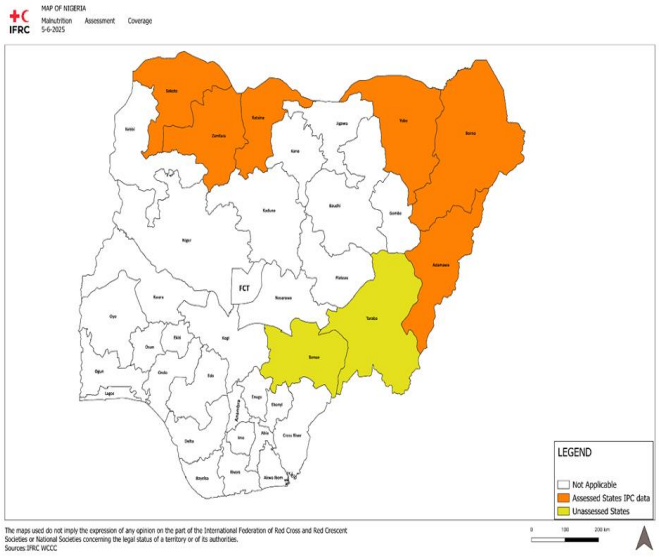
EMERGENCY APPEAL

Nigeria, Africa | Acute Malnutrition

An NRCS volunteer taking the MUAC measurement of an infant. Credit NRCS

Appeal №: **MDRNG042**	IFRC Secretariat Funding requirements: **CHF 2.5 million** Federation-wide Funding requirements: **CHF 5 million**[1]	
Glide №:	People [affected/at risk]: **10,7 million people**	People to be assisted: **1 million people (170,000 households)**
DREF allocation: **CHF 1 million**	Appeal launched: **26/05/2025**	Appeal ends: **25/05/2026**

[1] The Federation-wide funding requirement encompasses all financial support to be directed to the Nigeria Red Cross Society in response to the emergency. It includes the Nigeria Red Cross Society's domestic fundraising requests and the fundraising appeals of supporting Red Cross and Red Crescent National Societies (CHF 2.5 million), as well as the funding requirements of the IFRC secretariat (CHF 2.5 million). This comprehensive approach ensures that all available resources are mobilised to address the urgent humanitarian needs of the affected communities.



SITUATION OVERVIEW

An estimated two million children in Nigeria suffer from severe acute malnutrition, but only two out of every 10 children affected is currently reached with treatment. Malnutrition is a direct or underlying cause of 45 per cent of all deaths among children under five in the country.

The IPC Acute Malnutrition Analysis May 2024 – April 2025 for Nigeria indicates that 5.44m children in the North-East and North-West of the country are malnourished, including 1.8 million children with severe acute malnutrition and 3.6 million with moderately acute malnutrition. Additionally, 0.8 million pregnant or lactating women are suffering from acute malnutrition. Eight-four out of 133 local government areas (63 per cent) are classified as either IPC-AMN Phase 3 (serious) or Phase 4 (critical), with the remaining 47 local government areas at the alert stage.

The primary contributing factors to acute malnutrition in these regions include poor food consumption and diversity, in both quantity and quality, inadequate infant and young child feeding practices (IYCF), unsafe water and inadequate hygiene, the prevalence of waterborne diseases, low health-seeking behaviours, and poor health services.

States in northern Nigeria are most affected by two forms of malnutrition: stunting and wasting. High rates of malnutrition pose significant public health and development challenges for the country. Stunting, in addition to increasing the risk of death, is also linked to poor cognitive development, reduced educational performance, and low productivity in adulthood – all of which contribute to economic losses estimated to be as high as 11 per cent of gross domestic product (GDP).

Persistent issues like banditry and conflict continue to trigger population displacement, limiting access to food, safe water and sanitation, as well as health services. The country's economic situation, coupled with extreme climate events, exacerbates malnutrition by restricting farming, livelihoods, and income generation. A combination of flash floods, limited access to farmland due to insecurity and farmer-herder conflicts, and widespread population displacement has disrupted normal farming activities.

