

NIGERIA

Consolidated Emergency Report

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for every child



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Expression of Thanks

UNICEF aims to defend the rights of every child in all the challenging locations around the world. In more than 190 countries, we do our utmost to ensure children survive, thrive and fulfil their greatest potential from early childhood through adolescence. We intend to intervene on behalf of children and families from the beginning, throughout, and after a humanitarian emergency. We are independent and objective and aim to uphold children's rights amidst times when their futures are uncertain.

And we never give up.

We take this opportunity to thank all our partners for their commitment and trust in UNICEF.

UNICEF Nigeria Country would like to extend our deep appreciation to our implementing partners for their tireless efforts and commitment to achieve results for the children, women and internally displaced populations of Nigeria. Together with our international NGO, national NGOs and government partners, we are working to save lives, alleviate suffering and ensure respect for children's rights.

The work of UNICEF is funded entirely through individual donations and the voluntary support of our partners in government, UNICEF National Committees, civil society, the private sector and foundations. These contributions and partnerships enable UNICEF to deliver on its mandate to protect children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential. Together we have delivered life-saving assistance to children, women and families in Nigeria.

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Abbreviations and Acronyms

C4D	Communication for Development
CFS	Child-friendly space
CJTF	Civilian Joint Task Force
CLTS	Community-led total sanitation
CMAM	Community management of acute malnutrition
COVID-19	Coronavirus disease 2019
CPiE	Child Protection in Emergencies
CRC	Convention on the Rights of the Child
CSD	Child survival and development
DDR	Disarmament, Demobilization and Reintegration
DTM	Disaster Tracking Matrix
ECD	Early childhood development
EiE	Education in Emergencies
EU	European Union
FMWR	Federal Ministry of Water Resources
GAM	Global acute malnutrition
GBV	Gender-based violence
GBViE	Gender-based violence in emergencies
HF	Health facility
HIV	Human Immunodeficiency Virus
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IDP	Internally displaced person
IOM	International Organization for Migration
IP	Implementing partner
LGA	Local Government Area
LGEA	Local Government Education Authority
MAM	Moderate acute malnutrition
MICS	Multiple Indicator Cluster Survey
MICS/NICS	Multiple Indicator Cluster Survey / National Immunization Coverage Survey
MRM	Monitoring and Reporting Mechanism
NCDC	Nigeria Center for Disease Control
NFI	Non-food items
NGO	Non-governmental organization
NSAG	Non-state armed groups
NSCDC	Nigeria Security and Civil Defence Corps
OCHA	Office for the Coordination of Humanitarian Affairs
ODF	Open defecation free
OOSC	Out-of-school children
PCA	Programme Cooperative Agreement
PMTCT	Prevention of mother-to-child transmission of HIV
PSEA	Prevention of sexual exploitation and abuse
PSS	Psychosocial support
RRM	Rapid Response Mechanism

RUTF	Ready-to-use therapeutic food
SAM	Severe acute malnutrition
SBC	Social and behavioural change
SEA	Sexual exploitation and abuse
SGBV	Sexual and gender-based violence
SMART	Standardized Monitoring and Assessment of Relief and Transitions survey
SMS	Short Message Service
TLC	Temporary learning centre
UASC	Unaccompanied and separated children
UN	United Nations
UNICEF	United Nations Children's Fund
WASH	Water, sanitation and hygiene



To bolster localization, the Child Protection Section is strengthening partnerships with national women-led organizations.

Executive Summary

At the beginning of 2022, an estimated 12.8 million people, including 8.1 million children and 4.7 million adults, were affected by conflict in North-East and Northwest Nigeria. Of these, over 2.3 million people were displaced, while 1 million were living in inaccessible areas.¹ The alarming levels of food insecurity and malnutrition were due to the protracted conflict in the Northeast and growing hostilities in the Northwest. All of this was compounded by epidemic outbreaks such as yellow fever, cholera and malaria. In August, the most devastating flooding in a decade displaced another 1.4 million people and affected 3.2 million people in 35 of Nigeria's 36 states. Half of those affected were children and 612 lives were lost. By the end of 2022, 5.4 million children were in need of humanitarian assistance and 2.7 million people were internally displaced.

In January 2022, while it would cover a fraction of the need, UNICEF appealed for US\$230.7 million² to reach 5.2 million people and 2.9 million children. When the flooding occurred, UNICEF put forward a flash appeal for an additional \$12 million. The aim throughout the year was to deliver an integrated package of assistance with a multi-sectoral focus on nutrition, education, water, sanitation and hygiene (WASH), health and child protection services to address the needs of vulnerable and crisis-affected children.

Utilizing the Rapid Response Mechanism, UNICEF worked to provide prompt and coordinated support and focus emergency response to conflict-affected populations in the Northeast and Northwest and other emerging crises. In 2022, UNICEF identified four crucial sectoral needs:

- 3.3 million people without access to safe water and hygiene
- 2.9 million people in need of nutrition assistance
- 2.1 million children in need of protection services
- 1.8 million children in need of education support¹

UNICEF has continued to scale up the delivery and quality of the humanitarian response to affected populations in Borno, Yobe, and Adamawa states in coordination with the Government, other United Nations agencies, and non-governmental organizations (NGOs). UNICEF targeted the most vulnerable populations distinguishing service provision between internally displaced persons (IDPs) and the host communities. In locations where both are present, UNICEF ensured equal access to the services to ensure conflict sensitivity.

UNICEF diversified and strengthened its partnerships to improve the reach and flexibility of response. Aside from partnering with the Government, UNICEF increased partnerships with reliable international and national NGOs. Moreover, as part of its humanitarian commitments, UNICEF is co-leading the WASH, Nutrition, Child Protection and Education Sectors in collaboration with government and INGO co-leads.

UNICEF is also vigorously promoting outreach and mobile strategies in nutrition to ensure greater accessibility to nutrition services for populations that live far from the fixed sites to increase admissions. UNICEF supported the State Primary Health Care Development Agency in setting up 485 outreach sites in the Northeast and 162 in the Northwest states.

To improve the quality of response, UNICEF is increasingly integrating its approach, especially amongst Health, Nutrition and WASH and where possible, multi-sector programme agreements have been developed with NGOs. This has included increased community mobilization to ensure

¹ United Nations Children's Fund, Humanitarian Action for Children Appeal, 2022.

that the software components of the programmes receive increased attention through WASH Committees for the operation and maintenance of water points, community mobilization to clean latrines and demand creation for health and nutrition services. Integrating WASH facilities into school activities along with integrating Child Protection is another critical component of this approach, especially through training for teachers on psychosocial support for use in the classroom.

Programme monitoring has been strengthened with the implementation of a two-pronged strategy for field monitoring: a) programme implementation monitoring by the programme sections; and b) complementary monitoring of response quality, gaps and emerging issues conducted by independent third-party monitors in collaboration with the affected populations.

Increased funding and elevated needs resulted in 160,000 more children treated for severe acute malnutrition than planned in Katsina and Borno states in the Northeast and Northwest, respectively. UNICEF has been working to secure the pipeline for ready-to-use therapeutic food (RUTF) and made significant progress in 2022. Thanks to agreements with RUTF factories in Lagos and Kano, RUTF has been secured through September 2023 in the Northeast, and through December 2023 in the North West. A third RUTF is awaiting inspection by UNICEF Supply Division quality assurance department after improving their production. Measles vaccinations exceeded the target by 29 per cent despite being 45 per cent underfunded. UNICEF also delivered access to learning to nearly double the targeted number of children, reaching 196 per cent of the target despite receiving 44 per cent of the funding requests. Child Protection met 93 per cent of its target to provide children, adolescents and women with mental health and psychosocial support, despite a 24 per cent funding gap. On 30 September 2022, the Government of Nigeria and UNICEF signed the landmark Handover Protocol to protect children encountered during military operations.

In anticipation of damage from seasonal flooding and in partnership with the Red Cross Red Crescent Movement, UNICEF delivered cash transfers to 5,000 flood-prone households in six targeted communities in Kaduna state. Following the floods, UNICEF targeted the eight most devastated states with emergency multi-sectoral response to prevent and treat cholera, acute watery diarrhoea and malnutrition, repair WASH facilities and test water quality, provide oral rehydration, essential medical supplies and integrated primary health care services and strengthen case management for child protection.

