IFRC

EMERGENCY APPEAL

OPERATIONAL STRATEGY

Nigeria, Africa | Diphtheria Outbreak

Nigeria Red Cross conducting RCCE activities on diphtheria in Kano State, Nigeria, the epicentre of the outbreak

Appeal №: **MDRNG037**	To be assisted: **5,4 million people**	Appeal launched: **09/10/2023**
Glide №: EP-2023-000034-NGA	**DREF allocated: CHF1 million**	**Disaster categorization: Orange**
Operation start date: **11/10/2023**	Operation end date: **30/06/2024**	

IFRC Secretariat funding requirement: CHF 5.4 million
Federation-wide funding requirement: CHF 6 million

A beneficiary receiving the vaccine in Osun state. Photo: NRCS/Osun Branch.

Timeline

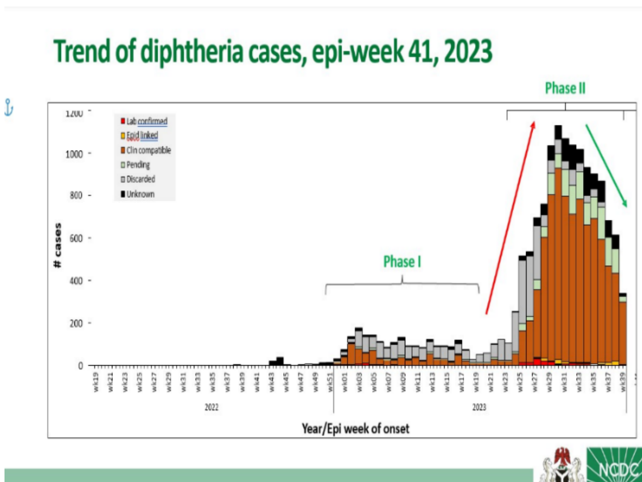
March 2023: IFRC allocates Disaster Response Emergency Funds (DREF) for 355,654 CHF to take early action to contain the outbreak.

July 2023: IFRC approves a second DREF allocation for 75,000 CHF to scale up the response and expand activities to two more states with newly reported cases and a high case fatality rate. Final DREF allocation approved is now 430,654 CHF.

September 2023: The Coordinating Minister of Health and Social Welfare visits Kano state, the epicenter of the outbreak, launching an emergency task force. Government then holds a multilateral partners' coordination meeting with all stakeholders including IFRC and Nigerian Red Cross Society (NRCS).

11 October 2023: IFRC issues a Federation-wide Emergency Appeal for 6 million CHF to reach 5.4 million people.

DESCRIPTION OF THE EVENT



Diphtheria cases from epi-week 19, 2022 to epi-week 41, 2023. Source: NCDC.

The diphtheria outbreak in Nigeria continues to be a major concern for vulnerable communities. Diphtheria is a severe bacterial infection that can cause serious respiratory problems, weaknesses and fever. Severe complications can include trouble breathing, airway blockage, myocarditis (damage to the heart muscle), polyneuropathy (nerve damage) and kidney failure. Respiratory diphtheria can lead to death, and without adequate treatment a patient can die from the disease. Diphtheria is preventable with vaccines.

The infection is caused by toxin-producing *Corynebacterium diphtheriae* and rarely by toxin-producing strains of *C. ulcerans* and *C. pseudotuberculosis*. It can be transmitted from person to person and those at greatest risk are children and people who have not received any vaccine, or only a single dose of the vaccine.

Most of the Nigerian population, across all ages, is unvaccinated, and in Yobe state alone over 80 per cent are unvaccinated. Transmission is extremely high among unvaccinated school-age children 15 to 19 in Kano, Katsina and Kaduna states. And this brings high risk of resurgence as soon as schools reopen. Residents of densely populated areas and areas with sanitation challenges are also at high risk. Healthcare professionals, hospital frontline workers and anyone who has encountered suspected or confirmed diphtheria are also at risk, hence the need for a quick response.

The outbreak has also had a significant social impact, including increased hospitalization, misinformation on this and other vaccine-preventable diseases, and increased burden on health centres and hospitals treating the disease. There have also been reports of school closures in certain areas of Bauchi state to slow the spread and these school closures may continue in the coming weeks, particularly as schools prepare for the new term in October.

Upon visiting Kano in September 2023 [1] the epicentre of the outbreak, the Minister of Health and Social Welfare launched an emergency task force. Following this, the Government began a multilateral partners' coordination meeting with all stakeholders including IFRC and NRCS.

This Operational Strategy provides an overview of the situation and the emergency response by NRCS. The new operational scale-up seeks to complement government efforts and intensify actions in 12 target states, Bauchi, Gombe, Kaduna, Kano, Katsina, Lagos, Osun, Yobe, Zamfara, Sokoto, Borno and the Federal Capitol Territory (FCT).

Severity of humanitarian conditions

Reports as of 10 October 2023 indicate that diphtheria is spreading fast in Nigeria and has reached 32 states so far. From the outset in epi-week 19 of 2022, to epi-week 41 of 2023, 15,060 suspected cases were reported in 32 states, out of which 9,486 cases have been confirmed, resulting in 562 deaths. Case fatality rate (CFR) is 5.9 per cent. Kano, Katsina, Yobe, Bauchi and Borno states form the centre of the outbreak, with Kano the epicentre at 7,795 confirmed cases, 338 deaths and a CFR of 5.3 per cent.

And of 9,486 confirmed cases nationwide, only 2,297 (24.2 per cent) were fully vaccinated, 4,898 (51.6 per cent) were unvaccinated and 578 (6 per cent)) were partially vaccinated. This further confirms the gap in vaccination coverage, as it exacerbates the already overwhelming situation. Thus, vaccination rates remain a problem and it will be particularly

[1] www.arise.tv/nigeria-confirms-8406-cases-of-diphtheria-in-19-states/

important for this emergency response to continue to reach the population affected.

