

OPERATION UPDATE

Nigeria| Acute malnutrition

Emergency appeal №: MDRNG042

Emergency appeal launched: 26 May 2025

Operational Strategy published:

Glide №:

FA-2025-000077-NGA

Operation update #2

Date of issue: 25/06/2025

Operation timeframe: 12 months

(26/05/20235 - 25/05/2026)

Timeframe covered by this update:

From 26/05/2025 - 25/06/2025

Number of people being assisted: 1,000,000

Funding requirements (CHF):

CHF 2.5 million through the IFRC Emergency Appeal

CHF 5 million Federation-wide

DREF amount initially allocated:

CHF 1 million

To date, this Emergency Appeal, which seeks **CHF 2,500,000**, is **20%** funded. Further funding contributions are needed to enable the National Societies in the region, with the support of the IFRC to continue with the response efforts by providing humanitarian assistance and protecting the people affected by the malnutrition.

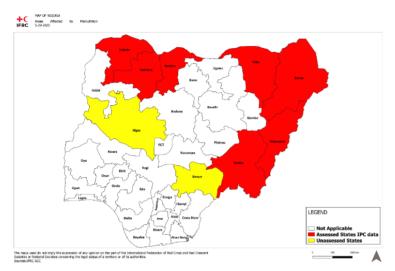


Members of the Nigerian Red Cross Society Mothers' Club in Borno state holding demo sessions on supplementary feeding therapeutics to mothers as a way of reducing infant malnutrition. Photo/Nigerian Red Cross Society

A. SITUATION ANALYSIS

Description of the crisis

Nigeria is facing a national emergency due to escalating food insecurity and malnutrition. On 14 April 2025, the President declared a state of emergency on food security, citing rising food prices, widespread hunger, and acute malnutrition. He assigned responsibility for food and water security to the National Security Council and called on



humanitarian partners to increase their support for the government's response efforts. The IPC Acute Malnutrition Analysis (May 2024–April 2025) estimates that 5.44 million children in Nigeria's North-East and North-West are malnourished -1.8 million severely and 3.6 million moderately. Around 800,000 pregnant or lactating women are also affected. Alarmingly, 63% of local government areas in these regions are in serious or critical phases of malnutrition. Despite the scale of the issue, only 20% of affected children receive the necessary treatment. Malnutrition contributes to 45% of all deaths among children under five.

Summary of response

Overview of the host National Society and ongoing response

The Nigerian Red Cross Society (NRCS) is one of the country's largest volunteer-based 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 Infant and Young Child Feeding (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.

Needs analysis

Needs analysis

The needs analysis remains as is in the <u>Operational Strategy</u>, with a needs assessment to be undertaken by NRCS with support from the surge team to commence in July 2025. The data collection tools are undergoing review by the NRCS technical leads and the surge team.

Operational risk assessment

The operational risks remained the same as highlighted in the <u>Operational Strategy</u>. The security situation remained volatile, and a security assessment in the target areas will commence in the first week of July 2025.

B. OPERATIONAL STRATEGY

Update on the strategy

No changes were made to the <u>Operational Strategy</u> at the time of reporting. However, with the ongoing setup of an assessment cell as part of the IFRC rapid response system, the operation anticipates changes to the current Operational Strategy.

C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION



Health & Care

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

Female > 18: 0

Female < 18: 0

Male > 18: 0

Male < 18: 0

	hı	00	-10	$\boldsymbol{\alpha}$
·	vi	ec	LIV	c.

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

Key
indicators:

Indicator	Actual	Target
# of volunteers trained and deployed for nutrition screening and referrals	0	400
# of community health workers trained in IYCF/OTP	0	180
# of volunteers trained and deployed in CMAM, IYCF, CBS, and WASH	0	4,500
# of children screened for acute malnutrition	0	180,000
% of children screened and detected with SAM, referred for treatment	0	80
% of children screened and detected with MAM supported by the	0	80
NRCS with supplementary feeding	0	170,000
# of households reached with health and nutrition messages	0	800,000
# of persons reached with messages on health and nutrition	0	180
# of Mothers and Papas clubs formed	0	80
% of Mothers and Papas club participants who demonstrate improved knowledge of key barriers and ways to overcome them	0	50,000
# of pregnant and lactating women supported with micronutrient supplementation	0	TBD
# of persons reached with OTP services	0	20,000
# of households supported to develop nutritious home gardens	0	400

NRCS HQ organized an initial briefing on the overall operation and OS to all nine state branches involved. The branches have been activated to connect and collect information from state authorities and partners to supplement the secondary data being collected as part of the ongoing assessment.

