

A young girl smiles to the camera while attending an information session related to child protection services in NVSC IDP Camp, Maidueuri, Borno@ UNICEF Nigeria, 11. October 2016



# Nigeria

## HUMANITARIAN SITUATION REPORT #6

### Situation in Numbers

## Highlights

- High levels of malnutrition, malaria and spread of communicable diseases in newly accessible areas in North East Nigeria are the main health risks. With detection of fourth case of wild poliovirus type 1 (WPV1) in Monguno in Borno State on 4 October, further spread of polio virus is a significant public health concern.
- UNICEF in collaboration with partners has achieved 42 per cent, 79 per cent and 51 per cent of access to water, sanitation and hygiene promotion targets, respectively.
- In total 93,148 SAM children, have been admitted to therapeutic feeding programme in Adamawa, Borno and Yobe states.
- Psychosocial support has reached 157,583 children among whom 84,311 children are benefitting from education services in a protective and safe learning environment.
- Over 2.77 million people among the affected population have access to UNICEF supported primary healthcare (PHC) services.
- The revised Nigeria 2016 Humanitarian Response Plan (HRP) is only 24 per cent funded. UNICEF has received only 25 per cent of its appeal requirements of USD 115 million.

6 to 12 October 2016

**14.8 million**

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

**7 million**

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

**3.8 million**

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

**2.2 million**

People in areas inaccessible due to insecurity in Borno (UNICEF Situation Analysis)

**UNICEF Appeal 2016**

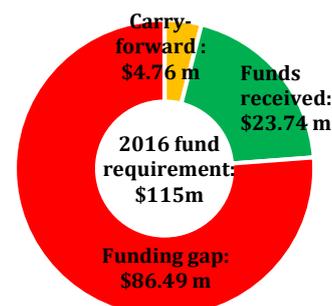
**US\$ 115 million**

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

## UNICEF and Partners Response

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	512,033	1,771,188	805,348
# Children <5 with SAM admitted to therapeutic feeding programmes	398,188	93,148	398,188	93,148
# of conflict affected people reached with emergency PHC services	4,267,534	2,777,579		
# of conflict affected children reached with psychosocial support	436,201	157,583	559,441	237,538
# of conflict affected children accessing education in a protective and safe learning environment	586,400	84,311	586,400	141,852

### 2016 Funds Status



## Situation Overview & Humanitarian Needs

The findings of the UN-led inter-agency assessment mission to two newly accessible areas of Dikwa and Mafa on 27 September, highlight acute levels of malnutrition, malaria and communicable diseases in these areas. According to WHO, the number of reported measles cases are on the rise in conflict affected areas in Borno, Yobe and Adamawa; 846 cases are reported in Borno, 2,510 cases are reported in Yobe and 273 reported in Adamawa state. Since August 2016, four cases of polio have been confirmed in three LGAs of Borno state, these include: Gwoza, Monguno and Jere with a recent case of wild poliovirus type 1 (WPV1) detected in Monguno on 4 October. The risk of further spread of wild poliovirus in inaccessible areas of Borno state is a significant public health concern.<sup>1</sup> To contain the outbreak, the third round of polio campaign will be undertaken from 15 to 18 October. The immunization campaign is being delivered by government, with support from UNICEF, WHO and partners. During this round, more than 30 million children will receive oral polio vaccine (OPV) in 18 high risk states across Nigeria, including 3.5 million children in Adamawa, Borno and Yobe states. The UNICEF-trained Social Mobilisation Network (consisting of 16,000 persons) is in place to create demand for the vaccine. The polio vaccination campaigns are integrated with childhood nutrition screening as part of UNICEF's scaled-up response to the crisis.

UNICEF Health and Nutrition teams participated in a one-day joint mission with WFP to Banki, Bama LGA on 7 October and visited various facilities in the camp including schools, PHC centres, WASH facilities and conducted some focus group discussions with IDPs. This provided an opportunity to also monitor the quality of health and nutrition services provided to more than 32,000 people residing in and out of IDP camps in Banki.

