OPERATION UPDATE #1

Country| Nigeria Floods

Emergency appeal №: MDRNG041 **Emergency appeal launched:** 13/09/2024 **Operational Strategy published:** 10/12/2024	**Glide №:** **XX-2014-123456-XXX**
Operation update #1 **Date of issue:** 02/06/2025	**Timeframe covered by this update:** From 13/09/2024 to 24/12/2024
Operation timeframe: 12 months 13/09/2024 to 31/08/2025	**Number of people being assisted:** 400,000 People
Funding requirements (CHF): CHF 5 million through the IFRC Emergency Appeal CHF 10 million Federation-wide	**DREF amount initially allocated:** CHF 1,000,000

An affected community member in receipt of flood relief by NRCS in Maiduguri, Borno state Nigeria. Picture credits/NRCS

To date, this Emergency Appeal, which seeks CHF 10 million Federation-wide, is 30 per cent funded. Further funding contributions are needed to enable the National Societies in the region, with the support of the IFRC, to continue providing humanitarian assistance and protection to people affected by the floods.

A. SITUATION ANALYSIS

Description of the crisis

Nigeria has been impacted by devastating floods that have severely affected multiple states, marking a significant escalation compared to previous years and underscoring a growing humanitarian crisis. The scale of the destruction is unprecedented, further exacerbating an already challenging economic and security (in some states) situation.

Between July and October 2024, 34 states across the country experienced exceptionally high rainfall, compounded by the collapse of the Alau Dam in the Maiduguri area of Borno State, worsening an already critical humanitarian situation. Furthermore, the release of water from Lagdo dam in Cameroon exacerbated the situation leading to additional displacement and destruction in riverine states down south of the country. The widespread flooding led to bridge collapses, school closures, and restricted access to hospitals and markets. The resulting devastation caused extensive damage to homes, infrastructure, crops, and shelters, critically disrupting livelihoods and displacing thousands of households.

According to the Nigeria Emergency Management Agency (NEMA) and UNOCHA, Nigeria is facing a major humanitarian crisis due to flooding, affecting 211 local government areas in 34 states. Over 4 million people have been affected, with more than 300 lives lost and over 2,854 injured. Over 729,000 people were displaced during the floods across the country, bringing with them only light belongings, and now living in deplorable conditions, with insufficient safeguards and exposed to heightened protection risks.

Roughly over 300,000 people lived in collective shelters or internally displaced persons (IDP) camps, hosted by relatives, in places of worship or schools, or temporarily in higher grounds within their communities. Authorities have already closed some of the temporary camps and set timelines for the remaining few. Households whose homes were swept away and still seeking shelter in open grounds are exposed to effects of element. Over 194,637 hectares of cultivated farmland were affected by the floods, foreshadowing severe humanitarian consequences.

The floods washed away entire villages and settlements, especially in rural and peri-urban areas where houses were largely made of mud, bamboo, and other materials unable to withstand the flooding, leaving them highly vulnerable. As people were forced to abandon their homes, they also left behind most of their personal belongings and livelihoods, losing access to basic hygiene items and food. The floods will undoubtedly aggravate an already fragile food security situation for many households.

In the floods operation, NRCS has reoriented multisector interventions focusing on basic needs and livelihoods, health, water, sanitation, and hygiene (WASH), with Community Engagement and Accountability (CEA), National Society Development (NSD), and Protection Gender and Inclusion (PGI) integrated. Cash and voucher assistance (CVA) will be the preferred modality for delivering assistance and relief items (both food and non-food). Recovery interventions will be initiated alongside relief efforts.

Summary of response

Overview of the host National Society and ongoing response

National Society Capacity and Ongoing Response

Strategic Response	#Person reached
Multi-purpose Cash	23,100
Health and Care	45,833
WASH	19,800

The Nigerian Red Cross Society (NRCS) has a substantial national response capacity built upon a network of over 800,000 volunteers and 514 staff, operating across all 36 states and the Federal Capital Territory. During the recent severe floods, the NRCS promptly mobilized over 5,000 volunteers, providing essential support to State Emergency Management Agencies (SEMAs) for evacuations, camp management, and relief distribution. NRCS volunteers also delivered vital psychosocial support, first aid, and hygiene promotion services to displaced populations in camps and temporary settlements.

To enhance its emergency response capabilities, the NRCS maintains 60 highly trained National Disaster Response Teams (NDRTs). These teams possess expertise in disaster risk reduction (DRR), water, sanitation, and hygiene (WASH), shelter provision, Safe and dignified burials (SDBs), CVA, and PGI. Since August 2024, the NRCS has conducted comprehensive needs assessments across 29 states, participated in multi-sectoral assessments, deployed NDRTs for interventions, managed internally displaced persons (IDP) camps, established an Emergency Operation Centre (EOC), and provided critical aid, including food, cash, and borehole construction.

Through various funding mechanisms, including the Disaster Response Emergency Fund (DREF) and support from the Economic Community of West African States (ECOWAS), the NRCS has delivered crucial lifeline support to vulnerable communities. This includes targeted cash assistance in the north-east, north central, and north-west regions, reaching 11,600 households. Notably, the NRCS, through this appeal is currently implementing multi-purpose cash grants (MPCG) in 19 flood-affected states, aiming to assist 12,400 households and an additional 3,000 farming households whose livelihoods were impacted by the floods. 3,850 HHs were reached during the reporting period, with registration of the remaining targeted HHs also completed.

In response to the escalating cholera outbreak, the NRCS collaborated with Nigeria Centre for Disease Control and the National Primary Health Care Development Agency (NPHCDA) focusing on coordination, risk Communication and Community Engagement (RCCE), active case search and media engagements. Additionally, the NRCS set up 4 ORP to support targeted health facilities in the re-hydration of suspected cases of Cholera and referral to Cholera treatment centers in Sokoto and Kaduna states.

Capacity and Response at National Level

The Government of Nigeria has established a robust response coordination mechanism to address emergencies and disasters. This mechanism is primarily comprised of the National Emergency Management Agency (NEMA) and State Emergency Management Agencies (SEMAs). NEMA, as the primary federal agency is responsible for coordinating disaster management efforts across the country, encompassing preparedness, mitigation, and recovery. Each state of Nigeria has its own SEMA which works in close collaboration with NEMA to address local emergencies and crises.

