EMERGENCY APPEAL

OPERATIONAL STRATEGY

Nigeria, Africa | Acute Malnutrition

NRCS volunteer conducts a Mid-Upper Arm Circumference (MUAC) screening on a child during a community outreach session in northern Nigeria. Credit NRCS

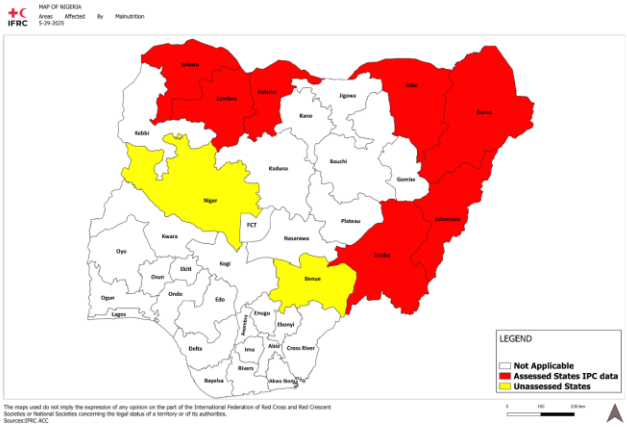
Appeal №: **MDRNG042**	To be assisted: **1 million people**	Appeal launched: **26/05/2025**
Glide №: NA **FA-2025-000077-NGA**	DREF allocated: **CHF 1,000,000**	Disaster Categorization: **Orange**
Operation Start date: **26/05/2025**	Operation End date: **25/05/2026**	

IFRC Secretariat Funding requirement: CHF 2.5 million
Federation-wide funding requirement: CHF 5 million

TIMELINE

- **March 2025:** The Nigerian Red Cross Society finalises the implementation of the Severe Acute Malnutrition DREF operation. Unfortunately, malnutrition continues to expand to other states.
- **April 2025: The President of Nigeria declares a state of emergency on food security.**
- **April 2025:** The Nigerian Red Cross calls an emergency meeting with Movement Partners to present the situation across the country and outline the National Society's planned response.
- **May 2025:** The IFRC approves an Emergency Appeal to support the Nigerian Red Cross Society's response.
- **May 2025:** IFRC Surge Capacity enacted with the first alerts released.

DESCRIPTION OF THE EVENT



Nigeria is currently facing a national emergency due to worsening food insecurity and malnutrition. On 14 April 2025, President Bola Ahmed Tinubu declared a state of emergency on food security, recognising the rapidly deteriorating situation marked by soaring food prices, widespread hunger, and severe acute malnutrition across several parts of the country. He further announced that food and water availability and affordability would now fall under the responsibilities of the National Security Council, underlining the critical link between food security and national stability, and requested that humanitarian partners scale-up their support to the government's planned intervention.

Food insecurity in Nigeria has reached alarming levels, affecting both northern and southern regions of the country. According to the March 2025 Cadre Harmonisé analysis, an estimated 33.1 million people across 26 states and the Federal Capital Territory (FCT) are projected to face Crisis-level or worse (CH Phase 3+) food insecurity during the June–August 2025 lean season. The food crisis is fuelling a parallel acute malnutrition emergency.

The IPC Acute Malnutrition (IPC-AMN) Analysis (May 2024–April 2025) projects that 5.44 million children in the North-East and North-West are malnourished, including 1.8 million with severe acute malnutrition and 3.6 million with moderate acute malnutrition. Additionally, 800,000 pregnant or lactating women are suffering from acute malnutrition. Alarmingly, 84 out of 133 local government areas (63 per cent) in these regions are classified as IPC-AMN Phase 3 (serious) or Phase 4 (critical). Yet only two out of every 10 affected children receive the treatment they need. Malnutrition is a direct or underlying cause of 45 per cent of all deaths among children under five.

Contributing factors to this malnutrition crisis include:

- Poor food diversity and insufficient intake.
- Inadequate infant and young child feeding (IYCF) practices.
- Unsafe water and poor hygiene.
- Prevalence of waterborne diseases.
- Weak health-seeking behaviour and fragile health services, and
- Conflict, banditry and displacement of populations.

Other forms of malnutrition exist in Nigeria, such as stunting and wasting, especially in the northern regions. Beyond increasing the risk of mortality, stunting also leads to poor cognitive development, lower educational outcomes, and reduced adult productivity, contributing to economic losses estimated at up to 11 per cent of Nigeria's GDP.

In response to the malnutrition crisis, the Nigerian Red Cross Society (NRCS) has been active since August 2024 in 90 communities across Yobe, Borno, and Adamawa. With 340 volunteers deployed, the NRCS is delivering health, IYCF, and nutrition education services integrated with protection, while having also established 195 "Mothers' and Papas' Clubs" to support community-level surveillance, referrals, and care for vulnerable families.

Through its Emergency Appeal, the NRCS plans to scale-up its operations to meet these escalating needs, providing critical support to

affected communities and strengthening the country's response to this multidimensional crisis.

Severity of humanitarian conditions

1. Impact on accessibility, availability, quality, use and awareness of goods and services.

The malnutrition crisis is intensified by persistent conflict, insecurity, and climatic extremes, which disrupt agriculture, displace populations, and reduce access to clean water, sanitation, and health services, with only 20 per cent of Severe Acute Malnutrition (SAM) cases able to access lifesaving treatment. Farmer-herder conflicts, limited farmland access, and flash floods have all severely impacted food production and livelihoods.