Limited access to areas affected and underfunding were two of the biggest challenges UNICEF experienced. This impacted, for example, targets to provide access to safe water. UNICEF received only 33 per cent of the requested funding yet was able to meet 58 per cent of the target.

The value of thematic funds to UNICEF programmes cannot be stressed enough and flexible funds, especially, allow UNICEF to be agile in responding to the most affected communities when they most need emergency and humanitarian assistance.



Humanitarian Context

The crisis in Nigeria is multifaceted and protracted. Given the worsening insecurity, the influx of new arrivals and unplanned returns, the deteriorating food security situation and increased incidences of malnutrition, significant life-saving services are needed for more children and families.

In 2022, humanitarian needs in Nigeria continued, with conflicts in the North East and the North West geopolitical zones affecting approximately 12.8 million people and displacing 2.3 million.³ Nearly 1.3 million children require access to school due to disruption and destruction of school facilities in both regions. Around 1.7 million children require protection from child marriage, family separation, physical and sexual violence, psychosocial distress and use and recruitment by non-state armed groups.⁴ The third report of the UN Secretary-General on Children and Armed Conflict in Nigeria, released in September 2022, highlighted that 694 grave violations against 532 children were verified during the reporting period from January 2020 to December 2021 (250 in 2020 and 444 in 2021). This represented a significant decrease compared to the previous report, during which 5,741 grave violations were verified for three years.⁵

The crisis in Nigeria is multifaceted and protracted with insecurity, an influx of new arrivals and unplanned returns, and the deteriorating food security situation accompanied by increased malnutrition. Threats against aid workers by parties to the conflict, including politicization, is affecting humanitarian access, with many areas at high risk. Increasing numbers of illegal checkpoints on roads affect cargo and personnel movement, worsened by threats of attacks, improvised explosive devices or unexploded ordnances and impassable routes.

North East Nigeria

At the beginning of 2022, more than 5.1 million people were experiencing worsening food insecurity. Over 1.1 million children were acutely malnourished at a scale not seen since 2018 and the global acute malnutrition (GAM) rate was over the critical threshold of 15 per cent. Poor health and WASH infrastructure in the context of COVID-19 and flooding intensified high levels of epidemics and illnesses such as measles, cholera, yellow fever and malaria, leaving 2.8 million⁶ in critical need of sustained, equitable access to clean water and dignified hygiene and sanitation services.

The number of internally displaced people peaked at 2.2 million – half of whom were children by the end of 2022.⁷ This is now the same level as in 2015 at the peak of the armed conflict. Eighty per cent of IDPs are in Borno State, 60 per cent are in host communities and more than 1 million people are in inaccessible areas where services and assistance do not reach them. The protracted conflict and influx of IDPs from fresh fighting have exacerbated existing needs.

In 2022, approximately 850,000 of the IDPs lived in 279 formal and informal camps, compared to 890,421 in 295 in 2021. The Borno State Government carried out closures of IDP camps mostly in the greater Maiduguri area, forcing the relocation of 200,000 people. A total of 139,000 were from IDP camps in Maiduguri Metropolitan Council, Jere and Konduga local government areas (LGAs). These camp closures have often been unilateral and without the involvement or consultation of aid agencies, causing secondary displacement of the IDPs. The IDPs dispersed to different places across the state, including hard to reach areas and locations with little or no basic social services, prompting many IDPs to move into existing IDP camps where facilities and resources are already overstretched. Anecdotal reports indicate that women and children in dire situations have resorted to harmful coping strategies. The security situation remains volatile, including in many of the return areas. Some returnees, for example, have been targeted or affected by non-state armed group (NSAG) attacks and clashes with the Nigerian security forces.

Refugee returns have also been conducted outside the Tripartite Agreements, for example, in Gwoza town (from Cameroon), Mallam Fatori (from Niger), or in Marte LGA, where refugee returns (from Niger) were conducted during deadly armed clashes between NSAGs and security forces raising concerns around protection of refugees as stipulated by refugee law. NSAGs have targeted civilians going out of the military security perimeter for livelihood activities resulting in extortion, kidnapping, killing and gender-based violence. Humanitarian access continued to shrink as humanitarian aid workers are targets of NSAGs and large territories have become inaccessible. About 1.1 million people⁸ are trapped in those inaccessible locations; many of the roads are highly insecure and spotted with illegal checkpoints and improvised explosive devices.

Between August-October, water and sanitation services were deeply impacted by heavy flooding and sudden camp closures, resulting in an impossibility of reaching the standards in numerous overflowed congested camps and settlements and in sites where people have relocated after being moved because of camp closures. All three northeastern states declared an official cholera outbreak: Yobe on 14 August, Adamawa on 31 August and Borno on 17 September. According to WHO, 52 per cent of the over 17,000 cases and 46 per cent of deaths recorded countrywide since January 2022 were in Borno. The three BAY (Borno, Adamawa and Yobe) states recorded 14,940 cases of cholera.² By November 2022, the BAY states registered 62 per cent (15,000) of the total cholera cases in Nigeria (24,000), and the highest mortality rates from cholera: 3 per cent compared to the rest of the country's 1 per cent.⁹

The nutritional landscape continues to weaken. Nearly 2 million children aged 0-59 months across the BAY states will likely suffer from acute malnutrition through 2023, including 697,000 severe acute malnutrition (SAM) cases, as of November 2022. Rising insecurity, high prices of food commodities and seasonal infections all contribute to the acute nutritional challenges.

A total of 173 schools were closed in 2022. Of these, 30 were due to attacks verified and attributed to Islamic State's West Africa Province (ISWAP) and Jama'atu Ahlis Sunna Lidda'adati wal-Jihad (JAS), affecting about 67,000 boys and girls. These attacks were in the form of burning and destruction of school infrastructure. Another six schools were occupied and used by the Nigerian Security Forces in six locations in Borno State.

For the Child Protection Area of Responsibility, 2 million people needed child protection services across BAY states. The humanitarian situation impacted negatively on children leading to family separation, accompanied and separated children in need of alternative care and family tracing, mental health and psychosocial support (MHPSS) needs rose rapidly, as did the number of children exiting NSAGs. Out of the 1.3 million children targeted, the Child Protection Area of Responsibility reached 1.2 million children through 36 active operational partners with a funding gap of about 50 per cent.

According to the multi-sectoral needs assessment for 2022, the BAY states recorded an increased number of people in need of WASH assistance from 3 to 5 million, across internally displaced persons from 0.9 million to 1.1 million (+29 per cent), returnees from 0.6 million to 1.2 million (+113 per cent) and host communities from 1.4 million to 2.7 million (+93 per cent).

² Nigeria Centre for Disease Control and Prevention (NCDC), Cholera Situation Report Monthly Epidemiological Report 10, Epidemiological week 44 - 47: (31 October to 27 November 2022).

Northwest Nigeria

Northwest Nigeria faces a multi-dimensional crisis rooted in long-standing tensions and the failure of development. This has led to, and been exacerbated by, unemployment, poverty, weak governance, multiple displacements, a lack of access to basic services and climate change. The roots of the perpetuating insecurity can be traced to conflicts between herders and pastoralists over land and water resources, both of which are diminishing due to climate change.

Armed violence by a multitude of armed actors referred to as bandits and vigilantes is centered in all Zamfara State and has spilled over into parts of Sokoto, Katsina and Kaduna states. Banditry, mass kidnapping and abduction of children have led to cycles of population displacement, driven by the above-mentioned chronic under-development and climate change. In 2022, the crisis was further compounded by flooding and a cholera outbreak: Jigawa, Katsina, and Kano were the hardest hit states in the Northwest. The intensity of the violence, and the unsuccessful attempts of the government to address the host of challenges, have evolved into a crisis of a humanitarian nature.

In 2022, 350,000 people in the Northwest were internally displaced with 89 per cent living in host communities¹⁰ and others staying in informal camp-like settings. The population of IDPs increasingly places pressure on already-limited services and the coping capacity of host communities. IDPs staying in the camp-like settings are the most vulnerable due to limited WASH services, high incidences of diarrhoea and heightened exposure to crime and sexual and gender-based violence (SGBV).