The Nigerian government actively collaborates with humanitarian stakeholders including the Red Cross Red Crescent Movement in the design of their response plans. These plans are crucial for coordinating assistance and ensuring efficient operations among partners. The NRCS plays a vital role in this system, participating in coordination forums at various levels and providing regular reports on its activities and the populations it reaches, thereby contributing to the overall government-led response system.

Red Cross Red Crescent Movement response

The IFRC secretariat has an established delegation in Abuja, Nigeria, providing support to the NRCS in preparedness, response, and longer-term programmes. In recent years, the IFRC has supported the NRCS in rolling out a country-wide response to COVID-19, and other epidemics, such as cholera and Mpox. Since 2021, the IFRC has been supporting the scale-up of the response to the food insecurity crisis, focusing on the North-West and North-Central regions of Nigeria under the IFRC Africa Regional Hunger Crisis Emergency Appeal. In anticipation of the floods, a DREF was released and later scaled up to a full appeal, allowing the National Society to respond to the needs of the affected communities. In this response, the IFRC will continue to provide technical and operational coordination to the NRCS through its operations team. As an auxiliary to the public authorities, the NRCS is a primary national partner for responding to disasters across the country and facilitates disaster preparedness activities. The NRCS will lead the implementation of all activities supported by this Emergency Appeal which will be implemented with the support and coordination of the IFRC and Participating National Societies (PNSs).

The British Red Cross is present in the country and supports the NRCS's Disaster Management (DM) programme which aims to strengthen the resilience of vulnerable communities in five states in Nigeria through a community-based disaster risk reduction approach. The programme also includes Food Security and Livelihood, and WASH components. Beyond building community resilience, the DM programme also focuses on strengthening the capacity of the National Society (NS), particularly at the branch level, to deliver services across the disaster management cycle with an emphasis on strong information management, asset and fleet management, CEA, and safeguarding approaches.

The Norwegian Red Cross is also present in the country, assisting the NRCS in strengthening its health capacity and programme in the country. Additionally, Norcross is helping NRCS branches in six of the most volatile states. At the onset of the floods, the Norwegian Red Cross supported the NRCS in undertaking rapid assessments alongside the ICRC and provided financial assistance to the flood-affected population through multi-purpose cash, health screening, hygiene promotion, and the distribution of mosquito nets and hygiene kits while scaling-up Health Integrated Community Case Management (ICCM) in flood-affected areas. Both PNSs participate in in-country membership and Movement coordination.

The Italian Red Cross assists remotely the NRCS in its migration programme response. The programme has established a humanitarian service point addressing the needs of migrants along migratory routes within the country. The programme also addresses the capacity strengthening of NRCS staff and volunteers to be able to respond to the needs of migrants.

ICRC

The ICRC has an office in Abuja and is operational in armed conflict and other situations of violence (OSV) affected areas of the country. It has sub-delegations in Maiduguri, Damaturu and Mubi. Regular Movement coordination meetings are ongoing as part of Movement Coordination mechanism, ensuring a coordinated Movement approach to support the NRCS in preparedness, readiness, and response efforts. The ICRC supports NRCS in reinforcing its emergency response through emergency first aid teams (EFAT) and restoring family links (RFL).

In the current floods' response, ICRC supported the NRCS in search and rescue operations, medical evacuations, PPEs and bodies bags, prepositioned medical contingency stock as part of cholera and other water borne diseases preparedness, organized psychosocial support sessions for MoH and NRCS staff and volunteers. ICRC will also support the NRCS with resources for multipurpose cash grant (MPCG), conditional cash grant to targeted farming households, EHI kits, hygiene promotion and community sensitization, prepositioning of contingency stock including Aqua tabs and chlorine powder, NFIs, refresher WASH trainings for volunteers and staff, and first responders MHPSS.

International Humanitarian Stakeholder Capacity and Response

The Interagency Emergency Preparedness and Working Group, the National Humanitarian Coordination Technical Working Group, the National Cash Working Group, various regional coordination forums in the country, and the Humanitarian Country Team (HCT) are the key coordination mechanisms supporting this operation. The National Emergency Management Agency oversees emergencies at the national level, while State Emergency Management Agencies manage it at the state level. This effort is closely coordinated by the Federal Ministry of Humanitarian Affairs, Disaster Management, and Social Development, and the Federal Ministry of Health.

Needs analysis

Following multisectoral needs assessments conducted by OCHA, NEMA and NRCS, the identified needs can be classified as follows:

- **Immediate needs:** Aid with food, cash aid for urgent requirements, emergency shelter, household items, emergency healthcare, MHPSS encompassing psychosocial first aid (PFA), reestablishing family connections (RFL), emergency WASH assistance, including hygiene, menstrual hygiene management (MHM) kits, and addressing the protection needs of orphaned children, widowed women, and women and girls.
- **Medium-term needs:** Food assistance, immediate cash aid, emergency shelter, household items, essential healthcare, MHPSS with psychosocial first aid (PFA), family reunification, emergency WASH support including hygiene and menstrual hygiene management (MHM) kits, and addressing the protection needs of orphaned children, widowed women, and women and girls.
- **Long-term needs:** Durable housing, healthcare and WASH facilities, livelihood restoration and income-generating projects, enhanced food security, disaster risk reduction and climate change adaptation efforts, as well as NSD for effective response preparedness.

Needs per sector are as follows:

Shelter and Household Items

Following the floods, a total of 7,155 homes were damaged. Most houses in the country are temporary in nature and made of mud and wood. The structures are usually weak and cannot withstand the force of water, worse still, mud when soaked in water weakens and starts crumbling. Additionally, most people residing along the riverine build houses close to the river /riparian land thus they get affected as soon as the rivers break their banks.

Health and WASH

The Nigeria Centre for Disease Control stated that the cholera outbreak in Nigeria saw a sharp increase in 2024, with suspected cases rising by an alarming 220 per cent. As of December 2024, Nigeria experienced a significant cholera outbreak, with 24,721 cases reported, making it the third-highest affected country in the African Region. There were 726 deaths in the country during the year with a CFR of 4.4. Cholera outbreaks in Nigeria are often linked to poor sanitation, unsafe drinking water, and extreme weather events, with outbreaks often peaking during the rainy season. The devasting floods have exacerbated the risk of cholera spread, which has already spread across 36 states in the country since January 2024 according to Nigerian CDC.

