



Nigeria

HUMANITARIAN SITUATION REPORT



Highlights

- The results of the mid-August Cadre Harmonisé food security assessment in north-eastern Nigeria reveal a considerable deterioration of food security, with more than 4.4 million people estimated to be facing “crisis” and “emergency” levels. At least 65 000 people are experiencing famine-like conditions.
- Humanitarian access remains limited and situation remains critical in both the newly accessible and still inaccessible areas due to the deepening food security, nutrition crisis and polio and measles outbreak. 13 cases of Acute Watery Diarrhea (AWD) with high fatality rates are reported from Rann/Kalabalage LGA, staff and supply on standby in Borno, however no response has reached there yet due to security and access constraints.
- In total, 1,878,205 IDPs (IOM’s Displacement Tracking Matrix (DTM), Round 11 Aug, 2016) have been displaced by the insurgency with the highest numbers recorded in Borno (69%), Adamawa (7.8%) and Yobe (6.4%) states. Children constitute 54% of the IDP population. Additional 2.2 million people are estimated to be in areas still inaccessible.
- The HAC is currently being revised to \$115m, up from 55.6 million to reflect the latest funding requirements for response in the Northeast Nigeria. UNICEF to date UNICEF has received \$28million against to scale up response which will cover the urgent needs of the affected population for 6 months (August 2016- February 2017). The scale up plan focuses on a multi-sector response covering newly liberated areas, Maiduguri Municipality, Jere and Southern Borno and Gujaba and Gulani LGAs of Yobe.
- One more case of Wild Polio Virus type 1 was identified in Monguno (newly accessible LGA) bringing the total to 3 cases. Preparations for next round of outbreak response is underway post immediate response.

1st to 7 September 2016

14.8 million

People affected by the crisis in the four North East states of Adamawa, Borno, Gombe and Yobe. (HRP 2016)

7 million

People in need in the four North East states. (HRP 2016)

3.8 million

Children in need in the four North East states (HRP 2016)

2.2 million

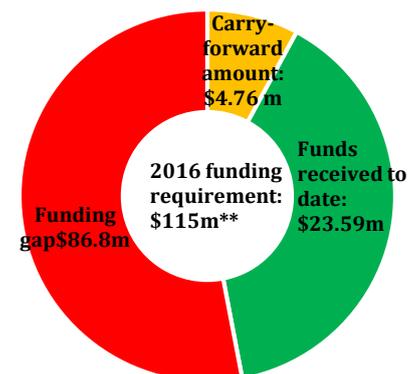
People in areas inaccessible due to insecurity in Borno. (UNICEF situation analysis)

UNICEF Appeal 2016*

US\$ 115 million

*Humanitarian Action for Children (HAC), does not include inaccessible areas of Borno

2016 funds available



*Funds available includes funding received for the current appeal year as well as the carry-forward from the previous year.
 **The original Nigeria appeal amounted to \$55.6m. The HAC is currently being revised to \$115m to reflect the latest funding requirements for response in the Northeast Nigeria

UNICEF’s Response (as per HAC)

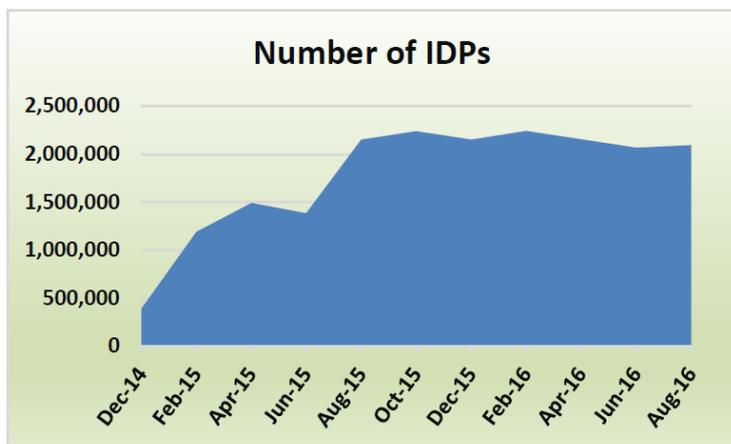
Indicators	UNICEF		Sector*	
	UNICEF Target	Cumulative results	Sector Target	Cumulative results
# of conflict affected people provided with access to safe water per agreed standard	1,220,995	429,333	1,856,572	616,534
# of conflict affected children accessing education in a protective and safe learning environment	571,353	72,091	363,600	129,632
# of conflict affected people reached with emergency PHC services	4,267,534	2,432,478		
# of conflict affected children reached with psychosocial support	436,201	126,332	511,201	198,841
# Children <5 with SAM admitted to therapeutic feeding programmes	398,188	74,978	83,079	74,978