Confirmed cases by state and case classification

States	Lab conf.	Epi linked	Clin compat	Total
Kano	77	0	7718	7795
Yobe	22	17	801	840
Bauchi	7	53	291	351
Katsina	30	8	217	255
Borno	29	15	120	164
Jigawa	0	0	24	24
Kaduna	16	0	2	18
Lagos	4	1	3	8
FCT	7	0	0	7
Zamfara	1	5	0	6
Gombe	5	0	0	5
Osun	3	0	0	3
Sokoto	3	0	0	3
Niger	2	0	0	2
Cross river	1	0	0	1
Enugu	1	0	0	1
Imo	0	1	0	1
Kebbi	1	0	0	1
Nasarawa	0	0	1	1
Total	**209**	**100**	**9177**	**9486**

Confirmed cases by state and classification, Epi week 23, 2023 to Epi-week 41, 2023. WHO

To scale up vaccination and increase coverage, the National Primary Health Care Development Agency (NPHCDA) and its partners have targeted Kaduna, Katsina, Bauchi, Kano and Yobe states to implement the second phase of a reactive vaccination campaign in 25 high-burden Local Government Areas (LGAs) within their states. NPHCDA rolled out Phase 1 of the campaign in early September across the five states, training vaccination teams, deploying the vaccines for children 6 weeks to 4 years and Td vaccines for persons under 4, to 14.

Phase two is currently in progress, Kano commencing on 30 September and Bauchi, Jigawa and Katsina scheduled to begin on 7 October. Yobe state is set to start on 12 October and Borno state will follow on 16 October. Vaccines have already been prepositioned across these states as of 16 October.

With low case reporting, poor testing and very low vaccination coverage, including high zero-dose coverage, hard-to-reach communities are the most at risk. Some states also do not report data, and slow data consolidation in other states hampers the response. Transmission in commensurately high in marginalized communities.

It is thus important for NRCS to continue this emergency response as there are evident gaps and an imminent need to scale up awareness, social mobilization and advocacy aimed at addressing vaccine hesitancy, and supporting hard-to-reach communities.

CAPACITIES AND RESPONSE

1. National Society response capacity

1.1 National Society capacity and ongoing response

NRCS has 37 state branches around Nigeria, divided into divisions at the local level and detachments at the community level. Each state branch is managed by a Branch Secretary assisted by programme officers, among them a Health officer, Communications and Planning, Monitoring, Evaluation and Reporting (PMER) officers. There are over 800,000 volunteers nationwide. Most volunteers and staff have received training on Epidemic Control for Volunteers (ECV), and Community-based Health and First Aid (CBHFA), and are equipped to respond to health emergencies at the branch level, coordinating the activities of members of Health Action Teams (HATs). Health Coordinators and their assistants provide support and active management of the core functions of NRCS at the division/local government and detachment levels, where the HATs and 'Mothers Clubs' provide the strength of NRCS through their support in implementing the Health and Care programmes at community level.

As mentioned, NRCS has been implementing the DREF for diphtheria in Kano, Kaduna, Katsina, FCT, Osun and Lagos, reaching 4,966,680 people in 1,368,851 households. And 922,334 partially immunized or non-immunized children have been targeted for routine immunization (RI). The NRCS has supported RI intensification in Kano, Katsina and Osun, providing logistics support to 120 teams deployed by the State Primary Health Care Development Agency (SPHCDA). Just over 760 volunteers have been trained and are currently in the community

conducting Risk Communication and Community Engagement (RCCE) and social mobilization for immunization. Thus far 1,915 suspected cases have also been identified by volunteers and referred to treatment centres through the Disease Surveillance Notification Officers (DSNO).

This Emergency Appeal will scale up vaccination activities to other LGAs in Kano, Katsina, Bauchi, Yobe, Borno and Kaduna states, supporting 2,620 vaccination teams to provide immunization services to hard-to-reach populations. It will also feature community-based surveillance activities with approximately 2,000 Red Cross volunteers trained to (1) conduct active case finding and contact tracing of suspected diphtheria cases and (2) make referrals to surveillance officers for investigation and health treatment centres for further testing and treatment.

1.2 Capacity and response at the national level

The national Emergency Operations Centre (EOC) was activated in January 2023 following the increase in diphtheria, hosted at the Nigeria Centre for Disease Control (NCDC) in collaboration with the federal ministries of Health and Environment and Water Resources, NPHCDA, the World Health Organization (WHO), IFRC, NRCS and other implementing partners. NPHCDA is currently intensifying RI and reactive vaccination campaigns to increase uptake and reduce the number of under-vaccinated or zero-dose individuals such as for Diphtheria Antitoxin (DAT) and Pentavalent.

In September 2023, the Minister of Health and Social Welfare established the Diphtheria Task Force under the leadership of the Executive Secretary of NPHCDA and the Director General of the NCDC as Chair and Co-chair respectively. The task force, which includes government agencies and partners including IFRC and NRCS, is based on the pillars of Coordination, Logistics and Supply Chain Management, Laboratory Services, Epidemiology and Surveillance, Immunization, Case Management, Risk Communication and Research. Below are some updates from relevant pillars.

2. International capacity and response

2.1 Red Cross Red Crescent Movement capacity and response

IFRC membership

The IFRC Secretariat will ensure a coordinated Federation-wide approach for this response and existing membership coordination mechanisms will be used, following the 'New Way of Working'. This is to align the contributions and working methods of IFRC and NRCS partners to enable NRCS to achieve collective impact by enhancing long-term capacity and sustainability while addressing local vulnerabilities. The 'New Way of Working' explores six key elements:

- one joint, shared country context, needs and National Society situational analysis
- one joint set of common, multi-year, high-level objectives
- one joint monitoring and reporting framework, with one data collection mechanism
- one joint, network-wide risk management approach
- one joint, harmonized resource mobilization plan and joint fundraising efforts
- one joint implementation model based on shared leadership and country support mechanisms

The IFRC Secretariat already has an established delegation in Abuja providing support to NRCS on preparedness, response and longer-term programmes. In recent years, IFRC has supported NRCS in rolling out the country-wide response to COVID-19, as well as other epidemics including cholera, measles, Lassa Fever, yellow fever and meningitis. Since 2021, IFRC has also been supporting the scale-up of the response to the food security crisis in Nigeria caused by flooding , focusing on the north-west and north-central regions of the country under the IFRC Africa Regional Hunger Crisis Emergency Appeal. In anticipation of new floods, a DREF was released allowing NRCS to conduct the necessary readiness activities, which were later scaled up into a Flood operation in 2022.