OCHA reported an alarming rise in malnutrition cases in Borno, Adamawa and Yobe (BAY) states following floods with more than half a million under five children admitted and/or treated for acute malnutrition. The increasing burden of acute malnutrition is attributed to a combination of factors, including the surge of cholera cases following the floods and a high incidence of acute watery diarrhea (AWD), high food inflation, the lean season, a lack of sustainable livelihood opportunities and armed conflict. Funding constraints among nutrition partners have also hindered the response. Some communities reported the lack of health facilities within reasonable distances from their villages, calling for scheduled health outreaches.

The floods severely impacted water infrastructure across the country. Extraction, distribution and storage systems were swept away. Additionally, ground water sources have been contaminated while sanitation facilities were destroyed thus exacerbating contamination, couple with open defecation consequently. All these have increased the risk of spread and rise in waterborne disease, more so cholera outbreak that has significantly risen. IFRC deployed Wash ERU in Bauchi and are working in restoring water infrastructure, conducting hygiene promotion in communities through volunteers and ensuring community water management structures are embedded in the response area.

Food Security, Cash, and Livelihood

With many households losing their sources of livelihood due to floods, there is need to support them to recover. Many farms were swept away just as they were approaching harvest season with crops near maturity. This has eroded the food security of many affected households along the river basin. Some lost livestock and poultry too. Fishing communities were also affected, many fisher folks reported that their fishing gears were swept away by the raging floods water thereby leaving them with no source of income. It is imperative that all these community members are assisted to recover their income sources.

PGI and CEA

Field visits were conducted to evaluate the needs of affected communities revealing a demand for adequate shelter, food, health, water, restoration of livelihoods, as well as psychosocial support, particularly for women and children who were disproportionately affected by floods and required targeted assistance.

Inadequate systematic feedback mechanisms, unanswered questions and concerns can lead to misinformation and deprive communities of potentially lifesaving information. Therefore, establishing a systematic feedback mechanism using multiple channels including face-to-face interactions and local radio stations is crucial to promptly addressing community inquiries and tailoring information and engagement according to community needs. The destruction of schools and community-based education facilities has disrupted children's education, emphasizing the need to provide safe spaces for their learning. Protection support, especially for vulnerable groups such as women, children, the elderly, and people with disabilities is essential for ensuring the well-being and safety of the affected population.

Preparedness and Local Response Capacity

After the floods, the first responders included community members, authorities, NRCS branches' staff and volunteers, local civil society organizations, and community-based organizations from the affected communities. Although additional support from the International Red Cross Red Crescent actors was mobilized shortly after the disaster, deployment was initially hindered by challenges such as the remoteness of affected villages and the lack of mobile or internet connectivity.

The floods highlight the critical need to invest in both institutional and community preparedness to ensure a sufficient level of readiness for future disasters. Therefore, in addition to addressing the immediate, medium-term and recovery needs of affected communities, it is essential to allocate a portion of the resources obtained for the operation to enhance community preparedness and response capacity. This proactive approach will help mitigate the impact of future disasters and enable communities to respond effectively and efficiently during crises.

Strengthening the capacity of local actors to prepare, respond and recover from events promotes ownership through engaging communities to act as agents in their own response and recovery. Furthermore, it advances and reinforces community resilience by preparing for anticipated threats, adapting to changing conditions and rapidly recovering from disruptions. Preparedness, a fundamental tenet of disaster risk management is championed by the IFRC through the support provided to National Societies to continually improve their local preparedness and response capacity, ultimately preventing and reducing the impacts of disasters on communities.

Operational risk assessment

Risk	Likelihood	Impact	Mitigating actions
1. Risks associated with community-based cash and/or in-kind distribution activities	Medium	Medium	✓ Establish proper community engagement and accountability mechanism since the assessment phase. ✓ Put in place crowd control mechanisms, including gender-segregated queuing structures outside of the distribution centers.
2. Risk of outbreak such as AWD due to limited access to water, unsafe sanitation practices and disrupted health services.	High	High	✓ Train volunteers and mobilize for health promotion services. ✓ Integrate cholera response to the program in high-risk area and undertake hygiene promotion during relief distribution
3. Situations of violence in target States/LGAs that impact on: • Access • Safety of staff and volunteers • Supply chain	Medium	Medium	The IFRC security plans apply to all IFRC staff throughout the operation. To mitigate the risk, NRCS and IFRC: ✓ Updated security plan ✓ A security officer is positioned in the field to provide advice and support. The security focal person conducted an area-specific risk assessment for any operational area should any IFRC personnel deploy there. ✓ Engaged local volunteers and community leaders at all stages of service delivery. ✓ Provided security briefing to staff and volunteers travelling to the field. ✓ Disseminate the Fundamental Principles of the Red Cross Red Crescent Movement in target area.

B. OPERATIONAL STRATEGY

Update on the strategy

a) Integrated assistance

The response strategy for addressing the needs of the affected communities has involved a comprehensive and coordinated approach. It aims to address the interconnected needs of the population by providing emergency household items, emergency healthcare services, WASH support, as well as livelihood and socio-economic resilience initiatives. This operation has planned the following interventions to reach 400,000 people:

- Support for search, rescue, and retrieval
- Provision of non-food items
- Provision of multipurpose cash assistance
- Provision of psychological first aid (PFA), mental health and psychosocial support (MHPSS) and referral pathways
- Provision of safe water, water storage containers, and water treatment solutions
- Emergency health and hygiene promotion
- Mainstreaming of PGI and CEA across all intervention areas
- Mainstreaming of safeguarding across all intervention areas
- Enhancing the response capacity of NRCS headquarters and branches

b) Cash-based assistance

The operation has adopted cash-based assistance to address the immediate emergency needs of the affected population. This approach empowers individuals and communities to make decisions based on their own priorities, stimulates local markets, and offers cost-effective benefits compared to other aid options. NRCS provided multipurpose cash to 3,300 families affected by the earthquake in the first week of November.
The cash grants were designed to empower households to meet their immediate basic needs and facilitate their recovery process. We also successfully trained 785 volunteers on cash redemption procedures, surpassing our target of 500, which greatly enhanced our distribution capacity and efficiency.
Furthermore, we achieved a 96% beneficiary satisfaction rate, exceeding our 85% target, demonstrating the positive impact and effectiveness of our intervention. This progress highlights the tangible difference our multi-purpose cash assistance is making in enabling affected families to rebuild their lives and regain a sense of stability. We remain committed to ensuring the continued positive impact of this assistance and to supporting the long-term recovery of the affected communities.