Additionally, humanitarian funding cuts have significantly constrained the delivery of lifesaving nutrition services. At least 40 per cent of the 2.3 million children and women in need across the North-East are not being reached. Around 70 per cent of health service provision and 50 per cent of nutrition services have been affected, risking the reversal of progress in malnutrition prevention and treatment (Lean Season Multisectoral Plan, April 2025).

2. Impact on physical and mental well-being

Acute malnutrition, especially SAM, greatly increases a child's risk of mortality. Malnutrition is a direct or underlying cause of 45 per cent of all deaths among children under five in Nigeria. Without proper mechanisms for detection and treatment, acute malnutrition can be fatal due to weakened immunity and the inability to recover from infections, such as pneumonia, diarrhoea, malaria, and measles. These infections become more frequent and severe, creating a vicious cycle of illness and further malnutrition.

Malnutrition also delays growth and development, leading to impaired cognitive development, reduced performance, and poor physical growth. Wasting (low weight-for-height) reflects recent, severe weight loss, which leads to stunting over time (chronic undernutrition).

Pregnant and lactating women with acute malnutrition are at increased risk of complications, including maternal mortality. Poor maternal nutrition leads to a low birth weight and increases infant mortality risk. Malnutrition also affects mental health, social development, and can lead to stigmatisation and exclusion. In households under chronic food stress, children may face neglect, reduced care, or even child labour. Parents or guardians of malnourished children often experience guilt, stress, and anxiety over their child's health, contributing to conflict or emotional distress within households. Food insecurity and malnutrition are associated with feelings of powerlessness, especially in contexts of poverty, increasing risks for poor mental health.

3. Risks and vulnerabilities

Over 5.4 million children under five need urgent nutrition support and 800,000 pregnant and lactating women (PLWs) are moderately/severely malnourished in the North-East and North-West of the country, while 1.8 million children are at risk of SAM if interventions are not scaled-up.

Malnourished women and children in Nigeria face a wide range of risks and vulnerabilities, many of which are compounded by the country's ongoing food crisis, insecurity, displacement, and weakened health systems.

There is an increased risk of death from otherwise treatable infectious diseases, impaired immunity, and developmental delays. For PLWs, there is a risk of maternal mortality due to anaemia, infections or haemorrhage, as well as complications during childbirth such as low birth weight and pre-term deliveries. Malnourished mothers face an increased risk of giving birth to malnourished infants, perpetuating the cycle of malnutrition.

There are also several protection risks to consider, as malnourished women and girls, especially in insecure locations, face heightened risks of exploitation and abuse. Children, particularly girls, may be dropping out of school into child labour, early marriages or domestic servitude to support household income.

Other risks and vulnerabilities can be of a socioeconomic nature, or barriers to health care and nutrition services, due to the distance to health centres, cost of services, insecurity, and reduced funding to support malnutrition treatment programmes.

CAPACITIES AND RESPONSE

1. National Society response capacity

1.1 National Society capacity and ongoing response

The Nigerian Red Cross Society (NRCA) is one of the country's largest volunteer-based organisations with over 800,000 volunteers nationwide, spread across 36 States and the FCT, with divisions at the Local Government Area (LGA) level and detachments at the community level. The branches are managed by branch secretaries working with programme officers to coordinate the activities of the NRCS and its volunteers. The nine targeted branches work through designated programme officers to coordinate and support implementation of all NRCS responses, including health programming activities. This appeal will strengthen the capacity of branch teams (Branch Secretary, Health Coordinator, PMEAL, Branch Communication Officer, Mothers Club Coordinator, Disaster Response Teams) and volunteers to equip them with the technical knowledge and skills needed for effective and impactful implementation of the nutrition appeal. Volunteers and health staff have received several training sessions on epidemic control for volunteers (ECV), community-based health and first aid (CBHFA) and are well-equipped to respond to health emergencies in their domains, in collaboration with the sub-national governments. Branch health officers coordinate activities of members of the Health Action Team (HAT) and support active management of the core functions of the society at the divisions/LGAs and detachment levels, where Health Action Teams (HATs) and Mothers Clubs provide strong support to the NRCS. This structure supports the implementation of Health and Care programmes at the community levels, harnessing the capacity of volunteers on community engagement and accountability and outbreak response, together with the requisite MHPSS skills to support and engage communities during public health emergencies and disasters. The NRCS recently implemented a SAM DREF operation in the BAY States (Borno, Adamawa and Yobe) through which it trained volunteers and scaled-up malnutrition screening and referral activities, promoted nutrition education, including promotion of good IYCF practices, and provided therapeutic feeding support in collaboration with the Norwegian Red Cross. Building on the Mothers' Clubs, the NRCS created Papas' Clubs, an innovation aimed at enhancing family participation in nutrition activities, while also providing similar health and nutrition services to Cameroonian refugees across seven states (Lagos, Oyo, Cross River, Benue, Taraba, and Akwa Ibom) under the UNHCR health and nutrition project.

1.2 Capacity and response at the national level

The scale of acute malnutrition is outpacing Nigeria's response capacity. While a broad ecosystem of actors exist – the government, civil society, Red Cross Movement, UN agencies – coverage remains inadequate due to weak systems, funding gaps, insecurity, and uneven coordination.