UNHCR is conducting screening for needs and vulnerability in newly accessible areas in Monguno, Bama, Damboa, Dikwa, Konduga, Mafa, Magumeri and Shani, Borno state. According to their initial findings, there is a high level of vulnerability among displaced people, with nearly every family affected and individuals still fearing that the insurgency group could attack them again. In Monguno, more than 60,000 displaced people are living in nine sites, where they urgently need humanitarian assistance. More people continue to arrive as military operations against Boko Haram continue in northern part of Borno. Food shortages are a major concern in sites in Monguno e.g. Kuya site, where nearly 7,500 people are living in dilapidated school buildings and makeshift shelters. Severe acute malnutrition among children is also a major concern in these areas. Most of this population is unlikely to return to their home villages because of continuing insecurity, disrupted economic activity and presence of land mines in their villages and fields.

The twelfth round of Displacement Tracking Matrix (DTM) assessments across six states has been completed in September 2016. Results will be published by the end of October.<sup>2</sup> According to IOM's recent biometric registration of displaced persons in the three affected states, 363,245 IDPs (103,638 households) have been biometrically registered in Adamawa (90,203), Borno (251,841) and Yobe (21,201) states, as of 30 September 2016. The vast majority of IDPs who have been registered live in host communities where little or no assistance has been provided.

The revised funding requirement for Nigeria's 2016 Humanitarian Response Plan (HRP) is \$484 million up from \$279 million. As of 3 October \$116 million, or 24 per cent, of the funds had been received.<sup>3</sup>

## Humanitarian leadership and coordination

Under the Government of Nigeria's (GON) new coordination arrangement for the humanitarian response, the first meeting of the Inter-Ministerial Task Force (IMTF) was held on 29 September 2016. This high level Humanitarian Co-ordination Group includes Ministers and Director level counterparts, Executive and technical representation from NEMA and PCNI; the Heads of Relevant UN agencies (UNFPA, UNICEF, UNDP, WFP, OCHA, FAO, WHO, UNHCR and IOM) and technical experts as well as World Bank and INGO representation. Under these new arrangements for sector coordination at a Federal level, "coordination hubs" are being created led by relevant GON Ministers and their UN counterparts. Nutrition, WASH and Education hubs are co-led by UNICEF. This coordination structure is also being duplicated at state level<sup>4</sup>.

UNICEF held a series of meetings with WFP for setting up a joint integrated Rapid Response Mechanism which would entail the deployment of mobile teams on the ground supporting the government to implement activities in six sectors (Nutrition, health, WASH, Child Protection education and food security & livelihoods), the implementation of which will start by last quarter of 2016 covering most vulnerable areas which have service delivery gaps and are accessible.

## Humanitarian strategy

UNICEF is implementing the scale-up plan in coordination with other UN agencies and partners, including Government and NGOs. UNICEF's humanitarian strategy for the revised scale-up plan focuses on strengthening existing systems of UNICEF's programming to reach the most vulnerable people. Programmatically, UNICEF continues to scale-up its delivery of an integrated package of interventions to affected populations which include: nutrition response to increase coverage of SAM treatment, micronutrient supplementation and infant and young child feeding (IYCF); improve outreach of primary health care services; improve access to

<sup>1</sup> Borno Health Sector Bulletin # 01, 4 October 2016

<sup>2</sup> IOM Situation Report, 16-30 September

<sup>3</sup> Lake Chad Basin: Crisis Update No. 8, 6 October 2016

<sup>4</sup> 3<sup>rd</sup> Update on Government of Nigeria Coordination of Humanitarian Response in NE, 11 October 2016

safe water and sanitation at health facilities (including those supporting SAM treatment) and hygiene promotion; psychosocial support for children (including in safe spaces), care and support for separated and unaccompanied children, reintegration support for children associated with Boko Haram as well as ensuring increased access to education for school aged children.

