported in July 2023.
- Poor testing likely hiding more cases
  - Hard to reach communities are most at risk.
  - Challenges and delay on streamlining the availability of vaccine in critical areas or covering the big scope of the health facilities in needs, following the spread of the disease.



Furthermore,

Therefore, despite the last few weeks decline in incidence, the available data anticipate the elevated risk of a resurgence of the outbreak across the mentioned states. It is therefore critical that a rapid injection of funds would facilitate the implementation of intensive campaigns across the states, bridging the vaccination gaps, especially for the 9 months -15 years age group.

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%) reported in May 2023.
- As of September 2023, For Epi week 34, a total of 5898 suspected cases were reported from 59 Local Government Areas (LGAs) in new 11 states. Majority of suspected cases were reported from Kano (1816), Katsina (234), Yobe (158), Bauchi (79), Kaduna (45) and Borno (33). A total of 4717 confirmed cases has been reported, 3466 (73.5%) were aged 1 – 14 years, of these 699 were aged 0-4 years, 1505 aged 5-9 years, 1262 (aged 10 – 14 years) with a case fatality of 6.1%. More than half of the cases (2656; 56.3%) were females. Only 1074 (22.8%) of the confirmed cases were fully vaccinated against diphtheria, 299 (6.3%) were partially vaccinated. More than half of the cases of diphtheria (2801; 59.4%) were unvaccinated.
- Report of Week 37, the outbreak figures have doubled. 11,464 suspected cases, 7,178 confirmed and a case fatality of 6.1%, 99 LGA being affected in 18 states. Unvaccinated population remain very low especially for the most at risk age group of the under 9.

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	<b>Yes</b>
Are you changing the operational strategy	<b>No</b>



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

**Please explain the summary of changes and justification**

This update is to inform NRCS and IFRC partners and stakeholders on the evolution of the situation and the achievements since the last update. With consideration of the current scale of the outbreak, the factor driving the evolution of the disease in the country and the possible development scenario, the current DREF is extended for 3 months to ensure NRCS is able to maintain and strengthen their effort in responding to the situation. An expansion of the strategy is also being defined and ongoing ground work with country partners and Secretariat will later support a scale-up on the intervention.

Main achievements for now include:

- NRCS Volunteers reached 2,620,531 people in 550,016 Households across 5 states of Kano, Katsina, Osun, and Lagos. Male: 1,260,274 and 1,360,257 female.
- The NRCS extended the intervention to Kaduna and the FCT where new cases were reported
- 507,130 partially immunized/unimmunized children have been mobilized for RI vaccination.
- Red Cross supporting the RI Vaccine Intensification in Kano, Katsina and Osun, with 120 vaccination teams deployed and supported with stipends/logistics by the NRCS/SPHCHDA
- 640 volunteers have been trained and are currently in the communities conducting RCCE activities and social mobilization for immunization
- 313 suspected cases have also been identified by the RC volunteers and referred to the treatment centers through the PHC Disease Surveillance Notification Officers (DSNO)
- 17 live call-in radio shows have also been carried out in the 6 targeted states

The Government has recognized the role of IFRC/NRCS in the response, hence, a scale-up of this DREF is necessary.

## Current National Society Actions





IFRC and NRCS monitor the cold chain of the Pentavalent & Td Vaccine in Ungogo LGA Kano

<p><b>Coordination</b></p>	<p>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.</p>
<p><b>Health</b></p>	<p>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.</p> <p>500 Community based volunteers are now deployed for the operation in the 4 targeted states.</p> <p>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.</p> <p>RCCE activities are currently ongoing in the targeted states to raise awareness of the Diphtheria disease and outbreak.</p>
	<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</p>



<p><b>National Society EOC</b></p>	<p>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>
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## IFRC Network Actions Related To The Current Event

<p><b>Secretariat</b></p>	<p>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 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>
<p><b>Participating National Societies</b></p>	<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>

## ICRC Actions Related To The Current Event

<p>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.</p>
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## Other Actors Actions Related To The Current Event

<p><b>Government has requested international assistance</b></p>	<p>Yes</p>
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## 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>

The Coordinating Minister of Health and Social Welfare, upon visiting Kano in September 2023 the epicenter of the outbreak, constituted an emergency task force to curb the Diphtheria outbreak. Following this, WHO has begun a Multilateral partners coordination meeting with the first being held on the 20/09/2023 and IFRC in attendance. The Emergency task force is being chaired by the NPHCDA and NCDC.

