



Healthy cooking demonstration of mothers' club on the Hunger Crisis operation.

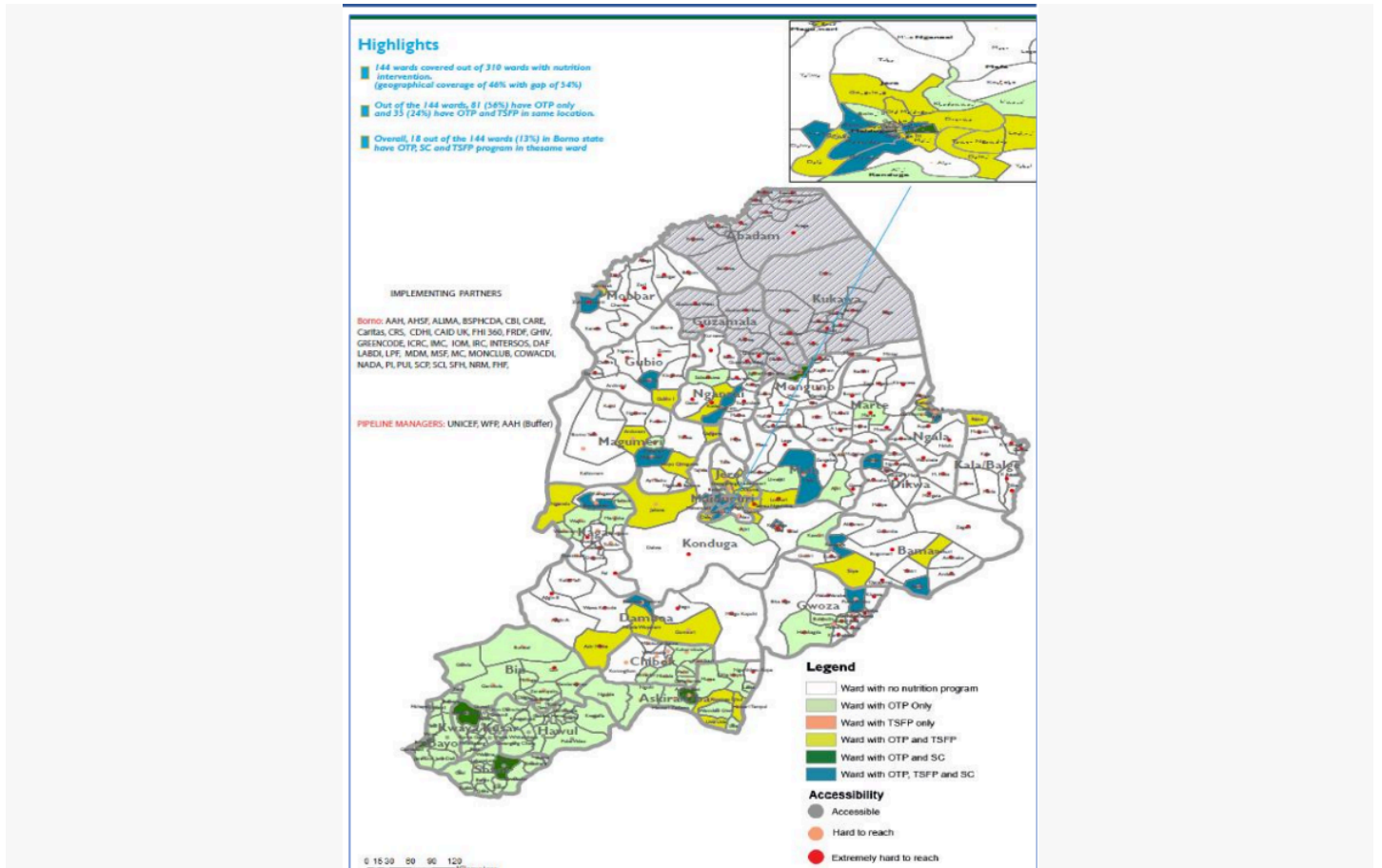
Appeal: MDRNG039	Country: Nigeria	Hazard: Other	Type of DREF: Response
Crisis Category: Yellow	Event Onset: Slow	DREF Allocation: CHF 413,665	
Glide Number: -	People Affected: 3,800,000 people	People Targeted: 160,000 people	
Operation Start Date: 15-07-2024	Operation Timeframe: 6 months	Operation End Date: 31-01-2025	DREF Published: 16-07-2024

Targeted Areas: **Adamawa, Borno, Yobe**

Description of the Event

Date when the trigger was met

08-07-2024



Map showing Nutrition Response Package. Source: Northeast Nigeria Nutrition Sector

What happened, where and when?

The BAY (Borno, Adamawa, and Yobe) states in Nigeria are facing a severe nutrition crisis characterized by high levels of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM). This crisis is driven by a combination of socio-economic factors, including food insecurity, displacement, poor healthcare infrastructure, and inadequate nutrition services.

In June 2024, the Nutrition Sector launched an Emergency alert triggered by the recent results of the Sentinel Surveillance (community and facility sentinel), SMART survey, and SAM admissions which all indicate that the nutrition situation has significantly deteriorated in the 3 BAY states.

Recent data released by the NE Nutrition Sector show that the overall prevalence of global acute malnutrition (GAM) and severe acute malnutrition (SAM) in the inaccessible areas across BAY states were 19.9 percent and 9.2 percent respectively. This indicates an increase of 1.1 % point for GAM and 0.7%-point for SAM compared to the May 2024 prevalence, in which prevalence was GAM (18.8%) and SAM (8.5%) respectively.

Most cases are coming from inaccessible locations that are not covered by nutrition partners and the Nutrition Sector has called on implementing partners to support especially in these locations. Also, to note, these locations are not covered by the reserve allocation.

In Borno, 12 out of the 22 Local Government Areas (LGAs) assessed triggered deterioration alerts. These alerts include Diarrhea Negative Alerts in Jere, Kaga, Mafa, Mobbar, Monguno, and Nganzai; Malnutrition Negative Alerts in Bayo and Chibok; Combined Diarrhea and Malnutrition Negative Alerts in Bama, Damboa, Gwoza, and Konduga. Notably, no LGA showed positive alerts for malnutrition, diarrhea, or both (i.e., a reduction in GAM by 5%, SAM by 1%, and diarrhea by 5%) compared to the previous cycle. These areas are among the top LGAs with the highest incidence of SAM admissions complicated by acute watery diarrhea (AWD), acute respiratory infections (ARI), and suspected measles. The high prevalence of SAM is compounded by a large number of internally displaced persons (IDPs) and returnees. The coverage of Integrated Management of Acute Malnutrition (IMAM) programs is very low due to access constraints, leading to inadequate treatment and follow-up of malnutrition cases.

Although the July Sitrep is yet to be released, however, in June 2024, Adamawa state recorded its highest SAM admissions of the year,



with a 24% increase from the previous month. A total of 4515 children with SAM, both with and without medical complications, were admitted to various Outpatient Therapeutic Programs (OTPs) and stabilization centers (SCs). According to the June Sitrep from the Nutrition cluster, Adamawa state has a substantial number of children with MAM, exacerbating the SAM burden due to the lack of MAM treatment services. In a recent active case finding, 3,580 children were identified as moderately malnourished, while 1,200 were severely malnourished. The state is working hard to promote appropriate Maternal Infant and Young Child Nutrition (MIYCN) practices, however, the lack of resources and supply chain issues remain significant challenges.

