Highlights
- According to the IOM DTM report in June, there are over 1.2 million IDPs in the three North East states. The number of IDPs has marginally decreased due to return movements in Adamawa. In contrast, in Borno the IDP population has increased since April with now just over one million IDPs.
- On the 28th July, 2015, the Nigerian Army rescued 30 people from Dikwa LGA in Borno state. Some of the IDPs were wounded by explosions during the rescue attempt. They were treated at the teaching hospital and have been released to clinics supported by the state health agency and UNICEF for continued care.
- The joint needs assessment mission for return areas in Adamawa was successfully carried out with the Government and members of the HCT, including UN (UNOCHA, UNICEF, UNHCR, WHO and IOM) agencies and NGOs (Mercy Corp and Oxfam) during 6 -10 July.
- 40,164 children have been reached with psychosocial support services in 141 communities and 21 IDP camps in the three North East states affected by the crisis, through a network of 474 trained community volunteers.
- As at the end of July 2015, outreach clinics in Borno, Adamawa and Yobe, providing integrated health services have benefitted 260,790 people in IDP camps and in host communities; and 28,094 long lasting mosquito nets have been distributed to men, women and children in IDP camps in Yobe, Borno and Adamawa.
- On the 24th July, Nigeria marked its first year without a single case of polio. The World Health Organization (WHO) will confirm the results from the few samples taken from people in previously affected areas are free of the virus.
- For the first six months of 2015, a total of 181,843 conflict affected people, both in IDP camps and in host communities benefitted with improved access to potable water through the support of UNICEF and its implementing partners.
- Between January and June 2015, 24,849 children under five were admitted into therapeutic feeding programmes in the states of Adamawa, Borno and Yobe. A total of 15,842 (81%) children recovered and were discharged from therapeutic care.
- As of 30 July, UNICEF has received nearly $13.6 million USD against its 2015 HAC requirements of $ 26.5 million USD (49% of total requirements); with a funding gap of 51% remaining.

1 August 2015
IDPs in the 3 North Eastern States (Borno, Adamawa, Yobe)
695,301
# of children affected out of (approx.)
1,241,609
# of IDPs in North East Nigeria (IOM, June 2015)

IDPs by State
1,002,688
Borno State
113,437
Adamawa State
125,484
Yobe State
(IOM, June 2015)

UNICEF Appeal 2015*
US$ 26.5 million
*Humanitarian Action for Children (HAC)
Situation Overview & Humanitarian Needs

Since 2011, the population of the North East of Nigeria States have been affected by the insurgency between Jama’atu Ahlis Sunna Lidda’awati wal-Jihad, commonly known as ‘Boko Haram’, and governmental forces. The government declared a State of Emergency (SoE) on 14 May 2013 in the three North Eastern states of Borno, Yobe, and Adamawa and imposed curfews. The Senate has not yet formally extended the State of Emergency from November 2014 onwards. According to the IOM DTM report in June 2015, there are over 1.2 million IDPs in the three North East states; the marginal decrease in IDPs is due to return movements in Adamawa. In contrast, in Borno the IDP population has increased since April with now just over one million IDPs.

The military command and control centre has been moved to Maiduguri to better co-ordinate counter-insurgency efforts. However, the security situation remains volatile with continued Boko Haram attacks in the North East and ongoing military operations. Although Boko Haram’s capabilities have been degraded, security concerns remain within many of the recaptured Local Government Areas (LGAs) with Boko Haram reverting to asymmetric attacks and still presenting a considerable threat to civilians.

Despite the prevailing security context, spontaneous returns are already underway, especially in Adamawa. According to the IOM DTM June 2015, around 223,000 IDPs returned to northern Adamawa, specifically in the areas of Mubi North, Mubi South, Michika, Maiha, Hong and Gombi. The joint needs assessment mission in areas of return in Adamawa was successfully carried out by the government, UN agencies and a few NGOs (Oxfam and Mercy Corps) from 6-10 July. The final report is expected in August 2015 which will give the humanitarian community a clearer idea of the numbers of returnees as well as what assistance is required to make their return sustainable. A total of 7 of the worst affected LGAs out of the 21 LGAs in Adamawa state were covered by the assessment. This included Gombi, Hong, Meiha, Michika, Madagali, Mubi North and Mubi South LGAs. The assessment was supported with the use of GPS enabled smartphones for on-site data collection and faster analysis of assessment data. The data analysis and report writing consultancy were both supported by UNICEF and coordinated by UNOCHA. Other UN Agencies that participated in the assessment includes, UNFPA, UNHCR, WHO and IOM.

