Humanitarian Situation Report No. 4
Reporting Period
1 January to 31 December 2022

Nigeria

HIGHLIGHTS

- With increased needs and available funding, about 160,000 more children than the planned target were treated for SAM in Katsina and Borno. The RUTF pipeline is secure till September 2023 for the Northeast and December 2023 for the Northwest. In 2022, UNICEF shifted from offshore to local procurement of RUTF, thanks to agreements with three RUTF factories in Lagos and Kano.

- UNICEF Nigeria responded to the most devastating floods in a decade through integrated early recovery interventions in health, WASH, child protection and cash transfer.

- With the Red Cross Red Crescent Movement, UNICEF delivered cash transfers to 5000 flood-prone households in six targeted communities in Kaduna State as part of its anticipatory action (AA).

- On 30 September 2022, the Government of Nigeria and UNICEF signed the landmark Handover Protocol to protect children encountered during military operations.

UNICEF RESPONSE AND FUNDING STATUS*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Indicator</th>
<th>UNICEF response %</th>
<th>Funding status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>SAM admissions</td>
<td>109%</td>
<td>87%</td>
</tr>
<tr>
<td>Health</td>
<td>Measles Vaccination</td>
<td>129%</td>
<td>55%</td>
</tr>
<tr>
<td>Water, Sanitation, and Hygiene</td>
<td>Access to safe water</td>
<td>58%</td>
<td>33%</td>
</tr>
<tr>
<td>Child Protection and GBVIE</td>
<td>MHPSS</td>
<td>93%</td>
<td>76%</td>
</tr>
<tr>
<td>Education</td>
<td>Access to Learning</td>
<td>196%</td>
<td>44%</td>
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</tbody>
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* UNICEF response % is only for the indicator, the funding status is for the entire sector.

SITUATION IN NUMBERS

- 8,900,000 People in need of humanitarian assistance
- 5,400,000 Children in need of humanitarian assistance
- 2,700,000 Internally displaced population

FUNDING STATUS (IN US$)**

- $115.7M
- $25.6M
- $93.1M

** 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

Thanks to donors’ generous contributions, the HAC is 60 per cent funded as of the end of the year. Since January 2022, UNICEF has received US$ 141 million (including US$ 25.6m carry-forward) of the budgeted US$ 234 million in the Nigeria Humanitarian Action for Children (HAC). This includes humanitarian, as well as resilience and development funding sources, based on which humanitarian activities towards the outlined HAC indicators were implemented. Contributions in 2022 have been from the Governments of Canada, Germany, Sweden, Switzerland, the United Kingdom, the United States of America, as well as the European Union, the Central Emergency Response Fund (CERF), the Country-Based Pooled Fund, and the National Committee of UNICEF (NatCom).

In light of the flooding, which affected areas outside the HAC, especially the South, with thanks to ECHO, SIDA and CERF, UNICEF has received US$ 7.5 million, 62 per cent of the proposed US$ 12 million budgeted for this major emergency.

UNICEF has diversified and strengthened its partnerships working with international NGOs (INGOs) and National NGOs (NNGOs) alongside the Government. In the Northeast, the Nutrition Section has three government partners, 14 INGO partners, and 8 NNGO partners; the WASH Section has 3 state government partners, and 4 NNGO partners; the Education Section partners with 2 government partners, 1 NNGO partner, 4 INGO partners, and 1 NGO partner; the Health Section has 11 government partners, 9 INGO partners, and 1 NNGO partner; while the Child Protection Section has five government partners, 1 INGO partner and 4 NNGO partners. Moreover, UNICEF is co-leading the WASH, Nutrition, Child Protection and Education Sectors in collaboration with government and INGO co-leads.

In the Northeast, as part of the Rapid Response Mechanism (RRM) – a partnership of 2 UN agencies, 6 INGOs, 3 NNGOs – UNICEF reached nearly 33,000 people with WASH, and nutrition responses in 2022 in 6 multi-sectoral responses undertaken in Borno (Monguno, Mafa, Soye, Bama, Rann) and Yobe States (Karasuwa)²⁷.

In the Northwest, the Nutrition programme is implemented with seven government partners, 2 INGOs, and 1 NNGO; the WASH programme with 8 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 context of climate change, heavy rainfall and overflowing rivers between August-October affected 35 out of the 36 states in the country, 4.4 million people, including 2.6 million children, as the country experienced the worst floods in a decade. The water damaged people’s homes and farmlands, including public health facilities, water systems, and sanitation facilities, thereby increasing the risk of waterborne diseases like cholera, diarrhoea, and malaria. Some 2.4 million people were displaced and took temporary refuge in makeshift internally displaced people (IDP) sites, such as schools and health facilities, which impinged on the continuity of basic services. As of August, States in the North were affected. Subsequently, States to the South were flooded, with Anambra being the worst affected State countrywide. The floods constitute an additional emergency in Nigeria, exacerbating pre-existing humanitarian needs in the Northeast and the Northwest. UNICEF responses have focused on water and sanitation, health, multipurpose cash, child protection, education, and nutrition.