Meanwhile, the Surveillance Report for Yobe State in June 2024 reveals a severe nutritional crisis, with alarming rates of acute malnutrition among children under five years of age. The overall Global Acute Malnutrition (GAM) rate stands at 32.9%, well above the emergency threshold of 15%, and the Severe Acute Malnutrition (SAM) rate is 10.2%. This crisis is particularly acute for children aged 6-23 months, with a GAM rate of 56.2% and a SAM rate of 27.3%.

The same report documents that Yobe State treated 13,010 children under five for SAM in June 2024, with 10,970 of these children discharged as recovered. Despite these efforts, the state faces ongoing challenges in maintaining adequate supplies and ensuring compliance with IMAM guidelines. The state struggles with issues such as child swapping to receive multiple rations of Ready-to-Use Therapeutic Food (RUTF), misuse of RUTF, particularly in border LGAs, and a break in the supply pipeline for Ready-to-Use Supplementary Food (RUSF).

The nutrition sector has reported that the RUTF and RUSF pipelines may break in July due to an increase in acute malnutrition admissions during the first quarter of 2024. If admissions remain at the same level, the utilization of RUTF and RUSF stocks will be much higher than the estimated target for the second quarter of 2024 and the two pipelines for the rest of the year. There is a need to procure commodities immediately to avert a stockout and secure RUTF and RUSF to treat some 390,000 acutely malnourished children during the lean season.

Additionally, high diarrhea prevalence, reaching up to 23.3% among the 6-23 months age group, exacerbates the issue and contributes to the deteriorating nutritional status of children in the state. The widespread nature of the malnutrition crisis, with 16 out of 17 LGAs having GAM rates above 15%, requires a coordinated, state-wide response to address the issue effectively.

Continued strengthening and expansion of these systems will be crucial for informed decision-making and effective program implementation.

As a result, the Yobe and Adamawa State Governments in a letter dated 8 and 9 July respectively, requested the support of the NRCS in addressing critical preventive and therapeutic needs of the malnourished population in the state, with emphasis on capacity building of health care workers, and supplementary feeding program.



A volunteer conducting MUAC Screening for SAM in Adamawa State



Request for support from Adamawa State



Scope and Scale

The severe acute malnutrition crisis in northeast Nigeria has been exacerbated by ongoing conflict, displacement, and limited access to essential services. Children are particularly vulnerable, facing heightened risks of morbidity and mortality. The healthcare system, already strained by high demand, is struggling to cope with the escalating needs, highlighting an urgent need for increased support and intervention to address the malnutrition emergency.

Humanitarian organizations in northeast Nigeria have issued urgent warnings due to a dramatic surge in malnutrition among children in BAY States. Adamawa and Yobe states Ministry of Health has reached out to the NRCS, requesting for support to respond to the rising cases of SAM and MAM in the states.

According to the latest Nutrition Sector report of June 2024, the prevalence of SAM in Borno is critically high, particularly in conflict-affected LGAs with no partner presence. SAM rates in some areas have reached as high as 9.2%, with complications arising from other health issues like acute watery diarrhea and measles. Inadequate adherence to recommended adaptation protocols during OTP activities is also a major challenge in certain health facilities and stockouts of routine drugs and nutrition commodities (RUTF) due to high numbers of new admissions and supply delays.

In June 2024, Adamawa recorded the highest SAM admissions of the year, a 24% increase from the previous month, with 4,515 children receiving treatment. There is a significant number of children with MAM, and the lack of MAM treatment services (TSFP) exacerbates the SAM burden. Active case finding identified 3,580 moderately malnourished and 1,200 severely malnourished children in Adamawa State. This has been linked to a lack of services for the treatment of MAM using specially formulated foods, significantly contributing to the increased burden of SAM in the state.

Yobe State accounts for approximately 13,010 children who were treated for SAM in the same period. The state also faces challenges in ensuring compliance with IMAM guidelines and maintaining adequate supplies of therapeutic food and medications. Some health workers fail to follow IMAM guidelines during OTP activities. There are also notable cases of child swapping to receive multiple rations of RUSF/RUTF and misuse of these supplies, particularly in border LGAs. Training and retraining of health workers on Growth Monitoring and Promotion (GMP) services and IMAM guidelines is vital to improve service delivery and ensure adherence to protocols.

Moderate Acute Malnutrition (MAM) remains a substantial issue, contributing to the high incidence of SAM. The lack of supplementary feeding programs and disruptions in the supply chain of RUSF hinder the effective management of MAM. There are reports of frequent stockouts of therapeutic milk and other essential nutrition commodities needed for SAM treatment, which has necessitated an urgent need for Targeted Supplementary Feeding Programs (TSFP) to manage MAM and prevent progression to SAM. Effective treatment of MAM prevents children from deteriorating into severe malnutrition, reducing the burden on stabilization centers and outpatient therapeutic programs. Addressing MAM can significantly lower the risk of mortality and morbidity associated with severe malnutrition, especially in vulnerable populations such as children under five and pregnant women. By managing MAM effectively, the demand for therapeutic foods and medical supplies for SAM treatment can be balanced, ensuring that resources are available for the most critical cases.

Furthermore, the outbreaks of AWD and measles in the BAY states have exacerbated the malnutrition crisis, leading to higher rates of SAM, increased morbidity, and mortality, decreased nutrient absorption, exacerbated nutritional deficiencies, and a strained healthcare system. Children who were already moderately malnourished are quickly deteriorating to severe malnutrition due to the additional health burdens, leading to a significant rise in the number of children suffering from Severe Acute Malnutrition (SAM). Lack of access to healthcare services, especially in hard-to-reach communities has led to complications such as severe dehydration and contributed to poor management and control of AWD outbreaks, allowing the disease to spread more rapidly within communities.

Strengthening community-based approaches, such as mother-led MUAC screening, can enhance early detection and referral of malnourished children. Promoting appropriate Maternal Infant and Young Child Nutrition (MIYCN) practices through community support groups and counselling is crucial for preventive measures, as security challenges and logistical constraints limit access to nutrition and healthcare services, particularly in hard-to-reach areas.

To mitigate these effects, integrated health and nutrition interventions are essential, including disease prevention, nutritional support, and strengthening of healthcare systems. The NRCS, through its grassroots presence of community-based skilled volunteer structures, seeks to complement the efforts of the Government to strengthen Health and Nutrition Services through Community outreach focusing on community mobilization, MUAC screening and referral, Health and Nutrition Education, Supplementary Feeding for MAM, in Adamawa, Yobe and Borno States.

Source Information

Source Name	Source Link
1. Sentinel Surveillance Alert report	https://reliefweb.int/report/nigeria/cycle-19-sentinel-surveillance-alert-report-june-2024?_gl=1*3me0dz*_ga*NjY2MDY4MDU5LjE3MTA0MDEwNzE.*_ga_E60ZNX2F68*MTcxODI4NzYxMy41NS4wLjE3MTgyODc2MTMuNjAuMC4w



2. Lean season multi sector plan	https://reliefweb.int/report/nigeria/orno-adamawa-and-yobe-lean-season-food-security-and-nutrition-crisis-multi-sector-plan-2024
3. UNOCHA	https://reports.unocha.org/en/country/nigeria/

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population group?	Yes
Did the National Society respond?	Yes
Did the National Society request funding form DREF for that event(s)	No
If yes, please specify which operation	-

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

-

Lessons learned:

Lessons learned from 2022 Nutrition activities, under the Hunger Crisis EA highlighted the need to carry out extensive mapping of Outpatient Therapeutic Programs (OTPs) and Stabilization centers for treatment and assess the availability of supplies to ensure access to therapeutic feeding and treatment when referred.