At the beginning of 2022, around 1.7 million people were projected to be food insecure, complicating the high malnutrition and average GAM rate of 7 per cent.¹¹ The spike in levels of acute malnutrition has impacted Sokoto, Zamfara, and Katsina states the most with the combination of food insecurity, protection, shelter and WASH needs. Basic services, such as education and health, are also weak. This exacerbated deprivation has impacted the region with the lowest development indicators in Nigeria, partly due to underdevelopment and under-investment in social development.¹²

For example, only 35 per cent of the population has access to a basic water supply and sanitation facilities. In host communities and camps, 41 per cent have access to less than 15 liters per day, 71 per cent have unimproved water facilities, 99 per cent have latrines that are either unhygienic or unusable, and up to half of these sites show evidence of open defecation. This significant exposure and recurrence of preventable and waterborne diseases such as measles, cholera and malaria and the nationwide cholera outbreak further deepened the already dire situation.¹³ In the first quarter of 2022, the Northwest recorded the highest number of measles, with 7,534 suspected cases. In addition, 1,800 cases of cholera were recorded in the states affected by flooding (i.e., Jigawa, Kano and Katsina).

Children's access to education continues to be impacted by the ongoing conflict. Seventy-eight incidents of school attacks were recorded in 2022 across Zamfara, Katsina and Sokoto states, and 437 schools were closed, largely due to insecurity in Zamfara. Out of 1,745 primary schools, 60 were attacked and 168 were closed, negatively affecting the learning of 33,260 children. Additionally, two secondary schools were attacked in Zamfara State, affecting 410 students, and 21 secondary schools were closed for fear of being attacked, disrupting the learning for 14,120 children. In Katsina State, 16 attacks against schools were recorded in 2022, resulting in at least two school staff killed and over a dozen abductions of children and school staff. Another 99 schools were closed due to insecurity, affecting the learning of 31,000 children (14,500 girls and 16,300 boys). Most of these schools were moved to neighboring villages. While no attacks on schools were recorded in Sokoto State in 2022, 149 primary schools out of 2,092 and 20 secondary schools out of

147 were closed amid security fears. As a result, 37,041 primary schools and 11,339 secondary school children's education was disrupted in 2022.

Flooding

Heavy rainfall and overflowing rivers occurred in August, September and October, affecting 35 of the 36 states in the country. This resulted in the worst flooding Nigeria has experienced in a decade and affected 4.4 million people, including 2.6 million children. The water damaged homes, farmlands, public health facilities, water systems and sanitation facilities, and increased the risk of waterborne diseases such as cholera, diarrhoea and malaria. As a result, some 2.4 million of these people were displaced and took temporary refuge in makeshift IDP sites such as schools and health facilities. States in the south were flooded, states in the north were affected and Anambra in the Southeast was the most impacted state. This natural disaster exacerbated the pre-existing humanitarian needs from ongoing conflicts and insecurity in the Northeast and Northwest.



Humanitarian Results

Throughout 2022, UNICEF worked in close partnership with the government, United Nations agencies, and international and national NGOs to reach people affected by ongoing crises in Nigeria. Where possible, UNICEF utilized the triple nexus humanitarian-development-peace programming and strengthened risk communication and community engagement (RCCE) for social and behavioral change (SBC). UNICEF's response was integrated and multi-sectoral, focusing on conflict-affected populations and ensuring adequate COVID-19 and preparedness measures were in place. UNICEF co-led the Nutrition, WASH and Education Sectors and the Child Protection Sub-sector with the government, focusing on quality through improved sector coordination and leadership. A Rapid Response Mechanism by UNICEF and partners provided immediate and coordinated support to affected populations in the event of a rapid escalation of crises.

UNICEF also focused on improving the quality of its humanitarian programming, ensuring strong linkages between humanitarian and development, and mainstreaming the prevention of sexual exploitation and abuse (PSEA). UNICEF provided services that have ensured malnourished children and women are identified for early admission to life-saving SAM treatment. UNICEF worked to provide high impact preventative nutrition services, and when necessary, treatment services that were accessible and delivered in a timely and equitable manner. Delivered through primary health care systems and in partnership with the Health Section, the Nutrition Section integrated good quality nutrition services in conjunction with antenatal and postnatal care services for women, the delivery of infants, and immunization services for children.

While providing an effective and timely response to disease outbreaks, the integrated primary health care system continues to be strengthened to provide services to IDPs, returnees and hosts. UNICEF ensured sustained access to clean water, sanitation and hygiene services in camps and host communities. Conflict-affected IDPs and host communities were also provided with improved, sustainable access and increased use of adequate emergency WASH services.

The protection of children and women was increased through community-based actions to mitigate risks and prevent and respond to violence, exploitation and abuse. These were achieved through access to essential child protection services and socioeconomic reintegration of children formerly associated with organized armed groups. UNICEF ensured access to quality education opportunities for children in humanitarian situations while strengthening the education system to address the transition to regular schools.¹⁴

Finally, UNICEF continued integrating multi-sectoral humanitarian cash assistance for the most vulnerable households in crisis-affected areas.¹⁵ In all responses, UNICEF paid attention to sensitive high-impact interventions and accountability to affected persons. Strengthening data and evidence was a key tool to enhance risk monitoring and preparedness for anticipatory action.¹⁶ Across all programmatic sectors, UNICEF strengthened gender-based violence risk mitigation to improve support for the most vulnerable women and children.



Delivering on Core Commitments to Children in Humanitarian Action



Health

Programme 707,661 children aged 6 to 59 months vaccinated against measles

targets¹⁷

4,462,911 internally displaced persons and host communities, including children and women accessing primary health care in UNICEF-supported facilities

North East

UNICEF continued providing humanitarian response in Borno, Adamawa and Yobe states by supporting primary health care services in IDP camps and host communities in 26 of the 65 LGAs. A total of 4,226,512 people (114 per cent of the annual target), including 2,571,501 children under five years of age, received consultations for integrated PHC services. The 124 government clinics (100 in Borno, 30 in Yobe, 4 in Adamawa) supported by UNICEF provided 124,981 postnatal services to mothers and babies, supported 97,224 deliveries (skilled 52,758, unskilled 44,466) and provided 59,943 insecticide-treated nets. Over 1 million children under five years (about 2 million less than in 2021) were vaccinated against measles during routine immunizations and intensification exercises.

From a total 111,062 cholera cases across 33 states in the country, 14,940 cholera cases were recorded across the BAY states, most of them in Borno.¹⁸ In response, UNICEF supported the establishment of seven cholera treatment units (CTUs) and 20 oral rehydration points (ORPs) across four LGAs in Borno State. Additionally, UNICEF supported 52 health workers across the BAY states and provided supplies, essential medicines and equipment. Financial and technical support was also provided to the government-led Emergency Operation Centres (EOC) which was convened by the government three times per week.

North West

UNICEF supports all the violence-affected LGAs and communities in conducting routine immunization intensification, special outreach days and supportive supervision. Over 278,677 consultations were conducted at UNICEF-supported and government-run integrated PHC centers in 23 violence-affected LGAs in Zamfara (28 PHCs in 11 LGAs) and Sokoto (30 PHCs in 12 LGAs).

HEALTH		
Indicators	UNICEF 2022 target	UNICEF total results
Children aged 6 to 59 months vaccinated against measles	707,661	910,678
Internally displaced persons and host communities, including children and women accessing primary health care in UNICEF-supported facilities	4.5 million	4.2 million

*Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.



Nutrition

Programme targets

555,000 children aged 6 to 59 months with severe acute malnutrition admitted for treatment

1,249,936 primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling

Six states facing a humanitarian crisis in the North East and North West were supported with interventions to address nutrition in emergencies, including SAM treatment and the provision of life-saving commodities. Capacity building for health workers and preventive approaches, such as counselling for infant and young child feeding, resulted in more than 900 health workers being trained by partners on nutrition and the integrated management of acute malnutrition. UNICEF worked with the government and partners to scale up the family mid-upper arm circumference (MUAC) approach in the community, so caregivers can track their child's growth and seek treatment if needed. In total, 175,410 caregivers (153,051 females, 22,359 males) were trained in the early identification of children affected by SAM. The pipeline for life-saving commodities was secured and almost 600,000 children were reached with nutrition treatment, achieving a 96.9 per cent cure rate for SAM, 2.5 per cent of children defaulted and 0.3 per cent died while in programme.¹⁹ In 2022, two additional manufacturers of ready-to-use therapeutic food (RUTF) were approved for local procurement in Nigeria.

