



Mothers club sensitization meeting in Numan LGA, Adamawa State

Appeal: MDRNG039	Total DREF Allocation: CHF 413,665	Crisis Category: Orange	Hazard: Other
Glide Number: -	People Affected: 3,800,000 people	People Targeted: 160,000 people	People Assisted: 708,466 people
Event Onset: Slow	Operation Start Date: 15-07-2024	Operational End Date: -	Total Operating Timeframe: 8 months

Targeted Regions: **Adamawa, Borno, Yobe**

Description of the Event

Date when the trigger was met

08-07-2024

What happened, where and when?

Since June 2024, the BAY states (Borno, Adamawa, and Yobe) in northeastern Nigeria have continued to experience a worsening nutrition emergency, marked by a dramatic rise in cases of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM), particularly among children under the age of five. This crisis is driven by a convergence of complex socio-economic and environmental factors, including ongoing conflict, widespread displacement, food insecurity, deteriorating public health infrastructure, and inadequate access to essential nutrition services.

The emergency was officially flagged by the Nutrition Sector in June 2024 following the release of alarming data from the Sentinel Surveillance system, SMART surveys, and SAM admissions, which collectively indicated a sharp increase in Global Acute Malnutrition (GAM) and SAM rates. By July 2024, the Nutrition Sector reported that inaccessible areas in the BAY states had recorded a GAM rate of 19.9% and a SAM rate of 9.2%, a significant rise compared to earlier findings in May 2024. These figures reflect increases of 1.1% and 0.7% respectively, with the majority of new cases emerging from underserved areas with minimal humanitarian presence.

The situation was especially dire in Borno State, where 12 out of 22 Local Government Areas (LGAs) were flagged for deterioration alerts. These alerts were linked to escalating cases of SAM compounded by secondary conditions such as Acute Watery Diarrhea (AWD), Acute Respiratory Infections (ARI), and suspected measles. LGAs like Bama, Damboa, Gwoza, and Konduga were among the hardest hit, showing unusually high admission rates for malnourished children with medical complications.

The crisis was further exacerbated by operational challenges, including reported cases of “child swapping” to access multiple rations of Ready-to-Use Therapeutic Food (RUTF), and a looming pipeline break in the supply of both RUTF and Ready-to-Use Supplementary Food (RUSF). The Nutrition Sector expressed grave concerns over anticipated stockouts of these life-saving commodities, citing surging SAM admissions in the first half of the year as a contributing factor.

In response to the escalating crisis, the State Governments of Yobe and Adamawa formally requested support from the Nigerian Red Cross Society (NRCS) via official letters dated 8 and 9 July 2024, respectively. These appeals called for expanded preventive and therapeutic interventions, including the scale-up of supplementary feeding programs, AWD response activities, and the training of healthcare workers to manage acute malnutrition more effectively. Since the launch of the DREF operation in July 2024, the severity of the nutrition emergency had continued to intensify. The Integrated Food Security Phase Classification (IPC) analysis of 2024 projected that between January and April 2025, approximately 2.6 million children under five in Borno, Adamawa, and Yobe states will suffer from acute malnutrition. A staggering 67% increase from the previous year. Of this number, over 1 million children are expected to experience severe acute malnutrition requiring urgent, life-saving care. This alarming trend was attributed to a combination of worsening economic conditions, inflation-driven food insecurity, restricted access to farmland due to insecurity, flooding and extreme weather events, outbreaks of cholera, and widespread gaps in infant and young child feeding practices.

Given the persistent and intensifying nature of the emergency, the NRCS intensified efforts to expand screening, referral, and supplementary feeding activities in the most severely affected communities. To maintain and scale up this response, a two-month no-cost extension was requested, pushing the operation's end date to 31 March 2025. This extension allowed for continued support to vulnerable populations, particularly mothers and caregivers, through targeted health education, community outreach, and life-saving nutritional interventions.





A mother receiving Cash assistance, Mosquito Nets and Soap in Adamawa State



A Papa's club member screening a child for Malnutrition in Yobe State



MC meeting in Borno

Scope and Scale

Severe Acute Malnutrition (SAM) remains one of the most critical public health challenges in Northeast Nigeria, particularly in the BAY states (Borno, Adamawa, and Yobe). The region faces compounded vulnerabilities due to prolonged conflict, displacement, natural disasters such as flooding and droughts, and a fragile healthcare system. These challenges have contributed to persistently high rates of both SAM and Moderate Acute Malnutrition, especially among children under five, pregnant and lactating women, and internally displaced populations.

Despite efforts by humanitarian organizations throughout 2024, significant gaps remain in both the curative and preventive coverage of nutrition services. According to the Nutrition Sector's Rapid Response Mechanism mapping (September 2024), only 65% of wards are currently covered with curative nutrition interventions. Alarming, 35% of wards lack curative services for SAM, while 37% are missing preventive services entirely. Hard-to-reach areas continue to face the most significant barriers, including insecurity, poor infrastructure, and logistical constraints. The collapse of the Alau Dam in Konduga LGA, Borno State, on 9 September 2024, resulted in severe flooding, affecting over 414,000 individuals, displacing more than 300,000 people, and damaging critical infrastructure such as schools, farmlands, and health centres. Similar impacts were recorded in Adamawa and Yobe, where 9 and 17 LGAs respectively were affected, pushing millions deeper into food insecurity.

Historically, the region has seen recurrent nutrition crises exacerbated by climate shocks, conflict, and systemic underinvestment in social services. SAM rates in past years exceeded emergency thresholds in many areas, with some LGAs reporting prevalence rates as high as 20% among children under five.

The Nigerian Red Cross Society implemented an integrated health and nutrition approach. Leveraging its widespread network of trained volunteers, NRCS supported health promotion, MUAC screening and referral, supplementary feeding for MAM cases, and multipurpose cash assistance. The intervention sought to complement government efforts, particularly in Adamawa, Borno, and Yobe states, to improve community resilience and reduce malnutrition-related morbidity and mortality as many households continue to experience limited access to diverse and nutritious food, driven by displacement, insecurity, inflation, and the collapse of local food systems. Even in areas where humanitarian food assistance is available, challenges related to targeting, access, and quantity often persist.

The region's healthcare infrastructure remains weak, with insufficient health facilities, medical personnel, and essential supplies. This inadequacy hampers both preventive and curative responses to malnutrition, particularly in hard-to-reach and conflict-affected areas. Inadequate water, sanitation, and hygiene (WASH) services are also a critical driver of malnutrition. Many communities rely on contaminated water sources and lack basic sanitation, which exposes them to waterborne diseases that exacerbate malnutrition and undermine recovery efforts.

Furthermore, gender and social inequalities limit access to health and nutrition services for women and other marginalized groups. Cultural norms, low literacy levels, and gender-based restrictions often prevent women from accessing available support or participating in community-based interventions.

Decades of protracted conflict and insecurity have led to chronic displacement, loss of livelihoods, and a dependence on humanitarian aid. These dynamics weaken household coping mechanisms and resilience, making it difficult for affected populations to recover and rebuild.

The impact of climate change, notably through recurrent droughts and devastating floods, has further eroded household food security by destroying farmlands and reducing agricultural productivity. In combination, these structural vulnerabilities continue to drive the region's persistent and severe food insecurity, forcing millions to rely on external assistance for their survival.

Source Information

Source Name	Source Link
1. Northeast Nigeria - Nutrition Sector Dashboard: January to September 2024	https://reliefweb.int/report/nigeria/northeast-nigeria-nutrition-sector-dashboard-january-september-2024
2. Nutrition Prevention Gap Analysis, sept 2024	https://drive.google.com/file/d/1ePbcVD3ydodwXzqjRayQW7nr-dcse5r/view
3. Nigeria (Northeast and Northwest): Acute Malnutrition Situation for December 2024 and January - April 2025	https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1159140?iso3=NGA
4. Northeast Nigeria: 2025 Multi-Risk Nutrition Emergency Response Preparedness (ERP) Plan (December 2024)	https://reliefweb.int/report/nigeria/northeast-nigeria-2025-multi-risk-nutrition-emergency-response-preparedness-erp-plan-december-2024?