According to FEWSNET, both the low level of household engagement in land preparation and planting for the main agricultural season and the forecast of a poor 2015 rainy season in northeast Nigeria are likely to result in the main season harvest at the beginning of October being well below average for the third consecutive year. Consequently, FEWSNET has forecasted an integrated food security phase classification (IPC) of Phase 3 (crisis) and 4 (Emergency) with acute food insecurity expected to peak between July and September, notably in Borno and Yobe. It is estimated that, without increased and well-targeted humanitarian assistance, as many as 3.5 million people will be unable to meet their basic food needs between July and September 2015, having a serious implication for the nutritional status of the population.

A major gap still exists in addressing the education needs of IDP children in host communities. To date efforts have targeted school-aged IDP children living in camps in the three states through the Safe School Initiative (SSI). The challenge will be to meet the additional needs of IDP children living in host communities.

<table>
<thead>
<tr>
<th>Affected population in North East Nigeria - Adamawa, Borno and Yobe (IOM, June 2015)*</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total affected population</td>
<td>1,241,609</td>
<td>595,972</td>
<td>645,637</td>
</tr>
<tr>
<td>Children affected (under 18)</td>
<td>695,301</td>
<td>333,744</td>
<td>361,557</td>
</tr>
<tr>
<td>Children 5yrs old or younger</td>
<td>347,651</td>
<td>166,872</td>
<td>180,779</td>
</tr>
<tr>
<td>Children &lt;1</td>
<td>145,013</td>
<td>70,086</td>
<td>74,927</td>
</tr>
<tr>
<td>Children ≤5 SAM caseload (est.)</td>
<td>75,859</td>
<td>38,688</td>
<td>37,171</td>
</tr>
</tbody>
</table>

*IOM DTM provides figures for 6 states in the northeast Nigeria (Borno, Adamawa, Yobe, Gombe, Bauchi, and Taraba). In 6 states, the number of IDPs is reported as 1,385,298 as of 30 June IOM DTM Report.
Humanitarian leadership and coordination

UNICEF actively participates in the Humanitarian Country Team and the Inter-Sector Working Group (ISWG). The HCT provides strategic leadership, policy development and engagement with the Federal Government and meets under the leadership of the UN Resident Coordinator on a monthly basis. The ISWG promotes sectoral response and coordination. UNICEF leads the Education, WASH and Nutrition sectors as well as the Child Protection sub-sector.

UNICEF is supporting National Emergency Management Agency (NEMA) and State Emergency Management Agency (SEMA) with the overall inter-sector coordination in Borno since December 2014 and has recently started supporting SEMA with the overall inter-sector coordination in Yobe state. The first coordination meeting took place on 29 April. The State Child Protection Sub-Working Group (CP SWG) in Borno was inaugurated on 7th of July 2015, co-chaired by UNICEF and the State Ministry of Women Affairs and Social Development (SMoWASD) and attended by UNHCR, UNFPA, UNOCHA, SCI and Nigerian Red Cross NRC. The Steering Committee of the Global Inter-Agency Child Protection Information Management System (IA CP IMS) has approved the rollout of the system in northeast Nigeria for case management purposes. The customization of the database is underway. The CP SWG published a snapshot on the situation of UASC in North East Nigeria available at http://reliefweb.int/report/nigeria/nigeria-child-protection-sub-working-group-cp-swg-what-do-we-know-about-unaccompanied. More information on the Nigeria CP SWG could be found at https://www.humanitarianresponse.info/en/operations/nigeria/child-protection

For Education, the sector coordination is operational in Yobe, Borno and Adamawa through the State Steering committees (SSCs) for Education. In Yobe State, the committee had its 4th meeting on 4th July 2015 to assess progress made on implementation of the Safe School Initiative’s (SSI) activities in Pompomari camp and host communities. The members observed that schools were all closing 30th July 2015 for long vacation and due to the fact that IDP learners in the Pompomari camp have lost many school days due to insurgency, stakeholders decided to keep teaching and learning activities in the camp to ensure learners catch up. The committee members were informed by the SEMA representative on the Government decision to open a new camp at Ali Bukar primary school in Damaturu where Yobe Nigerian returnees from Niger will be provided shelter. However, there would be need to support the States to identify innovative strategies that will help in enrolling more IDP learners to school.

