

2018

# HUMANITARIAN RESPONSE PLAN

— JANUARY-DECEMBER 2018 —

DEC 2017

## NIGERIA





PEOPLE IN NEED IN ADAMAWA,  
BORNO AND YOBE STATES

PEOPLE TARGETED

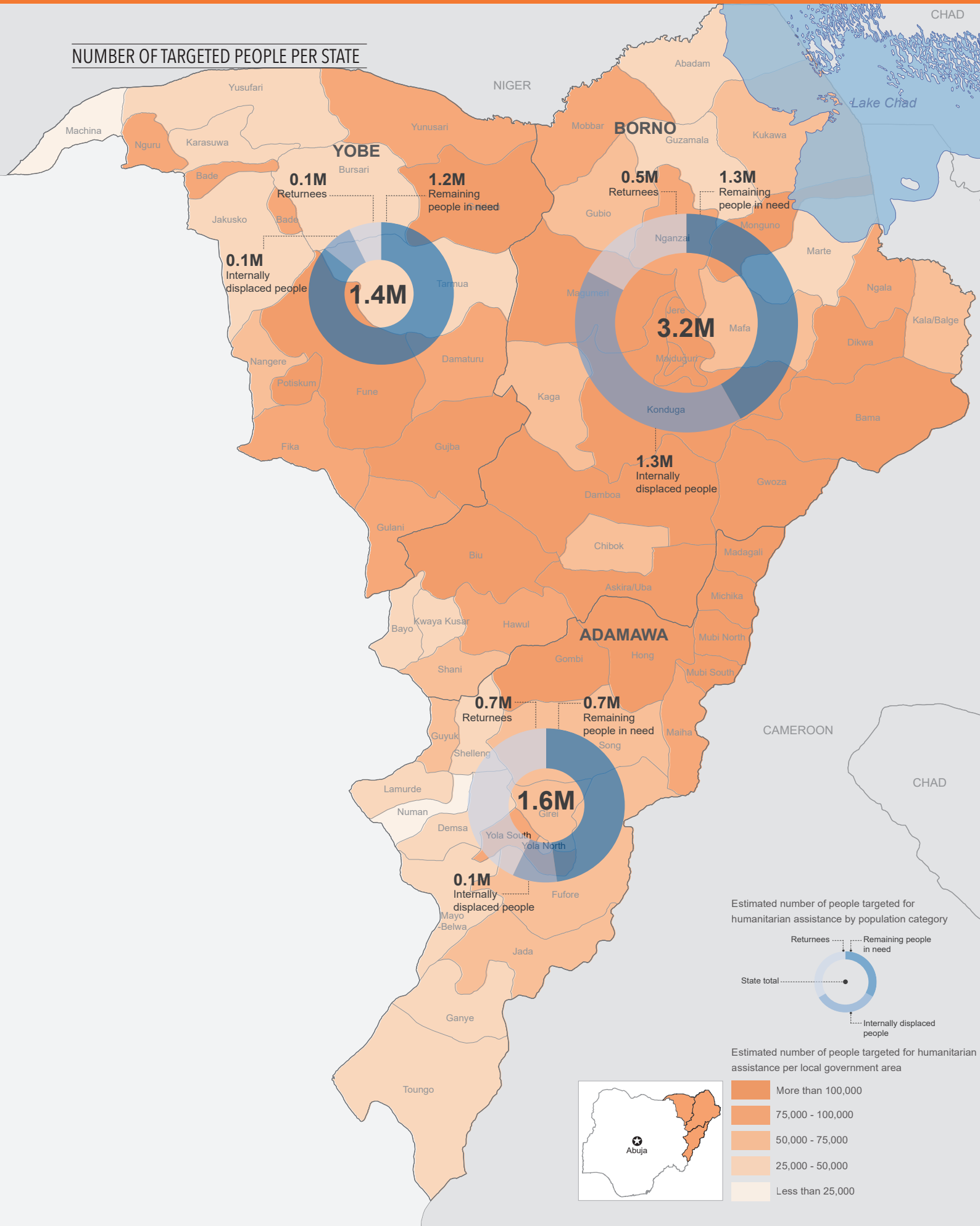
REQUIREMENT (US\$)

7.7M

6.1M

1.05B

NUMBER OF TARGETED PEOPLE PER STATE



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## FOREWORD BY

THE HUMANITARIAN  
COORDINATOR

The humanitarian crisis in north-east Nigeria continues as hostilities between Nigerian security forces and non-state armed groups enter their ninth year. Civilians still bear the brunt of the conflict that has resulted in widespread displacement, lack of protection, destroyed infrastructure and collapsed basic services. The food and nutrition crisis is of massive proportions. An estimated 7.7 million people in the three most affected states of Borno, Adamawa and Yobe now depend on humanitarian assistance for their survival.

In 2016 and 2017, in close cooperation with the Government of Nigeria, the humanitarian community provided life-saving assistance and helped stabilise living conditions for millions of people. Mortality and morbidity were reduced and a further spillover effect prevented. In 2017, the response was scaled up and, as of October, had reached 5.6 million people. Some major successes were achieved, including a decrease in the number of food insecure people from 5.1 million to 3.9 million<sup>1</sup>, the rapid containment of the cholera outbreak through the innovative use of an oral cholera vaccine, improved agricultural production through assistance to 1.3 million farmers and access to a higher number of affected people. These results can be attributed to strong coordination, extensive engagement and generous funding. The Government of Nigeria succeeded in opening new areas in mid-2017 that enabled the humanitarian community to provide much-needed life-saving assistance.

Despite these achievements, many challenges remain as the conflict and population movements continue. Prior to the crisis, the region was already mired by chronic development challenges. Humanitarian assistance has prevented people from slipping below emergency thresholds, but it has not addressed underlying vulnerabilities. In the absence of a political solution, the crisis will likely continue into 2018. While a robust humanitarian response will be essential – especially in hardest-hit Borno State – the protracted nature of the crisis creates new needs which require longer-term assistance. For the 1.6 million who are displaced from their homes, and the communities that host them, we need to find durable solutions. This requires

longer planning horizons, more strategic interventions and flexible, longer-term funding.