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	Yes
Please provide a brief description of those additional activities	<p>Beyond the scope of the DREF operation, the NRCS implemented complementary nutrition focused activities under the framework of the Hunger Crisis Emergency Appeal, which further strengthened the nutrition response in Northeast Nigeria, particularly in Borno State. These interventions served to enhance community-based nutrition outreach, increase screening and referral coverage, and deepen sustainable behavioural change at the household and community levels.</p> <p>Key Achievements under the Hunger Crisis Operation</p> <ul style="list-style-type: none"> Capacity Building and Community Engagement: Conducted a 5-day Training of Trainers for Mothers' Club Coordinators and branch health teams on key nutrition themes such as Infant and Young Child Feeding (IYCF), MUAC screening of children aged 0-5, referral mechanisms, healthy cooking demonstration, and WASH practices. 3-day step-down training for 130 Mothers' Club volunteers in Borno, ensuring capacity was cascaded down to the community level. Established 40 active Mothers' Clubs across selected LGAs to support sustained delivery of nutrition education and outreach. Created 15 Papas' Clubs to engage fathers in supporting MC activities and advocating for better nutrition and hygiene practices at the household level. Set up 15 Community Health and WASH Committees to monitor and support hygiene promotion and linkages with local health facilities. Formed peer support groups for breastfeeding mothers and designated safe spaces for women and girls to access counselling, protection, and nutrition services. MC volunteers conducted home visits, reaching a total of 51,196 mothers and caregivers with messages on nutrition, IYCF, and hygiene in Borno. Through mass nutrition assessments, MCs reached 24,361 households, screening 40,888 children under five. Of those: 8,907 were identified with Severe Acute Malnutrition (SAM); 9,990 were found to have Moderate Acute Malnutrition (MAM); 21,991 were classified as green (normal). All severely malnourished children were referred to appropriate health facilities for prompt medical care. Conducted 30 Healthy Cooking Demonstration sessions, showcasing preparation of locally adapted and affordable meals such as Tom Brown, utilizing locally available food materials. Delivered 40 awareness sessions on key topics such as good nutrition, epidemic control, and safe hygiene practices, helping to reinforce preventive health behaviour at the household level. The NRCS supported supplementary feeding activities, especially for children



identified as MAM, helping bridge the treatment and recovery gap within communities with limited access to therapeutic food support.

IFRC Network Actions Related To The Current Event

Secretariat

The IFRC maintains a strong country presence in Nigeria through its Country Cluster Delegation based in Abuja. The IFRC continues to play a pivotal role in supporting the NRCS in its humanitarian mandate, particularly in the areas of emergency preparedness, health response, disaster management, and long-term resilience programming. Throughout 2024, the IFRC Secretariat provided extensive technical and financial assistance to the NRCS across a range of emergency health operations, including responses to diphtheria, Lassa fever, and measles outbreaks. This support extended to the development and implementation of the SAM DREF operation targeting the conflict and disaster affected BAY states.

For the SAM operation specifically, the IFRC maintained an active and collaborative role, providing hands-on operational and technical support to ensure quality implementation and accountability. The IFRC deployed health and operations cluster staff to support the NRCS with planning, coordination, and real-time field-level guidance. Regular monitoring, coaching, and mentoring visits were conducted jointly with NRCS staff to enhance implementation quality and adherence to standards. In addition to field support, the IFRC facilitated weekly coordination and review meetings between the NRCS headquarters, implementing branches, and IFRC technical teams. These regular meetings served as a platform for adaptive management, identification of challenges, and timely resolution of implementation bottlenecks. They also ensured that best practices and lessons learned were documented and applied in real-time to improve the overall effectiveness of the operation.

The IFRC also contributed to media and communication efforts, enhancing visibility around the SAM operation through the production of newsletters, operational updates, and social media content. This strengthened stakeholder engagement, partner awareness, and public recognition of the humanitarian work being delivered by the NRCS with IFRC support.

Participating National Societies

The Norwegian Red Cross is also operating within the IFRC Secretariat, offering support to the NRCS headquarters in several key areas such as the REACH initiative, community-based health programs, and financial system enhancement. With a presence at the NRCS National Headquarters and in Benue State, the Norwegian Red Cross is significantly involved in strengthening local capacities for community health.

Norwegian Red Cross is providing technical and operational support for Integrated Community Case Management (iCCM) and Community-Based Surveillance (CBS), especially in IDP-affected LGAs in Benue. In addition, the NorCross is also actively supporting Nutrition and Infant and Young Child feeding program in Benue, with production of locally made Tom Brown, screening and referral of Malnourished Children.

The British Red Cross is a strategic bilateral partner to NRCS, providing technical and institutional development support in Disaster Management, Preparedness for Effective Response (PER) and branch development, which has strengthened the State Branches' capacity to respond to emergencies

ICRC Actions Related To The Current Event

The ICRC has presence in the 3 BAY states in line with its mandate of responding in areas of armed conflict and other situations of violence.

In its nutrition program, the ICRC has focused on children under five and pregnant and breastfeeding women, facilitating preventive activities, such as teaching families about Infant and Young Child Feeding (IYCF) practices and empowering them to monitor malnutrition through Family MUAC screenings. About 300 children and 250 women have received supplementary feeding using the locally prepared Tom Brown formula to prevent Severe Acute Malnutrition (SAM), with 40 severely malnourished children referred for further treatment.



The ICRC provided cash assistance to 12,462 vulnerable households across the BAY states. The cash grants, given in three installments of 210,000 NGN each, allow families to meet essential needs, avoid harmful coping mechanisms, and improve their nutrition. Programs that integrate nutrition with agricultural support, cash transfers, and livestock distribution are helping families strengthen their food security and resilience.

The ICRC supports 10 government-run Primary Health Care Centers (PHCCs) across the region, with five of them offering outpatient therapeutic services for children suffering from malnutrition. For children with severe complications, stabilization centers in Biu and Mubi provide lifesaving care, and new centers in Damaturu and Michika will soon increase the total bed capacity to 180. The ICRC also trained health workers to improve the quality of care provided to these patients.

The WASH component has been equally transformative. In nine LGAs, solar-powered water systems, boreholes, and sanitation facilities have been constructed or rehabilitated, bringing clean water and improved hygiene to displaced camps and host communities. Hygiene kits with essential items like soap and buckets have been distributed to vulnerable households, and awareness campaigns are helping families adopt healthier hygiene practices, reducing the risk of disease.

In preparation for disease outbreaks, such as acute watery diarrhea, the ICRC and NRCS have worked together to educate communities, distribute medical supplies, and conduct house-to-house sensitization. Their close coordination with health, nutrition, and WASH partners ensures that all efforts are aligned, and resources are used efficiently.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	<p>A broad range of humanitarian organizations, United Nations agencies, and national authorities focused on addressing the root causes of malnutrition through community-based awareness and behaviour change initiatives. This included the promotion of Maternal, Infant, and Young Child Nutrition (MIYCN) practices, the distribution of Micronutrient Powders (MNPs), and Small Quantity Lipid-based Nutrient Supplements (SQ-LNS) to enhance dietary diversity and boost the nutritional intake of vulnerable children.</p> <p>To manage existing cases of malnutrition, partners established Outpatient Therapeutic Programs (OTPs) for the treatment of children with uncomplicated SAM, and Stabilization Centers (SCs) for those with severe complications requiring inpatient care. In certain areas, Targeted Supplementary Feeding Programs (TSFPs) were integrated into OTP services to ensure a holistic and comprehensive nutrition response. Capacity strengthening of frontline responders remained central to the sustainability of interventions. Health workers, community volunteers, and implementing partners received training in Integrated Management of Acute Malnutrition (IMAM) protocols, community-based screening, and referral mechanisms to improve early identification and case management. Logistics support was also scaled up, with partners enhancing supply chain coordination for timely delivery of Ready-to-Use Therapeutic Food (RUTF), essential medications, and other critical inputs.</p> <p>At the national and sub-national levels, government authorities played a leadership role in coordinating the response. The Federal Ministry of Health (FMOH) provided strategic direction and policy oversight through the implementation of the National Nutrition Policy and IMAM Guidelines, which establish standardized approaches for the prevention, detection, and treatment of SAM.</p> <p>State-level coordination was led by the State Primary Healthcare Development Agencies (SPHCDA) in Borno, Adamawa, and Yobe. These agencies supported the operationalization of OTPs and SCs, supervised field-level interventions, and ensured alignment with national standards. Coordination platforms such as the National Nutrition Cluster and State Emergency Nutrition Coordination Committees (SENCCs) enabled joint planning, information sharing, and monitoring of progress.</p>
UN or other actors	<p>In parallel, UN agencies and international and national NGOs scaled up their interventions in coordination with the Nutrition Sector. UNICEF provided technical support, nutrition supplies (including RUTF and MNPs), and led the expansion of OTPs and SCs in priority areas.</p>



WFP focused on preventive nutrition, distributing Small Quantity Lipid-based Nutrient Supplements (SQ-LNS) and supporting Targeted Supplementary Feeding Programs (TSFPs).