c) National Society Development and localized action

As part of this operation, IFRC is supporting NRCS in developing its human resource capacity through national/state level training to the staff and volunteers. Procurement of rub halls to enhance warehousing capacity of NRCS is underway. This will enable NRCS to position its emergency stock in hubs close to high-risk areas thus providing an opportunity for future timely response.

d) Protection and prevention

The operation has streamlined PGI and CEA in all activities. Through the initial assessment and household registration, NRCS is using vulnerability criteria such as pregnant and lactating women, households with by a child, widows or single mothers with young children and households with a member with a disability for prioritizing assistance in the communities.

e) Safeguarding

Staff and volunteers will receive training on IFRC's PSEA, Child Safeguarding, Anti-Harassment, and Whistle-blower Protection policies. The community will be sensitized to key safeguarding issues and provided with information on available free services for vulnerable and eligible members.

f) Community mobilization

Community members will be mobilized around different interventions such as cash distribution, relief items distribution, hygiene promotion, and health awareness activities.

C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

 **Shelter, Housing and Settlements**	Female > 18: **6,000**	Female < 18: **12,000**
	Male > 18: **4,000**	Male < 18: **8,000**

Objective:	*Provide emergency and transitional shelter support to the most vulnerable households affected by the floods.*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# shelter tool kits prepositioned	**0**	**1,500**
	# of artisans trained on safe shelter and building back better	**0**	**500**
	# of houses rehabilitated	**0**	**1,000**
	# of households provided with one-off conditional cash/for the purchase of essential household items	**0**	**1,000**
	# of households reached with shelter materials enabling them to construct temporary shelters	**0**	**5,000**

Affected communities were able to find alternative shelter during the displacement period thus, shelter support was not provided. Procurement of shelter tool kits is ongoing.

Livelihoods	Female > 18: **14,400**	Female < 18: **28,800**

		Male > 18: **9,600**	Male < 18: **19,200**

Objective:	*Support livelihood and food security recovery efforts for 12,000 households, among the most vulnerable groups affected by the floods.*

	Indicator	**Actual**	**Target**
Key indicators:	# farmers who received conditional cash for seeds and inputs	**0**	**2,000**

No available resources to implement conditional cash at this initial phase. However, this is planned to be implemented at the recovery phase depending on availability of resources.

Multi-purpose Cash

Female > 18: **16,800**	Female < 18: **33,600**
Male > 18: **11,200**	Male < 18: **22,400**

Objective:	*Provide multi-purpose cash grants to 14,000 households directly affected by the floods in targeted communities.*

	Indicator	**Actual**	**Target**
Key indicators:	# households that received MPCG	**3,850**	**14,000**
	# volunteers trained on CVA procedures	**785**	**500**
	% households receiving cash from the RCRC were satisfied with the assistance provided	**96**	**85**

The multi-purpose cash assistance programme aimed to provide immediate financial relief to 14,000 households (approximately 84,000 individuals) directly affected by the floods. The objective was to empower the affected communities to address their most pressing basic needs. To achieve this, we implemented a comprehensive strategy encompassing volunteer training on registration via Kobo Collect, thorough community entry and sensitization, detailed market assessments, rigorous beneficiary selection and registration, efficient cash distribution and collection, and thorough post-distribution monitoring.

Due to donor preference for cash transfer intervention coupled with efficiency within which it can be delivered; while ensuring functional market systems, we were able to register 15,600HHs for CVA intervention. However, during the period, we managed to reach 3,850 HHs with our CVA programme. The remaining ones will be assisted in the coming months.

We also successfully trained 785 volunteers on cash redemption procedures, exceeding our goal of 500, bolstering our operational capacity. Furthermore, we achieved a 96% beneficiary satisfaction rate, surpassing our 85% target, indicating the program's effectiveness and positive reception within the communities.

	Health & Care (*Mental Health and psychosocial support / Community Health / Medical Services)*	Female > 18: **80,400**	Female < 18: **159,600**
		Male > 18: **53,600**	Male < 18: **106,400**

Objective:	*Reduce the immediate health risks of 67,000 households affected by the floods.*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of laboratory confirmed cases of Cholera identified by RC Volunteers	6,049	10,000
	# of suspected Cholera cases and other waterborne diseases referred to DSNO	45,833	60,000
	# of volunteers mobilized, trained on RCCE and deployed to communities	1,500	1,500
	# of radio jingles aired	1040	3,000
	# of ORP set up	4	4
	# of people treated at the ORP station	42,900	60,000
	# of IEC Materials published	76,000	80,000
	# of alerts submitted to MOH through the DSNO	11,386	15,000
	# of people provided with PFA	22,074	30,000
	# of alerts raised by RCRC verified as confirmed cases by NCDC and MOH	32,781	50,000
	# of PPE procured for the operation	490	490
	# Back Sprayers Procured	30	30

Water, Sanitation and Hygiene		Female > 18: **36,000**	Female < 18: **72,000**
		Male > 18: **24,000**	Male < 18: **48,000**
Objective:	*Reduce health risks and improve access to safe water and dignity in flood-affected, community-led areas.*		
	# of hygiene promotion sessions conducted in communities	1,647	2,000
	# household supported with water treatment for safe drinking.	3,300	3,300
	# WASH purification consumables procured, distributed, and replenished - Aquatab sachets	6,700	6,700
	# dignity kits distributed	1,300	900
	# community water points rehabilitated	20	100
	# community water points disinfected	0	200
	# WASH committees established in select affected areas	0	50
	# schools engaged on child hygiene and sanitation transformation.	227	227
	# of states that receive IPC support for vaccinators and health workers (facemasks, gloves, gowns, etc.)	8	8

WASH ERU support was deployed with support from Norwegian Red Cross to assist in implementing WASH activities in Bauchi state that had been impacted by floods. The team is supported by NRCS staff (2 WASH engineers, health officer, admin officer and 5 lead volunteer hygiene promoters). The team engaged the local branch personnel and state officials before going to undertake in-depth field assessment. During the assessment they were able to repair/maintain twenty hand pumps from not functional or partially functional to fully functional. Six technicians were involved in the hand pump maintenance. The team managed to start community engagement (women's committees and clubs) in all LGAs and FGDs organized to understand the communities better.