## Summary analysis of programme response

**Nutrition:** In total, 93,148 children with severe acute malnutrition (SAM) have been admitted to therapeutic feeding programmes in Adamawa, Borno and Yobe states (i.e. 23.4 per cent of the target 398,188). During the reporting period, 12,093 children have been screened in 22 IDP camps, using mid-upper arm circumference (MUAC) to identify acutely malnourished children in MMC & Jere, Borno State, of whom 293 (2.4 percent<sup>5</sup>) were identified with severe acute malnutrition (SAM) and referred for treatment to the Outpatient Therapeutic Programme (OTP) in the UNICEF supported PHC centres providing integrated health & CMAM services. Additionally, under the overall humanitarian response, 1,984 children 6-23 months received micronutrients through PHC centres during the reporting period, including 270 children in MMC & Jere<sup>6</sup>.

UNICEF supported the State Primary Healthcare Development Agency (SPHCDA) and State Ministry of Health (SMOH) to train 650 health workers from 300 health facilities across 15 LGAs in Yobe state. The training was on the use of a RapidPro<sup>7</sup> reporting tool to help improve timely monitoring & reporting of nutrition interventions in the state as well as enable the SPHCDA and SMOH to monitor nutrition programmes effectively and to track supplies on a weekly basis.

**Health:** During the reporting period, 54,362 women and children have been reached with integrated PHC services. 1,735 pregnant women received ante-natal care services and 260 deliveries were assisted. A total of 10,842 children received various vaccine antigens during routine immunization in all UNICEF supported IDP camp clinics including 1,947 children (6 months-15years) immunized against measles. These included children vaccinated in Banki and Bama where daily routine immunization has commenced as a result of ARKTEK (cold chain equipment) deployed to these newly accessible areas with UNICEF support. In total, UNICEF has deployed 20 ARKTEK in seven newly accessible areas to ensure daily routine immunization.

To curtail spread of communicable diseases such as measles UNICEF has supported six response vaccination<sup>8</sup> campaigns in IDP camps. Additionally, routine immunization continues daily in all IDP camps in MMC & Jere, and surrounding areas while mass integrated measles vaccination with Vitamin A supplementation is conducted for all new arrivals in the camps targeting children 6 month to 15 years. The state wide measles campaign is scheduled for November 2016, UNICEF and partners supported the Borno SMOH to develop the measles response plan. With UNICEF's support, WHO is rolling out the early warning and response system, EWARS, to enable availability of real time data on status of measles and other outbreaks for response. To date, 325,632 children between 6 months and 15 years have been vaccinated against measles.

UNICEF supported the State Primary Healthcare Development Agency – SPHCDA, in partnership with Borno State College of Nursing and Midwifery to conduct Training of Trainers of 40 health workers on Community based New-born Care aimed at improving maternal and child health (MNCH) services at community level.

To initiate the distribution of 375,000 ITNs donated by USAID, the Deputy Governor of Borno State chaired a ceremony on 7 October; over 125,000 families in newly accessible LGAs will benefit from the mosquito nets.

**WASH:** Despite funding constraints, UNICEF in collaboration with Government's Rural Water Supply and Sanitation Agency-RUWASA and NGO partners has reached 42 per cent, 79 per cent and 51 per cent of people targeted for access to water, sanitation and hygiene promotion respectively. This achievement is through strategic alignment of UNICEF emergency WASH response with RUWASA infrastructure rehabilitation schemes/projects under the emergency response in North East. During the reporting period, 10,000 IDPs in host communities in MMC (Maiduguri centre) and Jere gained access to water through the construction of four solar boreholes in partnership with RUSAWA. Additionally, 220 new latrines were constructed (50 in Maisandri, 70 in Muna and 100 in Bolori Wards in Maiduguri) while 31 latrines were de-sludged in two IDP camps in Maiduguri (Dolari 2 and Kofa).

In the newly accessible areas, 4,570 WASH kits were distributed in Konduga town, with hygiene promotion messages, covering 27,420 people. In Dikwa LGA, 12,500 IDPs were provided access to safe drinking water through rehabilitation/upgrading of two boreholes. Additionally, in Dikwa and Gwoza, 90 latrines and 100 latrines were constructed. In Yobe state, 3,608 IDPs have been reached with hygiene messages in Damaturu, while 13 water points<sup>9</sup> are under construction in Gujba and Gulani LGAs. In total, 82,000 people were reached through improved sanitation facilities (i.e latrines) in MMC/Jere and newly accessible areas during the reporting period.<sup>10</sup>

<sup>5</sup> SAM prevalence is low in IDP camps due to high coverage and intensity of implementation of treatment services (health and CMAM) through OTP in the PHC. Additionally, services by other sectors such as WASH, food distribution (including wet feeding are easily accessible to camp population. Number of children admitted for treatment, includes this 293 as well as children admitted for treatment during the reporting period in PHCs in MMC/Jere outside of camps.