The 2018 HRP is, therefore, underpinned by a multi-year strategy representing a paradigm shift as well as a commitment by the international humanitarian community to align with the Government's Economic and Recovery and Growth Plan (2017-2020), the Buhari Plan and the United Nations Sustainable Development Partnership Framework (2018-2022). It is a step towards strengthening the nexus between humanitarian, development and peace interventions, in line with the New Way of Working and commitments made at the World Humanitarian Summit in May 2016. Partners will work together towards collective outcomes through joint analysis, planning and programming, and a coordinated platform for the delivery of humanitarian and development assistance.

The provision of life-saving emergency assistance to the most vulnerable remains our immediate priority. We will also scale up protection and resilience-based activities, and ensure better quality of our interventions. Capacity-building for local partners and Government counterparts will be prioritised across the response to strengthen national response mechanisms and ensure sustainability. In doing so, humanitarian partners will require \$1.05 billion to reach 6.1 million people with humanitarian assistance.

In 2017, donors funded the appeal very generously: as of 31 December, we had received 70.5 per cent of the requested amount, which has enabled us to achieve tangible results. While we are aware that other large-scale crises also require donor support, it is essential to continue this positive momentum and build on the results attained. Should we fail to meet our targets, it could undermine the gains made to date.

I therefore call on your continuous support to the people in north-east Nigeria. Let's work together to not only save lives today but also towards restoring stability to the region, ending the crisis and saving lives tomorrow.

**Edward Kallon**  
United Nations Humanitarian Coordinator for Nigeria

## STATEMENT OF SUPPORT BY

## THE MINISTER OF STATE

The Federal Government of Nigeria (FGN) has led from the front creating the enabling environment in which humanitarian actors operate in the country. FGN remains at the helm continuing to co-ordinate efforts as well as contribute directly to the response. Nigeria has and will continue to demonstrate a strong commitment to effective collaboration with the international humanitarian community as they undertake their priority activities as endorsed jointly with the government.

Even as we request the support and assistance required to tackle the crisis efficiently, we are at the same time, able to demonstrate leadership in world class coordination and coherence of action by providing additional resources which have supported military operations and security. As of three years ago, access to Maiduguri alone was a major challenge. Today there are thousands of national and international staff that, owing to significant security improvements, now reside and work in what is still regarded as a conflict zone. Armed Forces have recorded numerous successes regaining territories claimed by the Non-State Armed groups.

FGN commends the invaluable work of those who have worked tirelessly to assist with co-ordination over the last 12 months. Through collaboration with partners, unprecedented progress was made in 2017. Nigerian Leadership in jointly organising the Oslo Humanitarian Conference for Nigeria and the Lake Chad Region resulted in 70 per cent of the 2017 humanitarian appeal being funded. Through joint efforts, we averted imminent famine, contained a potentially deadly cholera outbreak and facilitated dramatic scale-up of the response.

Now, in 2018, the focus must be on the quality of the response. FGN will continue to provide substantial resources to combat insecurity as well as for rehabilitation and reconstruction of basic infrastructure previously destroyed. We will promote access to the population in need; facilitating and enabling information collection and analysis; as well as aiding in the operationalisation of plans to stabilise living conditions for millions of affected people while engaging global media in telling our story accurately.

The Federal Government of Nigeria and six north-east states committed \$3.3bn to the effort in 2016. In 2017, another \$3.1bn was budgeted and in 2018 a similar amount has been appropriated. In addition, the Government of Nigeria has specifically announced a sum of \$1bn for security in Nigeria in 2018.

Now, we are appealing for resources to meet the immediate lifesaving needs of nearly 7.7 million people in the three (3) most affected states (Borno, Adamawa, and Yobe) through a multi-sectoral approach with protection as a running theme

and gender as a focus. We understand that this is a huge task, given the current global economic environment. However, FGN will also target a 4.1 Million people in the six (6) affected states so that not a single man, woman or child is left behind and there will be no gaps in the humanitarian response, particularly as stability is gradually being realised and people trickle back into their communities.

The Government of Nigeria is focused on three key priorities

(i) Protection and Gender: in line with the commitment to international humanitarian law addressing the protection needs of the 7.7million affected (Women, Men, Boys, and Girls) on the basis of need, as well as restoring their human rights. Implementation of the Call to Action for Protection and Gender-Based Violence is a pivotal point and a critical foundation for stability and solutions in affected areas.

(ii) Localisation; of the response which will build on the existing partnership between international and national organisations through investment in the institutional capacity of local and national responders ensuring full participation of Nigerians.

(iii) Community engagement; ensuring communities are at the centre of the humanitarian action and decision-making. We will strengthen accountability; ensure community feedback is fused in an efficient way of planning, implementation, and monitoring, drawing on local knowledge and resources. In addition, we will strengthen all effort to bridge the nexus between humanitarian and development actors in line with the new way of working.

FGN, under the leadership of the Ministry of Budget and National Planning, will continue to develop coordinated plans that acknowledge complementarity of the Humanitarian Response Plan. The government will ensure internally that the 2018 Humanitarian Response Plan is supported and aligned with the Federal Government of Nigeria humanitarian and development strategies as encapsulated in the Nigeria Economic recovery and Growth Plan (NERGP).

Nigeria's National Planning will sew all the efforts together, to ensure success is achieved. Effective delivery of essential services will be realised when all partners' work together within Nigeria's leadership and vision.

I wish to reiterate to donors and humanitarian partners the appreciation of the Government and people of Nigeria, particularly those of the North East, who, having endured untold suffering are now beginning to see a ray of hope in the horizon, due to your interventions. Together, we will not let the men, women, boys, and girls down, especially at this time, when they need our commitment the most.