For Nutrition, coordination among partners, including ACF, IMC, Save the Children, IRC and USAID, with regards to ongoing or planned nutrition interventions in North-East has been accelerated. Fortnightly Nutrition in Emergencies (NiE) Working Group meetings are held in Abuja and Borno, while monthly meetings were held in Yobe and Adamawa. The SWs is being populated by sector members including UNICEF, nutrition response and mapping is underway for all nutrition services, which at present include screening and treatment of severely malnourished children, micronutrient supplementation through the distribution of MNPs and delivery of key IYCF and nutrition messages to IDPs and host communities.

For Health, UNICEF is working in the 3 states (Borno, Adamawa, and Yobe) to support State Ministries of Health in the coordination of emergency health response in IDP camps and in host communities with high concentration of IDPs.

For WASH, UNICEF continues to provide co-leadership for WASH sector coordination at the national and sub-national levels. UNICEF co-chairs the WASH Sector Emergency Working Group with the Federal Ministry of Water Resources (FMWR) at the national level. At the sub-national level, UNICEF co-chairs the WASH Sector Emergency Working Groups with the State Ministries of Water Resources (MoWR). The sub-national working groups in Adamawa and Borno states meet bi-weekly with sector partners, including international and national NGOs, SEMA, and field offices of national water and sanitation authorities. The joint assessment of needs of returnees to affected communities coincided with one of the meeting dates for the Adamawa WASH sector coordination group, so the meeting could not be held on that day as a number of the members participated in the exercise. The WASH sector Emergency Working Group was established in Yobe State in July 2015

Stand-by partners have provided surge support. Five staff have been provided by Norwegian Refugee Council to support coordination in WASH, Education and Nutrition sectors, as well as Emergency coordination. MSB (Swedish Civil Contingencies Agency) have provided surge support for Information Management.
### Summary Analysis of Programme Response

<table>
<thead>
<tr>
<th>Sector</th>
<th>Sector Response</th>
<th>UNICEF and IPs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2015 Target</td>
<td>Total Results</td>
</tr>
<tr>
<td><strong>WATER, SANITATION &amp; HYGIENE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of conflict affected people including IDPs and host communities provided with access to safe water per agreed standards</td>
<td>462,504</td>
<td>249,802</td>
</tr>
<tr>
<td># of conflict affected people benefiting from improved sanitation</td>
<td>136,762</td>
<td>90,905</td>
</tr>
<tr>
<td># of conflict affected persons benefiting from hygiene promotion messages</td>
<td>111,104$^1$</td>
<td>459,979</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># Displaced children access education in a protective and safe learning environment</td>
<td>452,620</td>
<td>46,359</td>
</tr>
<tr>
<td># Conflict affected school aged children reached with pedagogic materials</td>
<td>905,240</td>
<td>69,928</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of conflict affected pregnant women and children under 5yrs that have received LITNs</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td># of conflict affected people reached with emergency PHC services</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># Children &lt;5 screened using MUAC</td>
<td>434,376</td>
<td>156,037</td>
</tr>
<tr>
<td># Children &lt;5 with SAM admitted to therapeutic feeding programmes</td>
<td>75,859</td>
<td>24,849</td>
</tr>
<tr>
<td>% Children &lt;5 with SAM who recovered under treatment</td>
<td>&gt;75%</td>
<td>81%</td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of conflict affected children reached with psychosocial support</td>
<td>92,400</td>
<td>58,619</td>
</tr>
<tr>
<td># of conflict affected children referred to specialist support services where required</td>
<td>3050</td>
<td>TBD</td>
</tr>
<tr>
<td># of unaccompanied and separated children identified</td>
<td>3500$^4$</td>
<td>2244</td>
</tr>
<tr>
<td># Separated and unaccompanied IDP children reunified with families or placed in alternative care arrangements$^5$</td>
<td>2292</td>
<td>18</td>
</tr>
</tbody>
</table>

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$^1$ Sector target and UNICEF target on this indicator to be reviewed by WASH Sub-working Group to reflect beneficiaries reached and gaps in coverage (as applicable)

$^2$ Not all sectors partners have provided update for the reporting period- this is partial data for this reporting period

$^3$ Not all sector partners have provided update for the reporting period- this is partial data for this reporting period

$^4$ Sector target to be reviewed in the next Child Protection Sub Working Group meeting to reflect increased beneficiary reach.

