Highlights

- According to the IOM DTM report in April, there are 1.3 million IDPs in the three North East states, indicating almost 300,000 newly displaced people since February.
- Spontaneous returns have been registered, especially in Adamawa and the UN, in collaboration with the government of Nigeria, is planning a joint needs assessment of the areas of return later this month focusing on both humanitarian and livelihood/early recovery needs of the IDPs.
- A multi-sectoral team from UNICEF Abuja undertook a field support mission to the Field Office in Borno to assess the situation in Dalori Camp and to develop a plan to address the issue of high mortality in the camp. There is a lower Crude Mortality Rate of 0.84/10,000 per day which was 0.92/10,000/day reported 2 weeks ago.
- 35,455 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 – this includes 50 newly trained community volunteers in Borno (Ngala LGA).
- Between January and April 2015, 14,153 children under five were admitted into therapeutic feeding programmes in the states of Adamawa, Borno and Yobe. A total of 9,595 (77.7%) children recovered and were discharged from therapeutic care.
- With UNICEF support, three new outreach clinics are operational in Dalori camp in Maiduguri (including a maternity ward) and two clinics in Yobe in the last three weeks in response to the needs of those rescued from Sambisa Forest and returnees from the Republic of Niger.
- Outreach clinics in IDP camps in Borno, Adamawa and Yobe, providing integrated health services have benefitted 122,209 people; and 14,800 long lasting mosquito nets have been distributed to men, women and children in IDP camps in Yobe and Borno.
- As of 31 May, UNICEF had received $7.76 million against $26.5 million of the 2015 HAC requirements.

IDPs in the 3 North Eastern States

<table>
<thead>
<tr>
<th>State</th>
<th>IDPs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borno</td>
<td>939,290</td>
</tr>
<tr>
<td>Adamawa</td>
<td>222,882</td>
</tr>
<tr>
<td>Yobe</td>
<td>139,591</td>
</tr>
</tbody>
</table>

(IOM, April 2015)

UNICEF Appeal 2015*

<table>
<thead>
<tr>
<th>Amount</th>
<th>USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appeal</td>
<td>26.5 million</td>
</tr>
</tbody>
</table>

*Humanitarian Action for Children (HAC)
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. According to the IOM DTM report in April 2015, there are 1.3 million IDPs in the three North East states, indicating almost 300,000 newly displaced people since February. Of the estimated 1,307,763 IDPs in Borno, Yobe, and Adamawa states, 89.9 per cent live with host communities, while only 10.1 per cent live in camps.

The newly elected president, Muhammadu Buhari, took office on Friday 29 May and, in his inauguration speech, vowed to tackle the insurgency and announced plans to reinforce Maiduguri with a command and control centre 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. On 30 May, suspected Boko Haram attacks took place in both Borno and Yobe. The attacks in Yobe were reportedly launched between 7:30-9:00 pm, with the Yobe/Gombe border town Ngala coming under attack first before proceeding attacks to place in Fika town, the headquarters of Fika Local Government Area (LGA) looting several shops and leaving with food items. In Borno, Nigeria’s military repelled a Boko Haram attack on the key north-eastern city of Maiduguri which reportedly left 26 dead. The attack was followed in the afternoon by a bomb blast at a mosque near the popular Monday Market in Maiduguri.

Spontaneous returns have been registered, especially in Adamawa. The UN in collaboration with the government of Nigeria is planning a joint needs assessment of the areas of return later this month, focusing on both humanitarian and livelihood/early recovery needs of the IDPs. The precise LGAs where the assessment will be carried out remains flexible and will depend on the prevailing security context.

The number of government recognised camps, in Adamawa, has decreased from six to five, with Kwanawaya camp officially closed on 8th May 2015. All IDPs (96 people) in this camp returned to their home LGA of Michika, co-ordinated by Nigeria Emergency Management Agency (NEMA) and at the request of the IDPs.

While school-aged IDP children living in camps in the three states have been targeted for enrolment – either to nearby local public schools or within the camps – through the Safe School Initiative (SSI), the provision of assistance to IDP children in host communities is still pending the approval by the State Steering Committees, the local structure for the Safe School Initiative (SSI) comprised of key stakeholders in educational development.