Humanitarian funding cuts have also affected access to lifesaving nutrition services for at least 40 per cent of the 2.3 million children and women in need of these services across the North-East states. The Health and Nutrition sectors have been severely impacted, with roughly 70 per cent of health service provision and 50 per cent of nutrition services affected. Progress in preventing malnutrition and expanding curative capacity is at risk of being reversed (Lean Season Multisectoral Plan, April 2025).

The Nigerian Red Cross Society (NRCS) has been responding to the malnutrition crisis since August 2024, with a focus on 90 communities in Yobe, Borno, and Adamwa states. A total of 340 volunteers are deployed providing health, IYCF, and nutrition education, integrated with protection services. Additionally, 195 mothers' and papas' clubs were set up to ensure community surveillance, referrals, and support mechanisms to vulnerable families. With this Emergency Appeal, the NRCS will scale-up their response, in line with escalating needs.

TARGETING

The World Food Programme (WFP) warns that approximately 5.4 million children and nearly 800,000 pregnant and lactating women are at risk of acute malnutrition or wasting in Nigeria's six most affected states. Among them, an estimated 1.8 million children could face severe acute malnutrition, requiring urgent, life-saving nutritional treatment. The number of acutely malnourished children in need of treatment has increased by 23 per cent, while cases of severe acute malnutrition have risen by 69 per cent compared to the last IPC Acute Malnutrition (IPC AMN) analysis in 2023. In addition, there is a 35 per cent rise in acutely malnourished pregnant and lactating women requiring treatment.

The worsening nutrition crisis in Northeast Nigeria is primarily driven by poor food consumption patterns, particularly among children aged six to 23 months. Only 12.6 to 49.3 per cent of these children receive the minimum dietary diversity, while just 7.1 to 26.6 per cent attain the minimum acceptable diet. Additionally, only 44.7 to 62.8 per cent meet the minimum meal frequency. High rates of childhood illnesses, such as malaria/fever and acute watery diarrhoea, are significant contributors to rising malnutrition in Borno, Adamawa, and Yobe states. Inadequate infant and young child feeding practices, especially low rates of exclusive breastfeeding, also increase the risk.

The Northeast region (Borno, Adamawa, and Yobe states) remains the most severely affected, with the majority of the at-risk population residing there. Prolonged displacement and continued violence by non-state armed groups have devastated communities – limiting access to farms, threatening lives, and causing the closure of schools, health centres, and local businesses.

The Northwest region, including Zamfara, Sokoto, and Katsina, is also emerging as a major area of concern. Persistent banditry and insecurity are driving displacement, disrupting agricultural activities, and restricting access to markets, according to reports from humanitarian organisations in April 2025.

Beyond the Northeast and Northwest, other regions in Nigeria are also witnessing rising levels of food insecurity and malnutrition, fuelled by:

- The high cost of food items.
- The economic impact of the 2024 fuel subsidy removal.
- Increasing climate-related shocks, such as flooding and droughts.

This Emergency Appeal targets **one million people across approximately 170,000 households** affected by or at risk of malnutrition in the northern states of **Adamawa, Benue, Borno, Katsina, Niger, Sokoto, Taraba, Yobe, and Zamfara, with the NRCS contributing to inter-agency assessment efforts.** A comprehensive needs assessment will be conducted across these states to gather context-specific data, ensuring a responsive, community-driven intervention tailored to the most urgent needs.

PLANNED OPERATIONS

Through this Emergency Appeal, the International Federation of Red Cross and Red Crescent Societies (IFRC) aims to support the NRCS in the response to malnutrition, especially severe acute malnutrition. The strategy of the NRCS response was developed with the Federal Ministry of Health, the UN, and NGOs to harmonise intervention strategies, and will contribute to improving the

immediate, lifesaving needs, and medium-term resilience of the communities affected by the high prevalence of malnutrition. Urgent funding of CHF 5 million is required to scale-up health (including WASH) and nutrition interventions, including protection and prevention, as well as support to the enabling functions of coordination and partnerships, IFRC Secretariat services, and National Society strengthening. Priority will be given to the following areas:

Health and Care, including Water, Sanitation and Hygiene (WASH)

(*Mental Health and Psychosocial Support (MHPSS)/Community health)*

The following activities will build on the most impactful approaches carried out by the NRCS since August 2024, including outreach services, community-based engagement and support, and holistic approaches.