$^5$ This is an aggregate indicator for the time being recognizing that there may be different needs and responses as the situation evolves.
WASH

In Adamawa, UNICEF in partnership with the state Rural Water Supply and Sanitation Agency (RUWASA), continue to monitor the functionality of WASH facilities serving the displaced population. So far the WASH services are adequately used and maintained and continue to ensure access to safe drinking water for IDPs. UNICEF WASH participated in the joint assessment of needs of returnees to affected communities.

In Yobe State, UNICEF in partnership with CARITAS enabled improved access to sanitation for 1,000 IDPs through the construction of 20 household latrines in communities hosting IDPs, and rehabilitated and disinfected 30 water points in IDP host communities reaching about 15,000 people. Additionally, there was distribution of basic family water kits, dignity and hygiene kits reaching 4,778 households, to serve 26,015 people (including 16,449 children).

In Borno state, daily chlorination of water sources in five IDP camps in Maiduguri has continued benefiting 33,443 IDPs (11,596 men & 21,347 women). UNICEF is supporting RUWASA to ensure the operation and maintenance of generators to sustain water supply to 53,134 IDPs (including 18,223 men and 34,911 women) in Dalori, Government College, NYSC, Arabic Teachers College, Women Teachers College and Teacher Village IDP camps. 11,750 IDPs had improved access to sanitation facilities through the construction of 235 latrine rooms and 100 bathrooms serving 5000 conflict-affected people in IDPs camps. To prevent cholera outbreak and incidences of other water-borne diseases, UNICEF in partnership with RUWASA reached 5,559 people in communities hosting IDPs and sensitized them on the dangers of cholera and prevention with the distribution of 2,888 water flocculation and disinfectant sachets.

UNICEF in partnership with OXFAM has constructed 10 hand pump boreholes in the IDP camps of Maiduguri to provide access to safe water for 5,000 people and 4 motorized pumps in IDP camps and host communities serving 10,000 people. In Dalori camp, 20 volunteers (15 women and 5 men) actively carrying out hygiene promotion activities have reached 1,500 IDPs. Also two solar powered water supply systems have been completed, benefiting over 10,000 IDPs. In collaboration with OXFAM and RUWASA, UNICEF distributed WASH water and hygiene/dignity kits to 1,000 households benefiting 3,134 people (including 1000 women; 1128 boys and 1006 girls).

Education

As a result of the linkages established with the Federal and State Colleges, the Ministries of Education, State Universal Basic Education Boards (SUBEBs) and the (state steering committees - SSCs) of Education in Adamawa, Borno, Gombe and Yobe States, and the capacity development of 28 Master trainers, and 497 teachers from Borno and Adamawa State, including 284 men and 264 women, have further received training in psychosocial support to enable them to assist learners and other peers in mitigating the psychological impact of conflict-related trauma on school children, using the school environment for healing, care and support.

Children enrolled in schools are also being provided assorted materials to enhance their learning. Since March 2015, 69,928 children have been benefited from 452 school-in-a-box, ECD and recreation kits; workbooks; learners and handbooks on emergency (in Hausa, Kanuri and English) peace and conflict resolution books, life skills facilitators’ guide/participants and EPR teachers’ manual supplies to Yobe, Borno and Adamawa states.

Health

On the 24th July, Nigeria marked its first year without a single case of polio, reaching a milestone many experts had thought would elude it as internal conflict hampered the battle against the crippling disease. The World Health Organization (WHO) will confirm the results from the few samples taken from people in previously affected areas are free of the virus. The total number of children reached with Oral Polio Vaccination (OPV) in the June campaign in Adamawa, Borno and Yobe was 2,923,720 children. 25,465 Long lasting mosquito nets have been distributed to men, women and children in IDP camps in Yobe and Borno.

