

# OPERATION UPDATE 2

## Nigeria| Diphtheria Outbreak

<b>Emergency appeal No:</b> MDRNG037 <b>Emergency appeal launched:</b> 09/10/2023 <b>Operational Strategy published:</b> 02/11/2023	<b>Glide No:</b> <b>EP-2023-000034-NGA</b>
<b>Operation updates #2</b> <b>Date of issue:</b> 16/01/2024	<b>Timeframe covered by this update:</b> From 18/11/2023 to 22/12/2023
<b>Operation timeframe:</b> 09 months (11/10/2023 - 30/06/2024)	<b>Number of people being assisted:</b> 5,500,000
<b>Funding requirements (CHF):</b> CHF 5.4million through the IFRC Emergency Appeal CHF 6 million Federation-wide	<b>DREF amount initially allocated:</b> CHF 1Million

*To date, this Emergency Appeal, which seeks CHF 5.4million is 5per cent funded. Further funding contributions are needed to enable the Nigerian Red Cross society with the support of the IFRC, to continue with the operation.*

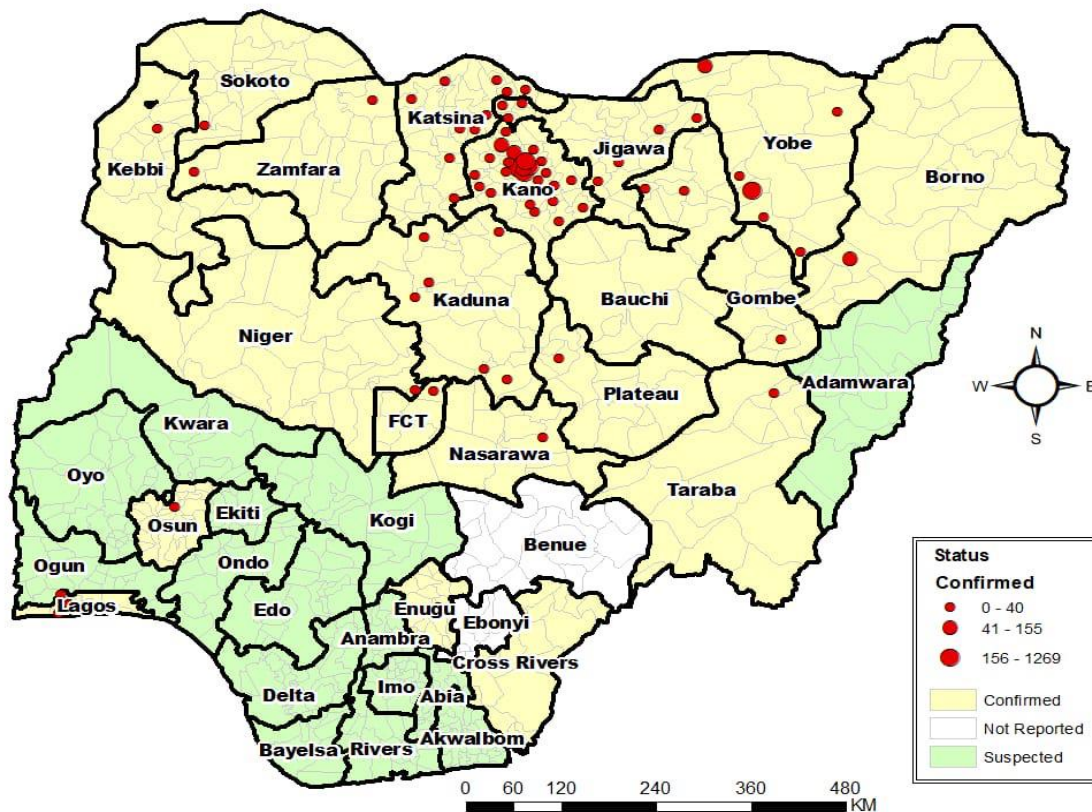


*Nigerian Red cross team conducting vaccination and RCCE activities in Kano state, Nigeria.*