North East

For the first time, in 2022, UNICEF budgeted for the Nutrition Sector's entire SAM caseload in its Humanitarian Action for Children and maintained a secure RUTF pipeline for the North East. This significant achievement was met even though nearly 20,000 more children than the annual target, and 40,000 more children than in 2021 underwent SAM treatment. Overall, 335,194 children under five years of age (175,549 girls and 159,645 boys) were admitted for treatment of severe acute malnutrition in 2022. This included 208,676 children in Borno, 39,776 children in Adamawa and 86,742 children in Yobe.

While the RUTF pipeline was secure, Borno State experienced a severe shortage of beds in stabilization centres (especially in Maiduguri) during Q3, which led to a rapid scale-up of NGOs' operational capacity to provide tents and additional beds in existing stabilization centres. Of the 335,194 children admitted for treatment, 29,145 children were admitted to stabilization centres (8.7 per cent of SAM caseload compared to global average of 10 per cent) and required hospitalization due to severely malnourished medical complications (e.g., diarrhea, malaria, measles).

To prevent malnutrition, some 319,000 mothers and caregivers benefitted from counselling on infant and young child



feeding (IYCF), resulting in 106 per cent of annual target. This included promoting exclusive breastfeeding, complementary home-based food for children’s diets, home fortification with micronutrient powders, and dietary counselling and micronutrient tablets for pregnant and lactating women.

Just 164,700 children, or 43 per cent of the target, received micronutrient powders. This was due to the global supply shortage of these supplements. Following headquarters’ prioritization of emergency contexts for these commodities, including in Nigeria, the delivery of micronutrient powder is expected in Q1 of 2023. Going forward, UNICEF will introduce Small Quantity Lipid Nutrient supplements (SQ-LNS) for children aged 6 -23 months, in addition to home-based fortification of children’s food with micronutrient powder. As of December 2022, and as of the sector’s data, there were 548 outpatient treatment centres, 543 supported by UNICEF, and 32 stabilization centres, 29 of which were supported by UNICEF.

North West

During the 2022 Integrated Phase Classification for Acute Malnutrition (IPC AMN) analysis, 71 LGAs in Katsina, Sokoto and Zamfara were analyzed: 17 LGAs were classified in phase 4 (critical), 25 were in phase 3 (severe), 28 in phase 2 (alert) and 1 in phase 1 (acceptable). UNICEF’s SMART Survey results in the summer of 2022 showed that SAM rates surpassed emergency threshold levels in Katsina, Sokoto and Zamfara states. Recognizing that data collected during different seasons (i.e., harvest and rainy season) are not fully comparable, there has nevertheless been a spike in SAM rates between the 2022 SMART Survey and the initial survey conducted in December 2021. The SAM burden of 275,000 children increased by more than 60 per cent to 461,000 children in August 2022. As a result, and thanks to available funding, UNICEF increased the number of LGAs covered in the 2023 HAC Appeal in Katsina (from 12 to 15 LGAs, with the addition of Daura, Kaita and Mashi LGAs) and Sokoto (from 16 to 19 LGAs, with the addition of Shagari, Tambuwaland Yabo LGAs). The entire state of Zamfara continued to be covered.

A total of 340,807 children were treated in the North West, nearly 120,000 more children than the target. This substantive increase was possible due to a significant funding contribution and the high demand in Katsina State, which has the second-highest prevalence of stunting (chronic malnutrition) in the country. To increase access to severely malnourished children with medical complications, UNICEF supported 13 stabilization centres, including five in Katsina State, two in Sokoto State and six in Zamfara. A total of 279,663 pregnant women and primary caregivers (50 per cent of the annual target) benefitted from IYCF counselling to prevent malnutrition and increase awareness optimal nutrition.

NUTRITION				
Indicators	UNICEF 2022 target	UNICEF total results	Cluster/sector 2022 target	Cluster/sector total results
Children aged 6 to 59 months with severe acute malnutrition admitted for treatment	541,547	591,162	316,753	335,194
Primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	858,572	598,559	745,929	831,665
Children aged 6 to 59 months receiving multiple micronutrient powders	941,298	209,627	548,569	164,704

*Results are achieved through contributions against appeals, as well as resources from UNICEF’s regular programmes where necessary.



Water, Sanitation and Hygiene

Programme targets

1,577,308 people accessing enough safe water for drinking and domestic needs
 779,140 people using safe and appropriate sanitation facilities
 1,591,308 people reached with critical WASH supplies
 1,591,308 people reached with key hygiene messages

North East

In response to the cholera outbreak in the North East in the second half of 2022, 1,071 households and their environments were disinfected, and 1,600 cholera kits were provided to households in Bayo, Biu, Magumeri, Bama, Dikwa, Mafa, and Konduga LGAs.

UNICEF’s small town water supply solution assisted in improving access to water in Pulka (Gwoza LGA, Borno State) by shifting from water trucking to more sustainable water access alternatives. A technical innovative engineering design provided durable, sustainable and climate-resilient solutions through the construction and optimizations of new and existing water sources. These actions increased daily water production from 300 cu.m/day to 450 cu.m/day, improving access from 9 litres to 15 litres/day for 50,000 people.

North West

In Sokoto and Zamfara states, through a cholera preparedness intervention, UNICEF supported the development and implementation of multi-sectoral WASH and Health Cholera Emergency Preparedness, Prevention and Response Plans. No cholera cases were reported in the two focus LGAs of Dange Shuni and Zurmi in Sokoto and Zamfara states, respectively since the start of the project (while they had recorded high numbers in the nationwide 2021 cholera outbreak). In addition, technical support was provided to government WASH and Health Coordination platforms through which cholera outbreaks in the two states were effectively brought under control.

WASH				
Indicator	UNICEF 2022 target	UNICEF total results	Cluster/sector 2022 target	Cluster/sector total results
People accessing enough safe water for drinking and domestic needs	1.6 million	917,422	2.9 million	1.7 million
People use safe and appropriate sanitation facilities	779,140	629,050	2.5 million	997,451
People reached with critical WASH supplies	1.6 million	93,427	2.9 million	460,439
People reached with key hygiene messages	1.6 million	1.1 million	2.9 million	2 million

** Results are achieved through contributions against appeals, as well as resources from UNICEF’s regular programmes where necessary.*

for every child, climate resilient solutions



Education

Programme targets

1,266,199 children accessing formal or non-formal education, including early learning
1,266,199 children receiving individual learning materials
12,866 teachers trained on psychosocial support and positive discipline

Throughout 2022, UNICEF supported 1.3 million conflict-affected children (659,000 girls) to access formal and nonformal education.

Northeast

UNICEF provided support to over 1.5 million conflict-affected children to access quality learning opportunities. In the BAY states affected by conflict, 688 classrooms and 408 temporary learning spaces were constructed; 1.75 million children were supported with literacy and numeracy; and over 34,000 teachers were capacitated on psychosocial support reaching 2.7 million conflict-affected children.²⁰

UNICEF has strengthened the provision of alternate pathways to learning through the expansion of a flexible, adaptive and culturally sensitive remote learning modality delivered through radio. This modality ensured continuity of learning in high-conflict settings, where schooling is frequently disrupted. The quality of literacy and numeracy teaching and learning in formal and non-formal schools has been enhanced through the expanded provision of teacher training and support. At least 10,170 teachers (63 per cent women) were trained in psychosocial support and pedagogy including the Teaching at the Right Level (TaRL) and Kanuri Arithmetic and Reading Instructions (KARI) curricula. In-service training materials for early childhood, primary and junior secondary school students was developed in collaboration with the Ministry of Education and Cambridge Education. UNICEF continued to enhance resilience of teachers and children in dealing with stress, particularly in the volatile environment of North East Nigeria, by improving knowledge and skills on psychosocial support and reaching 366,188 conflict-affected children with psychosocial support.