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6. Training was provided on in classroom management, psychosocial support, peace building and conflict resolution.
In Adamawa, UNICEF continues to support the State Primary Health Care Development Agency (SPHCDA) in providing integrated primary health care (PHC) services to IDPs in camps and out of camp settlements in Adamawa State. New arrivals were received into the Malkohi camp with 516 people Nigerian returnees who were in Chad and 210 Nigerian returnees from Cameroon. The total number of IDPs to date that have benefitted from integrated PHC services is 43,856 people (8239 men, 12,671 women and 22,946 children). These services include curative services, immunization, Vitamin A supplementation, deworming, screening for malnutrition, HIV Counselling and Testing. All new arrivals are immunized upon arrival in the camps. Antenatal care services reached 442 584 pregnant women and 206 women delivered assisted by skilled birth attendants. No cases of were measles recorded and 622 long lasting insecticide treated nets were distributed in the past month.

In Borno, UNICEF is supporting the Borno SPHCDA to provide integrated primary health care (PHC) services to IDPs in 16 IDP camps in the state. To date a total of 145,327 IDPs (26,321 men, 44,579 women and 74,427 children) have benefitted from the various PHC services offered through clinics, including outreach clinics. Immunization activities in the IDP camps reached 32,582 children aged between 6 months -15 years with the integrated measles campaign; 24,548 children aged between 14 weeks - 5 years were immunized with Inactivated Polio Vaccine (IPV); 31,069 children under 5 years with Oral Polio Vaccine (OPV); 32,381 children aged between 6 months - 5 years received Vitamin A and 29,243 children aged between 6 months - 5 years received deworming tablets.

In Yobe, UNICEF is supporting the Yobe SPHCDA to provide integrated Primary health care services for IDPs camps in one permanent camp, 2 transit camps and through dedicated outreach teams providing integrated PHC services to IDPs living in 40 selected host communities. To date, a total of 71,607 IDPs (14,234 men, 19,986 women and 37,387 children) have benefitted from the various PHC services. Measles immunization has reached 30,166 children between the ages of 6 months – 15 years.

**Child Protection**

The conflict has taken a heavy psychological toll on children and their families who have lost family members, witnessed extreme violence and have been forced to flee. Without support to cope with distress, families are unable to provide support or a protective environment for their children and children struggle to benefit from other services such as education.

UNICEF began working with the State Ministry of Women’s Affairs and Social Welfare in Borno in August 2014 to deliver a psychosocial support programme. The programme is now operational across the three States of Emergency. The programme was originally conceived as a community based initiative. While the programme is operational in communities, the mass displacement and the acute psychological needs of children in the IDP camps necessitated the programme expanding its reach to formal and informal camps, as well as affected communities.

The programme is currently delivering critical psychosocial support in 141 communities and 21 IDP camps through 474 trained community volunteers. Between January to June 2015, 40,164 children (18,463 girls) were reached representing 89% of the target of 45,000 children. Of the children reached, 27,198 (68%) have been supported in their communities in Damaturu and Potiskum in Yobe; in Biu, Hawul, Bayo, Kwaya Kusar, as well as in host communities in Maiduguri in Borno; and in Sangare and Daware in Adamawa. Scaling up of this program is ongoing.

While the programme is reaching significant numbers of children, the need far outstrips the capacity of the current programme - an estimated 800,000 children who have been displaced and/or impacted by the conflict require psychosocial support services. In addition, there are number of challenges in delivering and sustaining psychosocial support services. Inadequate and irregular timing of meals in some of the IDP camps has impacted children’s ability to

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7 This includes IDPs in 3 camps, 4 informal settlements and those receiving care in host communities
8 In Borno state all the beneficiaries are IDPs living in camps or settlements, however, the integrated PHC services has been extended to IDPs living in the host communities through 28 health facilities and outreach services focusing on communities hosting large numbers of IDPs in LGAs of MMC, Jere and Biu
9 Currently, 83 per cent of the beneficiaries in Yobe state are IDPs living in the host communities and this intervention will be further strengthened with direct support to 40 health facilities in 15 LGAs hosting large concentrations of IDPs. The 40 health facilities will be provided with emergency health kits, long lasting mosquito nets (LLINs) training and supervision of the health workers.
fully benefit from the activities offered. Prolonged displacement, fear and uncertainty means that many children are unable to recover – to address this, children are able to continue accessing services while they are displaced.

While community volunteers are able to identify children who require more intensive services, there remain limited options to where children can be referred and an unclear referral pathway. UNICEF is working with other child protection actors to identify support services and develop a robust referral pathway to increase access to these services for children under-18. Once in place, UNICEF will provide sensitisation sessions to frontline workers and volunteers.