# A. SITUATION ANALYSIS

## Description of the crisis

In Nigeria, the outbreak of diphtheria became the biggest public health concern that affected many lives and children in 2023. This outbreak began in Kano State in December 2022 and spread to neighbouring states, including Lagos and Osun, which have reported confirmed cases. The NCDC has declared this outbreak to be the worst in a decade, with the previous outbreak occurring in 2011 in Nigeria. As of December 2023 over 13,000 confirmed cases have already been reported across approximately 20 states with majority of people affected being children. Diphtheria is a vaccine preventable disease and 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 are among children and people who have not received any, or only a single dose of the vaccine (a diphtheria toxoid-containing vaccine). People at risk are communities residing in densely crowded places and unsanitary areas with poor environmental conditions. Also, healthcare professionals and hospital frontline workers who are working with or in close contact with people suffering from diphtheria are at risk of contracting the disease. There is also a risk of contracting diphtheria if a person comes physically into contact with someone with diphtheria.



Map of Nigeria showing caseload of Diphtheria for EPI week 50. Courtesy @ NCDC

NCDC latest Situational report as of 21st December 2023 indicates that there are 13,036 confirmed cases from the 21,943 suspected cases and 577 deaths with a case fatality of 4.4%. The cases of diphtheria have now spread to 20 states and 153 LGAs in Nigeria an increase from 143 LGAs. Although the trend in cases of diphtheria has reduced as of EPI week 50, there remains a huge burden of the disease on how quickly it spreads and the risk of a high number of zero-dose children, which causes the cases to increase and escalate quickly again if immediate action is not taken. It is important to note the variances in the cumulative epidemiology data such as poor health care infrastructure in Nigeria. As there are issues in 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. Also, the republic of Niger has been reporting many confirmed cases of diphtheria in communities and states bordering northern Nigeria. Therefore, this emergency appeal will aim to reduce the outbreak in those communities bordering the republic of Niger.

## Summary of response

### Overview of the host National Society and ongoing response

The Nigerian Red Cross Society is mandated by the Act of parliament in Nigeria to act as a leading organization in national preparedness and in the humanitarian response to circumstances including conflict crisis, epidemics, natural hazards, man-made disasters, and other emergencies in the country. Collaborating with the Nigeria Centre for Disease Control and the National Primary Health Care Development Agency (NPHCDA), the Nigerian Red Cross health team provides guidance to branch secretaries and health focal points in the 37 states and approximately 800,000 volunteers in the country. So far into the operation, the NRCS has worked with government agencies such as NCDC and NPHCDA in reducing the spread of the outbreak through many activities as follows:

#### **Coordination:**

- The Nigerian Red Cross society is an active member of the emergency taskforce set up by the coordinating ministry of health for Nigeria which coordinates the diphtheria response activities in Nigeria.
- NRCS continues working with MSF, UNICEF, WHO, NCDC, NPHCDA and other stakeholders in the emergency response to the diphtheria outbreak. Through strong engagement with NCDC, the NRCS was able to secure the opportunity to conduct community-based surveillance activity with the NRRT teams.

#### **Community based surveillance:**

The NCDC conducted an intensive training of trainers for the Nigerian Red Cross health teams, NDRTs (National Disaster Response Teams) and health coordinators from 8 priority states on surveillance, contract tracing, active case search management, laboratory testing, and clinical and non-contact management for diphtheria. The NCDC also highlighted the importance of understanding the community case definition of diphtheria in active case search activities in the communities. Also, the National Primary Health Care Development Agency delivered sessions on AEFI on diphtheria and routine immunizations for children under 5 and zero-dose, missed, or partially immunized children. The NCDC highlighted the importance of using the 7-1-7 matrix in the surveillance activity as well using the key component of the full surveillance activity which is DETECT 7 days NOTIFY in 1 day and RESPOND IN 7days to ensure complete response of the outbreak. Therefore, the Community volunteer will be using the 7-1-7 matrix in the surveillance activities alongside the state epidemiologist.