Active community involvement through School-Based Management Committees (SBMCs) is key to protecting children and schools. Based on this understanding, UNICEF successfully worked towards activating or reinvigorating SBMCs and trained over 5,000 members to function effectively in their role (113 per cent of the annual HAC target). The major areas of training included concepts, roles and responsibilities, resource mobilization to support schools' development, measures on COVID-19, and school development plans, including disaster risk reduction and School Emergency Preparedness and Response Plan (SEPRP). Members of the SBMCs include teachers, head teachers, community members or leaders and representatives of learners within the targeted schools who are based in the communities or catchment areas of the school.

Northwest

UNICEF supported Sokoto and Zamfara states in the development of their 10-year State Education Sector Plan (SESP) and 3-year (2023-2025) costed State Education Sector Operational Plan (SESOP). Additionally, across Zamfara, Sokoto and Katsina, UNICEF supported the training of 854 teachers on psychosocial support (14 per cent of the annual target). UNICEF also trained 2,919 school management committee members on school safety, more than doubling the annual target of 1,300 teachers.

Flooding

In 2022, an unprecedented and devastating flood occasioned by excessive rainfall severely affected 13 LGAs in Jigawa State. To ensure the continuity of learning amid the flood emergency, especially for primary and secondary school age children, UNICEF established 165 safe learning spaces in the 13 IDP camps to promote safe and equitable learning for all primary school age children at the camps. UNICEF also supplied 200 solar powered radio sets to 13 active IDP camps across the 6 most affected LGAs in Jigawa State. Through the Jigawa State Universal Basic Education Board, UNICEF distributed learning materials to aid learning, including through radio, for 4,713 children (2,311 girls). In addition, the capacity of 1,020 teachers, social workers and members of SBMCs (360 females) was built on the provision of first aid psychosocial and sexual and gender-based violence support services. Recreational materials were also provided to support the play and psychology of 8,084 children living in the IDP camps and affected communities.

EDUCATION				
Indicator	UNICEF 2022 target	UNICEF total results	Cluster/sector 2022 target	Cluster/sector total results
Children accessing formal or non-formal education, including early learning	1.4 million	2.7 million	1.2 million	2 million
Children receiving individual learning materials	1.3 million	1.5 million	1.2 million	2 million
Teachers trained on psychosocial support and positive discipline	15,730	11,024	23,664	13,208

** Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.*





Child Protection and GBViE

Programme targets

294,400 children and parents/caregivers accessing mental health and psychosocial support
 262,500 children and community members benefiting from information on child care and child protection including on grave child rights violations
 360,000 people with safe and accessible channels to report sexual exploitation and abuse by aid workers
 60,000 women, girls and boys provided with risk mitigation, prevention or response interventions to address gender-based violence

On 30 September 2022, the Government of Nigeria and UNICEF signed the landmark Handover Protocol to protect children encountered during military operations. Under the protocol, children that are associated with armed groups, encountered during hostilities or security operations, and in the custody of military personnel and security forces, are transferred within seven days to child protection actors for appropriate support services, including reintegration assistance. In Borno State, the State Ministry of Women Affairs and Social Development is responsible for providing interim care services to children coming out of administrative custody or those voluntarily exiting armed groups.

North East³

In 2022, a total of 22,206 persons (38 per cent women and children) who had exited armed groups passed through the three transit centers in Maiduguri (Bulumkutu, Hajj, and Shokari centers). This contrasts with 6,704 (53 per cent women and children) between July and December 2021. Among the 2022 caseload, UNICEF and partners reintegrated 4,313 children (2,303 girls, 2,013 boys) formerly associated with armed groups with their families and communities (107 per cent of target).

UNICEF and partners have reached 400,009 children and adults in humanitarian situations with timely and sustained services in the North East. This includes 1,136 unaccompanied and separated children (48 per cent girls) who accessed family tracing and alternative care services through case management (108 per cent of annual target). Another 163,924 people received risk mitigation and preventive GBV services and 2,180 persons (including 36 boys and men concerning sexual assault) accessed medical, legal and in-kind assistance.

CHILD PROTECTION				
<i>Indicator</i>	UNICEF 2022 target	UNICEF total results	Cluster/sector 2022 target	Cluster/sector total results
<i>Children and parents/caregivers accessing mental health and psychosocial support</i>	371,000	345,153	500,000	446,331
<i>Unaccompanied and separated children supported with reunification services, family- based care or appropriate alternative care (boys/girls)</i>	300	1,136	500	2,315
<i>People with safe and accessible channels to report sexual exploitation and abuse by aid workers</i>	360,000	143,404	360,000	143,404
<i>Women, girls and boys provided with risk mitigation, prevention or response interventions to address gender-based violence</i>	60,000	163,924	60,000	163,924

**Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.*

³ In 2022, UNICEF Child Protection programmes in the North West were not supported with Humanitarian Thematic Funding.

Cross-sectoral

Accountability to Affected Populations

Community feedback meetings have provided a convenient avenue for community members to express concerns and provide feedback on UNICEF programmes. In Borno and Yobe, community members voiced their opinions about the COVID-19 response and the resilience and social cohesion projects. In total, 228 people (109 females, 119 males) weighed in on issues related to misinformation and the availability of the COVID-19 vaccine. Another 42 people (10 females, 32 males) commended the resilience and social cohesion project in North East and highlighted the benefits to communities.

In the North West, community feedback meetings in Kano State alerted UNICEF to issues regarding cash transfers to the families of 1,258 reunified children. The complaints, predominately made by village heads, identified non-payments by the cash transfer payment agent. To address this issue, a meeting was held between UNICEF, the Ministry of Women Affairs and the payment agent. Because some of the beneficiaries had been unavailable on the scheduled dates for payments, the payment agent followed up with the affected villages, provided the cash transfers to the families and resolved the issue. Coordination and community feedback meetings in Sokoto and Zamfara states helped identify 100 communities vulnerable to cholera outbreaks. This provided opportunity to collect baseline data in the selected communities. Essentially, the feedback from the target populations and stakeholders confirmed that Dange Shuni LGA was best prioritized for cholera preparedness interventions. UNICEF implemented the Kaduna Anticipatory Action Project and received positive feedback via phone calls from 146 people (112 female, 34 male) related to the one-off cash transfers and the provision of water purification tablets. This feedback was reported to the relevant agencies during the lessons learned workshop.

As part of our accountability to affected populations, UNICEF engages in **post distribution monitoring** activities to garner feedback and adjust future activities. **Surveys**, such as the one provided to students as part of the resilience integrated education programme, were helpful in understanding the usefulness of UNICEF procured learning materials. For example, 99 per cent of the 996 people who responded reported that they felt a greater motivation to learn after receiving materials. A series of recommendations have been developed following the post distribution monitoring process, including on reducing the wait time for distribution to prevent children from missing crucial class time and greater ownership by SBMCs and community stakeholders on the security of items distributed.

Other face-to-face **post distribution monitoring activities** in the BAY states were used to understand the multi-sectoral education-in-emergencies programme and integrated WASH services, including through IDP camp management feedback channels. Camp management, for example, provided important information on issues regarding the quality of manual desludging carried out by one of the services providers. This allowed UNICEF to closely monitor activities and ensure quality and adherence to standards. In relation to humanitarian cash transfers, out of 202 participants (167 females, 35 males) who provided feedback, UNICEF discovered that 45 per cent of beneficiaries sold one or more non-food items for food and other commodities. UNICEF was able to respond with clear messaging about the importance using WASH non-food items instead of selling them.

Humanitarian Cash Transfers

In 2022, UNICEF implemented an innovative anticipatory action which provided **one-off cash transfers (unconditional and unrestricted)** in the amount of \$85 (NGN 35,000) to 4,970 households affected by riverine floods along the Kaduna River before the onset of the emergency in August 2022. The purpose of the cash was to enable vulnerable flood-prone communities to have adequate financial resources to mitigate and respond to the effects of floods, thereby minimizing losses and reducing protection risks. Post-distribution monitoring was performed, reaching 467 households and highlighted that the cash assistance was mainly used to cover basic needs, such as food and health-related needs (e.g., procurement of medicines, transport to facilities) and protection of assets. Only 19 per cent of the beneficiaries interviewed could save some money to mitigate an anticipated impact of flooding, which occurred one month after the cash transfer.

