Nigeria
Humanitarian
Situation
Report

SITUATION IN NUMBERS

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.
- The numbers of IDPs in the camps in Yola have reduced from almost 22,000 people reported in the IOM’s Displacement Tracking Matrix report of April 2015 to just over 5,300 people.
- The United Nations in collaboration with the Government of Nigeria, Oxfam and Mercy Corps will carry out a joint needs assessment of the areas of return from the 6-10 July 2015, focusing on both humanitarian and livelihood/early recovery needs of the IDPs.
- 38,299 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.
- Between January and May 2015, 20,002 children under five were admitted into therapeutic feeding programmes in the states of Adamawa, Borno and Yobe. A total of 12,349 (81%) children recovered and were discharged from therapeutic care.
- Outreach clinics in Borno, Adamawa and Yobe, providing integrated health services have benefitted 155,884 people; and 25,453 long lasting mosquito nets have been distributed to men, women and children in IDP camps in Yobe, Borno and Adamawa.
- For the first six months of 2015 a total of 133,201 conflict affected people, both in IDP camps and in host communities benefitted with improved access to potable water.
- As of 31 May, UNICEF had received $12.9 million against $26.5 million of the 2015 HAC requirements (48% of total requirements).

1 July 2015

IDPs in the 3 North Eastern States
743,176
# of children affected out of (approx.)
1,301,763
# of IDPs in North East Nigeria
(IOM, April 2015)

IDPs by State
939,290
Borno State
222,882
Adamawa State
139,591
Yobe State
(IOM, April 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 twice extended the State of Emergency by additional periods of six months. The Senate has not yet formally extended the State of Emergency from November 2014 onwards. 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 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. There is currently no tracking system in place for returnees, however, the numbers of IDPs in the camps in Yola have reduced from almost 22,000 people reported in the IOM’s Displacement Tracking Matrix report of April 2015 to just over 5,300 people. The people remaining in the camps are reportedly from the two northern LGAs in Adamawa, Madagali and Michika, as well as from Gwoza LGA in Borno State.

The United Nations in collaboration with the Government of Nigeria, Oxfam and Mercy Corps will carry out a joint needs assessment of the areas of return from the 6-10 July 2015, focusing on both humanitarian and livelihood/early recovery needs of the IDPs. The assessment will cover seven LGAs where IDPs have been reported to have returned: Gombi, Hong, Mubi North, Mubi South, Mahai, Madagali and Michika. This will give the humanitarian community a clearer idea of the numbers of returnees as well as their what assistance is required to make their return sustainable.

According to FEWSNET, 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 is 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 IPC Phase 3 and 4 (Emergency) with acute food insecurity expected to peak between July and September. 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 in host communities.

| Affected population in North East Nigeria (IOM, April 2015) |
|----------------|----------------|---------------|
|                | Total          | Male          | Female        |
| Total affected population | 1,301,763      | 624,846       | 676,917       |
| Children affected (under 18) | 743,176        | 356,162       | 387,014       |
| Children 1 to 5 (approx.) | 262,956        | 126,141       | 136,815       |
| Children <1 | 111,171        | 52,201        | 58,970        |
| Children <5 SAM caseload (est.) | 75,859        | 38,688        | 37,171        |

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 Child Protection Sub-Working Group (CP SWG) was inaugurated on 18th June at federal level under the Protection Sector Working Group, co-chaired by UNICEF and the Ministry of Women Affairs and Social Development (MoWASD). The Child Protection Sub-Working Group (CP SWG) has finalized the drafting of the Child Protection sub-sector indicators and targets and the CP SWG terms of reference; both documents will be finalized and uploaded to the humanitarian info by the second week of July 2015. At sub regional levels, decisions on the establishment of CPWSG have been made based on the number of partners and needs in each State. Child protection forms a standing item on the agenda of the Protection Sector Working Group in Adamawa. The same approach will be take in Yobe once the Protection Sector Working Group is operational. In Borno a child protection technical group will be established in the coming month to provide a forum for substantive discussion on child protection issues.

