



# OPERATION UPDATE 4

## Nigeria| Diphtheria Outbreak

<b>Emergency appeal №: MDRNG037</b> <b>Emergency appeal launched: 09/10/2023</b> <b>Operational Strategy published: 02/11/2023</b>	<b>Glide №:</b> <b>EP-2023-000034-NGA</b>
<b>Operation updates #4</b> <b>Date of issue: 27/08/2024</b>	<b>The timeframe covered by this update:</b> From 18/11/2023 to 28/08/2024
<b>Operation timeframe:</b> 11 months (11/10/2023 - 30/08/2024) Extension request: 5months (11/10/2023 – 31/01/2025)	<b>Number of people being assisted:</b> 6,200,000
<b>Funding requirements (CHF):</b> CHF 5.4million through the IFRC Emergency Appeal CHF 6 million Federation-wide	<b>DREF amount initially allocated:</b> CHF 1Million

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



*Volunteers on a Road Show Procession and Campaign against Diphtheria*

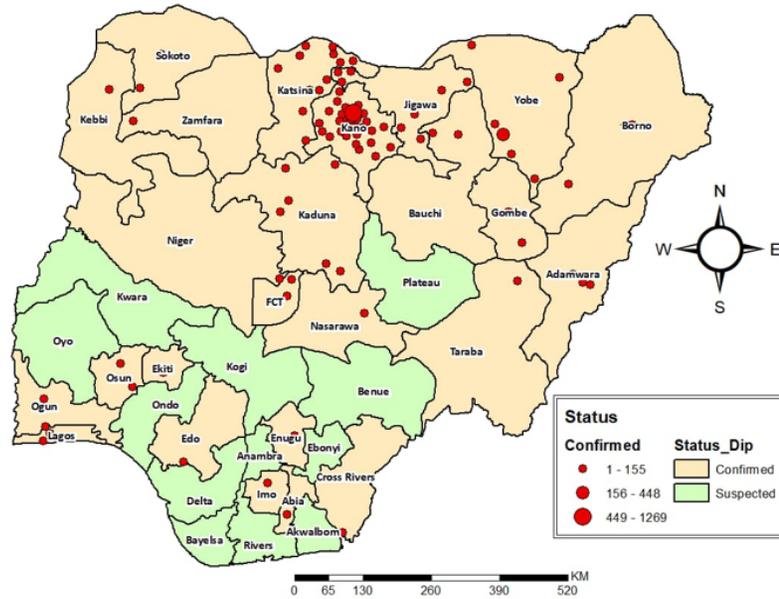
## **A. SITUATION ANALYSIS**

### **Description of the crisis /**

In Nigeria, the outbreak of Diphtheria became the biggest public health concern that affected many lives and children in 2023. This outbreak began in Kano State in December 2022 and spread to neighboring states, including Lagos and Osun, which have reported confirmed cases. The Nigeria Center for Disease Control and Prevention (NCDC) has declared this outbreak to be the worst in a decade, with the previous outbreak occurring in 2011 in Nigeria. As of 26<sup>th</sup> August 2024, 11,124 suspected cases have been reported for the calendar year across 130 LGAs in 17 out of the 36 states and FCT. majority being children.

Diphtheria is a vaccine-preventable disease and severe bacterial infection that can affect a person's nose, throat, and occasionally skin. It is brought on by the *Corynebacterium* species. The people at the greatest risk of contracting diphtheria are among children and people who have not received any, or only a single dose of the vaccine (a diphtheria toxoid-containing vaccine). People at risk are communities residing in densely crowded places and unsanitary areas with poor environmental conditions. Also, healthcare professionals and hospital frontline workers who are working with or in close contact with people suffering from Diphtheria are at risk of contracting the disease. There is also a risk of contracting diphtheria if a person comes physically into contact with someone with diphtheria.