Northeast

At the end of 2022, the number of internally displaced persons peaked at 2.2 million. Of them, 1.1 million are children, reaching approximately the same level (about 2.2 million) as in 2015 during the peak of the armed conflict. Throughout the year, the Borno State Government (BSG) continued the closure of IDP camps, mostly located in the greater Maiduguri area. In 2022, approximately 0.85 million IDPs lived in 279 formal and informal camps compared to 890,421 in 295 camps in 2021.

Of the 200,000 people relocated, 139,000 IDPs were from several IDP camps in Maiduguri Metropolitan Council, Jere, and Konduga LGAs to their locations of origin.

The relocation/return exercises have led to the movement of approximately 200,000 people to different locations across the State, including in hard-to-reach areas and locations with little or no basic social services.

Moreover, the movements have often been unilateral, without aid agencies’ consultation and involvement, and in many cases, resulted in the secondary displacement of the IDPs. The security situation across many relocation/return areas is still volatile. Several returnees are directly targeted or affected in repeated Non-state Armed Groups (NSAGs) attacks and clashes with the Nigerian security forces. Access to critical services in many areas, such as health and water, are sparse, and livelihood opportunities are very limited, forcing many IDPs to move into existing and congested IDP camps, where facilities and resources are already overstretched or resort to harmful coping strategies.

Refugee returns have also been conducted outside the Tripartite Agreements, for example, in Gwoza town (from Cameroon), Mallam Fatori (from Niger), or in Marte LGA, where refugee returns (from Niger) were conducted during deadly armed clashes between NSAGs and security forces raising concerns around protection of refugees as stipulated by refugee law.

NSAGs targeted civilians going out of the military security perimeter for livelihood activities (extortion, kidnappings, killing, GBV). Also, humanitarian access continued to shrink, humanitarian/aid workers are targets of NSAGs and large territories inaccessible, under the control/influence of NSAGs, with about 1.1 million people trapped in those inaccessible locations. Many roads are highly insecure with illegal checkpoints and improvised explosive devices (IEDs).

Between August-October, water and sanitation services have been deeply impacted by heavy flooding and sudden camp closures, resulting in an impossibility of reaching the standards in numerous overflowed congested camps and settlements and in those sites where people have relocated after being moved because of camp closures. All three northeastern states declared an official cholera outbreak: Yobe on 14 August, Adamawa on 31 August, and Borno on 17 September. According to WHO, 52 per cent of the over 17,000 cases and 46 per cent of deaths recorded countrywide since January 2022 were in Borno. In the three states of Borno, Yobe and Adamawa alone, 14,940 cases were recorded.

As of November 2022, the BAY states registered, 62 per cent (15,000) of the total cholera cases in Nigeria (24,000), and the highest mortality rates from cholera, three per cent compared to the rest of the country’s one per cent⁴.

For nutrition, nearly 2 million children aged 0-59 months across the BAY states will likely suffer from acute malnutrition through 2023, including 697,000 severe acute malnutrition (SAM) cases, as of November 2022. For the Child Protection (CP) Area of Responsibility
(AoR), 2 million people needed CP services across BAY states; the humanitarian situation impacted negatively on children leading to family separation, accompanied and separated children in need of alternative care and family tracing, mental health and psychosocial support (MHPSS) needs rose rapidly and so did the number of children exiting NSAGs. Out of the 1.3 million children target, the CP AoR reached 1.2 million children through 36 active operational partners with yet another funding gap of about 50%.

According to the multi-sectoral needs assessment for 2022, the BAY states recorded an increased number of people in need of WASH assistance from 3 to 5 million, across internally displaced persons from 0.9 million to 1.1 million (+29%), returnees from 0.6 million to 1.2 million (+113%) and host communities from 1.4 million to 2.7 million (+93%).

Northwest

The Northwest has been grappling with armed violence marked by a multitude of armed actors referred to as bandits on the one hand and vigilantes on the other, in all of Zamfara State and parts of Sokoto, Katsina, and Kaduna States. The violence provoked internal displacement and was driven by chronic under-development and climate change. In 2022, the crisis was further compounded by natural disasters in terms of significant flooding, especially in Jigawa State, Katsina, and Kano States, and a cholera outbreak in these same three northwestern states. The intensity of the violence, and the unsuccessful attempts of the government to address the host of challenges, have evolved into a crisis of a humanitarian nature.

The humanitarian impact of the crisis is marked by a spike in levels of acute malnutrition in Sokoto, Zamfara, and Katsina States; food insecurity, protection, shelter and WASH needs, as well as needs linked to basic services, such as education and health.

Disease outbreaks are adding to an already fragile situation with the recurrent occurrence of preventable diseases such as measles, cholera and malaria. In the first quarter of 2022, the Northwest recorded the highest number of measles cases, with 7,534 suspected cases. In addition, 1,800 cases of cholera were recorded in the states affected by flooding, i.e. Jigawa, Kano, and Katsina.

