OPERATION UPDATE

Nigeria| Acute malnutrition

Belau Abubakar, 45, with her child Bello, 3, during the Mother's Club community gathering in the Agwan Talakawa area of Sokoto, Photo: Adesegun Adeokun

Emergency appeal №: MDRNG042 **Emergency appeal launched:** 26 May 2025 **Operational Strategy published:**	**Glide №: FA-2025-000077-NGA**
6 Months Operation update **Date of issue:**13/02/2026	**Timeframe covered by this update:** From **25/06/2025 to 31/12/2025**
Operation timeframe: 12 months (26/05/2025 – 25/05/2026)	**Number of people being assisted:** 1,000,000
Funding requirements (CHF): CHF 2.5 million through the IFRC Emergency Appeal CHF 5 million Federation-wide	**DREF amount initially allocated:** CHF 1 million

*To date, this Emergency Appeal, which seeks **CHF 2,500,000** is **35%** funded. Despite the ongoing intervention, there is still a lot of gap to fill under this operation and also the NS conducted a needs assessment in January 2026 in additional ten States (Gombe, Jigawa, Kaduna, Bauchi, Kebbi, Ogun, Kwara, Kogi, Abia and Cross River). The assessment data is under analysis to determine whether there is need for expansion and extension of this appeal conclusion of this assessment will support the demand of the NS to expand this operation to states assessed.*

A. SITUATION ANALYSIS

Description of the crisis

In April 2025, the Nigerian government declared a national emergency on food security, signaling alarm over the country's rapidly deteriorating nutrition situation.

The current crisis represents a dangerous convergence of multiple systemic shocks. Years of prolonged conflict, including the ongoing insurgency in the northeast and escalating banditry in the northwest, have displaced over 3 million Nigerians, destroyed agricultural livelihoods, and severely restricted humanitarian access. These security challenges intersect with increasingly severe climate shocks - the devastating 2024 floods that submerged entire communities have given way to prolonged droughts, creating a vicious cycle of crop failures and livestock losses. The economic fallout from the 2024 fuel subsidy removal has further compounded the crisis, triggering a 60% surge in food prices while simultaneous 20% cuts to state health budgets have crippled already overstretched health systems.

What makes this emergency particularly dire is the breakdown of critical systems meant to protect vulnerable populations. As of late 2024, only 20% of Nigeria's 34,000 primary healthcare centers were fully functioning. Because of this, access to acute malnutrition treatment remains a major challenge, with less than 20% of Severe Acute Malnutrition (SAM) cases being treated in health facilities. Health services are overwhelmed, and the number of functional Outpatient Therapeutic Programmes (OTPs) is limited due to resource shortages. The data paints an alarming picture: over 1 million children are at risk of severe acute malnutrition with stunting rates exceeding 60% in the worst-affected regions.

Due to increased reported cases of malnutrition in other states not targeted by humanitarian actors, during national technical working group meetings, NRCS undertook a Malnutrition Needs Assessment in January 2026 to examine the nutrition situation, service availability, and underlying vulnerability factors affecting children under five years, pregnant and lactating women, and other at-risk groups across ten states in Nigeria: Abia, Bauchi, Cross River, Gombe, Jigawa, Kaduna, Kebbi, Kogi, Kwara, and Ogun. The assessment aimed to generate evidence to inform context-specific, integrated nutrition programming and policy engagement.

The initial findings indicate that malnutrition cases are dire in the surveyed states; More than 52% of households reported that children had not been screened for malnutrition using MUAC in the six months preceding the assessment. Referral pathways following screening were weak, and availability of specialized services for the management of severe and moderate acute malnutrition was reported in only 45% of facilities, leaving 55% without dedicated SAM/MAM services. Only 38% confirmed the availability of essential medicines for treating malnutrition. Similarly, 24% of facilities reported having sufficient therapeutic food and micronutrient supplements in stock, compared to 76% that reported stock shortages. A total of 8,015 children under five across the ten states were screened. Overall, 3,177 (40%) children were classified as green, 2,570 (32%) as red, and 2,268 (28%) as yellow, indicating a significant burden of acute and moderate malnutrition across the assessed locations.