# Map of Nigeria Showing state/LGA with Diphtheria Cases from Wk 19, 2022 to wk 33, 2024



Diphtheria outbreak continues to pose a huge threat to at-risk communities in Nigeria. This deadly disease which began in week 19 of 2022 and has been spreading to other states as reported by the latest sitrep by the NCDC. Cumulatively from epi-week 19, 2022 – epi-week 33, 2024, Nigeria has recorded 35,195 suspected cases and 21,511 confirmed cases in 36 states and 325 LGAs; Kano, Yobe, Katsina, Bauchi, Borno, Kaduna, and Jigawa account for 96.4% of the cases. As of 26<sup>th</sup> August 2024, the Total confirmed cases of diphtheria is 21,511 with 1055 deaths and CFR of 4.9%. A recent report was made on 24<sup>th</sup> August 2024 of new surge in diphtheria cases in Bauchi and Kaduna with 5 deaths from diphtheria in Kaduna of which 3 deaths are children. Kaduna state reported that the recent cases of diphtheria in Turkur LGA were as a result of people in the communities rejecting the uptake of the diphtheria vaccine. Also according to monitoring feedbacks from the field, there are now cases of diphtheria cases in being reported in Plateau and Ekiti States. This recent cases indicates the need for more intervention and also the need for the emergency appeal and response to continue, in order to reduce the spread of the disease by a huge margin and increase the uptake of routine immunisation.

## B. Summary of Response



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

### Overview of the Host National Society and On-going Response

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

**Coordination:** The NRCS is an active member of the emergency taskforce set up by the coordinating ministry of health for Nigeria which coordinates the diphtheria response activities in Nigeria. NRCS continues working with MSF, UNICEF, WHO, NCDC, NPHCDA and other stakeholders in the emergency response to the diphtheria outbreak. Through strong engagement with NCDC, the NRCS was able to secure the opportunity to conduct community-based surveillance activity with the NRRT teams. Regular coordination meetings are being conducted to review weekly activities, provide operational support to issues as they arise and review weekly data collection, collation and validation.

**Targeted Advocacies/Community Dialogues:** NRCS staff and volunteers conducted advocacy visits to key stakeholders and opinion leaders to sensitize and mobilize them to support the diphtheria activities in their domains. Among those sensitized and advocated to were; traditional/community leaders, religious leaders, school authorities, women leaders, youth leaders, markets unions, etc. A total of 554 advocacies and 461 community meetings were conducted during the reporting period. Community dialogue/town-hall meetings were conducted with relevant community groups like; women groups, youth groups, farmers' association, market unions, professional groups and community-based organizations.

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

The NRCS Staff and volunteers were trained by the NCDC and State Primary Health Care Development Agencies/Managements Boards on surveillance and immunization key concepts related to the NRCS diphtheria operational strategies. Trained NRCS volunteers were deployed to conduct house-to-house active case search and contact tracing using the NCDC surveillance (IDSR reporting forms) in collaboration with health facility staff and LGA DSNOs. Cases found by the volunteers were reported to the DSNOs through the health facility surveillance focal points for investigation, sample collection, referral and treatment. A total of **1,510** trained volunteers were deployed for surveillance activities across 12 States.

**Immunization:** The NRCS is supporting routine immunization Vaccine Intensification in the 7 priority states such as Kano, Zamfara, Katsina, Jigawa, Bauchi, Yobe and Borno States with 120 vaccination teams of 6 persons each deployed and supported with stipends and logistics. The volunteers also mobilized parents and care givers to present eligible and zero dose children at health facilities and outreach centers for vaccination and catch-ups on missed opportunities. The vaccination team was able to immunize **1,500** children in the reporting period

**RCCE and Awareness Creation:** Volunteers conducted house-to-house ACSM/RCCE activities on diphtheria case definition, signs symptoms, and preventive measures to increase community suspicion index and promote early reporting to reduce the spread of the disease. A total of 2190 volunteers were engaged across the focal States and reached 16,370,043 people in 3,157,386 households from 69,192 communities. Community dialogue **461** meetings were conducted with key opinion leaders such as community leaders, religious leaders, trade unions, women leaders, youth leaders, etc. to sensitize them on the diphtheria epidemic.

**Motorized Campaign (Road Shows and Market Storms):** Government adopted IEC materials that were adapted and customized to fit local contexts to ease understanding and compliance by the community members, **429,570** distributed to the public during the public enlightenment rallies/motorized campaigns, **27 road shows** were conducted. Volunteers were provided with T-shirts and aprons for safe access, identification and visibility as they floated the streets with road shows and stormed the markets in the States, LGAs and Communities.