* Sector targets yet to be revised

Situation Overview & Humanitarian Needs

Around 65,000 people in newly-inaccessible areas in Borno and Yobe states are experiencing famine-like conditions (Phase 5), according to the latest “Cadre Harmonisé” assessment, published in OCHA Lake Chad Basin Crisis Update on 06 Sept 2016. Malnutrition and mortality rates are also high, while access to health facilities and humanitarian assistance is limited. In addition, more than 1 million people in Adamawa, Borno and Yobe are facing emergency food insecurity (Phase 4), and about 3.3 million more are in crisis (Phase 3).

Despite recent gains by the Nigerian army, humanitarian access has been limited and situation has remained volatile with continued fighting and increased displacement of people with children being over half the population.



According to IOM’s Displacement Tracking Matrix (DTM) Round 11 Report (August, 2016), there are an estimated 1,878,205 IDPs have been displaced by the insurgency with the highest numbers recorded in Borno, Adamawa and Yobe states. The increase in the number of IDPs compared to the last round of assessment (2,066,783 IDPs) is mainly due to the fact that more areas became accessible in Borno and all LGAs became accessible in Yobe. Particularly, Monguno town in Borno witnessed influx of IDPs on account of returnees and people from neighbouring areas moving in. In Yobe, access to Gujba and Gulani led to increase in number of IDPs recorded. Some IDPs are also returning to the place of origin for farming purposes due to the ongoing rainy season. In Borno, Maiduguri LGA is hosting the highest number of IDPs (614,724), while most IDPs in Adamawa and Yobe were found respectively in Girei (28,657) and Gujba (26,417) LGAs. The vast majority of IDPs (82 per cent) live in host communities while the remaining (18 per cent) live in IDP camps. Children make up 55 per cent of the IDP population and more than half of them are under five years old. Additionally, an estimated 2.2 million people are believed to be in areas still inaccessible.

The UN Special Rapporteur on the human rights of IDPs, Chaloka Benyani, recently conducted a four-day visit to Nigeria and pointed out that the situation constituted a major national emergency, the scale of which was only just beginning to be revealed as people flee or are forced to leave newly-liberated areas by security forces. The Boko Haram-related violence has the strongest impact on children.

Humanitarian leadership and coordination

UNICEF as sector lead agency, continues to provide leadership and coordination in the areas of Nutrition, WASH, Education and Child Protection. At the moment in Maiduguri, WASH sector coordinator and child protection in emergency coordinators are on ground while efforts are underway in different stages of process to have more sector coordinators on ground in Maiduguri to strengthen coordination. Different UN agencies are scaling up their capacity to strengthen response as well as coordination and address coordination gaps.

Humanitarian strategy

UNICEF continues to provide services through civil society organisations/NGOs and Government institutions. UNICEF is proactively expanding partnerships with NGOs on the ground to reach the hard to reach population in need. However, in the newly accessible LGAs extremely limited numbers of NGOs are operational due to security challenges.

UNICEF Nigeria has revised the planning figures to scale up massively. UNICEF has received \$28 million against HAC appeal of \$115 million with funding gap of \$86.8 million. These funds are needed to meet critical services needs of existing caseload in Borno, Yobe and Adamawa States. The priority for new funding will be for these new areas for the remainder of the year, current funding will be sufficient to maintain existing programmes in the other areas.

As polio outbreak response, UNICEF Nigeria along with its partners are pursuing a detailed integrated strategy which includes high level advocacy, intensive community mobilisation, robust outreach strategy to reach newly accessible LGAs and nomadic population through implementation of five consecutive rounds of immunisation. UNICEF along with stakeholders has established post-campaign reviews, in order to identify weaknesses/challenges and agree on actions to address them.

On 8 September 2016, UNICEF agreed with the Humanitarian Country Team (HCT) to activate education cluster post L3 declaration subject to Government of Nigeria’s agreement to cluster activation.