NGOs such as Action Against Hunger (AAH), International Medical Corps (IMC), and Save the Children deployed mobile nutrition teams, trained local health personnel, and enhanced community screening and referrals in hard-to-reach LGAs.

Are there major coordination mechanism in place?

At the national level, the Nutrition Cluster, co-led by the Federal Ministry of Health and UNICEF, provided strategic oversight and technical direction throughout the project duration. The cluster ensured that partners aligned their interventions with national policies, standards, and humanitarian principles. The FMoH continues to lead on policy, planning, and oversight through the implementation of the National Nutrition Policy and Integrated Management of Acute Malnutrition (IMAM) guidelines.

UNICEF and WFP supports the steady supply of essential commodities such as Ready-to-Use Therapeutic Food (RUTF), Micronutrient Powders (MNPs), and medical supplies. These agencies also provide operational guidance and technical support, ensuring that all partners, including NRCS, had access to key information and updates throughout the response.

At the state level, coordination was driven by the State Primary Healthcare Development Agencies (SPHCDA) through the State Nutrition Sector Working Groups. Regular monthly coordination meetings are conducted to review progress, resolve implementation bottlenecks, and align resources. These platforms also help to reduce duplication, improve partner complementarity, and promote adaptive planning.

At the LGA level, implementing organizations work closely with local government representatives and community-based structures to deliver services.

While the NRCS did not occupy a formal lead or co-lead role in the Nutrition Sector, it remains a valuable operational partner due to its wide grassroots presence, community trust, and technical capacity in community-based health programming.

NRCS branches were very active in state-level coordination forums and participated in working groups related to health, WASH, and community-based outreach. Through its trained volunteers and staff, NRCS contributed significantly to early detection and referral of SAM cases using MUAC screening, delivered nutrition education, supported WASH interventions, and conducted supplementary feeding activities in the target states. While the coordination architecture functioned well during the response, the operation highlighted several persistent gaps:

Limited cross-sectoral integration: Despite the multisectoral nature of malnutrition, coordination between nutrition, WASH, and food security sectors remained weak in many locations. A more deliberate approach to cross-sector planning is needed in future responses.

Access challenges: Insecurity, flooding, and poor infrastructure limited humanitarian access to several high-risk LGAs such as Machina and Geidam (Yobe State), and Gwoza and Mobbar (Borno State), delaying or preventing service delivery in critical areas.

Community-based actors not fully leveraged: While NRCS made significant contributions to the response, more formal recognition and integration of community-rooted organizations into sectoral leadership could enhance local ownership and sustainability of interventions.

Needs (Gaps) Identified



Drawing from the assessment conducted by the Nigerian Red Cross Society alongside the 5Ws Nutrition Sector Report of September 2024, the health sector in Northeast Nigeria continues to face significant challenges in managing the worsening crisis of Severe Acute Malnutrition, particularly in Borno, Adamawa, and Yobe (BAY) states. Over the past year, the number of severely malnourished children admitted into treatment programs increased by 11%, reflecting an alarming trend that underscores the urgent need for coordinated and sustained action.

Despite ongoing interventions, the response remains constrained by critical gaps in case management, supplementary feeding, community mobilization, and health system capacity.

Prevalence of Malnutrition and Immunization Gaps: The NRCS assessment revealed persistently low immunization coverage, with only 17.73% of children in Borno, 23.41% in Adamawa, and 20.25% in Yobe fully immunized. The prevalence of SAM was reported at 3.51% in Adamawa, 10.31% in Borno, and 11.35% in Yobe, ranking both Borno and Yobe as critical hotspots within the nutrition crisis. These figures align with sector alerts and reinforce the need for targeted interventions.

Overstretched Nutrition Facilities: The Outpatient Therapeutic Programs (OTPs), designed to treat uncomplicated SAM cases, were consistently overstretched and under-resourced throughout the operation. Frequent stockouts of Ready-to-Use Therapeutic Food (RUTF) disrupted treatment cycles, leaving many children without access to life-saving nutrition therapy. Similarly, stabilization centers (SCs), critical for the management of complicated SAM cases, faced resource constraints. Of the 15 centers across the BAY states, only eight remained fully functional, with many struggling due to shortages of therapeutic milk, SAM kits, and sustainable funding.

Gaps in Moderate Acute Malnutrition (MAM) Management: The situation was compounded by significant challenges in addressing Moderate Acute Malnutrition (MAM). Disruptions in the Ready-to-Use Supplementary Food (RUSF) pipeline, particularly in Yobe State led



to prolonged stockouts. This gap left vulnerable children untreated, causing many to deteriorate into SAM and adding further strain to OTPs and SCs. The lack of adequate supplementary feeding was most pronounced in IDP camps and returnee communities, where the needs were most acute.

Community Mobilization and Early Detection: Limited community-level mobilization and early detection posed additional barriers. Hard-to-reach areas remained underserved, with minimal MUAC screening conducted at the household level. The delayed detection of cases undermined preventive measures, while the absence of consistent community engagement contributed to harmful practices such as child-swapping to obtain multiple rations and misuse of nutrition commodities.

Systemic Health Sector Challenges: The health sector's capacity was further stretched by concurrent health emergencies, including a measles outbreak in Adamawa State, a spike in Acute Watery Diarrhea (AWD) in Borno and Yobe, and heightened risks of cholera due to poor WASH conditions and limited diagnostic capacity.

Emerging Gaps in 2025

Despite progress achieved under the DREF and complementary interventions, the situation in early 2025 reveals additional emerging gaps:

Sharp rise in projected caseloads: The 2025 IPC analysis projects 2.6 million children under five to be acutely malnourished between January and April 2025 across the BAY states including 1 million at risk of SAM. This represents a 67% increase compared to 2024.

Funding shortfalls: Several stabilization centers face imminent closure in 2025 due to limited donor funding, threatening continuity of care for complicated SAM cases.

Flood and climate shocks: Severe flooding in 2024 destroyed croplands, and recovery has been slow. As the lean season approaches in 2025, food insecurity remains high, with over 5 million people projected to face crisis (IPC Phase 3 or above).

Interrupted supply chains: Ongoing insecurity in border LGAs (e.g., Gwoza, Geidam, and Mobbar) continues to disrupt the pipeline for RUTF, RUSF, and essential drugs, creating recurrent service gaps.

Strain on volunteers and frontline workers: While Mothers' Clubs and community volunteers have been effective in mobilization and screening, burnout and lack of incentives risk undermining their sustainability.

Weak cross-sectoral linkages: Nutrition interventions remain insufficiently integrated with food security, livelihoods, and WASH programming, reducing the long-term impact of life-saving nutrition interventions.

Limited preparedness for disease-nutrition interaction: Rising measles and cholera threats in early 2025 are likely to worsen malnutrition outcomes, yet preventive integration between nutrition and epidemic response is still limited.



Water, Sanitation And Hygiene

The NRCS assessment confirmed that boreholes remain the primary water source, with 46.56% of respondents depending on them (13.31% in Adamawa, 17.81% in Borno, and 15.44% in Yobe). However, a significant proportion of households still rely on unsafe and unprotected sources, such as shallow wells, rivers, and surface ponds, exposing families to waterborne diseases that further compound malnutrition.

Although chlorination and boiling were cited as common water treatment methods, actual practice remains extremely low. Only 3.12% of households in Adamawa, 10.67% in Borno, and 9.27% in Yobe reported treating their drinking water regularly. In many communities, untreated water remains the norm, increasing exposure to Acute Watery Diarrhea (AWD), cholera, and other preventable diseases that disproportionately affect children under five and pregnant women.

The situation is further exacerbated by limited access to improved sanitation facilities. Overcrowding in IDP camps, host communities, and settlements has led to high rates of latrine sharing, poor maintenance, and in some cases, total absence of latrines, forcing residents into open defecation. This contamination of the environment contributes to repeated outbreaks of cholera and AWD. Recent monitoring in 2024 highlighted that many communities remain without functional waste management systems, compounding risks of disease outbreaks and placing additional strain on overstretched health facilities.

WASH gaps are not limited to communities alone. Several health facilities, Outpatient Therapeutic Programs, and stabilization centers lack consistent access to clean water, functional latrines, and proper waste disposal systems. This compromises infection prevention and control (IPC) measures and exposes malnourished children, who already have weakened immune systems, to heightened risks of healthcare-associated infections. In some OTPs, overcrowding and poor WASH conditions further undermine the quality of care provided.