A low number of qualified teachers is also a challenge to education for displaced children and has hampered the quality of the education provided. Volunteers (retired teachers or individuals) that possess basic qualifications have been identified to provide teaching. However, the majority of qualified teachers are not on government payroll and require stipends for their teaching. In Borno state, advocacy by education partners including UNICEF and is ongoing to influence the government to take this responsibility. In Adamawa state, the Ministry of Education (MoE) has already committed resources to this intervention. Overall, teachers require support to deliver life skills, peace and conflict resolution education and psychosocial activities to their students. Likewise there is a scarcity of teaching/learning resource materials, as well as WASH facilities and recreational facilities in the IDP locations.

There is still a general fear of sending children to school. In Borno, for example, parents of IDP children in Polo Centre camp in Maiduguri have been unwilling to send their children to a school located within a five minute walking distance due to the fear of attacks. To address the concerns of parents, UNICEF is lobbying with the MoE to establish temporary learning spaces (TLS) within the camps.

The Child Protection Sub-Working Group (CP SWG) Coordinator participated in a UNICEF multi-sectoral mission to Maiduguri to assess needs and identify gaps in the response. Key programmatic interventions required to meet needs in CP include the set-up of a Case Management system and referral pathways in IDP camps; scale-up and expansion in the provision of PSS activities; establishing identification, documentation, tracing and reunification (IDTR) system for UASC and alternative care arrangements; and strengthened CP community-based mechanisms. Gaps in GBV prevention and response where also been identified.

The most recently opened camp in Maiduguri, Dalori camp, has an estimated 15,000 IDPs and by far has the greatest health needs with thousands of women and children arriving malnourished, dehydrated and exhausted. Between 28th March and 19th May 2015, 73 deaths were recorded in Dalori camp with a crude mortality rate of 0.92/10,000/day. The elderly (over 60 years old) were the most affected comprising 51 per cent of the deaths recorded followed by children under 5 comprising 33 per cent of the deaths recorded. Although the cause of death was reported to be unknown, 58% of case investigations suggested most died as a result of chronic infection and severe dehydration with electrolyte imbalance, especially among the aged who were mostly unaccompanied.
This prompted UNICEF to send a multi-sectoral team from Abuja to support the Field Office in Borno to assess the situation and developed a plan to address the issue of high mortality in the camp. At the same time the team used the opportunity to develop a rapid multi-sectoral scale up plan that is currently being implemented.

**Affected population in North East Nigeria (IOM, April 2015)**

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total affected population</td>
<td>1,301,763</td>
<td>624,846</td>
<td>676,917</td>
</tr>
<tr>
<td>Children affected (under 18)</td>
<td>743,176</td>
<td>356,162</td>
<td>387,014</td>
</tr>
<tr>
<td>Children 1 to 5 (approx.)</td>
<td>262,956</td>
<td>126,141</td>
<td>136,815</td>
</tr>
<tr>
<td>Children &lt;1</td>
<td>111,171</td>
<td>52,201</td>
<td>58,970</td>
</tr>
<tr>
<td>Children &lt;5 SAM caseload (est.)</td>
<td>75,859</td>
<td>38,688</td>
<td>37,171</td>
</tr>
</tbody>
</table>

**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 NEMA and 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 Child Protection Sub-Working Group (CP SWG) – under the Protection Sector Working Group – has been established at federal level, co-chaired by UNICEF and the Ministry of Women Affairs and Social Development (MoWASD). Child Protection Technical Groups are planned to be established in Borno and Adamawa States, however, Yobe State has too few Child Protection actors to warrant a separate group. A taskforce on Case Management has also been convened at Federal level and includes CP actors from both federal and state level. The Taskforce is working to contextualize standard tools and processes of case management and unaccompanied and separated children for the North East.

The CP SWG and IOM have integrated child protection into DTM questionnaires and strengthened the technical capacity of data collectors on CP in emergency issues to support the sub-working group in information gathering and analysis of the child protection situation in IDP locations (in camps and host communities).

In Education, State Coordination Committee (SCC) has been initiated in Yobe. The SCC will oversee the implementation of SSI and related EiE interventions in the state.