**SUMMARY ANALYSIS OF PROGRAMME RESPONSE**

**Health**

**Northeast**

UNICEF continued providing Humanitarian response in Borno, Adamawa, and Yobe State Northeast. UNICEF supported the delivery of Primary Health Care (PHC) services in IDP camps and host communities in 26 of the 65 LGAs in the Northeast. A total of 4,226,512 people (114% of the annual target), including 2,571,501 children below five years of age, received consultations for integrated PHC services. The 124 government clinics (100 in Borno, 30 in Yobe, 4 in Adamawa) supported by UNICEF provided 124,981 postnatal services to mothers and babies, supported 97,224 deliveries (skilled 52,758, unskilled 44,468), and provided 59,943 insecticide-treated nets. Over one million children under five years (about 2 million lesser than in 2021) were vaccinated against measles during routine immunisations and intensification exercises.

In 2022, from a total of 111,062 cholera cases across 33 states in the country, 14,940 cholera cases were recorded across the BAY states, most of them in Borno. In response, UNICEF supported the establishment of seven Cholera Treatment Units (CTUs) and 20 Oral Rehydration Points (ORPs) across four LGAs in Borno State. Additionally, UNICEF supported 52 health workers across BAY states and provided supplies, essential medicines and equipment. Moreover, UNICEF provides financial and technical support to the government-led Emergency Operation Centers (EOC) convened by the government three times per week.

**Northwest**

UNICEF supports all the violence-affected LGAs and communities in conducting routine immunisation intensification, special outreach days, and supportive supervision. Over 278,677 consultations were conducted at UNICEF-supported and government-run integrated primary health care centres in 23 violence-affected LGAs in Zamfara (11 LGAs 28-PhCs) and Sokoto (12 LGAs 30 PHCs).

**Nutrition**

**Northeast**

In 2022, UNICEF for the first time budgeted for the Nutrition Sector’s entire Severe Acute Malnutrition (SAM) caseload in its HAC and maintained a secure Ready-To-Use Therapeutic Food (RUTF) for the Northeast, although some 20,000 more children than the annual target underwent SAM treatment, and 40,000 more than in 2021. Overall, 335,000 children under five years of age were admitted for treatment in 2022 (vs. 316,000 annual target). While the pipeline was secure, Borno State experienced a severe shortage of beds in stabilization centers (SCs) (especially in Maiduguri) during Q3, which led to a rapid scale-up of NGOs’ operational capacity in terms of providing tents and adding beds in existing SCs. Of the 335,000 children, 29,145 children were admitted to SCs (8.7% of SAM caseload compared to global average of 10%), requiring hospitalizations due to severely malnourished children’s medical complications (e.g. diarrhea, malaria, measles).

In terms of prevention, some 319,000 mothers benefited from counselling on infant and young children feeding practices (IYCF) – 106% of annual target. However, just 164,700 children received micronutrient powder (MNP) compared to the annual target of 384,000 (43%). This was due to the global supply shortage of these supplements. Following headquarters’ prioritization of emergency contexts, including Nigeria, for these commodities, the latter are expected in Q1 of 2023. Going forward, UNICEF will introduce Small Quantity Lipid Nutrient supplement (SQ-LNS) for children 6-23 months, in addition to the supplementation of children’s food with MNP. As of December 2022 and as of the sector’s data, there were 548 outpatient treatment centers (OTP) and 32 SCs in the Northeast, of which 543 OTP and 29 SCs were supported by UNICEF.

**Northwest**

During the 2022 IPC AMN analysis, of the 71 LGAs in Sokoto, Katsina and Zamfara analyzed, 17 were classified in phase 4 (critical) – especially in Sokoto and Katsina States, 25 in phase 3 (severe), 28 in phase 2 (alert) and 1 (Binji LGA, Sokoto) in phase 1 (acceptable).

Furthermore, according to the SMART survey by UNICEF in the summer of 2022, SAM rates surpassed emergency threshold levels in Sokoto, Zamfara, and Katsina States. Recognizing that data collected during different seasons (harvest vs. rainy) is not fully comparable, there has nevertheless been a spike in SAM rates between the initial survey conducted in December 2021, recording a SAM burden of 275,000 children; and more than 60% increased SAM burden of 461,000 children as per the survey conducted in August 2022. As a result and thanks to available funding, UNICEF increased the number of LGAs covered in the 2023 HAC Appeal in Katsina (from 12 to 15 LGAs, with Daura, Kaita and Mashi LGA being added) and Sokoto (from 16 to 19 LGAs, with Shagari, Tambuwal, Yabo LGA being added). Zamfara’ s number of LGA will remain the same (entire state covered).
In 2022, 340,807 children were treated in the Northwest - nearly 120,000 more children vs. 224,794 annual target. This substantive increase was possible thanks to a significant funding contribution, and high demand in Katsina State, which is the state that has the second highest rates of stunting in the country, i.e. chronic malnutrition. In the course of 2022, In Katsina, UNICEF supported five SCs in Katsina city (two managed by MSF), Kaita (one managed by ALIMA), Dutsima (one managed by UNICEF) and Funtua (one managed by UNICEF) to increase access to severely malnourished children with medical complications as of December 2022. In Zamfara State, there are six SCs (Shinkafi, Zurmi, Anka, Talata Mafara, Gummi managed by MSF, and Gusau managed by UNICEF), and in Sokoto State we have two SCs (one in Sokoto South managed by MSF, one in Goronyo managed by UNICEF with a previous one in Wamakko but discontinued). In terms of prevention, a total of 279,663 (50% of annual target) pregnant women and primary caregivers benefitted from IYCF counselling.

