OPERATION UPDATE

Nigeria| Acute malnutrition

Emergency appeal №: MDRNG042 **Emergency appeal launched:** 26 May 2025 **Operational Strategy published:**	**Glide №:** **FA-2025-000077-NGA**
Operation update #3 **Date of issue:** 24/09/2025	**Timeframe covered by this update:** From **25/06/2025** to **31/08/2025**
Operation timeframe: 12 months (26/05/20235 – 25/05/2026)	**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 **35%** funded. Further funding contributions are needed to enable the Nigerian Red Cross Society, with the support of the IFRC, to continue with the response efforts by providing humanitarian assistance and protecting the people affected by the malnutrition.*

Nigeria, Sokoto, Agwan Talakawa area, 14 July 2025.
Belau Abubakar, 45, with her child Bello, 3, during the Mother's Club community gathering in the community.
Photo: Adesegun Adeokun

A. SITUATION ANALYSIS

Description of the crisis

In April 2025, the Nigerian government declared a national emergency on food security, signaling alarm over the country's rapidly deteriorating nutrition situation.

The current crisis represents a dangerous convergence of multiple systemic shocks. Years of prolonged conflict, including the ongoing insurgency in the northeast and escalating banditry in the northwest, have displaced over 3 million Nigerians, destroyed agricultural livelihoods, and severely restricted humanitarian access. These security challenges intersect with increasingly severe climate shocks - the devastating 2024 floods that submerged entire communities have given way to prolonged droughts, creating a vicious cycle of crop failures and livestock losses. The economic fallout from the 2024 fuel subsidy removal has further compounded the crisis, triggering a 60% surge in food prices while simultaneous 20% cuts to state health budgets have crippled already overstretched health systems.

What makes this emergency particularly dire is the breakdown of critical systems meant to protect vulnerable populations. As of late 2024, only 20% of Nigeria's 34,000 primary healthcare centers are fully functioning. Because of this, access to acute malnutrition treatment remains a major challenge, with less than 20% of Severe Acute Malnutrition (SAM) cases being treated in health facilities. Health services are overwhelmed, and the number of functional Outpatient Therapeutic Programmes (OTPs) is limited due to resource shortages. The data paints an alarming picture: over 1 million children are at risk of severe acute malnutrition with stunting rates exceeding 60% in the worst-affected regions.

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 organizations 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. 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 malnutrition 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 general Health and Care programmes at community level.

The NRCS implemented a SAM Disaster Response Emergency Fund (DREF) operation in Borno, Adamawa and Yobe States (BAY States) through trained volunteers and scaled-up malnutrition screening and referral activities, promoted nutrition education, including promotion of good Infant and Young Child Feeding (IYCF) practices. 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. Furthermore, NRCS with support from IFRC and Czech Aid funding, has implemented a project in Zamfara state, aiming to strengthen food security and resilience through nutrition, livelihoods and climate change adaptation interventions.

Finally, NRCS with support from the Norwegian Red Cross is implementing a nutrition and Community health project in Benue state. This Emergency Appeal is leveraging the capacity, experience and volunteer presence in the 5/8 of the targeted states (Borno, Adamawa, Yobe, Benue and Zamfara).