**Media Engagement:** NRCS in collaboration with NCDC and SPHDAs has aired **510** jingles and conducted **23** live radio shows to interact with the public where people were able to phone-in and ask questions and give information to the team. The live call-in radio shows have been conducted in the States reaching out to an estimated population of **22,025,000 people** across the focal States. Poster, banners and Flyers with key messages on diphtheria were all distributed to the public and also posted on all NRCS Social Media handles.

**Infection Prevention and Control:** NRCS volunteers were deployed to distribute Hygiene kits to households in 4 States – Katsina, Kano, Kaduna, and Osun to enhance the prevention and control of diphtheria in the communities. Hand sanitizers were also provided for all the volunteers engaged in the house-to-house and **1,585,080** households were reached with hygiene kits.

**Supervision and Monitoring:** The trained NRCS NDRTs have been supporting the Appeal implementation including step-down training of volunteers across the 14 implementing Branches.

**Case Management Data Collection:** NRCS supported the State government with the deployment of data collectors for retrospective case management data collection on Diphtheria from health facilities, going through HFs registers/patients' case notes to extract suspected and confirmed cases as well as diphtheria-related deaths. Seventy (75) people were engaged across 7 priority states, and they were able to extract and collate approximately over 9000 suspected/confirmed cases of diphtheria at the hospital where the cases were diagnosed, treated and managed. All 75 data collectors received training from NCDC on the use of ODK and Kobo Collect for logging the cases and funded by IFRC and movement partners.

## Summary of Changes

### Next Steps

The National Society (NS) has indicated some changes in operation and the current target is **6,200,000** with the Ekiti and Plateau States being the last entrants States in response to the proactive request of the state aimed to mitigating and curbing the spread of diphtheria, which prompted the request for NRCS urgent action by the government of the respective states. Due to limited funding the operations will continue and scale up ACSM strategies in the 5 hot-spot States of Katsina, Kano, Zamfara, Jigawa and Bauchi States. As new cases continue to emerge, it is expedient to

continue the diphtheria appeal operation by the NRCS as there remain huge concerns of possible undetected cases in some communities and hard-to-reach areas with poor access to testing and treatment facilities.

**Cerebrospinal Meningitis (CSM):** Following the recent upsurge of Meningitis cases in the country, the Federal Government declared an Emergency of CSM and Emergency Operations Centre was activated on the 14<sup>th</sup> of March 2024 to coordinate the response.

The NRCS integrated CSM RCCE and demand creation for the CSM reactive vaccination campaign into the diphtheria appeal. As a component of the Epidemic Control for Volunteers (ECV) training package, the NRCS volunteers were trained on community case definition, key messages, identification, and reporting of Meningitis, during the last Diphtheria RCCE training in the 3 LGAs of the 3 States. The Nigerian Red Cross Society supported the Government in the ASCM pillar on the CSM disease and mobilized eligible populations for the CSM vaccination in 3 States and 6 LGAs- Jigawa, Bauchi and Yobe. ASCM strategies were deployed in line with the Government plan to support the meningitis outbreak response through.

- Targeted Advocacies
- RCCE
- Sensitization in schools/public enlightenment and awareness creation
- Mobilization for CSM vaccination
- Roadshows and market storms and
- Community Feedback. These activities will be integrated into the work plan with limited cost implications in existing project areas.