In Education, State Coordination Committees (SCC) have been established in all three northern states. They are responsible for coordinating the education responses, including SSI, to ensure that there are no overlaps and that all children benefit from EiE interventions in the states. The knowledge and capacities of members on EiE have been built to support coordination by taking key actions that can influence the achievement of key humanitarian results for IDP Learners in the state. This group has been mandated to meet every month as reflected by their Terms of Reference and more regularly as the need arises.

Coordination among Nutrition 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 meeting in Yobe and Adamawa. The 5Ws is being populated by sector members including UNICEF involved with nutrition response and mapping is underway for 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 (FMWR) 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 (MoWWR). The sub-national working groups – established and operational in Adamawa and Borno states – meets bi-weekly with sector partners, including national water and 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.

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>WATER, SANITATION &amp; HYGIENE</td>
<td>2015 Target</td>
<td>Total Results</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>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>2015 Target</td>
<td>Total Results</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>Health</td>
<td>Conflict affected school aged children reached with pedagogic materials</td>
<td>905,240</td>
</tr>
<tr>
<td>-------</td>
<td>-------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td></td>
<td># of conflict affected pregnant women and children under 5yrs that have received LITNs</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td># of conflict affected people reached with emergency PHC services</td>
<td>N/A</td>
</tr>
<tr>
<td>Nutrition</td>
<td># Children &lt;5 screened using MUAC</td>
<td>434,376</td>
</tr>
<tr>
<td></td>
<td># Children &lt;5 with SAM admitted to therapeutic feeding programmes</td>
<td>75,859</td>
</tr>
<tr>
<td></td>
<td>% Children &lt;5 with SAM who recovered under treatment</td>
<td>&gt;75%</td>
</tr>
<tr>
<td>Child Protection</td>
<td># of conflict affected children reached with psychosocial support</td>
<td>92,400</td>
</tr>
<tr>
<td></td>
<td># of conflict affected children referred to specialist support services where required</td>
<td>TBD</td>
</tr>
<tr>
<td></td>
<td># of unaccompanied and separated children identified</td>
<td>3500</td>
</tr>
<tr>
<td></td>
<td># Separated and unaccompanied IDP children reunified with families or placed in alternative care arrangements</td>
<td>2292</td>
</tr>
</tbody>
</table>

**WASH**

In Adamawa, UNICEF in partnership with the state Rural Water Supply and Sanitation Agency (RUWASA), have improved access to safe water for 1,583 IDPs through the construction of a solar powered borehole fitted with distribution pipe stands in Malkohi IDP camp.

In Yobe State, UNICEF supported RUWASA to establish the reticulation of water supply system in Pompamari IDP camp improving access to safe water for 3,026 IDPs currently hosted in the camp. UNICEF in partnership with CARITAS enabled improved access to sanitation for 3,050 IDPs through construction of 61 household latrines in communities hosting IDPs.

In Borno, daily chlorination of water sources in five IDP camps in Maiduguri has continued benefiting 24,801 IDPs (9,165 males & 15,136 females). UNICEF is supporting RUWASA to ensure operation and maintenance of generators ensuring water supply to 53,134 IDPs (18,223 males and 34,911 female) in Dalori, Government College, NYSC, Arabic Teachers College, Women Teachers College and Teacher Village. 2,736 IDPs had improved access to sanitation facilities through the construction of 30 new latrines, the rehabilitation of 18 latrines and the construction of 20 bathrooms at Government College and CAN IDP camps. Response in the NYSC camp now takes into consideration cholera prevention due to the risk if flooding in the camp.

UNICEF in partnership with OXFAM has constructed 10 hand pump boreholes in the IDP camps of Maiduguri to provide access to safe water for 6,000 people. In Dalori camp, UNICEF in collaboration with RUWASA have trained 20 volunteers (15 women and 5 men) on hygiene promotion and hygiene promotion activities have reached 1,500 IDPs and two solar powered water supply systems that will benefit an estimated 10,000 IDPs are being constructed as well as latrines (10 blocks, each with 5 drop holes) and washrooms (10 blocks, each with 5 cubicles) that will benefit an estimated 2,500 (1,250 females and 1,250 males) IDPs. In collaboration with OXFAM and RUWASA, UNICEF distributed WASH NFIs and hygiene kits to 1,800 households.