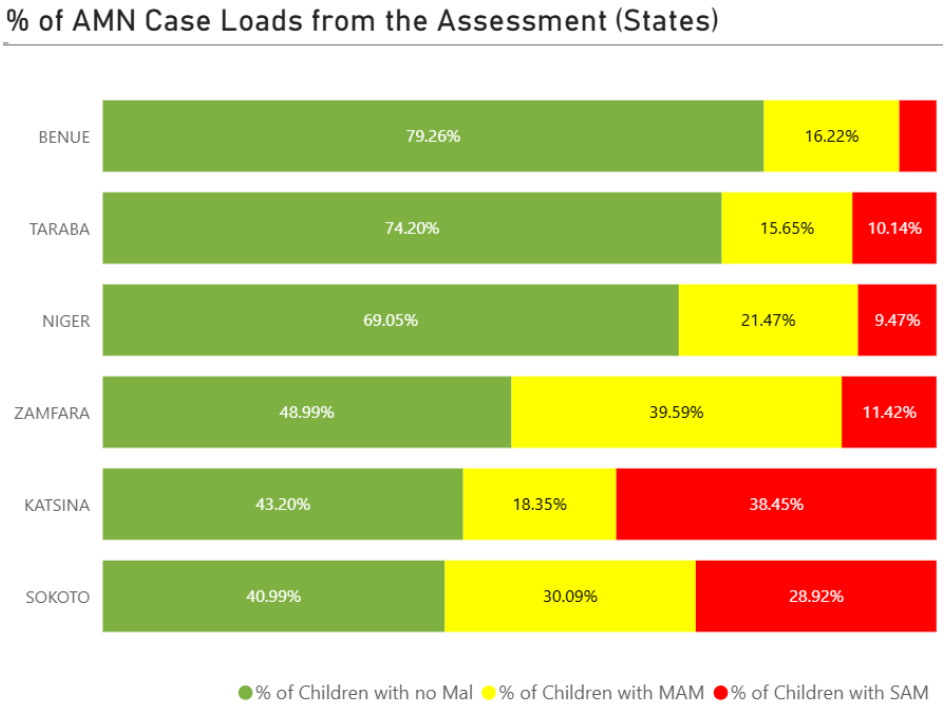
Mothers club meeting in Gaidam LGA-Yobe State & Papas club session in Red Chamba Ajali Community, Kaga LGA –Borno State

NEEDS ANALYSIS

Needs Assessment

The needs analysis presented in the Operational Strategy, has been triangulated with a secondary data analysis and a needs assessment undertaken by NRCS with support from the surge team in July 2025 in Niger, Taraba, Benue, Zamfara, Katsina and Sokoto. The primary data collection for the needs assessment consisted of mass Mid-Upper Arm Circumference (MUAC) screenings, Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), Household Surveys and Health Clinic Assessments. The data collection tools were reviewed by the NRCS technical leads and the surge team. The assessment was guided by evidence-based prioritization and targeting of available resources for context-specific planning and response strategies.

Health/Nutrition:
The data from the needs assessment showed the nutrition status of children under five screened for malnutrition, indicating an alarmingly high number of SAM and MAM cases with precedence up to 50% in some states, as seen below. The assessment triangulates and provides a more detailed breakdown of needs and distribution of cases across the selected states and LGA's, which informed further operational planning.



The current crisis demands an immediate scale-up of Community-Based Management of Acute Malnutrition (CMAM) programs, with priority given to supporting active OTPs with Ready to Use Therapeutic Food (RUTF) and strengthening Maternal, Infant and Young Child Nutrition (MIYCN) support to prevent further deterioration of children's nutritional status.

The primary data collection showed that financial access and distance to services are among the top barriers to healthcare across all assessed states. Furthermore, security barriers were identified as significant in Zamfara and Benue state. The situation is further exacerbated by a freeze in donor funding, which has forced reductions in critical nutrition services just when they're needed most. Compounding these challenges is the ongoing lean season, which coincides with failed winter cropping in several states due to climate shocks.

Delivering aid to these affected populations presents its own complex challenges. Rampant banditry, inter-communal conflicts, and farmer-herder violence across multiple states have severely disrupted traditional supply chains. This necessitates careful, context-specific planning for aid delivery.

Water, sanitation and hygiene promotion (WASH):
The intersection of malnutrition and waterborne diseases presents a deadly threat that demands immediate WASH interventions. There is a bidirectional relationship between Acute Watery Diarrhea (AWD) and malnutrition, as malnutrition heightens risk and severity of AWD, while AWD can worsen malnutrition.

Priority must be given to areas showing high incidences of water-related illnesses, where the vicious cycle of infection and malnutrition is most pronounced. Notably, the primary data collection found that only 12,15% of assessed households carried out any form of treatment of drinking water. Emergency WASH kits containing soap, and water purification supplies are needed, complemented by robust hygiene promotion campaigns to break disease transmission pathways.