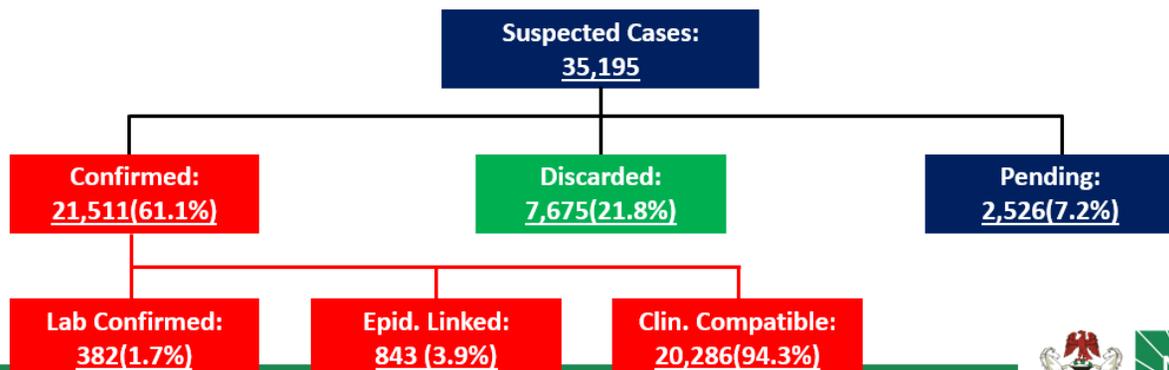
The NRCS did not fully participate in the second the second phase of meningitis vaccination campaign in all the states due to timing of the campaign by the government as the process of vaccination had begun before approval was obtained.

**The NRCS is seeking a no-cost extension of the Emergency appeal by 5 months; consequently, the appeal will now end on 31 January 2025.** This extension is required due to the upcoming vaccination campaign for zero dose children scheduled by the NPHCDA under the ministry of health between a period of September to December 2024 and the recent surge of cases currently being reported in August 2024. The participation of the Nigerian Red cross in the immunization campaign is very important as to ensure that the percentage of unimmunized children is reduced and that children under five 5 years old are fully immunized. As seen in the situational update, there are still new cases that are currently reported as now the total deaths have now passed 1000 mortalities and treatment centers are still managing admitted patients especially in Kaduna, Bauchi, Kano and Yobe states. Therefore, highlighting the need to continue the appeal in order to reduce the number of cases of diphtheria. This extension is also **necessitated by the on-going security situation and different social unrest and uncertainties in the country (such as the End Bad Governance Protest)**, which has disrupted the joint government and partners Lesson Learned session originally slated to hold in August 2024. The workshop is now scheduled to hold in October 2024, to allow the security situation in the country to be stable. Also, this will allow time to wrap up volunteers' payments and other outstanding financial justification and reporting. Although the operation of the Nigerian Red Cross will end by January 2025 the national EOC meetings at National level at the ministry of health will continue for subsequent months in order to monitor the situation of the diphtheria outbreak. Implementation activities and all final reports will be completed by January 2025.

## Current Situation Report of Diphtheria Cases in Nigeria

### Cumulatively from epi-week 19, 2022 – epi-week 33, 2024

- **Suspected cases: 35,195** cases; 37 states; 332 LGAs;
- **Confirmed cases: 21,511** cases; 26 states; 173 LGAs;
- **Total confirmed death: 1,055, CFR- 4.9%**



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Nigeria Centre For Disease Control And Prevention



## Needs analysis

### Transmission and prevention:

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

**At risk and affected group:** The confirmed cases are distributed across 22 states with Kano (12,364), Yobe (1,328), Bauchi (1,146), Borno (837), Katsina (672), Jigawa (51), Kaduna (32), Plateau (31) and FCT (15) accounting for 99% of confirmed cases reported. A total of 839 deaths (CFR: 5.0%) have been recorded among confirmed cases. According to monitoring feedbacks from the field, there are now cases of diphtheria cases in being reported in Plateau and Ekiti States.

**Immunization Gaps:** The historical gap in vaccination coverage is a driver of the outbreak given the most affected age group (5–14-year-olds) and results of the nationwide diphtheria immunity survey that shows only 42% of children under 15 years old are fully protected from diphtheria. According to the recent WHO Disease outbreak report. Of the 4,717 confirmed cases, only 1,074 (22.8%) of the confirmed cases were fully vaccinated against diphtheria, 299 (6.3%) were partially vaccinated. More than half of the cases (2,801; 59.4%) were unvaccinated. The National Immunization Coverage Survey 2021 reported that at least 64% of Nigerian children between the ages of 12 and 23 months did not obtain all the required vaccinations in the previous five years. Forty-six (46) percent of children were reported to have only received a

partial immunization between 2016 and 2021 according to the study, from the 2021 Multiple Indicator Cluster Survey (MICS) and National Immunization Coverage Survey (NICS).