The outlook for 2025 reveals persisting and new challenges that require urgent attention:

- Cholera and AWD outbreaks remain a serious risk due to inadequate cholera diagnostic kits, weak surveillance, and contaminated water sources, particularly in hard-to-reach LGAs such as Geidam (Yobe) and Gwoza (Borno).
- Non-functional boreholes: Many water points established in 2022–2023 have fallen into disrepair, with no structured maintenance plans. This forces households to revert to unsafe alternatives.
- Overstretched sanitation facilities: In overcrowded IDP settlements, the ratio of persons per latrine often exceeds 1:200, far above Sphere standards, creating unhygienic conditions.
- Weak integration of WASH in nutrition sites: Stabilization centres still lack dedicated WASH facilities, undermining the effectiveness of nutrition interventions.
- Climate shocks: The 2024 floods damaged or contaminated numerous boreholes and sanitation facilities. As of early 2025, many have yet to be rehabilitated, leaving communities reliant on temporary and unsafe alternatives.



In response to these challenges, the Nigerian Red Cross Society integrated WASH into its nutrition and health interventions. This included the distribution of soap, water purification tablets, coupled with hygiene promotion activities. To reduce the risks of cholera and AWD outbreaks, the NRCS also deployed four Oral Rehydration Points (ORPs) across the BAY states, ensuring early treatment and referral of diarrheal cases. This combined approach of WASH and nutrition programming created a more holistic response.



Protection, Gender And Inclusion

The BAY states continue to face significant protection risks, particularly SGBV, exclusion, and exploitation driven by conflict, displacement, food insecurity, and reduced humanitarian assistance. Vulnerable groups include women, children, child-headed households, persons with disabilities, the elderly, and Cameroonian asylum seekers.

Key risks include:

- SGBV and exploitation linked to harmful coping mechanisms such as survival sex and early marriage.
- Access challenges to food, water, shelter, and health services, especially in Bama, Dikwa, Ngala, Monguno, and Rann.
- Marginalization of persons with disabilities, elderly persons, and minority groups in accessing assistance.
- Child-headed households and unaccompanied minors lacking psychosocial support.

The NRCS response integrated PGI across activities by training volunteers on SGBV prevention and safe referrals, establishing safe spaces and peer support groups for women and breastfeeding mothers. Promoting inclusive participation of marginalized groups and advocating for stronger partner coordination on protection.

Gaps in 2025 remain, including underreporting of SGBV cases, limited funding for PGI programming, insufficient safe spaces, and lack of livelihood opportunities to reduce negative coping mechanisms.

Operational Strategy

Overall objective of the operation

This DREF operation aimed to mitigate the impact of Severe Acute Malnutrition (SAM) and other concurrent health emergencies among 160,000 most affected persons in Borno, Adamawa, and Yobe states by enhancing the capacity of the NRCS to effectively respond to Severe Acute Malnutrition cares; support the standard emergency nutrition response in coordination with active partners and promote sustainable WASH, health and nutrition practices to mitigate the escalation to SAM within 8 months.

Operation strategy rationale

The DREF operation in the BAY states (Borno, Adamawa, and Yobe) was designed to provide an integrated and community-driven response to the severe nutrition crisis. The strategy combined nutrition, health, WASH, and community engagement interventions to meet urgent needs while strengthening resilience and promoting long-term behavior change. Central to this approach was the Mothers' Club model, which served as a platform for nutrition education, peer-to-peer learning, and community mobilization, ensuring that interventions were not only lifesaving but also sustainable.

Progress and Key Achievements

1. **Coordination and Institutional Capacities:** The NRCS worked closely with national and international partners, including the ICRC, UNICEF, ACF, MSF, UNOCHA, and the Ministry of Health. Through active participation in Nutrition Cluster and coordination meetings at state and national levels, duplication of efforts was minimized, gaps were identified, and resources were aligned with priority needs. The NRCS also organized a Roundtable Partners Forum in Maiduguri, the hub of the Nutrition Sector Working Group, to strengthen coordination among partners and facilitate dialogue on sustainable actions for addressing malnutrition in the BAY states. These efforts positioned the NRCS as a trusted community actor, bridging the gap between humanitarian partners and vulnerable populations in hard-to-reach areas.
2. **Capacity Building and Health Facility Support:** Healthcare workers and community volunteers received structured training on Community Management of Acute Malnutrition (CMAM) protocols and Infant and Young Child Feeding (IYCF) practices. Joint monitoring visits with government and cluster partners were conducted to OTPs and stabilization centers, identifying critical gaps in service delivery. The operation strengthened local capacities to deliver quality care while highlighting systemic weaknesses requiring future investment.
3. **Community-Based Screening and Referral:** Community volunteers conducted door-to-door MUAC screenings, ensuring early detection of malnutrition. A total of 86,526 children were referred to Supplementary Feeding Program Centres, OTPs and stabilization centers, significantly improving access to lifesaving treatment. The mapping and assessment of OTPs and health facilities supported targeted interventions and informed decision-making across the BAY states.
4. **Community Mobilization and Behavior Change:** Mothers' Clubs provided safe spaces for education, counseling, and advocacy. Activities included IYCF counseling, healthy cooking demonstrations, and household-level training in child growth monitoring. These platforms also supported home gardening initiatives, improving dietary diversity and food security. The mothers club model empowered women and caregivers to actively participate in nutrition practices and monitoring, creating



community ownership and sustainability.

5. Addressing WASH and Health Gaps: To reduce disease risks that exacerbate malnutrition, NRCS distributed water purification tablets, multipurpose soap, and mosquito nets to 3,000 households across the three states. Four Oral Rehydration Points (ORPs) were established in hard-to-reach, high-burden locations to manage cases of Acute Watery Diarrhea (AWD) and dehydration. Community hygiene promotion campaigns increased awareness on preventive health practices and vaccination, contributing to a reduction in WASH-related health risks.

Exit Strategy and Sustainability

Recognizing the worsening nutrition situation and the need for sustainable interventions, the NRCS embedded sustainability measures within this operation. These included:

- Strengthening Community-Based Structures: Establishment and training of Mothers' Clubs, Papas' Clubs, and community health committees, ensuring ongoing advocacy, referral, and awareness activities beyond the operation's lifespan.
- "Mother MUAC Caregivers": Mothers and caregivers were trained to screen their children using MUAC tapes, to improve household-level surveillance and early detection of malnutrition.
- Sustainable Nutrition Practices: Community-led healthy cooking demonstrations were institutionalized, using local ingredients to promote cost-effective, replicable nutrition solutions.
- Transition to Government and Partner Support: To ensure sustainability beyond the lifespan of the DREF operation, the Oral Rehydration Point (ORP) kits that were deployed during the emergency response were formally handed over to government partners, particularly the State Primary Health Care Development Agencies (SPHCDAs) in Borno, while that of Adamawa and Yobe were left in the branches for easy deployment during outbreak. This handover aimed to strengthen state-led health systems and integrate the ORPs into existing government structures for continued service delivery.

The overall operational strategy demonstrated that a community-driven approach anchored on Mothers' Clubs can deliver both immediate lifesaving assistance and long-term resilience. While challenges such as supply pipeline disruptions and access constraints persisted, the operation successfully strengthened local capacity, improved service delivery, and promoted behaviour change. The sustainability measures adopted ensure that the gains of this DREF will continue to benefit vulnerable communities across Borno, Adamawa, and Yobe beyond the project period.

Targeting Strategy

Who was targeted by this operation?

This DREF operation was designed to reach 160,000 people with integrated health and nutrition promotion activities, focusing on the most vulnerable groups. These include severely malnourished children, moderately malnourished children, and pregnant and lactating women (PLW) who are at heightened risk of poor health outcomes. Recognizing the pivotal role of household decision-makers, the operation also engaged family influencers such as fathers and mothers-in-law. Their inclusion was critical, as they significantly influence household practices related to nutrition, health, and childcare. By involving them, the intervention ensured that messages and practices around improved nutrition were not only adopted by mothers and caregivers but also supported and reinforced within the wider family structure.

In collaboration with government authorities and the Nutrition Sector, the Nigerian Red Cross Society (NRCS) prioritized hotspot LGAs with high burdens of malnutrition, Acute Watery Diarrhea (AWD), and other health concerns. These targeted areas represented hard-to-reach communities where access to healthcare is limited and where other implementing partners are absent. In total, the operation covered 90 communities across 9 LGAs in Borno, Adamawa, and Yobe states.

