



# Humanitarian Situation Report No. 2

Reporting Period  
1 January to 30 June  
2022

In a radio learning class supported by UNICEF in an IDP Camp in Maiduguri, north-east Nigeria, a volunteer teacher attends to out-of-school children. Across north-east Nigeria, UNICEF supports alter

## Nigeria

### HIGHLIGHTS

UNICEF through its 2022 Nigeria Humanitarian Action for Children between January and June:

- Admitted 154,697 children 6-59 months old (53% girls) with severe acute malnutrition for treatment in Northeast Nigeria (vs. 158,377 mid-year targets) and 109,247 children (53% girls) in the Northwest (vs. 112,397 mid-year target).
- Vaccinated 207,024 children in the Northeast and 132,106 children in the Northwest against measles after the largest measles outbreak in Nigeria
- Improved safe and sustainable water supply for 503,719 vulnerable people in the Northeast and 248,900 in the Northwest through water trucking, borehole construction and treatment.
- Reintegrated 2,884 children formerly associated with armed groups with their families and communities in the Northeast (71% of annual target).
- Provided 1,330,257 children (52% girls) in formal and non-formal schools/ learning centres with improved access to basic quality education (98% of annual target)

### UNICEF RESPONSE AND FUNDING STATUS\*

	Nutrition	SAM admissions	49%
		Funding status	36%
	Health	Measles Vaccination	48%
		Funding status	21%
	Water, sanitation	Access to safe water	48%
		Funding status	25%
	Child protection	MHPSS	28%
		Funding status	73%
	Education	Learning materials	51%
		Funding status	39%

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

### SITUATION IN NUMBERS



**8,800,000**  
People in need of humanitarian assistance<sup>1</sup>

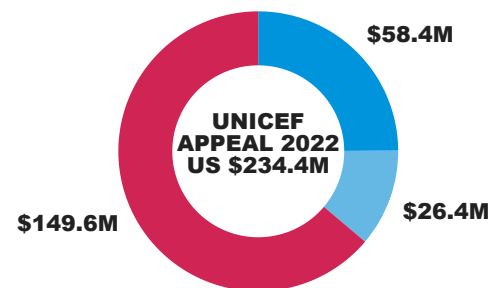


**5,400,000**  
Children in need of humanitarian assistance<sup>2</sup>



**2,600,000**  
Internally displaced population<sup>3,4</sup>

### FUNDING STATUS (IN US\$)\*\*



Humanitarian Resources  
2021 carry over  
Funding gap

\*\* Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors

## FUNDING OVERVIEW AND PARTNERSHIPS

In 2022, UNICEF requires US\$ 234 million to deliver an integrated package of nutrition, health, education, WASH, and child protection services to address the needs of 5.2 million people, including women and children. So far, UNICEF has received contributions from the Governments of Germany, Switzerland, Sweden, Canada, the United Kingdom, the European Union, the UN Country-Based Pooled Fund, the National Committee of UNICEF (NatCom), and the UNICEF Nigeria Country Office own funds. Funds currently available amount to \$ 85.4 million, resulting in a funding gap of 64 per cent. UNICEF requests donors to contribute to its Humanitarian Appeals for Children (HAC) to enable the continuous delivery of an integrated package of WASH, nutrition, education, child protection and health services for the survival and development of conflict-affected children in Northeast and Northwest Nigeria.

UNICEF has diversified and strengthened its partnerships working with international NGOs (INGOs) and National NGOs (NNGOs) alongside the Government. UNICEF has programme cooperation agreements (PCAs) with reliable INGO and NNGO to implement its programme actions. In the Northeast, the Nutrition Section has one government partner, 14 INGO partners, and 8 NNGO partners; the WASH Section has two government partners, 3 INGO partners and 4 NNGO partners; the Child Protection Section has five government partners, 1 INGO partner and 4 NNGO partners; the Education Section has ten government partners, 4 NNGO partners, 4 INGO partners, and one academic institution; while the Health Section has 11 government partners, 9 INGO partners, and 1 NNGO, partner. Moreover, UNICEF is co-leading the WASH, Nutrition, and Education Sectors in collaboration with INGO partners.

In the context of the Rapid Response Mechanism (RRM) in the Northeast, UNICEF is coordinating eight operational partners (6 INGOs and 2 NNGOs) to provide multisectoral life-saving assistance in hard-to-reach areas to the most acute needs of children and families affected by the conflict, including most acutely by food insecurity and malnutrition. During the reporting period, 22,000 people were reached through RRM multisectoral interventions, including food assistance, nutrition, and WASH in Gubio, Monguno, Ngala Local Government Areas (LGAs) in Borno State.

