**Nigeria**

Due to the ongoing conflict in the north-east, the humanitarian crisis in Nigeria has significantly increased in scale. In the three most directly affected states of Borno, Adamawa and Yobe, 8.5 million people require humanitarian assistance, including 1.68 million internally displaced persons, more than half of whom are children. In line with the 2017 Humanitarian Response Plan, UNICEF’s focus remains on these three states, where 93 per cent of the internally displaced reside. The nutrition situation is of great concern, with some areas experiencing rates of severe acute malnutrition (SAM) (10–20 per cent) that far exceed emergency thresholds. Social services are severely disrupted, with 40 per cent of health facilities and 1,200 schools damaged or destroyed due to the conflict. Similarly, water, sanitation and hygiene (WASH) has become a growing concern, with an estimated 3.9 million people needing assistance. Three million children have lost access to learning, more than 2.7 million conflict-affected children need psychosocial support, 20,000 children are unaccompanied and separated and 8,000 children are associated with armed forces and groups. Failure to reintegrate and separation from families is increasing children’s risk of abuse and exploitation.

**Humanitarian strategy**

In 2017, UNICEF will deliver an integrated package of interventions, at scale, to affected populations, in coordination with other United Nations agencies, the Government and non-governmental organizations (NGOs). As sector co-lead with the Government for the WASH, nutrition and education sectors and the child protection sub-sector, UNICEF will strengthen coordination, increase operational capacity at the field level, expand NGO partnerships, engage community-level social mobilizers and strengthen existing UNICEF programming systems to reach the most vulnerable. The nutrition response will include SAM treatment, promotion of infant and young child feeding and provision of micronutrient supplementation through community outreach. In health, UNICEF will support health facilities, immunization and maternal, newborn and child health week campaigns, while also improving primary health care service outreach. Access to safe water and sanitation will be improved and hygiene will be promoted, including in health facilities, schools and child-friendly spaces. UNICEF will provide psychosocial support for children (including in safe spaces and schools), care and support for unaccompanied and separated children and reintegration support for children associated with Boko Haram. Access to education will be increased. The strategy also includes cash and voucher interventions to promote access to services.

**Results from 2016**

As of 31 October 2016, UNICEF had received US$39.7 million against the US$115 million appeal (33 per cent funded). Humanitarian partners, including UNICEF, significantly scaled up the response with the upward revision of targets and funding requirements in September. Despite a critical funding gap, as well as access challenges related to the deteriorating and volatile security situation and limited partner capacity and presence, 114,000 children with SAM received treatment through therapeutic programmes and 86 per cent recovered. Three million people accessed primary health care and more than 351,000 received measles vaccination. Some 592,000 people gained access to safe water, 167,000 children received psychosocial support and nearly 90,000 children accessed education. Despite funding gaps in WASH, child protection and health, at least 50 per cent of targets were achieved for access to water, hygiene and primary health care and support for unaccompanied and separated children and children associated with armed groups. This was mainly due to the integrated approach to service delivery, especially in health, nutrition and WASH, strategic partnerships with the Government, NGOs and community-level actors, and effective leveraging of internal resources. Low coverage, especially in health and education, was primarily due to funding gaps, reliance on existing government structures and inadequate NGO partners with apt operational capacities.

### 2017 programme targets

#### Nutrition
- 220,190 children aged 6 to 59 months affected by SAM admitted for treatment
- 511,932 caregivers of children aged 0 to 23 months accessing infant and young child feeding counselling

#### Health
- 3.9 million people reached with emergency primary health care services
- 1.8 million children immunized against measles

#### WASH
- 1,028,000 people accessing safe water per agreed standards
- 217,000 vulnerable people with access to basic sanitation facilities
- 1,028,000 vulnerable people reached with hygiene messages
- 498,000 people provided with WASH kits

#### Child protection
- 375,000 children accessing psychosocial support
- 9,200 unaccompanied or separated children identified and/or placed in alternative care arrangements

#### Education
- 1.3 million school-aged children, including adolescents, accessing schools or temporary learning facilities in safe learning environments
to being recruited by armed groups.