**Education**

In response to the low number of qualified teachers for displaced children, capacity development training has been conducted in Adamawa and Borno. In Adamawa and Borno, 497 teachers have been trained in basic pedagogy and classroom management. This has been supported through training of a critical mass of 28 master trainers from Colleges of Education, State Universal Basic Education Boards and Ministries of Education in Gombe, Adamawa, Yobe and Borno states who are currently being trained on emergency preparedness and response at school level, peace building and conflict resolution.
Since March 2015, an additional 49,000 children have been benefited from pedagogic materials in Yobe, Borno, Adamawa and Gombe under the SSI and a Government of Japan funded intervention. The provision of 18 tents (16 in Borno and 2 in Yobe) to establish Temporary Learning Spaces (TLS) has reached 2,100 children. These tents are being used for ECD activities, and schooling purposes in response to the demand of parents for schooling in the camp instead of in nearby schools to address the fear that parents have to send their children out of the camps.

The main constraint faced by the Education sector in reaching their targets has been the Action Plan developed by the Technical Committee of the Safe Schools Initiative (SSI) and approved by the Steering Committee, which is the governing body of the SSI. This allocated to UNICEF the responsibility to support and oversee the provision of quality education for children in IDP camps only. A strategy has been developed to support and oversee the provision of quality education for conflict affected children living in the host communities. This strategy has been approved by the Technical Committee of the SSI and is awaiting approval by the Steering Committee. All educational assistance to IDPs must be provided under this initiative.

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 3 camps and 4 informal settlements to date that have benefitted from integrated PHC services is 39,934 people (7,889 men, 10,973 women and 21,072 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 pregnant women and 183 women delivered assisted by skilled birth attendants.

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, through clinics in 14 of the IDP camps and outreach clinics to the other two. To date a total of 88,407 IDPs (13,079 men, 24,673 women and 50,655 children) have benefitted from the various PHC services. Immunization activities in the IDP camps reached 30,495 children aged between 6 months – 15 years with the integrated measles campaign; 23,593 children aged between 14 weeks - 5 years were immunized with Inactivated Polio Vaccine (IPV); 25,878 children under 5 years with Oral Polio Vaccine (OPV); 29,409 children aged between 6 months - 5 years received Vitamin A and 26,506 children aged between 6 months - 5 years received deworming tablets in the camp clinics.

In Yobe, UNICEF is supporting the Yobe SPHCDA to provide integrated Primary health care services for IDPs camps in one permanent camp and through dedicated outreach teams providing integrated PHC services to IDPs living in 40 selected host communities. To date, a total of 27,543 IDPs (5,125 men, 8,347 women and 10,218 children) have benefitted from the various PHC services. Measles immunization has reached 28,637 children between the ages of 6 months – 15 years.

18,435 Long lasting mosquito nets have been distributed to men, women and children in IDP camps in Yobe and Borno. 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.

Child Protection
The conflict has taken a heavy psychological toll on children and their families who have lost family members, witnessed extreme violence and 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 May 2015, 38,299 children (17,703 girls) were reached representing 85% of the target of 45,000 children. Of the children reached, 26,809 (68%) have been supported in their communities in Damaturu and Potiskum in Yobe; and in Biu, Hawul, Bayo, Kwaya Kusar, as well as in host communities in Maiduguri.

This programme will be scaled up in the second half of 2015. In Borno, Adamawa and Yobe, 30 master trainers have received a refresher training, focusing on CPiE, psychological first aid, the continuum of MHPSS interventions and referral, child development, community based approaches and running of child friendly spaces. These trainers will cascade the capacity building down to 750 community volunteers (474 existing and 266 new) over the coming two months.

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 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 under-18s. 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 July.

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 child protection, with an initial focus on unaccompanied and separated children (UASC). It is estimated that there are over 10,000 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.

UNICEF began a partnership with the International Rescue Committee (IRC) in Adamawa in May, to identify UASC and 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 – this will plug the huge gap in alternative care available for UASC.

The programme targets both the formal camps and local government authorities – Fufure, Girei, Yola North and Yola South. The programme will also be expanded into Mubi as the security situation improves. 54 State and Local Government Area Social Welfare Officers and NGO caseworkers, as well as the police have been trained on case management for UASC with 225 UASC having been identified and provided with support services through the programme. The programme will be scaled up to Borno, in partnership with Save the Children, in the coming month. UNICEF successfully advocated for the deployment of State Social Welfare Officers in every camp in Borno to implement the case management system. The programme is expected to reach 1,000 UASC over the next three months.