Following the results of the assessment indicating that over 60% of sampled children under five years are affected by malnutrition, the NRCS has sought to extend and expand this appeal to 10 new states to December 2026. The revision of the appeal will be out soon.

Chronic malnutrition, affecting over 53% children under five, has emerged not only as a health emergency but a human capital crisis, impairing cognitive development and perpetuating intergenerational poverty. Livelihoods remain precarious due to insecurity, extortion, and degraded ecosystems, with many farmers and herders forced to abandon their means of income. As a result, this has led to a collapse of rural value chains, rising food prices, and increasing youth unemployment, particularly among women and marginalized groups.

SUMMARY OF RESPONSE

Overview of the host National Society and ongoing response

The Nigerian Red Cross Society (NRCS) is one of the country's largest volunteer-based organizations with over 800,000 volunteers nationwide, spread across 36 States and the Federal Capital Territory (FCT), with divisions at the Local Government Area (LGA) level and detachments at the community level. This appeal will strengthen the capacity of branch teams (Branch Secretary, Health Coordinator, PMEAL, Branch Communication Officer, Mothers Club Coordinator, Disaster Response Teams) and volunteers to equip them with the technical knowledge and skills needed for effective and impactful implementation of the malnutrition appeal.

Volunteers and health staff have received several training sessions on Epidemic Control for Volunteers (ECV), Community-Based Health and First Aid (CBHFA), and are well-equipped to respond to health emergencies in their domains, in collaboration with the sub-national governments. Branch health officers coordinate activities of members of the Health Action Team (HAT) and support active management of the core functions of the society at the divisions/LGAs and detachment levels, where Health Action Teams (HATs) and Mothers Clubs provide strong support to the NRCS. This structure supports the implementation of general Health and Care programmes at community levels.

The NRCS implemented a SAM Disaster Response Emergency Fund (DREF) operation in Borno, Adamawa and Yobe States (BAY States) through trained volunteers and scaled-up malnutrition screening and referral activities, promoted nutrition education, including promotion of good Infant and Young Child Feeding (IYCF) practices. Building on the Mothers' Clubs, the NRCS created Papas' Clubs, an innovation aimed at enhancing family participation in nutrition activities, while also providing similar health and nutrition services to Cameroonian refugees across seven states (Lagos, Oyo, Cross River, Benue, Taraba, and Akwa Ibom) under the UNHCR health and nutrition project. Furthermore, NRCS with support from IFRC and Czech Aid funding, has implemented a project in Zamfara state, aiming to strengthen food security and resilience through nutrition, livelihoods and climate change adaptation interventions. Finally, NRCS with support from the Norwegian Red Cross is implementing a nutrition and Community health project in Benue state. This Emergency Appeal is leveraging the capacity, experience and volunteer presence in the 5/8 targeted states (Borno, Adamawa, Yobe, Benue and Zamfara).

Mothers club meeting in Gaidam LGA-Yobe State & Papas club session in Red Chamba Ajali Community, Kaga LGA – Borno State