UNICEF and local partners implemented an unconditional **Cash for Wash** initiative in IDP camps and host communities in Maiduguri and Jere LGAs in 2021 to meet the basic WASH needs of conflict-affected people. The post-distribution monitoring report issued in 2022 showed that the cash received was spent mainly on jerry cans, bathing soap, laundry soap, and sanitary pads. To maximize the use of cash for the intended purpose, the programme targeted beneficiaries who received food assistance and had previously received in-kind hygiene kits but none in the six months preceding the cash transfer.

For the **humanitarian cash transfer** that was undertaken for urban poor families within the Kaduna city metropolis for 4,970 households, three hotlines were maintained by the partner, the Nigerian Red Cross Society (NRCS) and two government entities. On the NRCS hotline, 147 pieces of feedback were received (from 112 females and 34 males), largely consisting of appreciation, queries about exclusion and associated fresh registration, and the provision of water purification tablets. In their responses, NRCS clarified that the cash transfer was one-off, and conveyed the need for water purification tablets to the few other partners operating in Kaduna State. No feedback was received on the government hotlines.

Localization

To bolster **localization**, the Child Protection Section is strengthening partnerships with national women-led organizations and currently has one direct partnership and three indirect ones through the Ministry of Women's Affairs. Nigeria was selected as one of the three global pilot countries to roll out the inter-agency toolkit for localization in humanitarian coordination, which is underway. Overall, in the North East and the North West, UNICEF in 2020 has partnered with 20 and 5 national NGOs, respectively.

Social behaviour change

To drive **social and behavior change**, UNICEF integrated COVID-19 vaccinations with routine immunizations. Borno and Yobe state COVID-19 immunization coverage demonstrated a consistent increase supported by UNICEF's social and behaviour change interventions. In Borno and Yobe states, 41 per cent and 64 per cent of the target population were fully vaccinated, respectively. Leveraging on over 3,800 community mobilizers in the volunteer community mobilizer structure, UNICEF conducted community engagements in high-risk communities in Yobe and Borno states; 1.8 million caregivers were reached via house visits; and 15,300 compound meetings and 970 community dialogues were held. Cumulatively through the various interventions employed, over 7.6 million people were reached.

Results Achieved from Humanitarian Thematic Funding

In response to the sustained emergency health needs, the **Health Sector** focused on providing integrated emergency and essential primary health care services for internally displaced persons, host communities and populations at risk. The programme strengthened readiness and institutional capacities to plan, implement and monitor integrated emergency primary health care services for children and women; strengthened health systems resilience through improved capacities for risk informed health programme development, implementation and monitoring; and scaled-up integrated approaches to address persistent inefficiencies in emergency primary health care delivery. Specifically, the programme improved PHC service availability and quality; ensured the availability of essential medicines, health supplies and equipment; improved human resources for health; strengthened the quality of PHC services provided; and improved community engagement, social accountability and participation for affected communities.

The **Nutrition Sector** led the multi-sectoral response (including food security, WASH and health sectors) on the deterioration of the nutrition situation during the 2022 lean season. Through effective advocacy, Nutrition also supported partners to secure funds for the scale-up of curative and preventive interventions. The sector kept donors informed via quarterly and ad-hoc meetings, often with supply pipeline managers in attendance. The Nutrition Sector was 66 per cent funded by the end of 2022 as per the Financial Tracking System. In addition, the Nutrition Sector developed operational guidelines on simplified approaches to the community-based management of acute malnutrition (CMAM) programme and cash and voucher assistance to improve nutritional outcomes. The Nutrition Sector also ensured that partners had access to resources on accountability to affected populations and protection mainstreaming and supported the use of cash and voucher assistance in nutrition interventions. The localization agenda of the sector was pushed through various clinics and support to a consortium between INGOs and NNGOs, as seen in the Nigerian Humanitarian Fund 2022 standard allocation.

In 2022, the **WASH Sector** continued to improve innovation and planning with the recent introduction of different approaches, including the small-town approach implemented by UNICEF and partners and faecal sludge management. Through close collaboration with the Shelter/Camp Management and Camp Coordination Sector, the decongestion of Pulka through household sanitation with mud bricks has been a success, further providing key learning lessons in design and implementation. Through close collaboration with Nutrition Sector and its partners, WASH non-food items (e.g., hygiene kits) were provided to caregivers, supporting severe and moderately acute malnutrition cases. Critical feedback identified that torches (i.e., flashlights) used for night breastfeeding and accessing latrines and soap supported the recovery of under-five malnourished children.






The WASH Sector has continued to implement the 2021-2022 Capacity Building Plan that successfully trained government and humanitarian partners on case-area targeted intervention (CATI) for cholera outbreaks; the design and operation of solar-powered water systems; and community-led sanitation. Through UNICEF, the WASH Sector Nigeria has provided additional training to the BAY state government counterparts on coordination, through the 'WASH Operational Cluster Leadership training, which has improved coordination and ownership of the response led by the Ministry of Water Resources. Further, the WASH Sector has launched an Open Defecation-Free roadmap for each of the BAY states that aims at shifting behaviour change and the availing of associated resources (currently, only Jigawa State has been declared open-defecation free in Nigeria). The WASH Sector was 28% per cent funded in 2022.

The **Education Sector** in the context of the safe school framework, undertook advocacy with OCHA vis-a-vis government and military representatives, which aimed at the military de-occupying six schools in Borno State. Subsequently, one school was vacated in Gwoza LGA, Borno State. The Sector in consultation with the National Ministry of Education developed monitoring and data collection tools to monitor attacks on education. Finally, during the rainy season, the Sector led an assessment regarding the 118 education facilities affected by flooding in Adamawa State, which affected the learning of 38,000 children. As per the financial tracking service, the Education Sector was 11 per cent funded in 2022.

The **Child Protection Area of Responsibility (CP AOR)** had significant milestones in 2022 with the domestication of the Child Protection Law in Yobe and Adamawa States, enabling the implementation of the justice for children programme. In addition, two global pilot initiatives were completed:

- *Food Security-Livelihood and Child Protection Mainstreaming/Joint Programming* aimed to address the needs of vulnerable children through food security interventions. This also supported the reduction of child protection risks such as child marriage, trafficking, neglect, child labour and recruitment into non-state armed groups.
- *The Global Toolkit on Children Associated with Armed Forces or Armed Groups (CAAFAG)* was contextualized in North East Nigeria through a robust context analysis to highlight inclusion. A final report for Nigeria has been produced and will guide the government, partners and communities to design, implement and monitor high-quality reintegration programmes.

In addition, the strategy of the Child Protection Area of Responsibility for the North East was finalized and guides the response in the North East. This takes into consideration the protracted nature of the conflict and the different levels of impact across the BAY states. A partner capacity assessment was carried out, and a capacity development plan will be used to tailor training, mentorship and technical capacity support to address the identified gaps.

	Nutrition	SAM admissions	109%
		Funding status	87%
	Health	Measles Vaccination	129%
		Funding status	55%
	Water, sanitation and hygiene	Access to safe water	58%
		Funding status	33%
	Child protection and GBVIE	MHPSS	93%
		Funding status	76%
	Education	Access to Learning	196%
		Funding status	44%



31 December 2022

*UNICEF response % is only for the indicator, the funding status is for the entire sector.

Future Workplan

KEY PLANNED TARGETS



712,800

children with severe wasting admitted for treatment



340,000

children/caregivers accessing community-based mental health and psychosocial support



828,600

children accessing formal or non-formal education, including early learning



1.2 million

people accessing a sufficient quantity and quality of water

An estimated 9.3 million people, including 5.7 million children, are affected by conflict in North East, North West and North Central Nigeria. Of these, more than 2.9 million people are displaced: 55 per cent are children and 25 per cent are women.²¹ Meanwhile, 1 million live in areas that are inaccessible to humanitarian workers.²² The ongoing crises, due to protracted armed conflict, armed violence and community clashes between farmers and herders, has resulted in alarming food insecurity and malnutrition. According to the most recent SMART survey in northwestern Nigeria, more than 354,000 children are expected to suffer from severe wasting in 2023 (130,000 more than in 2022).²³ In the North East, 358,000 children (40,000 more than in 2022) are expected to need treatment for severe wasting because hostilities have cut off their access to farmland.