The NCDC also highlighted the importance of immediate reporting of an outbreak or suspected case, followed by weekly and monthly reports accordingly. For the surveillance activity, the use of IDSR (Integrated Disease Surveillance response) will be utilized, either in paper form or electronic form; however, for the purpose of accessibility, paper based IDSR will be used to document the surveillance data. Pending more resources, NRCS volunteers will be given the opportunity to use electronic forms with a mobile phone for better accuracy. It is important to note that the volunteers are also required to line-list the identified cases with appropriate epidemiological numbers, geographical information for easier surveillance monitoring by the DSNOs.

**Contact tracing:** The community-based red cross volunteers are currently conducting contact tracing of confirmed cases of diphtheria using the NCDC method. This involves understanding and identifying who is a contact and following up with them. Volunteers were trained to ensure that every contact should be visited every day during the 10-day period after exposure to the diphtheria disease. Telephone communication can also be used to follow up contacts if physical monitoring is impossible or difficult. Hence, a contact tracing tool designed by NCDC is used to document the contact tracing of the identified case by the Red Cross volunteers.



*Nigerian Red Cross volunteers being trained on surveillance and contact tracing by NCDC*

### **Deployment of RC Volunteers/ health team for Community Based Surveillance (CBS):**

- 1,300 selected community-based volunteers who have received comprehensive training on surveillance and contract tracing by the NCDC NRRT (National Rapid Response Teams) have been deployed for field activities.
- LGA mapping was conducted by the NCDC and NRCS to focus on the areas and communities with the highest case load of diphtheria and people at risk of diphtheria, such as zero-dose children.
- Each LGA and settlement ward is currently assigned Disease Surveillance Notification Officers (DSNO), who are paired with the NRCS branch teams and divisional secretaries to collect the data from the Red Cross volunteers and conduct investigations and further testing on the suspected cases identified.
- NRCS 1,300 trained community-based Red Cross volunteers work in very close collaboration with the State Epidemiologists/DSNOs in identifying the household's where suspected cases have been found and following up in conducting contract tracing of the identified and confirmed cases of diphtheria.
- Data tools that are currently used for surveillance were shared by the NCDC at the training. The NCDC trained the volunteers on how to use the data tool during CBS for both surveillance and contact tracing. These tools are used to capture key information on diphtheria.
- NRCS community volunteers identify suspected cases of diphtheria and send quick alerts to the DSNO to investigate further, then the DSNO Collects samples of the suspected person using the PCR (polymerase chain reaction assay).
- The NCDC provides the DSNOs with PCR testing kits to conduct rapid testing for diphtheria where a suspected case or person has been identified. A sample and a swap are taken from the inner throat of the identified person, placed in the PCR test kit, and sent to the lab for testing. Tests are now conducted at the laboratory in the state, which is optimized by the federal government and the Ministry of Health, and the results are analysed and reported by NCDC appropriately.
- Samples conducted with PCR are classified as clinically compatible with diphtheria and epidemiologically linked with diphtheria at the NRL (National Reference Laboratory).

- These results are now shared with the NCDC headquarters for final verification and collation for the EPI week situational/epidemiological report.
- Red cross volunteers submit weekly reports to the branch health coordinator and state Epidemiologist. This data is then cleaned up by the state DSNO and epidemiologist and then shared with the Nigerian red cross headquarters team. Finally, the NRCS HQ presents the collated data and surveillance results/report to NCDC.



*IFRC Health and Care Officer trains NDRTS and state health team on cross border surveillance of Diphtheria*

### **Cross border Surveillance**

Nigerian Red Cross society working in hard-to-reach areas with poor access to health care and infrastructure for increased surveillance in border areas near the republic of Niger especially in areas such as Katsina, Yobe, Borno. Key activities to strengthen surveillance in the border areas include working with the DSNO's. NRCS maps out the LGAs bordering the Republic of Niger to reduce the spread of the diphtheria outbreak.

