Humanitarian Action for Children

Nigeria

HIGHLIGHTS

- Armed conflict in northeast Nigeria continues to adversely affect the lives and prospects of 7.7 million people,1 60 per cent of them children.2 This is down slightly from the 8.3 million people impacted in 2022. Two million of those affected are internally displaced. Additionally, 474,000 people in the country’s northwest and 489,0003 in Benue State have been displaced due to armed violence, including farmer-herder violence. These crises contribute to food and nutrition insecurity and lead to child protection risks. Compounding this are flooding, childhood illnesses, disease outbreaks and the lack of adequate WASH facilities – all affecting children’s ability to realize their rights to survive and thrive.

- UNICEF will address these challenges through a multisectoral response and an integrated intervention package. A gender-inclusive durable solutions lens will be incorporated into programme design; and the feedback of affected people sought and addressed.

- UNICEF requires $214.7 million to deliver integrated nutrition, WASH, health, child protection and education assistance to 4.8 million people in Nigeria, including 3.4 million children in need. This includes $100 million for nutrition support, $40 million for education and $28 million for WASH interventions.

KEY PLANNED TARGETS

- 3.2 million children and women accessing primary health care
- 861,685 children with severe wasting admitted for treatment
- 259,000 children/caregivers accessing community-based mental health and psychosocial support
- 866,486 people accessing a sufficient quantity and quality of water

Figures are provisional and subject to change upon finalization of the inter-agency planning documents.
HUMANITARIAN SITUATION AND NEEDS

An estimated 3 million people (59 per cent children) are internally displaced in Borno, Adamawa and Yobe States in Nigeria's northeast; Sokoto, Zamfara and Katsina States in the northwest; and Benue State in north-central Nigeria. The proportion of displaced people living in camps is 45 per cent in the northeast; 10 per cent in the northwest; and 38 per cent in Benue State. Displacement is primarily due to protracted armed conflict in its fifteenth year in the northeast, armed violence (banditry and abduction) in the northwest and climate-related clashes between farmers and herders in the country's Middle Belt. A multisectional needs assessment published in early 2023 for the three northwestern states highlighted WASH, shelter and education as prioritized needs. The humanitarian crises and government returnees programme raise urgent concerns about the needs of children affected by conflict, including grave violations, gender-based violence and related child protection needs.

In the northeast, all nine formal camps for internally displaced persons around Maiduguri, the capital of Borno State, were closed by the Government and 160,000 people relocated to more remote areas. Yet 293 camps across the three affected states remain open, and displacement in informal camps or among host communities continues in Maiduguri. Polio, diphtheria and cholera continue to affect children in Nigeria. Cholera is endemic, with 2,860 suspected cases (with a 2.9 per cent case fatality rate) in 2023. A diphtheria outbreak centred in the northwestern state of Kano had recorded 9,486 confirmed cases in 2023 as of 12 October. Notably, 60 per cent of cases are among unvaccinated children, highlighting the humanitarian consequences of development-related vulnerabilities.

Climate-related disasters are taking a toll, including flooding, which heavily impacts southern Nigeria. In late 2022, the country experienced the most severe flooding in a decade, with 4.4 million people affected, including 2.6 million children. Some 2.4 million people were temporarily displaced due to flooding and sought refuge in makeshift shelters, including in schools and health facilities, which adversely affected the continuity of basic services.

Around 2.6 million children suffered from severe wasting in 2023 – a near-doubling of the severe wasting burden compared with 2022, when 1.4 million children were affected. Compared with 2022, the northeast saw a 68 per cent increase in admissions of severely malnourished children with medical complications, partly due to a measles outbreak that claimed 50 lives. In the northwest, while malnutrition rates decreased in Katsina State in 2023, a large part of Sokoto State recorded emergency levels of severe wasting. Additionally, access to clean water and sanitation is deteriorating; and hostilities continue to disrupt education, with approximately 90 schools closed in the northeast.