Key recommendations from the Nutrition Sector Assessment also include:

- Convene a multi-stakeholder meeting to collaboratively develop a comprehensive and coordinated response strategy.
- Conduct localized assessments to tailor the interventions based on the unique needs and challenges of each affected LGA.
- Strengthen and scale up existing nutrition programs, with a focus on early detection, nutritional support, and preventive measures.
- Ensure program continuity and sustained efforts to address the seasonal patterns of malnutrition and the ongoing economic challenges.
- Enhance coordination and information-sharing among the nutrition, emergency response, and other relevant sectors to optimize the effectiveness of the interventions.

By adopting this holistic, localized, and proactive approach, the Nutrition sector and implementing partners can effectively address the identified alerts and work towards improving the nutritional outcomes for the affected populations.

Current National Society Actions

Start date of National Society actions

14-06-2024

Health	<p>The NRCS is also actively participating in the Health Cluster and Nutrition Sector coordination meetings to ensure a coordinated response. Coordination will also be enhanced through the in-country Movement Health and Disaster Management technical working groups at Abuja and field level.</p> <p>Through the ongoing Hunger Crisis Appeal, the NRCS has commenced engagement of the affected branches to conduct a needs assessment of the situation and mapping, identify needs and gaps to effectively respond to the emergency.</p>
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IFRC Network Actions Related To The Current Event

Secretariat	<p>The IFRC Secretariat in the Abuja delegation is actively supporting the NRCS in emergency preparedness, response, and long-term programs. Presently, the IFRC is providing technical and financial support to the NRCS in addressing health emergencies such as diphtheria, Lassa fever, and measles, as well as in developing this DREF proposal to combat Severe Acute Malnutrition in Northeast Nigeria.</p> <p>In addition to these efforts, the IFRC has dedicated operations and health teams that provide technical support to the NRCS for various disasters, including flooding, food security, anticipatory action, and climate change adaptation.</p>
Participating National Societies	<p>The Norwegian Red Cross is also operating within the IFRC Secretariat, offering support to the NRCS headquarters in several key areas such as the REACH initiative, community-based health programs, and financial system enhancement. With a presence at the NRCS National Headquarters and in Benue State, the Norwegian Red Cross is significantly involved in strengthening local capacities for community health.</p> <p>The REACH project is ongoing in Adamawa and Benue to enhance the capacity of Community Health Workers (CHWs) and improve the health workforce to address healthcare gaps in the country. In Adamawa, the DREF activities will be linked to the CHWs workforce in areas supported by the REACH initiative, through integrated training programs incorporating both general health care and specific SAM management skills, to ensure that the CHWs can identify, manage, and refer cases of severe malnutrition. The REACH initiative works with community structures to facilitate referrals to Primary Health Centres (PHCs); as such this DREF will bolster these referral systems by providing clear protocols and support for referring SAM cases to appropriate facilities. This ensures that severe cases receive timely and specialized care, reducing the risk of complications and mortality.</p>

ICRC Actions Related To The Current Event

The ICRC has its Sub-delegations and Offices in Borno, Adamawa, and Yobe states in the North-East. Under the current operational reorientation, ICRC has reinforced its Operations in BAY states. The ICRC Delegation in Abuja supports regular coordination meetings among Movement members, in line with the existing Movement Cooperation Agreement, to ensure a unified approach in supporting NRCS efforts in preparedness, readiness, and response.

ICRC through its community-based nutrition program covers 3 LGA's in Borno state namely Dikwa, Monguno and Damboa and 1 in Mubi South (Muda) of Adamawa state. The preventive (IYCF and Family MUAC) and curative (treatment of MAM with local ingredients) programs targets the most vulnerable groups such as children below the age of 5 years (U5C) and Pregnant and breastfeeding women (PBW). To date, more than 300 moderately malnourished children and 250 PLW in the catchment population of the Muda PHCCs have benefited from supplementary feeding through Tom Brown formula to prevent Severe Acute Malnutrition (SAM) while more than 40 severely malnourished children were referred to the PHCC for further treatment.

Due to projected prevalence of malnutrition during the lean season, ICRC has reinforced its response in specific areas in Adamawa, Borno and Yobe state to reach vulnerable households at risk of malnutrition, health and other protection needs. As such a total of 12,462 HH will be registered across Adamawa, Borno and Yobe states. Three rounds of cash assistance valued at 210'000 NGN will be provided to enable HH's address essential needs to avoid negative coping mechanisms and have a positive impact on maternal and child nutrition.

Further nutrition sensitive interventions are ongoing through the Agro, Cash and Livestock programs.

All activities are collaboration with trained NRCS volunteers and community volunteers where IYCF support groups reach 13,500 caregivers with IYCF messages and family MUAC groups 9,000 beneficiaries with MUAC screening.

The ICRC through its Health program provides integrated primary health care services to 10 government-run PHCCs in Adamawa, Borno and Yobe states with 05 out of the 10 PHCCs providing outpatient therapeutic services for malnourished children without medical complications. Malnourished children with medical complications receive treatment through stabilization care services in Biu, Mubi and two underway in Damaturu and Michika which would bring the total bed capacity for stabilization center care of malnourished children in Adamawa, Borno and Yobe to more than one hundred and eighty (180) beds. ICRC continues to strengthen the capacity of PHCC staff to ensure that quality health and nutrition services are provided to those assessing the services.

Health and nutrition education is provided to caregivers/mothers of malnourished children alongside pregnant and lactating women



to address some unhealthy social/cultural practices through adapted social behavioral communication tools.

ICRC's WASH component compliments response on malnutrition through improved access to clean water, sanitation facilities, and hygiene promotion to mitigate health risks, enhance nutritional outcomes, and promote overall well-being in vulnerable populations. Over 09 LGA's across Borno, Adamawa and Yobe benefit from the construction and rehabilitation of solar-powered water systems, including borehole drilling, water tank construction, pipe network installation, water collection points, and solar system installations. Sanitary facilities including latrines are constructed, rehabilitated in displaced camps and host communities including donation of hygiene kits containing essential items like soap, buckets, and hygiene supplies to vulnerable households.

In collaboration with the NRCS, emergency preparedness plans for acute watery diarrhea in the BAY states on key messages, house-to-house sensitization and distribution of medical consumables to government-designated treatment centers.

ICRC and NRCS collaborate closely on all interventions for better coordination and synergy in implementation and leveraging resources. Similarly, the nutrition, health, WASH clusters in the BAY states and other implementing partners are informed of all response across the different programs.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	<p>In May 2024, a joint mission of technical officers from the Federal Ministry of Humanitarian Affairs and Poverty Alleviation, the Office of the Vice President, the National Commission for Refugees, Migrants and Internally Displaced Persons (NCFRMI), and the National Emergency Management Agency (NEMA) recently visited the Borno, Adamawa, and Yobe (BAY) states. The mission, facilitated by the UNOCHA, UNICEF, and the IFRC, aimed to provide Government officials with a comprehensive understanding of the prevailing humanitarian situation in the affected communities.</p> <p>The delegation visited Bama, Yobe, and Yola, where they interacted with the humanitarian organizations operating in these areas. The visit enabled them to assess the state of the nutrition stabilization centers, water and sanitation hygiene (WASH) facilities, education and healthcare provision in various IDP camps, including two informal ones in Muna and Jere.</p> <p>The mission highlighted the need to scale up the humanitarian response in the BAY states, fostering collaboration between government agencies and humanitarian organizations. This is crucial to ensuring a more effective and harmonized response to the region's humanitarian challenges, while also improving coordination structures and systems.</p>
UN or other actors	<p>In response to the alarming food security and humanitarian crisis in parts of Adamawa and Yobe states, the Humanitarian Country Team in Nigeria, in support of the Government of Nigeria, has developed a six-month Multisectoral Lean Season Plan. This plan aims to mobilize critical funding and resources for immediate food assistance, emergency healthcare, as well as interventions in agricultural livelihoods, water, sanitation, hygiene, and protection.</p> <p>IRC currently has some RUTF in stock and is procuring additional supplies to respond to such emergencies. However, they will need to have internal discussions on the possibility of a response in the inaccessible target locations.</p> <p>ACF is currently operational in Monguno and Nganzi (BORNO) and is looking to scale up its activities in these locations. However, they have raised concerns about responding outside Garrison towns and will be sharing updates after internal engagements.</p> <p>UNICEF will look at its internal resources and activate local partners with approved contingency plan documents to initiate responses in the 04 target locations. They will reach out immediately to partners with approved Contingency Plan Documents (CPDs) for further discussion on coverage areas. UNICEF is in charge of procurement and supply of RUTF. However, the NRCS will support with logistics distribution to hard-to-</p>