Child protection, GBViE and PSEA

On 30 September 2022, the Government of Nigeria and UNICEF signed the landmark Handover Protocol to protect children encountered during military operations. Under the protocol, children that are associated with armed groups and encountered during hostilities or security operations and in the custody of military personnel and security forces are transferred within seven days to child protection actors for appropriate support services, including, but not limited to, reintegration assistance. In Borno state, the state ministry of women affairs and social development receives children from the military.

The third report of the UN Secretary-General on Children and Armed Conflict in Nigeria, released in September 2022, highlighted that 694 grave violations against 532 children were verified during the reporting period from January 2020 to December 2021 (250 in 2020 and 444 in 2021). This represented a significant decrease compared to the previous report, during which 5,741 grave violations were verified for three years.

In 2022, a total of 22,206 (women and children, 38%) persons who had exited armed groups passed through the three transit centers in Maiduguri (Bulumkutu, Hajj, and Shokari centers) in 2022 compared to 6,704 (women and children, 53%) between July and December 2021. Among the 2022 caseload, UNICEF and partners reintegrated 4,313 children (2,303 girls, 2,013 boys) formerly associated with armed groups with their families and communities (107% of annual target).

In 2022, UNICEF and its partners have reached 400,009 children and adults in humanitarian situations with timely and sustained services in the Northeast. This includes 1,136 unaccompanied and separated children (48% girls) who accessed family tracing and alternative care services through case management (108% of annual target); and 163,924 people that received risk mitigation and preventive Gender-based Violence (GBV) services, 2,180 (including 36 boys and men concerning sexual assault) accessed medical, legal, and in-kind assistance.

Education

Northeast

In the Northeast, 173 schools were closed in 2022. Of these, 30 were due to attacks verified and attributed to ISWAP and JAS, affecting about 67,000 boys and girls.9 These attacks were in the form of burning and destruction of school infrastructure. Another six schools were occupied and used by the Nigerian Security Forces in six locations in Borno State.

In 2022, UNICEF provided support to over 1.5 million conflict-affected children to access quality learning opportunities. Provision of alternate pathways to learning has been strengthened through the expansion of a flexible, adaptive, and culturally sensitive remote learning modality delivered through radio. This modality ensured continuity of learning in high-conflict settings, where schooling is frequently disrupted, and enhanced delivery of literacy and numeracy instruction in centers of non-formal traditional instruction. Quality of literacy and numeracy teaching and learning in formal and non-formal schools has been enhanced through expanded provision of teacher training and support. At least 10,170 (63%women) were trained in psychosocial support and pedagogy including the Teaching at the Right Level (TaRL) and KARI curricula or using in-service training materials for early childhood, primary, and junior secondary school students that was developed in collaboration with the Ministry of Education and Cambridge Education. UNICEF continued to enhance resilience of teachers and children in dealing with stress particularly in the volatile environment of northeast Nigeria by improving knowledge and skills on psychosocial support and reached 366,188 conflict-affected children with psychosocial support.

Active involvement of the community through School-Based Management Committees (SBMCs) is key to the protection of children and schools. Based on this, UNICEF have successfully worked towards activating or reinvigorating SBMCs and trained over 5,000 members to function effectively in their role (113% of annual HAC target). The major areas included concepts, roles and responsibilities, resource mobilization to support schools’ development, measures on COVID-19, and school development plans (SDPs) including disaster risk reduction (DRR) and School Emergency Preparedness and Response Plan (SEPRP). Members of the SBMCs include teachers, head teachers, community members or leaders and representatives of learners within the targeted schools who are based in the communities or catchment areas of the school).