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. UNICEF are also supplying Nigeria with 9.3 million doses of pentavalent vaccines to the targeted and affected states.

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



## 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.



## 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

Vaccination status:

— Of the 7,202 confirmed cases

o Fully vaccinated: 1,748(24.3%)

o Unvaccinated: 4,262(59.2%)

o Partly vaccinated: 477 (6.6%)

— By age-group

o 1-4 years: 281 (3.9%) fully vaccinated

o 5-9 years: 705 (9.8%) fully vaccinated

o 10-14 years: 523 (7.3%) fully vaccinated

This is still low, but actions are showing an increase of immunization as on march the rate was only 27 (12.5%)



out of 216 confirmed cases being 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.

Effort remains especially with the states where there is a relapse on the cases. Expansion of action could better benefit to the response/prevention against the disease.

From latest information, the vaccines available have been earmarked for RI only when the scale of the outbreak require a define campaign to address the situation. In general, the routine vaccination provided in country does not reach enough the population. Many people have not been vaccinated. The gap on the immunization has been a long-standing issue. The National Immunization Coverage Survey in 2021, was already reporting 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. 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. RI with this scale of crisis might not be sufficient.

While the social mobilization, outreach actions are still require to keep bridging the gap of the population vaccination, the effective access to vaccine is key to address the outbreak. As such, the vaccine availability, the information and the concrete vaccination plan from the Government is essential in the next step planning. Currently the availability of vaccine in the main hotspot is still to be updated, however, the NRCS through the coordination platform are monitoring the vaccine dispatching and this is a key information on the expansion of the intervention against this outbreak. the past information can be found in the update 1. Overall, by July, data collected by the NS were reporting several challenges in the vaccine availability in the highest hotspots include Kano, Yobe, Katsina. It is was equally highlighted 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.

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. 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.

## 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 week 37 show that on the 11,464 suspected cases, only 3,508 sample were collected. Cases reported are usually just clinically compatible.

see update 1 for the trend on the testing.

Over the past months and with the recent trend it appear that the surveillance still to be refined and enhanced as 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.

### **Any identified gaps/limitations in the assessment**

NRCS planning and actions priority should be aligned to MoH plan. Expansion should be aligned to the prioritization of the States for vaccination campaigns.

The current data, especially of the latest few weeks, are showing a progressive decline in the weekly incidence of diphtheria cases; this decline appears to be slower only in Kano state. However, Kano state (as well as Yobe States) has been one of the priorities states since the first DREF launch. The lack of vaccines and therefore impossibility to launch the planned vaccinations campaigns for several months is certainly one of the key factors underpinning the surge of cases, in Kano and in neighboring States.



# 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 2,855,080 people directly and indirectly. The objective is maintain through a new agenda of 9 months that will give a flexibility to enhanced NRCS actions put in place to address the key factors underpinning the surge of cases.

This led to an extension of 3 months via this update that will serve for maintaining the emergency team to play their role in the task force constitute by the Government while coordinating with partners and MoH for a defined plan include the vaccination plan that will inform NRCS expansion strategy.

NRCS will orient the response and prevention efforts in the coming weeks in the main hotspots LGAs of Kano, Yobe, Federal Capital Territory, Kaduna currently target and part of the highest affected.

Close monitoring, coordination and information sharing will be prioritized for the above states but also maintained in general for the 14 states main hotspots (Kano, Kastina, Lagos, Kaduna, Osun, Kebbi, Sokoto, kebbi, Zamfara, Gombe, Bauchi, jigawa, Yobe and FCT).