reach health facilities and OTPs and refer community members to treatment centres to ensure uptake.

Are there major coordination mechanism in place?

To address the crisis, several key actions have been taken to ensure coordination among the active partners in the response to the malnutrition :

- Surveillance Review Meeting: The health sector held a meeting attended by officials from the 37 local government areas, the Ministry of Health, and sector partners to discuss the outbreak of AWD, measles, and ARI diseases in the states.
- A Joint Health and WASH Sector Coordination Review Meeting has been held to review the coordination efforts between the two sectors.
- Joint Health, WASH, and IPC (Infection Prevention and Control) meetings platforms have been activated to prepare and respond to any potential outbreaks of Acute Watery Diarrhea (AWD) or cholera. The meeting focuses on critical preparedness measures, such as the activation of Rapid Response Teams (RRT), standardization of Infection Anticipation and Prevention (IAP), prepositioning of commodities, and assessing the capacity and resources available for cholera outbreak response.
- Activation of Rapid Response Mechanism (RRM) Approach: The RRM is considering a simplified approach to be implemented in wards not covered by the nutrition partners for a period of 03 months. This approach will focus on the treatment of Severe Acute Malnutrition (SAM) cases and engage the World Food Program (WFP) to support Moderate Acute Malnutrition (MAM) cases to prevent further deterioration.

Movement coordination

- Discussions have been held with ICRC to map presence, identify roles and responsibilities in line with their respective mandates, and harmonize responses in line with Seville 2.0.

Needs (Gaps) Identified



The nutrition situation in the BAY states continues to deteriorate, as evidenced by an 11% increase in the number of severely malnourished children, with and without medical complications, admitted into treatment programs in April 2024 compared to the same period in 2023. This alarming trend underscores the urgent need for a comprehensive and coordinated response. UNOCHA declared on 19 April the state of emergency of the SAM with the critical needs and gaps that required to be scaled-up and supported by humanitarian organization. That call for support was also raised by Government states referring to the same area of needs.

- Case management gaps in BAY states.
- Important gaps on supplementary feeding provision, especially for IDPs, refugees and most vulnerable groups for MAM and SAM.
- Community mobilization gaps is important in all the BAY states, especially hard to reach areas and areas with less coverage. There are no to little partners focusing on screening at community level. More efforts done into treatment. Which may explain the acceleration of the SAM cases as the screening is critical for preventive or mitigation measures and community level.
- Case management of SAM (outpatient and in-patients) and health system capacity. In the BAY states, the inpatient management is handled by Government and MSF. UNICEF supplying the RUTF. Some gaps identified by UNOCHA and MoH states for inpatient management are
- Overwhelmed services and limited functional OTP increased by the resources shortage that limit the availability of treatment in all centers. Only eight out of the 15 stabilization centers in the state are fully or sub-optimally functional, while others have ceased to provide treatment services due to funding shortfalls. The active OTPs are overwhelmed. The MoH SITREP and information as of now are not fully precise on the location and exact detailed capacity of the OTPs but we know it refer to some OTP being functional and others not fully. For now, no exact numbers. Coordination and communication are ongoing in each State by the branches, but we couldn't get exact numbers of functional OTP with location at the moment. NS in these first weeks will focus effort on communities where there are functional 08 OTPs and this is being coordinated with MSF and MoH. Hopefully by end of next week they will have more details in the communities that could be targeted around these OTPs. The assessment will also give further information on that exact mapping and the screening and referral will be adjusted accordingly.
- Issues such as child swapping to receive extra rations and misuse of RUTF/RUSF are prevalent, especially in border areas.
- Shortage of medical supplied and equipment in health facilities and OTPs: Limited supply of Severe Acute Malnutrition (SAM) kits for inpatient cases, affecting the delivery of services for the treatment of complicated SAM within the eight operational stabilization centers across the States.

Inadequate supply of routine drugs, including Albendazole, Artemisinin-based Combination Therapy (ACT), and Amoxicillin, as well as stockouts of nutrition commodities, such as RUTF, in some locations.

- Some health workers are not following recommended guidelines and protocols during therapeutic program activities.
- Stockouts of Essential Supplies: Frequent shortages of routine medications and nutrition commodities, such as RUTF and therapeutic milk, disrupt services.



- In general, more capacity-building efforts are needed for the health workers, including training for healthcare workers on surveillance, laboratory diagnosis, and outbreak response, are also required to strengthen the health system's preparedness and response capabilities. This need is also highlighted by States MoH of Yobe and Adamawa.

- Management of MAM. The identified gaps and areas of needs are:

- Borno and Adamawa face stockouts of routine drugs (e.g., Albendazole, Artemisinin-based Combination Therapy, Amoxicillin) and nutrition commodities (e.g., RUTF).

- Yobe experiences stockouts of therapeutic milk and a break in the WFP pipeline for RUSF, expected to last until the first week of July.

- The lack of services for treating moderate acute malnutrition exacerbates the burden of severe acute malnutrition, particularly in areas with high numbers of IDPs and returnees. Supply delays and high admission rates lead to stock-outs in some outpatient therapeutic program sites.

- Lack of proper management of the MAM cases and existing gaps has led to the quick deterioration to the severe state in some of the cities where the above gaps are higher.

- Escalating factors to tackle

The communities are facing multiple health challenges that are underlying and escalating factors to the nutrition challenges in the communities. This also call for coordinated support and inclusion of the overall outbreaks' situation in the affected communities. Especially for outbreaks affecting the most vulnerable groups such as children disease. There is an ongoing measles outbreak in Adamawa with the need to reach zero dose and unvaccinated children for reactive vaccination to ensure comprehensive coverage and containment of the outbreak. Additionally, there is a need to bolster community engagement efforts to minimize vaccine hesitancy in some affected settlements, through the implementation of tailored risk communication strategies and collaboration with local leaders and influencers.

Furthermore, the state is facing a shortage of cholera test kits in the health facilities, which limits the ability to promptly identify and respond to potential cholera outbreaks. To enhance readiness, there is a need to pre-position ORP kits in the branches for prompt response and management of AWD.

There is need to leverage the presence of the hard-to-reach NRCS community volunteers to intensify disease surveillance and integrated health & nutrition activities across remote communities in the BAY states.



Water, Sanitation And Hygiene

The displaced populations residing in IDP camps and host communities across the region face significant challenges in accessing adequate water, sanitation, and hygiene (WASH) services. This lack of access to essential WASH facilities and services exacerbates their vulnerability and increases protection risks, particularly for women, children, and other marginalized groups.