In general, the routine vaccination provided in country does not reach enough of the population. Many people have not been vaccinated. There is a huge challenge in the population immunity gaps taking into account the low vaccination coverage limited waning of immunity. However, it was identified that overall, the available vaccines are not sufficient to cover the at-risk population. NRCS aims to promote the safe and adequate uptake of Routine Immunization (RI) among the most at risk and exposed population in the various hotspot areas. The need for advocacy with MoH institutions to deliver in the concerns LGAs in priority is also considered by the NRCS and in this DREF operation.

This operation is giving attention to zero dose children in hard to reach and/or security compromised settlements and ensuring that the eligible children have access to the vaccine. NRCS will provide logistics support to vaccination teams to provide immunization services to the rural hard to reach areas, including IDPs and Refugees settlements.

**Needs and gaps:** Some states are struggling with logistics support for vaccine delivery, due to reasons such as high cost of transportation fare and reaching children's who may be at risk of (VPD) Vaccine preventable diseases such as Diphtheria in marginalized communities and hard to reach areas.

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

#### **Other challenges include**

- Difficulty in accessing some communities due to security concerns.
- Poor latrines and toilets with good sanitary conditions.
- Lack of potable drinking water in some rural areas and urban slums and sheltered communities.
- Inadequate vaccines to cover all LGAs, wards and settlements.
- Inadequate health facility and diagnostics centers for management of patients.
- Health professionals and front-line workers not vaccinated or under vaccinated.
- Lack of trained professionals for Diphtheria outbreak, detection, investigation, and management.
- Poor and inconsistent reporting from states.

#### **Infection Prevention & control (IPC)**

As the new cases of diphtheria continues to emerge, there is need to engage more health care professionals to contain the spread of the disease. To address this, a two-day training of trainers (ToT) workshop was conducted for NRCS health and care department staff members at the branch and NHQ as well as NDRTs across the Country. Staff and capacity on IPC were enhanced by the training which was provided by the Swedish Red Cross and the IFRC.

## **Operational risk assessment**

Security assessment and safer access protocols are being observed by both staff and volunteers in the course of the operation. Also, volunteers are guided by the Fundamental Principles and “do no harm” principle. The volunteers and staff were provided with on the need PPEs during the diphtheria operation to keep safe in the course of discharging their duties.

## C. OPERATIONAL STRATEGY

### Update on the strategy

The activities in the operation complement the emergency response of the government and the NCDC have highlighted the need to continue community sensitization in the 5 hot spot States as well as LGA (local government areas with the highest cases of diphtheria).

The NRCS is providing human resources to strengthen Surveillance and ACSM pillar in the epidemic response in the 12 targeted States.

The operational strategies include the following:

- Continue support to RI intensification campaigns in the 12 and 2 newly added Ekiti and Plateau (14) States.
- Continue support to the Government on reactive vaccination campaigns in branches of affected states
- Continue RCCE and ACSM activities to address increase public awareness on Diphtheria and vaccine hesitancy and improve vaccine uptake
- Support radio and TV activities, jingles, and public announcements in targeted states
- Continue active case search and contact tracing activities – NRCS volunteers will continue active case search in communities and wards, working closely with PHCs and DSNOs
- Continue case management data collection in affected States
- Continue the motorized campaigns (road shows and market storms)
- Continue active case search and contact tracing activities for surveillance on diphtheria



***NRCS volunteers conducting door-to-door and community sensitization on Diphtheria***

## D. DETAILED OPERATIONAL REPORT

### STRATEGIC SECTORS OF INTERVENTION



#### Health & Care

(Surveillance/Mental health and psychosocial support / Community Health / Medical Services)

**Total Target**

**7,000,000**

Females >18:  
1,779,211

Females <18:  
1,682,289

Males >18:  
**1,852,809**

Males <18:  
**1,685,691**

#### Objective:

*Strengthening holistic individual and community health of the population impacted through community level interventions and health system strengthening*