... services to the most vulnerable children to provide much of communicable and other diseases such as polio, measles, cholera, mass displacement in north and Yobe states, which are the most directly affected by conflict and humanitarian needs of children and their families in Borno, Adamawa and Yobe.

Plan, UNICEF is requesting US$146,867,901

In line with the country's inter-agency 2017 Humanitarian Response Plan, UNICEF is requesting US$146,867,901 to meet the humanitarian needs of children and their families in Borno, Adamawa and Yobe states, which are the most directly affected by conflict and mass displacement in north-east Nigeria. Without this funding, UNICEF will be unable to save the lives of thousands of children who are at high risk of mortality and morbidity due to SAM and the spread of communicable and other diseases such as polio, measles, cholera, diarrhea and pneumonia. Lack of funding will also result in the failure to provide much-needed and critical child protection and education services to the most vulnerable children, increasing their susceptibility to being recruited by armed groups.

Results are through 31 October 2016 unless noted

(i) Low coverage was due to the fact that no measles campaigns were conducted in 2016; although planned they did not happen, mainly due to funding constraints. A measles campaign is now planned for January 2017, with support from the Measles and Rubella Initiative, Médecins Sans Frontières and UNICEF.

(ii) Education results were limited by lack of timely funds and funding directed to early recovery and development rather than scale up, as well as the limited presence of implementing partners on the ground.

Funding requirements

In line with the country’s inter-agency 2017 Humanitarian Response Plan, UNICEF is requesting US$146,867,901 to meet the humanitarian needs of children and their families in Borno, Adamawa and Yobe states, which are the most directly affected by conflict and mass displacement in north-east Nigeria. Without this funding, UNICEF will be unable to save the lives of thousands of children who are at high risk of mortality and morbidity due to SAM and the spread of communicable and other diseases such as polio, measles, cholera, diarrhea and pneumonia. Lack of funding will also result in the failure to provide much-needed and critical child protection and education services to the most vulnerable children, increasing their susceptibility to being recruited by armed groups.

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<table>
<thead>
<tr>
<th>Sector</th>
<th>2017 requirements (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>40,217,105</td>
</tr>
<tr>
<td>Health</td>
<td>25,007,231</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>19,137,663</td>
</tr>
<tr>
<td>Child protection</td>
<td>27,230,558</td>
</tr>
<tr>
<td>Education</td>
<td>31,435,344</td>
</tr>
<tr>
<td>Emergency preparedness and response coordination</td>
<td>3,840,000</td>
</tr>
</tbody>
</table>
| Total                           | 146,867,901             

1 National SAM caseload is 2,365,000 children. For the affected states of Borno, Adamawa and Yobe, it is 449,000 (source: National Nutrition Survey 2015).
2 The target for SAM covers the three emergency-affected states in the north-east. UNICEF is addressing the remaining SAM caseload of 1.9 million children under 5 across the eight other northern states using non-emergency resources (Bauchi, Jigawa, Kaduna, Kano, Katsina, Kebbi, Sokoto and Zamfara); The Humanitarian Action for Children appeal is aligned with the Humanitarian Response Plan 2017 and ‘Critical Path and Sequencing of Humanitarian Actions for the Northeast’ (November 2016), a strategy outline co-developed with the Government and the humanitarian community. Malnutrition in other parts of country is of a chronic/protracted nature due to structural vulnerabilities addressed under long-term programming.
3 Available funds included funding received against the current appeal of US$34.9 million and US$4.76 million carried forward from the previous year. In addition, US$6.5 million in other resources regular and US$6.5 million in regular resources were used for the humanitarian response.
4 This includes US$3.8 million requested beyond the Humanitarian Response Plan for emergency preparedness and coordination, including for HIV and AIDS and social protection work.

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