**Zainab S. Ahmed**

**Honorable Minister of State, Ministry of Budget and National Planning**

## THE 2018 HUMANITARIAN RESPONSE PLAN AND

# HUMANITARIAN VISION

The 2018 HRP builds on the gains from last year's response. Despite operational challenges, the humanitarian community reached over 5 million of the most vulnerable women, children and men in the states of Borno, Adamawa and Yobe. This was achieved largely due to donor contributions<sup>2</sup>, funding 70.5 per cent or about US\$742 of the 2017 financial requirements. In recognition of the efforts initiated by the Government of Nigeria<sup>3</sup> for rehabilitation and recovery, the humanitarian community will endeavor to complement the Nigeria Economic Recovery and Growth Plan, Buhari Plan and United Nations Sustainable Development Partnership Framework, underpinned by a multi-year humanitarian vision. Humanitarian efforts will support the nexus between humanitarian and development initiatives through a whole-of-Government approach in the north-east, ensuring that humanitarian assistance is sequenced and complementary towards recovery and development, while adhering to humanitarian principles and targeting the most vulnerable.

### Evolution of the crisis and response

Now in its ninth year, the crisis has compounded pre-existing vulnerabilities. Massive assistance has mitigated the risk of famine; however, this improvement in the situation is extremely fragile. Millions are vulnerable to severe food insecurity as any disruption of the food pipeline may cause people to again slip below emergency thresholds. Humanitarian aid has also not adequately addressed the underlying vulnerabilities nor facilitated durable solutions for the 1.3 million people who have returned to their areas of origin or for those who remain displaced, mainly in urban centres with limited social services.

In order to complement humanitarian assistance with resilience-building, the humanitarian strategy goes beyond annual cycles to allow for better preparedness and a stronger evidence base for humanitarian activities. The multi-year strategy will improve the collective accountability to affected people by investing in sustainable approaches that enable a transition to durable solutions and development.

This strategy will also increase humanitarian actors' accountability to all stakeholders, including the Government, and reflect the Government's commitment to realising the principles of national ownership, maintaining alignment with national systems, harmonisation and mutual accountability.

### Partnerships

Success in the implementation of the HRP, and the vision that underpins it, depends on strong partnerships between

the international community and the Government of Nigeria. The HRP has been developed through a consultative process, based on coordination at local, state and federal levels, and culminating in a federal-level review of the response strategy and sector response plans in November-December 2017. Operational coordination has been strengthened significantly over the course of the year due to the reinforcement of sector capacity in the north-east and will continue to be complemented by strategic coordination and partnership at federal level.

### Enhancing the humanitarian-development-peace nexus

In line with the former UN Secretary General's report following the World Humanitarian Summit, 'One Humanity, Shared Responsibility' (2016) and the core responsibilities of leaving no one behind and working differently to end need, humanitarian and development partners in Nigeria will commit to respond to the crisis with a more comprehensive approach, working towards collective outcomes through joint analysis, joint planning and programming, and through the coordinated delivery of humanitarian and development assistance as well as flexible, longer-term funding.

By departing from the linear approach that humanitarian programming can transition to development programming, real opportunities exist to make successful connections between humanitarian and development initiatives. Where feasible, humanitarian and development partners will ensure that short-, medium- and long-term programming occurring

simultaneously are coherently aligned to provide more durable and sustainable assistance. A three-pronged approach is required to work towards a durable solution to the crisis: 1) a government-led peacebuilding process, that addresses the political and military challenges posed by the armed opposition;

2) a scaling-up and consolidating of humanitarian assistance, built around a resilience-based approach to help the affected people cope with the impact of the crisis, recover from it and engage in transformative change; and

3) address the root causes of the crisis including, under-development and governance concerns, multi-dimensional poverty and climate vulnerabilities.

Addressing the root causes of conflict and promoting resilience-based approaches will require improved analysis on gender inequality and exclusion as drivers of instability and vulnerability. Resilience-based approaches will also need to consider existing capacities and coping mechanisms of the affected people, including gender dynamics at the household and community levels. Understanding who has decision-making power, access to opportunity and resources will be a prerequisite for transformational gender work and ensuring meaningful participation by women and girls.

### **Flexible, multi-year funding**

A vision that guides Nigeria's ongoing Humanitarian Response Plan to support the nexus between humanitarian and development initiatives in the north-east also requires longer-term and more flexible funding. Therefore, the Government of Nigeria and the humanitarian community are advocating for donors to support this vision by promoting unearmarked multi-year commitments or funding through the Nigeria Humanitarian Fund (NHF) for 2018/2019, in line with the New Way of Working as agreed at the World Humanitarian Summit. This would lead to improved predictability of funding streams and facilitate the process of longer-term planning, allowing partners to simultaneously and coherently program humanitarian and development assistance, and ultimately more effectively reduce needs and build resilience.



# THE HUMANITARIAN RESPONSE PLAN

# AT A GLANCE

## STRATEGIC OBJECTIVE 1

Provide life-saving emergency assistance to the most vulnerable people in conflict-affected areas ensuring that assistance is timely and appropriate and meets relevant technical standards.

## STRATEGIC OBJECTIVE 2

Ensure that all assistance promotes the protection, safety and dignity of affected people, and is provided equitably to women, girls, men and boys.

## STRATEGIC OBJECTIVE 3

Foster resilience and early recovery, and strengthen the humanitarian-development nexus by working towards collective outcomes.