SECTOR NEEDS

- **2.2 million** people in need of nutrition assistance
- **1.2 million** children in need of protection services
- **900,000** children in need of access to school
- **3 million** people lack access to hygiene promotion

STORY FROM THE FIELD

Hauwa Modu is at the UNICEF-supported camp for internally displaced persons in Ngala, caring for baby Babagana, who suffers from severe malnutrition. There are many children with malnutrition in the camp, which serves more than 40,000 displaced people. Hauwa’s second visit shows Babagana’s improvement, thanks to the clinic’s nutrition programme and the delivery of ready-to-use therapeutic food (RUTF). The clinic’s policy ensures that RUTF reaches those in need.

With support from UNICEF and the Foreign, Commonwealth & Development Office of the United Kingdom of Great Britain and Northern Ireland, the camp offers RUTF, medication and training for caregivers. Hauwa, a mother of eight, cares for four stepchildren, including Babagana, demonstrating her dedication to their well-being.

[Read more about this story here](#)
HUMANITARIAN STRATEGY

UNICEF will provide humanitarian assistance to people in need, prioritizing conflict-affected children and women in Nigeria’s northeast (Adamawa, Borno and Yobe States), as well as violence-affected people in the northwest (Katsina, Sokoto and Zamfara States) and north-central regions (Benue State). And UNICEF will further engage in Jigawa State for emergency preparedness. Response in other states will be based on sudden-onset needs (e.g., climate-related disasters and infectious disease outbreaks).

In the northeast, UNICEF will serve as the provider of last resort and ensure sector leadership in nutrition, WASH, education and child protection. In coordination with the Inter-Sector Coordination Group, UNICEF and partners will leverage the Rapid Response Mechanism to scale up services in areas of high need.

Working in partnership with authorities, United Nations agencies and national and international non-governmental organizations, UNICEF will reach those affected by conflict and other crises. The multisectoral response will prioritize an integrated package of interventions (e.g., nutrition, health and WASH or education and child protection), with integration of mental health and psychosocial support throughout. Social and behaviour change interventions will remain a key component.

A gender and inclusion lens will be integrated into programme design, while affected people’s feedback will be sought and addressed, including via localization of response efforts. Protection from and response to sexual exploitation and abuse continue to be at the heart of all interventions.

Working along the humanitarian–development–peace nexus, UNICEF will expand its risk-informed and rights- and results-based programming. In the north, the focus will be on government-led preparedness and response via evidence-based analysis and response planning. Sustaining good practices in contingency stock procurement will ensure readiness. In addition, UNICEF will use humanitarian cash transfers and shock-responsive social protection, while strengthening linkages to national systems.

UNICEF will provide access to quality treatment for children suffering from severe wasting, while integrating prevention activities. These include iron and folic acid supplementation for adolescent girls and women and counselling of parents on infant and young child feeding practices and child spacing. Health interventions will focus on the timely response to disease outbreaks. UNICEF’s WASH response will be integrated into health and nutrition services (e.g., by focusing on WASH facilities in primary health care centres) to maximize its impact. UNICEF’s education interventions will focus on increasing children’s learning via access to formal and informal education. The primary protection focus will be on prevention and response services, especially reintegrating children formerly associated with armed groups, enhancing mental health and psychosocial support and addressing the needs of unaccompanied and separated children.

Progress against the latest programme targets is available in the humanitarian situation reports: [https://www.unicef.org/peoples/2024](https://www.unicef.org/peoples/2024)

2024 PROGRAMME TARGETS

Health (including public health emergencies)
- 1,095,342 children vaccinated against measles, supplemental dose
- 3,213,309 children and women accessing primary health care in UNICEF-supported facilities

Nutrition
- 1,800,000 children 6-59 months screened for wasting
- 861,685 children 6-59 months with severe wasting admitted for treatment
- 898,114 primary caregivers of children 0-23 months receiving infant and young child feeding counselling
- 461,030 children 6-59 months receiving micronutrient powder
- 328,517 pregnant women receiving preventative iron supplementation