Summary analysis of programme response

Nutrition¹: CMAM: Scaling up MUAC screening and CMAM integrated with IPV campaign is planned for 17 September. UNICEF along with its partner has planned for massive screening integrated with IPV campaign for identification of children with Severe Acute Malnutrition (SAM). A total of 800,000 children 6-59 months will be screened and out of these 30,000 are expected to be identified as SAM. An agreement is made with Ministry of Health (MoH) to provide initial 1-2 weeks RUTF treatment of SAM children at the point of screening. 2,902 (1,302 nutrition screeners, 1,302 data recorders, 198 OTP staff and 100 cluster supervisors) workers for screening for malnutrition are identified and are now being trained in collaboration with the state Ministry of Health (sMoH). The recruitment of 300 workers to provide treatment in the outpatient program for the identified SAM children is on-going. Supply division surge capacity has arrived to support the planning for the supply logistics for this exercise. 12,000 cartons RUTF are already on route to Borno to support the initiative. With the RUTF en route and those already in place in Borno there is enough supplies for the IPV/CMAM campaign. More RUTF will be dispatched soon to support the CMAM program more broadly.

Training on IYCF-E in Borno: 26 master trainers from sMoH and NGOs were trained on IYCF-E; 43 health workers working on CMAM were trained on integrating IYCF into CMAM; RRT staff member for IYCF is finishing her work this week and she presented the Sector IYCF-E action plan to the nutrition in emergency working group in Abuja. Arrangements are made for her replacement again through SCI while UNICEF will also bring in additional surge capacity to strengthen UNICEF-E IYCF program roll out.

The **micronutrient powder (MNP)** programme continues to be scaled up, in the past 2 weeks the MNP programme has been rolled out in 24 new facilities across 4 LGAs—Jere, Gubio, Magumeri and Konduga. Planning has commenced for an integrated campaign in October to delivery Vitamin A Supplements (VAS) along with measles vaccine across Borno, Yobe and Adamawa, targeting 2.9 million children with VAS.

The Nigerian first lady launched her initiative on “Get Involved” – supported by UNICEF - to promote Nigerian people to support the fight against malnutrition in North East Nigeria. The launch of the Initiative also involved several ministers, MPs and business people as well as development partners and received much media attention. Nutrition Sector Coordinator has arrived and visa process is underway for the two Nutrition Specialists L3.

Health: UNICEF is working with the State Ministry of health and State Primary Health Care Development Agency to support the provision of integrated PHC services in 42 IDP camps (22 in MMC/Jere and 20 in the newly liberated LGAs), 142 health facilities (Borno 68 and Yobe 56) targeting over 1.3million IDPs in the 2 states. During this reporting period, a total of 14,378 women and children have been reached with integrated PHC services including 920 pregnant women who received antenatal care (ANC) services and 122 institutional deliveries have been conducted. UNICEF is planning responding to the unconfirmed cases of acute water diarrhoea in Rann IDP settlement in Kalaballe LGA with WHO in setting up a clinic, with provision of supplies and additional health workers. The key supplies include tent, tables, chairs for a makeshift clinic, Ringer lactate, normal saline, Zinc sulphate, 20 cartons of Nigeria health kits, five hospital mattresses and other equipment. The number of deaths remains unverified.

Planning is underway for the IPV/OPV campaign starting on September 17-22, in 172 wards out 311 in Borno. Four new wards in Guzamala LGA have become accessible with the help of the military. Two new IDP camp clinics were established in Monguno (Kuya Community and LGA secretariat) and a third clinic has been set up in Muna Garage IDP camp in Jere to increase access to integrated PHC services being provided in the camp. Two PHC clinics in Kachalabwari ward and Nzada wards in Damboa LGA to provide services for IDPs/returnees. The rehabilitation of Konduga IDP camp clinic completed. UNICEF provides support the MCH section of the Monguno hospital to provide both outpatient and inpatient services and temporary clinic set up in Konduga town for the returnees and mobile outreaches is conducted. A total of 1,178 Nigeria health kits have been delivered to Maiduguri to support PHC service delivery and planned polio outbreak response.

UNICEF recruited nine health consultants to support with monitoring and improving quality of care being provided in the health facilities. This includes 7 LGA consultants for the newly liberated LGAs in Borno (Banki, Kukawa,) south Borno (Askira Uba and Chibok) and Yobe (Gujba and Gulani) and two doctors for Banki and Dikwa IDP camps. Six data officers trained on data validation in order to improve the quality of data at the IDP camps. International IRT members are arriving to scale up health response, monitoring and reporting.