Undertake community integrated assessments to better understand the direct and indirect causes of malnutrition.
Train additional volunteers in screening and referrals, IYCF, Health, and WASH (including hygiene promotion).

Community-Based Management of Acute Malnutrition (CMAM), including:

- Mapping of available referral pathways and linking communities with nutrition treatment services in health facilities.
- Community outreach and screening using mid-upper arm circumference (MUAC) or weight-for-height measurements to identify cases early.
- Outpatient therapeutic programmes to treat uncomplicated severe acute malnutrition using ready-to-use therapeutic feeding, or supplementary feeding programmes for moderate acute malnutrition using local blended foods or ready-to-use supplementary foods.

Nutrition Education and Community Engagement

- Expand mother's and papas' clubs in targeted communities, focusing on IYCF best practices, including exclusive breastfeeding, complementary feeding, and hygiene, along with food preparation and cooking demonstrations for healthy and nutritious consumption.
- Handwashing demonstrations and the provision of aqua tabs for water treatment to targeted households or other safety techniques to promote proper sanitation.
- Advocate for the integration of nutrition in primary health care, including counselling, growth monitoring, and treatment.

Protection and Prevention

(Protection, Gender, and Inclusion [PGI], Community Engagement and Accountability [CEA], Disaster Risk Reduction [DRR])

To enhance the effectiveness and equity of malnutrition prevention and response activities, the NRCS will integrate protection, inclusion, and engagement measures. This will ensure that interventions are accepted and safe, reach the most vulnerable, and respect the dignity of all individuals, especially children, women, people with disabilities, and minorities.

Safe and Dignified Access to Services

Conduct risk assessments to identify barriers and protection threats (e.g. population movements, exploitation, etc.).

- Design services to be accessible and safe, especially for women, children, and persons with disabilities.
- Train volunteers and staff on protection from sexual exploitation and abuse (PSEA) and ensure that clear complaints and feedback mechanisms are in place.

Child Protection Integration and Case Management

- Ensure the establishment of child-friendly spaces at nutrition centres to support psychosocial well-being.
- Screen for signs of neglect, abuse, or child labour during nutrition consultations and refer identified cases to appropriate services.
- Register unaccompanied or separated children and refer them to child protection actors.
- Map local protection services and ensure that confidential, survivor-centred referral pathways are in place and functional.
- Develop strong referral systems for individuals identified as at risk (e.g. survivors of GBV, children with disabilities, etc.)

Community Engagement and Accountability (CEA) and Inclusion

- Proactively include marginalised groups in community outreach, including minorities, people with disabilities, and older adults.
- Involve communities in the planning and delivery of services, identification of risks and solutions, and in monitoring the programme's impact.
- Training and inclusion of community leaders: Provide training to community leaders and ensure their active participation in the intervention process.
- Establish feedback mechanisms that are anonymous, accessible, and culturally appropriate.

Enabling approaches

The sectors outlined above will be supported and enhanced by the following enabling approaches:

☒ **Coordination and Partnerships**

The NRCS and IFRC will continue to engage in coordination efforts to uphold the quality, coverage, and sustainability of the nutrition response, especially in a resource-limited emergency context.