Coordination among Nutrition partners, including ACF, IMC, Save the Children and USAID, with regards to on-going or planned nutrition interventions in North-East has been accelerated. Fortnightly Nutrition in Emergencies (NiE) Working Group meetings are held in Abuja and in Borno and monthly meeting in Yobe and Adamawa. The 5Ws is being populated by UNICEF and other partners involved with nutrition response and mapping is underway of all the nutrition services, which at present include screening and treatment of severely malnourished children and delivery of key IYCF and nutrition messages to IDPs and host communities.

UNICEF is working in the 3 states 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.

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 (MoWR) at the national level. At the sub-national level, UNICEF co-chairs the WASH Sector Emergency Working Groups with the State Ministry of Water Resources. The sub-national working groups – established and operational in Adamawa and Borno states – meets bi-weekly with sector partners, including national water authorities, SEMA and international and national NGOs.

Stand-by partners have provided surge support. Four 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 and CANADEM for Emergency Coordination.

UNICEF Response in Dalori Camp, Maiduguri, Borno State

Following the visit from the Abuja based team to support the Borno field Office the following programme activities have been implemented and scaled up in the camp.

Health

UNICEF deployed a team of health professionals to support the scaling up of the UNICEF supported integrated health care services provided in the camp through the State Primary Health Care Development Agency (SPHCDA). The main actions taken were:

- 2 UNICEF staff from Kaduna deployed since 27th May 2015 in Dalori camp and 21 health workers identified, trained on the provision of emergency PHC services 21st and 22nd May and posted in IDPs camps on 26th May
- Support to the setting up of 3 clinics in Dalori camp including the engagement appropriate health care workers (including 3 midwives, 3 doctors and 50 VCMs) to support provision of 24hrs services.
- Tents, tarpaulins and furniture were provided to Dalori camp to be used to support the clinics
- Supplies and commodities were provided for Dalori camp clinics including Interagency Health Kits, midwifery kits, LLINs and Nigeria health kits that serves a population of 10,000 people for 3months
- Measles campaign was conducted for children aged between 6months – 15 years in Dalori camp reaching more than 3,456 people
- 45 VCMs have been selected and trained on active case finding of sick and malnourished children and referring them to the camp clinics
- A lower Crude Mortality Rate of 0.84/10,000/per day from 0.92/10,000/day reported 2 weeks ago.
- To date, 27 new born babies were delivered in the UNICEF supported clinic in the camp

Nutrition

The nutrition status of children and women is particularly poor in Dalori camp and evident in screening data – five per cent of children under five suffer from severe acute malnutrition and 15 per cent from moderate acute malnutrition. Food assistance in the camp is unreliable and of poor nutritional quality. There are very few actors in the camp providing nutrition services. UNICEF in partnership with the State Ministry of Health have:

- Screened 2,826 children under five. 164 children admitted into the therapeutic feeding programme run out of the camp clinic, with 37 children discharged as cured.
- Developed referral pathways within the state – a list of all CMAM centres in health facilities have been provided to camp clinics in order to formerly refer SAM children under treatment should the IDP household wish to relocate to another area.

WASH

UNICEF coordinated a joint WASH assessment to identify needs and gaps in the response to Dalori camp. The assessment found low rates of access to safe water (8 litres per person per day) and an insufficient number of latrines (one latrine to at least 100 users). In response to the identified needs of the camp, UNICEF in partnership with RUWASA is implementing the following activities:

- Provision of fuel for the existing motorized water supply system accessed by 5,000 IDPs and provision of chlorine for the chlorination of water accessed by the estimated 15,000 IDPs in the camp
- 15 women and 5 men volunteers trained on hygiene promotion and hygiene promotion activities have reached 1,500 IDPs
- Construction of 2 solar powered water supply systems that will benefit an estimated 10,000 IDPs and construction of latrines (10 blocks, each with 5 drop holes) and bath shelters (10 blocks, each with 5 cubicles) that will benefit an estimated 2,500 (1,250 females and 1,250 males) IDPs are on-going.
- In collaboration with OXFAM and RUWASA, UNICEF distributed WASH NFIs and hygiene kits to 1,800 households.