A large percentage of the community volunteers are teachers, who are being replaced in a phased approach in anticipation of schools reopening. The return of IDPs to their areas of origin, in Adamawa, also poses a challenge of how to ensure continuity in the provision of services. While the fact that teachers make up a large number of community volunteers is a challenge, it is also an opportunity to build PSS services into education – an approach that will be piloted in Yobe State from August.

UNICEF is working with the Federal and State Ministries of Social Welfare, Save the Children in Borno, International Rescue Committee in Adamawa, and is about to scale up with COOPI in Yobe, to develop a case management system for child protection, with an initial focus on unaccompanied and separated children (UASC). It is estimated that there could be close to 20,000 UASC across the three States of Emergency. However, State authorities do not have the capacity or resources to identify and support UASC and alternative care is in extremely limited. The programme will provide support to 1000 UASC across the three states in the next three months. Either current caregivers will be supported to look after the children or children will be placed with trained foster families to provide safe, appropriate care – this will plug the huge gap in alternative care available for UASC.

The programme targets both the formal camps and local government authorities: In Adamawa - Fufure, Girei, Yola North and Yola South local government areas are being reached. To date, in Adamawa, 430 UASC have been identified and 28 children placed in safe appropriate care. In Borno, 7 IDP camps will be reached -Teacher's village, Dalori, NYSC, Samba, Kyarimi, WTC, and Bakassi. In July, 31 social welfare officers from the Ministry of Women Affairs and Social Development and 5 case workers from Save the Children were trained in case management for UASC cases.

UNICEF also worked in collaboration with the National Population Commission to register nearly 30,000 children under-18 years of age in the IDP camps and provide them with birth certificates. In Yobe state 1,392 children (687 boys and 705 girls) and 28,604 (14,633 boys and 13,971 girls) in Borno state were registered.

UNICEF continues to spearhead the Monitoring and Reporting Mechanism on grave violations of children’s rights (MRM). The third Global Horizontal Note was submitted in July. UNICEF is also working with OCHA, the National Orientation Agency and Ministry of Information, as well as international and local NGOs to develop Mine Risk Education (MRE) materials for the returning populations in Adamawa State.

**Nutrition**

The nutrition response continues in the three emergency states in the North East of Nigeria. The response plan is based on the delivery of emergency lifesaving services including treatment of severe acute malnutrition through outpatient therapeutic program (OTPs) and in-patient care, education on infant and young child feeding practice together with provision of multi-micronutrient powder and deworming tablets. UNICEF established emergency nutrition services in 16 IDP camps and continues the CMAM management services through already established CMAM centres within the health facilities and also established treatment sites in the IDP camps. A total of 188 health facilities in the three affected north east states have been equipped and trained on identification and management of severe acute malnutrition. There is ongoing discussion with sector partners to open additional CMAM sites and/or scale-up outreach services that provide care and treatment for children with severe acute malnutrition across the 3 states affected by emergency. For this purpose, resources were mobilized to address the expected increase in needs in the affected areas.

UNICEF has commenced the distribution of multiple micronutrient powder in 2 IDP camps in Borno and Adamawa states and in collaboration with partners has also established community based IYCF and awareness raising services. Training for community volunteers is on-going especially for IYCF services. The major programming gap is inadequate...
trained community human resources for support of IYCF and community sensitization on nutrition, health and sanitation. The distribution will also extend to an additional 15 camps and host communities sites in the three emergency States, covering over 90,000 children.

The SMART survey for assessment of current nutritional situation started in July; the training of enumerators was done at the beginning of July and data collection is underway. The survey will cover north east states as well as the rest of the country.

The screening activities continued in IDP camps. Overall, 71,270 children were screened between January and end of June 2015, of which 4.0% (2,449) were reported as severely malnourished. Ninety nine percent of identified children with severe acute malnutrition were admitted to the program. The screening activities will continue to identify children who need treatment for SAM and to monitor the nutrition situation of the populations. Efforts are continuing to also strengthen nutrition screening outside the camps.