In this diphtheria response, IFRC will continue to provide technical and operational coordination to NRCS through its operations team. As an auxiliary to the public authorities, NRCS is a primary national partner for responding to disasters and epidemics across the country and facilitates disaster preparedness activities for public health emergencies. NRCS will lead the implementation of all activities supported by this Emergency Appeal, which will be implemented with the support and coordination of IFRC and other IFRC members. Activities will follow joint implementation and programming with key IFRC members in the country and outside through remote support when available. The Appeal feeds into the Unified Plan for 2024 and will ensure that activities are reported against Federation-wide objectives, outcomes and indicators.

The British Red Cross (BRC) is in the country and integrated under the IFRC secretariat. It is implementing bilateral programmes on disaster risk reduction with NRCS, providing technical support on Cash and Voucher Assistance (CVA) and Community Engagement and Accountability (CEA). The Italian Red Cross is supporting the Migration response at NRCS headquarters and the Norwegian Red Cross, housed under ICRC, is supporting NRCS headquarters on financial systems strengthening and community-based health programs in the north-east and the American Red Cross is supporting measles immunization campaigns. The membership coordination platform will consistently build on members' capacities and shared leadership under one plan.

ICRC

The ICRC has a country delegation in Abuja with other sub-delegations in Maiduguri and an office in Kano to support areas affected by conflict and other situations of violence. ICRC is currently operational in 16 states through its main programme. It is not currently supporting the response to the diphtheria outbreak. But regular Movement coordination meetings are ongoing as part of the Movement Coordination mechanism, ensuring a coordinated Movement approach to support NRCS in preparedness, readiness and response efforts. And ICRC is supporting NRCS in reinforcing its emergency response through emergency first aid teams (EFAT) and Restoring Family Links (RFL) activities. They have a strong Mental Health and Psychosocial Support (MHPSS) platform in the north-east, which may be utilized in this response, especially in Yobe and Borno. To reaffirm coordination and complementarity of partners' activities in the targeted states, NRCS, together with IFRC, ICRC, Norcross and BRC, is working together under the Movement Health Technical Working Group (TWG) to help in coordinating the efforts of Movement partners toward an effective response.

2.2 International Humanitarian Stakeholder capacity and response

A meeting of multilateral partners is held every week following the activation of the Emergency Task Force, chaired by NPHCDA and NCDC. WHO is currently providing diphtheria antitoxins (DAT) in the country as requested by NCDC and is also providing laboratory testing kits, such as for polymerase chain reaction (PCR), to the NCDC lab. UNICEF is supporting NPHCDA in routine immunization and reactive vaccination campaigns to reduce number of under-vaccinated and zero-dose children, and Médecins sans Frontières (MSF) is managing treatment centres in the affected states, with a strong presence in Kano and Borno.

NCDC is supporting states through the development of key messages on diphtheria, the deployment of rapid response teams, the development and dissemination of National Guidelines for Diphtheria and deployment of PCR kits, to affected states for adequate laboratory testing of samples, case management, contract tracing, RCCE and partnering with stakeholders.

NRCS and IFRC are also currently part of the RCCE, Vaccination, and Surveillance pillars to support the Nigerian Ministry of Health (MOH) in its auxiliary role to the Government with contact tracing activities, active case finding, health promotion and social mobilization of people to increase the uptake of vaccines during the intensification of RI in the affected states by NPHCDA.

3. Gaps in the response

As the coordinating agency for disease outbreaks and emergency response, NCDC has identified the following challenges and gaps in the national response to the outbreak:

- The presence of unvaccinated children in security-compromised and hard-to-reach areas increases the potential for additional diphtheria cases and NRCS will provide logistics support to vaccination teams and mobilizers in these areas. The current vaccine supply is inadequate to meet demand, affecting the imminent implementation of Phase 3 of the RI intensification campaign.
- There is a global shortage of DAT and erythromycin for case management of diphtheria.
- There are notable gaps in RCCE to address vaccine hesitancy. Additional volunteers will be trained to intensify this and provide Psychological First Aid (PFA) to address vaccine hesitancy.
- It is difficult to access some hard-to-reach communities due to security concerns and NRCS will leverage its grassroots to deploy community-based volunteers who are already living in these communities and who understand the terrain, language and security guidelines.
- Lack of bed space in diphtheria treatment centres is leading to an increased reliance on home-based care and case management for patients.
- People with potential cases have delayed going to health facilities, resulting in late diagnosis. This is also a result of a gap in active case search and surveillance; 2,000 NRCS volunteers will be trained to conduct active case search and contact tracing to enhance early detection and access to timely clinical care.
- There is a lack of essential lab commodities affecting timely diagnosis and treatment and the lengthy turnaround time from the National Lab is leading to delays in receiving laboratory feedback, further hampering the response.

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. 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 maximize the collective humanitarian impact.

The Federation-wide funding requirement for the Emergency Appeal comprises all support and funding to be channelled to NRCS in response to the emergency event. This includes NRCS'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

The objective is to support the Nigerian Government and Ministry of Health (MOH) by reducing the impact of diphtheria on affected and at-risk communities through risk communication, epidemic control, surveillance, referrals and hygiene promotion, targeting 5.4 million people.

The main action is aimed at reducing the suffering of the affected, their families and communities through eight main strategies:

- RCCE to promote community behaviour change to reduce transmission of the disease
- active case finding for improved surveillance
- door-to-door sensitization and mobilization of eligible persons for vaccination
- intensified RI activities and deploying vaccination teams to reach zero-dose children and missed communities
- conducting road shows/walks and vaccination outreach to zero-dose children and missed communities
- community stakeholder meetings and targeted advocacy including media engagement
- contact tracing in Kano, Borno, Kaduna, Jigawa, Zamfara, Yobe, Bauchi and Katsina states
- Psychological first aid to address vaccine hesitancy and provide care to affected persons

NWoW and Country Plan: The IFRC Secretariat in Abuja will facilitate the engagement of Federation members in this response, according to resources and expertise. This may entail, upon request from NRCS, the deployment of experts from members in the different domains – Health, Operations, RCCE – as well as the support services required for a scale up. Furthermore, the IFRC will support NRCS in developing a transition plan from the current emergency activities to the NRCS Country Plan, sustaining and/or promoting health services that will help reduce health risks linked to the low immunization rates in the country. Hence, a programme that will support the Government of Nigeria in reintroducing and expanding routine immunization will be sought.