The Government of Nigeria leads National and State level nutrition coordination platforms (e.g. National Council on Nutrition) and has integrated nutrition into some Primary Health Care (PHC) and the Basic Health Care Provision Fund. However, service delivery remains weak and uneven at the subnational level due to chronic underfunding and limited domestic investment in nutrition commodities (e.g. ready-to-use therapeutic feeding) and reliance on partners for implementation and supply chains.

Civil society platforms, such as CS-SUNN, are active in advocacy and domestic resource mobilisation and accountability, but despite the strong community presence and IYCF and screening support, there is still limited operational and technical capacity for scale-up, and major dependence on external donor funding.

UN agencies and international partners, including UNICEF, WFP, and ACF, provide critical supplies such as RUTF and nutrition kits, technical assistance, direct services, and co-lead response coordination through the Nutrition Sector Working Group, while also supporting evidence generation (IPC AMN, SMART). However, their efforts have been constrained by insecurity, especially in highly insecure LGAs, and significant funding shortfalls.

In this context, the NRCS and other Red Cross and Red Crescent Movement partners play a critical, community-focused, and complementary role in Nigeria's malnutrition response, especially in hard-to-reach and conflict-affected areas, as well as those with a reduced number of partners, such as the North-West and North-Central. NRCS contributions are particularly significant given overstretched government systems and existing funding gaps, while also enabling greater sustainability by working with local authorities and supporting the transition to long-term solutions.

2. International capacity and response

2.1 Red Cross Red Crescent Movement capacity and response

IFRC membership

The NRCS is at the centre of emergency operations in the country, assuming a leadership role through its vast disaster management capabilities at its headquarters, state branches, and within its Disaster Response Teams. The IFRC Cluster Delegation in Nigeria supports the NRCS in coordinating these operations, ensuring that membership capacities, resources, and expertise are effectively harnessed. For this emergency operation, coordination will take place via weekly membership coordination meetings, led by the NRCS and co-led by the IFRC team, to establish common priorities for the immediate term. Accountability for the agreed commitments will be ensured through an established monitoring and reporting schedule. In addition to its delegation staff, the IFRC Secretariat will mobilise rapid response (Surge) teams to provide adequate support across Operations, Technical Advisory, Information Management, PMER, Logistics, and other Corporate Services. The IFRC Delegation also works closely with Participating National Societies (PNSs) present in Nigeria, ensuring that all activities align with the broader strategic goals of the NRCS.

The Norwegian Red Cross (NoRC) is present in the country, supporting primary health care programming at both community and facility level in Borno and Benue states (previously also in Adamawa). Community activities include, amongst others, nutrition education, promotion of adequate Infant and Young Children Feeding (IYCF) practices, MUAC screening, and referral to feeding programmes where available. NoRC has also collaborated with the NRCS and IFRC on climate and health preparedness and response interventions. The NRCS, IFRC and NoRC will continue to collaborate through this Emergency Appeal and may look at expanding this collaboration to new

states. Beyond programme support, NoRC will continue to support NRCS in strengthening branch capacities and financial system enhancement**.**

The British Red Cross (BRC) is also present in the country and integrated within the IFRC Secretariat. It is engaged in bilateral programmes focusing on disaster risk reduction and disaster management capacity building in South-South, South-East, and Lagos regions. The BRC has significantly enhanced the National Society's disaster risk reduction and response capabilities through a range of training and mentoring sessions for National Society staff, volunteers, and NDRTs, some of whom are actively supporting ongoing operations. For this response, the BRC is looking at its pool of experts to fulfil the rapid response requirements.

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 across Nigeria.

The ICRC has an office in Abuja and is operational in areas affected by armed conflict and other situations of violence in the country, with sub-delegations in Maiduguri, Damaturu, and Mubi. A Movement Cooperation Agreement in place, and regular Movement coordination mechanisms are ongoing, ensuring a coordinated Movement approach to support the NRCS in preparedness, readiness, and response efforts. Programmatically, the ICRC supports the NRCS in reinforcing its emergency response through emergency first aid teams and restoring family links as well as economic security programming. Issues related to this emergency response will be integrated into regular Movement mechanisms and reported to the membership.

2.2 International Humanitarian Stakeholder capacity and response

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, sub-national, 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 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, which 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 concerns over dwindling coverage in the country due to funding stop orders by key donor governments.

3. Gaps in the response

Despite major efforts from the government, civil society, and the humanitarian community at large, SAM rates continue to increase, and in some areas have reached close to 10 per cent. Access to acute malnutrition treatment remains a major challenge, with less than 20 per cent of SAM cases being treated in health facilities. This alarming trend underscores the urgent need for a comprehensive and coordinated response, a call for support also echoed by state governments highlighting the same areas of need. The following are some of the most significant gaps identified by the nutrition cluster, to which the NRCS actively contributes:

- Inadequate adherence to recommended adaptation protocols during OTP activities is a major challenge in certain health facilities, along with frequent stockouts of routine drugs and nutrition commodities (RUTF).
- Large gaps exist in supplementary feeding provision, especially for IDPs, refugees, and the most vulnerable groups affected by MAM and SAM.
- Community mobilisation efforts are insufficient, especially in hard-to-reach areas and areas with less coverage. There are no to little partners focusing on screening at the community level, with more efforts directed toward treatment. This lack of screening may explain the acceleration of SAM cases, as early detection is critical for prevention and mitigation at the community level.
- Case management of SAM (outpatient and in-patients) remains a challenge due to limited health system capacity.
- Health services are overwhelmed, and the number of functional OTPs is limited due to resource shortages that limit the availability of treatment in all centres. Only eight of the 15 stabilisation centres in the state are fully or sub-optimally functional, while others have ceased to provide treatment services due to funding shortfalls. The active OTPs are currently overwhelmed.
- Some health workers are not following the recommended guidelines and protocols during therapeutic programme activities.
- Frequent stockouts of essential supplies, including routine medications, RUTF, and therapeutic milk, continue to disrupt service delivery.

