

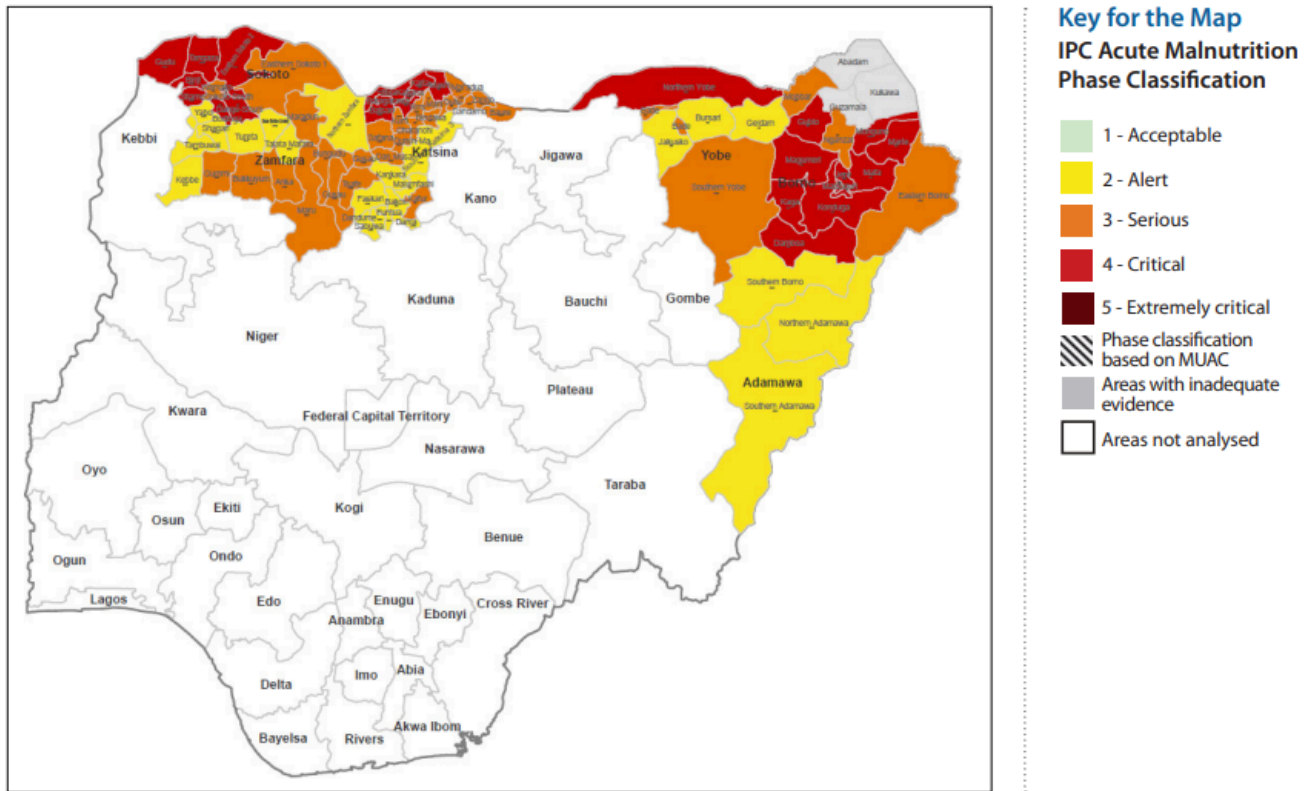


Mothers' Club sensitization meeting in Yobe State

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	
Event Onset: Slow	Operation Start Date: 15-07-2024	New Operational End Date: 31-03-2025	Total Operating Timeframe: 8 months
Reporting Timeframe Start Date: 15-07-2024		Reporting Timeframe End Date: 31-12-2024	
Additional Allocation Requested: 0		Targeted Areas: Adamawa, Borno, Yobe	

Description of the Event

SECOND PROJECTED SITUATION MAP AND OVERVIEW (JANUARY – APRIL 2025)



Map showing IPC acute malnutrition Projected situation in the NorthEast Nigeria - January - April 2025

Date when the trigger was met

08-07-2024

What happened, where and when?

The BAY (Borno, Adamawa, and Yobe) states in Nigeria continue to face a severe nutrition crisis, with high levels of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) affecting large segments of the population, particularly children under five. This ongoing crisis is driven by a combination of socio-economic factors, including food insecurity, displacement, poor healthcare infrastructure, and inadequate nutrition services. The situation significantly worsened since the initial Emergency alert issued by the Nutrition Sector in June 2024, triggered by the results of the Sentinel Surveillance, SMART survey, and SAM admissions.

Data from the Nutrition Sector also revealed concerning increases in Global Acute Malnutrition (GAM) and SAM rates. Inaccessible areas across BAY states recorded a GAM rate of 19.9% and a SAM rate of 9.2%, reflecting an increase of 1.1% for GAM and 0.7% for SAM compared to the previous report in May 2024. Most of these cases were emerging from locations that are not covered by nutrition partners, and the Nutrition Sector called for urgent support in these areas, which remain largely outside the reach of the reserve allocation. The situation in Borno was particularly alarming, with 12 out of the 22 Local Government Areas (LGAs) triggering deterioration alerts. These alerts include areas affected by both diarrhea and malnutrition, particularly in the hardest-hit LGAs like Bama, Damboa, Gwoza, and Konduga, which were experiencing high admissions of SAM complicated by Acute Watery Diarrhea (AWD), Acute Respiratory Infections (ARI), and suspected measles.

Issues such as child swapping to receive multiple rations of Ready-to-Use Therapeutic Food (RUTF) and a break in the supply pipeline for Ready-to-Use Supplementary Food (RUSF) were said to have created further barriers to effective treatment. The Nutrition Sector expressed urgent concerns about a potential stockout of RUTF and RUSF due to the high admissions during the first and second quarters of 2024. Yobe and Adamawa State Governments, in letters dated 8 and 9 July 2024 respectively, requested support from the NRCS to address the critical preventive and therapeutic needs of the malnourished population. This request highlighted the need for expanded preventive interventions, response to cases of AWD in the states, capacity building of healthcare workers, and the expansion of

supplementary feeding programs to meet the growing demand for nutrition interventions.

Since the time of this initial application, there has been a notable escalation in the severity of the nutrition crisis, with SAM and MAM rates continuing to rise in all three states. The recent Integrated Food Security Phase Classification (IPC) analysis underscores a significant escalation in the severity of the nutrition crisis in Northeast Nigeria. Projections for January to April 2025 indicate that approximately 2.6 million children under five years across Borno, Adamawa, and Yobe states will be acutely malnourished - a 67% increase compared to 2024, including 1 million expected to suffer from severe acute malnutrition. This alarming trend is attributed to factors such as severe food and economic crises, soaring food prices, limited access to farmlands due to insecurity, extreme weather events like flooding, cholera outbreaks, inadequate access to basic health services, and suboptimal infant and young child feeding practices.

Given this context, the activities planned under this DREF operation remain critically relevant. The NRCS is currently intensifying efforts to provide immediate relief and nutritional support in the most affected areas. However, as the situation continues to worsen, there is an increasing need for ongoing engagement and a broader, more impactful response. The requested two-month no-cost extension, moving the end date to March 31, 2025, will ensure that interventions such as supplementary feeding programs, screening and referral activities, and healthy cooking demonstrations.



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



Papa's club sensitization meeting to discuss Infant and Young Child feeding practices

Scope and Scale

Severe Acute Malnutrition (SAM) remains one of the most urgent public health challenges in Northeast Nigeria, particularly within the BAY states (Borno, Adamawa, and Yobe). The region has been severely affected by both natural and man-made disasters, including recurring droughts, armed conflict, and economic instability. These challenges, combined with the limited availability of essential health and nutrition services, have contributed to the persistence of SAM at alarming rates.