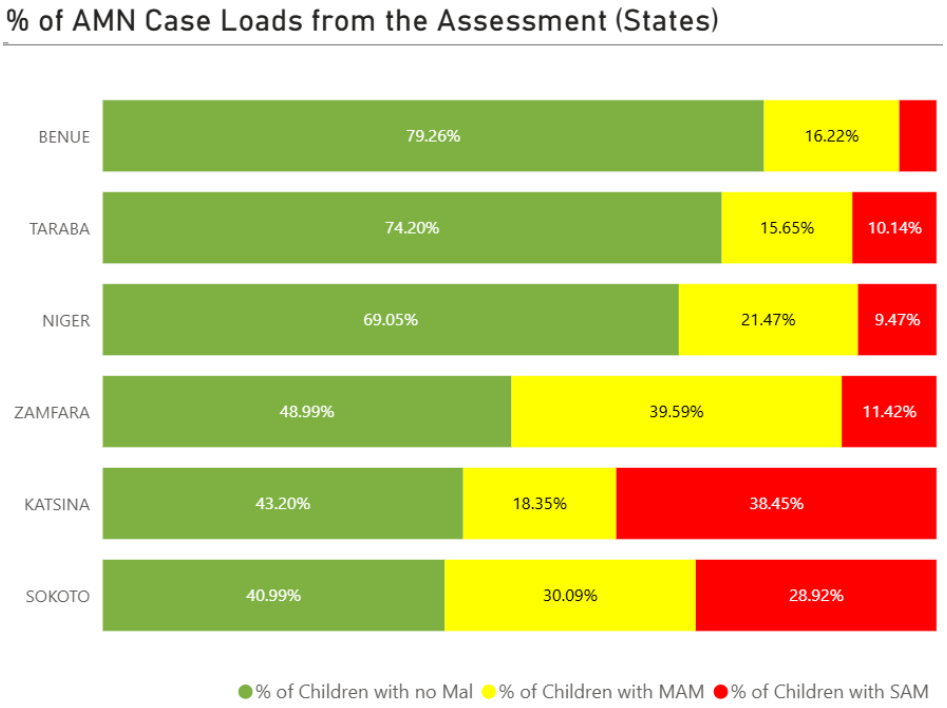
NEEDS ANALYSIS

Needs Assessment

The needs analysis presented in the Operational Strategy, has been triangulated with a secondary data analysis and a needs assessment undertaken by NRCS with support from the surge team in July 2025 in Niger, Taraba, Benue, Zamfara, Katsina and Sokoto. The primary data collection for the needs assessment consisted of mass Mid-Upper Arm Circumference (MUAC) screenings, Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), Household Surveys and Health Clinic Assessments. The data collection tools were reviewed by the NRCS technical leads and the surge team. The assessment was guided by evidence-based prioritization and targeting of available resources for context-specific planning and response strategies.

A second needs assessment was conducted in January 2026 in additional ten States (Gombe, Jigawa, Kaduna, Bauchi, Kebbi, Ogun, Kwara, Kogi, Abia and Cross River). The assessment data is under analysis to determine whether there is need for expansion and extension of this appeal, and its results will be shared in due course with another operations update to revise the plan and budget.

Health/Nutrition:
The data from the needs assessment showed the nutrition status of children under five screened for malnutrition, indicating an alarmingly high number of SAM and MAM cases with precedence up to 50% in some states, as seen below. The assessment triangulates and provides a more detailed breakdown of needs and distribution of cases across the selected states and LGA's, which informed further operational planning.



The current crisis demands an immediate scale-up of Community-Based Management of Acute Malnutrition (CMAM) programs, with priority given to supporting active OTPs with Ready to Use Therapeutic Food (RUTF) and strengthening Maternal, Infant and Young Child Nutrition (MIYCN) support to prevent further deterioration of children's nutritional status.

The primary data collection showed that financial access and distance to services figured among the top barriers to healthcare across all assessed states. Furthermore, security barriers were identified as significant in Zamfara and Benue state. The situation is further exacerbated by a freeze in donor funding, which has forced reductions in critical nutrition services just when they're needed most. The situation is further compounded by the ongoing lean season, which coincides with failed winter cropping in several states due to climate shocks.

Delivering aid to these affected populations presents its own complex challenges. Rampant banditry, inter-communal conflicts, and farmer-herder violence across multiple states have severely disrupted traditional supply chains. This necessitates careful, context-specific planning for aid delivery.

Water, sanitation and hygiene promotion (WASH):
The intersection of malnutrition and waterborne diseases presents a deadly threat that demands immediate WASH interventions. There is a bidirectional relationship between Acute Watery Diarrhea (AWD) and malnutrition, as malnutrition heightens risk and severity of AWD, while AWD can worsen malnutrition.

Priority is given to areas showing high incidences of water-related illnesses, where the vicious cycle of infection and malnutrition is most pronounced. Notably, the primary data collection found that only 12.15%of assessed households carried out any form of treatment of drinking water. Emergency WASH kits containing soap, and water purification supplies are being distributed to parents and care givers at the mothers' club, complemented by robust hygiene promotion campaigns to break disease transmission pathways.

Without these interventions, the nutritional gains from feeding programs will be undermined by preventable WASH related illnesses. Children recovering from malnutrition are particularly vulnerable to waterborne diseases, making integrated WASH-nutrition programming not just beneficial, but essential for saving lives. The window for prevention is closing fast as the rainy season progresses, and disease risks escalate.