### **RCCE and Media Engagement**

- Live/call-in radio shows have been conducted in the priority states to increase awareness of diphtheria.
- Media rounds of interview, press releases and social media activities has been conducted by IFRC/NRCS.
- Redesign and Printing of IEC materials completed and updated form the first phase of intervention.
- Distribution of IEC materials to the 8 priority states for the NCDC/NPHCDA/MOH
- Mapping of areas for KAP survey with NCDC to understand the awareness and level of knowledge on diphtheria of at-risk population.



Left: Hausa version of IEC Material for Diphtheria. ...& Right: English version of Diphtheria IEC @Nigerian Red Cross

### Vaccination and logistics support to MOH/NPHCDA/NCDC

The Nigerian Red Cross Society will continue to support the NPHCDA in routine immunization activities and vaccination campaigns in the national priority states and targeted LGAs as they did in the first phase of the emergency response. So far in the diphtheria operation, the IFRC/Nigerian Red Cross Society has been actively supporting the ministry of health in the microplanning of the vaccination rounds, team composition, and mapping of priority areas in the affected states. The 3<sup>rd</sup>, 4<sup>th</sup>, and subsequent phases of intensification of routine immunization by the Ministry of Health are set to resume in January 2024 after the 2023 Christmas holidays. This round of vaccination activities was initially scheduled for December 2023 upon the arrival of a new set of vaccines (Pentavalent and Td) in the country as procured by UNICEF and GAVI. The vaccines have now arrived in the country and been dispatched to the targeted states, mostly Kano, Katsina, Yobe, Kaduna, Borno, etc., and the activities have been scheduled for the second week of January 2024 to run throughout the year, pending trends in cases of diphtheria, country needs on routine immunization and vaccine availability.

### Next Immediate steps

Therefore, as set out in the operational strategy, the NRCS will be deploying the vaccination teams with the Red Cross volunteers to support the immunization activities.

All vaccination teams and Red cross volunteers will be trained to conduct the activities which will feature appropriate safety measure and documentation of immunized children using the tally sheets outlined in the expanded/essential programme on immunization (EPI). The aim is to vaccinate eligible children, such as newborn/children under the age of 5 years, zero dose children, partially immunized children, and unvaccinated women and adults, to increase the uptake of the diphtheria vaccine and hence reduce the risk of diphtheria and other vaccine preventable diseases (VPD).



*Nigerian Red Cross volunteers & staff conducting RCCE activities on reducing vaccine hesitancy in Osun, Nigeria*

**The International Federation of Red Cross and Red Crescent societies (IFRC)** is providing technical support to the National Society with the Health and Care officer, operations coordinator, and manager, PMER and CEA officer as the programme team. At the Nigerian Red Cross, the health team, PMER and communications team are all working hard to support the emergency operations for this diphtheria outbreak. Also, the national society have trained NDRTs that are deployed to the targeted states for supportive supervision and monitoring of the activities. The secretary general of the Nigerian red cross society is providing strong leadership to the health team. IFRC Abuja delegation also provides peer support to the IFRC delegation in the Republic of Niger and Cameroon.

## Needs analysis

### Trend in Diphtheria cases

It must be reported that since the beginning of the outbreak and when the NCDC Officially declared the outbreak in January 2023, there has been increasing trend in confirmed cases as highlighted in the Epidemiological data. The cases of diphtheria saw a huge increase and sudden peak in cases in July 2023, where the cases spread to more states than the initially reported areas. As a result of the spike in cases, this Emergency appeal was launched to support the federal government of Nigeria and Ministry health in reducing the cases of diphtheria.