In the Northwest, the Nutrition programme is implemented with seven government partners, 2 INGOs, and 1 NNGO; the WASH programme with eight government partners; the Child Protection programme with ten government partners and 4 NNGOs; the Education programme with eight government partners and one academic institution; and the Health programme partners with seven government authorities.

## SITUATION OVERVIEW AND HUMANITARIAN NEEDS

In the Northeast, a 22 per cent increase in admissions of severely malnourished children has been observed in nutrition centers across the Northeast compared to the previous year. In particular, humanitarian situation monitoring results indicated high levels of acute malnutrition amongst new arrivals from inaccessible areas, with Global Acute Malnutrition (GAM) at 16.9% and Severe Acute Malnutrition (SAM) at 6.3%, worsened by poor water and sanitation access and poor health conditions. Overall, 4.1 million people are projected to have crisis level food needs in 2022 according to the most recent Cadre Harmonisé; and 1.3m children to be acutely

malnourished, of which 300,000 severely malnourished.

In the summer, the Borno State Government has registered some 100,000 IDPs slated for relocation from the remaining 3 camps near Maiduguri. This follows the earlier closure of 6 IDP camps and associated relocation of over 100,000 IDPs to camps and host communities in their area of origin, with few being able to return home. As a result of the continued conflict, 2.2 million Internally Displaced Persons (IDPs) remain displaced across the three northeastern states - Borno, Adamawa, and Yobe. Humanitarian space and access remain constrained. Increased violence against civilians by the non-state armed groups (NSAGs) resulted in two mass killings of at least 60 civilians in Dikwa and Marte in May.

In the Northwest, unabated insecurity marked by armed clashes and banditry is reflected by the continued displacement of 360,000 persons in three (Katsina, Zamfara, Sokoto) of the seven Northwest States, with Katsina (173,856) recording the highest numbers of IDPs, followed by Zamfara (123,102), the epicenter of the banditry attacks according to IOM. Over 80 per cent of IDPs reside in host communities, while the remaining are spread over 36 camp-like settings in the three states. These displacements are increasing the pressure on the ongoing development programme in these regions, such as education and health, and result in emerging humanitarian needs in terms of protection (especially child protection), nutrition, as well as water, sanitation, and hygiene.<sup>5</sup>

## SUMMARY ANALYSIS OF PROGRAMME RESPONSE

### Health

#### Northeast

After Nigeria faced the largest measles outbreak in the world, with 14,000 cases during the first quarter, 207,024 children under five years (58% of the annual target) were vaccinated against measles. UNICEF supported the delivery, primarily by government partners, of Primary Health Care (PHC) services in IDP camps and host communities in 25 of the 65 LGAs. In Borno and Yobe States, 893,158 persons (24% of the annual target), including 622,843 children below five years, were reached with consultations for integrated primary health care services. The 124 UNICEF-supported and government-run clinics in Borno (100), Adamawa (4), and Yobe (30) States provided 27,599 postnatal services to mothers and babies supported 11,155 deliveries (skilled delivery – 8,381, unskilled – 2774) and provided 11,509 long-lasting insecticide nets.

#### Northwest

UNICEF continues to conduct routine immunization intensification activities in Sokoto and Zamfara States, targeting the LGAs with the highest number of unimmunized children and IDP communities. Both states responded to the measles outbreak in January by vaccinating 132,106 children (39% of the annual target). Routine immunization services have been integrated into the CMAM sites, as all the affected LGAs have at least one or two CMAM sites. UNICEF equally supported the response to a cholera outbreak in 6 LGAs in Zamfara State and 4 LGAs in Sokoto State and expanded these services to strengthen coordination and preparedness actions against epidemics. Over 168,000 consultations (39% of the annual target) were conducted at UNICEF-supported and government-run integrated primary health care centres in 23 violence-affected LGAs in Sokoto (12 LGAs) and Zamfara (11 LGAs) States during the reporting period.