## Operation strategy rationale

This Emergency intervention started in March 2023 and has kept the same priority actions and pillars combined to address the key factor driven the outbreak. This no cost extension will first allow to maintain the activities in the targeted states with a priority to Kano, Katsina but also to better define the area of focus for an expansion of the strategy in a complementary approach to the task force effort and the roles of NRCS in the scale-up plan led by Government and WHO.

NRCS from the launch has focused the intervention on the strategy detailed under the plan and update 1 which is contributing to increased the immunization, ensure the prevention of side factor as WASH and scale-up the risk communication and information on the disease through RCCE, prevention, behavioral change activities.

The intervention pillar remain as follow:

1. Support social mobilization of the intensification of routine Immunization campaigns in targeted states and out reach activities to enhance the vaccination as first intervention pillar. Multiple areas of actions were triggered to expand the effort and increase the vaccination level and promotion of immunization.

- Risk Communication, Community Engagement (RCCE), and Routine Immunization (RI) activities.
- Door-to-door sensitization and mobilization of eligible persons for vaccination.
- Intensify RI activities and deploy vaccination teams to reach zero dose children and missed communities.
- Conduct road show/walks and vaccination outreach activities to zero dose children and missed communities.
- Coordinating and monitoring the vaccine availability and inform decision making.

2. Contribute to reducing the risk of contracting Diphtheria

- Active case finding of suspected cases of diphtheria.
- 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.
- Monitoring of the disease and coordination with the partners involved in the surveillance and contact tracing.

3. Increased the WASH conditions and contribute to the behavior change on WASH. This was mainly focusing on access and use of safe water, enhanced, promote and support sanitation, and the promotion of safe hygiene practices for communities at risk. This has include the following priority actions:

- Support the families affected by Diphtheria and other most vulnerable families with proper hygiene promotion and activities.



- Direct and mass media awareness and messages
- Engaging the identified leaders and local representatives to promote the same messages
- Promote community hygiene behavior to reduce transmission of the disease.

4. Strengthen NRCS partnership with National and local stakeholders, by establishing linkages, referrals, and IPC and case management. This include

- Community stakeholders meeting and targeted advocacy, especially for the vaccination system and planning. NRCS also focused on media engagement to contribute to scale-up the messages around the disease and vaccination.
- 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.

The DREF operation is 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 expanded to Kaduna and FCT following the operation update 1.

5. Increase the emergency preparedness capacity of the NRCS in the prevention of Diphtheria and other vaccine preventable diseases.

NRCS contributed in the targeted states to actions aligned to the above priorities and objective. 750 volunteers and logistic support to MoH branches contributed as well to that effort. This update aim to strengthen the effort to scale-up the immunization, increased effort in coordination and priority actions to that effect, especially for the health prevention and response component.

However, there has been challenging months for the effectivity of the different vaccinations campaign as detailed in the Health need section - immunization. Considering the vaccination situation explained previously, the priority for NCDC is still to strengthen routine immunization with the NPHCDA, reactive campaigns now while exploring data on waning immunity, etc to determine the needs for routine vaccination boosting. However, out of the routine vaccination which is insufficient to address the crisis scale, a defined vaccination plan for the current outbreak is yet to be clarified and coordinated through the task force. In that process which will fully inform the expansion of NRCS strategy with technical guidance of the Secretariat, the need to keep the activities where LGAs have vaccine available and enhanced the messages in the highest hotspots already targeted as Kano, Katsina, Kaduna, FCT in decreasing priority. More effort will be done in Kano the highest hotspot and available resources re-allocated. This extension will allow to maintain the volunteers on the field and mass media campaign. The mass media communication effort will also be orient to reach the new driven LGAs being Yobe, Bauchi, Borno.