In 2024, humanitarian organizations and partners have made considerable progress in addressing malnutrition, yet substantial gaps remain in the coverage and delivery of critical nutrition services. A comprehensive Nutrition Sector analysis of Partners Rapid Response Mechanism mapping in September 2024 highlights that only 65% of wards in the region are covered with curative intervention. While 35% of wards in the region still lack access to curative interventions for SAM, 37% of wards are missing preventive nutrition services. The challenge is particularly acute in "hard-to-reach" or "extremely hard-to-reach" areas, where insecurity, logistical barriers, and infrastructural deficits further impede access to life-saving nutrition interventions. These gaps leave vulnerable populations at heightened risk, particularly children under five, pregnant and lactating women, and internally displaced persons (IDPs).

Despite ongoing humanitarian interventions, many children who suffer from SAM remain undiagnosed and untreated, contributing to high rates of child morbidity and mortality. The nutritional status of children in the region is compounded by inadequate access to safe water, sanitation, and hygiene (WASH) facilities, which further worsens their vulnerability to infectious diseases and malnutrition. Accessibility constraints are driven by insecurity, infrastructural deficiencies, and logistical challenges, particularly in conflict zones.

The combination of the ongoing conflict, environmental degradation, and an overwhelmed health system has led to a scenario where the impact of SAM goes beyond immediate health concerns, perpetuating a cycle of poverty, food insecurity, and long-term developmental challenges. The most vulnerable populations - pregnant and lactating women, and children, continue to face the devastating effects of malnutrition, including stunted growth, cognitive delays, and high mortality rates. Additionally, Internally Displaced Persons (IDPs) and

refugees often depend on aid due to displacement and loss of livelihoods, while the elderly and people with disabilities face additional barriers in accessing care due to mobility and dependency challenges.

The BAY states in Nigeria have experienced severe flooding, significantly impacted local communities and worsening the malnutrition crisis in the region. In Borno, the collapse of the Alau Dam in Konduga Local Government Area on September 9, 2024, led to extensive flooding. According to OCHA report, approximately 414,000 people were affected, with 37 fatalities and 58 injuries reported. Over 300,000 individuals were temporarily displaced, seeking shelter in 30 relocation sites. Likewise in Adamawa and Yobe states where 9 and 17 Local Government Areas were affected respectively, with significant damage to housing, (18% of houses destroyed and 31% partially damaged), farmlands and public facilities, including schools and healthcare centers. According to OCHA, the destruction of croplands at the height of the lean season has left five million people facing critical food insecurity in Borno, Adamawa, and Yobe states.

Historically, the BAY states have been experiencing recurring SAM crises, magnified by cyclical droughts, armed conflicts, and inadequate social services. During previous episodes, communities experienced severe food shortages due to displacement and disruption of agricultural activities. SAM rates exceeded emergency thresholds in many areas, with malnutrition clusters reporting up to 20% prevalence in children under five. Programmatic gaps in both preventive and curative nutrition services perpetuated the crisis, necessitating sustained intervention efforts.

To mitigate these effects, the NRCS adopted an integrated health and nutrition intervention, including disease prevention, nutritional support, and strengthening of healthcare systems. The NRCS, through its grassroots presence of community-based skilled volunteer structures, is complementing the efforts of the Government to strengthen Health and Nutrition Services through Community outreach focusing on community mobilization, MUAC screening and referral, Health and Nutrition Education, Supplementary Feeding for MAM, and Multipurpose cash grants in Adamawa, Yobe and Borno States.

Source Information

Source Name	Source Link
1. Nutrition Prevention Gap Analysis, sept 2024	https://drive.google.com/file/d/1ePbcVD3ydodwXzqjRayQW7nr-dcse5r_/view
2. 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
3. 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?
4. Northeast Nigeria - Nutrition Sector Dashboard: January to September 2024	https://reliefweb.int/report/nigeria/northeast-nigeria-nutrition-sector-dashboard-january-september-2024

Summary of Changes

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



The Nigerian Red Cross Society is requesting a two-month no-cost extension for the Severe Acute Malnutrition DREF operation (MDRNG039), with the new end date being March 31, 2025. The requested 2-month extension will allow the project team to complete pending activities.

The pending activities on this operation include:

- Supplementary Feeding Program in the 3 states.
- Creation of Safe spaces to promote positive attitude toward gender equality and inclusion.
- Continuation of Screening and referral activities in Borno which was halted as a result of the flash floods in September 2024.
- Radio Shows and jingles in the local language.
- Town Hall meetings championing the Papa's Club as ambassadors of change.
- Post-distribution monitoring.
- Lesson learned workshop and Mothers' Club Peer learning camp- The NRCS seeks to facilitate a peer-to-peer learning camp in the last month of this operation, to consolidate the achievements of the SAM operation and ensure the sustainability of its impact. This workshop will create an opportunity for mutual learning, exchange of best practices, and collective problem-solving by bringing together Mothers' Club volunteers who have been actively engaged in the operation.

To facilitate this, the remaining balances in some budget lines from the current operation will be reallocated to support the workshop.

The two-month No-Cost Extension (NCE) is critical due to significant operational delays caused by the flash flood that occurred in September 2024, which severely affected Maiduguri and neighbouring Local Government Areas (LGAs). The flash flood submerged large portions of the state, causing extensive displacement, damage to infrastructure, destruction of health facilities, and created logistical challenges in the state, particularly affecting transport networks and accessibility to the operation sites. As a result, NRCS staff and volunteers were diverted from their planned activities to focus on immediate evacuation and relief efforts for the flood victims. This shift in focus significantly delayed the planned program activities of this DREF operation and affected the overall timeline.

The delays in implementing the planned interventions were also compounded by delayed transfer of funds to the National Society (mainly due to some challenges associated with the new ERP system) and this significantly hindered the NRCS's ability to procure essential materials and deliver timely services.

Thirdly, there has been a shift in the organizational structure and staffing in Adamawa Branch which led to the reassignment of key personnel, that created a temporary disruption in the continuity of operations. This restructuring required additional time for new staff to be oriented, trained, and integrated into the program, resulting in further delays. The transitional period also led to misalignments in coordination and implementation strategies, which slowed down the pace of activities and prevented the smooth execution of the planned interventions.

The Nigerian Red Cross Society has put in place a few measures to avoid delays in future operations, even during large-scale disasters or branch restructuring. The NRCS is developing its Business Continuity Plan which outlines clear guidelines for maintaining critical operations during large-scale disasters or unforeseen challenges. This includes contingency plans for funding, staffing, Rapid Response team deployment, and logistics to ensure seamless continuation of essential services, in the face of significant disruptions.

The NRCS has set up a Rapid Response Team consisting of trained personnel who can be quickly deployed to support operations in areas affected by large-scale disasters without delaying ongoing interventions. This team is cross trained in nutrition, health, and disaster response, enabling them to fill gaps in areas where operations might be temporarily stalled.

Learning from the challenges faced during the Adamawa branch restructuring, the NRCS is working on a Restructuring Support Framework which includes detailed handover protocols, and temporary support from neighbouring branches to ensure continuity during transitions and minimize operational disruptions in the future.

To date, the NRCS has carried out the following activities:

- Nutrition Assessment in the 3 states
- National Training of Trainers for Health and Mothers' club coordinators from 16 branches on Nutrition and Epidemic Control
- Stepdown training of 340 volunteers on nutrition
- 101, 610 households reached with messages on proper nutrition and hygiene promotion
- 120, 602 mothers and caregivers were reached with Nutrition messages
- 151,794 children screened for malnutrition, with 22, 131 severely malnourished children referred to designated OTPs, 36, 529 moderately malnourished children placed on supplementary feeding programs using the locally made Tom Brown, and 2,387 children presenting symptoms of edema referred to the treatment centers.
- 4 Oral Rehydration Points were set up in the 3 states (2 in Adamawa, Borno 1; Yobe 1) to respond to cases of Acute Watery Diarrhea.
- 105 Mothers Clubs set up in 90 communities across the 3 states.
- 90 WASH and Health committees set up for clean-up campaigns and supportive referrals
- 102 Hygiene promotion sessions conducted



- Multi-purpose cash grants, soap, mosquito nets, and aqua tabs distributed to 3,000 identified and registered mothers of malnourished children.