Without these interventions, the nutritional gains from feeding programs will be undermined by preventable WASH related illnesses. Children recovering from malnutrition are particularly vulnerable to waterborne diseases, making integrated WASH-nutrition programming not just beneficial but essential for saving lives. The window for prevention is closing fast as the rainy season progresses, and disease risks escalate.

OPERATIONAL RISK ASSESSMENT

The operational risks remain as outlines in the Operational Strategy. A security assessment was conducted in July 2025 in six of the targeted nine states, resulting in a stronger mapping of security in the targeted states, as well as the development of standard operating procedures that include contingency plans for medical and security incidents for staff deployed to the locations.

B. OPERATIONAL STRATEGY

UPDATE ON THE STRATEGY

Location targeting, scale and activities

The comprehensive needs assessment, alongside coordination with various external humanitarian agencies on their programming and humanitarian response gaps have informed some changes to the operational planning.

Drawing on an assessment of needs, ongoing humanitarian interventions, and available funding, NRCS has prioritized the following 8 states: Borno, Adamawa, Yobe, Niger, Benue, Sokoto, Katsina and Zamfara. This is based on the highest needs identified and the priority to sustain activities beyond the Emergency Appeal implementation timeframe. In Taraba, which has not been prioritised in current planning, several humanitarian agencies including UNICEF, WHO, Hellen Keller International and others are carrying out a broad range of intervention including child immunization/supplements, Antenatal Care (ANC), Key Household Practices (KHHP), community screening & referral, integrated management of acute malnutrition. On the other hand, stakeholder mapping of Benue state showed very limited humanitarian response, where NRCS can support in filling a large gap in the response.
Some targets and indicators have been amended accordingly, in line with the reviewed plan and targeting.

A decision has been made not to directly establish or run OTPs but to focus resources on procuring RUTF for distribution to existing OTPs managed by government and other agencies, including training of healthcare workers and some specialized volunteers to strengthen service delivery in those centres. This decision was guided by two key considerations. First, the timeline of the operation and scale of available funding does not allow for the sustainable establishment and operation of new OTP sites, which require long-term investment in staffing, infrastructure, and supply chains. Secondly, sustainability and impact are best achieved by reinforcing and complementing the efforts of existing OTPs rather than duplicating services. By ensuring consistent availability of RUTF and building local human resource capacity, the programme will still contribute to ensuring access to life-saving SAM treatment while maximizing the use of limited funds and supporting a more resilient and coordinated nutrition response across stakeholders in the target areas. Indicators within the emergency appeal related to the running/oversight of OTPs have been updated to reflect the situation.

The needs assessment and engagement with external partners further provided a detailed overview of needs at the LGA level, as well as prevalence and functionality of OTPs in the targeted LGAs. This has informed the decision on scope, scale and priority of interventions at the state and LGA levels. As some gaps in access to nearby OTPs were identified, NRCS will also provide funding for transportation for complicated SAM cases that need referral to care.

Shared leadership approach

IFRC, in support of Nigerian Red Cross Society (NRCS), will channel a proportion of funding available from the IFRC Nigeria Malnutrition Emergency Appeal to Norwegian Red Cross (NorCross) to support implementation of activities planned for Benue and Zamfara states. This approach builds on the existing partnership between NRCS and NorCross

through its current engagement and support to and with NRCS on health interventions in Benue, and strategic interest to scale up longer term interventions in Zamfara. This will support the longer-term sustainability of interventions beyond the implementation timeframe of the Emergency Appeal. It also leverages the capacities, presence and interest of NorCross in the country and in the health sector in general, and underlines IFRC's commitment to the Agenda for Renewal, putting into practice the commitment to ensure appropriate support to the best placed actor for a specific action on the ground. The operational planning and strategy are well aligned with the larger framework of the Emergency Appeal.

Assessment cell

In addition to the internal coordination between information management, PMER and health, the cell also worked externally with other Movement partners, relevant clusters and other organizations to collect and analyze data already available to challenge assumptions and build an evidence base, while identifying gaps to inform primary data collection and an analysis plan.

In this reporting timeframe, maps covering needs, reach and security were created, a story map showcasing the malnutrition situation, a dashboard supporting analysis of the primary data collection, as well as a situational analysis snapshot in coordination with and for external communications.