OPERATIONAL RISK ASSESSMENT

The operational risks remain as outlined in the Operational Strategy. A security assessment was conducted in July 2025 in six of the targeted nine states, resulting in a stronger mapping of security in the targeted states, as well as the development of standard operating procedures that include contingency plans for medical and security incidents for staff deployed to the locations. A detailed security assessment will also be conducted in the ten additional States, subject to availability of required funding for expansion.

B. OPERATIONAL STRATEGY

UPDATE ON THE STRATEGY

Location targeting, scale and activities

The comprehensive needs assessment, alongside coordination with various external humanitarian agencies on their programming and humanitarian response gaps have informed some changes to the operational planning.

Drawing on an assessment of needs, ongoing humanitarian interventions, and available funding, NRCS has prioritized the following 8 states: Borno, Adamawa, Yobe, Niger, Benue, Sokoto, Katsina and Zamfara. This is based on the highest needs identified and the priority to sustain activities beyond the Emergency Appeal implementation timeframe. In Taraba, which was not prioritised in this phase, several humanitarian agencies including UNICEF, WHO, Hellen Keller International and others are implementing a broad range of interventions including child immunization/supplements, Antenatal Care (ANC), Key Household Practices (KHHP), community screening & referral, and integrated management of acute malnutrition. On the other hand, stakeholder mapping of Benue state showed very limited humanitarian response, where NRCS can support in filling a large gap in the response. Some targets and indicators were amended accordingly, in line with the reviewed plan and targeting.

A decision was made not to directly establish or run OTPs, but to focus resources on procuring RUTF for distribution to existing OTPs being managed by government and other agencies, including training of healthcare workers and some specialized volunteers to strengthen service delivery in those centres. This decision was guided by two key considerations. First, the timeline of the operation and scale of available funding does not allow for the sustainable

establishment and operation of new OTP sites, which require long-term investment in staffing, infrastructure, and supply chains. Secondly, sustainability and impact will be best achieved by reinforcing and complementing the efforts of existing OTPs rather than duplicating services. By ensuring consistent availability of RUTF and building local human resource capacity, the programme will still contribute to ensuring access to life-saving SAM treatment while maximizing the use of limited funds and supporting a more resilient and coordinated nutrition response other stakeholders in the target areas. Indicators related to the running/oversight of OTPs within the Emergency Appeal have been updated to reflect the situation.

The needs assessment and engagement with external partners further provided a detailed overview of needs at the LGA level, as well as prevalence and functionality of OTPs in the targeted LGAs. This informed the decision on scope, scale and priority of interventions at the state and LGA levels. To address identified gaps in access to nearby OTPs, NRCS will also provide funding for transportation of complicated SAM cases requiring referral to stabilization centres.

Shared leadership approach

IFRC, in support of Nigerian Red Cross Society (NRCS), channelled a proportion of funding available from the IFRC Nigeria Malnutrition Emergency Appeal to Norwegian Red Cross (NorCross) to support implementation of activities for Benue and Zamfara states. This approach builds on the existing partnership between NRCS and NorCross through its current engagement and support to and with NRCS on health interventions in Benue, and strategic interest to scale up longer term interventions in Zamfara. This will support the longer-term sustainability of interventions beyond the implementation timeframe of the Emergency Appeal. It also leverages the capacities, presence and interest of NorCross in the country and in the health sector in general, and underlines IFRC's commitment to the Agenda for Renewal, putting into practice the commitment to ensure appropriate support to the best placed actor for a specific action on the ground. The operational planning and strategy are well aligned with the larger framework of the Emergency Appeal.

Assessment cell

In addition to the internal coordination between information management, PMER and health, the cell also worked externally with other Movement partners, relevant clusters and organizations to collect and analyze readily available data to challenge assumptions and build an evidence base and identified gaps which informed primary data collection and analysis.

In this reporting timeframe, maps covering needs, reach, and security were created, including a story map showcasing the malnutrition situation, a dashboard supporting analysis of the primary data collection, as well as a situational analysis snapshot in coordination with and for external communications.