The SAM DREF operation has now been recategorized as Orange, signifying a heightened level of concern due to deteriorating humanitarian conditions and the compounded challenges in the BAY states. This reclassification is based on the updated crisis categorization analysis, where Nigeria scored 3.0 under "Humanitarian Conditions," highlighting the critical and pressing needs within the operational context.

Therefore, the two-month NCE is essential to recover from the setbacks experienced and provide the necessary time to ensure that the planned interventions are fully implemented and that the program objectives are met without compromise.

Current National Society Actions

Start date of National Society actions

14-06-2024

Health	<p>The NRCS is also actively participating in the Health Cluster and Nutrition Sector coordination meetings to ensure a coordinated response. Coordination will also be enhanced through the in-country Movement Health and Disaster Management technical working groups at Abuja and field level. Under the health sector, the NRCS has conducted the following activities:</p> <ul style="list-style-type: none">- Conducted Nutrition Assessment in the 3 states.- Conducted 3 trainings on Integrated Management of Acute Malnutrition (IMAM) and Infant and Young Child Feeding (IYCF) to improve care and early detection of malnutrition.- Organized 120 peer education sessions, reaching women and caregivers with key health and nutrition messages.- Established 105 Mothers Clubs, which actively participated in Supplementary Feeding Programs (SFP), ensuring targeted support to malnourished children.- Provided lifesaving and rehydration services at 4 ORPS in Adamawa, Borno, and Yobe states.- screened and referred 61,047 SAM, MAM, and oedemic children to the treatment centers.
Coordination	<ul style="list-style-type: none">- Engaged in regular coordination with government and humanitarian actors, ensuring alignment with national strategies and avoiding duplication of efforts.- Attended monthly nutrition sector meetings to share update on NS actions.- Engaged Government partners as facilitators during training of volunteers.- conducted joint supervision to project sites.

IFRC Network Actions Related To The Current Event

Secretariat	<p>The IFRC Secretariat in the Abuja delegation is actively supporting the NRCS in emergency preparedness, response, and long-term programs. Presently, the IFRC is providing technical and financial support to the NRCS in addressing health emergencies such as diphtheria, Lassa fever, and measles, as well as in developing this DREF proposal to combat Severe Acute Malnutrition in Northeast Nigeria.</p> <p>Specifically on the SAM Operation, the IFRC is providing supportive supervision to the National Society and has also supported with media visibility, creating newsletters and activity updates on the social media handles. Additionally, IFRC coordinates weekly review meetings with the implementing branches and NHQ to keep track of activities and monitor progress. The IFRC has dedicated operations and health teams providing technical support to the NRCS on this operation.</p>
--------------------	---



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.

The REACH project is ongoing in Adamawa and Benue to enhance the capacity of Community Health Workers (CHWs) and improve the health workforce to address healthcare gaps in the country. In Adamawa, the DREF activities will be linked to the CHWs workforce in areas supported by the REACH initiative, through integrated training programs incorporating both general health care and specific SAM management skills, to ensure that the CHWs can identify, manage, and refer cases of severe malnutrition. The REACH initiative works with community structures to facilitate referrals to Primary Health Centres (PHCs); as such this DREF will bolster these referral systems by providing clear protocols and support for referring SAM cases to appropriate facilities. This ensures that severe cases receive timely and specialized care, reducing the risk of complications and mortality.

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. In addition, 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

In response to the ongoing SAM crisis in Northeast Nigeria, several humanitarian organizations and agencies have mobilized significant resources to address the pressing needs of affected populations. Across the BAY states - Borno, Adamawa, and Yobe.



Humanitarian partners are focusing on addressing the root causes of malnutrition through preventive programs. This includes promoting Maternal, Infant, and Young Child Nutrition (MIYCN) to ensure that mothers and children under five receive essential nutrients. Programs also provide Micronutrient Powders (MNP) and Small Quantity Lipid-based Nutrient Supplements (SQ-LNS), designed to boost dietary quality and reduce the risk of malnutrition.

Efforts to manage existing cases of SAM are evident through establishing Outpatient Therapeutic Programs (OTPs) and Stabilization Centers (SCs). OTPs cater to children with uncomplicated cases of SAM, while SCs manage severe cases requiring medical supervision. Partners have integrated Targeted Supplementary Feeding Programs (TSFPs) with OTPs to deliver a more comprehensive response in some locations.

Recognizing the need for sustainable solutions, partners are building the capacity of healthcare workers through training in Integrated Management of Acute Malnutrition (IMAM). Simultaneously, logistical operations are being streamlined to ensure the timely delivery of essential supplies, such as Ready-to-Use Therapeutic Food (RUTF) and medications.

National authorities in Nigeria, led by the Federal Ministry of Health (FMOH) and supported by state-level agencies such as the State Primary Healthcare Development Agencies (SPHCDAs) in Borno, Adamawa, and Yobe, have undertaken several critical actions to address the SAM crisis. The FMOH provides leadership in the development and dissemination of policies related to nutrition, including the National Nutrition Policy and Integrated Management of Acute Malnutrition (IMAM) guidelines. These policies outline standardized approaches to the prevention, detection, and treatment of SAM.

The National and state authorities lead coordination platforms such as the National Nutrition Cluster and State Emergency Nutrition Coordination Committees, ensuring that all stakeholders align with national priorities and strategies.

The FMOH supports the establishment and operationalization of Outpatient Therapeutic Programs (OTPs) and Stabilization Centers (SCs) across the BAY states. These facilities provide life-saving care for children with SAM, especially those with medical complications.

Training of healthcare workers and community volunteers is a priority for the government. The training focuses on IMAM protocols, community screening for malnutrition, and referral mechanisms to strengthen the healthcare workforce's ability to respond effectively.

UN or other actors

In response to the alarming food security and humanitarian crisis in parts of Adamawa and Yobe states, the Humanitarian Country Team in Nigeria, in support of the Government of Nigeria, has developed a six-month Multisectoral Lean Season Plan. This plan aims to mobilize critical funding and resources for immediate food assistance, emergency healthcare, as well as interventions in agricultural livelihoods, water, sanitation, hygiene, and protection.

IRC currently has some RUTF in stock and is procuring additional supplies to respond to such emergencies. However, they will need to have internal discussions on the possibility of a response in the inaccessible target locations.

ACF is currently operational in Monguno and Nganzi (BORNO) and is looking to scale up its activities in these locations. However, they have raised concerns about responding outside Garrison towns and will be sharing updates after internal engagements.

UNICEF will look at its internal resources and activate local partners with approved contingency plan documents to initiate responses in the 04 target locations. They will reach out immediately to partners with approved Contingency Plan Documents (CPDs) for further discussion on coverage areas. UNICEF is in charge of procurement and supply of RUTF. However, the NRCS will support with logistics distribution to hard-to-



reach health facilities and OTPs and refer community members to treatment centres to ensure uptake.

Are there major coordination mechanism in place?

At the National level, the Nutrition Cluster provides strategic direction and ensures that interventions align with national policies and humanitarian guidelines.

At the State level, the Nutrition Sector Working Groups focus on coordinating operations within states, aligning resources, and minimizing duplication of activities. The Nutrition Sector Coordination Meetings hold monthly meetings to assess progress, identify challenges, and adapt strategies as needed.

The Federal Ministry of Health (FMOH) oversees nutrition policy and national strategy. UNICEF and WFP play pivotal roles as pipeline managers, ensuring that key supplies such as therapeutic foods and essential medications reach affected areas. State-level coordination is led by State Primary Healthcare Development Agencies (SPHCDAs), which are instrumental in local implementation.