Northwest

Overall, 78 incidents of school attacks were recorded in 2022 across Zamfara, Katsina, and Sokoto States, and 437 schools were closed, largely due to insecurity In Zamfara, from a total of 1,745 primary schools, 60 were attacked, and 168 closed, negatively affecting the learning of 33,260 children. Additionally, 2 secondary schools were attacked in Zamfara State, affecting 410 students and 21 secondary schools were closed due to fear of being attacked, which disrupted the learning for 14,120 children. In Katsina State, 16 attacks against schools were recorded in 2022, resulting in at least 2 school staff killed, and over a dozen abductions of children and school staff. Also, 99 schools were closed due to insecurity, affecting the learning of 31,000 children (16,300 boys and 14,500 girls). Most of these schools were moved to neighboring villages. While there was no attack on schools recorded in Sokoto State in 2022, 149 primary schools out of 2,092 and 20 secondary schools out of 147 were closed amid security fears. As a result, 37,041 primary schools and 11,339 secondary school children’s education was disrupted during the reporting period.10

UNICEF supported Sokoto and Zamfara States in the development of their ten years State Education Sector Plan (SESP) and 3-year (2023- 2025) costed State Education Sector Operational Plan (SESOP). Additionally, across Zamfara, Sokoto, and Katsina, UNICEF supported the training of 854 teachers on psychosocial support (14% of annual target) and 2,919 school management committee members on school safety (compared to 1300 having been the annual target).

Water, sanitation and hygiene

Northeast

Water and sanitation services were affected by heavy flooding and
sudden camp closures, resulting in the inability to reach the standards in numerous overflowed congested camps in the remote areas of Borno State, where many IDPs relocated following the camp closures. In response to the cholera outbreak in the Northeast in the second half of 2022, 1071 households and their environment were disinfected; and 1600 cholera kits were provided to households in Bayo, Biu, Magumeri, Bama, Dikwa, Mafa, and Konduga LGAs.

On behalf of the WASH Sector, UNICEF’s small town water supply solution assisted in improving access to water in Pulka, by shifting from water trucking to more sustainable water access alternatives. A technical innovative engineering design provided durable, sustainable, and climate-resilient solutions through the construction/optimizations of new and existing water sources. These actions increased daily water production from 300 cu.m/day to 450 cu.m/day, increasing access from 9 litres to 15 litres/day for 50,000 people. UNICEF is now exploring increasing access by constructing new water works within a radius of 24 km from Pulka with an integrated reticulation system. UNICEF is seeking funding support to undertake similar research in Damboa and Dikwa (while another WASH Sector partner is proceeding with a similar study in Monguno).

Northwest

In Sokoto and Zamfara, through a cholera preparedness intervention, UNICEF supported the development and implementation of multi-sectoral WASH and Health Cholera Emergency Preparedness, Prevention and Response Plans. No cholera cases were reported in the two focus LGAs of Dange Shuni and Zurmi in Sokoto and Zamfara states, respectively since the start of the project (while they had recorded high numbers in the nationwide 2021 cholera outbreak). The action also provided technical support to government WASH and Health Coordination platforms through which cholera outbreaks in the two states were effectively brought under control.

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

Humanitarian Cash Transfer

In 2022, UNICEF implemented an innovative anticipatory action which provided one-off cash transfers (unconditional and unrestricted) in the amount of US$85 (NGN 35,000) to 4,970 households affected by riverine floods along the Kaduna River before the onset of the emergency (August 2022). The purpose of the cash was to enable vulnerable flood-prone communities to have adequate financial resources to mitigate and respond to the effects of floods, thereby minimising losses and reducing protection risks. Post-distribution monitoring (PDM) was performed, reaching 467 households. The PDM results highlighted that the cash assistance received was mainly used to cover basic needs, such as food and health-related needs (procurement of medicines, transport to facilities, etc.), and protection of assets. Only 19% of the beneficiaries interviewed could save some money to mitigate an anticipated impact of flooding, which occurred one month after the cash transfer.

UNICEF and local partners implemented an unconditional Cash For Wash initiative in IDP camps and host communities in Maiduguri and Jere LGAs in 2021 to meet the basic WASH needs of conflict-affected people. The post-distribution monitoring (PDM) report issued in 2022 showed that the cash received was spent mainly on jerry cans, bathing soap, laundry soap, and sanitary pads. To maximise the use of cash for the intended purpose, the programme targeted beneficiaries who received food assistance and had previously received in-kind hygiene kits but none in the six months preceding the cash transfer.

In terms of localisation, the Child Protection Section is strengthening partnerships with national women-led organisations and currently has one direct partnership and three indirect ones through the Ministry of Women's Affairs. Nigeria was selected as one of the three global pilot countries to roll out the inter-agency toolkit for localisation in humanitarian coordination, which is underway. Overall in the Northeast and the Northwest, UNICEF in 2020 has partnered with 20 and 5 national NGOs, respectively.

On accountability to affected populations (AAP), a mapping of complaints and feedback mechanisms across all UNICEF sectors in the Northeast and Northwest was initiated in early 2023. In 2022, for the humanitarian cash transfer that was undertaken for urban poor families within the Kaduna City metropolis for 4970 households, 3 hotlines were maintained by the partner – the Nigerian Red Cross (NRCS) – and two government entities. On the NRCS hotline, 147 pieces of feedback were received (112 female and 34 male), largely consisting of expression of appreciation and queries about exclusion and associated fresh registration, as well as the provision of water purification tablets. NRCS in their responses clarified that the cash transfer was one-off, and conveyed the need for water purification tablets to the few other partners operating in Kaduna State. No feedback was received on the government hotlines.