Nationwide, Nigeria has experienced the worst levels of flooding in a decade, with 31 out of 36 states affected, according to government sources. This has contributed to cholera outbreaks, particularly in the North East, along with the endemic vaccine-preventable diseases. This is all occurring inside a context of deteriorating water, sanitation and hygiene (WASH) conditions.

UNICEF is assisting children and their families in Nigeria with an integrated multisectoral response to address the ongoing displacement, food insecurity, flooding and other arising emergencies. Focusing on programmatic convergence for conflict-affected populations means that results in 2023 will cover the overlapping needs. The Rapid Response Mechanism will provide timely and coordinated support to areas with increased needs. A systematic gender lens will be applied to all programme designs while strengthening programme quality.



For WASH, UNICEF is exploring increasing access by constructing new water works within a radius of 24 km from Pulka with an integrated reticulation system. UNICEF is seeking funding support to undertake similar research in Damboa and Dikwa (while another WASH Sector partner is proceeding with a similar study in Monguno).

UNICEF requires **\$270.3 million** in 2023 to deliver an integrated package of assistance focusing on nutrition, education, WASH, health and child protection services to address the needs of vulnerable and crisis-affected children. 2023 HAC appeal is available [here](#).

2023 KEY PROGRAMME TARGETS



Health

- **877,500** children vaccinated against measles
- **5,389,900** children and women accessing primary healthcare in UNICEF-supported facilities



Nutrition²⁴

- **712,800** children 6-59 months with severe wasting admitted for treatment²⁵
- **753,800** primary caregivers of children 0-23 months receiving infant and young child feeding counselling
- **581,200** children 6-59 months receiving micronutrient powder



Child protection, GBVIE and PSEA

- **340,000** children, adolescents and caregivers accessing community-based mental health and psychosocial support
- **120,000** women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- **350,000** people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations
- **4,500** children who have exited an armed force and groups provided with protection or reintegration support



Education

- **828,600** children accessing formal or non-formal education, including early learning
- **781,700** children receiving individual learning materials



Water, sanitation and hygiene

- **1,188,100** people accessing a sufficient quantity and quality of water for drinking and domestic needs
- **376,000** people accessing appropriate sanitation services²⁶
- **308,600** people reached with critical WASH supplies²⁷



Social protection²⁸

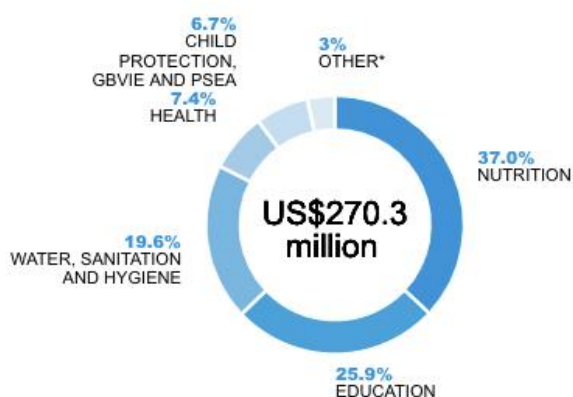
- **36,500** households reached with UNICEF-funded humanitarian cash transfers



Rapid response mechanism²⁹

- **27,600** people reached through an integrated rapid response mechanism

2023 FUNDING NEEDS



Sector	2023 requirements (US\$)
Health	20,000,000
Nutrition	100,000,000 ³⁰
Child protection, GBVIE and PSEA	18,000,000
Education	70,000,000 ³¹
Water, sanitation and hygiene	53,000,000
Social protection	5,000,000 ³²
Rapid response mechanism	3,000,000
Cross-sectoral	1,300,000
Total	270,300,000

*This includes costs from other sectors/interventions : Social protection (1.8%), Rapid response mechanism (1.1%), Cross-sectoral (<1%).

Annexes

Annex I: Two-Pagers: Non-Thematic Funding Contributions

Available separately at: <https://drp.unicef.org/landing/>

Annex II: Donor Statements (as of 31 December 2022)

Available separately at: <https://drp.unicef.org/landing/>

Annex III: Human Interest Story, Communication and Visibility

Human Interest Story: **A mother's greatest wish**

Abducted twice by armed groups, a conflict-affected woman is empowered to become self-reliant and fulfil her greatest wish – enroll and retain her children in school.

2015 will remain an unforgettable year for Fada Yellum. It was two years after she dropped out of secondary school, got married and gave birth to her first child. But even that whirlwind experience could not have prepared her for the events of 2015. Twice that year, she was kidnapped by members of a Non-State Armed Group (NSAG) in Baga, her hometown in North East Nigeria.

"The first abduction happened when our community was invaded by gunmen," said Fada, now 27. "Our house was burnt, and my husband and brother were also kidnapped. Although my husband later escaped, I was not aware until my own escape one week later," added Fada.

"My two-year-old son was with me, but that did not make the abduction any less traumatic. At the time, I did not know that my husband had escaped to Maiduguri. But my brother remained with them," she said.

Fada would also escape her abductors that week and flee to Kekeno, a village near Nigeria's border with Chad. "We escaped when they left us to look for wood for cooking. We ran to Kekeno where I stayed for two days in a camp. We were later taken to Maiduguri by the military. In November 2015, I was recaptured in Baga after I visited my extended family. This time, I was rescued by the military after one month in captivity and returned to Maiduguri," added Fada, now mother to five children.

But there was no rainbow in Maiduguri either. "It was tough. In Baga, I was selling provisions, but I lost everything when our house was burnt. In Maiduguri, the state government gave us accommodation," she said.

Along with other conflict-affected women and children, Fada was provided shelter at the Bulumkutu Interim Care Centre (BICC) Maiduguri. Since 2016, the BICC has been providing education, protection, shelter, psychosocial and other essential services to women, children and adolescents released from the administrative custody of the military.

Supported by UNICEF and the European Union (EU), the BICC is managed by the Borno State Ministry of Women Affairs and Social Development. It provides 12 weeks of education, psychosocial and vocational support to vulnerable persons after which they are given startup kits and reintegrated to their original communities.

More than 7,000 persons, including 4,018 children have been supported with essential care and reintegration services since 2016.

“The biggest advantage for me is that I can support my family and keep my children in school. I dropped out of school and I was determined that the same will not happen to my children. My prayers have always been that my children can finish their formal education alongside their Qur’anic education. It is a better way to become successful. From my tailoring skills, I have expanded my business into the sales of secondhand clothes and kitchen items,” she said.

Originally published on 2 November, 2022: www.unicef.org/nigeria/stories/mothers-greatest-wish



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Communication

Find more human interest stories highlighting UNICEF's work with education and child protection in conflict-affected North East Nigeria:

- www.unicef.org/nigeria/stories/teacher-heart
- www.unicef.org/nigeria/stories/life-changing-training-programme-transforms-education-north-east-nigeria
- www.unicef.org/nigeria/stories/schoolboy-bakura-braille-and-broadcasting
- www.unicef.org/nigeria/stories/people-helping-people

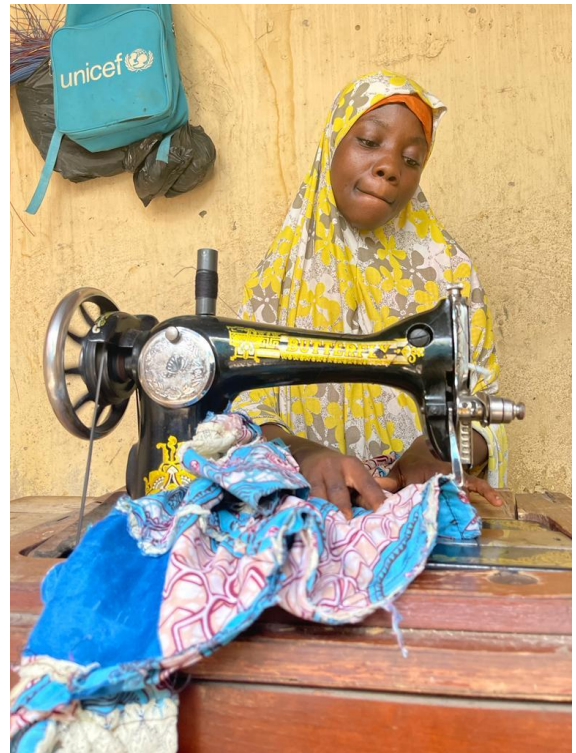
For human interest stories on the flood response in Kaduna (North West Nigeria), Benue (North Central Nigeria) and Bayelsa (southern Nigeria) states:

- www.unicef.org/nigeria/stories/cash-transfer-brings-relief-flooding-prone-communities-kaduna-state
- www.unicef.org/nigeria/stories/helping-benue-children-survive-devastating-floods
- www.unicef.org/nigeria/stories/flood-woes
- www.unicef.org/nigeria/stories/children-risk-floods-devastate-sagbama

To learn more about our other programmes, please check out our website: www.unicef.org/nigeria/

Additional Photos





Annex IV: Donor Feedback Form

We would like to hear from you.
To share your comments about
this report, please go to:

unicef  | for every child

Donor Feedback Form

Photo credits

- Cover: Peretimfa Germany, 11 years, is standing on the wooden makeshift walkway in front of his home affected by flood in Sagbama, Bayelsa state. The flood in Bayelsa led to the closure of schools forcing many children like Peretimfa to be out of their homes and miss school. ©UNICEF/UN0722937/Esiebo
- Page 3: Vulnerable girls supported with shoe making skills show their goods, Sanwiya, a community in Maiduguri North East Nigeria. ©UNICEF/Nigeria/2022
- Page 5: A trainer monitors beneficiaries at a UNICEF-supported skills acquisition centre at the Hajj Camp in Maiduguri. ©UNICEF/Nigeria/2022
- Page 7: ©UNICEF/Nigeria/2022/Eric Bishen
- Page 11: Akpoebi Germany 45yrs, with his children Peretimfa Germany, Samuel Germany and Joy Germany are standing on the wooden makeshift walkway in front of his home affected by flood in Sagbama, Bayelsa state, Nigeria. ©UNICEF/UN0722934/Esiebo
- Page 12: Three orphaned brothers have been supported to return to school in Damature, North East Nigeria. ©UNICEF/Nigeria/2022
- Page 14: A UNICEF-supported mobiliser screens a child for malnutrition in North East Nigeria. ©UNICEF/Nigeria/2022
- Page 18: Girls take part in a radio learning session at the Gubio IDP camp. ©UNICEF/Nigeria/2022
- Page 23: A girl presents the reusable pads she made through a skills acquisition programme. ©UNICEF/Nigeria/2022
- Page 24: Ali, a displaced teenager seen here in his barber shop, has been supported with barbing skills in Maiduguri, ©UNICEF/Nigeria/2022
- Page 27: ©UNICEF/2022/Adebayo
- Page 31: A conflict-affected beneficiary of a UNICEF-supported skills acquisition programme in Borno State, North East Nigeria. ©UNICEF/Nigeria/2022
- Additional Photos: A mother learning how to use the mid-upper arm circumference to measure her child as a nutritional indicator. Young man with the poultry he acquired from a skills acquisition programme. A mother feeding her children RUTF. A young man using cutting hair as part of his skills acquisition programme. A young woman sewing as part of her skills acquisition programme. Children receiving polio vaccinations. ©UNICEF/Nigeria/2022



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End Notes

¹ People in Need (PIN) and displacement figures: UN OCHA Estimated Population statistics for 2022 Humanitarian Needs Overview (Unpublished); IOM Nigeria Displacement Tracking Matrix (DTM) North East Report, 37 August 2021; IOM Displacement Report Nigeria- North Central North West Round 7 (September 2021).

² All \$ are USD

³ People in need (PIN) and displacement figures: UN OCHA Estimated Population statistics for 2022 Humanitarian Needs Overview (Unpublished); IOM Nigeria Displacement Tracking Matrix (DTM) North East Report, 37 August 2021; IOM Displacement Report Nigeria, North Central, North West Round 7 (September 2021).

⁴ Education and Child Protection Sector PiN for 2022 Humanitarian Needs Overview (Unpublished).

⁵ UNICEF, Humanitarian Situation Report 4: Reporting Period 1 January to 31 December 2022. UNICEF, 2023.

⁶ UNICEF, 2022 Humanitarian Appeal for Children, January 2022, UNICEF.

⁷ UNICEF, Humanitarian Situation Report 4: Reporting Period 1 January to 31 December 2022. UNICEF, 2023.

⁸ Ibid.

⁹ BAY states Cholera dashboard: <https://app.powerbi.com/view?r=eyJrIjoiMWE3ZTUzZmMtMmU2Mi00ZTUyLWE3ZGYtODYyMDRlNTE5M2I0IiwidCI6IjBmOWUzNWRiLTU0NGYtNGY2MC1iZGNjLTViYTQx>

¹⁰ IOM Displacement Report Nigeria-North Central North West Round 7 (September 2021).

¹¹ Figures on Food insecurity and malnutrition for North West: Essential Needs and Nutrition Analysis – North West Nigeria-February 2021 Assessment Report-World Food Programme (WFP).

¹² Situation on development indices in the North West: Multiple Indicator Cluster Survey-Nigeria 2017: an update is currently being developed.

¹³ Figures on cholera situation: National Center for Diseases Control: Cholera Situation report-September 13-19 Epi 39-2021.

¹⁴ UNICEF North East Strategy 2021 (Unpublished).

¹⁵ UNICEF Cash Feasibility and Market Assessment in North West, Katsina, Sokoto, and Zamfara (2021).

¹⁶ Nigeria Risk Analysis, Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development, National Emergency Management Agency and UNICEF 2021 (unpublished).

¹⁷ Section targets averaged 40 to 55 per cent of the sector targets. This allowed UNICEF focus on coordination and quality of response. Humanitarian cash transfer assistance was integrated across HAC 2022. WASH and nutrition planned HCT and integrated this into their response. WASH targeted 72,000 person with \$696,000. While nutrition targeted 85,000 persons to be provided with 12- months cash support for \$6 million. Risk communication and community engagement (RCCE) for social and behavioral changes activities cut across all section's actions. RCCE through communication for development targeted 5 million persons for \$2 million.

¹⁸ Cholera Situation Report WEEKLY EPIDEMIOLOGICAL REPORT 29 Epidemiological week 52: (27 December 2021 to 02 January 2022)

¹⁹ United Nations Children's Fund, *Nigeria End of Year Results Summary Narrative 2022: Update on the context and situation of children*, February 2023, UNICEF.

²⁰ Ibid.

²¹ This includes 2 million internally displaced people in the North East and 900,000 people in the North West and in the north central region. Source: IOM Displacement Tracking Matrix, Round 41, Baseline Assessment in North East Nigeria, June 2022, IOM DTM Round 9, North-Central and North West Zones Displacement Report (unpublished) and preliminary figures of forthcoming IOM DTM assessment for north central and North West zones.

²² United Nations Office for the Coordination of Humanitarian Affairs (OCHA), Nigeria: 2022 Humanitarian Needs Overview.

²³ UNICEF, Draft SMART survey on global and severe acute malnutrition in Sokoto, Zamfara, Katsina, September 2022.

Results Achieved for Humanitarian Funding Footnotes

²⁴ Unit cost per child was adjusted from \$50 (2021) per child to \$85 (2022) per child, which has led to a significant increase in the budget for the section and sector. The education sector has updated its calculation methodology, taking into account type of programming, number of grades (higher grades means higher cost), cost fluctuations, access, security and transportation costs.

²⁵ The Emergency preparedness budget covers costs for RRM monitoring, assessment and data strengthening especially for North-west where there is no organized coordination by OCHA and technical assistance costs.

2023 Funding Needs Footnotes

³⁰ The effects of rising food, fertilizer and fuel prices resulting from multiple global factors, including the war in Ukraine, have driven up global humanitarian needs and increased the cost of nutrition interventions.

³¹ Based on the education sector cost analysis and the education in emergencies standard costing framework, the education in emergencies cost-per-person ranges from \$90 to \$150, depending on the type of programming, number of grades (higher grades means higher costs), cost fluctuations, access, security and transportation costs.

³² For the North East, the amount is approximately 45,000 naira (\$105) per household, which is a one-time humanitarian cash transfer based on the standard minimum expenditure basket. For the North West, the amount is approximately 30,000 naira (\$70) per household, based on six months at 5,000 naira per month, in line with the national conditional cash transfer programme.