<sup>6</sup> While the result for MMC (Maiduguri centre) and Jere has been disaggregated for the MNP (270), further disaggregation is needed to specify locations of the remaining 1714 children reported.

<sup>7</sup> Short message service (SMS) based monitoring & reporting system

<sup>8</sup> Response vaccination is done in any community where five new cases of measles is reported

<sup>9</sup> Approximate coverage of water points being verified as contingent on type of water point.

<sup>10</sup> As per Annex B, the total number of people reached with improved sanitation during the reporting period was 82,000 people. This includes 44,000 people in MMC/Jere during the reporting period and 38,000 people reached in newly accessible areas (namely Dikwa and Gwoza).

**Child protection:** Over 62 per cent (2,829 out of planned 4,550) of children and women associated with armed groups/SGBV victims and 61 per cent (5,099 out of planned 8,355) of targeted unaccompanied and separated children have been supported. To enhance reintegration support for children associated with armed groups (CAAFAG), on 10-11 October, UNICEF in partnership with Neem Foundation, trained 31 representatives (23 male, 8 female) from Nigeria Red Cross, Ministry of Women Affairs and Social Development, UNICEF and local government structures on identification, documentation and tracking of CAAFAG. The trainees will be deployed next week to Bama, Dikwa and Damboa LGAs to identify and register an anticipated caseload of 1,500 CAAFAG. A new collaboration is being developed between UNICEF and State Ministry of Local Government and Chieftaincy Affairs under which LGA authorities will facilitate reintegration of CAAFAG in their LGAs. UNICEF conducted an orientation workshop on 8 October for 43 Local Government Chairpersons and Secretaries from all 27 LGAs in Borno. On 5 & 6 October, 21 members (11 females and 10 males) of the Borno State Children and Armed Conflict working group were trained on the monitoring and reporting mechanism (MRM) to enhance their capacity for documenting grave violations against children. Under UNICEF's new partnership with the NGO CHAD, 60 children (22 girls; 38 boys) in NYSC camp, in Maidiguri (MMC), were assessed and verified as requiring family tracing during the reporting period.

UNICEF child protection and HIV/AIDS teams have initiated HIV counselling and testing as part of an integrated response at the Transit Center for women and girls released from Giwa barracks. 21 women have been tested, so far, out of 107 women.

**Education:** During the reporting period, in addition to continuing support for schools in 17 registered IDP camps in Maiduguri, Yobe and Adamawa and five schools in five IDP camp in Bama, Gowza, Konduga, Mongono and Dikwa LGAs, UNICEF in collaboration with State Universal Basic Education Board (SUBEB) has initiated education services to reach 2,000 school age children in Muna Garage IDP settlement where displaced families originally from Konduga, Dikwa, Mafa, Marte are residing. Under the integrated approach, the UNICEF education and child protection team and SUBEB has completed profiling school-age children (6-12 years), of whom 341 are now enrolled in the school within the existing Child Friendly Space – CFS in Muna Garage. SUBEB has deployed eight teachers for the school.

## Communication for Development and Polio Outbreak Response

UNICEF produced and distributed 1,700 local language audio-visual speaking books in Borno state to be used by UNICEF social mobilisation network to educate community groups on key topics including maternal, new-born and child health, integrated nutrition, birth registration, polio, antenatal care, pregnancy dangers signs, benefits of using a skilled birth attendant, WASH principles and routine immunisation. In preparation for the third polio outbreak response in Borno state, 70 Polio-Survivors Group members were trained on inter-personal skills and the use of IEC materials and speaking books, joining the wider UNICEF-trained social mobilisation network for house-to-house mobilisation and resolving cases of non-compliance. UNICEF sensitised 120 traditional leaders and all LGA-level Health Educators for community-level dissemination of key messages on Inactivated Polio Vaccine (IPV) and CMAM. Polio vaccines were pre-positioned in cold chain facilities and ongoing radio jingles and announcements were aired on BRTV and Peace FM.