Inadequate water supply is a persistent issue, most especially in hard-to-reach communities experiencing insufficient water supply due to the absence of active WASH partners. This shortage of potable drinking water not only impacts the overall health and well-being of the affected communities but also contributes to heightened protection risks, including increased susceptibility to waterborne diseases and the potential for conflict over scarce resources.

Similarly, there are critical gaps in the provision of appropriate sanitation facilities, such as communal latrines, in several IDP camps and host communities. The lack of adequate sanitation infrastructure not only compromises the dignity and privacy of the individuals but also poses significant public health concerns, especially with the risk of disease outbreaks.

Addressing these WASH-related challenges is crucial not only for improving the overall living conditions of the displaced populations but also for promoting hygiene practices and reducing the risk of malnutrition. Malnutrition, often exacerbated by poor WASH conditions, can have far-reaching consequences, particularly for vulnerable groups such as children and pregnant or lactating women. Ensuring adequate access to clean water, appropriate sanitation facilities, and effective hygiene promotion activities is essential in mitigating the risks of malnutrition and related health issues.

Again, the lack of access to essential WASH services and facilities in the IDP camps across the region poses significant challenges for the affected populations, exposing them to various protection risks, public health concerns, and the threat of malnutrition. This Operation will address WASH-related gaps through coordinated hygiene promotion activities to improve the overall well-being and resilience of the affected communities.



Protection, Gender And Inclusion

The affected population, including internally displaced persons (IDPs), returnees, and asylum seekers, face a multitude of challenges that exacerbate their vulnerability and expose them to various protection risks, particularly those related to Sexual and Gender-Based Violence (SGBV).

The lack of sufficient livelihood opportunities, scale-down of food assistance, and high food inflation force the affected communities to resort to negative coping mechanisms, increasing the risk of exploitation and attacks by non-state armed groups, as well as the dangers posed by unexploded ordnance and explosive remnants of war. These factors also contribute to heightened SGBV risks, as individuals



and families struggle to meet their basic needs, leaving them more vulnerable to exploitation and abuse.

The new arrivals, asylum seekers, IDPs, and returnees in specific locations, such as Bama, Banki, Damasak, Damboa, Dikwa, Gwoza, Maiduguri Metropolitan Council, Ngala, Rann, and Pulka, continue to face inadequate access to basic services, including shelter, non-food items, food, and other essential resources. This lack of support heightens their vulnerability and increases the risk of them adopting harmful coping strategies, including transactional sex and other forms of SGBV.

Additionally, insufficient water supply and congestion at water points in locations like Bama, Dikwa, Damasak, Damboa, Jere, MMC, Monguno, Ngala, and Rann expose affected people to various protection risks, including physical violence, gender-based violence, discrimination, and disputes. There is a need for additional water supply and the repair of damaged water pumps and boreholes to ensure the affected populations have access to sufficient water and to mitigate these protection concerns, particularly for the most vulnerable, such as women, children, and persons with disabilities.

In Adamawa state, Cameroonian asylum seekers face a lack of access to essential services, such as food, shelter/non-food items, livelihoods, clean water, and health services, which forces them to resort to negative coping mechanisms, including survival sex, sexual exploitation, domestic violence, and theft. There is a persistent need for the provision of basic assistance and specialized protection services, including SGBV prevention and response, for these vulnerable individuals, ensuring their inclusion and addressing their unique needs.

The limited capacity of protection partners and shortfalls in funding have hindered the delivery of an effective humanitarian response to the needs of the Cameroonian asylum seekers and IDPs in Adamawa state, further exacerbating their vulnerability. There is a need for increased advocacy and funding to ensure the provision of essential services, including SGBV-related services, and protection support for these affected populations, with a focus on addressing the specific needs and vulnerabilities of women, children, and other marginalized groups.

This operation will take into consideration the diverse challenges faced by the displaced communities, including IDPs, returnees, and asylum seekers, and seek to address their needs, mitigate protection risks, ensure their inclusion, and provide specialized support to address SGBV and other vulnerabilities.

Any identified gaps/limitations in the assessment

The available information and reports reveal a severe and widespread nutritional crisis, with alarmingly high rates of acute malnutrition among children under five years of age in the BAY states. However, the data and insights provided in the report are limited in their scope and coverage, hindering a comprehensive understanding of the situation across the affected region, especially in the hard-to-reach and inaccessible areas with no response partner.

The NRCS will work with the sector to expand surveillance systems to ensure comprehensive coverage across all LGAs in the BAY states, including the inaccessible areas, incorporating both community-based and facility-based response to capture a more holistic effort towards improving the nutritional and health status of children and women.

There is need to conduct in-depth assessments to understand the underlying drivers of malnutrition, such as food insecurity, access to healthcare, water and sanitation, and socioeconomic determinants, and adopt a multisectoral approach that integrates nutrition, health, food security, water, sanitation, and other relevant sectors to address the complex and interconnected nature of the crisis.

The NRCS will identify actively with the existing robust coordination mechanisms across the BAY states to leverage synergies, share best practices, and ensure a cohesive regional response.

Operational Strategy

Overall objective of the operation

This DREF operation aims to mitigate the impact of Severe Acute Malnutrition (SAM) and other concurrent health emergencies among 160,000 most affected persons in Borno, Adamawa, and Yobe states by enhancing the capacity of the NRCS to effectively respond to Severe Acute Malnutrition cares; support the standard emergency nutrition response in coordination with active partners and promote sustainable WASH, health and nutrition practices to mitigate the escalation to SAM in the coming 6 months.

Operation strategy rationale

The rationale for this DREF operation is rooted in the urgent need to address the immediate malnutrition crisis by supporting the community management, strengthening outpatient management, enhance local capacities, and initiate a behavior change that will contribute to improve and sustain the preventive measures disseminated by the response team through the proven community based mother club approach. The Nutrition crisis as an escalation situation from combined factors, include health conditions, wash and food insecurity, require also to tackle underlying health factors in one side and plan adequately a long term consideration.

- Linked to the underlying factors, NS will cover under the community mobilization approach the social mobilization for vaccination of preventable diseases, the immediate access to safe water for the families with 1+ members identified as MAM or SAM and enhance the prevention through adequate nutrition, health and hygiene practices.



- The long-term planning to address the malnutrition are essentially considered here through the actions that target the behavior changes, but further transitional and long-term plan must be explore. The Nutrition crisis being an escalation of various factors, include health conditions, wash and food insecurity, NRCS will ensure proper integration of this dynamic into adequate long-term planning, into the transition of Hunger crisis EA to country plan but also on the design of the advocacy and coordination efforts. With the communication under this DREF and the continuous mobilization around the hunger crisis and country plan, NRCS continue to fundraise to ensure the sustainable efforts to mitigate the severe states of the malnutrition are incorporated to the long-term planning. This DREF communication and coordination will help to promote the linkage between this intervention and the overall planning as well as the gaps where support is necessary in this emergency stage but also in medium and long term. In the meantime, communication, advocacy and engagement will continue under this intervention and the long-term planning of the NS to look for sustainability and longer-term impact.