## Nutrition

### Northeast

The 22 per cent increase in admissions of severely malnourished children under the age of five to nutrition centers in comparison to the previous year has been deduced from a range of factors by partners on the ground: closure of outpatient treatment centers (OTPs) for SAM children without medical complications; the influx of patients from areas inaccessible to humanitarian actors, and those without stabilization centers in hospitals; dwindling food assistance, not least for relocated IDPs; insufficient coverage of preventive services (e.g. blanket feeding) and this year's measles outbreak.

The June Integrated Food Security Phase Classification (IPC) acute malnutrition analysis for Northeast Nigeria assessed that 317,000 children are to be severely acutely malnourished (SAM) in Borno, Adamawa, and Yobe States in 2022.

### Northwest

Findings on the SAM prevalence from the last Standardized Monitoring and Assessment of Relief and Transition (SMART) survey highlighted that the LGAs most affected by the 2 per cent SAM threshold were in northern Sokoto. In addition, most SAM admissions, especially in Katsina are from communities where community-based management of acute malnutrition (CMAM) programs are not available. To address this, UNICEF is currently supporting comprehensive nutrition surveillance in Sokoto, Zamfara, and Katsina. The report is planned to be released by mid-October and will cover all the LGAs and group them based on similarities in the level of malnutrition.

During the reporting period, 16 additional government-run OTP sites were established in Kurfi, Dutsinma, Musawa and Matazu LGAs, Katsina state based on survey findings, and UNICEF is in the process of supporting the opening of two stabilization centers in Goronyo LGA, Sokoto State and Gusau LGA, Zamfara State to add to the three current SCs located in Sokoto and Zamfara being supported by MSF. From a preventive perspective, 166,134 pregnant women and caregivers of children (30% per cent of the annual target) participated in infant and young children feeding counselling and received iron-folate supplementation, while 37,326 children (6-23 months) were provided with micronutrient powders for home fortification of complementary foods.

## Child protection, GBViE and PSEA

In Northeast Nigeria, the first half of 2022 continued to see people exiting non-state armed groups, primarily from Jama'atu Ahlis Sunna Lidda'awati Wal-Jihad (JAS). According to the Director, Defence Media Operations, Defence Headquarters in Abuja, 57,004 Boko Haram terrorists and their families, comprising 12,547 men (22%), 17,027 women (30%) and 27,430 children (48%), have surrendered since June 2021. A total of 11,554 (1,513 girls, 1,115 boys, 1,862 women and 7,064 men) people were received at Bulumkutu, Shokari and Hajj transitional camps during the reporting period. Of these, 1,695 have been reintegrated into their communities. There were 11,717 people (2,158 girls, 2,047 boys, 3,316 women, and 4,196 men) residing in all three camps at the reporting time. Significant protection issues remain an immediate and urgent concern in locations where individuals leaving the conflict are being held as they are screened and profiled.

Child protection services in Northeast Nigeria were focused on 16 LGAs in Borno State, 6 LGAs in Adamawa and 5 LGAs in Yobe State. Over 100,000 (38,638 girls, 39,820 boys, 9,142 women, 16,143 men) children and adults were provided with psychosocial support and parenting programmes through child-friendly spaces

and intersectoral programming in IDP camps, host communities, and transit centres. Some 600 (314 girls, 329 boys) unaccompanied and separated children (214% of the annual target) received family tracing and reunification, with the Maiduguri-based transit centres as one of the profiling and documentation locations, while those with negative tracing were placed in family-based care. After their release, 2,884 children (1,714 girls, 1,170 boys) formerly recruited and used by armed groups were reintegrated with their families and provided with social-economic reintegration support (71% of the annual target). Over 37,000 people (20,170 girls, 7,937 boys, 5,718 women, 3,795 men) received Gender-Based Violence (GBV) prevention and response services in IDP camps, host communities, and transit centres. The number of children and adults who benefited from child protection information, including on grave child rights violations, is 155,919 (61,438 girls, 49,456 boys, 22,125 women, 22,900 men) - 61% of the annual target.

## Education

### Northeast

During the reporting period, education challenges ranged from attacks on education in three schools in Yobe State (2 in Gujba and 1 in Potiskum) and one in Ngala, Borno State; to damage caused to school infrastructure due to seasonal rainfall and windstorms in Yobe (4 LGAs) and Adamawa (4 LGAs) States; to the occupation of schools by newly displaced individuals due to communal conflicts in Lamurde and Guyuk, Adamawa State. These have led to the abduction of a teacher in Yobe State, the loss of lives of three teachers in Adamawa, and the loss of property of several teachers in Adamawa and Yobe States.