On social and behavior change, UNICEF in 2022 integrated Covid 19 vaccination with routine immunisations. Borno and Yobe State Covid-19 immunisation coverage demonstrated a consistent increase supported by UNICEF’s social and behaviour change interventions. In Borno, 41%, and in Yobe 64% of the target population were fully vaccinated. Leveraging on over 3,800 community mobilisers in the volunteer community mobilizer (VCM) structure, UNICEF conducted community engagements in high-risk communities both in Yobe and Borno states; 1,800,000 caregivers were reached via house visits; and 15,300 compound meetings, and 970 community dialogues were held. Cumulatively through the various interventions employed, over 7,600,000 people were reached.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

The child protection (CP) area of responsibility (AOR) had significant milestones in 2022 with the domestication of the child protection Law in Yobe and Adamawa States, enabling the implementation of the justice for children program. Two global pilot initiatives were completed: i) the Food Security-Livelihood and Child Protection Mainstreaming/Joint Programming aimed at addressing the needs of vulnerable children through food security interventions to reduce child protection risks such as child marriage, trafficking, neglect, child labour, and recruitment into non-state armed groups; and b) the global toolkit on children associated with armed forces or armed groups (CAAFAG) tool kit was contextualised in Northeast Nigeria through a robust context analysis to highlight inclusion. A final report for Nigeria has been produced and will guide the government, partners, and communities to design, implement and monitor high-quality reintegration programs. In addition, the CP AoR strategy for the Northeast was finalized and now guides the response in the Northeast, considering the protracted nature of the conflict and the different levels of impact across each of the Borno, Adamawa, Yobe (BAY) States. A partner capacity assessment was carried out, and a capacity development plan designed that will be used to tailor training, mentorship and technical capacity support to address the identified gaps. The Nutrition Sector led the multi-sectoral response (including food...
security, WASH, and health sectors) to the deterioration of the nutrition situation during the 2022 lean season and, through effective advocacy, supported partners to secure funds for the scale-up of curative and preventive interventions. The sector kept donors informed via quarterly and ad-hoc meetings, often with supply pipeline managers in attendance. The Nutrition Sector was 66% funded by the end of 2022 as per the Financial Tracking System (FTS). In addition, the Nutrition Sector developed operational guidelines on simplified approaches to the community-based management of acute malnutrition (CMAM) program and Cash and Voucher assistance to improve nutritional outcomes. The sector ensured that partners had access to resources on accountability to affected populations and protection mainstreaming and also supported the use of CVA in nutrition interventions. The localisation agenda of the sector was pushed through various clinics on localisation and support to a consortium between INGOs and NNGOs, as seen in the NHF 2022 standard allocation.

In 2022, the WASH Sector continued to improve innovation and planning, with the recent introduction of different approaches, including the small town approach implemented by UNICEF and partners, as well as faecal sludge management. Through close collaboration with Shelter/CPCM Sector, the decongestion of Pulka through household sanitation with mud bricks has been a success, further providing key learning lessons in design and implementation. Through close collaboration with Nutrition Sector and its partners, WASH NFIs (Hygiene Kit) were provided to caregivers, supporting severe and moderately acute malnutrition cases. Critical feedback received is that the torch – used for night breastfeeding and accessing latrines, child potty and soap supported the recovery of under-five malnourished children.

The WASH Sector has continued to implement the 2021-2022 Capacity Building plan that successfully trained government and humanitarian partners in case-area targeted intervention (CATI) for cholera outbreaks, design and operation of solar-powered water systems, and community-led sanitation. In addition, through UNICEF, the WASH Sector Nigeria has provided additional training to the BAY state government counterparts on coordination, through the WASH Operational Cluster Leadership training, which has improved coordination and ownership of the response led by the Ministry of Water Resources. Further, the WASH Sector has launched an Open Defecation-Free roadmap for each of the BAY states that aims at behaviour change and the availing of associated resources (currently, only Jigawa State has been declared open-defecation free in Nigeria). The WASH Sector was 28% funded in 2022 as per FTS.

The Education Sector in the context of the safe school framework, undertook advocacy with OCHA vis-a-vis government and military representatives, which aimed at the military de-occupying the 6 schools in Borno State. Subsequently, one school was vacated in Gwoza LGA, Borno State. In addition, the Sector in consultation with the National Ministry of Education developed monitoring and data collection tools to monitor attacks on education. Finally, during the rainy season, the Sector led an assessment regarding the 118 education facilities affected by flooding in Adamawa State, which affected the learning of 38,000 children. As per FTS, the Education Sector was 11% funded in 2022.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

Cash transfer brings relief to flooding-prone communities in Kaduna State

Faith Gabriel, 20, had a dream of becoming a doctor but that dream was aborted when she dropped out of school in the final year of her secondary school education because she had no money to pay her school fees.