In addition, the lack of services for treating moderate acute malnutrition exacerbates the burden of severe acute malnutrition, particularly in areas with high numbers of IDPs and returnees. Supply delays and high admission rates lead to stockouts in some outpatient therapeutic programme sites. The inadequate management of MAM cases, combined with existing gaps, has contributed to the rapid deterioration into severe malnutrition in some cities where these challenges are more pronounced.

Furthermore, there are very few reproductive maternal, newborn, child, and adolescent health (RMNCAH) services available to communities, leaving women and girls extremely vulnerable to health risks, including malnutrition. As part of this operation, the Mamas and Papas clubs' approach will integrate RMNCAH education into communities.

Communities also lack access to safe water, adequate sanitation facilities, and personal hygiene and food safety, all of which are major contributing factors to malnutrition. Water wells are often unprotected and, when combined with poor sewage infrastructure, become contaminated, especially

during the flood season. The lack of access to essential WASH services and facilities in the IDP camps across the region poses significant challenges, exposing affected populations to various protection risks, public health concerns, and the threat of malnutrition. This operation will address WASH-related gaps through coordinated hygiene promotion activities aimed at improving overall well-being and community resilience.

Community resilience and coping capacities remain limited due to reduced income, insecurity, lack of access to food and productive agriculture, and harmful behaviours and practices often rooted in cultural beliefs.

To reverse this situation, major investments are needed in Community Management of Acute Malnutrition, nutrition education and awareness, safe water, and hygiene. Women and girls, including PLWs, must have access to maternal nutrition services, antenatal care, protection from SGBV, and safe child-birth services. Children will need screening and referral services to access IMAM, vaccinations, and age-appropriate feeding practices. People with disabilities will need accessible health and nutrition services, protection from neglect, exclusion, and abuse.

The NRCS, with its community-based and neutral approach, is uniquely positioned to access hard-to-reach and insecure areas. Through its extensive volunteer network, the National Society is well placed to engage with marginalised groups and ensure inclusive and protective programming.

OPERATIONAL CONSTRAINTS

The NRCS implemented a SAM DREF from August 2024 to March 2025 (see section 1.1). During the implementation of this DREF, logistics, technical, and human resources structures were developed in Borno, Yobe, Benue, and Adamawa. These will be progressively scaled-up to other states during the Emergency Appeal's implementation, based on available funding. Nevertheless, there are some constraints that will be looked into and included in the operational design and risk mitigation measures, particularly: 1) Insecurity – a very volatile and dynamic security context may hinder access to certain areas; 2) Climate-induced disasters – these are likely to occur; in the past, floods have isolated communities for long periods; 3) Logistics – the pipeline of therapeutic feeding and other malnutrition treatment drugs is severely constrained in Nigeria, which limits the number of children and women that can be supported; 4) Humanitarian funding – funding has declined substantially, with various organisations halting their programmes. This has placed a much greater responsibility on the NRCS and other local CSOs. The current Emergency Appeal funding ask is modest and represents the absolute minimum needed to cover the intended scope; and 5) Human resources – it may be challenging to find the necessary expertise to support the expansion of the operation.

FEDERATION-WIDE APPROACH

This Emergency Appeal is part of a **Federation-wide approach** based on the response priorities of the Operating National Society and in consultation with all Federation members contributing to the response, in this case, the British Red Cross and Norwegian Red Cross in the country, and many other PNSs multilaterally via the Rapid Response system and multilateral contributions. The approach, reflected in this Operational Strategy, will ensure linkages between all response activities (including bilateral activities and activities funded domestically) and will assist in leveraging the capacities of all members of the IFRC network in the country to maximise the collective humanitarian impact. An example is the ongoing Norwegian Red Cross malnutrition programme in the North-East region, which will be integrated and supported via this Emergency Appeal.

Membership coordination platforms are activated at the country, regional, and global levels to ensure that all members are kept informed, can provide their recommendations, and share available resources with the NRCS. The Rapid Response system has also been activated, with several alerts already issued. These are expected to be filled in the very early stages by the IFRC-wide system.

The Federation-wide funding requirement for this Emergency Appeal comprises all support and funding to be channelled to the Operating National Society in response to the emergency event. This includes the Operating National Society's domestic fundraising ask, the fundraising ask of supporting Red Cross and Red Crescent National Societies, and the funding ask of the IFRC secretariat.

OPERATIONAL STRATEGY

Vision

Through this Emergency Appeal, the NRCS will contribute to the reduction of mortality and morbidity among children and women suffering from acute malnutrition. This lifesaving intervention will be achieved by:

- Significantly scaling-up community management of acute malnutrition, including active case findings and referrals.
- Promoting behavioural change through nutrition education, awareness raising, improved feeding practices, and overall hygiene promotion.
- Strengthening protection efforts, with a particular focus on women, girls, and children, as well as the inclusion of marginalised populations.