Water Point and Community sanitation

Within the reporting period, volunteers supported community members to conduct water point and community sanitation in the 8 States of implementation. Through community sensitization, NRCS volunteers reached 46,541 people with hygiene promotion messages and integrated awareness-raising sessions on common infectious diseases, prevention of waterborne diseases, conducting MPox risk communication, infection prevention, preparing and use of ORS. During the period, a total of 227 schools were reached with sensitization and hygiene messages ranging from proper hand washing and use of latrines, among others. A total of 3,300 HHs were reached during the period with sufficient supply of aquatabs for 3 months, thereby ensuring families have access to clean and safe drinking water. They were sensitized on how to use the items. Due to heightened cholera risks, IPC were distributed in 8 states to target public health facilities. This would enhance safety of health workers while attending to referred patients.

Protection, Gender and Inclusion

Female > 18: **72,000**	Female < 18: **144,000**
Male > 18: **48,000**	Male < 18: **96,000**

Objective:	*Promote and mainstream gender and diversity in the operations and ensure that safeguarding policies are in place while responding to the needs of flood-affected communities.*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of people reached with PGI/SGBV awareness	3,300	9,000
	# of staff and volunteers oriented on Prevention of Sexual Exploitation and Abuse (PSEA)	100	100
	# of women and girls who receive dignity kits	1,300	900

Production and distribution of 900 PGI Pocket Message Guides for volunteers that served as a quick reference while equipping them with essential guidelines on protection principles and inclusion best practices. It also provided concise, practical guidance on safeguarding vulnerable individuals, preventing and responding to Sexual and Gender-Based Violence (SGBV), and ensuring Protection from Sexual Exploitation and Abuse (PSEA) in all humanitarian activities. Volunteers were equipped with knowledge on NRCS emergency contacts and reporting mechanisms that were vital to be disseminated to communities.
All the people served were reached with key messages on PSEA and referral channels clearly stipulated for them. Additionally, 1,300 women and girls of reproductive age were reached with re-usable dignity kits. They were taken through how to use and clean the items as well as proper storage.

Community Engagement and Accountability

Objective:	*Ensure that people and communities are heard and participate throughout the programme cycle.*		
Key indicators:	**Indicator**	**Actual**	**Target**
	% of staff and volunteers working on the operation who have been briefed on CEA	100	100
	% of feedback received and responded to	0	90
	# consultations with communities for list finalization 6	3	6
	# of people reached with CEA messages	3,850	9,000

Staff and volunteers who will work on CEA during the operation have been trained as planned. They were among the 1,608 volunteers that have been already trained in readiness for the operation.

	Risk Reduction, climate adaptation and Recovery	Female > 18: **1,200**	Female < 18: **2,400**
		Male > 18: **800**	Male < 18: **1,600**

Objective:	*Promote resilience building through risk reduction and climate change adaptation and mitigation in affected communities.*		
	Indicator	**Actual**	**Target**
	# rescue boats procured.	0	3

Activities under this theme were not carried out due to limitation in resources.

Enabling approaches

National Society Strengthening

Objective:			
Key indicators:	**Indicator**	**Actual**	**Target**
	# of NDRTs deployed to flood-affected areas	2	40
	# of volunteers insured	3,000	3,000
	# of rub halls installed	0	4

Volunteers and staff in targeted states were trained on CEA, PGI, response tools as well as first aid. This enables volunteers to be equipped with holistic approaches in this operation. Additionally, this appeal ensured that volunteers were insured thereby mitigating on any risks to harm that might inadvertently come their way.
The NRCS Emergency Operation Center (EOC) has been key in collecting and distributing data from affected areas. Two NDRT members were deployed in two flooded states to complement the capacities existing there and assist in response particularly targeting and registration of communities to receive assistance from NRCS.
Developing NRCS warehousing capacity: The IFRC has procured 4 rub halls for installation in four states to serve as hubs in future responses. Emergency response stock and kits will be prepositioned there to ensure a timely response in case of an emergency humanitarian situation.

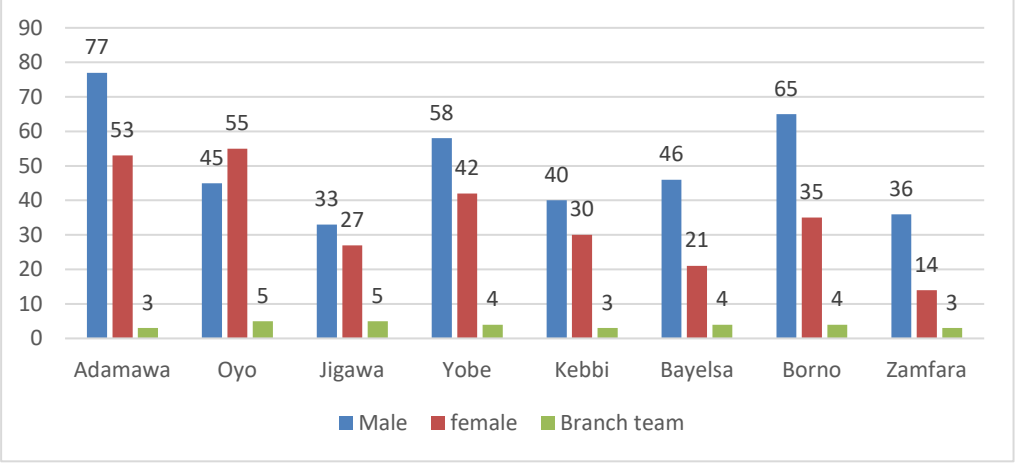
Coordination: The NRCS is an active member of the emergency taskforce set up by the ministry of health which is the coordinating partner for Cholera response activities in Nigeria. NRCS being a major partner in the Cholera task force in the states has continuously worked with key stakeholders such as the community leaders, traditional birth attendants, drug vendors, spiritual leaders, women leaders and school proprietors all through the project cycle.