"After my father died in 2012, my mother tried to ensure I continued my education, despite her low income. In 2017, my mother could not raise money for my fees so, I dropped out of school," said Faith.

Life got tougher for Faith six months ago when her baby came.

"As a single mother, I had no money for my upkeep, nor to look after my baby," revealed Faith. "I only looked up to God every day for our survival."

Faith was home one day thinking about life when a man in a Red Cross vest walked into her house and asked her several questions.

"I eventually received my own share of the support – N35,000! This is a big opportunity for me. With this money I received today, I can assure you that my life will be transformed for the better," said Faith.

"At first, I was wondering why the questions, but he explained that he was interviewing people like me in consideration for possible support through the Shock Responsive Social Protection (SRSP) project, and that he had come to get my data because I am a nursing mother, so I gave him attention," said Faith.

"Hope came alive for me one day when I got a call to come to the cash payment location in my community. I didn't believe it initially, until the caller told me to come along with the slip that was given to me on the day my data was captured.

"I immediately left home. When I got there and saw people being paid, I started drawing out plans on what to do to multiply the money."

"I learned how to knit sweatshirts sometime ago, but I couldn't afford the materials nor a knitting machine. I've made up my mind to buy a sewing machine with this money because I know I'll make profit in that business," said Faith who has paid for the knitting machine already because she doesn't want to risk spending the money on other things.

"I believe I can still achieve my dream of becoming a medical doctor; that dream can never die! With this money I've received, and with the help of God, I tell you, I will use it to reorganize my life and achieve my dream," she said.

Faith, excited, thanked the Red Cross, UNICEF and partners who made it possible for her to be reached, promising she'd not disappoint them.

Anthony Micah also received the cash support. Micah lost his legs in
a ghastly motor accident years ago. Since 2015, Micah has been experiencing floods in his area but has continued to live there because he has no resources to relocate.

"In 2015, I had a terrible experience when the floods came. I was alone in my house when water started gushing into my room. I shouted and neighbours came and rescued me, but I lost everything," narrated Micah.

"With no money, life has been difficult. I plait women’s hair to eke out a living, but it’s been difficult to make savings because I have to buy drugs regularly."

Going into business is not in his plans, but Micah will utilize the cash grant judiciously to take good care of his health and continue with hair plaiting for a living.

The Shock Responsive Social Protection is a pilot intervention. It is funded by the European Community Humanitarian Aid Office (ECHO), and supported by UNICEF, the International Federation of the Red Cross (IFRC), Red Cross Red Crescent Climate Centre and the Nigerian Red Cross.

A total of 5,000 households which have been affected by flooding in the last 10 years in six flood-prone communities in Kaduna State and are at risk to face flooding during this year, received cash grants of 35,000 Naira each.

- Cash transfer brings relief to flooding-prone communities in Kaduna State

**HAC APPEALS AND SITREPS**

- All Humanitarian Action for Children Appeals
  [https://www.unicef.org/appeals](https://www.unicef.org/appeals)

- All Situation Reports
  [https://www.unicef.org/appeals/situation-reports](https://www.unicef.org/appeals/situation-reports)