Targeting

1. People to be assisted

This response will target people 5.4 million people in Kano, Katsina, Lagos, Osun, Kaduna and FCT initially, and then incorporate Bauchi, Yobe, Jigawa, Yobe, Zamfara, Borno and Sokoto states. Selection criteria were:

- LGAs recording cases of diphtheria and highest caseload as a priority
- communities with a high number of zero-dose children and low immunization coverage
- children and youth 0 to 17
- adults aged 18 and over, especially those who are not vaccinated at all or only partially vaccinated with Td or Pentavalent
- persons with disabilities who may be at risk of not accessing health care and not getting vaccinated

The new geographical targeting follows the evolution of cases and priorities for vaccination. A reactive vaccination campaign is planned for Kano in two phases, and for Katsina, Borno, Bauchi, Yobe and Kaduna (Phase 1); NRCS will deploy volunteers to conduct social mobilization for vaccination and support additional vaccination teams in hard-to-reach, underserved communities, for increased coverage.

Priority will be placed on zero-dose and under-vaccinated children and children aged 0 to 17. Adults aged 18 and over, especially those who have not been vaccinated, will also be targeted. Reducing cross-border transmission between Nigeria and Republic of Niger will also be integrated.

2. Considerations for Protection, Gender, and Inclusion (PGI), and Community Engagement and Accountability (CEA)

CEA approaches will be used throughout the response, including in the selection criteria and targeting, to ensure that the process is participatory, community-centred and representative of needs. The vulnerability and selection criteria will be discussed with a diverse range of community groups to explain the rationale behind the criteria chosen so that there is understanding and acceptance. Additionally, a community-based approach will be taken to help identify and reach zero-dose children and missed communities. Considerations when communicating with communities about the selection criteria will be taken to avoid stigmatization of target groups. Community feedback mechanisms will also be put in place and strengthened to respond to questions and complaints from communities. There will be continuous collaboration with RCCE working groups and coordination platforms with health authorities/agencies and other stakeholders to adequately receive and share vital information with the public during operations.

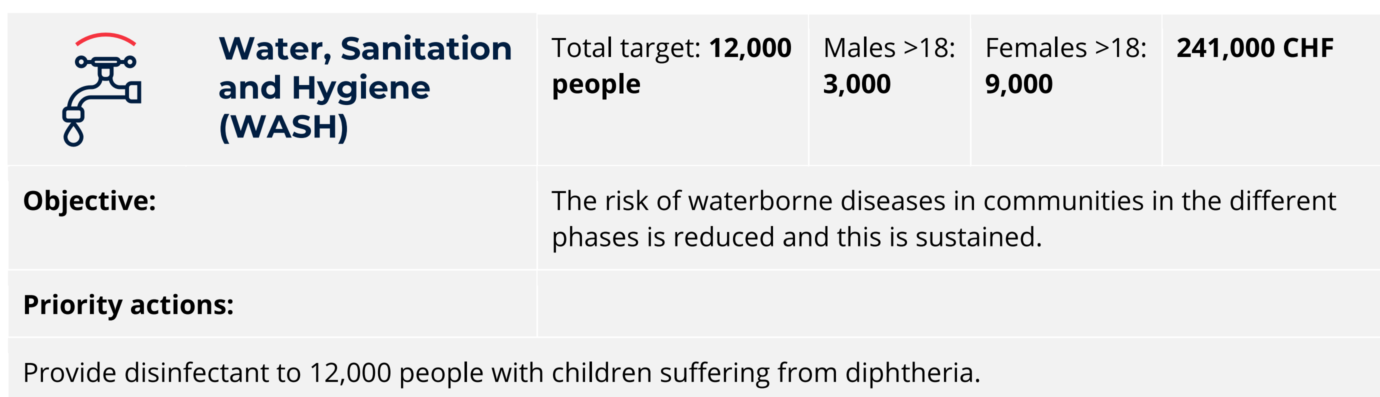
PLANNED OPERATIONS

INTEGRATED ASSISTANCE

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

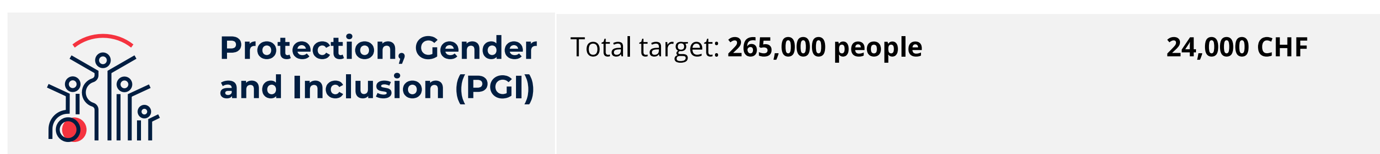
Health & Care *(Surveillance/Vaccination/Community Health)*	Females >18: **949,050**	Females <18: **1,615,950**	**3.56 million CHF**
	Males >18: **1,048,950**	Males <18: **1,786,080**	**Total target: 5.4 million people**
Objective:	The immediate risks to the health of populations affected by the outbreak are reduced.		
Priority actions:			

- Training of 2,700 NRCS volunteers on Epidemic Control for Volunteers (ECV), RCCE and psychological first aid.
- Training of 2,000 NRCS volunteers to support contact tracing and active case finding. Hygiene promotion and health education intervention based on ECV training, focusing on prevention of diphtheria, targeting 5.4 million people with health messages.
- Provision of PFA to affected persons during surveillance and provide PFA at the household level to address vaccine hesitancy.
- Reactivate the network on care for staff and volunteers.
- Map out and establish referral pathways for Mental Health and Psychosocial Support (MHPSS), to respond to cases that NRCS does not have the technical capacity to address.
- Provide logistics support to 2,620 vaccination teams to conduct outreach activities in hard-to-reach areas for vaccine intensification, especially for zero-dose children and at-risk communities.
- Provision of community-based epidemic surveillance in under-reporting communities.
- Work with NCDC and disease surveillance notification officers (DSNO) to investigate suspected cases of diphtheria.
- Conduct RCCE diphtheria awareness and social mobilization for reactive vaccination.
- Conduct mass awareness campaign such as road walks in 13 target states.
- Support NPHCDA to increase uptake of DT and Pentavalent vaccines and RI at fixed and mobile vaccination posts.
- Mapping of LGAs in northern states Zamfara, Kano, Katsina, Borno, Sokoto and Yobe, including border with the Republic of Niger, to reduce cross-border transmission.