Education

Maternity ward in Dalori camp supported by UNICEF
In May, under the leadership of the State Coordination Committee and supported by UNICEF (a second round of assessments were completed in Dalori Camp among 3,600 households. A total of 4,737 children (2,293B/2,444G) were assessed for educational needs and will be enrolled in neighboring Dalori Estate Primary/Junior Secondary School where a double shift programme has been set up.

To support access to education for IDP children in Dalori camp, UNICEF has:
- Provided pedagogical materials to SUBEB for the 4,737 children enrolled in and will provide transport to and from school due to parents security concerns;
- Established 2 – in-camp - temporary learning spaces in UNICEF tents for children aged 3 to 5 years;
- Planned the training (to commence 1st June) of teachers in Maiduguri on pedagogy and classroom management, peace building and conflict resolution, life skills and psychosocial support delivery at classroom levels.

**Child Protection**
At this initial stage of the response to the child protection situation in Dalori camp, UNICEF has reached 3,752 children (1,303 girls) through psychosocial support activities, carried out by 60 trained community volunteers. Currently, UNICEF is working with Ministry of Women’s Affairs and Social Development and Save the Children to start the process of identification and support of UASC and other children at risk.

**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>WATER, SANITATION &amp; HYGIENE</td>
<td></td>
<td></td>
</tr>
<tr>
<td># conflict affected people including IDPs and host communities provided with access to safe water per agreed standards</td>
<td>462,504</td>
<td>127,108</td>
</tr>
<tr>
<td># of conflict affected people benefitting from improved sanitation</td>
<td>136,762</td>
<td>74,769</td>
</tr>
<tr>
<td># of conflict affected persons benefitting from hygiene promotion messages</td>
<td>111,104</td>
<td>386,836</td>
</tr>
<tr>
<td>EDUCATION</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>42,174</td>
</tr>
<tr>
<td># Conflict affected school aged children reached with pedagogic materials</td>
<td>905,240</td>
<td>31,093</td>
</tr>
<tr>
<td>HEALTH</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>NUTRITION</td>
<td></td>
<td></td>
</tr>
<tr>
<td># Children &lt;5 screened using MUAC</td>
<td>434,376</td>
<td>TBD</td>
</tr>
<tr>
<td># Children &lt;5 with SAM admitted to therapeutic feeding programmes</td>
<td>18,965</td>
<td>14,617</td>
</tr>
<tr>
<td>% Children &lt;5 with SAM who recovered under treatment</td>
<td>&gt;75%</td>
<td>80.3%</td>
</tr>
</tbody>
</table>

*Child Protection targets and indicators are still being discussed and finalized at country level among UNICEF and Child Protection Sector partners

**WASH**
In Adamawa, UNICEF in partnership with the state level RUWASA, have improved access to safe drinking water for 22,668 IDPs through the construction of 50 hand pump boreholes (10 in formal/informal IDPs camps and 40 in communities hosting IDPs) in five LGA. Two solar powered borehole fittings with distribution ramps have been
constructed in NYSC and Girei-II IDPs camps. 10,000 IDPs have also gained access to improved sanitation through construction of 200 latrines and 200 bathrooms.

In Yobe State, 3,026 IDPs and host communities residents recovered access to safe drinking water through the rehabilitation of 22 hand pump borehole in two LGAs while 3,654 IDPs in Pompomari Primary School camp in Damaturu had improved sanitary and hygienic conditions through the construction of 12 latrines and provision of NFIs, including jerry cans (10 and 20 litres), buckets, soap, etc.

In Borno, UNICEF and RUWASA continue to support regular water quality monitoring and daily chlorination of water storage tanks in 7 camps in Borno, reaching 60,801 IDPs to reduce the risk of disease outbreaks and desludging of 50 latrines has been completed in 3 camps benefiting 5,200 persons.

**Education**

UNICEF has supported continued professional development of teachers of school-aged IDP children through the training of 28 master trainers from Colleges of Education, State Universal Basic Education Boards (SUBEB) and Ministries of Education in Adamawa, Yobe and Borno states. These core teams have enhanced capacity in child-centred pedagogy and psychosocial activities/life skills delivery at classroom level; and are expected to undertake cascade trainings for 525 teachers (Borno – 317; Adamawa – 208) currently delivering education to IDP learners.