## PEOPLE IN NEED



## PEOPLE TARGETED

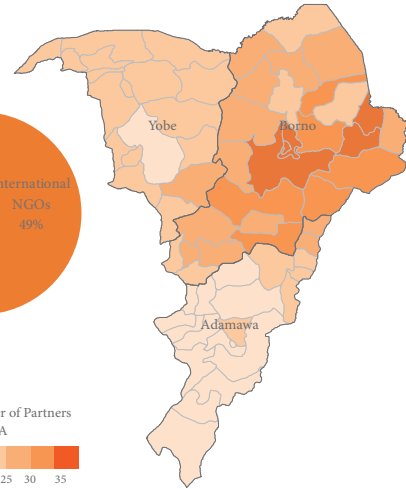
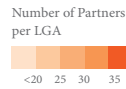
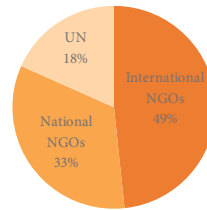


## REQUIREMENTS (US\$)



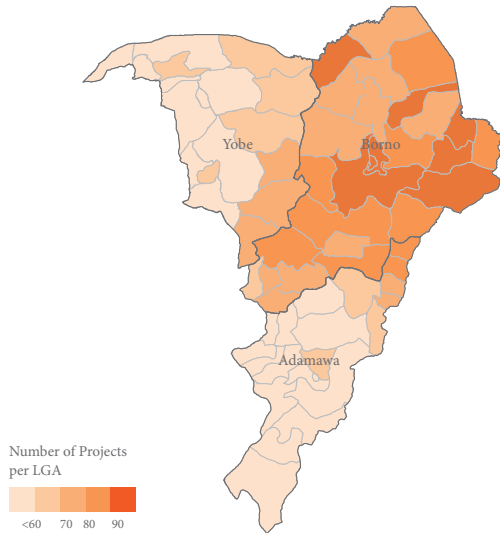
## NUMBER OF PARTNERS PARTICIPATING IN THE HRP

60 partners



## NUMBER OF HRP PROJECTS IN LGAs

173 projects



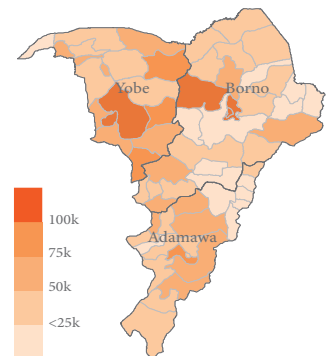
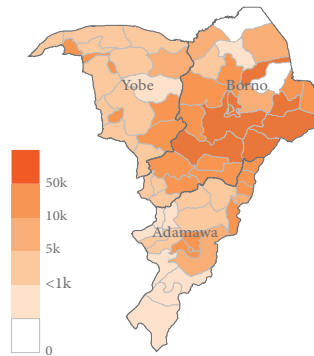
## PEOPLE TARGETED FOR HUMANITARIAN ASSISTANCE

### INTERNALLY DISPLACED PERSONS

1.6M

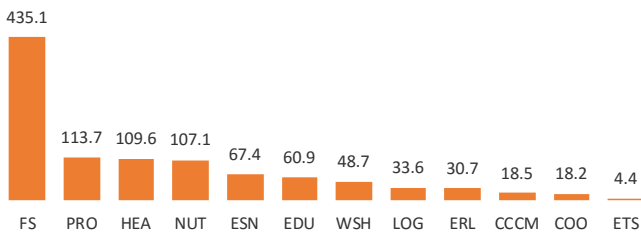
### REMAINING PEOPLE IN NEED\*

3.2M



\*includes host communities and people in hard-to-reach areas

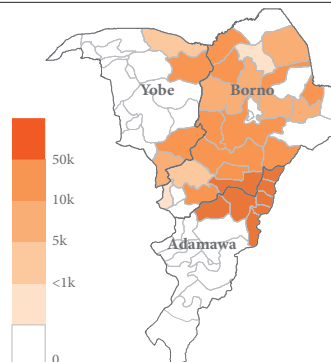
## FUNDING REQUIREMENTS PER SECTOR (US\$)



FS: Food security; PRO: Protection; HEA: Health; NUT: Nutrition; ESN: Emergency shelter and non-food items; EDU: Education; WASH: Water, Sanitation and Hygiene; LOG: Logistics; ERL: Early recovery and livelihoods; DMS: Displacement management systems; COO: Coordination and support services; ETS: Emergency telecommunications.

## RETURNEES

1.3M



## OVERVIEW OF

## THE CRISIS

Now entering its ninth year, the crisis in north-east Nigeria has created vulnerabilities and humanitarian concerns. An estimated 7.7 million men, women, boys and girls are in acute need of protection and assistance. While the humanitarian community has provided life-saving assistance to over 5.6 million affected people in 2017 and helped stabilise living conditions for millions of people, reducing mortality and morbidity, significant humanitarian needs still remain.

### Evolution of the crisis

Clashes between the Nigerian military and non-state armed groups (NSAGs) escalated into conflict in May 2013, with authorities declaring a state of emergency in Borno, Adamawa and Yobe states. Since then, the region has experienced a massive destruction of infrastructure, a collapse of livelihoods, widespread displacement and brutal attacks on the civilian population.

More than half of the internally displaced persons (IDPs) in Nigeria's north-east fled their homes in 2014 and 2015, after NSAGs seized control of a territory of more than 30,000 square kilometres, committing grave human rights abuses against the local populations they encountered. A government-led military campaign, which was also associated with protection concerns, subsequently allowed the Government to regain control of the territory. On one hand, the campaign enabled large numbers of people to move to population centres to receive humanitarian assistance, but on the other hand, it limited the supply of food and goods to civilians remaining in hard-to-reach areas. These people who have stayed in the hard-to-reach areas are cut-off from basic services and international humanitarian assistance.

Threats of attacks by armed groups and military restrictions related to the state of emergency – particularly restrictions on freedom of movement – continue to have negative impact on trade, livelihoods and markets, leaving a substantial proportion of the civilian population dependent on humanitarian assistance. Since the start of the conflict, more than 20,000 people have been killed, more than 4,000 people abducted and, in November 2017, 1.6 million people remained displaced<sup>4</sup>.

Borno State clearly remains the epicentre of the humanitarian crisis, with dozens of conflict incidents reported each month, while Yobe and Adamawa states report far fewer incidents. Direct violence against civilians, including the use of improvised explosive devices (often carried by human beings, including women or children<sup>5</sup>), is observed in Borno almost on a weekly basis. About 9 out of 10 displaced persons come from Borno and the State also hosts the vast majority (78 per cent) of IDPs.

