

Nigeria | Diphtheria Outbreak



Volunteers on a Road Show Procession and Campaign against Diphtheria ©NRCS

<p>Emergency appeal No: MDRNG037 Emergency appeal launched: 09/10/2023 Operational Strategy published: 02/11/2023</p>	<p>Glide No: EP-2023-000034-NGA</p>
<p>Operation updates #5 Date of issue: 27/08/2024</p>	<p>The timeframe covered by this update: From 18/11/2023 to 31/12/2024</p>
<p>Operation timeframe: 13 months (11/10/2023 - 30/08/2024) Extension request: 5months (11/10/2023 – 31/01/2025)</p>	<p>Number of people being assisted: 6,200,000</p>
<p>Funding requirements (CHF): CHF 6 million CHF 5.4million Secretariat</p>	<p>DREF amount initially allocated: CHF 1Million</p>

The Emergency Appeal, which sought CHF 5.4million through the Secretariat, was only 30 per cent funded amidst the ever present needs on the ground.

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 35/36 States including the Federal Capital Territory (FCT). Only one State (Benue) did not report any suspected or confirmed case of Diphtheria throughout the duration of the outbreak. The Nigeria Centre for Disease Control and Prevention (NCDC) declared this outbreak to be the worst in a decade, with a previous similar outbreak said to have occurred in 2011. As at week 51 of 2023, there were 22,293 suspected cases reported from week 19, 2022 to week 51 2023, across 36 States including the FCT in 340 Local Government Areas (LGAs). There were 13,387 laboratory confirmed cases, with the majority being children aged 1-14 years, of which only 25% were said to have been fully immunized. There were 598 deaths (4.5%) from confirmed cases.

Diphtheria is a vaccine-preventable disease and severe bacterial infection that can affect a person's nose, throat, and occasionally skin, caused by *Corynebacterium* species. The people at the greatest risk of contracting diphtheria are children and people who have not received any, or only a single dose of the vaccine (diphtheria toxoid-containing vaccine). People at risk are communities residing in densely populated 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 also at risk of contracting the disease. There is also a risk of contracting diphtheria if a person comes physically in contact with someone infected with diphtheria.

Map of Nigeria Showing state/LGA with Diphtheria Cases from Wk 19, 2022 to wk 52, 2024

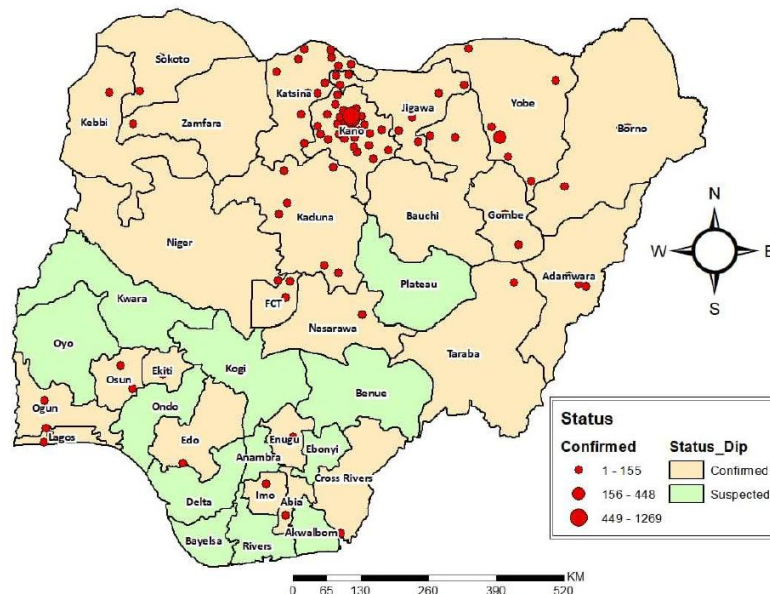


Figure 1: Map of Incidence (per million population) of confirmed Diphtheria cases in Nigeria by State, epi-week 19 2022 - epi-week 52, 2024