Child protection, GBViE and PSEA
- 259,000 children, adolescents and caregivers accessing community-based mental health and psychosocial support
- 58,000 women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- 113,500 people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations
- 4,000 children who have exited an armed force and groups provided with protection or reintegration support
- 1,000 unaccompanied and separated children provided with alternative care and/or reunified

Education
- 640,000 children accessing formal or non-formal education, including early learning
- 640,000 children receiving individual learning materials
- 4,081 schools implementing safe school protocols

Water, sanitation and hygiene
- 866,486 people accessing a sufficient quantity and quality of water for drinking and domestic needs
- 199,157 people accessing appropriate sanitation services
- 1,840,980 people reached with handwashing behaviour-change programmes
- 245,620 people reached with critical WASH supplies

Social protection
- 30,000 households benefitting from new or additional social assistance (cash/in-kind) measures from government-funded programmes with UNICEF technical assistance support

Cross-sectoral (HCT, SBC, RCCE and AAP)
- 55,000 households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)
- 800,000 people engaged in reflective dialogue through community platforms
- 5,000 people sharing their concerns and asking questions through established feedback mechanisms

Rapid response mechanism
- 200,000 people reached via the Rapid Response Mechanism

This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.

Programme targets are provisional and subject to change upon finalization of the inter-agency planning documents.
FUNDING REQUIREMENTS IN 2024

UNICEF urgently appeals for $214.7 million to enable delivery of comprehensive life-saving assistance in nutrition, WASH, health, child protection and education for children enduring persistent crises in Nigeria. This includes $100 million to provide life-saving assistance to more than 800,000 children suffering from life-threatening malnutrition.

The humanitarian situation is particularly grim in the northeast, the northwest and in north-central Nigeria. Escalating conflicts and insecurity resulting from confrontations between non-state armed groups and security forces in the northeast, a deteriorating humanitarian situation in the northwest related to banditry and abductions and farmer-herder conflicts in the north-central region are driving the difficulties faced by women and children.

Without this essential financial support, the future of 3.4 million children is uncertain, their survival threatened by health, environmental and conflict-related crises. Securing this funding is of the utmost importance, because it will enable UNICEF to sustain vital support systems that can save lives, alleviate ongoing hardships and nurture hope for the children of Nigeria.

<table>
<thead>
<tr>
<th>Sector</th>
<th>2024 requirements (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health (including public health emergencies)</td>
<td>20,000,000</td>
</tr>
<tr>
<td>Nutrition</td>
<td>100,000,000</td>
</tr>
<tr>
<td>Child protection, GBVIE and PSEA</td>
<td>17,300,00029,30</td>
</tr>
<tr>
<td>Education</td>
<td>40,000,000</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>28,000,000</td>
</tr>
<tr>
<td>Social protection</td>
<td>200,00031</td>
</tr>
<tr>
<td>Cross-sectoral (HCT, SBC, RCCE and AAP)</td>
<td>5,200,00032</td>
</tr>
<tr>
<td>Rapid response mechanism</td>
<td>2,000,00033</td>
</tr>
<tr>
<td>Emergency Preparedness</td>
<td>2,000,00034</td>
</tr>
<tr>
<td>Total</td>
<td>214,700,000</td>
</tr>
</tbody>
</table>

*This includes costs from other sectors/interventions: Cross-sectoral (HCT, SBC, RCCE and AAP) (2.4%), Rapid response mechanism (<1%), Emergency Preparedness (<1%), Social protection (<1%).