According to Pro-Med, the International Society for Infectious Diseases, and the recent Situational report by NCDC approximately 89% of mortality from the confirmed cases of diphtheria were counted to be children aged between 1 to 14 years. Also, immunization is a significant factor in cases of diphtheria.

It is confirmed that diphtheria currently affects people who are partially immunized or have not received any form of routine immunization. It has been noted that Nigeria is one of the countries with low immunization coverage in Africa and high cases of zero dose children. Many groups of people affected by diphtheria and other vaccine preventable disease are people with low immunity and poor immunization uptake. The NCDC data shows that as of, December 2023, the caseload of people with diphtheria were people who have received non/ incomplete routine immunization.

As of 21<sup>st</sup> December 2023, only (25.2%) out of 13,036 confirmed cases were fully vaccinated with a diphtheria toxin-containing vaccine. Also, NCDC epidemiological data show that approximately a total of 31.6% of the confirmed cases were unvaccinated and 23.1% were partially immunized, and 10.5% of the confirmed cases vaccination status were unknown. Therefore, this confirmed the reports of the World Health Organization which indicates there have been a long-standing gap on immunization against diphtheria and other vaccine preventable diseases in Nigeria and Africa.

### **Immunization coverage**

It is important to highlight the data for Nigeria on immunization for this operation. 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. According to the Multiple Indicator cluster survey (MICS) and the National Immunization Coverage Survey (NICS), Forty-six (46) percent of children were reported to have only received a partial immunization between 2016 and 2021. Nigeria has been identified to have high number of zero dose children (which is children who have not received any form of routine immunization since childbirth), partially immunized children and missed children (children who miss their immunization schedule). Similarly, the ministry of health and the national emergency taskforce chaired by the NCDC and NPHCDA has prioritized vaccination against diphtheria and routine immunization as key activity towards the reduction of the spread of diphtheria in Nigeria.

### **Health infrastructure, testing and treatment.**

Due to poor health care and infrastructure in the country, the ministry of health has identified the following key challenges plaguing the quality of health care for the population: factors that can increase the risk of diphtheria and vaccine-preventable disease.

- Inadequate health facilities and diagnostic centers for the management of patients
- Global shortages of DAT for treatment of patients suffering from diphtheria
- Health professionals and front-line workers are not fully vaccinated or under vaccinated.
- Lack of sufficient trained professionals for diphtheria outbreak, detection, and investigation
- Inadequate vaccines to cover all LGAs, wards, and settlements of at-risk population.
- Poor latrines and toilets with good sanitary/ environmental conditions.
- Lack of portable drinking water in some rural areas, urban slums, and sheltered communities

This emergency appeal will continue to make strong consideration for these challenges and adapt the countries needs to the IFRC/NRCS operations where necessary and in accordance with the national priorities of the Ministry of Health.

## **Operational risk assessment**

NRCS will follow security assessment reports and regular security guidelines from the NRCS/IFRC security teams and government security policies. The Nigerian Red Cross volunteers and staff has been trained on the Safer Access framework and security precautions and will continue to receive security briefings in other to reduce the risk of harm. Also, to reduce the risk of contracting diphtheria, Red cross volunteers will be encouraged to take the Td

vaccines for better protection against the disease and increased body immunity. Also, PPEs and protective gears such as face masks and hand sanitizers will be provided to all Nigerian Red cross volunteers to reduce risk of infection whilst in the field and during community-based activities.

As we are currently in the harmattan season<sup>1</sup>, the Nigerian Red Cross will provide face masks and necessary PPE to states affected by the dry season and experiencing bad weather, dust, fog, or harmattan haze, for example, Jigawa, kano and other states, to ensure that the volunteers are protected from respiratory infection.

Also, continuous assessments and strong consideration will be given to the availability of vaccines in the country. IFRC and Nigerian Red cross society will continue to engage with stakeholders such as NPHCDA, UNICEF, GAVI to ensure that vaccines are available for routine immunisation and vaccination campaigns. Also, priority will be placed on most affected communities to be the first recipients of the vaccines and be included in the intensification of routine immunisation campaign by the ministry of health.