In Yobe, two 72 square meters school tents have been delivered to the Pompomari Primary School Camp in Damaturu to serve as temporary learning space for the education of IDP children. An additional 160 school-in-a-box kits, 5,000 school bags and school supplies have been distributed to SUBEB and Ministries of Education (MoE) in Borno, Adamawa and Yobe states.

**Health**

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. The total number of IDPs in the 5 camps and 4 informal settlements to date that have benefitted from integrated PHC services is 36,698 people (6,973 men, 10,793 women and 18,932 children). These services include curative services, immunization, Vitamin A supplementation, deworming, screening for malnutrition, HIV Counselling and Testing with no case of measles reported in the camps or out of camp settlements in the last month. All new arrivals are immunized upon arrival in the camps.

Antenatal care services reached 418 pregnant women and 177 women delivered assisted by skilled birth attendants. HIV testing and counselling reached 2,170 out of which 61 tested positive and were referred to the secondary health facilities for appropriate treatment.

In Borno, UNICEF is supporting the Borno SPHCDA to provide integrated primary health care (PHC) services to IDPs in 15 IDP camps in the state, through clinics in 14 of the IDP camps and outreach clinics to the other two. A new camp - Federal Training Centre IDP “Dalori” Camp in Maiduguri was opened in the last month for rescued women and children from Sambisa Forest and returnees from Republic of Niger. To date a total of 69,570 IDPs (9,541 men, 17,548 women and 42,481 children) have benefitted from the various PHC services. Immunization activities in the IDP camps reached 24,527 children aged between 6 months – 15 years with the integrated measles campaign; 18,175 children aged between 14 weeks - 5 years were immunized with Inactivated Polio Vaccine(IPV); 18,175 children under 5 years with Oral Polio Vaccine (OPV); 26,093 children aged between 6 months - 5 years received Vitamin A; 23,249 children aged between 6 months - 5 years received deworming tablets and 13,726 children under 5 were screened for malnutrition, of which 416 children with severe acute malnutrition were admitted into the CMAM OTP services in the camp clinics.

13,300 Long lasting mosquito nets have been distributed to men, women and children in IDP camps in Yobe and Borno.

In Yobe, UNICEF is supporting the Yobe SPHCDA to provide integrated Primary health care services for IDPs camps in one permanent camp and 2 transit camps during the period (now closed) and a settlement. Dedicated outreach teams also provided Integrated PHC services to IDPs living in 10 selected host communities. To date, a total of 15,941 IDPs (3,014 men, 5,142 women and 7,785 children) have benefitted from the various PHC services. Measles immunization has reached 26,105 children between the ages of 6 months – 15 years.

**Child Protection**

The situation of unaccompanied and separated children (UASC) continues to be a significant area of concern. The exact number of UASC is not known. However, in February 2015 IOM identified over 2,390 UASC in an assessment of 33 IDP sites in Adamawa and Borno. The population assessed, however, represented approximately only 15 per cent of the
IDP population in the three North East states at the time and therefore, the number of UASC has the potential to be much higher. IOM’s DTM Phase IV is expected to provide a more robust estimate of UASC. UNICEF is working with the Federal and State Ministries of Social Welfare, as well as Save the Children in Borno and the International Rescue Committee in Adamawa to develop a case management system for UASC and to ensure safe and appropriate care for those children who cannot be reunified immediately. 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. The programme is expected to reach 1,000 UASC over the next three months.

UNICEF continues its scale up of the psychosocial support programme, which is now reaching 35,455 children in Adamawa, Yobe and Borno. The programme is operational in 141 communities and 21 IDP camps through 474 community volunteers – this includes 50 newly trained community volunteers in Ngala local government area in Borno State. 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.