Who to contact for further information:

Cristian Munduate
Representative, Nigeria
T +234 9139386883
cmunduate@unicef.org

Lana Wreikat
Director, Office of Emergency Programmes (EMOPS), a.i.
T +1 212 326 7150
lwreikat@unicef.org

June Kunugi
Director, Public Partnerships Division (PPD)
T +1 212 326 7118
jkunugi@unicef.org
ENDNOTES

5. Fifty-nine per cent of the preliminary figures in OCHA, Nigeria Humanitarian Needs Overview 2024 (draft).
6. The total number of people to be reached is 4.8 million: 3.2 million women and children (i.e., via primary health care in UNICEF-supported facilities, 72.5 per cent children and 27.5 per cent women); and 500,000 men, representing 49 per cent of the adult population in WASH; and 1.1 million children under 5 years of age to be reached with measles vaccination. The total figure includes an estimated 2,400 people with disabilities. Of the total number of people to be reached, children represent 70 per cent (or 3.4 million) of whom 37 per cent (1.8 million) are girls. Women represents 19 per cent (900,000) while men represent 10 per cent (500,000). UNICEF is committed to serving as the provider of last resort where it has cluster coordination responsibilities.
7. 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 cluster coordination responsibilities.
8. Children represent 70 per cent (3,424,991), and of these 37 per cent (1,815,245) are girls.
11. Some 1.5 million are returnees, and 4.8 million are in host communities or communities affected by conflict. Source: Scope of Analysis section of OCHA, Nigeria Humanitarian Needs Overview 2023, available at <www.unocha.org/nigeria>.
15. The centre treats children with severe wasting with medical complications from the internally displaced and host communities.
17. Preliminary figures, OCHA, Nigeria Humanitarian Needs Overview 2024 (draft).
18. Ibid.
19. Ibid.
20. Ibid.
21. This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.
22. UNICEF is committed to supporting the leadership and coordination of humanitarian response through its leadership or co-leadership of sectoral coordination for the WASH, Nutrition and Education Clusters and the Child Protection Area of Responsibility. All cluster coordinator costs are included in sectoral programme budgets.
23. UNICEF is committed to empowering local responders in humanitarian crises in a variety of ways. The revised Core Commitments made investing in strengthening the capacities of local actors in the humanitarian response a mandatory benchmark for UNICEF action. A more localized response will improve humanitarian action and is fundamental to achieving better accountability to affected populations.
24. Beyond the UNICEF targets for these interventions, other humanitarian partners are expected to reach the remaining children/families in need.
25. The increase in the target is due to the worsening malnutrition situation in the northwest. For the calculation, UNICEF focused on violence-affected local government areas (LGAs) in the states of Katsina (15 LGAs), Sokoto (19 LGAs) and Zamfara (14 LGAs).
26. The reduction in targets compared with 2023 is based on the changing context in the northeast due to camp closures, and the decrease in the number of people in need from 2.1 million in 2023 to an estimated 1.9 million in 2024.
27. The reduction in targets compared with 2023 is based on the changing context in the northeast due to camp closures, and the decrease in the number of people in need from 2.1 million in 2023 to an estimated 1.9 million in 2024.
28. The target of people to be reached has increased based on the review of the first-year (2023) achievements and costs, in addition to the shift in 2024 to partnering with national non-governmental organizations, which has further reduced operational costs.
29. Including $1,086,510 to provide 109,000 children and adults with access to a safe and accessible channel to report sexual exploitation and abuse.
30. Including $835,208 to reach 58,000 targeted women, girls and boys with gender-based violence risk mitigation, prevention or response interventions.
31. This is for 30,000 households to receive new or additional social assistance (cash/vin-kind) from government-funded programmes, supported through UNICEF technical assistance.
32. $4,800,000 is budgeted to reach 55,000 households with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors); $200,000 is for social and behaviour change activities to reach 800,000 people; and $200,000 is dedicated to achieving targets linked to accountability to affected populations.
33. The Rapid Response Mechanism is an integrated response approach that covers WASH (access to safe water, sanitation and hygiene), shelter/non-food items and nutrition responses. UNICEF coordinates the RRM and provides WASH and nutrition assistance.
34. Emergency preparedness costs cover the cost of preparedness activities, including risk analysis, technical support to the Government to strengthen its early warning systems and related staffing.