## Funding

UNICEF's funding requirement for emergency response in the northeast Nigeria is US\$ 115 million. So far, US\$ 28.5 million have been received (which includes carried over funds of over US\$ 4.76 M) with a funding gap of 75 per cent. Child Protection is critically underfunded at 91 per cent along with health (88 per cent) and WASH (83 per cent). The funding gap is also having a negative impact on the implementation of integrated programmes, especially health and WASH which are also essential to address the underlying causes of malnutrition.

Funding Requirements (as defined in the revised Humanitarian Action for Children (HAC))				
Appeal Sector	Requirements	Funds available*	Funding gap	
			USD	%
WASH	32,432,817	5,577,290	26,855,527	83%
Education	12,951,282	5,143,645	7,807,637	60%
Health	27,016,164	3,142,516	23,873,648	88%
Nutrition	19,324,375	12,505,456	6,818,919	35%
Child Protection	23,275,362	2,137,994	21,137,368	91%
<b>Total</b>	<b>115,000,000</b>	<b>28,506,901</b>	<b>86,493,099</b>	<b>75%</b>

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

## Next SitRep: 21 October 2016

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**Annex A: Summary Analysis of Programme Response against 2016 revised HAC targets**

	Sector Response			UNICEF and IPs		
	Sector target <sup>11</sup>	Sector total results	Change since last report	Revised UNICEF 2016 target	UNICEF total results	Change since last report
<b>NUTRITION<sup>12</sup></b>						
Number of children 6-59 months with Severe Acute Malnutrition <sup>13</sup> admitted to therapeutic care for specified period of time	398,188	93,148	3,970	398,188	93,148	3,970
Proportion of children 6-59 months with severe acute malnutrition recovered	>75%	87%	0	>75%	87%	0
Number of caregivers of children 0-23 months with access to IYCF counselling for appropriate feeding	637,952	152,654	1,093	138,904	73,797	0
Number of children 6-23 months in the affected areas receiving multiple micronutrient powder	126,565	90,899	1,984	126,565	90,899	1,984
<b>HEALTH</b>						
Number of children 6months-15years vaccinated against measles				5,731,507	325,632	1,947
Number of people reached with emergency primary health care services				4,267,534	2,777,579	54,362
Number of families reached with LLITNs				160,000	76,775	0
<b>WATER, SANITATION AND HYGIENE<sup>14</sup></b>						
Number of people provided with access to safe water per agreed standards	1,771,188	805,348	96,000	1,220,995	512,033	22,500
Number of people with access to improved sanitation facilities	1,345,400	985,652	219,852	1,033,547	815,604	82,000
Number of people reached through hygiene promotion Campaigns/ received WASH hygiene kits	2,601,209	790,694	38,237	1,100,000	557,902	31,028
<b>CHILD PROTECTION</b>						
Number of children reached with psychosocial support (including through CFS and child clubs)	559,441	237,538	1,621	436,201	157,583	1,621
Number of children and women associated with armed groups/victims of SGBV <sup>15</sup> supported with reintegration services	5,050	2,829	303	4,550	2,829	303
Number of unaccompanied and separated children supported (case managed, including those supported in alternative care arrangements)	10,655	6,806	60	8,355	5,099	60
Number of children reached with Mine Risk Education	104,000	10,988	0	104,000	10,988	0
<b>EDUCATION<sup>16</sup></b>						
Number of school-aged children including adolescents reached by schools/temporary facilities in safe learning environment	586,400	141,852	341	426,400 <sup>17</sup>	84,311	341
Number of school-aged children reached with learning materials	905,240	200,566	0	586,400	150,588	0
Number of children attending schools/TLs with a teacher trained in C/DRR (including vulnerability mapping and response planning)	231,400	0	0	231,400	0	0

<sup>12</sup> Progress against indicators not available on monthly basis. UNICEF is in the process of establishing monitoring & reporting systems to address this gap.