In response to the school damage caused by seasonal rainfall in Yobe State, UNICEF coordinated the evaluation of repair costs with the lead government agencies and school-based management committees (SBMCs). As for the occupation of schools, a Rapid Needs Assessment conducted found that IDPs occupied 43 classrooms across the nine assessed schools in Guyuk and Lamurde. Consequently, the average number of children per classroom rose from 60 to 89, and the pupil/teacher ratio increased by 51% (95 pupils per teacher). Partners are being mobilized to provide response services and donor advocacy to support ongoing programmes.

In the first half of 2022, UNICEF provided 1,330,257 children (694,113 girls, 636,144 boys) – 172% of the annual target - in formal and non-formal schools/learning centres with improved access to basic quality education through enrolment into formal schools, provision of learning/instructional materials and provision of improved WASH facilities. UNICEF trained 9,971 teachers (6,029 female, 2,896 male) – 102% of the annual target - in psychosocial support, pedagogy, and domestication of the Safe Schools declaration manual.

### Northwest

During the reporting period, five schools were attacked in Kebbi State on the same day, and 16 schools in Kebbi, Sokoto, and the Zamfara States were occupied by IDPs. The capacity to cope with school attacks through effective response strategies was enhanced for 10,581 (1,250 female) teachers, girls, and boys, SBMCs and Mother Associations, as well as community members in Sokoto State and 4,500 (1,876 female) participants in Zamfara State.

In Sokoto and Zamfara States, facilitators were trained in psychosocial support (PSS), and subsequently, the facilitators held Stepdown trainings for teachers, pupils, SBMCs, and Mother Associations.

## Water, sanitation and hygiene



## Northeast

Insufficient water supply in several camps has persisted and increased with the influx of thousands of new arrivals resulting from camp closures and arrivals from hard-to-reach areas. With UNICEF support, 503,719 vulnerable people (34% of the annual target) were supported with sustained access to safe and sustainable water through treatment interventions, emergency water trucking, and the construction of solar motorized boreholes, of which 60,000 beneficiaries were from cholera-prone LGAs in Adamawa state.

Given the unsustainability of water supply, UNICEF is implementing a water supply master plan for four small towns in Borno state. UNICEF engaged a consortium to undertake the feasibility study. Hydrological and geophysical surveys were undertaken, designs for construction and reticulation plans were submitted, and timelines were developed to commence implementation in September.

Since January, a total of 2059 cholera cases (CFR 3.1) were recorded in Nigeria, Adamawa (56 cases), Yobe (5) and Borno (92 cases) and listed among the top ten. To improve and sustain access to sanitation services in cholera high-risk camps, 100,355 people were provided with 5,000 emergency latrines, 105,279 people gained from operations, maintenance, and disinfection services of 4,159 latrines, and 392,658 people benefited from desludging and cleaning of latrines in Borno and Yobe States. In Adamawa State, UNICEF supported the desludging, light repairs, and maintenance of 50 compartments of latrines in camps, schools, and health facilities where cholera cases were reported in 2022.

A total of 473,827 people were reached with key hygiene messages, and 23,526 people with basic hygiene kits and strips of water treatment tablets in areas with suspected acute watery diarrhoea (AWD) and cholera cases.

## Northwest

Since the onset of the rainy season in May, 228 cases of cholera have been reported in Sokoto (13), Zamfara (74), and Katsina (141) states. In this context, nearly 250,000 people benefitted from water supply systems in healthcare facilities and schools, and 54,000 people (45 per cent of the annual target) had renewed access to water through repairs and rehabilitation of 79 handpump boreholes eight solar systems.

Regarding sanitation, 295 latrines with handwashing stations were repaired and rehabilitated or 14,750 vulnerable persons. Through community engagement and interpersonal behaviour change interventions, 240,186 people in cholera-affected and high-risk communities were reached with hygiene promotion messages, already exceeding the planned annual target by 50 per cent, and 14,400 people were provided with cholera kits.

## Cross-sectoral (HCT, C4D, RCCE and AAP)

### Northeast

Social and behaviour change (SBC) interventions in the Northeast are sustained through the volunteer community mobilizers (VCM) structure, with over 3,800 community mobilizers ensuring continued engagements in high-risk communities in both Yobe and Borno States in the first half of 2022. Via 1,861,562 house visits, 15,319 compound meetings, and 692 community dialogues, the mobilizers provided information on positive behaviour formation to prevent and reduce the spread of cholera, COVID-19, and other childhood diseases. The WASH messages covered, among other issues, handwashing promotion, ending open defecation, environmental sanitation, and the safe transportation, storage, and usage of water sources. Other health promotion messages were on exclusive breastfeeding, completion of routine immunization for eligible

children, antenatal care (ANC) attendance by pregnant women, and adoption of healthy behaviours and protective practices for children and all community members.