## Targeting Strategy

### Who will be targeted through this operation?

The overall targeted people will be a representation of at least 2,855,080, keeping the total initially targeted but reprioritized in the 13 states (Kano, Kastina, Lagos and Osun, Kaduna - initial target and - Bauchi, Yobe, Jigawa, Gombe, Zamfara, Kebbi 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 2855,080 people will be targeted in the 13 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 geographical targeting follows the evolution of cases and priorities for the vaccination as per The National Society targeting follows NCDC immunization plan yet to be updated. Given the scale of the outbreak now and with consideration of challenges and current coverage by partners, the NRCS focus on assisting people who are the most at risk, people living in sheltered communities and hard to reach areas; taking advantage of the extended available community-based volunteers across the targeted states.

### Explain the selection criteria for the targeted population

Priority is 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:	<b>756,055</b>	Rural %	Urban %
Girls (under 18):	<b>800,099</b>		
Men:	<b>5</b>	People with disabilities (estimated %)	
Boys (under 18):	<b>850,004</b>		
Total targeted population:	<b>2,855,080</b>		

## Risk and security considerations

### Please indicate about potential operational risk for this operations and mitigation actions

Risk	Mitigation action
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 handle in parallel	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.
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.

**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 September 2023, the Nigerian government and the new president has appointed a new coordinating minister of health. 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

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

## 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 650 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, FCT, Kaduna and expand the intervention to the new states' hotspots: Jigawa, Bauchi, Sokoto, Yobe, Borno 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 Kano, Lagos, Osun, FCT, Borno, Jigawa, Yobe, 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. 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 3 months - road shows in the states and FCT.
- Radio talk shows will also continue.

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

### Progress Towards Outcome


NRCS is currently processing and submitting retirement documents as received from the 6 state branches. The second tranche with the second allocation has been successful made to the NRCS this is 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.

		<b>Budget</b>	CHF 44,266
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	<b>National Society Strengthening</b>	<b>Targeted Persons</b>	535
<b>Indicators</b>	<b>Target</b>	<b>Actual</b>	
Number of branches supported with training and capacity	4	4	
Number of community based volunteers trained and mobilised	650	500	
Number of NDRTs deployed	5	8	
Number of branch staff participated in operation	15	3	
<b>Progress Towards Outcome</b>			
<p>8 NDRT surge staff were deployed in the 4 initial 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.</p> <p>Trainings for now are covered by the 500 mobilized and will be expanded to the additional team.</p>			

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


	<b>Community Engagement And Accountability</b>	<b>Budget</b>	CHF 11,402
		<b>Targeted Persons</b>	792500
<b>Indicators</b>	<b>Target</b>	<b>Actual</b>	



Number of people reached with messages on Diphtheria through media	792500	
Number of press briefings conducted	3	
Number of feedback received LGA	50	
Number of community influencers reached	500	

### 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.

	<b>Water, Sanitation And Hygiene</b>	<b>Budget</b>		CHF 92,506
		<b>Targeted Persons</b>		792500
<b>Indicators</b>	<b>Target</b>	<b>Actual</b>		
Number of volunteers engaged in hygiene promotion	650			
Number of families that confirmed they received household disinfectants	3000	2000		
Number of people reached with hygiene promotion messages	1585080	978634		

### 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.

650 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.



# About Support Services

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

- A total of 1450 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 800 volunteers to be trained and added to the existing number of 650 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 for the state branches and the vaccination teams 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 health officers, 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:

- **National Society contact:**

Abubakar Kende, Secretary General, secgen@redcrossnigeria.org, +234 803 959 5095

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

- **IFRC Project Manager:**

Joan Ezinne OJUKWU, Officer, Health and Care IFRC delegation Abuja, joan.ojukwu@ifrc.org

- **IFRC focal point for the emergency:**

Joan Ezinne Ojukwu, Health and Care Officer, joan.ojukwu@ifrc.org, +2349087498349

- **Media Contact:**

Manir. H. Jega, Director Health and Care NRCS, manir.jega@redcrossnigeria.org, +234 8034068054

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