The Nigerian Red Cross Society is an integral part of the SAM response. NRCS volunteers work within communities to identify malnutrition cases early and refer them to appropriate healthcare facilities. The NRCS has trained health workers and volunteers in SAM management and community-based health interventions. In addition to direct nutrition interventions, NRCS implements WASH programs, helping to reduce disease risks that exacerbate malnutrition.

Although the NRCS does not currently hold a lead or co-lead position in the Nutrition Sector, its strong grassroots presence and trusted community relationships make it an indispensable partner in the response.

While significant progress has been made, there is limited integration of WASH and food security initiatives with nutrition programs. This lack of cross-sectoral collaboration weakens the overall impact of interventions. Also, many areas remain hard to reach due to conflict and poor infrastructure, leaving vulnerable populations without essential services. This operation seeks to expand mobile outreach teams to reach inaccessible communities and deliver critical nutrition interventions, hence targeting hard to reach locations like Machina and Geidam in Yobe State, as well as Gwoza and Mobbar in Borno State.

Needs (Gaps) Identified



Drawing from the Assessment conducted by the NRCS and the 5Ws Nutrition Sector Report of September 2024, the health sector in Northeast Nigeria faces mounting challenges in managing the worsening crisis of SAM, particularly in Borno, Adamawa, and Yobe states. Over the past year, the number of severely malnourished children admitted into treatment programs has increased by 11%, signaling an alarming trend that calls for urgent and coordinated action. Despite ongoing efforts, critical gaps in case management, supplementary feeding, community mobilization, and health system capacity continue to hinder the response.

The NRCS assessment report highlighted low immunization coverage, with only 17.73% in Borno, 23.41% in Adamawa, and 20.25% in Yobe of children fully immunized.

Reported also was high prevalence of Severe Acute Malnutrition (SAM), with 3.51% in Adamawa, 10.31% in Borno, and 11.35% in Yobe. This aligns with the nutrition sector report and alert that ranks Borno and Yobe as critical in the malnutrition crisis.

The Outpatient Therapeutic Programs (OTPs), designed to manage children with uncomplicated SAM, are overstretched and under-resourced. The frequent stockouts of Ready-to-Use Therapeutic Food (RUTF) disrupt service delivery, leaving many children without life-saving treatment. Stabilization centers, which are critical for managing complicated SAM cases, face similar challenges. Only eight of the 15 centers across the BAY states remain operational, with many struggling due to funding shortages and insufficient supplies of therapeutic milk and SAM kits. These systemic weaknesses severely limit the health sector's ability to provide comprehensive care, particularly in areas hardest hit by malnutrition.

The gaps in managing Moderate Acute Malnutrition (MAM) further exacerbate the situation. The pipeline for Ready-to-Use Supplementary Food (RUSF), particularly in Yobe state, has been disrupted, leading to stockouts that are expected to persist for months. Without adequate support for MAM cases, vulnerable children often deteriorate into severe malnutrition, placing additional pressure on the already overwhelmed OTPs and stabilization centers. This gap in supplementary feeding services is particularly pronounced in internally displaced persons (IDP) camps and areas with high numbers of returnees, where the need for comprehensive nutrition support is most acute.



Community mobilization and early detection efforts are another significant area of concern. Hard-to-reach areas remain underserved, with minimal screening for malnutrition at the community level. This delay in detecting cases undermines preventive efforts and allows malnutrition to progress unchecked. The lack of community engagement also contributes to behaviors that undermine program effectiveness, such as child-swapping to obtain additional rations and the misuse of nutrition commodities. While the Nigerian Red Cross Society (NRCS) has a strong network of community volunteers, this resource is not being fully utilized to bridge these gaps.

The broader health system in the BAY states also faces systemic challenges. Many healthcare workers lack the necessary training to implement Integrated Management of Acute Malnutrition (IMAM) protocols effectively. This gap in capacity is compounded by inconsistent coordination and reporting among partners, making it difficult to map functional facilities or allocate resources efficiently. The strain on the health system is further intensified by concurrent health risks, including a measles outbreak in Adamawa state and the potential for cholera outbreaks due to inadequate diagnostic kits and poor water, sanitation, and hygiene (WASH) conditions.

The immediate priorities include scaling up the functionality and capacity of OTPs and stabilization centers, ensuring a steady supply of RUTF, SAM kits, and essential medications. Efforts to strengthen community screening and mobilization must be intensified, leveraging the NRCS's presence in hard-to-reach areas to improve early detection and referral systems. Furthermore, the health sector must integrate nutrition services with WASH and disease outbreak response activities, addressing the root causes that compound malnutrition.

Comprehensive training programs for healthcare workers are essential to improve the quality of care and ensure adherence to established protocols. Simultaneously, the coordination between humanitarian actors needs to be enhanced, with clearer mapping and reporting of functional facilities to streamline the delivery of services.



Water, Sanitation And Hygiene

The deteriorating nutrition situation is worsened by inadequate access to safe water, poor sanitation, and insufficient hygiene practices in communities, particularly those affected by conflict and displacement. Based on the findings from the assessment report conducted by NRCS, borehole water is the primary source, with 46.56% of respondents (13.31% in Adamawa, 17.81% in Borno, and 15.44% in Yobe) relying on it. However, a significant number of households use unsafe sources such as wells and rivers, increasing the risk of waterborne diseases.

Although chlorination and boiling are the most common methods, most households do not treat their drinking water, with only 3.12% in Adamawa, 10.67% in Borno, and 9.27% in Yobe treating their water. Limited access to improved sanitation facilities and high rates of toilet sharing were reported in the 3 states, contributing to hygiene challenges. Handwashing with soap is an infrequent practice, increasing the prevalence of preventable diseases.

The gaps in WASH services not only increase the risk of waterborne diseases but also undermine the effectiveness of nutrition interventions. Access to clean and safe water remains a critical need across the BAY states. In many communities, especially in internally displaced persons (IDP) camps and hard-to-reach areas, water sources are either non-functional or contaminated. Households often resort to unsafe water for drinking and cooking, heightening their vulnerability to diarrheal diseases. The lack of reliable water supply also limits hygiene practices, such as handwashing, which is vital for preventing infections that contribute to malnutrition. Cholera outbreaks remain a persistent threat in these areas, with the absence of functional cholera diagnostic kits in health facilities further complicating early detection and containment efforts.

In IDP camps, host communities and overcrowded settlements, latrines are insufficient in number and poorly maintained, leading to open defecation and increased contamination of the environment, enhancing the transmission of waterborne diseases such as cholera and Acute Watery Diarrhea (AWD), disproportionately affecting children under five, pregnant women, and other vulnerable groups. In some areas, the absence of waste management systems has further compounded the risk of disease outbreaks, placing additional strain on already overstretched health facilities.

Hygiene promotion activities have been limited, leaving communities ill-equipped to adopt behaviors that prevent disease transmission. In areas with high rates of malnutrition, poor hygiene practices, such as improper food handling, lack of handwashing with soap, and inadequate menstrual hygiene management amplify the risk of infections.

Some of the health facilities and OTPs lack consistent access to clean water, functioning latrines, and proper waste disposal systems, compromising infection prevention and control (IPC) measures. In stabilization centres and Outpatient Therapeutic Programs (OTPs), overcrowding and poor WASH conditions increase the risk of healthcare-associated infections, further endangering malnourished children who already have weakened immune systems.

In addition to the distribution of Soap, water purification tablets, and hygiene promotion activities, the NRCS also deployed 4 ORPs to the 3 states to support response to potential cholera and AWD outbreaks. Additionally, integrating WASH interventions with health and nutrition programs has created a more holistic response to the complex challenges facing the targeted communities in the BAY states.