To complement nutrition interventions, the operation specifically supported 3,000 mothers and caregivers of malnourished children with a package of WASH non-food items (NFIs), supplementary feeding programs, and cash assistance. These were delivered through the Mothers' Club structures, enabling community-driven approaches to improved child feeding, hygiene promotion, and sustainable caregiving practices.

This report documents the total number of 708,466 mothers and caregivers reached with nutrition, health and hygiene promotion messages across 90 communities in 3 states.

A total of 302,772 children 0–5-years were screened: 30,619 with Severe Acute Malnutrition (SAM) were referred to the health facilities for prompt treatment. While 55,907 were screened to be Moderately Malnourished and placed on Supplementary Feeding Program.

Explain the selection criteria for the targeted population

The DREF operation placed strong emphasis on reaching the most at-risk groups with targeted nutrition, health, and community-based interventions. Among the most vulnerable were children aged 6–23 months, who remain disproportionately affected by acute malnutrition. This age group, in transition from breastfeeding to complementary feeding, face an elevated risk of stunting, illness, and mortality. To address their unique needs, the operation ensured that children under five, particularly those in the 6–23-month range were prioritized for nutrition services, immunization campaigns, and complementary feeding support.

Recognizing the critical link between maternal nutrition and child health, the operation also focused on women of reproductive age (15–49 years), particularly pregnant and lactating women. Through the Mothers' Club structure, these women participated in nutrition



education, counselling, peer support groups, and healthy cooking demonstrations, equipping them with the knowledge and tools to improve their own nutrition and that of their children. These interventions contributed directly to healthier pregnancies, improved birth outcomes, and better growth and development among children.

The operation further supported mothers and caregivers of children with SAM and MAM through nutrition programming and small-scale income-generating activities, helping families strengthen resilience while sustaining improved nutrition practices. At the household and community level, the NRCS delivered integrated health and nutrition packages that combined awareness campaigns, behaviour change communication, and promotion of optimal feeding and hygiene practices to tackle the underlying social, cultural, and behavioural drivers of malnutrition, creating an enabling environment for lasting improvements.

To ensure inclusive engagement, the NRCS also established Papa's Clubs in 90 communities across the three states. These clubs mobilized fathers and male community members as champions of nutrition and health. The Papa's Clubs played an outstanding role in breaking cultural barriers, advocating for exclusive breastfeeding, complementary feeding, and improved hygiene practices. They encouraged male involvement in childcare and nutrition decisions, ensuring that positive behaviors were reinforced within households. Members of the Papa's Clubs also supported early identification of malnutrition cases and referred affected children to OTPs and stabilization centers, bridging the gap between families and health facilities.

Through the integration of the Mothers' Clubs and Papa's Clubs, the DREF operation created a holistic, family-centered approach to tackle malnutrition which not only addressed immediate needs but also strengthened community ownership, built resilience, and laid the foundation for sustainable improvements in maternal and child nutrition across the BAY states.

Total Assisted Population

Assisted Women	556,734	Rural	60%
Assisted Girls (under 18)	-	Urban	40%
Assisted Men	151,732	People with disabilities (estimated)	15%
Assisted Boys (under 18)	-		
Total Assisted Population	708,466		
Total Targeted Population	160,000		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	Yes
Does your National Society have anti-sexual harassment policy?	Yes

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Community Resistance due to cultural beliefs, misinformation, or mistrust towards external aid providers.	The formation of Papa's club helped to break down cultural barriers that might prevent families from accessing care. The Papa's club are group of community leaders and influencers who educate communities about the importance of addressing malnutrition, practicing good hygiene, and recognizing early signs



	of malnutrition. Papa's Clubs served as the first point of contact for families, helping to identify cases of malnutrition and guiding them to nearby health facilities for support.
Possibility of late reporting as a result of multiple Operations managed by the National Society.	The NRCS health department appointed a dedicated staff with a full-time responsibility to manage this operation and ensured that activities were implemented and reported in time. At the branch level, the mothers' clubs' coordinators were in charge of the day-to-day implementation and supervision of the activities, reporting to the NHQ through the Branch Secretary and Health Coordinators.
Health Risks: Spread of communicable diseases among displaced populations including volunteers and healthcare workers.	The operation integrated infection prevention and control measures and provided basic PPEs to volunteers and staff engaged in this operation.
Logistical Challenges due to a hike in fuel price affecting transportation costs and anticipated difficulty in transporting and distributing relief supplies to remote and conflict-affected areas.	To mitigate this, the NRCS engaged local vendors and vendors close to the project location to ensure timely delivery of supplies to the communities. Also, the project replaced bulky NFIs with cash grants to allow for flexibility in transportation.

Please indicate any security and safety concerns for this operation:

The protracted insurgency and conflict in the BAY states posed serious challenges to humanitarian access and the safety of both responders and affected populations. The presence of non-state armed groups, frequent attacks along major supply routes, and general insecurity in hard-to-reach communities created constant risks for humanitarian workers, volunteers, and beneficiaries. These conditions not only threatened staff safety but also disrupted the continuity of critical nutrition and health interventions.

To mitigate these risks, the NRCS implemented several measures to safeguard personnel, communities, and program assets:

- Maintained close coordination with local security actors and community leaders to gather real-time updates and strengthen acceptance at community level.
- Regularly updated security protocols and contingency plans, ensuring preparedness for potential threats or sudden changes in the security context.
- Provided comprehensive security and "stay safe" training for staff and volunteers prior to field deployment, equipping them with practical knowledge to minimize exposure to risks.
- Worked closely with the ICRC and UN partners to receive regular security updates, early warning alerts, and guidance on safe humanitarian access.

Despite these efforts, several risks remained during the operation:

- Escalating armed group activities in Borno and Yobe, which restricted access to hard-to-reach areas such as Gwoza, Rann, and Geidam.
- Climate-related hazards such as flooding, which damaged infrastructure and restricted mobility while also exacerbating food insecurity and displacement.
- Rising tensions in overcrowded IDP camps, where competition over scarce resources, water points, and food distributions led to localized protection incidents.
- Health risks, including recurrent outbreaks of cholera, measles, and acute watery diarrhea, which increased vulnerabilities among beneficiaries and strained already overstretched health facilities.

The NRCS continuously adapted its security management systems, in collaboration with government authorities, the ICRC, and UN partners, to balance humanitarian access with staff safety to ensure that despite a volatile context, lifesaving nutrition, health, and WASH interventions reached the most vulnerable communities in the BAY states.

Has the child safeguarding risk analysis assessment been completed?	Yes
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Implementation



Multi Purpose Cash

Budget: CHF 128,781

Targeted Persons: 3,000



Assisted Persons: 3,000
Targeted Male: -
Targeted Female: 3,000

Indicators

Title	Target	Actual
# of women supported with micro-grants	3,000	3,000
# of volunteers trained on CVA	30	30

Narrative description of achievements

- NRCS Provided micro-grants to 3,000 mothers and caregivers of malnourished children across the BAY states.
- 30 volunteers were trained on cash transfer programming, with integration of CEA and PGI principles. This ensured transparent, inclusive, and needs-based targeting, while strengthening NRCS' future readiness to implement cash-based interventions.

As part of the nutrition support component, the operation provided a one-off multipurpose micro-grant of ₦60,000 to 3,000 mothers and caregivers of malnourished children across 90 target communities in 9 LGAs of Borno, Adamawa, and Yobe States. Beneficiaries were identified during community-level screening activities led by Mothers' Club Volunteers and health facility staff. Selection criteria included: (1) having a child screened and confirmed with SAM or MAM, (2) belonging to a vulnerable household (female-headed, IDP or returnee status, or extreme economic hardship), and (3) no access to other ongoing nutrition or cash assistance. Lists were verified jointly by NRCS branch focal points and local health authorities to ensure transparency and avoid duplication. Cash was delivered either using bank cards at supervised cash disbursement points.

Community Engagement and Accountability approaches and PGI safeguarding principles were applied throughout the process to ensure fair selection and complaint resolution.

Use of Funds (Based on Post-Distribution Monitoring):

- The PMER team conducted Post Distribution Monitoring across 9 LGAs to assess utilization of cash grants and gather community feedback. Results showed that 77% of households confirmed improved access to food, medicine, and essentials. High satisfaction was reported regarding the transparency of the process and the timeliness of the assistance.