WASH: The target population for WASH response has been revised upwards based on the evolving humanitarian situation on the ground, with significant needs in newly accessible areas. In newly liberated areas and in Maiduguri, UNICEF has planned to respond to the needs of 50% of the IDPs of Borno State and 70% of the returnees in Yobe State with a full WASH package (water supply, sanitation, hygiene promotion) including in CMAM sites and child friendly places. The WASH sector is currently engaging with sector partners and OCHA and others sectors to revise upwards the WASH sector’s target for 2016.

In response to the diarrhoeal disease outbreak reported in Rann in Kala Balge LGA in Borno State, UNICEF in collaboration with Government partners have dispatched key WASH supplies to the affected area to meet the needs of 2,500 households. WASH supplies

¹ Inclusive of data up to 31 July 2016, does not include August 2016 data.

included 125,000 PUR sachets for water purification; 25 rolls of filtering cloth (100 yards each); 105 cartons of multipurpose soap; 45kg Chlorine-HTH drum for sanitary disinfection; 8 hand-washing stations and IEC materials (1,000 cholera prevention posters and flyers, each). Four health officers were trained in chlorine preparation and use of PUR sachets. The State Ministry of Health is yet to confirm whether it is a cholera outbreak and partners are assessing the scale of the crisis. The situation is particularly concerning as timely response and scaling up are hindered by the lack of access to the site. At this time of the year Kala Balge LGA is probably one of the least accessible LGA due to impossible road access and insecurity.

Since the last report, 26,100 beneficiaries have been reached with water through the construction of two solar boreholes (in Yobe), 11 hand pumps repaired (in Adamawa), 20 boreholes with hand pumps drilled in newly liberated areas (Monguno, Dikwa, Mafa and Biu LGAs). UNICEF WASH section is currently implementing the response through governmental partners (RUWASSA) and is directly implementing through contractors.

On access to improved sanitation, an additional 174 emergency latrines for the camps in Muna Garage in Maiduguri and in newly liberated areas have recently been completed. Based on a ratio of 200 beneficiaries per latrine², an extra 34,800 IDPs have gained access to improved sanitation. Working closely with Ministry of Water Resources and in collaboration with C4D section, the Wash in Emergency team has just completed a house-to-house hygiene promotion campaign benefiting 121,587 people in the host communities of Maiduguri.

Child protection: Child protection continued scaling-up in the newly accessible areas deploying three consultants in Bama, Moguno and Dikwa and is training 20 community volunteers on Psychosocial Support (PSS) and child protection in Damboa bringing the total of community volunteers to 127 in newly accessible areas. A total of 1,110 children were reached with PSS, including through a new child-friendly space set up in Dikwa. An additional 89 UASC were registered in the newly accessible areas and 16 children are being provided with case management support; 77 boys associated with Boko Haram were identified for further support.

Education: Since access opened up to newly liberated areas, UNICEF education team was able to access Gowza IDP camp. According to the local Education Secretary, 15 schools have opened. Except for one school, operating as a technical and vocational centre for 450 children, all other schools have started in open air as all their buildings have been burnt down completely by BH. Even damaged, structures are occupied by IDPs. All these schools urgently need temporary learning tents and supplies. Tents will need to be built in safe open places. UNICEF education team has delivered 10 tents to Gowza benefiting 4 schools including a satellite IDP camp school. 300 school bags have also been delivered. A meeting was held with the Education Secretary addressing specific needs and planning. With UNICEF support, the Education Secretary in Gowza has been engaging with army instructors and personnel in order to continue advocating for the opening of schools.

Communication for Development and Polio Outbreak Response

A third case of wild poliovirus type 1 is confirmed in Monguno LGA of Borno state, bringing the total number to 3 cases as of 7 September 2016. The immediate response in mind-August in 4 LGAs surrounding the identified cases covered 887,095 children between the ages 0 – 59 months. Overall, in Round 1 in Borno (1,602,383 children) and Yobe (1,017,944 children) were covered with OPV. Preparations are underway for the second round of Polio Outbreak Response in 11 High Risk States in northern Nigeria and additional states of Adamawa, Benue, FCT, Gombe, Nasarawa, Plateau and Taraba from 17-20 September 2016. Round 2-5 will target 18 States in north east, North West and north central (except Kogi and Kwara) to reach 31,540,054 children in each round and the planned dates for the campaign are: 17th Sept, 8th Oct, 29th Oct and 19th Nov.