Diphtheria outbreak posed a huge threat to at-risk communities in Nigeria. This deadly disease began in week 19 of 2022 and spread to all the States in the country including the FCT. The last sitrep by the NCDC cumulatively from epi-week 19, 2022 – epi-week 52, 2024, Nigeria recorded 36 States and FCT, 41,181 suspected cases and 24,777 confirmed cases in 36 states including the FCT, from 340 LGAs; Kano, Yobe, Katsina, Bauchi, Borno, Kaduna, and Jigawa account for 96.4% of the total cases. As at week 52 2024, 1,261 deaths and CFR of 5.1% were recorded. August 2024 witnessed a new surge in diphtheria cases in Bauchi and Kaduna with 5 deaths in Kaduna of which 3 were children. Kaduna state reported that the recent cases of diphtheria in Turkur LGA were rejection of diphtheria vaccine uptake. Also, monitoring feedbacks revealed, there were cases of reported in Plateau and Ekiti States. These cases indicated the need for more intervention and also the need for an emergency appeal and response continuation, in order to reduce the spread of the disease by a huge margin and increase the uptake of routine immunization.

B. Summary of Response



The NRCS Director, Health and Care Demonstrating Hand-washing methodology to Market Women in Ekiti State.

Overview of the Host National Society Response

The Nigerian Red Cross Society (NRCS) is mandated by the Act of parliament in Nigeria to act as a leading organization in national preparedness and 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 NRCS health team provides guidance to branch team (Branch Secretary and Health coordinator) in the 37 states and over 800,000 community-based volunteers spread across the country. During the operation, the NRCS worked with government

agencies such as NCDC and NPHCDA in reducing the spread of the outbreak in 14 states of Kano, Zamfara, Katsina, Jigawa, Bauchi, Yobe, Borno, Kaduna, Taraba, Osun, FCT, Ekiti, Plateau and Lagos.

Coordination: The NRCS was an active member of the emergency taskforce set up by the coordinating ministry of health for Nigeria which coordinated the diphtheria response activities in the Country. NRCS worked with MSF, UNICEF, WHO, NCDC, NPHCDA and other stakeholders during the emergency response to the diphtheria outbreak. Through strong engagement with NCDC, the NRCS conducted community-based surveillance activity with the National Rapid Response Teams (NRRT). Regular coordination meetings were conducted to review weekly activities, provide operational support to issues as they arose, and review weekly data collection, collation and validation.

Targeted Advocacies/Community Dialogues: The NRCS staff and volunteers conducted advocacy visits to key stakeholders and opinion leaders to sensitize and mobilize them to support the diphtheria activities in their domains. Among those sensitized and advocated to were traditional/community leaders, religious leaders, school authorities, women leaders, youth leaders, market unions, etc. A total of 554 advocacies and 461 community meetings were conducted during the reporting period. Community dialogues/town-hall meetings were also conducted in the diphtheria response.

Community-Based Surveillance (Active Case Search and Contact Tracing):

The NRCS Staff and volunteers were trained by the NCDC and State Primary Health Care Development Agencies/Managements Boards on surveillance and immunization key concepts related to the NRCS diphtheria operational strategies. Trained NRCS volunteers were deployed to conduct house-to-house active case search and contact tracing using the NCDC surveillance (IDSR reporting forms) in collaboration with health facility staff and LGA Disease Surveillance and Notification Officers (DSNOs). Cases found by the volunteers were reported to the DSNOs through the health facility surveillance focal points for investigation, sample collection, referral and treatment. A total of 1,510 trained volunteers were deployed for surveillance activities across 14 States.

Immunization: The NRCS supported routine immunization vaccine intensification in 7 priority states namely: Kano, Zamfara, Katsina, Jigawa, Bauchi, Yobe and Borno States with 120 vaccination teams of 6 persons each deployed and supported with stipends and logistics. The volunteers also mobilized parents and care givers to present eligible and zero dose children at health facilities and outreach centers for vaccination and catch-ups on missed opportunities. The vaccination teams were able to immunize **1,500** children during the response.

RCCE and Awareness Creation: Volunteers conducted house-to-house Advocacy, Communication, and Social Mobilization (ACSM)/Risk Communication and Community Engagement (RCCE) activities on diphtheria case definition, signs, symptoms, and preventive measure to increase community suspicious index and promote early reporting to reduce the spread of the disease. A total of 4,255 volunteers were engaged across the focal 14 States and reached 16,370,043 persons in 3,157,386 households from 69,192 communities.