## **B. OPERATIONAL STRATEGY**

### **Update on the strategy**

The national society has indicated minor changes on the Emergency Appeal operational strategy. The targeting of the operations will now include Taraba state as one of the priority states as indicated in the new sit rep data which shows new confirmed cases in Taraba state. Therefore, the target number of people will now be increased to **5,500,000** as Taraba has now been added to the operations. Hence, the total number of states to be targeted in the operation is now 13 states. The operations conducted by the Nigerian Red Cross society still maintains and follows other aspects of the operational strategy for the emergency appeal as published.

Also, the first operations update for the EA has been completed and published. Link to the operational strategy can be found [here](#)

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<sup>1</sup> The Harmattan is a season in West Africa that occurs between the end of November and the middle of March. It is characterized by the dry and dusty northeasterly trade wind



Nigerian Red Cross team present IEC Materials to the state primary health care and Surveillance team in Borno @NRCS

## C. DETAILED OPERATIONAL REPORT

### STRATEGIC SECTORS OF INTERVENTION

 <b>Health &amp; Care</b> <i>(Surveillance/Mental health and psychosocial support / Community Health / Medical Services)</i>	Total Target	Female < 18: <b>3,500,000</b>	
	5,500,000	Male < 18: <b>2,000,000</b>	
<b>Objective:</b>	<i>Strengthening holistic individual and community health of the population impacted through community level interventions and health system strengthening</i>		
<b>Key indicators:</b>	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
	Number of IEC Materials designed and published	218,000	2,500,000
	Total number of volunteers trained on ECV/CBHFA	1900	4700
	Total number of volunteers deployed for RCCE	640	2000
	Total number of volunteers trained on Community based surveillance and contract tracing	1300	2700

Number suspected cases of diphtheria in Community based surveillance activity identified by Red Cross	3498	-
Number of laboratory confirmed cases of diphtheria identified by the Red Cross Volunteers	548	-
Number of deaths of diphtheria confirmed by NCDC	8	-
Number of diphtheria contact tracing completed	TBC	-
Total number of PPE procured for the operation	5000	185,000
# households reached with messages on diphtheria	387,000	5,500,000
Number of NDRTS trained on Diphtheria response	24	55
Number of NDRTS deployed to monitor the response	11	55
Number of vaccination teams deployed for Routine and Td vaccination	TBC	2700
Number of children mobilized for vaccination	TBC	-

Nigerian Red Cross society so far deployed community-based volunteers to work alongside the State Epidemiologists from the health facilities in the state ministry of health to conduct outreach activities on community-based surveillance. The NRCS volunteers work through the households every week using the data tool assigned by the NCDC to identify affected people or families who may have suspected cases of diphtheria or experiencing symptoms of Diphtheria. NRCS document the information collected from the households/communities and submit the data/information to the State Epid/DSNO for further investigation.



During the surveillance and other activities as above, Red cross volunteers use local languages such as Hausa in communicating to the families and beneficiaries reached with messages on diphtheria for better understanding. The Nigerian Red Cross volunteers also support the State primary health care with vaccination activities through social mobilization of unvaccinated children to the vaccination posts and health centers. The vaccination teams consist of vaccinators, EMID recorders, town announcers/criers and supervisors) who vaccinates the child at home.