Beneficiaries reported that the cash helped stabilize household food consumption, enabled continuity of treatment for SAM/MAM, and reduced the need for negative coping mechanisms such as skipping meals or borrowing food.

Lessons Learnt

- Micro-grants provided mothers with flexibility and dignity, empowering them to decide on their children's dietary and household needs.
- Future operations should consider indexing cash values to market trends or complementing cash with in-kind support during inflationary shocks.

Challenges

- Market price fluctuations during the project period reduced the purchasing power of the micro-grants in some LGAs, especially for staple foods.
- Limited funding restricted the scale of cash assistance, meaning only the most vulnerable households were covered.
- Some caregivers lacked financial literacy and needed support to access the card PIN and their funds. This posed a risk to the safety of their funds.



Budget: CHF 103,381
Targeted Persons: 160,000
Assisted Persons: 708,466
Targeted Male: 151,732
Targeted Female: 556,734



Indicators

Title	Target	Actual
# of volunteers trained on IYCF, screening and ECV	230	340
# of women and caregivers reached with messages on health & nutrition	160,000	708,466
# of mothers' clubs peer education and awareness sessions conducted	48	139
# of MC established and active	60	105
# of HCW trainings conducted	3	3
# of OTPs supported with medical items and consumables	3	3
# of Mothers' clubs active on SFP	30	105

Narrative description of achievements

- At the onset of the operation, the NRCS conducted a comprehensive nutrition assessment and mapping exercise across the BAY states. This exercise determined the prevalence of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM), identified high-risk populations, and evaluated the availability of existing nutrition services and supplies. The assessment also mapped Outpatient Therapeutic Programs (OTPs) and Stabilization Centers, ensuring a functional referral pathway for identified SAM cases. This groundwork provided an evidence base to guide the operation's targeting and interventions.

- A total of 340 Mothers' Club Volunteers were trained and deployed on nutrition campaigns, Infant and Young Child Feeding (IYCF) practices, and epidemic control. Through this approach, 105 Mothers' Clubs were established, serving as platforms for community-based nutrition education and peer support. Collectively, these volunteers reached 708,466 mothers and caregivers of children under five years old with vital IYCF messages, significantly improving awareness and practices at the household level.

- At household level, a total of 191,370 households benefited from combined nutrition and WASH messages, promoting healthier practices and improving child survival outcomes.

- NRCS volunteers screened 302,772 children under five years old for malnutrition. Out of these, 30,619 children with Severe Acute Malnutrition (SAM) were identified and referred to health facilities for prompt treatment, while 55,907 children diagnosed with Moderate Acute Malnutrition (MAM) were placed on supplementary feeding programs.

- Recognizing the role of men in household decision-making, 90 Papa's Clubs were formed across targeted communities. These groups actively supported nutrition campaigns promoted positive health-seeking behaviors and advocated for the uptake of SAM and MAM services, breaking down cultural barriers that hindered access to care.

Below is the breakdown of number of persons reached per state:

- Borno: 27, 740HHs (2,673 Male; 52,367 Female; 55,040 persons in total);
- Adamawa: 57, 876HHs (27, 926 Male; 381, 819 Female; 409,745 persons in total);
- Yobe: 105, 754HHs (121, 133 Male; 122, 548 Female; 243,681 persons in total);

Lessons Learnt

- Ongoing insurgency and insecurity in parts of Borno and Yobe hindered access to hard-to-reach communities such as Gwoza, Machina, and Geidam. In some areas, volunteers could only conduct limited outreach due to security threats, reducing coverage of nutrition screening. this also affected branch and NHQ monitoring to some LGAs.

- While 302,772 children were screened, referral facilities remained overstretched. Frequent stockouts of Ready-to-Use Therapeutic Food (RUTF) and limited functional Stabilization Centers meant that not all 30,619 SAM cases referred could be promptly managed.

Challenges

- The establishment of 105 Mothers' Clubs and 90 Papa's Clubs proved highly effective in mobilizing households. Mothers reached 708,466 caregivers with IYCF messages, demonstrating that empowering local volunteers fosters ownership, improves trust, and enhances



sustainability.

- The creation of Papa's Clubs strengthened family-level decision-making, helping dismantle cultural barriers to care. Fathers became champions of exclusive breastfeeding and supplementary feeding practices, improving community buy-in.



Water, Sanitation And Hygiene

Budget: CHF 45,755

Targeted Persons: 3,000

Assisted Persons: 169,914

Targeted Male: 87,007

Targeted Female: 82,907

Indicators

Title	Target	Actual
# of HHs reached with water purification tablets	3,000	3,000
# of hygiene promotion sessions carried out	48	102
# of health & WASH committees formed at LGA level	30	90
# of ORPs deployed and actively serving the communities	2	4
# of HHs reached with LLINs	3,000	3,000
# of persons reached with Cholera messages	32,000	169,914
# of persons treated in the ORP	0	1,501

Narrative description of achievements

- Distributed water purification tablets to 3,000 targeted households and conducted education sessions on safe water treatment and storage to reduce contamination risks.
- Conducted widespread campaigns to promote proper handwashing, sanitation, and safe hygiene practices, reaching 169,914 persons across 25,044 households.
- Established and supported 90 Community Health and WASH Committees to drive sustained hygiene promotion and community ownership of WASH activities. These Committees were formed through community meetings and selection by community leaders, NRCS Division, Mothers' Club coordinators, and local health staff. Members included women and men community volunteers, representatives of Mothers' Clubs, community leaders of women, men, youth, religious groups, including schools and traditional birth attendants, and where possible a person with disability representation. Committees coordinated hygiene promotion sessions, organized community clean-ups, supported ORP referral messaging, and acted as the first line for reporting of AWD cases to local health authorities/NRCS. The NS leveraged on existing community development committees and strengthened them where available.
- Successfully integrated WASH activities into nutrition interventions, addressing underlying causes of malnutrition and improving overall child health outcomes.
- Deployed 4 Oral Rehydration Points (ORPs) in hard-to-reach settlements (2 in Adamawa, 1 each in Borno and Yobe), providing immediate treatment for dehydration caused by Acute Watery Diarrhea and other diarrheal diseases, while conducting awareness campaigns to inform communities about the importance and availability of ORPs, ensuring increased utilization.
- Distributed long-lasting insecticide-treated nets (LLINs) to 3000 pregnant and lactating women, and families with children under the age of 5, reducing malaria risks. Pregnant and lactating women were prioritized for LLIN distribution because they are a high-risk group for malaria, which can lead to severe anemia, low birth weight, and poor recovery outcomes for both mother and child. The selection of beneficiaries leveraged the existing SAM activities and the Mothers' Club structure, which already engage all mothers, through routine nutrition sessions, home visits, and community mobilization. Targeting Pregnant and lactating women also aligns with public health best practices and WHO guidance for malaria prevention, integrating nutrition and health interventions for maximum impact.



- Collaborated with community health workers to promote handwashing with soap, safe disposal of infant faeces, safe water treatment and storage, exclusive breastfeeding, and complementary feeding.

Lessons Learnt

- Integrating WASH with nutrition interventions enhanced the impact of both, showing that addressing water and hygiene gaps reduces recurring malnutrition.
- Community health and WASH committees proved effective in sustaining hygiene practices beyond the project cycle.

Challenges

Cultural barriers slowed the adoption of new practices like safe disposal of infant feces and handwashing with soap, highlighting the need for more sustained community engagement.



Protection, Gender And Inclusion

Budget: CHF 2,923

Targeted Persons: 23,999

Assisted Persons: 191,370

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of volunteers trained on PGI	230	340

Narrative description of achievements

The operation ensured that all activities deliberately considered the needs of vulnerable groups, particularly women, children, and persons with disabilities, ensuring equitable access to health, nutrition, and WASH services.

Community awareness campaigns were conducted to raise understanding of Sexual and Gender-Based Violence (SGBV), its impact on nutrition and health, and the importance of prevention and reporting mechanisms.

All 340 community volunteers, including Mothers' Club and Papas' Club members, were trained on PGI principles to integrate inclusion, protection, and referral pathways in their community-based activities.

Two Safe spaces were established in Yobe State providing counseling, psychosocial support, and access to nutrition services in a protective environment. Borno and Adamawa could not meet up the timeline of the activity.

Lessons Learnt

- Safe spaces for women and girls became central platforms not only for protection but also for nutrition education, psychosocial support, and peer-to-peer learning.
- Engaging men and family influencers (through Papas' Clubs) helped reduce stigma around SGBV discussions and promoted shared responsibility in childcare and nutrition.