Integrated with the deployment was capacity strengthening actions in agreement with NRCS, supporting the National Society in digital primary data collection tools (KOBO) and data visualization tools (Microsoft PowerBI) for the response.

Communication

Scale-up of communications has been a key activity in the Emergency Appeal. Powerful storytelling and media production are essential for drawing urgent attention to the scale and human impact of the crisis. Through photography, video, and interviews, communication vividly documents the situation on ground, amplifies the voices of affected communities, and showcases the life-saving work being carried out by responders.

Nine interviews with 'beneficiaries' and NRCS volunteers were conducted in Sokoto and Zamfara and used to develop three story packages on: a) Mothers' Clubs, b) Papas' Clubs and c) primary healthcare. Each story package has accompanying photography. Two social media videos have been developed on Tom Brown and Mothers' Clubs, to demonstrate the impact of NRCS' ongoing work. Materials gathered in Sokoto and Zamfara have also been integrated

into a ‘Story Map’ 'A child belongs to the community'. Photography has been uploaded to ShaRED, where it can be accessed by National Societies across The Movement. A press release was published on 20th August 2025, highlighting the dire SAM and MAM numbers in the targeted states.

Nigeria, Zamfara, Wanke ward

Nasiru Muhammed, a farmer and father of seven, with his youngest daughter, who was malnourished but has started responding to treatment, at home. Nasiru says, “My daughter started recovering from malnutrition when my family and I started feeding her nutritious meals such as Tom Brown and other healthy foods.” Nasiru has learnt the importance of feeding his family with nutritional meal from the Papa’s Club and has also prioritized taking his health seriously with that of his family.

Photo: Adesegun Adeokun

Nigeria, Zamfara, Maradun South, Kura-tara.

Aminatu Usman, 20, making Tom Brown for her daughter at home. Aminatu, a member of the Mother’s Club, said she was taught how to make nutritious meals, which have helped her daughter regain her health after suffering from malnutrition. Tom Brown is a locally produced flour mix of grains, soy, and peanuts inspired by a traditional Nigerian recipe. The Tom Brown produced at Mother’s clubs is used to treat children with MAM through supplementary feeding programmes delivered at Red Cross centers .

Photo: Adesegun Adeokun

C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

	Health & Care *(Mental Health and psychosocial support / Community Health / Medical Services)*	Female>18: 257,250 Male >18: 257,750	Female<18: 232,750 Male < 18: 242,250
Objective:	*Strengthening holistic individual and community health of the population impacted through community level interventions and health system strengthening*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of volunteers trained and deployed for nutrition screening and referrals	710	4,500
	# of community health workers trained in IYCF/OTP	0	180
	# of volunteers trained and deployed in CMAM, IYCF, CBS, and WASH	710	4,500
	# of children screened for acute malnutrition	251,017	180,000
	% of children screened and detected with SAM	10%	15%
	% of children screened and detected with SAM, referred for treatment	83%	80%
I	% of children screened and detected with MAM supported by the NRCS with supplementary feeding	55%	80%
	# of households reached with health and nutrition messages	121,217	170,000
	# of persons reached with messages on health and nutrition	606,085	800,000
	# of Mothers and Papas clubs formed (90 MC and 90 PC)	100`	180
	% of Mothers and Papas club participants who demonstrate improved knowledge of key barriers and ways to overcome them	0	0
	# of pregnant and lactating women supported with micronutrient supplementation	0	0
	# of persons reached with OTP services	0	0
	# of Mothers clubs and Papas clubs supported to develop nutritious home gardens or poultry farm	180	180

	# of RUTF carton procured and distributed	2000	5000

Two inception meetings for the 9 priority States were held in Kano and Bauchi, with participation from NRCS and representatives of all 9 state Ministries of Health. This enabled the branches and state health authorities to stay informed, discuss the needs in their respective states, identify opportunities for inter-agency coordination, and develop state-level implementation plans based on available funding and the prioritization of assessments which were conducted in July 2025.

In the reporting period, 710 volunteers from Borno, Adamawa, Yobe, Sokoto, Katsina, Zamfara, Niger and Benue States were trained and deployed for the operation. The training covered Maternal, Infant and Young Child Nutrition (MIYCN), MUAC screening, referral of children with SAM to OTPs, hygiene promotion, facilitation of Mamas and Papas Clubs, and the use of Kobo for data collection and management.