Planning meeting: The Nigerian Red-Cross Society NHQ team held key stakeholders' coordination meetings with key personnel at the National, State and LGA to determine Cholera hot spot LGAs to be supported via the Cholera flood appeal. Regular coordination meetings are also being held at the National and State level to review weekly activities, provide operational support to issues as they arise and review weekly data collection, collation and validation.

Training: Following the planning meeting was one-day capacity building training of 650 selected community-based volunteers in the 8 states of Adamawa, Borno, Bayelsa, Jigawa, Kebbi, Oyo, Yobe and Zamfara. The training was facilitated by key personnel from the state ministry of health and the branch personnel. State personnel present during the training are DSNOs, SHEs and the SEPID. The training aimed to enhance volunteer capacity in cholera surveillance, case management and hygiene promotion; promote effective communication and community engagement for risk reduction; and foster sustainable hygiene practices for long-term cholera control.
The training covered the following topics:

- Cholera overview: causes, symptoms, transmission and prevention
- Surveillance and case management: identification, reporting, and referral of suspected cholera cases
- Hygiene promotion: safe water, sanitation, and hygiene practices
- Risk communication and community engagement: effective communication strategies for risk reduction
- Community entry and participation: building trust and engaging communities in cholera prevention

Table showing training participants and dates for each State



The training evaluation was conducted using pre- and post-tests, participants' feedback forms, and observation of group work and presentations. The evaluation results showed significant improvement in volunteers' knowledge and skills in cholera surveillance, case management, and hygiene promotion after the training.

The following challenges were reported: language barriers, limited access to remote areas, and variability in prior knowledge among participants; limited time for the training; and security concerns in Zamfara. One of the lessons learned is the collaboration with local health authorities and stakeholders proved very effective during the training. The main recommendation is to provide regular training and refresher sessions for volunteers and community leaders.

Implementation

Following volunteers' capacity building was implementation of key Cholera activities in the community. Within the reporting period, the NRCS in its auxiliary role to the government, supported the ministry of health to curb the rapid spread of Cholera through dedicated community-based volunteers whom in their communities raised awareness on the emergence of Cholera, sensitized the community members on preventive measures and participated in the active case search of suspected cases and referral. Volunteers were also engaged in the disinfection of cholera infected households, water point sanitation and referral of cases.

Details of activities implemented are as follows:

RCCE

A total of 317 community-based volunteers conducted risk communication and community engagement via house-to-house (H2H) engagements. Community meetings and school unit sensitization and community meetings were held with community leaders, age grades and other focused groups reaching 46,541 persons.

According to NCDC, since the beginning of the year, age groups **<18 years** have been mostly infected by the bacterium Vibrio cholerae, **making the school unit approach a key avenue to reach this very important age group**.

- 227 schools,
- 217 communities,
- 522,029 households reached (i.e., 2,070,559 persons)
- 14,979 cases seen with symptoms,
- 13,052 cases referred and 1,647 hygiene promotion sessions held via house-to-house volunteers visit.

The volunteers were engaged in sensitizing the community members on how to make water safe for drinking, use of water from reliable sources, boiling of water before drinking and proper water storage. Community members were also educated on hand-washing technique and environmental hygiene practices, stoppage of open defecation, ensuring proper disposal of waste, clearing of sewage and safe food preparation. A total of 2,117,100 people were reached within the reporting period.

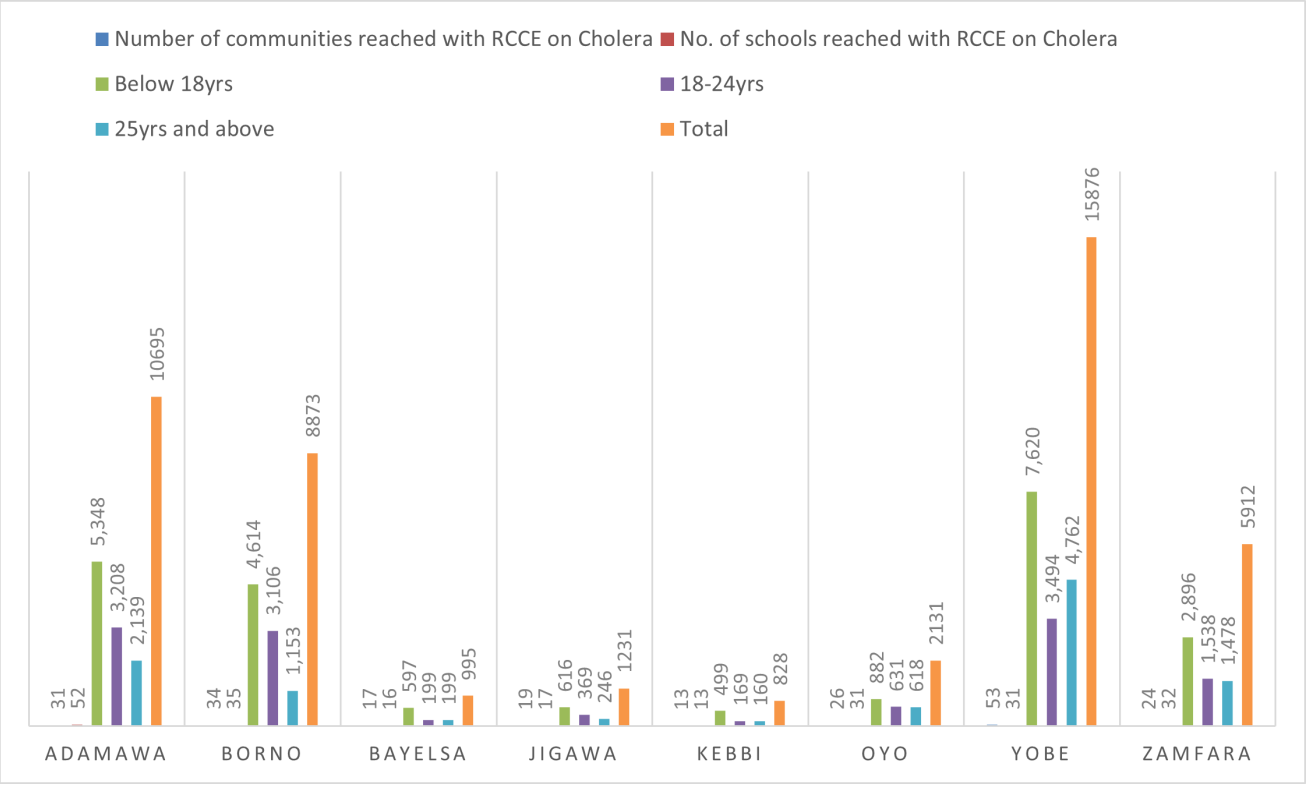
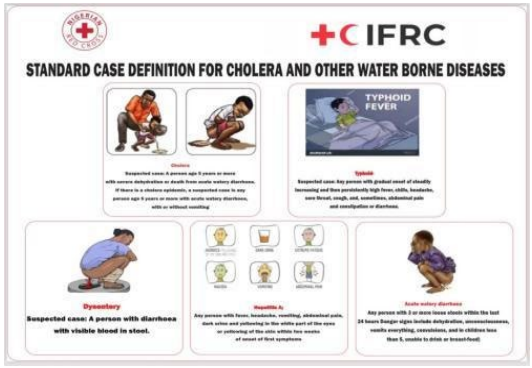