#### Key indicators:

Indicator	Actual	Target
# of IEC Materials designed and published	429,570	2,500,000
Total number of volunteers trained on ECV/CBHFA (RCCE PFA)	4200	2,700
Total number of volunteers deployed for RCCE on Diphtheria and Meningitis	2190	2,000
Total number of volunteers trained in Community based surveillance and contact tracing	1,510	2,700
# of suspected cases of diphtheria in Community based surveillance activity identified by Red Cross	8759	-
# of people vaccinated for Meningitis as result of Red Cross social mobilization/RCCE activities		500
# of people vaccinated for with RI vaccines	tbc	1500
# of laboratories confirmed cases of diphtheria identified by the Red Cross Volunteers	903	-
# of deaths of diphtheria confirmed by NCDC	35	-
% of listed contacts successfully followed in the previous 24 hours	NA	95%
# of alerts submitted to MOH through the DSNO	8759	TBD

	# of people provided with PFA	NA	TBC
	% of alerts raised by RCRC verified as confirmed cases by NCDC and MOH	13%	80%
	# of street campaigns (road walks) conducted	33	50
	# of peer support groups established and actively engaged in structured team meetings	443	30
	# of MHPSS service centers identified with clear linkages for referrals	NA	13
	Total number of PPE procured for the operation	97,000	185,000
	# Beneficiaries reached through health promotion and social Mobilization)	16,370.043	6,200,000
	# of NDRTS trained on Diphtheria response	20	10
	# of NDRTS deployed to monitor the response	20	14
	# of vaccination persons supported for vaccine intensification campaigns	240	2,620



## Water, Sanitation and Hygiene

<b>Total target:</b>	<b>12,000</b> Households
<b>Males &gt;18:</b>	<b>3,000</b>
<b>Females &gt;18:</b>	<b>9,000</b>

### Objective:

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

### Key indicators:

Indicator	Actual	Target
# of hygiene promotion sessions conducted in communities	170	120
Disseminate Hygiene promotional messages to community members and at-risk populations	1,585,080	650,000
# of affected persons reached with disinfectants	2,000	12,000
# of families benefitting from multipurpose soap for personal hygiene	12000	12,000
# of States that receive IPC support for vaccinators and health workers (facemasks, gloves, gowns, etc.)	12	12



## Protection, Gender and Inclusion

Total target:

265,000 people

Males: 66,250

Females:  
198,750

### Objective:

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

### Key indicators:

Indicator	Actual	Target
# of people receiving psychosocial support for Diphtheria	14	TBC
# of PWD reached with RCCE and vaccination activities	19,200	265,000
Number of people trained on MPHSS	2300	0
# of PGI booklets reproduced and distributed to volunteers	2190	2,700
# of state-level PGI/PSEA training sessions for volunteers and staff	14	13

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

Total target: 7,000,000 million people



## Community Engagement and Accountability

Females >18:  
1,779,211

Females <18:  
1,682,289

Males >18:  
1,852,809

Males <18: 1,685,691

### Objective:

### Key Indicators:

Indicator	Actual	Target
# of community engagement meetings held	461	TBD
# of community influencers mobilized	41	TBD
# of staff and volunteers working on the operation who have been trained in community engagement and accountability	1,940	2,700
% of queries/feedback received through feedback mechanisms	50%	80%

established that were responded to and the feedback loop closed		
% of sampled community members who say they are satisfied with the support received from RCRC	98.13%	80%
# of live call-in radio sessions conducted	45	62
# of radio and TV slots for jingles	510	5,000
# of targeted advocacy spots conducted	554	37
# of persons reached through the radio (estimated)	22,025,000	20,025,000

NRCS is collecting feedback from the communities using the IFRC CEA tool.