### Population movements

Today's humanitarian needs should be understood within the context of a protracted displacement situation, characterised by a lower level of hostilities than in preceding years but an increase in asymmetric warfare. With the crisis in its ninth year, thousands of people remain on the move each month (both displaced and returnees<sup>6</sup>). More than half of IDPs are entering their third year away from home and, while 77 per cent have expressed a desire to go back if conditions were conducive, 86 per cent of them say that the conditions for their safe and dignified return are not yet in place<sup>7</sup>.

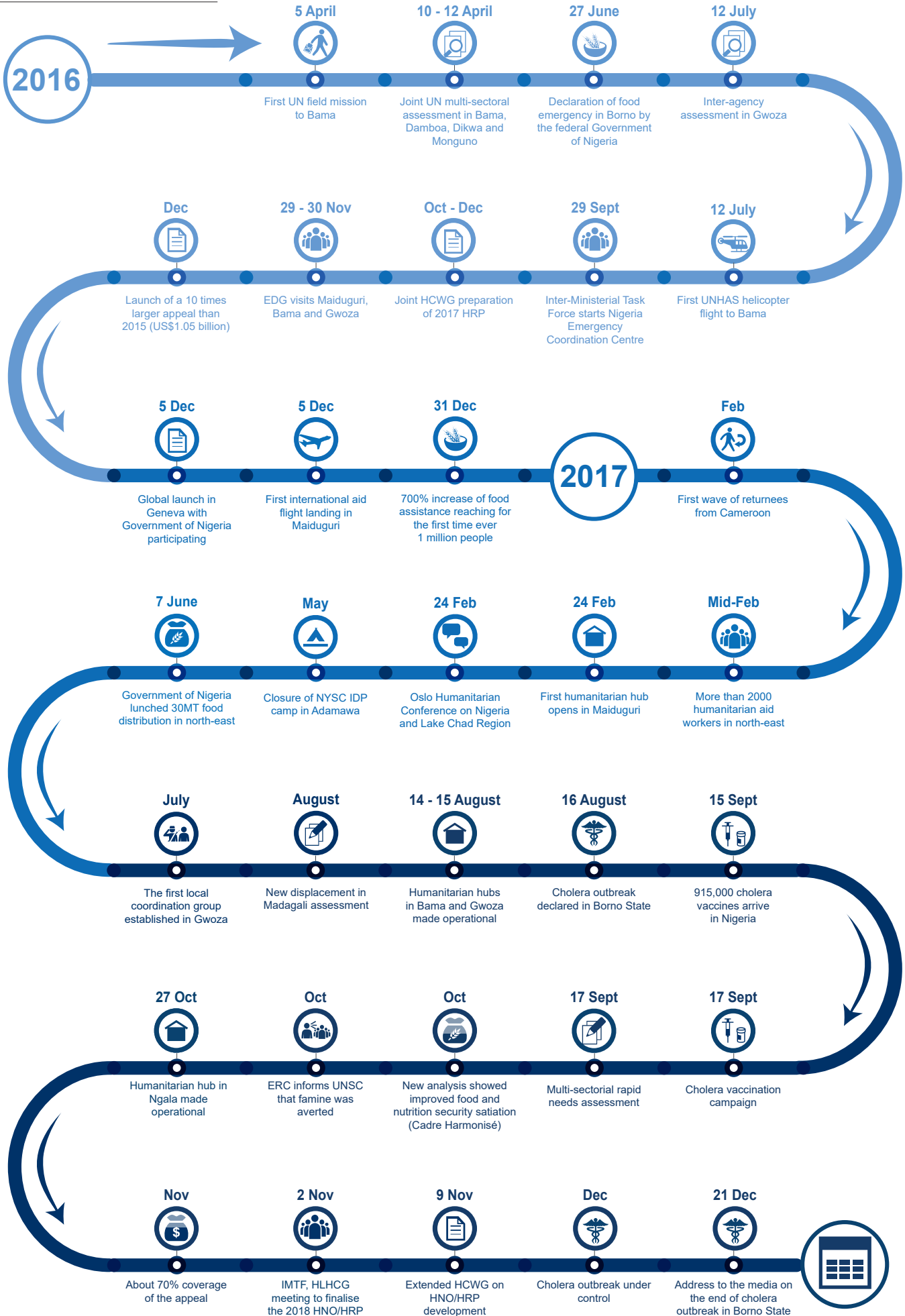
The majority – or 6 out of 10 – displaced families live in host communities, while the remainder are staying in formal or informal camps. Secondary displacement is common, with more than 70 per cent of IDPs reporting that they have moved twice or more since they first left home<sup>8</sup>.

However, a significant number of people have begun to return home. The Government of Nigeria and IOM-led Displacement Tracking Matrix have recorded 1.3 million returnees since 2014, many of whom are returning to locations where infrastructure is still damaged or destroyed and services are not yet restored. The majority (56 per cent) of those returning are women, including single heads of households. Family members of the displaced are often separated during the return, with younger children remaining behind in the displacement location until those who have returned have been able to assess the security situation and ability to access food (in the form of humanitarian assistance or opportunities for farming) in areas<sup>9</sup> of return.

In addition to those who have returned, it should be noted that almost one in four IDPs have indicated that they intend to locally integrate into their current place of displacement, which could potentially pose additional development challenges in urban centres<sup>10</sup>.

The March 2017 signing and subsequent operationalisation of the Tripartite Agreement between the Government of Nigeria, Government of Cameroon and Office of the UN High Commissioner for Refugees (UNHCR) have facilitated

CRISIS TIMELINE



further advocacy, stalling instances of forced returns of Nigerian refugees. Voluntary repatriations under the Tripartite Agreement are planned to take place in 2018 through a phased approach to areas in which return is considered to be safe.

### Underlying causes

There are many factors that have contributed to the emergence of the crisis in north-east Nigeria. Even before the start of the conflict, the region experienced high levels poverty, under-development, unemployment and inequality.