Integrated with the deployment of this cell is the planned capacity strengthening actions in agreement with NRCS, supporting the National Society in digital primary data collection tools – KOBO and data visualization tools – Microsoft PowerBI for the response.

Communications

Scale-up of communications has been a key activity in the Emergency Appeal. Powerful storytelling and media production are essential for drawing urgent attention to the scale and human impact of the crisis. Through photography, video, and interviews, communications can vividly document the situation on the ground, amplify the voices of affected communities, and showcase the life-saving work being carried out by responders.

Nine interviews with 'beneficiaries' and NRCS volunteers were conducted in Sokoto and Zamfara and used to develop three story packages on: a) Mothers' Clubs, b) Papas' Clubs and c) primary healthcare. Each story package has an accompanying photograph. Two social media videos have been developed on Tom Brown and Mothers' Clubs, to demonstrate the impact of NRCS' ongoing work. Materials gathered in Sokoto and Zamfara have also been integrated into a 'Story Map' 'A child belongs to the community'. Photography has been uploaded to ShaRED, where it can be accessed by National Societies across The Movement.

A press release was published on 20 August, highlighting the dire SAM and MAM numbers in the targeted states.

Nigeria, Zamfara, Wanke ward

Nasiru Muhammed, a farmer and father of seven, with his youngest daughter, who was malnourished but has started responding to treatment, at home. Nasiru says, "My daughter started recovering from malnutrition when my family and I started feeding her nutritious meals such as Tom Brown and other healthy foods. "Nasiru has learnt the importance of feeding his family with nutritional meal from the Papa's Club and has also prioritize taking his health seriously with that of his family.

Photo: Adesegun Adeokun

Nigeria, Zamfara, Maradun South, Kura-tara.

Aminatu Usman, 20, making Tom Brown for her daughter at home. Aminatu, a member of the Mother's Club, said she was taught how to make nutritious meals, which have helped her daughter regain her health after suffering from malnutrition. Tom Brown is a locally produced flour mix of grains, soy, and peanuts inspired by a traditional Nigerian recipe. The Tom Brown produced at Mother's clubs is used to treat children with MAM through supplementary feeding programmes delivered at Red Cross centres.

Photo: Adesegun Adeokun

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
Objective:	*Strengthening holistic individual and community health of the population impacted through community level interventions and health system strengthening*		
Key indicators:	**Indicator**	**Actual**	**Target**
	# of volunteers trained and deployed for nutrition screening and referrals	670	400
	# of community health workers trained in IYCF/OTP	0	180
	# of volunteers trained and deployed in CMAM, IYCF, CBS, and WASH	670	4,500
	# of children screened for acute malnutrition	21,495	180,000
	% of children screened and detected with SAM, referred for treatment	55,4	80
	% of children screened and detected with MAM supported by the NRCS with supplementary feeding	51.6	80
	# of households reached with health and nutrition messages	6,908	170,000
	# of persons reached with messages on health and nutrition	34,542	800,000
	# of Mothers and Papas clubs formed	64	70
	% of Mothers and Papas club participants demonstrate improved knowledge of key barriers and ways to overcome them	0	0
	# of pregnant and lactating women supported with micronutrient supplementation	0	Pending funding
	# of persons reached with OTP services	0	0
	# of Mothers clubs and Papas clubs supported to develop nutritious home gardens or poultry farm	0	70

Two inception meetings for the 9 priority States were held in Kano and Bauchi, with participation from NRCS and representatives of all 9 state health departments. This enabled the branches and state health authorities to stay informed, discuss the needs in their respective states, identify opportunities for inter-agency coordination, and

develop state-level implementation plans based on available funding and the prioritization of assessments scheduled for the last week of July.

During the reporting period, 670 volunteers from Borno, Adamawa, Yobe, Sokoto, Katsina, Zamfara, and Niger States were trained and deployed for the operation, while 30 volunteers from Benue State are scheduled to receive training in the coming weeks. The training covered Maternal, Infant and Young Child Nutrition (MIYCN), MUAC screening, referral of children with SAM to OTPs, hygiene promotion, facilitation of Mamas and Papas Clubs, and the use of Kobo for data collection and management.