The NRCS will take swift action during the lean season (the next four months) to maximise the impact of its actions. This will be followed by a transition phase, from months four to twelve, with a greater focus on strengthening community resilience and promoting behaviour change in knowledge, attitudes, and practices. Should the situation continue to deteriorate during and after the lean season, the scale of this operation may be expanded accordingly.

Anticipated climate-related risks and adjustments in the operation

Floods and droughts are recurring events in Nigeria. At the time of launching this Emergency Appeal, the NRCS is still responding to last year's floods and landslides events in the North-East. These climate-related events are likely to persist and are expected to occur during the implementation of the malnutrition appeal. The NRCS is currently working on Anticipatory Actions for both droughts and floods, which will be accelerated to ensure the necessary readiness and help communities mitigate the expected impacts. In addition to Anticipatory Actions, these climate events are also part of the National Society's contingency plan, allowing for their immediate integration into this response as needed.

Targeting

1. People to be assisted

The Northeast region comprising Borno, Adamawa, and Yobe states remains the most severely affected, hosting the majority of the at-risk population. 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 floods 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.

Implementation and **expansion of the Emergency Appeal will be progressive**, guided by the results of ongoing assessments. The first priority is to reinforce the NRCS's presence in states where it is already active – Borno, Benue, Adamawa, and Yobe. The second priority involves scaling-up operations to two additional states in the Northwest and Northcentral regions, based on the assessment outcomes and the security situation. Third priority will be the integration of three more states into the response.

In terms of targeting population cohorts, the focus will be on the following:

- Children under five, with a focus on infants 0-6 months of age.
- Pregnant and lactating women (PLW) and women of reproductive age.
- Women, girls, and children suffering from protection threats and/or at risk of malnutrition.
- People with disabilities, the elderly, children-headed households, and female-headed households.
- Parents, as part of the whole-of-family approach to good household nutrition.

2. Considerations for protection, gender, and inclusion and community engagement and accountability

PGI and CEA are key components of this response, given the major threats and risks faced by communities, but particularly to women and girls, children, the elderly, and people with disabilities. Activities will ensure safe and dignified access to services, including strengthening prevention, mitigation and response to sexual and gender-based violence (SGBV) and prevention and response to sexual exploitation and abuse (PSEA), the capacity of the NRCS and communities, as well as child safeguarding integration and case management.

CEA will be systematically embedded across all phases of the response, ensuring proactive and inclusive community engagement and the meaningful participation of ethnic minorities, people with disabilities, the elderly, and women. Feedback mechanisms will be in place to monitor the impact and adapt the operation as needed.

Gender inequalities significantly influence poor maternal and child feeding and care practices. These stem from inadequate attention to the needs and roles of women, lack of education resulting in inadequate care for pregnant and lactating women, poor self-confidence, low economic status, and substantial workloads. Research indicates the nutritional status of infants and children is intimately linked with women's empowerment and status within both the household and community. Therefore, nutrition interventions in the context of RMNCAH must consider ways to empower women as agents of change for their own health and that of their children, with the support of the overall community. In this operation, the Mamas and Papas Clubs approach will also integrate RMNCAH awareness and promote gender supportive practices.

PLANNED OPERATIONS

HEALTH AND CARE INCLUDING WATER, SANITATION, AND HYGIENE (WASH)

(MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT / COMMUNITY HEALTH)

Health and Care (*Mental Health and Psychosocial Support/ Community Health/Medical Services)*	Female > 18: **240,480**	Female < 18: **249,600**	**CHF 1,076,000**
	Male > 18: **239,520**	Male < 18: **270,400**	**Total target: 1,000,000**
Objective:	**Contribute to reducing morbidity and mortality, and preventing acute malnutrition**		
Priority Actions:	The following activities will build on the most impactful approaches carried out by the NRCS since August 2024, including outreach services, community engagement and support, and holistic approaches. These efforts include conducting community-integrated assessments to better understand the direct and indirect causes of malnutrition, and training additional volunteers in screening and referrals, IYCF, health, and WASH (including hygiene promotion). **Nutrition Education and Community Engagement** • Expand Mothers' and Papas' clubs in targeted communities, focusing on identifying and overcoming barriers including food security, health services, hygiene and sanitation, care and feeding practices, positive parenting skills, managing distress, and problem-solving skills. • **Promote and scale-up Infant and Young Child Feeding (IYCF)** education sessions, with an emphasis on exclusive breastfeeding, complementary feeding, and hygiene (this activity will be complemented with community dialogue sessions aimed at fathers and caregivers). • **Advocate for the integration of nutrition in primary health care**, including counselling, growth monitoring, and treatment, as well as MOH-led Vitamin A supplementation. • Support and promote **home or community nutritious gardens** to expand the availability of and access to nutritious foods, along with food preparation and cooking demonstrations for healthy and nutritious consumption. • Community dialogue sessions or interactive theatre on nutrition, caregiving, and mental health. **Health System Strengthening** • **Build capacity of healthcare workers** and skilled volunteers on outpatient therapeutic programmes in health facilities.		