Challenges

- Stigma and cultural sensitivities limited open discussions on SGBV in some communities, requiring careful, culturally appropriate messaging.
- Short Project timeframe and insecurity, restricted access in certain LGAs in Borno, hindering the continuity of safe spaces and limited the reach of PGI awareness campaigns.
- Lack of, or weak referral systems in remote communities meant some cases could not be linked quickly to formal protection services.





Community Engagement And Accountability

Budget: CHF 70,189

Targeted Persons: 160,000

Assisted Persons: 708,466

Targeted Male: 151,732

Targeted Female: 556,734

Indicators

Title	Target	Actual
# of interactive workshops held at community level	30	90
# of IEC materials produced and disseminated	100,000	50,000
# of feedback documented and addressed	120	2,008
# of radio jingle slots aired	3,000	0
# of health cooking demonstrations conducted	120	139
# of market rallies/roadshows conducted	3	3
# of Papa's club formed	0	90

Narrative description of achievements

- A series of interactive workshops were conducted across the 9 LGAs, reaching thousands of mothers and caregivers with practical knowledge on breastfeeding, complementary feeding, and child nutrition. Religious and community leaders, as well as traditional birth attendants, were actively engaged to disseminate nutrition messages, which increased community acceptance and participation.
- 5 Radio shows were conducted in the 3 states, Adamawa, Borno and Yobe reaching a total of 3,350,000 with 27 calls received, with subject matter experts drawn from the State Ministries of Health, ensuring that information on malnutrition prevention and treatment reached hard-to-reach and illiterate populations. The feedback documented which were mainly on interactions on Severe acute malnutrition, Complementary feeding, Healthy Cooking demonstration, Exclusive breast feeding, using RUTF, complementary feeding, Hygiene promotion, Management of SAM-how to treat SAM cases with referrals and facility treatment, Infant and Young Child Feeding (IYCF), Measurement of SAM -MUAC Screening and Household water treatment. The languages used for the shows are, Hausa and Kanuri.
- Posters, flyers, and social media updates were utilized to promote IYCF and inform families where to seek treatment.
- 3 Market rallies and road shows were organized during World Breastfeeding Week, reaching people with key nutrition and health messages.
- 139 Healthy cooking demonstrations were conducted in communities, showing caregivers how to prepare age-appropriate meals using locally available foods. Mothers' peer support groups were established, creating safe spaces for breastfeeding mothers to share experiences, build confidence, and receive mutual support. There were lots of positive feedback on the impact of the nutrition program on their children.
- Over 3,120 Community meetings were held, providing a platform for local dialogue on malnutrition issues, while feedback mechanisms were set up through suggestion boxes and volunteers to ensure accountability and adaptation of services.
- A total of 2,008 feedback were documented and 681 loop were closed aside those of the appreciation which were automatically closed. Feedback were received from mostly females, i.e. pregnant/lactating, women headed households and child headed households. The age range is 30-59. Majority of the feedback documented were appreciations, and community members wanting the program to continue. Several individuals spoke on the impact of the project especially in areas of breast feeding, especially the value of colostrum, and learned to prepare affordable local foods like Tom Brown, which many said improved their children's health. Most of the questions were on where on when subsequent Tom Brown sessions would be conducted and when the cash they were registered for will be disbursed. They went further to request for more health education and awareness programs as well as provision of mats and refreshments during mothers club meetings. Some of the comments gathered from the communities:
 - "We appreciate the Red Cross for the sensitization especially on Colostrum which we earlier thought as dirt and it's been pressed and thrown away. But now we know it is one of the most important aspects of Breastfeeding."



- "Thank you for sensitization on Nutrition and how to breastfeed right, I learned how to make Tom-brown which has helped my child to improve, he was screened red but after taking Tom-brown for months now he is now screened Green."
- "I want to use this opportunity to thank NRCS for bringing this program to my community because it has helped me as a lactating mother to know how to feed my child properly, I now know that my child can eat healthy with affordable food stuffs in our village."

Lessons Learnt

- Engaging religious leaders, traditional birth attendants, and fathers significantly improved the acceptance of nutrition messages, showing that culturally respected figures are key in influencing behavior change.
- Combining radio jingles, social media, posters, and market rallies ensured that messages reached a wide range of audiences, including illiterate, rural, and urban populations.
- Mothers' peer groups and Papa's Clubs created ownership and built community confidence, ensuring that IYCF practices continue beyond the project.
- Cooking demonstrations and household visits proved to be more impactful than lectures alone, as they allowed caregivers to practice and adopt new nutrition behaviors.

Challenges

- In some communities, entrenched traditional beliefs limited immediate acceptance of exclusive breastfeeding practices, requiring additional advocacy with community leaders.
- Insecurity and poor road networks in parts of Borno and Yobe reduced coverage of awareness campaigns and outreach events.



Coordination And Partnerships

Budget: CHF 3,019
Targeted Persons: 55
Assisted Persons: 90
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
% of coordination meetings attended	90	95
# of high level advocacy conducted	2	2
# of Movement TWG meetings supported	4	2

Narrative description of achievements

During the implementation of the SAM DREF operation, the NRCS, with support from the IFRC, strengthened both internal and external coordination mechanisms to ensure a unified and effective response. At the national and subnational levels, NRCS/IFRC representatives actively participated in nutrition cluster and sector coordination meetings, ensuring that Red Cross actions were well aligned with government priorities, sectoral strategies, and the broader humanitarian response. The Red Cross presence enhanced visibility, reduced duplication, and facilitated the timely sharing of updates and gaps with partners.

High-level advocacy and support missions were conducted to the Northeast Humanitarian Cluster and targeted project communities, which provided opportunities to engage with authorities and strengthen collaboration.

On the technical side, the NRCS worked with State Ministries of Health to activate and strengthen early warning systems for detecting and responding to health and nutrition threats. This collaboration improved surveillance in hotspot areas and supported preparedness for potential outbreaks of measles, cholera, and Acute Watery Diarrhea (AWD), which frequently exacerbate malnutrition. The operation also invested in building the capacity of community health workers, training them to operate Oral Rehydration Points (ORPs) and temporary Outpatient Therapeutic Points (OTPs) in hard-to-reach communities where health facilities were absent. The localized capacity proved crucial in bridging service delivery gaps and improving early treatment for malnourished children and other vulnerable groups.



Regular coordination and information sharing were maintained throughout the intervention cycle. From assessments, planning, and implementation to closure. The consistent engagement with both active partners (UNICEF, WFP, MSF, ACF, government agencies, and local NGOs) and Movement actors created synergies, ensured complementarity, and allowed gaps to be quickly identified and addressed.

In Maiduguri, Borno State, the Nigerian Red Cross convened a high-level Roundtable Partners' Forum, bringing together key humanitarian actors, including UNICEF, WFP, International Medical Corps (IMC), Action Against Hunger (ACF), IFRC, government agencies, and local stakeholders. The forum served as a platform to strengthen coordination, discuss sustainable solutions, and share lessons from ongoing interventions in the BAY states.

The Movement Health Technical Working Group, comprising ICRC, IFRC, Nigerian Red Cross, and NorCross, met twice during the operation to coordinate health interventions and ensure a unified approach. Key outcomes included enhanced collaboration and complementarity, with clear delineation of roles in especially in Borno where ICRC and NorCross are actively present. The ICRC and NorCross also participated in the partners roundtable meeting to review operational progress, identify gaps, and agree on integrated health-nutrition strategies, leveraging existing structures such as Mothers' Clubs for broader impact.

Key Highlights of the Discussion:

- UNICEF highlighted the drivers of malnutrition – food shortages, reduced funding, insecurity, and inflation, and emphasized community-based nutrition programs, cash assistance, and locally sourced solutions as critical strategies to mitigate these challenges.
- WFP underscored the need to diversify food sources, support local farmers, and improve food preservation to reduce reliance on imported or external food aid.
- IMC raised the persistent health system gaps, poor infrastructure, lack of skilled personnel, and inaccessible facilities and advocated for capacity building and deploying volunteers to reach hard-to-reach communities.
- ACF emphasized the cultural and social barriers to adopting better nutrition practices, calling for stronger community engagement and the use of local languages to accelerate behaviour change.
- IFRC stressed long-term sustainability through community empowerment, capacity building, and policy advocacy, and highlighted the Mother's Club model as a scalable intervention in resource-constrained settings.
- NRCS showcased the impact of Mothers' Clubs on improving screening, referrals, advocacy, and household income generation, noting the increased trust built with communities and stronger volunteer networks.