The NRCS implemented a holistic RCCE approach as part of the Diphtheria DREF operation across the targeted states. The overall feedback from communities showed that people were more receptive to diphtheria information and vaccination messages compared to COVID-19, with significantly less fear and suspicion. Rather than resisting information, communities expressed eagerness to learn about the disease, its symptoms, treatment options, and preventive measures. However, traces of traditional beliefs persisted, as some individuals still indicated reliance on local herbs for treatment.

Motorized Campaign (Road Shows and Market Storms): Government adopted IEC materials were adapted and customized to fit local contexts to ease understanding and compliance by community members, hand bills were distributed to the public during the public enlightenment rallies/motorized campaigns and the house-to-house sensitization by the NRCS volunteers. In total, **33 road shows** were conducted. Volunteers were provided with T-shirts and aprons for safe access, identification and visibility as they flooded the streets with road shows and stormed the markets in the States, LGAs and Communities.

Media Engagement: The NRCS in collaboration with NCDC and State Primary Healthcare Development Agencies (SPHDAs) aired **510** jingles and conducted **23** live radio shows to interact with the public where people were able to phone-in and ask questions and give information to the team. The live call-in radio shows were conducted in the States reaching an estimated population of **22,025,000 people**. Posters, banners and Flyers with key messages on diphtheria were also distributed to the public and posted on all NRCS social media handles.

Infection Prevention and Control: NRCS volunteers were deployed to distribute hygiene kits to households in 4 States – Katsina, Kano, Kaduna, and Osun to enhance the prevention and control of diphtheria in the communities. Hand sanitizers were also provided for all volunteers engaged in the house-to-house activities and **1,585,080** Volunteers, health workers and community members were reached with hygiene kits (hand sanitizers and face masks). In addition, 12 states received IPC support through donation of PPEs (including Glovers, face masks, aprons, shield) to health centres and the team of vaccinators who worked with the volunteers in the communities.

Supervision and Monitoring: Trained NRCS NDRTs supported the Appeal implementation including step-down training of volunteers across the 14 implementing Branches. Also, the NCDC, NPHCDA and the NRCS national headquarters collaboratively conducted joint supportive supervision to the 14 States throughout the Operation. This collaborative effort further enhanced the quality of the Diphtheria DREF operation in Nigeria

Case Management Data Collection: The NRCS supported the State government to train and deploy data collectors for retrospective data collection on Diphtheria from health facilities in 7 States. Seventy-five (75) of them were engaged and mandated to go through health facilities' registers and patients' case notes to extract suspected and confirmed cases as well as diphtheria-related deaths in the 7 priority States and they were able to extract and collate 9000 suspected/confirmed cases of diphtheria from the hospitals. All 75 data collectors received training from NCDC on the use of ODK and Kobo Collect app.

The NRCS sought and got a no cost extension for the Emergency appeal by 5 months; consequently, the appeal was extended to 31st December 2024. The Nigerian Red Cross Society also participated in the immunization campaign which was very important as the percentage of unimmunized children was very low for children under five 5 years of age who were fully immunized. The extension was also necessitated by the security situation and different social unrest and uncertainties in the country at the time (such as the End Bad Governance Protest), which disrupted the joint government and partners Lessons Learned session originally slated for August 2024.

After Action Review: The Diphtheria intra-action review (IAR) covered the period from when response activities were initiated from December 2022 – December 2024. It was a centralized review with participants drawn from the National Diphtheria technical working group (TWG) across all pillars and supporting partners (NRCS, IFRC, WHO, B-AN etc.). Selected participants from the 7 high burden states were invited (Kano, Yobe, Bauchi, Borno, Zamfara, Kaduna and Katsina). The review covered; coordination, RCCE, surveillance, laboratory case management /infection prevention and control and vaccination and logistics supply chain pillars.

The overall objective of the IAR was to provide opportunity for national and subnational stakeholders of the diphtheria response team to review the response efforts, identify current best practices, gaps, lessons learnt and propose corrective actions to strengthen the continued response to diphtheria.