Protection, Gender And Inclusion

Though rare, child-headed households were noted across the states, indicating vulnerabilities that require targeted support. According to the assessment report, a significant proportion of respondents, particularly in Adamawa (11.96%), reported having no formal education, highlighting the need for targeted literacy and empowerment programs.

The affected populations, including internally displaced persons (IDPs), returnees, and minority groups, continue to face significant challenges that heighten their vulnerability and expose them to various protection risks, particularly those related to Sexual and Gender-Based Violence (SGBV).

The lack of sufficient livelihood opportunities, coupled with the scale-down of food assistance and escalating food inflation, forces many individuals and families to resort to negative coping mechanisms. This increases the risk of exploitation and attacks by non-state armed groups, as well as exposure to unexploded ordnance and explosive remnants of war. These factors contribute to a higher risk of SGBV, as individuals struggle to meet their basic needs, leaving them more susceptible to abuse and exploitation.

New arrivals, asylum seekers, IDPs, and returnees, particularly in locations such as Bama, Banki, Damasak, Damboa, Dikwa, Gwoza, Maiduguri Metropolitan Council, Ngala, Rann, and Pulka, face inadequate access to basic services, including shelter, non-food items, food, and other essential resources. The absence of sufficient support increases vulnerability, leading to the adoption of harmful coping mechanisms, including transactional sex and other forms of SGBV.

Insufficient water supply and congestion at water points in areas such as Bama, Dikwa, Damasak, Damboa, Jere, MMC, Monguno, Ngala, and Rann expose the affected populations to protection risks, including physical violence, gender-based violence, discrimination, and disputes. Immediate interventions are needed to increase water supply and repair damaged water pumps and boreholes, ensuring affected populations have access to safe water while mitigating protection concerns, especially for vulnerable groups such as women, children, and persons with disabilities.

In Adamawa state, Cameroonian asylum seekers continue to face a lack of access to essential services, such as food, shelter, livelihoods, clean water, and health services. This forces individuals to rely on negative coping strategies, including survival sex, sexual exploitation, domestic violence, and theft. There is a continued need for the provision of basic assistance and specialized protection services, including SGBV prevention and response, to address their unique vulnerabilities.

The limited capacity of protection partners, along with shortfalls in funding, has hindered the effectiveness of the humanitarian response for Cameroonian asylum seekers and IDPs in Adamawa state. Increased advocacy and funding are critical to ensure the provision of essential services, including SGBV-related services, and to address the specific needs of women, children, and other marginalized groups.

This DREF operation is focusing on addressing the diverse challenges faced by women, children and displaced communities, including IDPs, returnees, and asylum seekers. Volunteers are trained to intensify efforts towards - mitigating protection risks, particularly SGBV, by providing specialized support and referral; ensuring the inclusion of vulnerable populations, including women, children, and persons with disabilities; advocacy to protection partners to deliver more effective humanitarian assistance, particularly for SGBV prevention and response; and ensuring that the Red Cross activities are implemented in a transparent, inclusive and accountable manner.

Any identified gaps/limitations in the assessment

To address the challenges identified and improve the health and nutritional status of the affected populations in the targeted locations, the following recommendations are proposed:

1. Strengthen Health Systems:

Expand access to healthcare services, particularly in rural areas, by increasing the number of healthcare facilities, recruiting and training healthcare workers, and ensuring the availability of essential medical supplies to support maternal and child health.

2. Promote Nutrition Education:

Implement comprehensive nutrition education programs to raise awareness about healthy dietary practices, the importance of breastfeeding, and complementary feeding practices for young children.

3. Improve Water, Sanitation, and Hygiene (WASH):

Promote the use of safe water sources, improve sanitation facilities, and encourage good hygiene practices to reduce the prevalence of waterborne diseases and their negative impact on nutrition.

4. Address Food Insecurity:



Strengthen food security initiatives, including food distribution, cash transfers, and agricultural support programs, to ensure food availability, affordability, and accessibility during periods of crisis and beyond.

5. Strengthen Social Protection Programs:

Expand social protection programs to provide financial assistance to vulnerable households, improve livelihoods, and enhance resilience to shocks that impact food security and nutritional outcomes.

6. Community Engagement:

Engage communities actively in health and nutrition programs to foster greater awareness and participation. Strengthening social cohesion will help ensure long-term sustainability of interventions and improve community ownership of health and nutrition issues.

Operational Strategy

Overall objective of the operation

This DREF operation aims 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 cases; 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 in the coming 6 months.

Operation strategy rationale

The ongoing operation aims to address the malnutrition crisis through a comprehensive strategy that integrates nutrition, health, WASH, and community engagement efforts. Despite considerable progress in mitigating immediate nutritional needs, underlying factors such as poor health conditions, inadequate water, sanitation, and hygiene (WASH), and food insecurity remain critical obstacles. This operational update outlines the rationale behind the ongoing strategy and the necessity for a No Cost Extension (NCE) to ensure the effectiveness and sustainability of interventions.

The NRCS' efforts, anchored on the community-based Mother Club approach, have successfully provided immediate support to mitigate Severe Acute Malnutrition and Moderate Acute Malnutrition. This DREF approach not only targets the immediate needs of the most vulnerable populations, particularly children suffering from SAM and MAM, but also emphasizes long-term behaviour change and the strengthening of local capacities.

Progress and Key Achievements

1. Coordination and Institutional Capacities: Collaboration with partners such as the ICRC, ACF, UNICEF, MSF, Ministry of Health (MoH), and UNOCHA has been central to ensuring a unified and effective response. Participation in nutrition cluster meetings has strengthened coordination, reduced duplication, and identified critical gaps in service delivery.

2. Capacity Building and Health Facility Support: Training sessions conducted for healthcare workers and community volunteers on CMAM protocols and Infant and Young Child Feeding (IYCF) practices have enhanced technical expertise. Joint monitoring visits with MoH and partners to Outpatient Therapeutic Programs (OTPs) and health facilities have identified service gaps requiring urgent attention.

3. Community-Based Screening and Referral: Door-to-door screenings by volunteers using MUAC tapes have identified numerous SAM and MAM cases. About 61,047 referrals were made to OTPs and Stabilization Centers in functional areas, ensuring children received the care they needed.

Mapping and assessment of OTPs and health facilities was conducted by the NRCS and this has facilitated targeted interventions and identified capacity gaps in specific locations.

4. Community Mobilization and Behavior Change: The Mothers' Clubs have provided platforms for education, counselling, and community engagement, supporting long-term behavior changes. Activities such as IYCF counseling, healthy cooking demonstrations, and training in home gardening have promoted sustainable nutrition practices. Mothers are also taught to screen and monitor the growth of their children. This effort has promoted ownership and sustainability of actions.

5. Addressing WASH and Health Gaps: Access to safe water has been improved in targeted communities. NRCS has distributed water purification tablets, multipurpose soap and mosquito nets to 3000 targeted households in the 3 states. In addition, 4 Oral Rehydration Points have been positioned in 4 hard to reach and high burdened locations across the 3 states, to provide lifesaving healthcare services to persons with Acute watery diarrhea and dehydration. Hygiene Promotion and outreach campaigns have raised awareness on preventable diseases and existing outbreaks, including vaccinations for diseases like measles.



While significant progress has been made, several planned activities remain incomplete due to operational delays, logistical challenges, and the dynamic needs of the crisis. A no-cost extension will allow the operation to solidify long-term behavior change strategies through Mothers' Clubs and community engagement activities. It will also provide time to transition these efforts into sustainable, locally driven initiatives. Additional time will support NRCS's advocacy and coordination efforts to integrate malnutrition response into broader national and regional plans.