Emerging Themes and Recommendations:

1. **Shift to Preventive Approaches:** Participants agreed on prioritizing prevention over treatment, focusing on maternal and child nutrition, cash assistance, and locally produced supplements.
2. **Strengthen Local Systems:** Support for local food systems, farmers, and small-scale producers was identified as a sustainable way to combat malnutrition and enhance food security.
3. **Health System Strengthening:** Increased investment in training health workers, improving infrastructure, and maintaining stabilization centers and OTPs was recommended to close persistent gaps.
4. **Community Engagement and Behaviour Change:** More resources are needed to address cultural barriers, language gaps, and slow acceptance of new nutrition practices through culturally sensitive approaches.
5. **Scale-up of the Mothers' Club Model:** Stakeholders recognized the Mothers' Club as a best practice for increasing trust, improving household-level nutrition behaviours, and empowering women economically.
6. **Security and Access:** The ongoing insurgency continues to impede access to malnutrition services. The NRCS' grassroots volunteer network was highlighted as a unique strength enabling continued service delivery despite insecurity.
7. **Stronger Coordination and Advocacy:** Partners called for more consistent coordination through the Nutrition Sector Working Group and for advocacy at policy level to secure funding and integrate nutrition into broader health systems.

The Roundtable Forum strengthened partnerships among humanitarian actors and emphasized the need for locally driven, sustainable solutions to break the cycle of malnutrition. It also reaffirmed the central role of NRCS and its community-based volunteer network, particularly through the Mothers' and Papas' Clubs, in advancing early detection, referrals, and behaviour change. Participants committed to collaborating more closely on resource mobilization, capacity building, and policy advocacy to sustain and scale up the gains made under the SAM DREF operation.

Lessons Learnt

- Representation at coordination platforms enhanced NRCS's credibility and positioned the National Society as a trusted grassroots partner within the nutrition sector.
- High-level advocacy fostered stronger collaboration with government and partners, but sustaining these relationships will require continuous engagement beyond emergency operations.
- Consistent coordination and information sharing reduced duplication of services yet challenges in harmonizing reporting formats and timelines among partners sometimes delayed joint decision-making.



Challenges

- Limited integration of nutrition, WASH, and protection interventions reduced the overall impact of operations.
- Gaps in partner coordination occasionally resulted in overlap in some communities and under-coverage in others, despite ongoing sector efforts.
- Short implementation timeframe of the DREF limited the ability to fully embed sustainability measures before project closure.



Secretariat Services

Budget: CHF 17,387

Targeted Persons: 410

Assisted Persons: 500

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of documentaries produced	1	3
# of joint supervision visit conducted per state	2	4
# of security risk assessment conducted	3	3

Narrative description of achievements

- Weekly review meetings were held with project focal points at both national and state levels, ensuring timely feedback, information sharing, and improved accountability.
- NRCS, in collaboration with IFRC and State Ministries of Health, conducted joint supportive supervision visits to targeted branches. These visits strengthened quality assurance, standardized reporting, and improved case referral linkages.
- Short documentary and storytelling products were developed, highlighting the impact of Mothers' and Papas' Clubs, ORP, cash assistance, and community-led screening. These materials served as advocacy tools for resource mobilization and partner buy-in.
- Comprehensive security risk assessments were conducted prior to major deployments, with mitigation measures such as route mapping, staff movement clearance, and safe access protocols put in place.
- Regular security briefings and situation reports were shared with staff and volunteers, supported by ICRC and UN updates, ensuring preparedness in volatile locations.

Lessons Learnt

- The documentation of best practices, including short films and human-interest stories, proved highly effective in advocacy and donor engagement and should be scaled up in future operations.
- Joint supervision fostered stronger collaboration between NRCS, government actors, and Movement partners, which increased ownership and accountability at branch and community levels.

Challenges

- Security risk assessments were conducted, but rapidly changing security dynamics sometimes outpaced the available information, requiring last-minute changes to planned activities.



National Society Strengthening

Budget: CHF 42,229

Targeted Persons: 410



Assisted Persons: 470

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of volunteers insured	405	500
# of volunteers trained on Safer access	405	470
# of Staff dedicated to this operation at NS	4	18
# of operation review meeting conducted	3	12
# of lessons learned workshop conducted	1	1
# of monitoring missions conducted by NHQ team	3	8

Narrative description of achievements

- All 385 volunteers involved in the operation were insured, ensuring protection in case of accidents or incidents during service.
- Volunteers and staff were trained on the Safer Access Framework to enhance their understanding of security protocols and ensure safe delivery of humanitarian assistance in conflict-prone areas.
- Regular briefings were conducted on roles, safety, and security, with monitoring mechanisms established to ensure compliance with standard operating procedures.
- Branded T-shirts, bibs and Hijabs were provided alongside personal protective equipment (PPE), enhancing both identity and safety during field operations.
- Six NHQ staff members (Director Health, Health officer, Finance Officer, Senior CEA officer, Senior Communications officer and PMER officer) and 12 branch Staff were engaged at the national level to provide technical and administrative support, ensuring smooth coordination, reporting, and accountability. At the branch level, there was active participation of branch management and divisional focal points at all stages of the operation cycle strengthened ownership and local accountability.
- A mid-term review was conducted after three months, allowing adjustments in implementation strategies. A final Lessons Learned Workshop (LLW) was organized at the end of the operation to consolidate best practices and challenges.
- As part of the key actions of this DREF Operation, a roundtable partners' forum was convened in Maiduguri, the hub of the Nutrition Sector Working Group, bringing together government stakeholders, UN agencies, Movement partners, and NGOs. The forum strengthened coordination, encouraged alignment with national strategies, and created space for partners to discuss sustainable actions for nutrition and WASH interventions in hard-to-reach areas. The NRCS positioned itself as a key grassroots actor by showcasing the impact of community-led initiatives such as Mothers' and Papas' Clubs, earning recognition from partners as a trusted mobilizer at the community level. The forum concluded with commitments to improve joint planning, supply chain reliability, and capacity sharing among partners to sustain gains made under the DREF operation.

Lessons Learnt

- The LLW brought together, staff, volunteers, Governance, senior management and partners from all 3 states and it served as a platform for volunteers, staff, and partners to reflect on implementation, identify gaps, and document innovations that contributed to the success of the SAM DREF operation. Key lessons highlighted the effectiveness of the Mothers' Club model, which proved highly sustainable and scalable across multiple LGAs.
- The LLW emphasized the need for stronger integration of WASH and PGI components with nutrition programming to address underlying causes of malnutrition. It also identified the importance of timely supply chain coordination, as stockouts of RUTF and therapeutic supplies slowed referrals and case management. Participants agreed on the value of continuous peer-to-peer learning and recommended scaling up Mothers' Club peer learning camps as part of future operations. Detailed LLW report has been attached as annex to the final report.



Challenges

- Delayed volunteer payments created frustration among field teams and, in some cases, slowed down implementation.
- Coordination gaps in the early phase delayed information sharing with some partners, though this improved and further strengthened during the roundtable forum.



Financial Report

DREF Operation

FINAL FINANCIAL REPORT

MDRNG039 - Nigeria - Severe Acute Malnutrition

Operating Timeframe: 15 Jul 2024 to 31 Mar 2025

Selected Parameters			
Reporting Timeframe	2024/07-2025/09	Operation	MDRNG039
Budget Timeframe	2024/07-2025/03	Budget	APPROVED

Prepared on 27/Oct/2025

All figures are in Swiss Francs (CHF)

I. Summary

Opening Balance	0
Funds & Other Income	413,665
DREF Response Pillar	413,665
Expenditure	-366,970
Closing Balance	46,695

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	394,505	341,370	53,135
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs			0
AOF4 - Health			0
AOF5 - Water, sanitation and hygiene			0
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	394,505	341,370	53,135
SF11 - Strengthen National Societies			0
SF12 - Effective international disaster management	2,834	3,624	-790
SF13 - Influence others as leading strategic partners			0
SF14 - Ensure a strong IFRC	16,326	21,976	-5,651
Strategy for implementation Total	19,160	25,600	-6,440
Grand Total	413,665	366,970	46,695

[Click here for the complete financial report](#)

Please explain variances (if any)

The total approved budget for the operation was CHF 413,665, with actual expenditures of CHF 369,649, representing 89% utilization. It is important to note that the operation documents 100% implementation rate. The variance is mainly due to forex exchange gains realized during funds transfer, not under-implementation of activities.



Contact Information

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