Water, Sanitation and Hygiene (WASH)	Total target: **12,000 people**	Males >18: **3,000**	Females >18: **9,000**	**241,000 CHF**
Objective:	The risk of waterborne diseases in communities in the different phases is reduced and this is sustained.			
Priority actions:				
Provide disinfectant to 12,000 people with children suffering from diphtheria.				

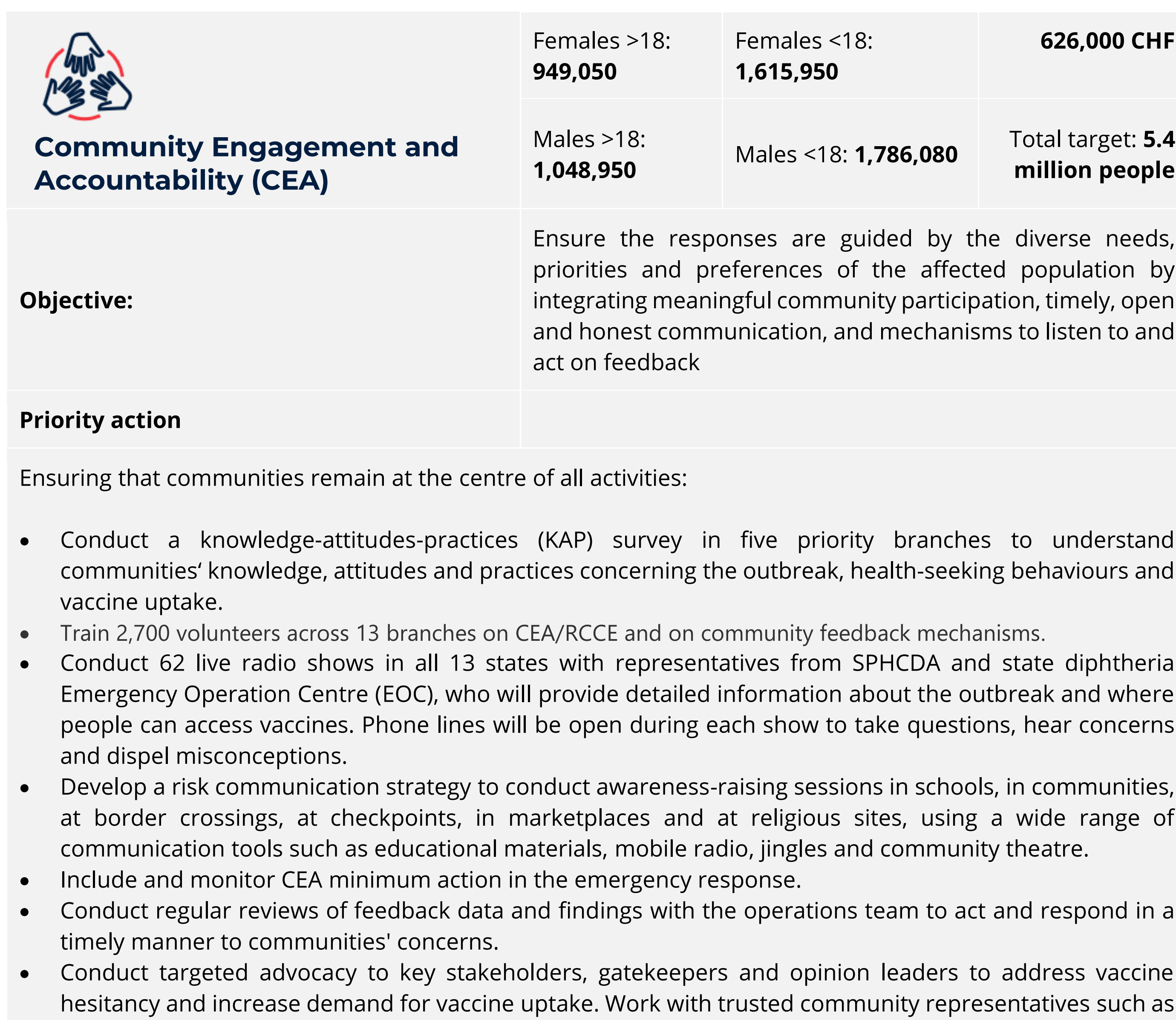
PROTECTION AND PREVENTION



Protection, Gender and Inclusion (PGI)	Total target: **265,000 people**	**24,000 CHF**

	Males: **66,250**	Females: **198,750**
Objective:	To ensure safe and equitable access to health services considering unique needs based on gender and other diversity factors, including people who are marginalized and excluded.	
Priority actions:		

- 55,378 people with disabilities (PWDs) have been reached in the first phase of implementation.
- This Emergency Appeal will continue to target PWDs who may not be able to access services, ensuring that they are supported to access the vaccines with consideration of their needs and dignity.
- NRCS will deploy mobilizers and vaccinators to scattered settlements, Internally Displaced Persons (IDP) camps and security-compromised areas, ensuring that services are delivered to the underserved population.
- PGI and safeguarding will be prioritized in the activities.
- Referral pathways will be established for sensitive cases.
- 2,700 NRCS PGI booklets will be reproduced and shared with volunteers supporting the operation for reference and guidance.
- Volunteers and staff will abide by the PSEA and Safeguarding policies of NRCS and IFRC.