Specific Objectives were;

- a. To provide an opportunity for national and subnational stakeholders to share experience and collectively analyze ongoing in-country diphtheria response.
- b. To facilitate consensus building and lesson learning amongst the response stakeholders to improve the current response by preventing recurrent errors and reproducing success.
- c. To document and apply lessons learnt for health systems strengthening.

- d. Develop a Diphtheria IAR report including comprehensive set of recommendations to strengthen Nigeria's Diphtheria response capabilities.

See details in link:

https://drive.google.com/file/d/1nH_IFCnanlz-SxCvQAm_A3hQKbdCrDz8/view?usp=sharing

The Diphtheria operation also supported the NRCS Celebration of World Red Cross Day.

Situation Report of Diphtheria Cases in Nigeria

Needs analysis

Transmission and prevention:

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

Immunization Gaps: The persistent gap in vaccination coverage continues to drive the diphtheria outbreak in Nigeria, with the most affected age group being children between 5 and 14 years. This trend aligns with the findings from the nationwide diphtheria immunity survey, which revealed that only 42% of children under the age of 15 had received full vaccination against diphtheria. Vaccination status among confirmed cases further highlights the severity of the coverage gap. Recent figures show that only 4,981 individuals (19.3%) of those confirmed to have diphtheria were fully vaccinated. Meanwhile, a staggering 80% of cases occurred in unvaccinated individuals, reflecting a critical vulnerability in the population's immunity.

The National Immunization Coverage Survey (NICS) conducted in 2021 had already signalled this risk, reporting that 64% of Nigerian children between 12 and 23 months had not received all recommended vaccinations in the five years preceding the survey. The same survey, alongside data from the 2021 Multiple Indicator Cluster Survey (MICS), revealed that 46% of children had only received partial immunization between 2016 and 2021. These findings align with the more recent statistics that show just 57% of children in the same age group had received the third dose of the pentavalent vaccine—a key component in protecting against diphtheria.

In response to the outbreak, the Nigerian government, through the NCDC and the National Primary Health Care Development Agency (NPHCDA), intensified efforts to contain the disease. These include targeted vaccination campaigns in high-risk states, enhanced disease surveillance, and increased community sensitization initiatives. However, the data continued to highlight the urgent need to improve routine immunization coverage, particularly among older children who are now bearing the brunt of the outbreak due to historical gaps in protection.

In general, the routine vaccination provided in-country did not reach the whole population. There was a huge challenge in the population immunity considering the low vaccination coverage. However, it was identified that overall, the available vaccines were not sufficient to cover the at-risk population. The NRCS therefore aimed to promote safe and adequate uptake of Routine Immunization (RI) among the most at-risk and exposed population in the various hotspot areas. The need for advocacy with the MoH to deliver the concerned LGAs in priority States was also considered by the NRCS and in this operation.

This operation gave attention to zero dose children in hard to reach and/or security compromised settlements and ensured that eligible children had access to the vaccine. NRCS also provided logistics support to vaccination teams to provide immunization services to the rural hard to reach areas, including IDPs and refugee settlements.

Health needs and gaps: Some states struggled with logistics support for vaccine delivery, due to reasons such as high cost of transportation making it difficult to reach children who may be at risk of vaccine preventable diseases (VPD) such as Diphtheria in marginalized communities and hard to reach areas.

The Nigerian health care system is still experiencing different challenges like poor staffing levels and shortages of health professionals and affecting the quality of care they provide to patients and members of the public. Most of these gaps in health care and public health crisis were linked to poor community' engagement, poor environmental conditions, poor communication of public health messages and low vaccination coverage.

Other Challenges Include:

- Difficulty in accessing some communities due to security concerns
- Poor hygiene conditions due to the poor state of latrines and toilets
- Lack of portable drinking water in some rural areas and urban slums and sheltered communities
- Inadequate vaccines to cover affected population
- Inadequate health facilities and diagnostic centres for proper management of patients
- Low vaccination of health professionals
- Inadequate trained professionals for diphtheria outbreak response
- Poor and inconsistent reporting from the States

Infection Prevention & control (IPC)

As the new cases of diphtheria emerged, more health care professionals were engaged to support the diphtheria response. To address this, a two-day training of trainers (ToT) was conducted for NRCS health and care department staff members at branch and NHQ as well as NDRTs across the Country. Staff and capacity on IPC were enhanced by the training which was provided by the Swedish Red Cross and the IFRC.