<sup>13</sup> UNICEF target is 100 per cent of SAM caseload for Borno (244,268), Yobe (106,105) and Adamawa (47,815)

<sup>14</sup> Sector target revised for access to safe water and sanitation as of end Sept 2016. These revised targets have been validated and agreed by Sector partners.

<sup>15</sup> including victims of forced marriage and sexual violence and children born out of sexual violence

<sup>17</sup> UNICEF access target corrected from 586,400 in previous reports to 426,400. But target is being reviewed/discussed at country level.

**Annex B: Summary Analysis of Programme Response against UNICEF Scale Up targets (with effect from 1 September 2016)**

Sector	Location									UNICEF		Change since last report ▲▼
	MMC Jere South Borno			Newly Accessible Areas			Yobe (Gujuba and Gulabi LGAs)			Total Results		
	Target	Results	Change Since last report	Target	Results	Change Since last report	Target	Results	Change Since last report	Target	Results	
<b>NUTRITION</b>												
Number of children 6-59 months with Severe Acute Malnutrition admitted to therapeutic care for specified period of time	71,604	4,523	929	50,544	764	764	5,932	89	0	128,080	5,376	1,693
Proportion of children 6-59 months with severe acute malnutrition recovered	>75%	86%		>75%	77%		>75%	0	0	>75%	82%	0
Number of caregivers of children 0-23 months with access to IYCF counselling for appropriate feeding	68,000	2,214	0	12,000	0	0	6,434	0	0	86,434	2,214	0
Number of children 6-23 months in the affected areas receiving multiple micronutrient powder	51,000	3,355	270	9,000	0	0	4,826	0	0	64,826	3,355	270
<b>HEALTH</b>												
Number of children 6months-15years vaccinated against measles	1,360,427	3,619	927	954,750	2,869	806	144,000	1,493	214	2,459,177	7,981	1,947
Number of people reached with emergency primary health care services	600,000	85,377	28,783	750,000	69,281	17,178	320,000	34,796	8,401	1,670,000	189,454	54,362
Number of families reached with LLITNs	10,000	0	0	125,000	0	0	25,000	0	0	160,000	0	0
<b>WATER, SANITATION AND HYGIENE</b>												
Number of people provided with access to safe water per agreed standards	391,154	106,460	10,000	375,000	137,905	12,500	51,608	13,000	0	817,762	257,365	22,500

Number of people with access to improved sanitation facilities	606,939	179,017	44,000	375,000	253,400	38,000	51,608	0	0	1,033,547	432,417	82,000
Number of people reached through hygiene promotion Campaigns/received WASH hygiene kits	606,939	122,184	0	375,000	142,735	27,420	51,608	15,886	3,608	1,033,547	280,859	31,082
<b>CHILD PROTECTION</b>												
Number of children reached with psychosocial support (including through CFS and child clubs)	246,566	41,068	294	121,635	16,737	15	8,000	0	0	376,201	57,805	309
Number of children and women associated with armed groups/victims of SGBV (including victims of forced marriage and sexual violence and children born out of sexual violence) supported with reintegration services	1,125	1,542	303	1,150	215	0	50	0	0	2,325	1,757	303
Number of unaccompanied and separated children supported (case managed, including those supported in alternative care arrangements)	4,130	2,873	60	2,875	1,038	0	150	0	0	7,155	3,911	60
Number of children reached with MRE	74,800	0	0	21,200	0	0	8,000	0	0	104,000	0	0
<b>EDUCATION</b>												
Number of school-aged children including adolescents reached by schools/temporary facilities in safe learning environment	158,500	341	341	200,000	9,779	0	67,900	0	0	426,400	10,120	341
Number of school-aged children reached with learning materials	158,500	0	0	200,000	2,500	0	67,900	0	0	426,400	2,500	0
Number of children attending schools/TLSs with a teacher trained in C/DRR (including vulnerability mapping and response planning)	79,250	0	0	100,000	0	0	33,950	0	0	213,200	0	0

## INTERNAL

### Child Protection

On 7 October, UNICEF, representing the Nigeria Country Task Force on the Monitoring and Reporting Mechanism on grave violations against children, met the leadership of the Civilian Joint Task Force (CJTF) informing them about the listing by the UN Secretary General in his Annual Report for recruitment and use of children and the consequence of listing. UNICEF offered expert advice on how CJTF could cooperate with the UN to end grave violations against children. The CJTF agreed to development and implementation of an Action Plan aimed at ending recruitment and use of children in armed conflict. A workshop will be held on 12 October to discuss the content of the Action Plan.