Table depicting Number of Persons reached on RCCE via School unit and Community sensitization

Community Based Surveillance through active case search

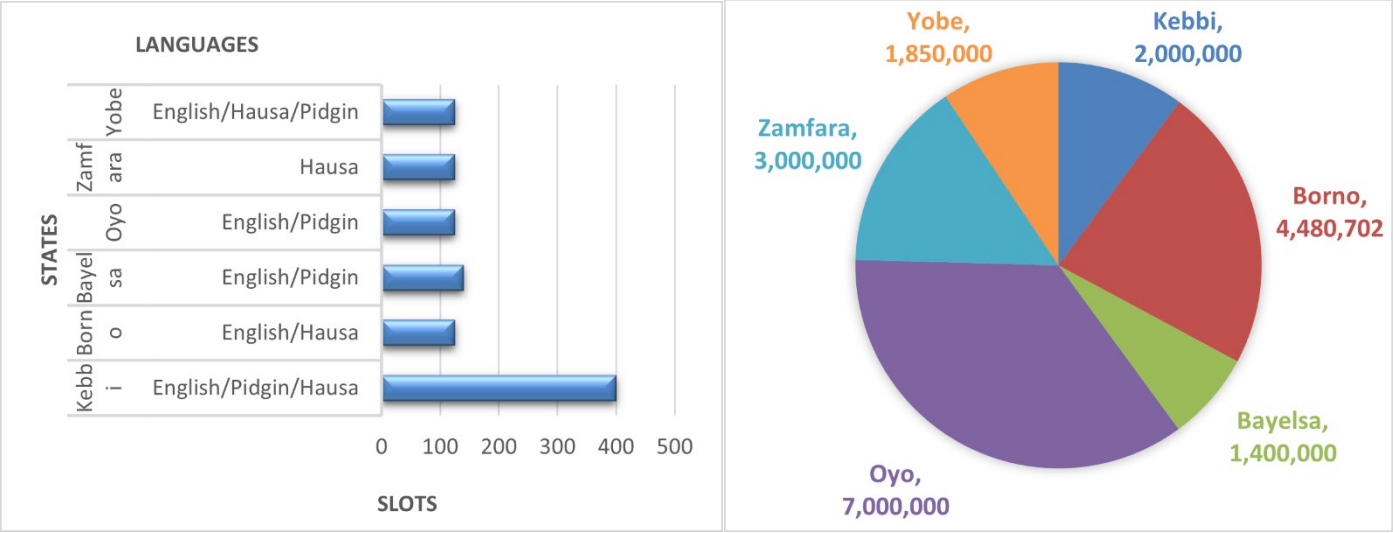


Active case search of disease is key for early detection of disease and response. The NRCS in addition to RCCE, also conducted active case search of water borne diseases such as Typhoid, Cholera, Dysentery, Hepatitis A, and Acute watery diarrhea through its community-based volunteers. A total of 313 volunteers conducted H2H active case search and referral of suspected cases of Cholera working in collaboration with the LGA DSNO and community influencers. A job aid with case definition of Cholera and other water borne diseases was used by the volunteers for easy detection of cases and referral. Suspected cases are reported to the DSNOs for sample collection and investigation. A total of 32,781 cases have been referred by volunteers of which 6,049 cases were reported to be positive and 24,456 are negative cases; 11,386 epidemiological numbers have been shared; 14,282 are other waterborne diseases; 13,806 cases are confirmed not to be waterborne diseases; and 22,074 persons with suspected cases of cholera have been reached with psychosocial support messages.

Infection, Prevention and Control

Disinfection of Cholera infected households were also conducted by selected volunteers who were trained by the state ministry of health. The state ministry of health spearheaded this activity ensuring the right PPEs and proportion of disinfectant was used by the volunteers to conduct this activity. In addition to household disinfection, Cholera treatment centers were also disinfected under strict supervision of the state.

Airing of Radio Jingles; Radio Jingles were aired from December 2024 to January 2025



Audience Reached by radio jingles

ORP Deployment

Four ORPs were deployed to support the government in curtailing the surge of outbreak of Cholera in selected states of Kaduna, Kebbi, Oyo and Sokoto starting with training of health care professionals which included nurses and CHEWs of designated treatment centers. The deployment also involved supporting the government with essential commodities which were needed for the operation of the ORP. Such commodities are PPEs, oral rehydration solution, data tools and the ORP kit.