The intervention will focus on the following activities:

1- Coordination and institutional capacities to mitigate the malnutrition spike

- Coordinate with other humanitarian organizations, government agencies, and local partners to ensure a unified and effective response.
- Actively participate in nutrition cluster meetings to share information, avoid duplication of efforts, and address gaps in service delivery.
- Specific activities coordination integrated in the below strategies. However, in general, NRCS will be coordinating this entire intervention with active partners include:
 - ICRC for the Red areas
 - ACF, UNICEF MSF for case management
 - MoH and UNOCHA for the overall coordination and information
 - MoH for the health facilities gaps and health system strengthening

2- Contribution to the inpatient management capacity - based on expressed gaps from MoH

- Conduct training sessions for healthcare workers and community volunteers on CMAM protocols, IYCF practices, and emergency nutrition response.
- Support health facilities to enhance their capacity to deliver nutrition services, including the provision of necessary equipment and resources.
- Conduct Joint monitoring visits with ministry of health and other partners to communities and OTPs.

3- Detailed assessment and mapping exercise

- Conduct Initial nutrition assessments to identify the needs and existing gaps amongst the at-risk populations.
- Identify and map the most affected areas, including displacement camps and hard-to-reach communities, to prioritize interventions.
- Assess the availability of existing nutrition services including OTPs, Health facilities and stabilization centers. Clear mapping of services, capacity and supplies to get a referral message that will be used by branches' teams.

3- Continuous community mobilization and behavior change

- Identification of SAM cases at community level: Conduct door-to-door screenings using Mid-Upper Arm Circumference (MUAC) tapes to identify malnourished children and refer them to appropriate services. This is done through mobilize community volunteers (mother clubs)
- Engage and coordinate with health workers as appropriate for the screening and daily screening activities shared with mapped health facilities and OTPs as relevant.

On the referral, NS assessment will contribute to further defined the location and capacity of the OTPs in the BAY states that are run by MoH, MSF and ACF and these activities will only be carried out in the areas where OTPs are functional and can actually receive the cases referred. One thing is that at any moment, the referral need may be revised or re-assess depending on the evolution of the capacity of these OTPs. There will be no point to pursue screening and referral without a clear structure to refer the cases. NS, by prioritizing the support to MoH Health facilities and health workers plus additional materials, aims to also enhance the functionality of the others 06 that are not fully functional. Because these are the gaps raised by the states MoH.

- Community engagement and sustainable behavior changes in families identified with MAM/SAM.
- IYCF counseling and outreach: Promote and support breastfeeding through counseling and establishing mother-to-mother support groups and provide education and guidance on appropriate complementary feeding practices for children aged 6-23 months.
- Conduct Community Outreach and Mobilization to inform communities about the signs and symptoms of malnutrition and the availability of treatment services.
- Pool of volunteers that are part of the community mothers will constitute the mother club structure and contribute to the MAM and SAM
- Healthy cooking demonstrations with mother groups and through mother clubs

The NRCS has established Mothers Clubs as a cornerstone of its community-based health and nutrition interventions. These clubs, consisting of local mothers deeply embedded in their communities, serve as vital platforms for educating, supporting, and empowering caregivers to manage malnutrition effectively. Their primary goal is to ensure that children suffering from SAM and MAM receive timely and appropriate nutritional support.



In addition to the referral structure and support services for SAM, once a child is identified as malnourished, Mothers' Club members provide immediate counseling to the caregivers, explaining the child's condition and the necessity of supplementary feeding. They emphasize the importance of adhering to the recommended nutrition plan.

The Mothers' Clubs will work in close collaboration with local health facilities to set up SFPs in easily accessible locations. These programs are designed to cater specifically to the nutritional needs of children with MAM. The NRCS will work with other partners to ensure a steady supply of RUSF or other appropriate nutritional supplements. The goal is to maintain an uninterrupted flow of resources to support the SFPs.

The NRCS will organize training sessions to educate caregivers on the proper use of RUSF. These sessions cover the importance of following the feeding guidelines, recognizing improvements, and understanding the critical role of nutrition in their child's recovery. NRCS will facilitate and support Mother-to-Mother Support groups where mothers can share experiences, challenges, and successes. These groups create a supportive environment that encourages adherence to the supplementary feeding program.

Beyond nutritional support, the mothers' clubs will conduct healthy cooking demonstrations and provide training in home gardening, and preparation of local made supplements for children. The mothers' club will Utilize locally available ingredients to create nutritious food supplements offering a sustainable and culturally acceptable solution to combat malnutrition.

4-Contribution to the outpatient management of Severe Acute malnutrition cases identified.

For this area, NS will focus in:

- Support the referral of cases to OTPs and stabilization centers
- Support distribution of RUTF to OTPs in hard-to-reach settlements for easy access and treatment of SAM.
- Follow-up on discharged outpatient and those placed on therapeutic feeding: Conduct weekly follow up to households to monitor the child's progress, follow up on RUTF usage, and provide counseling to caregivers on complementary feeding practices.

The NRCS volunteers will play a critical role in the initial identification of malnutrition cases. Through community mobilization efforts, volunteers will conduct awareness campaigns to educate community members about the signs of malnutrition and the available treatment services. Regular home visits and community events will serve as opportunities for active case finding, where volunteers and community health workers will use Mid-Upper Arm Circumference (MUAC) tapes to screen children for signs of malnutrition. This initial assessment will help in identifying and categorizing children as either suffering from Severe Acute Malnutrition (SAM) or Moderate Acute Malnutrition (MAM).

Upon identifying a child with malnutrition, the NRCS volunteers will fill out a referral slip containing the child's details, screening results, and an urgent referral status. Where necessary, the NRCS will assist families with transportation arrangements to ensure the child reaches the nearest treatment center promptly. This immediate referral step is crucial to ensuring that children with severe acute malnutrition receive timely care.

For children identified with SAM, NRCS will refer them to the closest OTP managed by Government and partners such as UNICEF, MSF, or ICRC. In cases where children exhibit medical complications associated with SAM, they will be referred directly to a Stabilization Centers. Children identified with MAM will be referred to Supplementary Feeding Programs (SFPs). This structured referral system ensures that children receive appropriate care based on the severity of their condition.

After the referral, NRCS volunteers will conduct follow-up home visits to ensure that the referred children have reached the treatment centers and are adhering to the prescribed treatment protocol. During these visits, volunteers will also collect data on the referred cases for monitoring and reporting purposes. This ongoing follow-up is essential to track the progress of the children and address any challenges that may arise during treatment.

5- Management of the identified communities with moderate malnutrition cases. based on detailed assessment data:

- Identify the MAM cases
- Support Supplementary Feeding Programs (SFPs) for MAM to provide additional nutrition to children with MAM, through Mothers' club structures.
- Distribute RUSF or other appropriate supplementary foods to children to prevent the progression to SAM.
- Referral of families to supplementary feeding program mapped-out through the assessment.

6- Mitigating the escalating factors associated to WASH and health:

- Ensure access to safe water for the SAM and MAM communities identified
- Promote good hygiene practices
- Set-up of 2 ORP following the assessment - focusing on areas most in need where AWD is contributing to weaken the effort toward addressing the malnutrition. Especially for children
- Enhance awareness around preventable disease prevention and existing outbreaks
- Support out-reach activities to promote vaccination for preventable diseases such as Measles.



Targeting Strategy

Who will be targeted through this operation?

This DREF operation will target 160,000 persons with health and nutrition promotion activities with a focus on the following specific groups:

- Severely Malnourished Children
- Moderately Malnourished Children
- Pregnant and Lactating Women (PLW)

The operation will also target family influencers such as mothers-in-law and fathers. This group has significant influence over household decisions, including those related to health, nutrition, and childcare. Engaging them ensures that nutritional and health interventions are supported and reinforced within the family.

In terms of geographical target, the NRCS will work with the Government and the Nutrition Sector, to identify hotspot LGAs with high records of malnutrition, acute watery diarrhea, and other health issues for support. The specific focus will be on the hard-to-reach areas where other implementing partners are currently not present and where there is poor access to healthcare. In total, 30 LGAs will be targeted across the 03 states.