Exit Strategy: Given the worsening of the situation and to ensure sustainability of the SAM operation, the NRCS has a comprehensive exit strategy, some of which have already been rolled out and are currently operational. These include:

- Strengthening Community-Based Structures through training and empowerment of community-based mothers club structures, the establishment of Papa's club, and Health committees to sustain community-led advocacy and referral activities. The peer learning workshop will consolidate achievements and encourage sustainability and replication of best practices.
- Mothers and caregivers have been trained to screen their children and monitor growth, at the household level. This operation intends to support these women with MUAC tapes for regular screening and referral.
- The healthy cooking demonstration is also a strategy that will be sustained as this strategy has been embedded within the community structures. Community members are being trained to organize regular cooking demonstrations in their communities, sharing knowledge about nutritious meal preparation using locally available ingredients. The use of local ingredients and community-led facilitation makes these demonstrations cost-effective, sustainable, and replicable without external funding.
- Transition to Government and Partner Support: the joint training of RC volunteers and Government/nutrition cluster health workers will see to the integration of trained volunteers into state-led nutrition programs and maintaining referral linkages with government and partner-supported health facilities.

Targeting Strategy

Who will be targeted through this operation?

This DREF operation is targeting 160,000 persons with health and nutrition promotion activities with a focus on the following specific groups:

- Severely Malnourished Children
- Moderately Malnourished Children
- Pregnant and Lactating Women (PLW)

The operation also targets family influencers such as mothers-in-law and fathers. This group has significant influence over household decisions, including those related to health, nutrition, and childcare. Engaging them ensures that nutritional and health interventions are supported and reinforced within the family.

In terms of geographical target, the NRCS worked with the Government and the Nutrition Sector, to identify hotspot LGAs with high records of malnutrition, acute watery diarrhea, and other health issues for support. The LGAs targeted are marked as the "hard-to-reach areas" where other implementing partners are currently not present and where there is poor access to healthcare. In total, 90 communities are targeted in 9 LGAs across the 03 states.

A total of 3,000 mothers and caregivers of malnourished children have been targeted for WASH NFIs, Supplementary Feeding Program and cash assistance to promote good nutrition and effective treatment, through the mothers' club structure.

Explain the selection criteria for the targeted population

Given the disproportionately high rates of acute malnutrition among children aged 06-23 months, targeted interventions focused on this age group are crucial to address their specific nutritional needs and reduce the severe levels of malnutrition.

Children under 5, especially those in the critical 06-23 months age range who are transitioning to complementary feeding, are the most vulnerable to the devastating effects of acute malnutrition, which can have long-term consequences on their physical and cognitive development. These group are being targeted for immunization and nutrition services.

Women of reproductive age (15-49 years): Women's nutritional status is a key determinant of child health and development, particularly during pregnancy and lactation. Addressing the nutritional needs of women of reproductive age can have a direct impact on maternal and child outcomes. This group is targeted through the Mothers' Club structure and activities.

This DREF operation also ensures equitable access to nutrition services and support for both groups to address the response gaps and unique challenges they face.



Mothers and caregivers with SAM and MAM children are being targeted with nutrition and income-generating activities. Households and hard-to-reach communities with severely or moderately malnourished children are targeted with the Integrated Health and Nutrition packages through awareness campaigns, behavioral change communication, community engagement, and the promotion of optimal nutrition practices to address the underlying social, cultural, and behavioral determinants of malnutrition and ensure sustainable improvements in child and maternal nutrition.

To promote an inclusive community engagement approach, the NRCS has formed Papa's clubs in the 90 communities targeted. Papa's Clubs are community groups made up of men, especially fathers, who play an essential role in promoting better nutrition and health within their communities. These clubs are designed to tap into the influence that fathers and male figures have in family decisions, particularly around nutrition and healthcare.

In the SAM DREF operation across the BAY states, Papa's Clubs are making a difference by mobilizing communities and encouraging families to engage with screening and treatment programs. They advocate for practices that support the health of mothers and children, such as exclusive breastfeeding and providing nutritious meals for young children.

The clubs also help break down cultural barriers that might prevent families from accessing care. They educate communities about the importance of addressing malnutrition, practicing good hygiene, and recognizing early signs of malnutrition. Papa's Clubs often serve as the first point of contact for families, helping to identify cases of malnutrition and guiding them to nearby health facilities for support.

Total Targeted Population

Women	43,200	Rural	60%
Girls (under 18)	40,000	Urban	40%
Men	36,800	People with disabilities (estimated)	15%
Boys (under 18)	40,000		
Total targeted population	160,000		

Risk and Security Considerations

Please indicate about potential operation risk for this operations and mitigation actions

Risk	Mitigation action
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.
Community Resistance due to cultural beliefs, misinformation, or mistrust towards external aid providers.	The formation of Papa's club has 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 often serve 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 has assigned a dedicated staff with a full-time responsibility to manage this operation, and ensure that



activities are implemented and reported in time. At the branch level, the mothers' clubs' coordinators are in charge of the day-to-day implementation and supervision of the activities, reporting to the NHQ through the Branch Secretary and Health Coordinators.

Please indicate any security and safety concerns for this operation

The ongoing insurgency and conflict in the BAY states pose significant risks to the safety and security of the humanitarian workers and target communities. Threats from armed groups or volatile security situations in conflict-affected areas, pose risks to the safety and security of humanitarian workers, staff, and continuity of operations.

To mitigate this risk, the NRCS adapted the following strategies:

- Maintained close coordination with local security forces.
- Developed and regularly update security protocols and contingency plans to ensure the safety of the staff, volunteers, and beneficiaries.
- Provided comprehensive security and stay-safe training for all volunteers and staff involved in the operation.
- Worked closely with the ICRC and UN for regular security updates and briefing.

Has the child safeguarding risk analysis assessment been completed?

Yes

Planned Intervention



Multi Purpose Cash

Budget: CHF 128,781

Targeted Persons: 3,000

Indicators

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

Progress Towards Outcome

Micro-grants have been provided as cash assistance to 3,000 mothers and caregivers to enable them purchase supplements and meet the dietary needs of their children. This approach empowers families to make nutritional decisions that address their unique circumstances, improving the overall well-being of malnourished children. Mothers and caregivers of severely and moderately malnourished children were carefully selected and registered to receive a total sum of 60,000 Naira (36 CHF).

To ensure the effective implementation of cash-based interventions, 30 volunteers were trained on cash transfer modalities. The training incorporated key components of the Code of Conduct, Do No Harm principle, Community Engagement and Accountability (CEA), and Protection, Gender, and Inclusion (PGI), equipping volunteers with the skills to deliver cash assistance in an inclusive and transparent manner.

The NCE will allow time for a Post-Distribution Monitoring (PDM) to be conducted, to track the impact of cash assistance. Regular monitoring is being conducted by the branch team to ensure that the support is used effectively and identify opportunities for further improvement in program delivery.

Budget: CHF 103,381

Targeted Persons: 160,000

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	120,602
# of mothers' clubs peer education and awareness sessions conducted	48	102
# of MC established and active	60	105
# of HCW trainings conducted	3	3
# of OTPs supported with medical items and consumables	3	0
# of Mothers' clubs active on SFP	30	105

Progress Towards Outcome

The NRCS conducted an initial nutrition assessment to determine the prevalence of SAM and MAM, identify at-risk populations, and evaluate the availability of existing nutrition services and supplies. This has provided a clear understanding of service gaps and informed the strategic deployment of resources. Mapping of Outpatient Therapeutic Programs (OTPs) and Stabilization Centres has been completed, establishing referral pathways for SAM cases to ensure timely and appropriate treatment.

340 Mothers' Club volunteers and Divisional Secretaries have been trained on early detection and referral of acute malnutrition cases, Infant and Young Child Feeding (IYCF) counseling, safe motherhood practices, Epidemic Control, and Risk Communication and Community Engagement (RCCE). These trainings have empowered the mothers and Papa's clubs to actively contribute to the nutrition response. The number of volunteers exceeded the target because 110 volunteers are being supported under the hunger crisis appeal, to contribute to the objectives of this Operation.