Operational risk assessment

Security assessment and safer access protocols were observed by both staff and volunteers during the operation. Also, volunteers were guided by the Fundamental and "do no harm" principles. The volunteers and staff were provided with the needed PPEs during the diphtheria operation to keep safe in the course of discharging their duties.

Update on the Strategy:

The activities in the operation complemented the emergency response of the government and the NCDC heightened the need to continue community sensitization in the 14 focal States. The NRCS provided human resource to strengthen surveillance and ACSM pillar in the epidemic response in the 14 targeted States.

The operational strategies implemented were;

- Supported RI intensification campaigns in 14 States of Kano, Osun and Katsina)
- Supported the government on reactive vaccination campaigns in affected States
- Conducted house-to-house sensitization (RCCE) and mobilization to increase public awareness on diphtheria and vaccine hesitancy and increase uptake
- Conducted radio and TV jingles and public announcements in the targeted States
- Supported the government with Active Case search and Contact Tracing
- Supported the government case management data review and extraction
- Conducted motorized campaigns and market storms


- Conducted Intra-action review Lessons Learned meeting



NRCs volunteers conducting door-to-door and community sensitization on Diphtheria

C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

	Health & Care <i>(Surveillance/Mental health and psychosocial support / Community Health / Medical Services)</i>	Total Target		7,000,000	
		Females >18:	1,779,211	Females <18:	1,682,289
		Males >18:	1,852,809	Males <18:	1,685,691
Objective:	<i>Strengthening holistic individual and community health of the population impacted through community level interventions and health system strengthening</i>				
Key indicators:	Indicator	Actual	Target		
	# of IEC Materials designed and published	429,570	2,500,000		
	Total number of volunteers trained on ECV/CBHFA (RCCE PFA)	4,255	2,700		
	Total number of volunteers deployed to support Diphtheria activities	4,255	2,700		
	Total number of volunteers trained on Community based surveillance and contract tracing	1,510	2,700		
	# of suspected cases of diphtheria in Community based surveillance activity identified by Red Cross	25,409	NA		
	# of alerts screened and submitted to MOH through the DSNO	8,759	NA		
	# of street campaigns (road walks) conducted	33	50		

# of peer support groups established and actively engaged in structured team meetings	443	30
# persons reached through health promotion and social Mobilization for Diphtheria	16,370,043	6,200,000
# of NDRTS trained on Diphtheria response	20	10
# of NDRTS deployed to monitor the response	20	10
# of vaccination teams supported for vaccine intensification campaigns (a team of 6 persons each)	120	NA


Nigerian Red Cross society deployed community-based volunteers to work alongside the State Epidemiologists to conduct outreach activities. The NRCS volunteers documented the information collected from the households/communities and submitted the data to the State epidemiologists/DSNO for further investigation.

During the surveillance and other activities, Red Cross volunteers used 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 supported the State primary health care with vaccination activities through social mobilization of unvaccinated children to the vaccination posts and health centers. The vaccination teams consisted of vaccinators, EMID recorders, town announcers/criers and supervisors.

The Diphtheria operation started as a DREF and was later scaled up to an Emergency Appeal with further extensions and as a result of the case load, the initial target was exceeded.

Although the suspected cases that were identified by the volunteers were 25,409 and shared with the DSNO for further investigation, 8,759 is the number confirmed by the DSNO and shared with NCDC.

 Water, Sanitation and Hygiene	Total target:		12,000 Households
	Males >18: 3,000	Females >18: 9,000	

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*

Key indicators:	Indicator	Actual	Target
	# of hygiene promotion sessions conducted in communities	170	120
	# of persons reached with Hygiene Promotional messages	16,370,043	650,000
	# of affected persons reached with disinfectants	12,000	12,000
	# of families benefitting from multipurpose soap for personal hygiene	12,000	12,000
	# of States that receive IPC support for vaccinators and health workers (facemasks, gloves, gowns, etc.)	12	12

The NRCS volunteers reached over 16 million people with hygiene promotion messages in the affected States

NRCS volunteers were also deployed to distribute hygiene kits to households to enhance the prevention and control of diphtheria in the communities. Hand sanitizers were also provided for all volunteers engaged in the house-to-house activities and 1,585,080 people, comprising of volunteers, health workers and community members were reached with hygiene kits (hand sanitizers and face masks). In addition, 12 states received IPC support through donation of PPEs (including gloves, face masks, aprons, shield) to health centres and the team of vaccinators who worked with the volunteers in the communities.