A total of 3,000 mothers and caregivers of malnourished children will be targeted for backyard gardening and cash assistance to promote good nutrition and effective treatment, through the mothers' club structure.

Explain the selection criteria for the targeted population

Given the disproportionately high rates of acute malnutrition among children aged 06-23 months, targeted interventions focused on this age group are crucial to address their specific nutritional needs and reduce the severe levels of malnutrition.

Children under 5, especially those in the critical 06-23 months age range who are transitioning to complementary feeding, are the most vulnerable to the devastating effects of acute malnutrition, which can have long-term consequences on their physical and cognitive development. These group will be targeted for immunization and nutrition services.

Women of reproductive age (15-49 years): Women's nutritional status is a key determinant of child health and development, particularly during pregnancy and lactation. Addressing the nutritional needs of women of reproductive age can have a direct impact on maternal and child outcomes. This group will be targeted through the Mothers' Club structure and activities.

This DREF operation will ensure equitable access to nutrition services and support for both groups to address the response gaps and unique challenges they face.

mothers and caregivers with SAM and MAM children will be targeted with nutrition and income-generating activities.

Households and hard-to-reach communities with severely or moderately malnourished children will be targeted with the Integrated Health and Nutrition packages through awareness campaigns, behavioral change communication, community engagement, and the promotion of optimal nutrition practices to address the underlying social, cultural, and behavioral determinants of malnutrition and ensure sustainable improvements in child and maternal nutrition.

Total Targeted Population

Women	43,200	Rural	60%
Girls (under 18)	40,000	Urban	40%
Men	36,800	People with disabilities (estimated)	15%
Boys (under 18)	40,000		
Total targeted population	160,000		

Risk and Security Considerations

Please indicate about potential operation risk for this operations and mitigation actions

Risk	Mitigation action
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Logistical Challenges due to a hike in fuel price affecting transportation costs and anticipated difficulty in transporting and distributing relief supplies to remote and conflict-affected areas.	Pre-positioning of supplies at the branches and considering engagement of local vendors to supplies within the states to timely supplies of materials at project sites.
Community Resistance due to cultural beliefs, misinformation, or mistrust towards external aid providers.	The operation will ensure the engagement of community leaders and influencers early in the planning process, conducting culturally sensitive awareness campaigns, and promoting participatory approaches to build trust and ensure community ownership of interventions.
Possibility of late reporting as a result of multiple Operations managed by the National Society.	The NRCS health department has assigned a dedicated staff with a full time responsibility to manage this operation, ensure that activities are implemented and reported in time. At the branch level, the mothers' clubs' coordinators will be in charge of the day-to-day implementation and supervision of the activities, reporting to the NHQ through the Branch Secretary and Health Coordinators.
Health Risks: Spread of communicable diseases among displaced populations including volunteers and healthcare workers.	The operation will integrate infection prevention and control measures and ensure the availability of personal protective equipment (PPE) for volunteers and staff.

Please indicate any security and safety concerns for this operation

The ongoing insurgency and conflict in the BAY states pose significant risks to the safety and security of the humanitarian workers and target communities. Threats from armed groups or volatile security situations in conflict-affected areas, pose risks to the safety and security of humanitarian workers, staff, and continuity of operations.

To mitigate this risk, the NRCS will:

- Maintain close coordination with local security forces.
- Develop and regularly update security protocols and contingency plans to ensure the safety of the staff, volunteers, and beneficiaries.
- Provide comprehensive security and stay-safe training for all volunteers and staff involved in the operation.
- Work closely with the ICRC and UN for regular security updates and briefing.

Has the child safeguarding risk analysis assessment been completed?

Yes

Planned Intervention



Multi Purpose Cash

Budget: CHF 128,781

Targeted Persons: 3,000

Indicators

Title	Target
# of women supported with micro-grants	3,000
# of volunteers trained on CVA	30

Priority Actions

- Provide micro-grants as cash assistance to mothers and caregivers of malnourished children to aid supplements and dietary needs
- Train 30 volunteers on cash transfer modalities, integrating CEA and PGI
- PDM



Budget: CHF 103,381

Targeted Persons: 160,000

Indicators

Title	Target
# of volunteers trained on IYCF, screening and ECV	230
# of women and caregivers reached with messages on health & nutrition	160,000
# of mothers' clubs peer education and awareness sessions conducted	48
# of MC established and active	60
# of HCW trainings conducted	3
# of OTPs supported with medical items and consumables	3
# of MC active on SFP	30

Priority Actions

Assessment and detailed mapping exercise

- Conduct Initial nutrition assessments to determine the prevalence of SAM and MAM, identify at-risk populations, and assess the availability of existing nutrition services and supplies.
- Identify and map OTPs and Stabilization centers for referral of SAM cases.

Trainings and capacity strengthening

- Train 230 Mothers Club volunteers and Divisional Secretaries on the early detection and referral of acute malnutrition cases, IYCF counseling, safe motherhood, Epidemic Control, and RCCE.

Community mobilisation and behavior changes

- Create awareness of optimal breastfeeding practices, including exclusive breastfeeding for the first 6 months and continued breastfeeding for up to 2 years or beyond
- Conduct mass screening of children under 5 and PLW for acute malnutrition using mid-upper arm circumference (MUAC) and/or weight-for-height measurements
- Organize and support Mothers' Clubs to promote peer education and support in nutrition and health practices.

Mitigate escalation from MAM to SAM

- Adapt and distribute materials on IYCF practices, including pamphlets, posters, and guides in Hausa and Fulani languages.
- Support routine immunization services and vaccination campaigns through social mobilization of eligible children for immunization.
- Promote improved dietary diversity through Mothers' Club healthy cooking demonstrations, and kitchen garden initiatives.

Support to SAM and MAM management

- Refer identified cases of acute malnutrition to the IMAM program and SAM to OTP
- Support the Government in Training of Health Care workers on managing OTPs and adherence to guidelines for an enhance case management
- Support provision of medical supplies and consumables for the running of OTPS in areas with non-functioning OTPS with basic items and consumables
- Support supplementary feeding programs for management for MAM in 30 communities.
- Weekly follow-up on patient discharged or in therapeutic program





Water, Sanitation And Hygiene

Budget: CHF 45,755

Targeted Persons: 3,000

Indicators

Title	Target
# of HHs reached with water purification tablets	3,000
# of hygiene promotion sessions carried out	48
# of health & WASH committees formed at LGA level	30
# of ORPs deployed and actively serving the communities	2
# of HHs reached with LLINs	3,000

Priority Actions

- Provide water purification tablets for Household water treatment and educate households on households how to treat and store water safely to prevent contamination.
- Conduct hygiene education campaigns to promote handwashing, sanitation, and other good practices.
- Establish and support community health and WASH committees to sustain hygiene promotion activities.
- Integrate WASH activities with nutrition programs to address the underlying causes of malnutrition.
- Deploy ORPs to hard-to-reach settlements and internally displaced persons (IDP) camps to provide immediate treatment for dehydration caused by AWD and other diarrheal diseases.
- Conduct awareness campaigns to inform communities about the availability and importance of ORPs.
- Distribute long-lasting insecticide-treated nets to pregnant women and lactating mothers.
- Work with community health workers to promote Handwashing with soap, Safe disposal of infant feces, Safe water treatment and storage, Exclusive breastfeeding and Complementary feeding.