### Security

The North East continues to be impacted by the Boko Haram insurgency with occasional attacks on villages and suicide bombing incidents in Maiduguri/MMC. A suicide bomber detonated a bomb near Muna Garage in Maiduguri/MMC, five people were killed and four wounded. Also, three female suicide bombers were shot dead at a military checkpoint in Gwoza LGA (135 km SE of Maiduguri) while another female suicide bomber detonated explosives strapped to her body in a taxi in Maiduguri killing five and wounding 13. The military arrested a number of Boko Haram insurgents within Maiduguri and outlying areas.

Borno State remains at SRM Level 5 (Very High Risk); Maiduguri Level 4 (High risk) while Yobe State is at Level 4 (High Risk). Nine out of the 27 LGAs in Borno State remain restricted/inaccessible due to very high insecurity.

### Media and Communication

Media attention continues to grow slowly, facing strong competition from Syria on the humanitarian front, the US Presidential cycle and, most recently, Hurricane Matthew (namely the impact on Haiti and the United States). The 11 October press release on the polio vaccination campaign and malnutrition screening received moderate pick-up; following up with interviews with the Guardian (UK) and Reuters. UNICEF is negotiating with senior military commanders on developing modalities for access to newly-accessible areas for media to cover the UNICEF response in these areas. This is particularly relevant for upcoming visits with the Wall Street Journal and potentially also CNN and Channel 4 (UK). A temporary consultant has been secured to provide additional photographs and stories as well as for media liaison in Borno state. A surge support member from New York is in Maiduguri for almost three weeks and will support collection of additional communication materials, in particular around upcoming press releases on the UNICEF health response and a UNICEF report on Children Associated with Armed Forces and Armed Groups (CAAFAG).

### Supply and Logistics

- The SMOH distributed 131<sup>18</sup> Nigeria Health kits in Borno state health facilities. The distribution of 375,000 mosquito nets started this week: 122 000 nets were distributed to partners. UNICEF is providing support to the SMOH warehouse team to reorganize its stores and introduce basic stock management tools (on going activity).
- Two containers of RUTF (2,546 boxes) have been delivered to Maiduguri SMOH stock.
- Education supplies covering the needs of 28,000 children are being dispatched from Lagos to Maiduguri State Ministry of Education-SMOE store.
- Three companies have been recommended and assessed for vehicle rental. Maiduguri office's internet band width has been upgraded. Two pre-fabricated offices of 21 sqm each have been ordered and will be installed in the coming week.
- Rehabilitation of the Maiduguri warehouse (1500 sqm) is almost 45 per cent complete. The IRT logistics specialist initially deployed to Maiduguri ended his mission and is being replaced by end of this week.

### Human Resources

- 37 surge requests are currently identified in the OSM (21 programme, 7 Operations and 9 cluster Coordination); Candidates have been identified for all 37 requests.
- The office is working closely with DHR colleagues to push for staff who are already identified to be on ground here as quickly as possible.
- 27 surge staff are on ground in Nigeria as of 12 October 2016 (15 in programme, 6 in Operation and 6 in cluster coordination)
- 21 surge staff are on ground in Maiduguri Field Office; one is based in Jos (UNICEF Warehouse); one in Yobe and four in Abuja. Internal re-deployment is being used to fill gaps
- Visas are being issued and the office continued to facilitate visa on arrival for staff coming from countries where Nigeria do not have embassy presence.
- 10 surge team members (4 programme, 4 Operations and 2 cluster) will complete their mission assignments in the month of October. There is a need to look at possibility of extension where necessary and/or long term arrangement.

<sup>18</sup> One Nigeria health kit can cover approx. 500 people/per kit; 131 kits can cover approximately 65,500 people.