Protection, Gender and Inclusion

Total target: 265,000 people

Males: 66,250

**Females:
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
# of people who received psychosocial support for Diphtheria	25,409	NA
# of PWD reached with RCCE and vaccination activities	19,200	265,000
# of volunteers trained on PGI	4,255	930
Number of people trained on MPHSS	1,510	0
# of PGI booklets reproduced and distributed to volunteers	4,300	2,700
# of state-level PGI/PSEA training sessions for volunteers and staff	14	13

IFRC provided technical support to Nigerian Red Cross on MPHSS. A separate training was conducted on MPHSS for the Nigerian Red Cross volunteers and the NDRTs integrated with PGI. Psychosocial support sessions were provided by the NRCS volunteers specifically for families who have lost someone to diphtheria disease and recovering from the disease.



Community Engagement and Accountability

Females >18: 1,779,211 Females <18: 1,682,289

Males >18: 1,852,809 Males <18: 1,685,691

Objective:

Key indicators:	Indicator	Actual	Target
	# of community engagement meetings held	461	NA
	# of community influencers mobilized	41	NA

# of staff and volunteers working on the operation who have been trained in community engagement and accountability	4,255	2,700
% of queries/feedback received through feedback mechanisms established that were responded to and the feedback loop closed	100%	80%
% of sampled community members who say they are satisfied with the support received from RCRC	98.13%	80%
# of live call-in radio sessions conducted	45	62
# of radio and TV slots for jingles	510	5,000
# of persons reached through the radio (estimated)	22,025,000	NA

NRCS collected feedback from the communities using the IFRC CEA tool. Beyond radio engagements, the NRCS mobilized the community influencers to enhance trust, counter misinformation, and expand the reach of messages. Traditional and religious leaders, including chiefs, imams, and community elders, were sensitized and engaged to reinforce accurate health information, particularly on vaccination and prevention. Health workers and Red Cross volunteers supported house-to-house sensitization and acted as credible sources of information within their communities. Local media personalities and radio presenters also amplified Red Cross messaging, often serving as co-hosts during live sessions and using their personal platforms to advocate for vaccination. Partnerships with schools were initiated to facilitate the display of posters and encourage the integration of diphtheria awareness into school activities.

Community feedback collection was an integral part of the RCCE strategy, ensuring that community voices directly informed decision-making and response actions. Feedback was collected through multiple channels including live interactive radio shows, Red Cross volunteers at community level, health outreach activities, and direct phone calls from listeners and community members. These mechanisms provided a platform for two-way communication, allowing the NRCS and partners to monitor community perceptions, dispel misinformation, and tailor messaging based on real-time needs.

The primary feedback channel during the reporting period was the live interactive radio show. Each of the 45 radio sessions aired across the states, included segments for live call-ins, text messages, and voice notes through radio hotlines. Trained Red Cross volunteers, alongside health professionals and media hosts, recorded and categorized all feedback using standardized templates. Additional feedback came from community volunteers conducting household visits, health promotion sessions, and post-broadcast community discussions, which captured reactions from those who had listened to the radio programs or received second-hand information through peers.

Enabling approaches



National Society Strengthening

Objective:			
Key indicators:	Indicator	Actual	Target
	Community-based volunteers trained and mobilized	4,255	2,700
	Number of staff in the National society supporting the operation	10	10
	# of external partnership meetings attended supporting the National Society in the response.	10	5
	# of regular coordination mechanisms conducted with all Movement partners	48	9
	# of volunteers working on the project with health, accident and death volunteer insurance by IFRC	3,000	3,000
	# of states that conducted a perception survey	7	5



Coordination and Partnerships

Objective:			
Key indicators:	Indicator	Actual	Target
	Stakeholder and partner engagement meetings conducted	48	37
	Intra-action review and Lessons Learned workshop	2	1

The NRCS was an active member of the emergency taskforce set up by the coordinating ministry of health for Nigeria which coordinated the diphtheria response activities in the country. The NS also worked with MSF, UNICEF, WHO, NCDC, NPHCDA and other stakeholders during the emergency response phase. Nigerian Red Cross Society also distributed IEC Materials to the state ministry of health and NCDC as well as to other partners such as MSF, hospital treatment centres and other government agencies involved in the emergency response to enhance information dissemination.