Protection, Gender And Inclusion

Budget: CHF 2,923

Targeted Persons: 23,999

Indicators

Title	Target
# of volunteers trained on PGI	230

Priority Actions

- Ensure all interventions consider the needs of vulnerable groups, including women, children, and people with disabilities.
- Raise awareness about SGBV and its impact on nutrition and health within communities.
- Train community volunteers on PGI
- Establish safe spaces where women and girls can receive support, counselling, and nutrition services.





Community Engagement And Accountability

Budget: CHF 70,189

Targeted Persons: 160,000

Indicators

Title	Target
# of interactive workshops held at community level	30
# of IEC materials produced and disseminated	100,000
# of feedback documented and addressed	120
# of radio jingle slots aired	3,000
# of health cooking demonstrations conducted	120
# of market rallies/roadshows conducted	3

Priority Actions

- Conduct interactive workshops on nutrition, breastfeeding, and complementary feeding practices.
- Engage religious and community leaders, and traditional birth attendants in spreading key nutrition messages and encouraging community participation.
- Use radio, posters, and social media to disseminate information on recognizing and preventing malnutrition.
- Establish channels for community members to provide feedback on nutrition programs and services.
- Facilitate community meetings to discuss malnutrition issues, gather feedback, and promote local solutions.
- Establish peer support groups for breastfeeding mothers to provide mutual support and share best practices.
- Involve fathers and other family members in IYCF education to support mothers and improve child-feeding practices.
- Support radio jingles in local languages with messages on health and nutrition and where malnourished children and sick persons can receive treatment.
- Continuous involvement throughout project cycles of community members to ensure the project is culturally appropriate and accepted.
- Involve community members in monitoring the implementation of nutrition programs.
- Conduct market rallies and road shows to support World Breastfeeding Week in the 3 states.
- Conduct healthy cooking demonstrations to show how to prepare nutritious, age-appropriate meals using locally available foods.



Coordination And Partnerships

Budget: CHF 3,019

Targeted Persons: 55

Indicators

Title	Target
% of coordination meetings attended	90
# of high level advocacy conducted	2
# of Movement TWG meetings supported	4

Priority Actions

- Ensure NRCS/IFRC representation in coordination meetings at national and subnational levels.
- Conduct High-level Advocacy and support missions to the Northeast Humanitarian Cluster and project communities.
- Support the activation of the Movement mini-summit and regular TWG meetings with in-country Movement partners
- Support the State Ministry of Health to activate or strengthen early warning systems to detect and respond to health and nutrition threats.
- Strengthen the capacity of community health care workers to operate the ORPs and temporary Outpatient Therapeutic Points in hard-to-reach settlements where there are none existing health facilities
- Ensure coordination and information sharing is constant from assessment planned to the closure of the intervention. Include with active partners listed in previous sections. Internal and external movement coordination.



Secretariat Services

Budget: CHF 17,387

Targeted Persons: 410

Indicators

Title	Target
# of documentaries produced	1
# of joint supervision visit conducted per state	2
# of security risk assessment conducted	3

Priority Actions

- Ensure regular review meetings with project focal points at national and state level.
- Conduct joint supportive supervision of targeted branches.
- Support the NS to provide maximum visibility of volunteer activities and information sharing with donors and partners.
- Produce documentary and storytelling on best practices and lessons learned.
- Conduct Security risk assessment and ensure that adequate mitigation measures are put in place.
- Provide regular security updates to staff and volunteers engaged in the operation.



National Society Strengthening

Budget: CHF 42,229

Targeted Persons: 410

Indicators

Title	Target
# of volunteers insured	405
# of volunteers trained on Safer access	405
# of Staff dedicated to this operation at NS	4
# of operation review meeting conducted	3
# of lessons learned workshop conducted	1
# of monitoring missions conducted by NHQ team	3



Priority Actions

- Ensure that volunteers involved in the operation are insured.
- Train volunteers and staff involved in the operation on safer access framework.
- Provide regular briefings on volunteers' roles, safety, and security, and monitor compliance.
- Provide visibility materials and personal protection equipment to volunteers and staff.
- Engage 4 dedicated staff members to support the operation at the national level.
- Ensure active participation of Branch management and Divisional focal points at all stages of the operation cycle.
- Conduct mid-term review after 03 months.
- Lessons learned workshop at the end of the operation.

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

A total of 230 Mothers Club volunteers will be engaged in this operation. 15 branch teams, 5 per branch, namely the Branch Secretary, Health Coordinator, PMER officer, Branch Communications Officer, and Mothers' Club coordinator, will support the operation and provide oversight and technical guidance to volunteers on respective thematic areas. At the branch level, the mothers' clubs' coordinators will be in charge of the day-to-day implementation and supervision of the activities, reporting to the NHQ through the Branch Secretary and Health Coordinators.

At the LGA level, the divisional secretaries will support the day-to-day activities of the mothers' club, ensuring access, safety, and security of the volunteers.

The National Society will manage and coordinate the operation through its Health & Care directorate. 4 NHQ staff –2 health officers, 1 PMER point, and 1 finance officer, will support the operation at the National level, under the supervision of the Director of Health & Care, who will provide overall oversight of the operation. All volunteers and HQ staff members will be insured and provided with the necessary personal protective equipment.

If there is procurement, will it be done by National Society or IFRC?

All procurement related to this operation will follow the IFRC's standard procurement procedures, National Society financial SOPs, and Sphere Standards for household item purchases. The National Society and IFRC CCD for Nigeria will coordinate with the Africa Regional Logistics Unit (RLU) for any major procurement or replenishment. The National Society has the capacity in the procurement processes through the logistics department at headquarters to buy the necessary supplies for the operation in a centralized manner to regulate the items needed to respond to this emergency. Where delays are anticipated, the Procurement department will engage local markets for timely supply and distribution of items to the project sites.

How will this operation be monitored?

The Branch officers at the state level will undertake the biggest part of daily monitoring and ensure weekly updates are provided to the HQ by sectors. Tracking will be done on the intervention key output and reports will be timely submitted. A two-way communication will be put in place between HQ, branches, and divisions, and consolidated monthly reports will be shared with the IFRC. The NS has an existing partnership with the relevant government departments for technical support. The Ministry's local representation will support training programs and provide supportive supervision to volunteers. The presence of ICRC in the states is an asset to the technical and operational efficiency of this intervention. Information sharing and monitoring will be combined and coordinated with ICRC field offices. The IFRC will monitor this operation at different levels and with the NRCS team, conduct missions to project sites, and interviews with the target population, and ensure that monthly/quarterly and end-of-operation reports are submitted on time.

Please briefly explain the National Societies communication strategy for this operation

The IFRC and NRCS communications team will provide technical support for the communication of this operation. The NS comms person will cover the operation through social media presence on different platforms, interviews, and target population stories. The IFRC Communications team will work closely with the National society to adapt key messages, collate success stories, and ensure visibility of the operation through documentaries, fact sheets, and newsletters.



Budget Overview



DREF OPERATION

MDRNG039 - Nigeria Red Cross Nigeria_Severe Acute Malnutrition

Operating Budget

Planned Operations	351,030
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	128,781
Health	103,381
Water, Sanitation & Hygiene	45,755
Protection, Gender and Inclusion	2,923
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	70,189
Environmental Sustainability	0
Enabling Approaches	62,635
Coordination and Partnerships	3,019
Secretariat Services	17,387
National Society Strengthening	42,229
TOTAL BUDGET	413,665

all amounts in Swiss Francs (CHF)



Contact Information

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

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IFRC Project Manager: Idaraobong Ekanem, Health & Care Officer, idaraobong.ekanem@ifrc.org, 08097530624

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[Click here for the reference](#)