Community mobilization activities have focused on raising awareness of optimal breastfeeding practices, including exclusive breastfeeding for the first six months and continued breastfeeding for up to two years or beyond. Mass screenings of children under five and pregnant and lactating women (PLW) using mid-upper arm circumference (MUAC) and weight-for-height measurements have been conducted, ensuring early identification of malnutrition cases. Additionally, Mothers' Clubs have been organized and supported to promote peer education and drive positive health and nutrition behaviours within communities.

To prevent the escalation of MAM to SAM, information, education, and communication materials on IYCF practices have been adapted and distributed in Hausa and Fulani languages. Routine immunization services have been supported through community mobilization efforts, targeting eligible children for immunization to prevent disease-related nutritional deterioration.

Mothers' Clubs have introduced cooking demonstrations and backyard gardening initiatives to promote improved dietary diversity, and long-term nutritional resilience.

Volunteers conduct weekly follow-up for patients discharged or enrolled in therapeutic programs, ensuring continuity of care and monitoring recovery progress. Defaulter list is also shared with the volunteers at the OTP with details of the caregivers for follow-up. So far, 151, 794 children have been screened for malnutrition with 22,131 referred for SAM and 36, 529 MAM children placed on Supplementary Feeding Program. 2, 387 children who presented symptoms of Oedema have been referred to treatment centers for proper care.

Additional Mothers' clubs' group have been created in targeted communities as many community women have indicated interest to be part of the Mothers' Clubs. this led to creation of sub-groups managed by the mothers' club volunteers to accommodate more women and encourage participation.

As the needs continued to evolve, the state Government requested that Health workers should be trained to manage ORPs as they were recording increasing cases of Acute Watery Diarrhea and suspected cholera cases which further worsened the malnutrition cases. also, there were not enough commodities to expand the OTPs, so there was no need to train additional health workers for the OTPs.



Water, Sanitation And Hygiene

Budget: CHF 45,755

Targeted Persons: 3,000

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	95,783
# of persons treated in the ORP	0	767

Progress Towards Outcome

The integration of WASH activities with nutrition programs has enabled a holistic approach to addressing the underlying causes of malnutrition, particularly in areas with high rates of diarrheal diseases and poor sanitation.

Household water treatment has been strengthened through the distribution of water purification tablets, accompanied by education on safe water treatment and storage practices to 3,000 households across the 3 states. In addition, 102 Hygiene education campaigns have been conducted across communities, distributing soaps to promote handwashing, proper sanitation, and other essential hygiene practices critical to preventing illness and maintaining overall health.

90 Community health and WASH committees have been established and supported to sustain ongoing hygiene promotion activities. These committees have encouraged community ownership and will ensure the continuity of good hygiene practices beyond the intervention period.

To address dehydration caused by Acute Watery Diarrhea (AWD) and other diarrheal diseases, 4 Oral Rehydration Points (ORPs) have been deployed in hard-to-reach settlements and high burdened location in Adamawa (2); Yobe (1) and Borno (1). 40 community health workers and mobilizers have ben trained to manage these ORPs. Awareness campaigns have been conducted to inform communities about the availability and importance of ORPs, ensuring timely access to treatment for those affected.

So far, 95, 783 persons have been reached through house-to-house sensitization on signs, symptoms, prevention and early detection of cholera. 797 persons showing symptoms of AWD were referred and treated at the ORPs while 181 persons with severe dehydration were referred to health facilities for treatment.

Long-lasting insecticide-treated nets have been distributed to 3,000 pregnant women, lactating mothers, and mothers with children under 5, providing an added layer of protection against malaria, which can worsen malnutrition and increase vulnerabilities among



already at-risk populations.

Collaboration with local community health workers has further supported behavior change, emphasizing practices such as handwashing with soap, safe disposal of infant feces, safe water treatment and storage, exclusive breastfeeding, and appropriate complementary feeding.



Protection, Gender And Inclusion

Budget: CHF 2,923

Targeted Persons: 23,999

Indicators

Title	Target	Actual
# of volunteers trained on PGI	230	340

Progress Towards Outcome

The NRCS has made a lot of effort in integrating the needs of vulnerable groups into all aspects of implementation, ensuring inclusivity and protection while addressing nutrition and health challenges in the 03 states. The activities have been designed with a strong focus on the needs of women, children, and people with disabilities, recognizing their heightened vulnerabilities. In addition to the nutrition and hygiene awareness, campaigns on Sexual and Gender-Based Violence (SGBV) have been conducted within communities, highlighting the detrimental impact of SGBV on nutrition and health, while increasing community understanding and promoting dialogue around prevention and support mechanisms.

Community volunteers have been trained on Protection, Gender, and Inclusion (PGI) principles, equipping them to identify and respond to protection concerns sensitively and effectively. Safe spaces for women and girls have been established, offering a secure environment where they can access support services, including counselling and nutrition interventions.



Community Engagement And Accountability

Budget: CHF 70,189

Targeted Persons: 160,000

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	89
# of radio jingle slots aired	3,000	0
# of health cooking demonstrations conducted	120	59
# of market rallies/roadshows conducted	3	3
# of Papa's club formed	0	90



Progress Towards Outcome

Mini town hall meetings and interactive workshops on nutrition, breastfeeding, and complementary feeding practices have been successfully conducted, equipping mothers and caregivers with essential knowledge to improve child-feeding practices. To amplify the reach of these messages, religious and community leaders, as well as traditional birth attendants, have been actively engaged as advocates, encouraging widespread community participation and adoption of healthier practices.

Multiple communication channels, including radio, posters, and social media, have been utilized to disseminate key information about malnutrition prevention and recognition. Messages in local languages through radio jingles are being compiled to be aired shortly, in order to raise awareness and guide families to facilities where malnourished children and sick individuals can receive treatment.

Community engagement has been further deepened by the establishment of mechanisms for feedback, ensuring that community members can voice their opinions on nutrition programs and services. Weekly community meetings have been organized to discuss local malnutrition issues, gather input, and promote locally driven solutions. Peer support groups for breastfeeding mothers have been established, encouraging a sense of mutual support and shared learning, while fathers and other family members have been included in Infant and Young Child Feeding (IYCF) education to create a supportive environment for mothers.

World Breastfeeding Week was celebrated with vibrant market rallies and roadshows in Yobe and Adamawa States, drawing attention to the importance of breastfeeding and complementary feeding practices. Healthy cooking demonstrations showcased how to prepare nutritious, age-appropriate meals using locally available foods, promoting dietary diversity and practical approaches to improving household nutrition.

This operation has prioritized community engagement and inclusivity, ensuring that vulnerable groups are supported while promoting behavioural change to improve nutrition and health outcomes. As part of these efforts, 90 Papa's Clubs have been established across the BAY states. These clubs, composed of fathers and male caregivers, is aimed at promoting gender-inclusive approaches to nutrition and health. By engaging men as advocates for better nutrition practices, the clubs have encouraged greater family involvement in child and maternal health, including support for breastfeeding and complementary feeding practices. Through their active participation, Papa's Clubs have facilitated discussions on topics such as balanced diets, hygiene, and health-seeking behaviours, helping to reshape community norms and reduce barriers to accessing essential nutrition and health services. Papa's clubs also play an active role during the healthy cooking demonstrations and have become key allies in supporting women and ensuring that families adopt practices that enhance child health and well-being.



Coordination And Partnerships

Budget: CHF 3,019

Targeted Persons: 55

Indicators

Title	Target	Actual
% of coordination meetings attended	90	20
# of high level advocacy conducted	2	1
# of Movement TWG meetings supported	4	2

Progress Towards Outcome

Efforts to strengthen coordination, advocacy, and capacity-building within the nutrition operation have progressed significantly, ensuring alignment with national priorities and improving service delivery in hard-to-reach areas.

The Nigerian Red Cross Society (NRCS) and the IFRC have actively participated in coordination meetings at both national and subnational levels.