	• Collaborate with MoH if/when **vitamin A supplementation campaigns** are rolled out. • MHPSS mapping and referral pathways are established. **Community-Based Management of Acute Malnutrition (CMAM), including:** • Complete **mapping of available referral pathways** and linking communities with nutrition treatment services in health facilities (Nort-West and North-Central). • **Community active outreach** and identification (screening using mid-upper arm circumference - MUAC - or weight-for-height measurements for early identification of cases). • **Outpatient therapeutic programmes** using ready-to-use therapeutic feeding, or supplementary feeding programmes for moderate acute malnutrition using local blended foods or ready-to-use supplementary foods. **Specific health promotion activities targeting women and PLW** • Community education for **reproductive maternal, newborn, child, and adolescent health (RMNCAH),** integrated in Mamas' and Papas' clubs. • Ensure access to **ante-natal and post-natal care** to PLW, as per the minimum protocol applicable in Nigeria. • Promotion of early, exclusive breastfeeding for six months and continued breastfeeding until 24 months. • Ensure **nutritional care and support**, including access to micro-nutrition supplementation for PLW suffering from anaemia.

Water, Sanitation, and Hygiene	Female > 18: **240,480**	Female < 18: **249,600**	**CHF 310,000**
	Male > 18: **239,520**	Male < 18: **270,400**	**Total target:** **1,000,000**
Objective:	**Contribute to nutrition outcomes by instilling adequate WASH practices**		
Priority Actions:	WASH minimum package will be mainstreamed in the health approach to ensure a sustainable impact of health activities. This will include: • Ensuring that WASH conditions in PHCs and mobile facilities provide nutrition treatment services to reduce the risks of nosocomial infection among children who receive treatment. • Provide hygiene kits to families with malnourished children or PLW, along with handwashing and hygiene education.		

	• Provide aqua tabs for water treatment and storage to targeted households or other safety techniques to promote proper sanitation. • Hygiene promotion sessions at the community level, including handwashing with soap (or other locally available products) and other hygienic interventions. • Hygiene promotion sessions targeting PLW, mothers, and caregivers. • Sanitation interventions to reduce the risk of contamination through culturally appropriate, child-friendly, and gender sensitive sanitation facilities. • Recover and protect water supply units in the affected areas to increase access to safe water.

PRTECTION AND PREVENTION

(PROTECTION, GENDER, AND INCLUSION (PGI), COMMUNITY ENGAGEMENT AND ACCOUNTABILITY (CEA), MIGRATION, RISK REDUCTION, CLIMATE ADAPTATION AND RECOVERY, ENVIRONMENTAL SUSTAINABILITY, EDUCATION)

Protection, Gender, and Inclusion	Female > 18: **240,480**	Female < 18: **249,600**	**CHF 107,000**
	Male > 18: **239,520**	Male < 18: **270,400**	**Total target: 1,000,000**
Objective:	**Mitigate protection risks and ensure the inclusion of different target groups**		
Priority Actions:	The NRCS will integrate protection, gender, and inclusion measures to strengthen the effectiveness and equity of malnutrition prevention and response activities. This will ensure that interventions are accepted and safe, reach the most vulnerable, enhance meaningful participation, and respect the dignity of all individuals, especially children, women, people with disabilities, and minorities. **Safe and Dignified Access to Services** • Conduct PGI assessments to identify barriers and protection threats (e.g. population movements, exploitation, etc.). • Design health and WASH services to be accessible and safe, especially for women, children, and people with disabilities. • Train volunteers and staff on the prevention and response to sexual exploitation and abuse (PSEA) policy, staff and volunteer code of conduct, child safeguarding, and safe reporting mechanisms already in use by the NRCS. • Ensure that clear complaints and feedback mechanisms are in place.		

	• Train volunteers and staff on prevention, mitigation, and response to SGBV, including safe referral pathways. **Child Protection Integration and Case Management** • Ensure the establishment of child-friendly spaces at nutrition centres to support psychosocial well-being. • Train volunteers to handle and manage child-protection services. • Screen for signs of neglect, abuse, or child labour during nutrition consultations and refer identified cases to the 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.). **Promotion of Gender Equality for Good Nutrition** • Conduct a gender analysis. • Based on the analysis, leverage the Mamas and Papas clubs to provide targeted education on maternal and child feeding and care practices, addressing the roles and needs of caregivers within households and communities. • Invest in reproductive maternal, newborn, child, and adolescent health (RMNCAH) as a way to empower women to be agents of change for their own health and that of their children, supported by the broader community.

Community Engagement and Accountability	Female > 18: **240,480**	Female < 18: **249,600**	**CHF 47,000**
	Male > 18: **239,520**	Male < 18: **270,400**	**Total target:** **1,000,000**
Objective:	**Ensure thorough community participation throughout the implementation.**		
Priority Actions:	**Community Engagement and Accountability (CEA)** Community engagement and accountability will support the response to have a thorough understanding of community needs, priorities, and context, and integrate meaningful community participation, open and honest communication, and mechanisms to listen to and act on feedback throughout the response. • CEA is integrated across the response and staff and volunteers have the knowledge and capacity to effectively engage communities using FDGs/KIIs to understand		

	perceptions of malnutrition, local feeding practices, and barriers to care. • Co-creating behavioural change messages with community members and engaging key groups to become "nutrition ambassadors". • Implementing community scorecards of clinics and nutrition centres to assess satisfaction of services and trigger actions when needed. • Using the Mamas and Papas clubs to identify and implement community-led solutions that address any existing barriers. • Ensure that key trends from the community feedback mechanism are being shared with technical colleagues, the operations team, leadership, as well as in coordination platforms. • Involve communities in the planning and delivery of services, identification of risks and solutions, and in monitoring the programme's impact, through focus group discussions. • Hold Nutrition Ambassador sessions with community leaders and trusted influencers, providing training to community leaders and influencers while ensuring their active participation in the intervention process. • Proactively include marginalised groups in community outreach, including minorities, people with disabilities, and older adults. • Establish feedback mechanisms that are anonymous, accessible, and culturally appropriate.