### Northwest

The VCM network in the Northwest reached about 2.1 million people - through 563,156 house visits and 19,700 compound meetings, among other outreaches - with messages on handwashing, COVID-19 prevention measures, and general hygiene and sanitation, exclusive breastfeeding, open defecation, ante-natal care, and routine immunisation. During the reporting period, immunization coverage for the Northwest has improved with the COVID-19 SCALES strategy, which entails increased community engagement interventions coupled with outreach service. The Northwest outbreak response was compromised by the security situation in Sokoto, Zamfara, and the Katsina States, making it difficult to reach all eligible children with vaccination resulting in UNICEF reaching out to traditional and religious leaders to improve uptake.

On accountability to affected populations, the health and nutrition programmes in the Northeast have established a feedback mechanism within IDP communities to solicit and integrate feedback into the program regarding the primary healthcare needs of IDPs implemented by the State Primary Health Care Development Agency and the Ministry of Health. Child protection has also established community feedback mechanisms at the LGA level and in all accessible IDP communities via partners. In the Northwest, the nutrition and the emergency teams establish feedback mechanisms for cash transfer projects in Kaduna and Sokoto, respectively.

## HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

UNICEF is co-leading three sectors and one area of responsibility (AoR) in the Northeast. UNICEF co-leads the Child Protection AoR and the Education Sector with Save the Children, the Nutrition Sector with Action Against Hunger (ACF) and the WASH Sector with the Norwegian Refugee Council (NRC). In addition, UNICEF leads the Rapid Response Mechanism (RRM) with WFP to deliver life-saving assistance in Nutrition, WASH and Food security to the most vulnerable populations in hard-to-reach areas. UNICEF also participates in the in-country interagency Prevention of Sexual Exploitation and Abuse (PSEA) Task Force.

Through the Global WASH Cluster and Northeast WASH sector, UNICEF supported the WASH Operational Coordination and Leadership training held in Nairobi. Participants from the Ministry of Water Resources and LGA leadership attended the meeting to improve coordination capacity for the government and the WASH partners, in line with strengthening the WASH policy. In the Northwest, UNICEF supported the reactivation of the government-led WASH Technical Working Group in Sokoto, Zamfara and Katsina States.

The Child Protection AoR continues to provide strategic leadership and coordination support to partners through regular monthly meetings to discuss the progress against set targets and address bottlenecks and gaps in the response. Also, a three-year strategy and work plan was developed by partners with UNICEF support. The Sector contributed to harmonizing the case management tools for Nigeria, which will standardize the approaches to case management nationally and aid the rollout of more advanced Child Protection Information Management Systems in Nigeria.

The Nutrition Sector undertook significant advocacy to highlight the criticality of preventative services and funding for treatment services, particularly during the lean season between May and October. As part of this effort, the Sector provided up-to-date analysis that fed into advocacy events led by the Humanitarian Coordinator in Geneva with the Member States in June, two ambassadorial level meetings, and several OCHA-led donor meetings during the reporting period.

The Education Sector has initiated LGA-level coordination meetings in 4 LGAs in Borno, 2 LGAs in Adamawa and 3 LGAs in the Yobe States. As part of the Safe School Declaration, an advocacy visit was paid to the Theatre Commander to end the occupation of schools by the military, after which he committed to ensuring all occupied schools will be vacated by September 2022. The Education Sector also finalized its localization strategy, which will serve as a reference document for donor advocacy and sector-led resource mobilization.

## HUMAN INTEREST STORIES AND EXTERNAL MEDIA



How Hauwa got her 'freedom' back

After a challenging period of managing her menstrual health, UNICEF supports Hauwa and other vulnerable girls in Nigeria to regain their dignity. Sixteen-year-old Hauwa Bukar of Muna IDP Camp in Maiduguri, north-east Nigeria, used her headscarves for multiple purposes. While they adorn her head on most days of the month, she converted them to sanitary towels during her menstrual period.