The 710 trained volunteers conducted door-to-door visits in the targeted communities to provide MIYCN education, hygiene promotion, and WASH messages to parents and caregivers. They also screened children aged 5–59 months using MUAC tapes and referred acutely malnourished cases and pregnant women to Mothers' Clubs, OTPs, and Primary Healthcare Centers (PHCs) for appropriate care and support. These activities are conducted 3 days a week: 2 days for house-to-house active case search and 1 day for Mother/Papas club meetings. Referral forms are used for SAM cases, while MAM cases are documented in a dedicated MAM register for weekly monitoring and rescreening.

During this reporting period, a total of 251,136 children has been screened across the eight States, 100 Mamas and Papas Clubs have established weekly meetings facilitated by trained community volunteers who also serve as community NRCS nutrition focal points. Key activities conducted in the Mamas and Papas club include MIYCN group counseling, hygiene promotion, Tom Brown supplementary food production, healthy cooking demonstrations, backyard gardening/poultry, and skills acquisition training.

These interventions are expected to strengthen community involvement, ownership and sustainability beyond the intervention. Families are encouraged to take responsibility for their nutrition and overall well-being and children aged 5–59 months identified with MAM are referred to Mothers' Clubs for documentation, monitoring, and follow-up during mothers' club sessions.

In the reporting period, 16,888 SAM cases representing 15.8% of the total children screened for malnutrition have been identified by the volunteers in the communities, and14,221 representing 84.2% of cases have been referred to designated OPTs for treatment and follow-up. The volunteers were also trained on handwashing practices and are cascading these practices at the mothers' and papas club meetings through health and hygiene promotion activities.

Parents and Caregivers referred to OTPs supported by the volunteers to receive RUTF for SAM children in Galadima in Kankia LGA, Katsina State.

During this reporting period, a total of 100 mothers/papas clubs have been formed, and 14,358 persons have been reached with nutrition (MIYCN), health (WASH) education and sensitization, including group nutrition counselling through the mothers/Papa's club meetings in the targeted communities.

Also, at the mothers' club meetings, practical sessions on healthy cooking demonstration and preparation of Tom brown supplementary food for MAM children are being conducted to teach women the right combination of food items for a relatively balanced nutrients as well as food hygiene.

Children with MAM identified by the volunteers during the house-to-house MUAC screening are referred to the mothers' club for registration, biweekly feeding, and weekly rescreening to monitor child recovery progress. Between August-December 2025, the volunteers have identified 49,476 MAM cases (20% of total children screened) out of which 27,262 (55%) children have been registered with the mothers' club for supplementary feeding. Household and menstrual hygiene kits have also been distributed to mothers with MAM/SAM children, pregnant and lactating women through the mothers' club.

Twelve (12) Community model gardens and ten (10) poultry units have been established in Borno, Adamawa and Zamfara, serving as demonstration sites for men and women to replicate at the household level as well as sustainability outfits for community ownership. Proceeds from these initiatives will be used sold to restock and expand the initiative to enhance family nutrition in the targeted Communities.

Six (6) trained NRCS Health National Disaster Response Team (HNDRT) members are supporting implementation of the Emergency Appeal, including step-down training of volunteers across the 8 targeted branches. The Federal and State Ministries of Health (MoH), Primary Health Care Development Agency (PHCDA), and the NRCS will continue conducting joint supportive supervision to strengthen the operational component of the appeal. This collaborative effort will enhance quality implementation of the Appeal and strengthen coordination with relevant stakeholders.

It is important to note that the indicator on tracking increased knowledge through Mamas and Papas Clubs has been removed, as the club modality is based on drop-in sessions, with participants varying from week to week. Instead, impact on community and participants knowledge is being captured through CEA indicators in community feedback sessions.

Two thousand (2000) of the five thousand (5000) RUTF have been distributed so far to Sokoto, Katsina, Zamfara and Niger States The remaining 3000 cartons are being distributed in the month of January to the same states after consultation with other partners to avoid duplication.