IFRC staff and the NRCS state team at a health treatment centre in Kano, where a child cradled by her mother receives medical attention for diphtheria



## Water, Sanitation and Hygiene

<b>Total Target</b>	Female < 18: <b>9000</b>
<b>12,000 HH</b>	Male < 18: <b>3000</b>

**Objective:** *Ensure safe drinking water, proper sanitation, and adequate hygiene awareness of the communities during relief and recovery phases of the Emergency Operation, through community interventions*

<b>Key indicators:</b>	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
	Total number of families sensitized with WASH in clustered communities	1500	40,000
	Number of households reached with hygiene promotion	1000	12,000
	Number of hygiene kits distributed to affected families	1000	12,000
	Number of NDRTS deployed to monitor the distribution	11	33

The national society will be solely procuring the hygiene kits that will be distributed to the affected families through the branch teams. The red cross volunteers and the NDRTs will identify the key households and conduct a registration of beneficiaries using the ODK Kobo collect tool to collect important information of the households such as ward level, LGA, contact number or address/location for proper identification.



## Protection, Gender and Inclusion

Total Target

Male < 18:  
**66,250**

**265,000**

Female <18:  
**198,750**

### Objective:

*Communities identify the needs of the most at risk and particularly disadvantaged and marginalized groups, due to inequality, discrimination and other non-respect of their human rights and address their distinct needs*

### Key indicators:

#### Indicator

**Actual**

**Target**

Number of people receiving psychosocial support for Diphtheria

0

25,000

Number of persons living with disability reached on RCCE on Diphtheria

19,200

780,000

Number of people trained on MPHSS

0

5000

IFRC is providing technical support to Nigerian red cross on MPHSS. A separate training will be conducted on MPHSS for the Nigerian red cross volunteers and the NDRTs integrated with PGI. Psychosocial support sessions will be provided by the NRCS volunteers specifically for families who have lost someone to the diphtheria disease and recovering from the disease.



## Community Engagement and Accountability

### Objective:

#### Indicator

**Actual**

**Target**

Number of community engagement meetings held

46

281

Number of people reached through media (Radio)

173,6480

5,500,000

Number of community influencers mobilized

5

120

Number of community feedback collected by NRCS

65

-

Number of Press briefings

1

3

Number of states completed community feedback

4

12

Number of live/call in radio shows completed

7

-

NRCS is collecting the feedback from the communities using the IFRC CEA tool. This involved community volunteers communicating with the local people on their awareness of Diphtheria and on the activities of the Red Cross.

On the type of feedback received - 30 encouragement and praise were received bordering on gratitude for sensitization and surveillance exercises by Nigerian Red Cross, 11 questions were asked on what the disease is, where to get vaccinated and side effects, 10 requests/suggestions were made on the continuation of the sensitization, airing of jingle/radio shows, provision of medical facilities in Birshi Gandu, Birshi Ward and Doka Birshi Ward Opp Gwallemaji fed in Bauchi Local Government Area of Bauchi State by the Red Cross.

8 observation/beliefs were received bothering on fear of the vaccine/side effects while 6 sensitive cases recorded of members of households showing signs/symptoms to diphtheria resulting to deaths.

## Enabling approaches



### National Society Strengthening

Objective:			
Key indicators:	Indicator	Actual	Target
	Community-based volunteers trained & mobilized	1,300	2,700
	Number of staff in the National society supporting	4	7



The Director Health and Care Nigerian Red Cross takes a session on surveillance at a training in Kaduna, Nigeria

National society will be supporting in the payment of volunteers' incentives as well as working with the branch teams and the Divisional Secretaries at the LGA level to 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. Also, NRCS will host regular (physical/virtual) meetings with the state teams.

25 branch staff from the 13 targeted states in the operation will be mobilized and deployed to ensure supervision and field monitoring at the community level.



## Coordination and Partnerships

### Objective:

Indicator	Actual	Target
Stakeholder and partner engagement meetings conducted	5	37
Engagement meetings and partnership with government	7	41

The Coordinating Minister of Health and Social Welfare for Nigeria, set up a national taskforce for the diphtheria response and IFRC and Nigerian Red Cross is an active member of the diphtheria coordination platform. Nigerian Red Cross Society has distributed IEC Materials to the state ministry of health and NCDC. Further distribution of IEC Materials will be printed and distributed to other partners such as MSF, hospital treatment centre and other government agencies involved in the emergency response.