Community Engagement and Accountability (CEA)	Females >18: **949,050**	Females <18: **1,615,950**	**626,000 CHF**
	Males >18: **1,048,950**	Males <18: **1,786,080**	Total target: **5.4 million people**
Objective:	Ensure the responses are guided by the diverse needs, priorities and preferences of the affected population by integrating meaningful community participation, timely, open and honest communication, and mechanisms to listen to and act on feedback		
Priority action			

Ensuring that communities remain at the centre of all activities:

- Conduct a knowledge-attitudes-practices (KAP) survey in five priority branches to understand communities' knowledge, attitudes and practices concerning the outbreak, health-seeking behaviours and vaccine uptake.
- Train 2,700 volunteers across 13 branches on CEA/RCCE and on community feedback mechanisms.
- Conduct 62 live radio shows in all 13 states with representatives from SPHCDA and state diphtheria Emergency Operation Centre (EOC), who will provide detailed information about the outbreak and where people can access vaccines. Phone lines will be open during each show to take questions, hear concerns and dispel misconceptions.
- Develop a risk communication strategy to conduct awareness-raising sessions in schools, in communities, at border crossings, at checkpoints, in marketplaces and at religious sites, using a wide range of communication tools such as educational materials, mobile radio, jingles and community theatre.
- Include and monitor CEA minimum action in the emergency response.
- Conduct regular reviews of feedback data and findings with the operations team to act and respond in a timely manner to communities' concerns.
- Conduct targeted advocacy to key stakeholders, gatekeepers and opinion leaders to address vaccine hesitancy and increase demand for vaccine uptake. Work with trusted community representatives such as

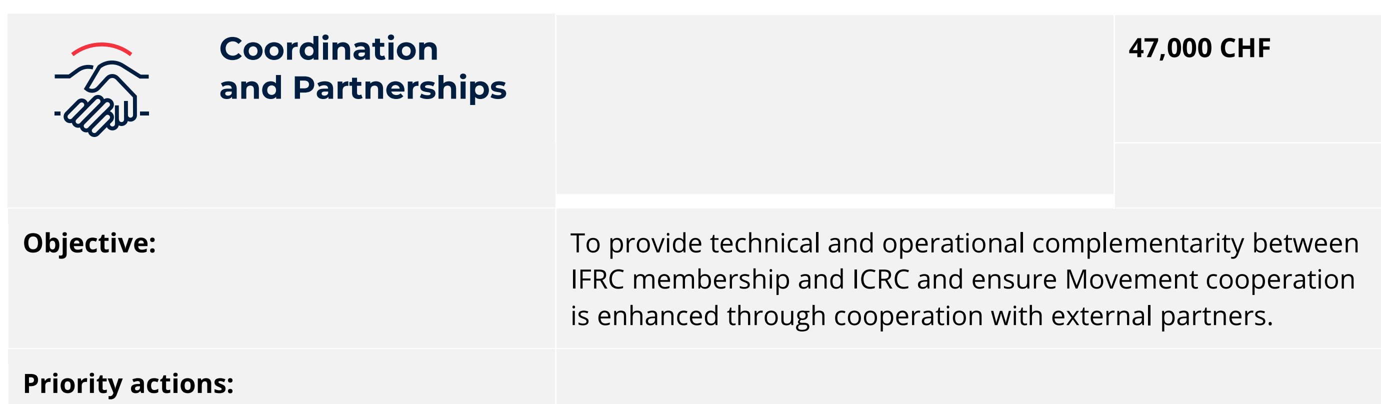
trusted community leaders, respected members of the community, religious leaders and youth and women's groups, as partners in the response, and identify local solutions to target and vaccinate communities that have zero-dose people or have low immunization coverage.

- Establish two-way communication channels based on the preferences of different community groups to share timely, accurate and lifesaving information and to facilitate community dialogue and feedback mechanisms.
- Strengthen the existing feedback system for NRCS to ensure that community beliefs, suggestions, questions and complaints are heard, responded to and used to inform decision-making.
- Include community members in the evaluation process and share the final evaluation with the community.
- Develop and produce a case study on the role of the Red Cross in upscaling routine immunization in hard-to-reach areas.

Enabling approaches

National Society Strengthening			**CHF 584,000**
Objective:	To ensure that NRCS demonstrates the capacity to respond effectively to the epidemic and that their auxiliary role in health system strengthening is well defined and recognized.		
Priority actions:			

- National Disaster Response Teams (NDRTs) will cover both branch and national headquarters and will be deployed to support implementation in the affected states to improve efficiency. The NRCS Health Unit has an NDRT roster of professional volunteers who are trained on ECV and MHPSS, who will be deployed to support different states' response mechanisms. Some NDRTs have been trained in partnership with NCDC and NPHCDA in the first phase and will be redeployed to areas requiring urgent support.
- NDRTs will be supported with relevant Infection Prevention and Control (IPC) and PPE materials and will be insured together with volunteers supporting the operation as part of the duty of care. MHPSS will also be provided for volunteers and for NDRTs.
- NRCS will also be supported to enhance financial management capacity of its branches in target states, strengthen its supply chain management and enhance its PMER/Information Management (IM) capacity at national and branch levels. Surge profiles in PMER and IM will be engaged to strengthen NRCS activities.
- Volunteers (4000 max) engaged in the Appeal will be provided with relevant training in Epidemic Control, PFA, PGI, CEA and WASH in line with the area of responsibilities and or deployment.
- A readiness check will be carried out in the selected branches across selected components of PMER mechanisms to identify gaps and propose remedial actions that can be taken to increase efficiency and improve response delivery.



Coordination and Partnerships		**47,000 CHF**
Objective:	To provide technical and operational complementarity between IFRC membership and ICRC and ensure Movement cooperation is enhanced through cooperation with external partners.	
Priority actions:		

Movement coordination

- The Health & Care TWG comprising all Movement partners in-country will meet monthly to provide updates on the response.
- Nine meetings will be conducted with the support of the Appeal.
- Recommendations will be shared with the Movement Coordination Platform.
- Internal coordination with branches to keep them informed and involved in operations.
- Mapping of partners conducting similar interventions to avoid duplication of effort.