	Water, Sanitation and Hygiene	Female>18: 257,250	Female<18: 232,750
		Male>18: 257,750	Male<18: 242,250
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 and organizational interventions*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of households reached with hygiene promotion messaging including hand hygiene demonstrations	121,217	170,000
	# of pregnant women reached with hygiene kits	1850	50,000
	# of vulnerable households provided with hygiene kits	2000	10,000
	# of households reached with water storage containers (jerry cans)	0	20,000
	# of households reached with multipurpose soap	0	20,000
	# of households reached with aqua tabs for water purification	2000	20,000
	# of water supply units recovered	0	Pending funding

A total of 2000 Aqua tabs, 2,000 hygiene kits, and 2,000 menstrual hygiene kits with bar soaps, as well as 1st batch Tom Brown preparation materials have been procured and distributed to the Communities, OTPs and mothers' clubs.

Additional funding is required to support water units supply recovery and the procurement of jerrycans, for households, as these needs remain critical in the targeted communities.

Protection, Gender and Inclusion		Female > 18:74	Female < 18: 68
		Male > 18: 88	Male < 18: 80
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 PGI assessments conducted and reported	1	1
	# of gender analyses conducted	0	1
	# of volunteers trained on PSEA/SGBV	710	4,500
	# of unaccompanied minors registered and supported through children's safe spaces	0	TBD
	% of people suffering from protection issues identified and referred to specialized services	0	TBD

The needs assessment conducted in July 2025 integrated Protection Gender and Inclusion (PGI) needs, concerns, and priorities into the questionnaire, allowing for gender analysis. The results highlighted key protection concerns and barriers reported by respondents. The top three barriers across all states were financial access, distance to health facilities, and attitudes towards health facilities. In Zamfara and Benue, safety also emerged as a significant barrier. Cultural beliefs, including gender concerns, ranked relatively low across most states, while language barriers were not identified as a major issue.

These findings have been incorporated into the implementation. For example, financial barriers and distance to health facilities are being addressed by availing funding for transportation to the closest functional OTPs/PHCs. Poor health-seeking behavior is being tackled through community sensitization activities, including Mamas and Papas Clubs, door-to-door visits, focused group discussions, community meetings, and other engagement platforms. Security considerations are also factored into the implementation process as volunteers were given basic security tips during the training, including duty of care for volunteers and SAF training.

Protection from Sexual Exploitation and Abuse (PSEA) and Sexual and Gender-Based Violence (SGBV) modules were integrated into the training carried out in 7 states for 670 volunteers, with training in Benue still pending.

Enabling approaches

Secretariat Services			
Objective:	*Communities in high-risk areas are prepared for and able to respond to disaster*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of surge personnel deployed	10	10

All ten profiles identified were deployed and completed their missions. The last mission was for the Health Cordinator who left in September and handed over the operation to the Abuja cluster and Nigeria programme team. The following profiles were deployed:

1. Head of Operations
2. Deputy Head of Operations
3. PMER Coordinator
4. Humanitarian Information Analyst
5. Health Coordinator
6. Communications Coordinator
7. Mapping & Data Visualization Officer
8. Supply Chain Coordinator

The deployments were supported by IFRC, British Red Cross, Canadian Red Cross, Kenyan Red Cross, Malawi Red Cross, Danish Red Cross and Norwegian Red Cross. Meanwhile the operation is being managed by the Senior Health Officer of the IFRC with support from Health Officer from Norwegian Red Cross in providing technical support to the Nigeria Red Cross.

Community Engagement and Accountability

Objective:	*Communities in high-risk areas are prepared for and able to respond to disaster*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of staff and volunteers working on the operation who have been trained in community engagement and accountability	774	4,564
	% of queries/feedback received through established feedback mechanisms that were responded to (feedback loop closed)	60%	80%
	% of sampled community members who say they are satisfied with the support received from RCRC through PDMs	0	80%
	# of Nutrition Ambassador sessions conducted with communities	0	200

The NRCS is engaging with key community leaders and stake holders through community meetings (compound meetings, FGDs, and targeted advocacies), to build trust, enhance community acceptance, participation, and ownership for sustainability. 239 community entry meetings have been conducted in the targeted States where the house-to-house/mothers and papas club activities are currently ongoing. These meetings aimed at discussing effective ways of identifying and referring Malnourished children to the health facilities and to the mama and papas' clubs.