From January to June 2015, 24,849 children under five with SAM were admitted in the states of Adamawa, Borno and Yobe and provided with treatment. This is 33 % of the target of 75,859 children for the year. Of the 19,549 children discharged during the reporting period, a total of 15,842 (81%) children were reported cured. The performance indicators for cure rate remain in line with SPHERE standards (>75%) at 81%, while the defaulter rate is reported at 16%, which is slightly higher than SPHERE standard (<15%) and is largely due to the highly dynamic population movements observed in the IDP camps.

Whilst the number of children admitted against the target seems low, this can be explained by the seasonality of SAM cases in the north east of Nigeria where admissions tend to be low in the first 5 months of the year and increase significantly over the second half of the year as the ‘hunger season’ starts as well as significant drop in the admissions in Yobe significantly lower than expected.

The figure below shows the overall new admissions into the CMAM program across the emergency states of north east of Nigeria from January to June 2015 by month. As of June 2015, the programme has already treated 70 per cent of the number treated for 2014, which shows the scale up to date but at the same time we recognize that we need to continue to accelerate the programme scale-up.

<table>
<thead>
<tr>
<th>Row Labels</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adamawa</td>
<td>403</td>
<td>486</td>
<td>355</td>
<td>442</td>
<td>794</td>
<td>1,078</td>
<td>3,558</td>
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<tr>
<td>Borno</td>
<td>918</td>
<td>787</td>
<td>1,043</td>
<td>1,636</td>
<td>1,448</td>
<td>1,800</td>
<td>7,632</td>
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<tr>
<td>Yobe</td>
<td>1,789</td>
<td>1,447</td>
<td>2,360</td>
<td>2,847</td>
<td>3,247</td>
<td>1,969</td>
<td>13,659</td>
</tr>
<tr>
<td>Grand Total</td>
<td>3,110</td>
<td>2,720</td>
<td>3,758</td>
<td>4,825</td>
<td>5,489</td>
<td>4,847</td>
<td>24,849</td>
</tr>
</tbody>
</table>

Media and External Communication

The Communication Section carried out a field mission to Maiduguri for a video story and other communications documentation of the situation of IDPs in Maiduguri; these stories focus on IDPs in Maiduguri and UNICEF interventions both in the IDP camps and in host communities. Images and stories from the mission are being used on the UNICEF Nigeria Facebook page and are being further disseminated through UNICEF global communication platforms. Several international media visits and a National Committee visit to areas affected by the crisis are in early planning stages. UNICEF social media – Facebook and Twitter – are being reinvigorated and reach is increasing, covering both humanitarian and development issues.

Another human interest story called “In north-eastern Nigeria, helping to keep displaced families healthy” has been released and can be accessed on the following link: http://www.unicef.org/infobycountry/nigeria_82739.html
Funding

As of 30 July, UNICEF has received around $13.6 million against the $26.5 million in the 2015 HAC requirements. Details are provided in the below table.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Total 2015 Requirements (HAC)</th>
<th>Funding required for assistance conflict-affected population (180 day plans)</th>
<th>Funding available (HAC)</th>
<th>Funding Gap (2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>USD</td>
<td>% Unfunded</td>
<td></td>
</tr>
<tr>
<td>Nutrition</td>
<td>6,200,000</td>
<td>2,275,924</td>
<td>5,446,241</td>
<td>653,759</td>
</tr>
<tr>
<td>Health</td>
<td>4,000,000</td>
<td>4,126,098</td>
<td>2,179,440</td>
<td>1,820,560</td>
</tr>
<tr>
<td>WASH</td>
<td>3,900,000</td>
<td>4,959,515</td>
<td>2,736,556</td>
<td>1,163,444</td>
</tr>
<tr>
<td>Child Protection</td>
<td>3,810,000</td>
<td>3,644,743</td>
<td>1,503,253</td>
<td>2,306,747</td>
</tr>
<tr>
<td>Education</td>
<td>7,500,000</td>
<td>3,901,942</td>
<td>1,691,621</td>
<td>5,808,379</td>
</tr>
<tr>
<td>Sector Coordination</td>
<td>1,200,000</td>
<td>209,857</td>
<td>-</td>
<td>1,200,000</td>
</tr>
<tr>
<td>Total</td>
<td>26,510,000</td>
<td>19,118,079</td>
<td>13,557,111</td>
<td>12,952,889</td>
</tr>
</tbody>
</table>

Next SitRep: 01/09/2015

Who to contact for further information:

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