Enabling approaches

National Society Strengthening	Female > 18: **240,480**	Female < 18: **249,600**	**CHF 515,000**
	Male > 18: **239,520**	Male < 18: **270,400**	**Total target: 1,000,000**
Objective:	**Ensure that NRCS systems and capacity can respond appropriately to the Emergency Operation**		
Priority Actions:	Emergency operations present a unique opportunity to strengthen National Society readiness and response capacity, ensuring that emergency responses are efficient, timely, appropriate, well-coordinated, and effective. The operation will support National Societies in fulfilling their mandate within the framework of the Emergency Appeal and facilitate a smooth transition to the recovery phase. • Provide basic equipment (hardware and software) to support the response at HQ and operational branches.		

	• Provide infrastructure support (branch improvements, purchase of vehicles, office equipment). • Support the scale-up of the response capacity, especially in new operational areas (North-West and North-Central), including training and equipment for staff, response teams, and specialised volunteers. • Support upgrades for the Emergency Operations Centre, including contingency plans, business continuity plans, etc. • Strengthen volunteer development and the management of selected branches. • Support volunteers and staff, including the provision of insurance, equipment, and access to PSS, especially for those directly exposed to distressing circumstances. • Other activities within the PER workplan, OCAC, and BOCA may be included if they relate to strengthening response capacity.

Coordination and Partnerships	Female > 18: **240,480**	Female < 18: **249,600**	**CHF 55,000**
	Male > 18: **239,520**	Male < 18: **270,400**	**Total target: 1,000,000**
Objective:	**The Red Cross Red Crescent Movement has an efficient and coordinated response, and its capacity is well embedded and recognised by external stakeholders.**		
Priority Actions:	**Membership Coordination** • At the regional level, the IFRC will keep members informed about the rollout of this operation through dedicated partner calls, the release of operations updates, and other channels. • At the national level, regular membership coordination platforms exist, led by the NRCS with IFRC support. In this operation, the Norwegian Red Cross will play a role in supporting the NRCS in implementing activities according to the agreed approach. **Engagement with external partners** • 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 leadership and coordination with federal and state-level institutions leading committees on food and nutrition (SCFN). • Facilitate joint planning and resource sharing, including contributions to Humanitarian Response Plans, SMART surveys, 5Ws matrix, and a common pipeline model for		

	the supply of ready-to-use therapeutic food (RUTF) and other items. **Movement Cooperation** • An active Movement Cooperation Agreement exists in Nigeria, with established coordination mechanisms, which will be leveraged to ensure a joint and harmonised approach. • 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	Female > 18: **240,480**	Female < 18: **249,600**	**CHF 390,000**
	Male > 18: **239,520**	Male < 18: **270,400**	**Total target:** **1,000,000**
Objective:	**Ensure a strong and proportionate IFRC secretariat to provide technical and operational emergency services to the NRCS and other members**		
Priority Actions:	• Workforce planning and Surge: The IFRC Secretariat deployed delegation and regional staff to support the initial rollout of the operation. Nevertheless, a Surge plan for the first months, along with essential HR recruitments, has also been launched. • The IFRC will support international procurement as well as purchases exceeding the NRCS threshold, which will be handled by the IFRC Secretariat. • The IFRC Secretariat will continue provide security services to PNSs (who have signed an integration agreement) that wish to support the operation, including transportation, accommodation, and security management. • IFRC security plans will apply to all IFRC staff throughout the operation. Area-specific Security Risk Assessments (SRAs) will be conducted for any operational area where IFRC personnel are deployed (along the North-West and North-East). Risk mitigation measures will be identified and implemented accordingly. • All IFRC personnel must, and RC/RC staff and volunteers are encouraged, to complete the IFRC Stay Safe e-learning courses, i.e. Stay Safe 2.0 Global edition Levels 1-3. Insurance coverage for volunteers involved in the operation must be ensured. Additionally, appropriate security equipment should be provided to enable safe operations in high-risk areas. • 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 operation's implementation as well as enhancing 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.

Risk management

The below risk matrix intends to provide an overview of the existing risks and possible mitigation measures. A detailed risk matrix is being developed and can be made available.

Risk	Likelihood	Impact	Mitigating actions
1. Violence, hindering access to affected communities (complex armed attacks from NSAG in the North-East, banditry, inter-communal clashes)	Medium	High	• Adherence to Red Phase security travel procedures. • A joint security risk assessment will be conducted by the IFRC/NRCS team in states where this hasn't been completed to ascertain the level of access in the affected communities. • The NRCS team will conduct targeted advocacy and community stakeholder engagement meetings with key opinion leaders in the targeted communities to promote safe access. • The NRCS will work with affected communities to select, train and deploy community-based volunteers residing in the communities, as they are familiar with the terrain, culture, and customs and can easily access the affected areas with minimal challenges or delays.
2. Insecurity, including armed robberies, highway attacks, burglaries, kidnapping, etc.	Medium	High	• Follow the security plans and regulations applicable in each area. • Conduct joint SRAs in new operational areas before deploying.
3. Climate hazards, floods, and droughts in affected locations.	High	High	• Develop contingency planning in disaster prone areas. • Set-up early warning and early action systems. • Train volunteers to rollout EWS.
4. Limited supply chain capacity	High	Medium	• Continue to explore sustainable, local products, such as the Tom Brown solution, as an alternative to traditional therapeutic feeding products.
5. Vehicle accidents	Medium	Medium	• Observe the IFRC's driving procedures and regulations.