The 670 trained volunteers conducted door-to-door visits in the targeted communities to provide MIYCN education, hygiene promotion, and WASH messages to parents and caregivers. They also screened children aged 5–59 months using MUAC tapes and referred acutely malnourished cases and pregnant women to Mothers' Clubs, OTPs, and Primary Healthcare Centers (PHCs) for appropriate care and support. These activities were carried out twice a week. Referral forms were used for SAM cases, while MAM cases were documented in a dedicated register.

A total of 21,495 children were screened across the three states, 6 Mamas and Papas Clubs were established, meeting weekly and facilitated by trained volunteers who also served as community focal points. The key activities conducted in the Mamas and Papas club include MIYCN group counseling, hygiene promotion, Tom Brown supplementary food production, healthy cooking demonstrations, backyard gardening/poultry, and skills acquisition training.

These interventions are expected to strengthen community ownership and participation, promoting sustainability beyond the intervention. Families were encouraged to take responsibility for their nutrition and overall well-being. Children aged 5–59 months identified with MAM were referred to Mothers' Clubs for documentation, monitoring, and follow-up during Tom Brown feeding sessions.

Community model gardens and poultry units served as demonstration sites for men and women to replicate at the household level. Proceeds from these initiatives were used to support parents of MAM and SAM children who could not otherwise afford protein and basic vegetables for their families.

Six trained NRCS National Disaster Response Team (NDRT) members are supporting the implementation of the Emergency Appeal, including step-down training of volunteers across the 8 targeted branches. The Federal and State Ministries of Health (MoH), Primary Health Care Development Agency, and the NRCS will continue conducting supportive supervision to the volunteer teams. This collaborative effort enhances the quality implementation of the Appeal and strengthens coordination with relevant agencies. Activities in the remaining states are starting in September.

The indicator on tracking increased knowledge through Mamas and Papas Clubs has been removed, as the club modality is based on drop-in sessions, with participants varying from week to week. Instead, impact on community and participant knowledge is being captured through CEA indicators in community feedback sessions.

	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	34 542	170,000
	# of pregnant women reached with hygiene kits	0	50,000
	# of vulnerable households provided with hygiene kits	0	10,000
	# 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	Pending funding

Procurement processes, including the tender for aqua tabs, 2,000 hygiene kits, and 2,000 menstrual hygiene kits, are ongoing. Multipurpose soap procurement is also in progress.
Community volunteers have been trained in handwashing practices and are cascading these into communities through ongoing health and hygiene promotion activities.
Additional funding is required to support water unit supply recovery and the procurement of jerrycans, as these activities remain critical.

	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	1	1
	# of gender analyses conducted	0	1
	# of volunteers trained on PSEA/SGBV	670	700

	# 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	TBD

The needs assessment conducted in July 2025 integrated Protection Gender and Inclusion (PGI) needs, concerns, and priorities into the questionnaire, allowing for gender analysis. The results highlight key protection concerns and barriers reported by respondents. The top three barriers across all states are financial access, distance to health facilities, and attitudes towards health facilities. In Zamfara and Benue, safety also emerged as a significant barrier. Cultural beliefs, including gender concerns, ranked relatively low across most states, while language barriers were not identified as a major issue.
These findings have been incorporated into planning. For example, financial barriers and distance to health facilities are being addressed by availing funding for transportation to the closest functional OTPs/PHCs. Attitude towards health facilities is being tackled through community sensitization activities, including Mamas and Papas Clubs, door-to-door visits, and other engagement platforms. Security considerations are also factored into planning, including duty of care for volunteers and SAF training.
Protection from Sexual Exploitation and Abuse (PSEA) and Sexual and Gender-Based Violence (SGBV) modules were integrated into the training carried out in 7 states for 670 volunteers, with training in Benue still pending.

