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Nigeria

Violence and conflict-related displacement have increased dramatically in Nigeria over the past decade. In the three most directly affected states of Adamawa, Borno and Yobe, 7.7 million people require humanitarian assistance, including 4.3 million children and 1.6 million internally displaced persons, more than half of whom are children.¹ Ninety-two per cent of the internally displaced are located in the three north-eastern states.² An estimated 400,000 children in 14 local government areas in Borno State will be severely malnourished in 2018, and five local government areas in Yobe State are experiencing global acute malnutrition rates of 10-20 per cent.³ An estimated 1.5 million people lack access to safe water (940,000 in Borno, 480,000 in Adamawa and 80,000 in Yobe).⁴ As a result, vulnerable children are becoming acutely malnourished after repeated bouts of diarrheal disease. Only half of the 755 health facilities in Borno State remain functional⁵ and nearly 1,400 schools have been damaged or destroyed.⁶ Many of these schools are unable to reopen for safety reasons. More than 1 million children in Nigeria are currently out of school.⁷ The protracted crisis has also compromised the physical safety and psychosocial well-being of 2.5 million children in north-east Nigeria, who require immediate assistance.⁸

Humanitarian strategy

In close collaboration with the Government, UNICEF co-leads the water, sanitation and hygiene (WASH), nutrition and education sectors, and the child protection sub-sector. In 2018, UNICEF will continue to deliver an integrated intervention package to affected populations, in coordination with the Government, United Nations agencies, and non-governmental organizations (NGOs). To effectively scale up interventions, UNICEF has diversified and strengthened these partnerships with the aim of employing additional local partners in the response. In 2017, 19 out of 39 NGO programme agreements were with national NGOs. To improve the quality of its response, UNICEF is increasingly taking an integrated approach, especially among the health, nutrition and WASH sectors. UNICEF will work with community-based WASH committees to increase community mobilization for hygiene promotion, including regular cleaning of latrines and maintenance of water points, as well as the dissemination of hygiene messages. A key aspect of this approach will be the integration of WASH facilities into schools, child-friendly spaces and health/nutrition centres, as well as teacher training on the provision of psychosocial support in classrooms. The Rapid Response Mechanism will be strengthened to deliver immediate life-saving assistance to highly vulnerable families, followed by a sectoral response.

Results from 2017

As of 31 October 2017, UNICEF had US\$98.4 million available against the US\$146.9 million appeal (67 per cent funded).⁹ With nutrition activities funded at 97 per cent as of the end of October 2017, UNICEF was able to reach 161,317 children with severe acute malnutrition (SAM) with treatment (73 per cent of the target), and expects to reach another 220,000 children by the end of the year. More than 500,000 people gained access to safe water with UNICEF support over the course of the year. This result was lower than planned because UNICEF focused on ensuring the sustainability of the WASH services provided, including by providing safe water and sanitation services in institutions and water facility maintenance in host communities. Although health activities were only 37 per cent funded, more than 3.6 million people accessed emergency primary health care services (93 per cent of the target) and 4.1 million children received measles immunization. In addition, UNICEF supported 49 health centres with medicine and WASH supplies. Although final data is still being compiled, at least 600,000 children have accessed UNICEF-supported school facilities. Some 140,000 children benefitted from psychosocial services, and more than 4,200 unaccompanied and separated children received UNICEF support.

Humanitarian Action for Children

unicef 

Total people in need:

7.7 million

Total children (<18) in need:

4.3 million

Total people to be reached:

3.9 million

Total children to be reached:

3.4 million

2018 programme targets:

Nutrition

- 215,300 children aged 6 to 59 months affected by SAM admitted for treatment
- 519,640 caregivers of children aged 0 to 23 months accessing infant and young child feeding counselling

Health

- 6,212,000 consultations provided for internally displaced persons and affected host communities
- 3,394,250 children immunized against measles

WASH

- 1.05 million people provided with access to and sustained supply of safe water as per agreed standards
- 850,000 people with access to improved and sustained sanitation facilities
- 1 million vulnerable people reached with hygiene messages
- 500,000 people provided with WASH kits, including top ups

Child protection

- 367,050 children and adolescents benefitting from psychosocial support services and life skills
- 5,280 children and adolescents formerly associated with armed groups or returning from captivity benefitting from socio-economic reintegration assistance

Education

- 562,250 children accessing learning through formal and non-formal learning spaces
- 1,458,000 girls and boys receiving learning materials