NCDC/MOH Staff demonstrates method of PCR testing on NRCS staff at the surveillance training in Kaduna, Nigeria



## Secretariat Services

Objective:			
	Indicator	Actual	Target
Key indicators:	Number of IFRC staff supporting NS	4	4
	Number of monitoring activities completed	5	15
	Number of trainings & lessons learnt workshop completed	1	4

IFRC is supporting the National Society with review of financial documents and technical support to the health team. IFRC is also providing technical support to the NRCS Health and PMER for the data analysis and management of surveillance, vaccination, and situational report.

IFRC will continue to support the NRCS in conducting field activities and projecting accurate communication on the diphtheria outbreak to the global media.

### Communications and Links to media

<https://independent.ng/diphtheria-nigerian-red-cross-society-ifrc-vow-to-eradicate-outbreak-amid-rising-misinformation/>

<https://reliefweb.int/report/nigeria/nigeria-diphtheria-emergency-appeal-update-december-5-2023>

<https://www.ifrc.org/article/nigeria-community-response-saving-lives>

<https://punchng.com/32-states-battling-diphtheria-says-red-cross/>

<https://www.youtube.com/watch?v=aHt-gcKt5Dc>

[https://www.eeas.europa.eu/delegations/nigeria/european-union-allocates-n75-million-prevent-spread-diphtheria-nigeria\\_en?s=114](https://www.eeas.europa.eu/delegations/nigeria/european-union-allocates-n75-million-prevent-spread-diphtheria-nigeria_en?s=114)

<https://reliefweb.int/report/nigeria/speech-secretary-general-nigerian-red-cross-society-countermeasures-against-diphtheria-outbreak-nigeria>

<https://radionigeria.gov.ng/diphtheria-outbreak-nigerian-red-cross-makes-emergency-appeal-as-disease-spread-to-32-states/>

<https://guardian.ng/news/red-cross-to-mitigate-impact-of-diphtheria-outbreak/>

<https://dailynigerian.com/diphtheria-red-cross-donates/>

<https://www.youtube.com/watch?v=yswi-kx0VE>

<https://m.youtube.com/watch?v=5qE5ocsenHM&feature=youtu.be>

<https://youtu.be/rWLiGXoJPp8>

<https://youtu.be/llg9EHZK1sA>

### Tweets:

<https://twitter.com/IFRCAfrica/status/1714945484681261301>

<https://twitter.com/ifrc/status/1714554013008470277>

<https://twitter.com/IFRCAfrica/status/1728025100056728048?s=20>

<https://twitter.com/IFRCAfrica/status/1718942284752789970>

<https://twitter.com/ifrc/status/1734669483841651189?t=vXqdFf6VLbe9YT-UQdv-Ww&s=09>

<https://twitter.com/IFRCAfrica/status/1687010916376698881?s=20>

<https://twitter.com/IFRCAfrica/status/1727604536770961872>

## **D. FUNDING**

To date, this Emergency Appeal, which seeks CHF 5.4million is 5per cent funded. Further funding contributions are needed to enable the Nigerian Red Cross society with the support of the IFRC, to continue with the operation.

The current funding situation of the emergency appeal is 248,218 CHF. More information on contributors list can be found on the [IFRC's website landing page](#) for the diphtheria emergency appeal.

## Contact information

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

### In the Nigerian Red Cross Society

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### In the IFRC

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### At IFRC Geneva

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### For IFRC Resource Mobilization and Pledges support:

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### For In-Kind donations and Mobilisation table support:

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### For Performance and Accountability support (planning, monitoring, evaluation, and reporting enquiries)

- IFRC Regional Office for Africa Beatrice Atieno OKEYO, Head of PMER &QA, [beatrice.okeyo@ifrc.org](mailto:beatrice.okeyo@ifrc.org)

### Reference documents



Click here for:

- [Emergency Appeal](#)
- [Operational Strategy](#)