Demographic dynamics pose a challenge, considering that a large segment of the population is young (45 per cent are less than 15 years of age, and 30 per cent is between 15 and 34 years old). There is a high dependency burden due to youth unemployment and lack of opportunity. Within this context, girls are exposed to greater risks of sexual violence and abuse, early and/or forced marriage, teenage pregnancies, trafficking and abduction as sex slaves.

Globally, Nigeria ranks 152 out of 187 in the Human Development Index (HDI), which is well below the average for sub-Saharan Africa<sup>11</sup>. Nationally, 46 per cent of the population is below the poverty line, while in the north-east, the figure is 77 per cent<sup>11</sup>. Significant gender disparities continue to exist between regions. In the north-east and west of the country, women tend to become mothers in their teens, at 17 to 19 years of age, compared to 19 to 21 years in the central part of the country, and above 20 years in the coastal south<sup>12</sup>.

The maternal mortality rate in north-east Nigeria is the highest in the country and almost 10 times higher than the rate in the country's south-western zone (1,538/100,000 compared to 165/100,000 live births). The child mortality rate in the north-east (160/1,000 live births) is among the worst in the world, and the highest in the country. Wasting in the north-east is at 20 per cent, the second highest in the country<sup>13</sup>.

Access to education has also been historically low with more than one third of children in the north-east out of school. Of those who attend school, 72 per cent are unable to read upon completion of sixth grade. In Borno, which has the lowest rates of any state in the country, only 35 per cent of adolescent girls and 46 per cent of adolescent boys are literate, compared to 98 per cent for both genders in Imo State in the south-east<sup>14</sup>.

The extent and scale of humanitarian needs and the complexity of humanitarian operations are currently higher than the Government's response capacity. While Nigeria is considered to be a lower middle-income country due to its oil and gas revenues, it is also currently undergoing a period of intense economic challenges – and recently emerged from the worst economic recession in 30 years – due to the fall in the price of oil, coupled with a significant reduction in oil production and a weakened currency.

### Who is vulnerable?

The majority of the crisis-affected people have experienced extreme violence, and loss of family members, social connections, and property; they have accumulated and protracted stress, and are suffering from a deterioration in living conditions, a disruption of pre-existing protective mechanisms and a lack of access to essential services, such as health and education.

While 7.7 million people are estimated to be in need, there are varying levels of vulnerability within the affected community, which are frequently defined by age and sex. Vulnerability assessments show that female-headed households, for example, are at higher risk of sexual and physical violence and are also more likely to experience rape, sexual abuse and sexual exploitation as they engage in survival sex with community members who have access to food, shelter, or non-food items. This is compounded by the fact that the social fabric, including the supporting mechanisms and institutions, has collapsed and is unable to provide protection to the most vulnerable such as the elderly, women and children.

On the other hand, able-bodied men and adolescent boys are both at higher risk of coerced and forced recruitments by armed groups, and at a disadvantage in terms of access to assistance (as their presence, including their movement into or out of a specific geographic area may cause suspicion and lead to detention and questioning).

In some cases, vulnerability is linked to status or specific situations. For example, findings from World Food Programme's food security assessments have shown a disproportionately higher prevalence of poor food consumption among newly displaced households compared to other population groups. Meanwhile, returning refugees may also experience particular needs upon return, including difficulties in accessing housing, land and property, family separation, and community tensions due to perceived affiliations with the different parties to the conflict.

### Achievements in 2017

Since the beginning of 2017, significant efforts have been made on all fronts to scale up the humanitarian response. The transfer of the centre of gravity of the response from Abuja to Maiduguri in October 2016, has had a significant impact on enhancing operations, and state and local coordination. By November 2017, there were close to 3,000, mainly Nigerian, humanitarian workers operating across 26 locations in the north-east (more than three times as many as in 2016).

Through coordinated efforts with the Government of Nigeria and as a result of donor support, the humanitarian community has provided humanitarian assistance to more than 5.6 million people in north-east Nigeria. Under the leadership of the Government of Nigeria, the risk of famine has been averted so far in the north-east in the locations to which humanitarians have access. In addition, a major cholera outbreak was

contained, and localisation has been promoted, including through NHF funding. With the Government of Nigeria facilitating, access enabled the establishment of humanitarian hubs to bring the services closer to the affected people. By end of 2017, there were five humanitarian hubs established in Maiduguri, Gwoza, Bama, Ngala and Dikwa.

Other key milestones achieved in 2017 include strengthened coordination at the local government area (LGA) level, with the support of reinforced inter-sector work and the roll-out of a local coordination group (LCG) mechanism. Several interdependent and collective actions and enablers that the Humanitarian Country Team (HCT) considered necessary to further strengthen the level and quality of the response are being put in place. These include a stronger focus on the centrality of protection, expanding relevant geographical coverage and access to hard-to-reach areas through humanitarian hubs, and providing training and continuous support to humanitarian staff operating in remote field locations.

Several high-level missions – from the Government of Nigeria, UN Member States and the UN Security Council, regional bodies (including the African Union Peace and Security Council and the Economic Community of West African States) and executive heads of humanitarian organisations involved in the response – commended the joint Nigerian-international community leadership for the key achievements of the response this year, and for simultaneously helping to maintain visibility of the north-east Nigeria crisis at the global level.

### Key humanitarian needs

The conflict has had a devastating impact on the civilian population in north-east Nigeria. To date, 1.6 million people remain displaced in the three most affected states.

#### *Basic survival*

At household level, displacement, lack of access to land, the closure of habitual trade routes and bans on traditional livelihood activities or inputs used (e.g., the ban on the fish trade and the purchase of fertilisers) have critically disrupted the region's markets, and directly resulted in a loss of income opportunities for the region's people, accompanied by significant food insecurity.