ᢀ	
25	
6	
٥	

Water, Sanitation and Hygiene

Female > 18: 0	Female < 18: 0
Male > 18: 0	Male < 18: 0

Objective:

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

Key indicators:

Indicator	Actual	Target
# of households reached with hygiene promotion messaging including hand hygiene demonstrations	0	170,000
# of pregnant women reached with hygiene kits	0	50,000
# of vulnerable households provided with hygiene kits	0	
# of households reached with water storage containers (jerry cans)	0	20,000
# of households reached with multipurpose soap	0	20,000
# of households reached with aqua tabs for water purification	0	20,000
# of water supply units recovered	0	50

Activities are yet to commence.



Protection, Gender and Inclusion

Female > 18: 0	Female < 18: 0
Male > 18: 0	Male < 18: 0

Objective:

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

Key indicators:

Indicator	Actual	Target
# of PGI assessments conducted and reported	0	1
# of gender analyses conducted	0	1

# of volunteers trained on PSEA/SGBV	0	4,563
# of unaccompanied minors registered and supported through children's safe spaces	0	TBD
% of people suffering from protection issues identified and referred to specialized services	0	100

Activities are yet to commence.

Enabling approaches



Objective:	Communities in high-risk areas are prepared for and able to respond to disaster		
Key	Indicator	Actual	Target
indicators:	# of surge personnel deployed	7	10

The operation will onboard up to 10 surge personnel, with seven already deployed to Abuja and working closely with both IFRC CCST and NRCS teams. The seven profiles in-country include:

- 1. Head of Operations
- 2. Deputy Head of Operations
- 3. Nutrition Expert
- 4. Primary Data Collection Officer
- 5. PMER Coordinator
- 6. Mapping and data visualization officer
- 7. Supply chain coordinator

Pending deployments are for the health coordinator, communications coordinator and humanitarian information analyst.

The deployments are from IFRC, British Red Cross, Canadian Red Cross, Kenyan Red Cross, Malawi Red Cross and Norwegian Red Cross.

In this reporting period, the IFRC surge team supported the NRCS PMER team in developing an analytical approach and a data collection plan. The revised tools were shared with the NRCS programs and technical teams (nutrition, health, WASH, PGI and CEA) for further review before adoption.

The mapping and data visualization team supported in:

- 1. Developing a visual map of the surge area of focus
- 2. Research on malnutrition secondary information
- 3. Linkage introduction with the NRCS: senior management team, PMER, and IM/IT teams
- 4. Review of NRCS Assessment Tools Questionnaires for qualitative and quantitative data collection

5. Research and support on secondary data reviews - secondary data is being used to select targeted local government areas for primary data collection.



Community Engagement and Accountability

Objective:	Communities in high-risk areas are prepared for and able to respond to disaster		
Key indicators:	Indicator	Actual	Target
	# of staff and volunteers working on the operation who have been trained in community engagement and accountability	0	4,563
	% of queries/feedback received through established feedback mechanisms that were responded to (feedback loop closed)	0	80
	% of sampled community members who say they are satisfied with the support received from RCRC	0	80
	# of Nutrition Ambassador sessions conducted with communities	0	200

Activities are yet to commence.



Coordination and Partnerships

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

Engagements between IFRC, NRCS, PNS and ICRC are ongoing, and NRCS maintains and chairs technical working groups (TWGs) with Movement partners present in-country.

Supply Chain Coordination Support:

IFRC is in the process of engaging with relevant actors to construct a well-informed picture of the current operational environment, including reviewing procurement procedures as well as update the mapping of warehouses and local producers of relief items to inform strategic planning.

External coordination:

In addition to engagement with the Nutrition Sector cluster, information sharing and coordination with local and national authorities, non-governmental organizations, and international organizations are in progress, to optimize the reach of the operation while minimizing duplication of efforts.

FUNDING

Donor	Area of Intervention	Pledge (CHF)	Remarks
Japanese Red Cross	Unearmarked	28,000	N/A
Canadian Red Cross	Unearmarked	71,736	N/A
ECHO		470,800	DREF Replenishment reallocated to the Emergency Appeal

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; email: ikwo.imoke@redcrossnigeria.org, phone: +234 802 751 1012

At the IFRC:

 Head of IFRC Abuja Country Cluster Delegation a.i.: Francis Salako; email: francis.salako@ifrc.org, phone: +237 694274265

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: +254 797 334 327
- Lead, Preparedness & Response; Health and Disaster, Climate, and Crisis Unit: Rui Oliveira; email: rui.oliveira@ifrc.org, phone: +254 780 422 276
- IFRC Geneva: Santiago Luengo, Senior Officer Operations Coordination; email: santiago.luengo@ifrc.org, phone: +41 79 124 40 52

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: +254 113 834 921

For Performance and Accountability support:

 Regional Head, PMER and Quality Assurance: Beatrice Okeyo; email: <u>beatrice.okeyo@ifrc.org</u>, phone: +254 732 404022

Reference documents

N

Click here for:

- Previous Appeals
- Operational Strategy

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.