UNICEF continues to spearhead the Monitoring and Reporting Mechanisms (MRM) on grave violations of children’s rights. The second Global Horizontal Note was submitted to the Special Representative to the Secretary General on Children and Armed Conflict in April. Violation trends can be now extracted from the system – e.g. the number of women and children used as suicide bombers in the first five months of this year has surpassed the total number during the whole of last year. In 2014, 26 incidents of suicide attacks were recorded, compared to 27 incidents in 2015 as of mid-May. At least 75 per cent of these incidents were carried out by women and children reportedly used as suicide bombers. Nine children aged between 7 and 17 were reportedly involved to carry and detonate the bombs - all of them were girls.

**Nutrition**

The nutrition response continues in the emergency states of North East Nigeria. The response plan is in place, based on the delivery of emergency lifesaving services including treatment of severe acute malnutrition through OTPs and in-patient care, services for infant and young child feeding together with provision of multi-micronutrient powder and deworming tablets. UNICEF established emergency nutrition services in most of the formal camps and continues the CMAM management services through already established CMAM centres within the health facilities. Borno has one of the highest malnutrition rates at 12% (with SAM at 1.4%) among the affected population in the north east states. 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. While screening in the community also continued with referral of SAM children to CMAM sites. UNICEF with the help of its partners have also established community based IYCF and awareness raising services as well. Training for community volunteers is ongoing especially for IYCF services. SMART survey for assessment of current malnutrition rates has been planned for May/June 2015 to cover north east states as well as the rest of the country. The major gap being identified is inadequate trained community human resources on IYCF and community sensitization on nutrition, health and sanitation.

From Jan to April 2015, 14,153 children under five were admitted in the states of Adamawa, Borno and Yobe and provided with treatment. A total of 9,595 (77.7%) children were recovered and discharged cured.

The key performance indicators remain in line with SPHERE standards with cured rate at 77.7% and default rate at 12.7%. The high default rate of SAM children is understandable due to highly dynamic situation of population displacement. The diagrams show the overall performance indicators and the comparative admissions into the CMAM program across the emergency states of north east of Nigeria from January 2015 to April 2015 by month. CMAM data from the field is still due from some health facilities due to disruption of communication network.
HIV and AIDS
In Adamawa, UNICEF has supported the state level health care development agency in the development of standard operating procedures for testing all children visiting CMAM OPT sites and the integration of HIV and Nutrition services, using the Provider Initiated Testing and Counselling (PITC) approach in two LGAs in Adamawa. 30 Health Care Providers (HCP) from the CMAM programme were trained on the PITC Approach, HIV education, counselling and referrals; and 40 community volunteers that work at OTP sites were orientated on team building and referrals.

UNICEF has also collaborated with the National AIDS Control and Prevention Programme (NASCP) to provide initial HIV rapid test kits in the camps to ensure displaced persons are offered HIV Testing and Counselling (HTC). To sustain these services, partnerships have been formed with key state actors such as the State Action Committee for HIV/AIDS (SACA), Achieving Health Nigeria Initiative (AHNI) and FHI 360.

Media and External Communication
UNICEF conducted a photo mission to Maiduguri to profile the situation of children affected by the insurgency in the North East and UNICEF’s humanitarian response, as well as developed new partnerships with 32 online publishers to communicate the situation of children in the three states. Special interest stories on Japan’s support to UNICEF for the emergency in the North East and the call for action to protect children by the UN Special Representative for Children and Armed Conflict have been published on the UNICEF’s website (http://blogs.unicef.org/2015/06/06/born-in-a-displacement-camp-in-north-east-nigeria/) UNICEF has also contributed to the #Bringbackourchildhood campaign, Snapchat and child alert.

Funding
As of 31 May, UNICEF had received $7.76 million against the $26.5 million in the 2015 HAC requirements. Details are provided in the below table.
UNICEF wishes to express gratitude to all public and private sector donors for the contributions and pledges received, which have made the current response possible. UNICEF would especially like to thank National Committees and donors who have contributed ‘non-earmarked’ funding. “Non-earmarked” funding gives UNICEF essential flexibility to direct resources and ensure the delivery of life-saving supplies and interventions to where they are needed most – especially in the form of longer-term and predictable funding and in strengthening preparedness and resilience. Continued donor support is critical to continue scaling up the response.

Next SitRep: 01/07/2015

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