The volunteers are distributing Posters in both English and local language to the households, as well as posting them in strategic public places for public digest. A total of 10,000 IEC materials were produced and

distributed. Community feedback is also being gathered by the volunteers, using the pre-designed feedback form in the Kobo app which is transmitted to the server for analysis by the national CEA focal point. Toll-free lines are also disseminated to the households and mothers/papas club members to send private and/or sensitive feedback to inform programme messaging and communication to and with communities.

The community feedback received was mostly Commendations to the NRCs for the intervention. Others include request for basic needs as indicated in the bullet points below. During this reporting period, we did not receive any sensitive feedback.

- Praying for and grattitude to NRCS
- Food & cash insecurity, loss of livelihood due to security crisis and flood
- Requests for cash and food items to enhance family nutrition/livelihood
- WASH & shelter gaps: water, hygiene, sanitation, mosquito nets-requests
- Communities still face crucial unmet needs (insecurity, health, education, PSS, food etv)

It is crucial to note that there is high Community expectation regarding the needs as indicated.
Community dialogue meetings and FGDs were used to continuesly sensitize Community members on the focus and strategies of the Malnutrition appeal, and the NRCs is also encouraging them to link with other Organizations to galvanize support for areas that the project is covering.

Coordination and Partnerships

Objective:	*Communities in high-risk areas are prepared for and able to respond to disaster*		
Key indicators:	**Indicator**	**Actual**	**Target**
	National Society has a membership coordination mechanism is in place	1	N/A
	Number of government-led coordination platforms the National Society is part of	1	N/A

The NRCS is a member and participates in the national Health Cluster and Nutrition Sector coordination meetings to engage and collaborate with other nutrition actors in country for synchronization with the government plan and guidelines for nutrition response. Inception meetings were conducted with key government officials drawn from the eight States for the operation, including Taraba. The meeting was to formally present the operational plan to the government and other key actors, discuss and explore possible collaboration, and harness available resources to minimize duplication of efforts and or role conflicts, thereby enhancing efficient and effective delivery of nutrition intervention in the targeted States.

Engagements between IFRC, NRCS, and Partner National Societies including British Red Cross, Norwegian Red Cross, Hong Kong branch of the Red Cross Society of China, and ICRC are still ongoing.
In addition, IFRC in support of NRCS is engaging with external partners to enhance coordination in the field as much as possible. NRCS continues to lead in the engagement with local and national authorities.

Supply Chain Coordination Support:
IFRC continues to engage actors within the Logistics Cluster, conducting market analysis and actively engaging suppliers for RUTFs. Full delivery of RUTF and NFIs was completed in November. The NRCS Kano Branch warehouse

was utilized to store the RUTF and was renovated and equipped to increase and improve NRCS supply chain capacity.

External coordination:
In addition to engaging with the Nutrition Sector cluster, information sharing and coordination with a wide range of local and national authorities, non-governmental organizations and international organizations continue to optimize the reach of the operation while minimizing duplication of efforts.

FUNDING

Donor	Earmarking	CHF
Turkish Red Cross	unearmarked	10,000
Japanese Red Cross	Unearmarked	28,632
Canadian Red Cross	Unearmarked	71,736
ECHO	DREF Replenishment reallocated to the Emergency Appeal	477,039
Red Cross of Monaco	Unearmarked	9,353
British Red Cross	Earmarked for Mobilization Table	214,671
Hong Kong Red Cross	In-Kind Donation for Procurement of RUTF	76,506
DREF Loan	DREF Loan	1,000,000
Total funding available		**1,887,938**

We extend our sincere thanks to all donors whose generous contributions to the Emergency Appeal have made the life-saving response possible. To date, this Emergency Appeal, which seeks CHF 2,500,000, is 35% funded, excluding the loan from the DREF. Further funding contributions are urgently needed to sustain and scale up assistance to reach all those affected by the malnutrition crisis in Nigeria.

Contact information

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

At the Nigerian Red Cross Society:

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Reference documents

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Click here for:

- Previous Appeals
- Operational Strategy

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) 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, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.