## Enabling approaches



### National Society Strengthening

Objective:			
	Indicator	Actual	Target
Key indicators:	Community-based volunteers trained and mobilized	4200	2700
	Number of staff in the National society supporting	10	10
	# of external partnership meetings attended supporting the National Society in the response.	10	5
	# of regular coordination mechanisms conducted with all Movement partners	48	9
	# of volunteers working on the project with health, accident and death volunteer insurance by IFRC	2,190	3,000
	# of states that conducted a perception survey	7	5



### Coordination and Partnerships

<b>Objective:</b>			
<b>Key indicators:</b>	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
	Stakeholder and partner engagement meetings conducted	48	37
	Engagement meetings and partnership with government	7	41



## Secretariat Services

<b>Objective:</b>			
<b>Key indicators:</b>	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
	# of IFRC staff supporting NS	4	4
	# of monitoring activities completed	12	15
	# of trainings & lessons learnt workshop completed	2	4
	# of updated security assessments by state	14	13

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

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

### Communications and Links to media

- <https://independent.ng/diphtheria-nigerian-red-cross-society-ifrc-vow-to-eradicate-outbreak-amid-rising-misinformation/>
- <https://reliefweb.int/report/nigeria/nigeria-diphtheria-emergency-appeal-update-december-5-2023>
- <https://www.ifrc.org/article/nigeria-community-response-saving-lives>
- <https://punchng.com/32-states-battling-diphtheria-says-red-cross/>
- <https://www.youtube.com/watch?v=aHt-gcKt5Dc>
- [https://www.eeas.europa.eu/delegations/nigeria/european-union-allocates-n75-million-prevent-spread-diphtheria-nigeria\\_en?s=114](https://www.eeas.europa.eu/delegations/nigeria/european-union-allocates-n75-million-prevent-spread-diphtheria-nigeria_en?s=114)
- <https://reliefweb.int/report/nigeria/speech-secretary-general-nigerian-red-cross-society-countermeasures-against-diphtheria-outbreak-nigeria>

### Tweets:

- <https://twitter.com/IFRCAfrica/status/1714945484681261301>
- <https://twitter.com/ifrc/status/1714554013008470277>
- <https://twitter.com/IFRCAfrica/status/1728025100056728048?s=20>
- <https://twitter.com/IFRCAfrica/status/1718942284752789970>

<https://twitter.com/ifrc/status/1734669483841651189?t=vXqdFf6VLbe9YT-UQdv-Ww&s=09>  
<https://twitter.com/IFRCAfrica/status/1687010916376698881?s=20>  
<https://twitter.com/IFRCAfrica/status/1727604536770961872>

## **E. FUNDING**

To date, this Emergency Appeal, which seeks CHF 5.4million is 9per cent funded. Further funding contributions are needed to enable the Nigerian Red Cross society with the support of the IFRC, to continue with the operation.

The current funding situation of the emergency appeal is 477,931 CHF. More information on contributors list can be found on the [IFRC's website landing page](#) for the diphtheria emergency appeal.

## Contact information

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

### In the Nigerian Red Cross Society

- Abubakar Kende, Secretary General, [secgen@redcrossnigeria.org](mailto:secgen@redcrossnigeria.org), +234 803 959 5095
- Manir Jega, Director Health and Care, [manir.jega@redcrossnigeria.org](mailto:manir.jega@redcrossnigeria.org), +2348034068054

### In the IFRC

#### IFRC Country Cluster Delegation Abuja

- Bhupinder Tomar, Head of delegation, [bhupinder.tomar@ifrc.org](mailto:bhupinder.tomar@ifrc.org)
- Hopewell Munyari, Operations Manager, [Hopewell.Munyari@ifrc.org](mailto:Hopewell.Munyari@ifrc.org) +2348184392859

#### IFRC Africa Regional Office for Disaster, Climate and Crisis Unit:

- Matthew Croucher, Regional Head, Health, Disasters, Climate & Crises, [matthew.croucher@ifrc.org](mailto:matthew.croucher@ifrc.org),
- Rui Alberto Oliveira, Regional Operations Lead, [rui.oliveira@ifrc.org](mailto:rui.oliveira@ifrc.org)

#### At IFRC Geneva

- Santiago Luengo, Senior Officer, Operations Coordination, [santiago.luengo@ifrc.org](mailto:santiago.luengo@ifrc.org)

#### For IFRC Resource Mobilization and Pledges support:

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

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

- Allan Masavah, Head, Global Humanitarian Services & Supply Chain Management, Africa Region, [allan.masavah@ifrc.org](mailto:allan.masavah@ifrc.org)

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

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#### Reference documents



Click here for:

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

## How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (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, to prevent and alleviate human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.