A High-level advocacy and support mission is scheduled to engage the Northeast Humanitarian Cluster and project communities. This mission will help to highlight the operation's priorities and advocate for additional resources and partnerships to address critical needs.



In collaboration with the State Ministry of Health, support has been provided to activate and strengthen early warning systems for the timely detection and response to health and nutrition threats. Community health care workers have been trained to operate Oral Rehydration Points (ORPs) in hard-to-reach settlements lacking existing health facilities. This capacity-building effort has expanded the reach of essential health services to underserved communities.

Coordination and information sharing have been prioritized throughout the operation, from assessments to the closure of interventions. The NRCS completes and shares a 5W matrix with the Nutrition sector every month to ensure active collaboration with partners, both internal and external.

Two Movement TWG meetings were held in September and October 2024, bringing in the Health and DM teams of ICRC, NRCS, IFRC, and PNSs in response to the flood disaster, putting into consideration ongoing operations in the area. The next TWG is planned for January 2025.



Secretariat Services

Budget: CHF 17,387

Targeted Persons: 410

Indicators

Title	Target	Actual
# of documentaries produced	1	0
# of joint supervision visit conducted per state	2	3
# of security risk assessment conducted	3	3

Progress Towards Outcome

Efforts to enhance coordination, supervision, and security within the nutrition operation are underway, ensuring that activities are effectively implemented and key stakeholders remain informed and engaged.

NRCS organizes weekly review meetings with project focal points at the national and state levels to ensure alignment and continuous monitoring of operational progress. These meetings provide a platform for addressing challenges, sharing updates, and ensuring that objectives are met efficiently.

Mini town hall meetings and joint supportive supervision have been conducted in the 3 targeted branches, strengthening the capacity of teams on the ground and ensuring adherence to operational standards. This hands-on approach has enhanced the quality and consistency of interventions, building trust and strengthening partnership across all levels of implementation.

The IFRC has supported the NS on a story-telling mission and training of Branch Communications officers to document and report success stories, increasing the visibility of volunteer activities, and ensuring that the NRCS contributions are recognized by donors and partners. Efforts to share information widely include producing documentary materials and storytelling initiatives to highlight best practices and lessons learned during the operation.

A comprehensive security risk assessment has been carried out to safeguard all staff and volunteers involved, and mitigation measures have been implemented. The IFRC Security Officer provides regular security updates to both staff and volunteers, ensuring that they remain informed about potential risks and are equipped to operate safely.



National Society Strengthening

Budget: CHF 42,229

Targeted Persons: 410



Indicators

Title	Target	Actual
# of volunteers insured	405	500
# of volunteers trained on Safer access	405	405
# of Staff dedicated to this operation at NS	4	5
# of operation review meeting conducted	3	12
# of lessons learned workshop conducted	1	0
# of monitoring missions conducted by NHQ team	3	6

Progress Towards Outcome

Significant progress has been made to ensure the effective implementation and management of the nutrition operation while prioritizing the safety, security, and capacity of volunteers and staff.

405 volunteers have been trained to provide support on this operation. To protect and support volunteers involved in the operation, insurance coverage has been secured for all participants. In addition, volunteers and staff have undergone training on the Safer Access Framework to enhance their ability to operate effectively and safely in challenging environments. Regular briefings have been conducted to clarify roles, reinforce safety and security protocols, and ensure compliance with established guidelines.

Visibility materials (Bib, tshirts and aprons) and personal protective equipment (PPE) have been distributed to all volunteers and staff to increase their safety and recognition during field activities. At the national level, 5 dedicated staff (1 health Officer, 1 Communication officer, 1 CEA, 1 Finance and 1 PMER officer) have been engaged to provide operational support, ensuring alignment with strategic objectives and effective oversight.

The Branch management and divisional focal points have been actively involved at every stage of the operation cycle, fostering local ownership and ensuring seamless coordination across all levels. As part of the monitoring and evaluation framework, a mid-term review is scheduled to take place in January 2025, allowing for an assessment of progress and adjustments as needed. The operation will conclude with a lessons-learned workshop, providing an opportunity to review outcomes, identify best practices, and incorporate insights into future interventions.

About Support Services

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

A total of 380 Mothers Club volunteers are being engaged in this operation. 15 branch teams, 5 per branch, namely the Branch Secretary, Health Coordinator, PMER officer, Branch Communications Officer, and Mothers' Club coordinator, are providing support, oversight and technical guidance to volunteers on respective thematic areas. At the branch level, the mothers' clubs' coordinators are in charge of the day-to-day implementation and supervision of the activities, reporting to the NHQ through the Branch Secretary and Health Coordinators.

At the LGA level, the mothers' club facilitators and divisional secretaries support the day-to-day activities of the mothers' club, ensuring access, safety, and security of the volunteers.

The National Society manages and coordinates the operation through its Health & Care directorate. 5 NHQ staff –2 health officers, 1 PMER point, 1 CEA and 1 finance officer, are dedicated to support the operation at the National level, under the supervision of the Director of Health & Care, who provides overall oversight of the operation. All volunteers and HQ staff members have been insured and provided with the necessary personal protective equipment.



If there is procurement, will it be done by National Society or IFRC?

All procurement related to this operation was carried out in line with the IFRC's standard procurement procedures, National Society financial SOPs, and Sphere Standards for household item purchases. The National Society has the capacity in the procurement processes through the logistics department at headquarters to buy the necessary supplies for the operation in a centralized manner to regulate the items needed to respond to this emergency. The Procurement department worked closely with the implementing branches to identify and engage local markets for timely supply and distribution of items to the project sites.

How will this operation be monitored?

The Branch officers at the state level will undertake the biggest part of daily monitoring and ensure weekly updates are provided to the HQ by sectors. Tracking will be done on the intervention key output and reports will be timely submitted. A two-way communication will be put in place between HQ, branches, and divisions, and consolidated monthly reports will be shared with the IFRC. The NS has an existing partnership with the relevant government departments for technical support. The Ministry's local representation will support training programs and provide supportive supervision to volunteers. The presence of ICRC in the states is an asset to the technical and operational efficiency of this intervention. The NS also relies on IFRC security briefings and update, for volunteer safety. The IFRC is monitoring this operation at different levels and with the NRCS team, IFRC has conducted missions to project sites, and interviews with the target beneficiaries, ensuring that the right beneficiaries are targeted and that the project objectives are strictly adhered.

Please briefly explain the National Societies communication strategy for this operation

The IFRC and NRCS communications team are providing technical support for the communication of this operation. The NS comms officer is covering the through social media presence on different platforms, interviews, and target population stories. The IFRC Communications team is working with the Project manager to adapt key messages, collate success stories, and ensure visibility of the operation through documentaries, fact sheets, and newsletters.



Budget Overview



DREF OPERATION

MDRNG039 - Nigeria Red Cross Nigeria_Severe Acute Malnutrition

Operating Budget

Planned Operations	351,030
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	128,781
Health	103,381
Water, Sanitation & Hygiene	45,755
Protection, Gender and Inclusion	2,923
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	70,189
Environmental Sustainability	0
Enabling Approaches	62,635
Coordination and Partnerships	3,019
Secretariat Services	17,387
National Society Strengthening	42,229
TOTAL BUDGET	413,665

all amounts in Swiss Francs (CHF)



Contact Information

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

National Society contact: Abubakar Kende, Secretary General, secgen@redcrossnigeria.org, +234 8039595095

IFRC Appeal Manager: Bhupinder Tomar, Head of Delegation, bhupinder.tomar@ifrc.org, 08186730823

IFRC Project Manager: Idaraobong Ekanem, Health & Care Officer, idaraobong.ekanem@ifrc.org, 08097530624

IFRC focal point for the emergency: Francis Salako, Operations Coordinator, francis.salako@ifrc.org, +234 9087351968

Media Contact: Susan Nzisa Mbalu, Manager, Communications Africa region, susan.mbalu@ifrc.org, +254733827654

[Click here for the reference](#)