	Sector 2017 targets	Sector total results	UNICEF 2017 target	UNICEF total results
NUTRITION				
Children aged 6 to 59 months with SAM admitted to therapeutic care for specified period of time	314,557	226,068	220,190	161,317 ⁱ
Children aged 6 to 59 months with SAM recovered (%)	>75%	85.2%	>75%	84.7%
Caregivers of children aged 0 to 23 months with access to infant and young child feeding counselling	731,332	1,048,108	511,932	484,558
Children aged 6 to 23 months in affected areas receiving multiple micronutrient powder	561,078	435,134	280,539	435,134
HEALTH				
Children aged 6 months to 15 years vaccinated against measles			1,763,711	4,199,984
People reached with emergency primary health care services			3,919,357	3,663,710
Families reached with long-lasting insecticide-treated nets			653,226	118,164 ⁱⁱ
WATER, SANITATION AND HYGIENE				
People provided with access to safe water per agreed standards	1,977,987	2,044,681	1,028,000	525,719 ⁱⁱⁱ
People with access to improved sanitation facilities	418,000	773,006	217,000	199,739
People reached through hygiene promotion campaigns/received WASH hygiene kits	1,114,238	1,120,009	1,028,000	753,630
CHILD PROTECTION				
Children and adolescents benefitting from psychosocial support services	650,000	250,391	375,000	139,715 ^{iv}
Children and women associated with armed groups/victims of sexual and gender-based violence ^v supported with reintegration services ^{vi}	5,500	5,082	5,500	4,538
Unaccompanied and separated children supported (case managed, including those supported in alternative care arrangements)	12,000	8,131	9,200	4,212
EDUCATION				
School-aged children, including adolescents, reached through schools/temporary facilities in safe learning environments	1,600,000	600,184	1,260,000	598,352 ^{vii}
School-aged children reached with learning materials	1,600,000	105,018	1,260,000	105,006 ^{vii}

Results are through 31 October 2017 unless otherwise noted.

ⁱ Although achievement against this target is low due to data only being available through the end of September, UNICEF nutrition expects to reach or nearly reach the target by the end of the year.

ⁱⁱ UNICEF did not receive specific other resources-emergency funding for the distribution of long-lasting insecticide-treated nets in north-east Nigeria.

However, a donation of 670,000 nets was received from the United States Agency for International Development and the nets are currently being distributed.

ⁱⁱⁱ Rather than prioritizing safe water coverage, UNICEF WASH has focused on increasing the quality and sustainability of services by improving operation and maintenance.

^{iv} Underfunding of child protection activities has severely affected achievement against the target.

^v This includes victims of forced marriage and sexual violence and children born out of sexual violence.

^{vi} Sector and UNICEF targets are the same but results are different because Plan International and International Alert received funds in 2017 to support responses to children associated with armed forces and groups and sexual and gender-based violence that were not included in the annual sector response plan developed in late 2016.

^{vii} The destruction of schools has increased the complexity of the response and slowed the implementation of education programmes.

Funding requirements

In line with the country's inter-agency 2018 Strategic Response Plan, UNICEF is requesting US\$149,000,000 to meet the humanitarian needs of children in Adamawa, Borno and Yobe states in north-eastern Nigeria. Without adequate and timely funding, UNICEF will be unable to continue its support to critical WASH services for internally displaced persons vulnerable to cholera outbreaks, as well as health services, particularly for malaria prevention. Lack of funding will also undermine the provision of critical child protection services and basic supplies for primary education, which are urgently needed to protect children's right to education.

Sector	2018 requirements (US\$)
Nutrition	38,754,000
Health	26,267,000
Water, sanitation and hygiene	19,448,000
Child protection	25,743,000
Education	34,723,000
Emergency preparedness and response coordination	4,065,000
Total	149,000,000

¹ International Organization for Migration, 'Displacement Tracking Matrix Round XIX Report - October 2017: Nigeria', IOM, October 2017.

² Office for the Coordination of Humanitarian Affairs, 'Nigeria Humanitarian Response Plan 2018', OCHA, 2017.

³ Ibid.

⁴ Ibid.

⁵ Health Cluster Health Resources Availability Monitoring System assessment, September 2017.

⁶ United Nations Children's Fund, 'More than half of all schools remain closed in Borno State, epicentre of the Boko Haram crisis in northeast Nigeria', UNICEF, 29 September 2017, available at: <www.unicef.org/media/media_100953.html>, accessed 8 December 2017.

⁷ Estimate of the Education in Emergencies Working Group, 2017.

⁸ Health Cluster Health Resources Availability Monitoring System assessment, September 2017.

⁹ Available funds include US\$66.9 million raised against the current appeal and US\$31.5 million carried forward from the previous year.

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