"Even with my scarves, I still had to stop going to school and stay home throughout my menstrual period. The scarves got soaked quickly and got me stained. I would rather be home during that time than being embarrassed by a dress stained with blood," said Hauwa. Displaced by armed conflict from Sandia, a remote community in Borno State, enrolling in school came with stiff challenges for Hauwa. Now in Maiduguri, she is enrolled in Primary 5.

Staying out of school during her menstrual period was a setback for Hauwa, who aspires to be a medical doctor. But that was before UNICEF supported conflict-affected girls in northeast Nigeria with dignity kits.

The dignity kits provide adolescent girls with sundry items such as a dozen reusable pads, detergents, clothesline, pegs, underwear, toothpaste, disposable pads, kettle, bucket, jerry can, and other materials in north-east Nigeria with confidence to achieve their

dreams.

"Before I was given the reusable pads and the dignity kit, I always felt tense during my menstrual period. But when I got the pads and was taught how to use them, I felt more comfortable and empowered. If possible, I want every girl child to have it," said Hauwa.

According to Mamita Bora Thakkar, UNICEF WASH Manager in Maiduguri, good menstrual health management for girls and women is a human right and gender equality tool. Aside from helping to keep adolescent girls in school, Bora Thakkar says it is also about dignity and healthy living for girls and women.

"Menstrual health management education and products must be available to girls and effective disposal options for the hygienic handling of menstrual waste. UNICEF is working with partners to ensure that special efforts to reach and co-design solutions with girls with disabilities, girls from minority groups and those in conflict situations," said Bora Thakkar.

6

- How Hauwa got her 'freedom' back  
<https://www.unicef.org/nigeria/stories/how-hauwa-got-her-freedom-back>

## HAC APPEALS AND SITREPS

- All Humanitarian Action for Children Appeals  
<https://www.unicef.org/appeals>
- All Situation Reports  
<https://www.unicef.org/appeals/situation-reports>

## NEXT SITREP: 31 SEPTEMBER 2022

## ANNEX A SUMMARY OF PROGRAMME RESULTS

Sector		UNICEF and IPs response				Cluster/Sector response		
Indicator	Disaggregation	Total needs	2022 targets	Total results	Progress	2022 targets	Total results	Progress
<i>Nutrition<sup>7</sup></i>								
Children aged 6 to 59 months with severe acute malnutrition admitted for treatment	Total	-	541,547	263,944	49%	316,753	154,697	26%
Primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	Total	-	858,572	292,578	34%	745,929	380,461	25%
Children aged 6 to 59 months receiving multiple micronutrient powders	Total	-	941,298 <sup>8</sup>	139,914	15%	548,569	102,588	8%
<i>Health</i>								
Children aged 6 to 59 months vaccinated against measles	Total	-	707,661	339,130	48%	-	-	-
Internally displaced persons and host communities, including children and women accessing primary health care in UNICEF-supported facilities	Total	-	4.5 million	961,662	22%	-	-	-
<i>Water, sanitation and hygiene</i>								
People accessing a sufficient quantity of safe water for drinking and domestic needs	Total	-	1.6 million	752,619	48%	2.9 million	1 million	36%
People use safe and appropriate sanitation facilities	Total	-	779,140	436,998	56%	2.5 million	598,047	23%
People reached with critical WASH supplies	Total	-	1.6 million	37,926	2%	2.9 million	242,714	8%
People reached with key hygiene messages	Total	-	1.6 million	714,013	45%	2.9 million	1.2 million	42%
<i>Child protection and GBVIE</i>								
Children and parents/caregivers accessing mental health and psychosocial support	Total	-	371,000 <sup>9</sup>	103,743	28%	500,000	157,356	20%
Unaccompanied and separated children supported with reunification services, family-based care or appropriate alternative care (boys/girls)	Total	-	300	643	214%	500	910	108%
People with safe and accessible channels to report sexual exploitation and abuse by aid workers	Total	-	360,000 <sup>10</sup>	62,568	17%	360,000	62,568	10%
Women, girls and boys provided with risk mitigation, prevention or response interventions to address gender-based violence	Total	-	60,000	37,620	63%	60,000	37,620	38%
<i>Education</i>								
Children accessing formal or non-formal education, including early learning	Total	1.9 million	1.4 million	1.3 million	98%	1.2 million	1.7 million	97%
Children receiving individual learning materials	Total	1.9 million	1.3 million	671,738	51%	1.2 million	1 million	53%