6. Lack of funding to perform the activities	Medium	High	• Develop a thorough resource mobilisation plan with entry points at the global, regional, and national levels. • Ensure activities are cost-efficient and deliver measurable impact.
7. Instances of SEA and/or SGBV	High	High	• Enforce the IFRC's PSEA protocols at all levels of the operation. • Ensure that volunteers and staff are properly trained and alert. • Develop safe reporting mechanisms, including at the community level.
8. Fraud and corruption	Medium	High	• Enforce the IFRC's selection and monitoring procedures for suppliers. • Distribute the code of conduct to all engaged in the operation.
9. Lack of HR capacity in new operational areas	Medium	Medium	• Develop proper workforce planning and rely on the network of expert volunteers. • Use the IFRC Surge system to cover essential posts.

Quality and accountability

Monitoring and Evaluation: The operation will be monitored at all stages by a joint team comprising the NRCS, government, and IFRC representatives, across all phases and levels of implementation. A standardised checklist, preloaded on the Kobo Collect app, will be used throughout. Indicator monitoring tools will be deployed to collect, collate, analyse, and report activity results at every level. Volunteers will gather and document community level information using the Kobo Collect tool, which they will transmit to the server on a daily basis. This uploaded data will be analysed weekly analysis to support timely updates to stakeholders at all levels. This process will be supported by the NHQ and IFRC teams to enhance the quality and timeliness of operational reporting. Regular field missions will be carried out by joint government, NRCS, and IFRC teams for spot checks and to provide on-the-job support to the implementing teams. A KAP survey and quarterly internal evaluation will be conducted to ensure the results are aligned with operational objectives. Findings from the evaluations and KAP surveys will be presented at quarterly review meetings.

The NRCS will leverage this appeal to develop its 2026-2030 strategic development plan (SDP), procure data analysis software licenses (Epi-info, Power Bi and Health mapper) to facilitate timely data analysis and reporting, review and finalise the PMEAL policy/M&E framework, and collaborate with the programmes department to review and finalise the Mothers' Club manual.

Sector	Indicators	Target
Health	# of volunteers trained and deployed for nutrition screening and referrals	400
	# of community health workers trained in IYCF/OTP	180
	# of volunteers trained and deployed in CMAM, IYCF, CBS, and WASH	4,500
	# of children screened for acute malnutrition	180,000
	% of children screened and detected with SAM, referred for treatment	80%

	% of children screened and detected with MAM supported by the NRCS with supplementary feeding	80%
	# of households reached with health and nutrition messages	170,000
	# of persons reached with messages on health and nutrition	800,000
	# # of Mothers and Papas clubs formed	180
	% of Mothers and Papas club participants who demonstrate improved knowledge of key barriers and ways to overcome them	80%
	# of pregnant and lactating women supported with micro-nutrient supplementation	50,000
	# of persons reached with OTP services	TBD
	# of households supported to develop nutritious home gardens	20,000
WASH	# of households reached with hygiene promotion messaging including hand hygiene demonstrations	170,000
	# of pregnant women reached with hygiene kits	50,000
	# of vulnerable households provided with hygiene kits	
	# of households reached with water storage containers (jerry cans)	20,000
	# of households reached with multipurpose soap	20,000
	# of households reached with aqua taps for water purification	20,000
	# of water supply units recovered	50
PGI	# of PGI assessments conducted and reported	1
	# of gender analyses conducted	1
	# of volunteers trained on PSEA/SGBV	4,563
	# of unaccompanied minors registered and supported through children's safe spaces	TBD
	% of people suffering from protection issues identified and referred to specialised services	100%
CEA	# of staff and volunteers working on the operation who have been trained in community engagement and accountability	4,563
	% of queries/feedback received through established feedback mechanisms that were responded to (feedback loop closed)	80%
	% of sampled community members who say they are satisfied with the support received from RCRC	80%
	# of Nutrition Ambassador sessions conducted with communities	200

FUNDING REQUIREMENT

Federation-wide funding requirement*

Federation-wide Funding Requirement including the National Society domestic target, IFRC Secretariat and Participating National Society funding requirement	IFRC Secretariat Funding Requirement in support of the Federation-wide funding ask
CHF 5 million	CHF 2.5 million

Breakdown of the IFRC secretariat funding requirement

IFRC

OPERATIONAL STRATEGY

MDRNG042 - Nigeria Red Cross Society
Nigeria Malnutrition Appeal

FUNDING REQUIREMENT

Planned Operations	**1,540,000**
Health	1,076,000
Water, Sanitation, and Hygiene	310,000
Protection, Gender, and Inclusion	107,000
Community Engagement and Accountability	47,000
Enabling Approaches	**960,000**
Coordination and Partnerships	55,000
Secretariat Services	390,000
National Society Strengthening	515,000
TOTAL FUNDING REQUIREMENT	**2,500,000**

all amounts in Swiss francs (CHF)

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

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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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