Membership coordination

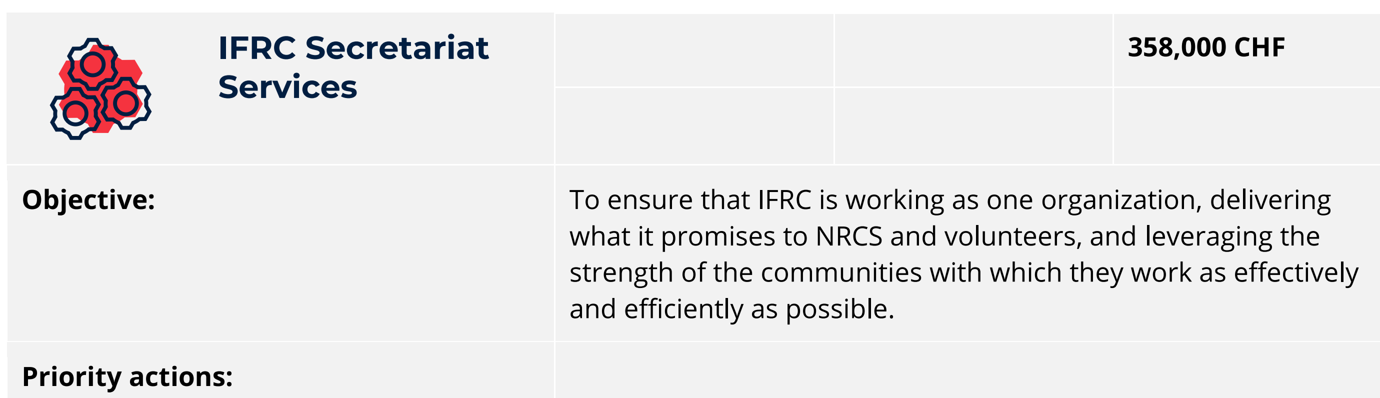
- Maintain a coordination platform between the IFRC, NRCS, BRC, ARC, Norcross, Italian Red Cross and other Partner National Societies (PNSs) that will support the appeal and be in line with the One Country Plan for Nigeria (Unified Plan 2024).
- Through this appeal, IFRC will ensure that members are coordinated to support the aspirations of NRCS. This will be done in line with the NRCS Strategic Development Plan 2021-2025.
- Internal coordination with branches to keep them informed and involved in the operation and mapping of partners conducting similar interventions to avoid duplication of target locations.

Engagement with external partners

- NRCS will regularly participate in the national task force and EOC meetings and will share updates on activities.
- Collaboration and networking with other TWGs involved in the response.
- Maintain a coordination platform between IFRC, NRCS, NCDC, NPHCDA and other stakeholders to discuss activities and outputs.
- NRCS and IFRC will also engage local partners for resource mobilization to support the Appeal.
- IFRC will ensure that NRCS is part of coordination platforms at national and state levels to increase its visibility and fulfil its auxiliary role to the local authorities on humanitarian issues.

Communication

- Conduct audiovisual missions to priority states
- Develop key messages for diphtheria
- Establish a Diphtheria Operations Media Café
- Establish a lessons-learnt documentary



IFRC Secretariat Services			**358,000 CHF**
Objective:	To ensure that IFRC is working as one organization, delivering what it promises to NRCS and volunteers, and leveraging the strength of the communities with which they work as effectively and efficiently as possible.		
Priority actions:			

IFRC will ensure that all members are kept abreast of implementation through operational updates. NRCS will be encouraged to convene relevant membership meetings that will continue to build on the implementation of the One Plan while advocating for joint monitoring and support where feasible. This will provide opportunities for shared leadership in line with the priorities of the Unified Plan and longer-term context.

Human Resources (HR): HR support will be needed to scale up operations while maintaining business continuity across the organization, and NRCS management and technical staff will manage operations. The IFRC Abuja delegation Health team will provide technical oversight and support to NRCS, together with logistics, HR, CEA, finance, PMER, Security and other relevant sectors. The delegation will request on behalf of NRCS surge support for PMER and for IM. The two profiles will support day-to-day operations and at the same time help to build capacity of NRCS through structured training in PMER and IM for identified staff at NRCS Headquarters and branches.

Planning, Monitoring, Evaluation and Reporting (PMER): With support from the IFRC Abuja delegation, NRCS' PMER unit will provide tools to monitor the implementation and progress of this response. This includes guiding the team in conducting a 'perception survey' as well as knowledge management including documentation of best practices and lessons learned. This unit will also be key in developing a Monitoring, Evaluation, Reporting & Learning (MERL) framework and a federation-wide indicator tracking table (ITT), which will be updated monthly. This unit will also develop data collection tools, data analysis and reporting procedures for the assessments with support from the IM unit. There will also be quarterly monitoring visits to track performance and provide timely feedback to the Operations team to guide them in decision-making. A final evaluation will be performed as well, per the IFRC evaluation framework and a PMER surge will support NRCS while a position is recruited at the cluster level and NRCS levels.

Security: IFRC has a security unit based in the Abuja delegation that will provide orientation and briefing for all teams before deployment. Standard security protocols on general norms, cultural sensitivity and code of conduct will be put in place and minimum security requirements will be maintained. Security and contingency plans will be updated too, and all NRCS and IFRC personnel will be required to complete IFRC e-learning, including Level 1: Fundamentals, Level 2: Personal and Volunteer Security, and Level 3: Security for Managers.

IFRC Minimum Security Requirements (MSRs) will apply to all staff. Area-specific security risk assessments will be conducted with risk mitigation measures identified and implemented. The Regional Security Unit (RSU) has also been extending security support to the Abuja delegation and will support it by monitoring the situation. ICRC will provide safety and security advisories and support to the movement partners when needed and has been conducting Safer Access sessions for volunteers and staff.

Logistics and supply chain/procurement: Local procurement will be carried out by IFRC and National Society standard procedures, with support from the IFRC Regional Logistics Unit in Nairobi as required.

Finance and Administration: Support will be provided to ensure all financial justifications are reported on time and by the IFRC Standard Financial Management procedures. This will be ensured through a close working relationship between the IFRC Abuja delegation finance unit and the NRCS finance team. Additionally, the IFRC Abuja delegation finance team will provide technical assistance to NRCS on expense justification, review, and validation of invoices to ensure compliance and timely reporting.

Communications: Support will be provided for both content generation and National Society capacity building in liaison with the Abuja Delegation Communication counterpart. Audio-visual missions will also be carried out to document success stories and lessons learned from the Appeal.

Information Management: The IFRC/NRCS PMER, IM and CEA teams will use digital data collection and analysis platforms. IFRC will further support NRCS and place priority on data collection and analysis as well as on information management, which will inform all programmes. An IM surge will be carried out as well to cover gaps in the cluster and at NRCS.