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 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 three emergency states in the North East of 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, 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. Borno has one of the highest malnutrition prevalence at 12% (with SAM at 1.4%) among the affected population in the north east states (NNHS 2014).

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. Discussion with partners is on-going to open additional CMAM sites that provide service 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 need in the area.

UNICEF has commenced the distribution of multiple micronutrient powder in IDP camps in Borno state and with the help of its partners has also established community based IYCF and awareness raising services. Training for community volunteers is on-going especially for IYCF services.

Training for the SMART survey for assessment of current nutritional situation of the community starts 5 July 2015 and the survey will cover north east states as well as the rest of the country. The major programming gap is inadequate trained community human resources for support on IYCF and community sensitization on nutrition, health and sanitation.

From Jan to May 2015, 20,002 children under five with SAM were admitted in the states of Adamawa, Borno and Yobe and provided with treatment. This is 26% of the target for the year. Of the 15,281 children discharged during the reporting period, a total of 12,349 (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 due to the highly dynamic population movements to be expected in an emergency setting like this.

The screening activities continued in IDP camps. Overall, 50,655 children were screened between January and end of May 2015, of which 3.5% (1,768) 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 under way to also strengthen nutrition screening outside the camps.

Whilst the number of children admitted against the target seems low this in large part 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.

The figure below shows the overall new admissions into the CMAM program across the emergency states of north east of Nigeria from January to May 2015 by month. As of May 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 we recognize that we need to continue the efforts to accelerate the roll out efforts.
HIV and AIDS
In Adamawa, UNICEF has finalized plans to support the state level health care development agency in the scaling up the testing of all children visiting CMAM OPT sites and the integration of HIV and Nutrition services, using the Provider Initiated Testing and Counselling (PITC) approach from two LGAs to five LGAs in Adamawa. Fifty additional health workers will be trained during July on the PITC Approach, HIV education, counselling and referrals in collaboration with FHI 360 supporting all 25 CMAM OTPs in Adamawa state. In collaboration with SACA, 20 volunteers with lab technology background would be trained in Guyuk LGA. In addition, an additional consultant will be engaged to strengthen the services provided at all the CMAM OPT sites. In Song LGA, 362 SAM cases were tested for HIV in 5 CMAM OTPs with 3 positive cases being referred to Song Cottage Hospital.

Media and External Communication
Special interest story on Education entitled “Another road to education for displaced children – the afternoon shift” has been published on the UNICEF’s website (http://blogs.unicef.org/2015/07/07/nigeria-responding-to-the-education-needs-of-displaced-children/). UNICEF has also contributed to the #Bringbackourchildhood campaign, Snapchat and child alert.

Funding
As of 30 June, UNICEF had received $12.9 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>
<th>Funding Gap (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>6,100,000</td>
<td>2,775,924</td>
<td>5,446,241</td>
<td>653,759</td>
<td>11%</td>
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<tr>
<td>Health</td>
<td>4,000,000</td>
<td>4,126,098</td>
<td>2,179,440</td>
<td>1,820,560</td>
<td>46%</td>
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<tr>
<td>WASH</td>
<td>3,900,000</td>
<td>4,959,515</td>
<td>2,126,534</td>
<td>1,773,446</td>
<td>46%</td>
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<tr>
<td>Child Protection</td>
<td>3,810,000</td>
<td>3,944,743</td>
<td>1,503,253</td>
<td>2,306,747</td>
<td>60%</td>
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<tr>
<td>Education</td>
<td>7,500,000</td>
<td>3,901,942</td>
<td>1,691,621</td>
<td>5,808,379</td>
<td>77%</td>
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<tr>
<td>Sector Coordination</td>
<td>1,200,000</td>
<td>209,857</td>
<td>-</td>
<td>1,200,000</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>26,510,000</strong></td>
<td><strong>19,118,079</strong></td>
<td><strong>12,924,027</strong></td>
<td><strong>13,585,973</strong></td>
<td><strong>51%</strong></td>
</tr>
</tbody>
</table>

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