Secretariat Services

Objective:

Indicator	Actual	Target
# of IFRC staff supporting NS	4	4
# of monitoring activities completed	12	15
# of trainings & lessons learnt workshop completed	15	4
# of updated security assessments by state	14	13

IFRC supported the NS with review of financial documents and technical support to the health team. IFRC also provided technical support to the NRCS Health and PMER for the data analysis and management of surveillance, vaccination, and situational report.

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

Tweets:

- <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. FINANCIAL REPORT

The Emergency Appeal, which sought CHF 5.4million through the IFRC Secretariat received CHF1,617,677 (was 30% per cent funded), including the DREF contribution. There are no reports of bilateral contributions to this EA. Expenditure at closure stands at CHF1,547,288, with a balance of CHF70,389. The balance will be carried over to the Nigeria Red Cross Country Plan 2026. If donors have any questions they may be addressed to regional SPRM. The extract of the financial report is below:

MDRNG037 - Nigeria - Diphtheria Outbreak

Operating Timeframe: 14 Mar 2023 to 31 Jan 2025; appeal launch date: 12 Oct 2023

I. Emergency Appeal Funding Requirements

Total Funding Requirements	5,400,000
Donor Response* as per 27 Oct 2025	617,677
Appeal Coverage	11.44%

II. IFRC Operating Budget Implementation

Planned Operations / Enabling Approaches	Op Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items	0	0	0
PO02 - Livelihoods	0	0	0
PO03 - Multi-purpose Cash	0	0	0
PO04 - Health	875,177	642,356	232,821
PO05 - Water, Sanitation & Hygiene	66,063	4,594	61,469
PO06 - Protection, Gender and Inclusion	3,259	0	3,259
PO07 - Education	0	0	0
PO08 - Migration	0	0	0
PO09 - Risk Reduction, Climate Adaptation and Recovery	1,011,010	696,644	314,366
PO10 - Community Engagement and Accountability	46,981	922	46,060
PO11 - Environmental Sustainability	0	0	0
Planned Operations Total	2,002,490	1,344,516	657,974
EA01 - Coordination and Partnerships	24,044	17,400	6,644
EA02 - Secretariat Services	295,064	178,110	116,954
EA03 - National Society Strengthening	108,855	7,262	101,593
Enabling Approaches Total	427,963	202,772	225,191
Grand Total	2,430,453	1,547,288	883,165

III. Operating Movement & Closing Balance per 2025/09

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	1,617,677
Expenditure	-1,547,288
Closing Balance	70,389
Deferred Income	0
Funds Available	70,389

IV. DREF Loan

* not included in Donor Response	Loan :	1,000,000	Reimbursed :	0	Outstanding :	1,000,000
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V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
British Red Cross	217,829				217,829		
DREF Response Pillar				1,000,000	1,000,000		
European Commission - DG ECHO	139,746				139,746		
Japanese Red Cross Society	30,012				30,012		
On Line donations	50				50		
Red Cross of Monaco	9,357				9,357		
The Canadian Red Cross Society	31,450				31,450		
The Netherlands Red Cross (from Netherlands Govern	189,235				189,235		
Total Contributions and Other Income	617,677	0	0	1,000,000	1,617,677	0	
Total Income and Deferred Income					1,617,677	0	

Contact information

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

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At IFRC Geneva

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For IFRC Resource Mobilization and Pledges support:

- Louise Daintrey, Regional Head of Strategic Engagement and Partnerships; Email: louise.daintrey@ifrc.org

For In-Kind donations and Mobilization table support:

- Allan Masavah, Head, Global Humanitarian Services & Supply Chain Management, Africa Region, allan.masavah@ifrc.org

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

- Beatrice Okeyo, Head of PMER &QA, beatrice.okeyo@ifrc.org

Reference documents

Click here for:

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

How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, to prevent and alleviate human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.