**NEXT SITREP: 31 MARCH 2023**
# Annex A Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>Indicator</th>
<th>Disaggregation</th>
<th>UNICEF and IPs response</th>
<th>Cluster/Sector response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Total needs</td>
<td>2022 targets</td>
<td>Total results</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Children aged 6 to 59 months with severe acute malnutrition admitted for treatment</td>
<td>Total</td>
<td>-</td>
<td>541,547</td>
</tr>
<tr>
<td></td>
<td>Primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling</td>
<td>Total</td>
<td>-</td>
<td>858,572</td>
</tr>
<tr>
<td></td>
<td>Children aged 6 to 59 months receiving multiple micronutrient powders</td>
<td>Total</td>
<td>-</td>
<td>941,298</td>
</tr>
<tr>
<td>Health</td>
<td>Children aged 6 to 59 months vaccinated against measles</td>
<td>Total</td>
<td>-</td>
<td>707,661</td>
</tr>
<tr>
<td></td>
<td>Internally displaced persons and host communities, including children and women accessing primary health care in UNICEF-supported facilities</td>
<td>Total</td>
<td>-</td>
<td>4.5 million</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>People accessing a sufficient quantity of safe water for drinking and domestic needs</td>
<td>Total</td>
<td>-</td>
<td>1.6 million</td>
</tr>
<tr>
<td></td>
<td>People use safe and appropriate sanitation facilities</td>
<td>Total</td>
<td>-</td>
<td>779,140</td>
</tr>
<tr>
<td></td>
<td>People reached with critical WASH supplies</td>
<td>Total</td>
<td>-</td>
<td>1.6 million</td>
</tr>
<tr>
<td></td>
<td>People reached with key hygiene messages</td>
<td>Total</td>
<td>-</td>
<td>1.6 million</td>
</tr>
<tr>
<td>Child protection and GBVIE</td>
<td>Children and parents/caregivers accessing mental health and psychosocial support</td>
<td>Total</td>
<td>-</td>
<td>371,000</td>
</tr>
<tr>
<td></td>
<td>Unaccompanied and separated children supported with reunification services, family-based care or appropriate alternative care (boys/girls)</td>
<td>Total</td>
<td>-</td>
<td>300</td>
</tr>
<tr>
<td></td>
<td>People with safe and accessible channels to report sexual exploitation and abuse by aid workers</td>
<td>Total</td>
<td>-</td>
<td>360,000</td>
</tr>
<tr>
<td></td>
<td>Women, girls and boys provided with risk mitigation, prevention or response interventions to address gender-based violence</td>
<td>Total</td>
<td>-</td>
<td>60,000</td>
</tr>
<tr>
<td>Education</td>
<td>Children accessing formal or non-formal education, including early learning</td>
<td>Total</td>
<td>1.9 million</td>
<td>1.4 million</td>
</tr>
<tr>
<td>Indicator</td>
<td>UNICEF and IPs response</td>
<td>Cluster/Sector response</td>
<td></td>
<td></td>
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<td>-------------------------------------------------------------------------</td>
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<tr>
<td></td>
<td>Disaggregation</td>
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<td>Total needs</td>
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<td>2022 targets</td>
<td>2022 results</td>
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<td>Total results</td>
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<tr>
<td></td>
<td>Progress</td>
<td>Progress</td>
<td></td>
<td></td>
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<tr>
<td>Children receiving individual learning materials</td>
<td>Total 1.9 million</td>
<td>1.2 million</td>
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<td></td>
<td>1.3 million</td>
<td>2 million</td>
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<td></td>
<td>1.5 million</td>
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<td>51%</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Teachers trained on psychosocial support and positive discipline</td>
<td>Total 15,730</td>
<td>23,664</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>15,730</td>
<td>13,208</td>
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<tr>
<td></td>
<td>11,024</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>-6%</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
# Annex B Funding Status

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Humanitarian resources received in 2022</th>
<th>Resources available from 2021 (carry over)</th>
<th>Funding gap (US$)</th>
<th>Funding gap (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>78,900,000</td>
<td>57,495,579</td>
<td>11,066,245</td>
<td>10,338,176</td>
<td>13%</td>
</tr>
<tr>
<td>Health</td>
<td>17,800,000</td>
<td>6,829,318</td>
<td>2,946,513</td>
<td>8,024,169</td>
<td>45%</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>50,700,000</td>
<td>13,389,128</td>
<td>3,487,567</td>
<td>33,823,305</td>
<td>67%</td>
</tr>
<tr>
<td>Child protection, GBViE and PSEA</td>
<td>12,300,000</td>
<td>7,621,000</td>
<td>1,757,504</td>
<td>2,921,496</td>
<td>24%</td>
</tr>
<tr>
<td>Education</td>
<td>72,900,000</td>
<td>27,722,057</td>
<td>4,385,542</td>
<td>40,792,401</td>
<td>56%</td>
</tr>
<tr>
<td>Emergency Preparedness and Response</td>
<td>1,800,000</td>
<td>2,600,377</td>
<td>1,986,465</td>
<td>-2,785,842</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>234,400,000</strong></td>
<td><strong>115,657,459</strong></td>
<td><strong>25,629,836</strong></td>
<td><strong>93,112,705</strong></td>
<td><strong>40%</strong></td>
</tr>
</tbody>
</table>

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1. People in Need (PIN) and displacement figures: UN OCHA Estimated Population statistics for 2022 Nigeria Humanitarian Response Plan; IOM Displacement Report Nigeria-North Central North West Round 7 (September 2021)


3. The RRM is co-chaired by WFP, and undertaken in partnership with INGOs (IRC, DRC, NRC, Solidarité, Action Against Hunger, IMC), as well as NNGOs (MonClub and Goal Prime). Previous RRM responses were conducted to Borno locations of Gubio, Monguno, Ngala.

4. BAY states Cholera dashboard: https://app.powerbi.com/view?r=eyJrIjoiMWE3ZTUzZmMtMmU2Mi00ZTUyLWE3ZGYtODYyMDRiOWU2NTUyMDhkOTk2Mzg0IiwidCI6IjBmOWUzNWRiLTU0NGYtNGY2MC1iZGNjLTViYTI1MDA2ODQ1MDA0IiwiaCI6InRhdGFjZ2VpeC1zaWQoMCJ9

5. Cholera Situation Report WEEKLY EPIDEMIOLOGICAL REPORT 29 Epidemiological week 52: (27 December 2021 to 02 January 2022)

6. The funding table includes Emergency grants and other funds including development grants spent in armed violence/conflict-affected areas in the Northeast and Northwest