Enabling approaches

Secretariat Services

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

All ten profiles identified were deployed, and the first rotations for the following have come to an end in this reporting period:

1. Head of Operations
2. Deputy Head of Operations
3. PMER Coordinator
4. Humanitarian Information Analyst
5. Health Coordinator
6. Communications Coordinator

Furthermore, the Mapping & Data Visualization Officer and Supply Chain Coordinator are still deployed, alongside a second rotation for an Operations manager and Health Coordinator.
To date, the deployments are supported by IFRC, British Red Cross, Canadian Red Cross, Kenyan Red Cross, Malawi Red Cross, Danish Red Cross and Norwegian Red Cross.

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	754	754
	% 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 through PDMs	0	80
	# of Nutrition Ambassador sessions conducted with communities	0	200

The NRCS is engaging with key community leaders and stake holders through community meetings (compound meetings, FGDs, and targeted advocacies), to build trust, enhance community acceptance, participation, and ownership for sustainability. 64 community entry meetings have been conducted in the BAY States where the house-to-house/mothers and papas club activities are currently ongoing. The volunteers are distributing Posters in both English and local language to the households as well as posting them in strategic public places for public digest. Community feedback is also being gathered by the volunteers through using the pre-designed feedback form in the Kobo app which is transmitted to the server for analysis by the national CEA focal point. Toll-free lines are also disseminated to the households and mothers club members to send private and/or sensitive feedback to inform programme messaging and communication to and with communities.

Coordination and Partnerships

Objective:	*Communities in high-risk areas are prepared for and able to respond to disaster*		
Key indicators:	**Indicator**	**Actual**	**Target**
	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

The NRCS is a member and participates in the national Health Cluster and Nutrition Sector coordination meetings to engage and collaborate with other nutrition actors in country for synchronization with the government plan and guidelines for nutrition response. An inception meeting was held with government key officials drawn from all the nine States initially proposed for the operation including Taraba. The meeting was to formally present the

operational plan to the government and other key actors, discuss and explore possible collaboration and harness available resources to minimize duplication of efforts and or role conflicts, thereby enhancing efficient and effective delivery of nutrition intervention in the targeted States.

Engagements between IFRC, NRCS, partner national societies including British Red Cross, Norwegian Red Cross, Hong Kong branch of the Red Cross Society of China and ICRC are ongoing.
In addition, IFRC in support of NRCS is engaged with external partners to ensure coordination in the field where relevant and possible. NRCS itself continues to lead in engagement with local and national authorities.

Supply Chain Coordination Support:
IFRC continues engagement with actors within the Logistics Cluster, including utilizing Cluster provided temperature-controlled warehouse facilities. Market analysis completed and active supplier engagement ongoing for supply of RUTFs. Initial deliveries of RUTF and NFIs are expected to commence this month. Kano Branch warehouse will house RUTF and is undertaking small enhancements for increased NRCS supply chain capacity.

External coordination:
In addition to engagement with the Nutrition Sector cluster, information sharing and coordination with a wide range of local and national authorities, non-governmental organizations and international organizations has been initiated and continues, to optimize the reach of the operation while minimizing duplication efforts.

FUNDING

Donor	Area of Intervention	Pledge (CHF)
Japanese Red Cross	Unearmarked	28,632
Canadian Red Cross	Unearmarked	71,736
ECHO	DREF Replenishment reallocated to the Emergency Appeal	477,039
Red Cross of Monaco	Unearmarked	9,353
British Red Cross	Earmarked for Mobilization Table	214,671
Hong Kong Red Cross	In-Kind Donation for Procurement of RUTF	76,506
DREF Loan	DREF Loan (not accounted as contribution)	1,000,000
Total funding available		**1,877,938**

We extend our sincere thanks to all donors whose generous contributions to the Emergency Appeal have made the life-saving response possible.

To date, this Emergency Appeal, which seeks CHF 2,500,000, is 35% funded, excluding the loan from the DREF. Further funding contributions are urgently needed to sustain and scale up assistance to reach all those affected by the malnutrition crisis in Nigeria.

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 - Dr. Ghulam Muhammad Awan – email ghulam.awan@ifrc.org
- Operations Field Coordinator.: 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: beatrice.okeyo@ifrc.org, phone: +254 732 404022

Reference documents

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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.