UNICEF-supports influencers, including community, religious Bulamas and traditional leaders as well as Volunteer Community Mobilizers (VCMs) engaged to successfully convince hesitant caregivers in all the states in the Northeast and UNICEF continues to engage with families that are opposed to OPV through influencers. A total of 2200 UNICEF-trained volunteer community mobilizers (VCMs) are deployed in Borno to increase service demand, disseminate key messages, and resolve polio-vaccine rejection. To further sensitize community and to promote the need for polio vaccination, UNICEF has produced and disseminated 25,000 flipcharts, 2,446 Speaking Books, 120,000 flyers on immunization, 40,000 frequently asked questions (FAQs) and 40,000 posters. In addition to address other health issues, UNICEF produced and distributed 250,000 flyers on malaria, handwashing, Ante-Natal Care, 250,000 FAQs on nutrition, malaria, tetanus, diarrhoea and 120,000 posters on malaria.

Supply and Logistics

UNICEF Procurement team has established a contract for a transit warehouse in Jos measuring 1,400 square meters. The procurement team has completed the evaluation of transporters in Maiduguri that will be submitted to the CRC (contract review committee) for review and approval. The RFP (request for proposal) for generator maintenance was issued out to bidders. Finally, the warehouse assessment is complete in Maiduguri, the rates with service provider are being finalized.

With regards to supplies, the UPS in kind contribution is expected to arrive on 11 September via Abuja airport with 1,600 Nigeria kits, 1,600 WASH and dignity kits. UPS will coordinate in-country logistics, and the commodities will be prepositioned in the new hub in

² This standard is used during the first phase of the emergency as the aim is to provide one latrine for 50 persons.

Jos for further distribution to emergency areas. In terms of health supplies, 375,000 mosquito nets are being transferred from Markudi to Borno, while drug kits are currently being set-packed in Kaduna to be delivered to Borno.

An Emergency Logistics specialist from UNICEF SD was deployed to Maiduguri on 1 Sep for 6 weeks, to work on establishing LTAs for transport and warehousing and coordinate distribution of emergency supplies in collaboration other partners on ground. In total 4 international staff members (1 from UNICEF SD, 1 from Niger and 1 from Standby partners and new consultant) will be deployed starting 11 September, to support procurement, warehouse management and logistics coordination. National Supply staff will be deployed to support emergency operations in both Jos and Maiduguri.

On coordination, there was no agreement made on formally activating the Logistics cluster, however, logistics will continue to operate as a sector. The findings so far from the mission highlighted that there was no issue reported up to Maiduguri in terms of transport, and warehousing, although it is still difficult to move cargo out of Maiduguri due to roads closed, checkpoints on open roads, regular scheduled security convoys. Some challenges with regards to OCHA co-ordination for road access have also been reported.

In Borno, Storage options are filling up and receiving access is challenging. Staff are flown in via UNHAS to conduct distributions but they have to leave before they are completed. Accommodation is still an issue yet to be resolved. Guesthouses are available and rented by NGOs. Hotel prices seem to have stabilized but have been rising.

Media and External Communication

The malnutrition situation for children in Borno state has continued to dominate international media coverage in the past week. As well as continuing to share relevant messages through social media coverage, UNICEF Nigeria has also highlighted the preparation of lifesaving supplies to be sent to the country and the situation for displaced families and children by linking to the global report, 'Children Uprooted', released on 7 September.

Human Resources

29 Surge requests were identified (18 programme, 5 Operations and 6 cluster Coordination). Candidates have been identified for 20 requests. As of September 8th, 10 Surge staff are on ground (6 programme, 2 Operations and 2 cluster coordination). To this, only 3 Surge staff are on ground in Maiduguri (1 CP Specialist, ERT, 1 Logistics Specialist, IRT and 1 WASH Sector Coordinator).

Funding

Funding Requirements (as defined in Revised Humanitarian Appeal of 01/09/2016 for a period of 12 months)

Appeal Sector	Requirements	Funds received*	Funding gap	
			USD	%
WASH	32,432,817	5,586,696	26,846,121	83%
Education	12,951,282	4,955,965	7,995,317	62%
Health	27,016,164	3,131,736	23,884,428	88%
Nutrition	19,324,375	12,397,041	6,927,334	36%
Child Protection	23,275,362	2,123,979	21,151,383	91%
Total	115,000,000	28,195,418	86,804,582	75%

* Funds received includes funding received against current appeal as well as carry-forward from the previous year.