More than 80 per cent of IDPs identify agriculture or livestock as the main sources of livelihoods before the crisis, making a high dependence on external assistance inevitable in the short-term. Households continue to face a strong erosion of their livelihoods, and high food prices, with staple food prices approximately 60 per cent higher than at the same time last year and up to 120 per cent above the five-year average. Among households receiving humanitarian food and livelihoods assistance, there have been improvements in food security indicators, such as Coping Strategies and Food Consumption Scores. However, these improvements would disappear if food assistance was discontinued and if restoring and strengthening livelihoods – especially crop and livestock production and

income generating activities – are not adequately supported.

Recent food and nutrition assessments<sup>15</sup> estimate that 2.6 million people are food insecure and require assistance from as of October 2017, and this figure could increase to 3.7 million by the 2018 lean season (June through September), should adequate food and livelihoods assistance not be provided.

While livelihoods in northern and eastern parts of Borno State remain particularly affected by the conflict, improvements in security and access in other parts of Borno – particularly Maiduguri, Jere and Konduga LGAs, as well as most LGAs in Adamawa and Yobe states – have strengthened market function over recent months, with many geographical areas seeing improved market conditions.

#### *Essential services*

At the community level, the destruction of cities, towns and villages has led to a collapse of public services, most notably the health, nutrition, education and telecommunications infrastructure. The Recovery and Peacebuilding Assessment estimated that it would cost more than \$9 billion to rebuild all damaged homes and infrastructure.

Approximately 40 per cent of health facilities, and nearly half of Borno State's schools were destroyed during the conflict, causing civilian populations – including health workers, teachers and other civil servants – to flee. Where services are still functioning, they are overburdened with increased needs from both host communities as well as internally displaced families. Sheltering in overcrowded and often unhygienic conditions, the affected people are facing food insecurity and loss of livelihoods, poor access to water, poor health and nutrition conditions, and acute and repeated protection risks.

WASH assessments identify a vicious cycle, in which unsafe water, inadequate hygiene and poor sanitation have resulted in vulnerable individuals (particularly children under five and pregnant or breastfeeding women) becoming acutely malnourished after suffering repeatedly from diarrheal diseases.

While the provision of humanitarian assistance over the last year has stabilised the nutritional situation, an estimated 943,000 children under five across Borno, Yobe and Adamawa states are still acutely malnourished (440,000 with severe acute malnutrition or SAM, and 503,000 with moderate acute malnutrition or MAM). One in every five of these children with SAM and 1 in every 15 of these children with MAM are at risk of death if their malnutrition remains untreated. About 230,000 pregnant or breastfeeding women are also acutely malnourished. Health assessments warn of the particular risks faced by severely acutely malnourished children with medical complications, who are at high risk of dying due to the near absence of secondary health care facilities that can handle such cases.

Congestion, poor infrastructure and poor water and sanitation conditions are the main causes of the cholera outbreak which affected more than 5,000 people, and resulted in more than

60 deaths in 2017, but was successfully contained thanks to a coordinated multi-sectoral humanitarian response supported by the WASH, Health, Displacement Management Systems (CCCM) and Shelter and Non-food Items sectors.

With more than one third of children out of school, the resumption of education services is crucial not just for the future of the region, but also from a psycho-social perspective.

With the majority of the conflict-affected people having experienced significant psycho-social distress, protection remains an urgent need at all levels. At least 30 per cent of IDPs are currently separated from their families, and 57 per cent of these have no contact with family members. In addition to the distress this has caused, family separation has a negative impact on livelihoods, as separated family members (especially men and children) were also providers to the households before the crisis. On average, 30 per cent of households are now headed by women, though it should be noted that in some locations this number is much higher (e.g., 54 per cent in Bama, 44 per cent in Kaga and 43 per cent in Gwoza<sup>16</sup>).

There are an estimated 6,000 unaccompanied minors, 5,500 separated children and 15,000 orphans, among other groups of children at risk or affected by protection concerns. Conflict and displacement have undermined gender norms, affected child rights and have created a power shift between generations and gender roles<sup>17</sup>.

Sexual violence, including rape, is a defining characteristic of the ongoing conflict, with 6 out of 10 women in the north-east having experienced one or more forms of gender-based violence (GBV)<sup>18</sup>. Women, boys and girls are at particular risk within the current environment, with many reports of survival sex in exchange for food, money and freedom of movement (into and out of IDP sites). This exposes the population to increasing incidence of sexually transmitted infections including HIV, unwanted pregnancies, and obstetric fistula caused by sexual violence, leading to overall poor sexual and reproductive health outcomes.

The crisis has significantly affected the dignity of women and children. This is further entrenching pre-existing gender disparities. In the Global Gender Gap Index, Nigeria ranks 118<sup>th</sup> out of 144 countries<sup>19</sup>.

#### *Humanitarian access*

In addition to the assessed needs presented above, a significant portion of affected people are difficult to reach, which means that humanitarian actors are not able to assess their situation, or provide them with aid or basic services. These people are likely to face very high security risks and are believed to have limited or no access to markets, goods and services (see also chapter on humanitarian access).

## STRATEGIC

## OBJECTIVES

In 2018, humanitarian partners will continue to deliver life-saving assistance and protection in north-east Nigeria, prioritising the most acute needs identified in the Humanitarian Needs Overview (HNO). All activities will ensure the safety, dignity and equitable access of affected girls, women, boys and men to principled humanitarian assistance. Simultaneously, partners will strengthen the humanitarian-development nexus, especially in transitional areas, in order to lay the foundation for recovery and development, and will advocate with government and development actors to effectively address the drivers of vulnerabilities, underlying structural issues and the root causes of the crisis.



**1** Provide life-saving emergency assistance to the most vulnerable people in conflict-affected areas, ensuring that assistance is timely and appropriate and meets the relevant technical standards.

Millions of people in north-east Nigeria continue to depend on humanitarian assistance for their basic survival. While the threat of famine has been mitigated in 2017, the situation remains precarious. Humanitarian assistance remains essential to sustain the fragile gains made, and cover identified gaps. Specifically, humanitarian presence and capacity in remote areas will be strengthened to ensure that assistance is timely and appropriate, and meets the relevant technical standards.