- Strengthen collaboration with Inter-agency Nutrition Coordination mechanisms, such as the Nutrition Cluster, co-led by UNICEF and the federal Ministry of Health, and support community-based organisations such as CS-SUNN – civil society scaling-up nutrition in Nigeria.
- Support the leadership of and coordination with federal and state-level institutions leading committees on food and nutrition (SCFN).
- Joint planning and resource sharing, including contributions to Humanitarian Response Plans and SMART surveys, 5Ws matrix, and a

		common pipeline model for the supply of ready-to-use therapeutic food (RUTF) and other items. • The IFRC, ICRC, and in-country Participating National Societies (PNSs) will support the NRCS in developing a single country Movement plan and set up streamlined but effective Movement coordination structures. The Movement will engage regularly with relevant bodies and the international donor community to positively influence decisions and policies addressing the most pressing humanitarian needs in Nigeria.
	☒	**IFRC Secretariat Services** • Workforce planning: The IFRC Delegation and Regional Office will ensure that an adequate workforce is in place to support the NRCS in rolling out activities, including the deployment of Rapid Response personnel as agreed with the NRCS. • The IFRC Secretariat will provide services to PNSs that wish to support the operation, including transportation, accommodation, and security management. • Procurement required for the operation will be conducted primarily by the NRCS, with the participation of the IFRC, while international procurement as well as purchases exceeding the NRCS threshold will be handled by the IFRC Secretariat. • A Quality and Accountability team is in place to ensure that community participation, open communication, and established feedback mechanisms are included as part of the holistic CEA approaches applied in this operation. • The team will also contribute to closely monitoring the implementation as well as enhancement of measures that improve organisation-wide performance. Furthermore, a Compliance, Risk Management, and Safeguarding Unit is in place and will strengthen adherence to internal/external compliance requirements, respond to incidents of sexual exploitation and abuse, including misconduct related to child safeguarding, and ensure that all possible risks are identified and mitigated.
	☒	**National Society Strengthening** • The operation will invest in strengthening the institutional and technical capacities of the NRCS to enable it build on decades of expertise working with all communities across Nigeria and to deliver principled, relevant, and sustainable humanitarian interventions. • State branches will be strengthened with a focus on delivering services that are cost-effective, while being transparent and accountable. • The NRCS will also continue to receive support in strengthening its auxiliary role, including coordinating closely with state agencies involved in disaster and crisis response.

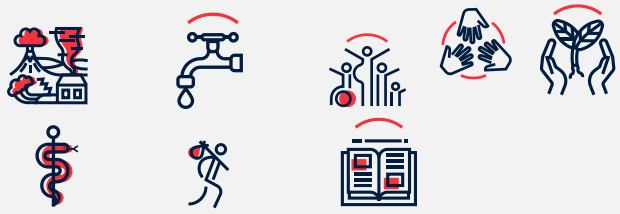
The planned response reflects the current situation and is based on the information available at the time of this Emergency Appeal launch. Details of the operation will be updated through the

Operational Strategy to be released in the upcoming days. The Operational Strategy will also provide further details on the Federation-wide approach, which includes the response activities of all contributing Red Cross and Red Crescent National Societies, and the Federation-wide funding requirement.

After 18 May 2026, the response activities will continue under the IFRC Network Nigeria Country Plan. This takes an integrated view of ongoing emergency responses and longer-term programming tailored to the needs in the country, as well as a Federation-wide view of the country's actions. This aims to streamline activities under one plan while still ensuring that the needs of those affected by the disaster are met in a way that is both accountable and transparent. Information will be shared in time, should there be a need for an extension of the crisis-specific response beyond the above-mentioned period.

RED CROSS RED CRESCENT FOOTPRINT IN COUNTRY

Nigerian Red Cross Society

Core areas of operation	
	
Number of staff:	**500**
Number of volunteers:	**800,000**
Number of branches	**37**

The Nigerian Red Cross Society (NRCS) is one of the country's largest volunteer-based organisations 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. The branches are managed by branch secretaries who work with programme officers to coordinate the activities of the NRCS and its volunteers. Volunteers and health staff have received several training courses on epidemic control for volunteers, community-based health and first aid, and are well equipped to respond to health emergencies in their areas, in collaboration with sub-national governments. Branch health officers coordinate the activities of Health Action Team (HAT) members and support the active management of the society's core functions at the division, Local Government Area, and detachment levels, where the HATs and Mothers' Clubs from the backbone of the NRCS. This structure supports the implementation of Health and Care programmes at the community level by harnessing the capacity of volunteers in community engagement and accountability, outbreak response, and MHPSS skills necessary to support and engage communities during public health emergencies and disasters. The NRCS has recently implemented a SAM DREF operation in the BAY States (Borno, Adamawa, and Yobe). The SAM DREF leveraged the Mothers' Clubs to create Papas' Clubs, an innovation of the NRCS aimed at enhancing family participation in nutrition activities. The NRCS is also providing health and nutrition services to Cameroonian refugees in seven states: Lagos, Oyo, Cross River, Benue, Taraba, and Akwa Ibom, under the UNHCR health and nutrition project.