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2022 targets	Total results	Progress	2022 targets	Total results	Progress
Teachers trained on psychosocial support and positive discipline	Total	37,344	15,730	10,111	64%	23,664	14,466	51%

## ANNEX B FUNDING STATUS

Sector	Requirements	Funding available		Funding gap	
		Humanitarian resources received in 2022	Resources available from 2021 (carry over)	Funding gap (US\$)	Funding gap (%)
<b>Nutrition</b>	78,900,000	17,210,996	11,066,245	50,622,759	64%
<b>Health</b>	17,800,000	875,044	2,946,513	13,978,443	79%
<b>Water, sanitation and hygiene</b>	50,700,000	9,281,810	3,487,567	37,930,623	75%
<b>Child protection, GBViE and PSEA</b>	12,300,000	6,450,735	2,485,299	3,363,966	27%
<b>Education</b>	72,900,000	24,125,463	4,385,542	44,388,995	61%
<b>Emergency Preparedness and Response</b>	1,800,000	491,101	1,986,465	-677,566	-38%
<b>Total</b>	<b>234,400,000</b>	<b>58,435,149</b>	<b>26,357,631</b>	<b>149,607,220</b>	<b>64%</b>

---

### Who to contact for further information:

**Peter Hawkins**  
 Representative, Nigeria  
 T +234 (0) 803 402 0870  
 phawkins@unicef.org

**Rushnan Murtaza**  
 Deputy Representative  
 T +234 (0) 803 403 5273  
 rmurtaza@unicef.org

**Christina Valderrama Maya-Alfirev**  
 Emergency Manager  
 T +234 (0) 803 403 5273  
 cvalderrama@unicef.org



## ENDNOTES

1. Total PiN for HAC is 8.8 million (8.4 million Northeast and .4 million Northwest), CiN is 5.4 (5.2 million Northeast and .2 million northwest),incl. 1.6m people with high vulnerabilities, such as severely malnourished children, pregnant women, and people with disabilities
2. CiN is 5.4 (5.2 million Northeast and .2 million northwest)
3. IDPs 2.6M (2.2 million Northeast and .4 million Northwest) (57% children) internally displaced persons (IDPs) in the Northeast (Nigeria HRP 2022) and 360,000 IDPs (30% girls, 25% boys, 24% women) in 3 Northwest States (Katsina, Sokoto & Zamfara) (IOM DTM Report IX, March 2022)
4. UNICEF will target 5.5 million of this population: UNICEF's target on adults to be reached with primary health care in UNICEF-supported facilities (1,908,187 or 37%); children to be reached with primary health care (3,016,167 or 58%); and under five years children to be reached with measles vaccination (707,661). The total figure includes 2,708,395 women/girls (52 per cent) and an estimated 246,217 people with disabilities (0.5 per cent). UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has sector coordination responsibilities
5. <https://fscluster.org/nigeria/document/fmard-humanitarian-situation-monitoring-1>
6. UNICEF Nigeria press releases, human interest stories, graphics, videos and photos through its website and social media platforms can be found at the following links (UNICEF Nigeria, Twitter, Facebook, Instagram, YouTube).
7. UNICEF is planning to provide all required sector nutrition supplies for SAM and programming for 50%, 70% for MNP and 40% for IYCF.
8. Micronutrients deficiency is also known as hidden hunger and it is a major form of malnutrition leading to morbidity and mortality in Northeast and Northwest Nigeria. Available evidence in NDHS 2018, shows high level of anemia among children and women in Nigeria. We presently have suboptimal minimum dietary diversity and minimum acceptable diet among children under five years, which are vital in ensuring adequate micronutrients intake despite ongoing behavioral change interventions. With the humanitarian situation in these areas, the situation of hidden hunger in children would be worst, if this is not focused on alongside the planned response. To address the hidden hunger, UNICEF plans to improve consumption of micronutrients among children 6-59 months, through the provision of multiple micronutrient powders (MNP), which have been found to be very helpful when introduced to complementary foods. Hence, the new target for MNP has been added in the 2022 HAC.
9. This target 371,000 is the sum of Northeast (350,000) and Northwest components (21,000), and it has increased due to the increase in the Northeast component. The target increased for the Northeast to ensure higher coverage against low capacity of partners as well as to address PSS needs triggered by continued numbers of people exiting armed groups.
10. UNICEF is committing US\$1,850,000 to various PSEA activities.