Risk management

Risk	Action
Safety	To mitigate the risk of infection, volunteers will be advised to strictly adhere to safety practices and take the diphtheria vaccine. NRCS will provide volunteers with face masks and hand sanitizers. Volunteers will also be insured as part of the duty of care.
Vaccine availability	Vaccine coverage depends on availability in health centres after social mobilization. NRCS will work closely with NPHCDA and MOH to ensure accessibility of vaccines and their delivery to hard-to-reach settlements. In July 2023, MOH received approximately 1.5 million doses of Pentavalent from the Indonesian government. As of October 2023, UNICEF has also recently procured approximately 3 million doses of Pentavalent and 3 million doses of DT vaccine, which have arrived in the country and will be distributed to the affected states for the reactive vaccination and intensification of routine immunization starting end of October 2023. GAVI is procuring approximately 11 million doses of Pentavalent, expected to arrive in December 2023.
High transportation cost due to hikes in fuel price	Red Cross volunteers and branch teams are facing challenges with the recent fuel subsidy removal and hike in transportation costs. This operation has considered the current high transport rate and is working with branches to ensure the engagement of community-based volunteers living within their vicinities.
Security	There are also issues with security and escalating violence in some of the target states and throughout the country. As a result, the safety of employees and volunteers has become a major challenge that must be closely monitored. To identify and avoid potential risks, NRCS will rely on the security assessment report and regular security reports and briefings from NRCS/IFRC security teams. Volunteers and staff will also be trained and retrained in the Safer Access framework and security precautions.
Communication outage	To avoid unforeseen contingencies that may arise in the case of a communication outage, alternative sources of communication such as satellite phones will be provided to field staff where necessary.
Floods	There is currently high risk of flooding across Nigeria and NRCS is working closely with Nigeria Environment Management Agency (NEMA), Nigeria Hydrological Service (NIHSA) and Nigeria Met Services (NiMET) to forecast flooding in affected states through the simplified Early Action Protocol framework and the running flood appeal. Most of the states affected by diphtheria are not high-risk states for flooding.

The IFRC Head of Delegation is overall responsible for Risk Management in Nigeria, and will monitor and advise NRCS about the nature of these risks and what mitigation measures should be taken to mitigate. The OPS Manager is however responsible for the day to day implementation of the risk mitigation measures with the NRCS teams. In Nairobi, the Regional Office will support the risk management of this operation, with technical advice and overall support to building the risk matrix.

Sector	Indicators	Target
Health	# of volunteers trained on RCCE, ECV and PFA	2,700
	# of beneficiaries reached through health promotion and social mobilization	5,400,000
	# of vaccination teams supported for vaccine intensification campaigns	2,620
	# of street campaigns (road walks) conducted	50
	# of volunteers trained and engaged in contact training and active case finding	2,000
	% of listed contacts successfully followed up during the previous 24 hours	95%
	# of alerts submitted to MOH through the DSNO	TBD

	% of alerts raised by RCRC verified as confirmed cases by NCDC and MOH	80%
	# of people provided with PFA	
	# of peer support groups established and actively engaged in structured team meetings	13
	# of well-being cards and PFA handbooks produced for volunteers	3,000
	# of MHPSS service centres identified with clear linkages for referrals	13
WASH	# of affected persons reached with disinfectants	12,000
	# of families benefitting from multipurpose soap for personal hygiene	12,000
	# of states that receive IPC support for vaccinators and health workers (facemasks, gloves, gowns, etc)	10
	# of hygiene promotion sessions conducted in communities	4,000
	Disseminate Hygiene promotional messages to community members and at-risk populations	650,000
PGI	#of PWD reached with RCCE and vaccination activities	265,000
	# of PGI booklets reproduced and distributed to volunteers	2,700
	# of state-level PGI/PSEA training sessions for volunteers and staff	13
CEA	# of staff and volunteers working on the operation who have been trained in community engagement and accountability	2,700
	% of queries/feedback received through feedback mechanisms established that were responded to and the feedback loop closed	80%
	% of sampled community members who say they are satisfied with the support received from RCRC	80%
	# of live call-in radio sessions conducted	62
	# of radio and TV slots for jingles	5,000
	# of targeted advocacy spots conducted	37
	# of states that conducted a perception survey	5
	# of paid media adverts engaged	13
Coordination and Partnerships	# of external partnership meetings attended supporting the National Society in the response.	5
	# of regular coordination mechanisms conducted with all Movement partners	9
National Society Strengthening	# of volunteers working on the project with health, accident and death insurance	3,000
	# of NDRTs deployed to support the Emergency Response in the affected states	10
Secretariat Services	# of updated security assessments by state	13

FUNDING REQUIREMENT

Federation-wide funding requirement*

Federation Wide Funding Requirement including the National Society domestic target, IFRC Secretariat and the Partner National Society funding requirement	IFRC Secretarian Funding Requirement in support of the Federation Wide funding ask
6 million CHF	5.44 million CHF

Breakdown of the IFRC secretariat funding requirement

**For more information on Federation-wide funding requirement, refer to section, Federation-wide Approach*

FUNDING REQUIREMENTS

Planned Operations		**4,451,000**
	Health	3,560,000
	Water, Sanitation & Hygiene (WASH)	241,000
	Protection, Gender, and Inclusion (PGI)	24,000
	Community Engagement and Accountability (CEA)	626,000
Enabling Approaches		**989,000**
	Coordination and Partnerships	47,000
	Secretariat Services	358,000
	National Society Strengthening	584,000
	TOTAL FUNDING REQUIREMENT	**5,440,000**

All amounts in Swiss Francs (CHF).

Contact information:

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

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At IFRC Abuja Cluster Delegation

- **Head of IFRC Abuja Country Cluster Delegation,** Bhupinder Tomar, email: bhupinder.tomar@ifrc.org
- **Operations Manager**- Hopewell Munyari, Operations Manager, hopewell.munyari@ifrc.org

At IFRC Disaster, Climate, and Crisis Unit

- **Regional Head of Disaster, Climate, and Crisis Unit**: Matthew Croucher; phone: +254 797 334 327; email: matthew.croucher@ifrc.org

For IFRC Resource Mobilization and Pledges support:

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

Reference

Click here for:

- Previous Appeals and updates