Next SitRep: 15 September 2016

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Annex A:

Summary Analysis of Programme Response against UNICEF Scale Up targets³

(UNICEF Scale- Up plan 1 September 2016- 28 February 2017)

Sector	Location						UNICEF Total Results		Change since last report ▲▼
	MMC Jere South Borno		Newly Liberated Areas		Yobe (Gujuba and Gulabi LGAs)		Target	Results	
	Target	Results	Target	Results	Target	Results			
NUTRITION⁴									
Children under 5 years with SAM admitted to therapeutic feeding programmes	71,604		50,544		5,932		128,080		▲
Children under 5 years with SAM who recovered under treatment	>75%		>75%		>75%		>75%		▲
HEALTH									
Conflict-affected pregnant women and children under 5 years that have received long-lasting insecticidal nets	90,000		375,000		150,000		615,000		▲
Conflict-affected people reached with emergency primary health care services	600,000	14,378	750,000		320,000		1,670,000		▲
WATER, SANITATION AND HYGIENE									
Conflict-affected people, including internally displaced persons and host communities, provided with access to safe water per agreed standards	391,154	212,181	375,000	125,405	51,608	10,000	817,762	347,586	▲
Conflict-affected people benefitting from improved sanitation	606,939	323,600	375,000	162,600	51,608	0	1,033,547	486,200	▲
Conflict-affected people benefitting from hygiene promotion messages & WASH Kits	606,939	288,591	375,000	98,565	51,608	7,622	1,033,547	394,778	▲
CHILD PROTECTION									
Conflict-affected children reached with psychosocial support	246,566	23,651	121,635	12,358	8,000		376,201	36,009	▲
Girls associated with/victims of conflict related sexual violence supported with recovery and reintegration services	1,125	180	550	97	50		1,725	277	▲
Boys associated with armed groups supported with reintegration services	1,125	165	1,150	83	50		2,325	248	▲
Unaccompanied and separated children supported (case managed, including those supported in alternative care arrangements)	4,130	2,522	2,875	672	150		7,155	3,194	▲
EDUCATION									
Displaced children that access education in a protective and safe learning environment	158,500		200,000	800	67,900		426,400	800	▲
Conflict-affected school-aged children reached with pedagogic materials	158,500		200,000	300	67,900		426,400	300	▲

³ Sector targets yet to be revised, UNICEF scale up targets results to be updated regularly from next sitrep⁴ Nutrition data are made available on monthly basis from State Nutrition monitoring System, next data will be available in mind-September

Annex B:

Summary Analysis of Programme Response against 2016 HAC targets

(Revised)

Sector	Sector Response		Change since last report ▲ ▼	UNICEF and IPs		Change since last report ▲ ▼
	Sector target ⁵	Sector total results		Revised UNICEF 2016 target	UNICEF total results	
NUTRITION						
Children under 5 years with SAM admitted to therapeutic feeding programmes ⁶	75,859	74,978	▲	398,188	74,978	▲
Children under 5 years with SAM who recovered under treatment	>75%	85%	▲	>75%	85%	▲
HEALTH						
Conflict-affected pregnant women and children under 5 years that have received long-lasting insecticidal nets				387,034	144,247	▲
Conflict-affected people reached with emergency primary health care services				4,267,534	2,446,856	▲
WATER, SANITATION AND HYGIENE						
Conflict-affected people, including internally displaced persons and host communities, provided with access to safe water per agreed standards	1,856,572	616,534	▲	1,220,995	429,333	▲
Conflict-affected people benefitting from improved ⁷ sanitation	315,384	668,200	▲	1,033,547	599,800	▲
Conflict-affected people benefitting from hygiene promotion messages & WASH Kits	2,601,209	605,531	▲	1,100,000	446,720	▲
CHILD PROTECTION						
Conflict-affected children reached with psychosocial support	511,201	198,841	▲	436,201	126,332	▲
Children (boys and girls) associated with armed groups (including victims of forced marriage and sexual violence and children born out of sexual violence) supported with reintegration services	TBD	1320	▲	4,500	1,320	▲
Unaccompanied and separated children supported (case managed, including those supported in alternative care arrangements)	TBD	5,809	▲	8,355	4,122	▲
EDUCATION						
Displaced children that access education in a protective and safe learning environment	452,620	129,632	▲	571,353	72,091	▲
Conflict-affected school-aged children reached with pedagogic materials	905,240	196,566	▲	571,353	146,588	▲

⁵ Sector targets are from the HRP 2016 and therefore require revising⁶ UNICEF target is 100 per cent of SAM caseload for Borno (244,268), Yobe (106,105) and Adamawa (47,815)⁷ Beneficiaries for sanitation is based on 200 person per latrine in the first phase of the response (aiming to reach a more acceptable 50 persons per latrine on medium-term)