IFRC Membership coordination

The IFRC Cluster Delegation in Nigeria supports the NRCS in emergency preparedness and response and resource mobilisation. Based in Abuja, the IFRC Secretariat provides overall oversight and guidance for emergency operations, with dedicated operations and a surge team providing technical support. The Delegation works closely with PNSs present in Nigeria. This collaboration ensures that all activities align with the broader strategic goals of the NRCS.

The Norwegian Red Cross is present in the country and operates within the IFRC secretariat, providing support to the NRCS in community-based health programmes and financial system enhancement. With a presence at the NRCS National Headquarters and in Benue state, the Norwegian Red Cross is involved in strengthening local capacities.

The British Red Cross (BRC) is in the country and integrated into the IFRC Secretariat. It is engaged in bilateral initiatives alongside the NRCS, focusing on disaster risk reduction and disaster management capacity building. The BRC provides technical assistance in cash and voucher assistance and integrating community engagement and accountability into its programmes. While not directly contributing to the current operation, the BRC has significantly enhanced the National Society's disaster risk reduction and response capabilities through various training and mentoring sessions for National Society staff, volunteers, and NDRTs, some of whom are actively supporting the ongoing operations.

The Italian Red Cross is also supporting the NRCS, with a particular focus on strengthening capacity to operate in migration contexts and implementing population movement programmes in Nigeria.

Red Cross Red Crescent Movement coordination

The IFRC Delegation also participates in Red Cross and Red Crescent Movement engagements with government bodies, international organisations, and other key stakeholders in Nigeria. The delegation facilitates Red Cross interventions to complement government efforts and align with national disaster response plans, public health initiatives, and other governmental priorities.

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

External coordination

National authorities

The Presidency is responsible for declaring a national emergency and appealing for international support. It then mandates a taskforce to coordinate resource mobilisation at the national level and liaise with state authorities. The declaration by the Presidency includes integrating food and water availability and affordability into the National Security Council’s responsibilities.

State governments and the Nutrition Sector Coordination Desk will be responsible for coordinating the humanitarian-wide ERP plan. The coordination team will assign preparedness and response actions and tasks to the already established Technical Working Groups (AIM, IMAM, IYCF-E, CVA, and

Localisation) and follow up to ensure that deliverables are met. In addition, the sector will establish an ad hoc Advocacy Task Force to drive the ERP's work and engage in other advocacy functions along with the sector coordination team. The coordination team will provide continuous follow-up through national, subnational, and state-level coordination meetings and will convene ad-hoc coordination meetings as needed.

Additional LGA-level sector coordination forums will be established where required and feasible. A member of the sector coordination team will be delegated to actively participate in the meetings of the Health, WASH, and Food Security sectors as well as in the Rapid Response Mechanism (RRM) working group. The coordination team will also take part in emergency coordination platform meetings, whether led by OCHA or the government.

UN and other actors

In response to the alarming food security and humanitarian crisis in parts of the country, the Humanitarian Country Team in Nigeria, with the support of the Government of Nigeria, has developed a six-month Multisectoral Lean Season Plan. This plan aims to mobilise critical funding and resources for immediate food assistance, emergency healthcare, as well as interventions in agricultural livelihoods, water, sanitation, hygiene, and protection. Humanitarian actors have raised the alarm over dwindling coverage in the country due to funding stop orders by key donor governments.

Contact information

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

At the Nigerian Red Cross Society:

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For Performance and Accountability support:

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

Reference

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