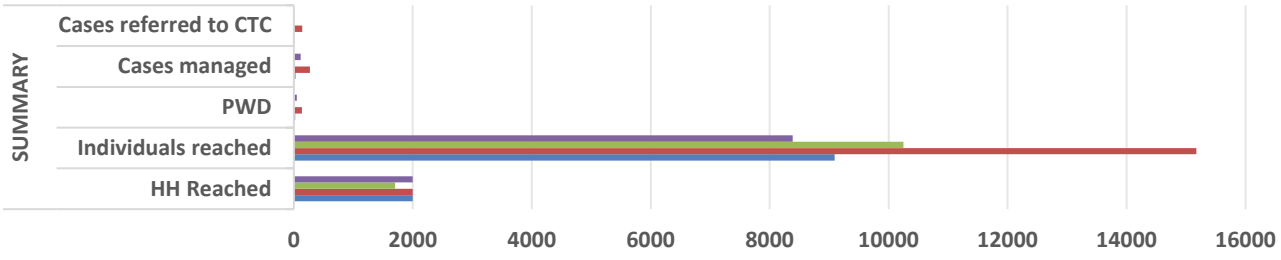
Training of heath care workers on the set up and manning of the ORPs

Following the Cholera sit rep of proposed states and stakeholders' consultation, a training was held for 40 community health workers comprising of 4 nurses, 4 CHEWs, 4 recorders, 4 logisticians, 4 cleaners and 20 community mobilizers drawn from the states ministries of health including NRCS branch Staff, Branch communications officer, Health officer, PMER and the Branch secretaries.

ORP Training Report for Kaduna

Manning ORPs set up at designated States

The ORP was manned for 4 weeks in the 4 target states. Total of 21,058 males and 20,802 females aged 3 years and above were reached with Cholera key messages, 478 males and 344 females showing symptoms of Cholera were referred to ORP.



	SUMMARY				
	HH Reached	Individuals reached	PWD	Cases managed	Cases referred to CTC
Sokoto	2000	8388	50	113	5
Oyo	1701	10,250	3	15	5
Kebbi	2000	15173	135	268	143
Kaduna	2000	9089	23	26	5

One-month Oral re-hydration points data report from Kaduna, Kebbi, Oyo and Sokoto States

Coordination and Partnerships

Objective:			
Key indicators:	**Indicator**	**Actual**	**Target**
	# of external partnerships supporting the National Society in the response	5	20
	# of regular coordination mechanisms with all Movement partners	2	8
	Movement-wide coordination mechanism	Yes	Yes
	Coordination with external stakeholders	Yes	Yes

A partners' call was organized in September 2024, with the objective of offering firsthand insights into the extent of the floods impact, the scope of the disaster, and the urgent humanitarian needs on the ground. Representatives from the IFRC Secretariat and different PNS participated in the meeting demonstrating a collective determination to address the immense challenges posed by the floods and support the affected communities.

NRCS maintains a close working relationship with national and state authorities and coordinates its responses with both NEMA and SEMA. This is in line with its auxiliary role in complimenting authorities while responding to imperative humanitarian needs in the country.

Additionally, NRCS is a member of the country humanitarian team where IFRC is a member too. This is a platform that brings together all humanitarian actors and coordinates their responses in the country to avoid duplicity while enhancing not only efficiency but also strategic resource allocation and one humanitarian voice.

Secretariat Services

Objective:			
Key indicators:	**Indicator**	**Actual**	**Target**
	# of IFRC monitoring visits	1	2
	# of IFRC technical support missions to support CVA, PGI and Shelter trainings	1	3
	# of Lessons learned workshop conducted	0	1

The IFRC operations manager is responsible for the appeal and is the focal person with the NS in operationalizing this response. Additionally, a team comprising of communications, PMER, CEA & PGI, health and security officers are also assisting the NS with the response.
IFRC staff were deployed to various states to support the response and ensure that humanitarian standards are adhered to during response. They also provided specific sectoral training to the branches visited.
Logistics and supply chain management teams of NRCS and IFRC are supporting the operation to ensure timely and efficient mobilization of relief supplies to the affected areas. The mobilization table for Appeal MDRNG041 has been updated and is available.
The IFRC provides complimentary procurement capacity to NRCS, more so for international procurement and other bulky in-country needs. IFRC also supports in-country PNS in procuring items.

D. FUNDING

In addition to the support provided by Movement partners in-country and other non-RCRC partners, the NRCS response is mainly resourced via the IFRC Emergency Appeal with a funding requirement of CHF 5 million for the Floods Operational Strategy. - To date, CHF 3 million has been obtained towards the Floods Operational Strategy, translating to 60 percent coverage. Contributions have been received from the American Red Cross, Canadian Red Cross, Netherlands Red Cross, Monaco Red Cross, Norwegian Red Cross, European Union and OPEC.

Contact information

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

At the Nigerian Red Cross Society:

- **Secretary General**: Abubakar Kende; email: secgen@redcrossnigeria.org, phone: +234 803 959 5095
- **Operational coordination:** Bassey Ikwo Imoke, Assistant Coordinator Health and Care, ikwo.imoke@redcrossnigeria.org, 08027511012

At the IFRC:

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At the IFRC Regional Disaster, Climate, and Crisis Unit:

- **Regional Head of Health and Disaster, Climate and Crisis Unit:** Matthew Croucher; email: matthew.crougher@ifrc.org , phone: +254 (0) 797 334 327
- **Strategic Lead, Preparedness & Response; Health and Disaster, Climate, and Crisis Unit**: Rui Oliveira; email: rui.oliveira@ifrc.org, phone: +254 780 422 276

For IFRC Resource Mobilization and Pledges support:

- **Head of Regional Strategic Engagement and Partnerships**: Louise Daintrey-Hall; email louise.daintrey@ifrc.org, phone: +254 110 843 978

For In-Kind donations and Mobilization table support:

- **IFRC Regional GHS&SCM Unit:** Allan Kilaka Masavah, Head of Africa Regional Logistics Unit; email: allan.masavah@ifrc.org, phone: +254 20 2835000

For Performance and Accountability support:

- **Regional Head, PMER and Quality Assurance:** Beatrice Okeyo; email: beatrice.okeyo@ifrc.org, phone: +254 732 404022

Reference documents

Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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, 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.