**2** Ensure that all assistance promotes the protection, safety and dignity of affected people, and is provided equitably to women, girls, men and boys.

The protection of affected persons will inform humanitarian decision-making and the response. In line with HCT commitments, humanitarian partners will create and sustain a protective environment, ensure protection mainstreaming across all sectors and activities, and enhance the freedom of movement in conflict-affected areas. Particular attention will be given to increasing humanitarian access, including thousands of people who are hard to reach by the humanitarian community.



**3** Foster resilience and early recovery, and strengthen the humanitarian-development nexus by working towards collective outcomes.

The majority of displaced families are now entering their third year away from home and require assistance that allows them to address their own needs and vulnerabilities. Resilience-building activities will help ensure that the humanitarian response also contributes to longer-term objectives, more resilient communities and durable solutions. A strong emphasis will be placed on strengthening the humanitarian-development nexus, particularly in transitional areas, where humanitarian partners will collaborate with the Government of Nigeria and development actors on joint analysis, planning and programming to achieve collective outcomes.

## RESPONSE

## STRATEGY

Humanitarian partners aim to reach 6.1 million people in three states of north-east Nigeria (Borno, Yobe and Adamawa) in 2018. While the HRP's primary focus remains on life-saving assistance and protection in conflict-affected areas, partners will build on the progress made in this regard in 2017 to foster self-reliance and resilience of affected people through a deeper integration of early recovery approaches, and collaborating with development partners on joint analysis, planning and programming to achieve collective outcomes. Humanitarian programming will also lay the foundation for durable solutions for IDPs, refugees and host communities, with the ultimate aim of reducing the need for humanitarian assistance.

### Planning assumptions

#### *Conflict dynamics and population movements*

In the absence of a political solution to the crisis in Nigeria's north-east, it can be assumed that the current low-intensity conflict will continue in the coming year. While new displacements are likely to occur as people from previously hard-to-reach areas flee from rural areas into population centres, the overall number of IDPs is likely to remain stable or decrease slightly, if returns to more secure states and LGAs and local integration are facilitated. Urban areas, which are secured by the military, will further swell in size – not only temporarily but also permanently, as up to 41 per cent of IDPs in some locations have already stated their intention to locally integrate into their current location of displacement. Some IDPs are likely to return, even when conducive conditions are not in place – particularly as the country moves into the election period. Similarly, more refugees from Cameroon are likely to return in 2018. If civil servants and civil authorities are not supported to resume their functions at LGA level, returns are likely to slow down (and attempted return movements may transform into situations of secondary displacement).

#### *Political developments*

Significant activity in the political landscape, both at federal and state level, can be expected as Nigeria gears up for presidential, gubernatorial, parliamentary and local elections in February 2019, and is already being witnessed in late 2017. The period before and after elections may include phases of uncertainty. Based on the experience of past elections, limits may be placed on civil and political rights, and humanitarian partners (particularly international non-governmental organisations) may face increased bureaucratic impediments. Political developments may also lead to significant – and largely unpredictable – changes in current military strategies

and capacities, which could have a direct and immediate impact on humanitarian access. The North-East Development Commission (NEDC), assented into law on 26 October 2017, is expected to be operational over the course of 2018 in assuming its functions as the central coordinating body for the implementation of rehabilitation, reconstruction and development activities in north-east Nigeria.

#### *International support*

While the international community's interest in Nigeria may remain high throughout 2018, it will become increasingly challenging to attract the generous level of international donor funding that the humanitarian response experienced in 2016 and 2017. As such, the response structure must adapt its tools and processes to the local context and work closely with the Government and the private sector to mobilise the needed resources.

#### *Seasonality*

Seasonal challenges will continue to require special attention, e.g., limited physical access for humanitarians, higher incidence of water-borne diseases (including cholera), and higher food insecurity and malnutrition during the rainy or lean season (June through September), as people who have access to land await the harvest (around October). In terms of conflict dynamics, the rainy season – when roads become impassable – is generally accompanied by a reduction in military operations and clashes between armed actors, while the dry season is likely to see the start of fresh military offensives.

#### *Humanitarian needs*

Even though the humanitarian community in Nigeria has provided life-saving assistance to more than 5.6 million people affected by the crisis and helped to stabilise their living



conditions, the conflict undermined livelihoods, including agriculture, trade, and deepened poverty. Despite efforts being made to restore normalcy, the key drivers of humanitarian needs, both chronic and structural, as well as the likelihood of external shocks, are expected to continue. The extent of reduction in humanitarian needs will therefore depend not only on a political solution to the crisis, but also on the extent to which recovery efforts lead to the restoration of basic social services and livelihoods, and the rehabilitation of critical infrastructure. These efforts must be undertaken in ways that promote opportunities for reconciliation, peace, security and development in all affected areas.

### Scope of the response

While all six states assessed in the HNO (Borno, Adamawa, Yobe, Gombe, Taraba and Bauchi) were affected by the crisis in some way, the 2018 HRP will focus only on the needs in the three most affected states of Borno, Adamawa and Yobe. Federal and state authorities, which hold the primary responsibility for providing protection and assistance to those caught-up in conflict, will provide the financial requirements and work to address residual humanitarian needs in Gombe, Taraba and Bauchi, as well as uncovered needs in Borno, Yobe and Adamawa states.

Within Borno, Yobe and Adamawa, the 2018 HRP will focus on the needs of 6.1 million of the most vulnerable people. The nature and severity of needs vary significantly across the three states, and include the following:

- In conflict-affected areas, acute humanitarian needs: areas that continue to witness high levels of humanitarian need directly related to the ongoing conflict. These areas are affected by a high number of conflict incidents (military clashes and/or armed attacks on civilians), high levels of forced displacement and/or other forms of continuous population movements.
- In transitional areas, concurrent medium- and longer-term needs: areas that are no longer directly affected by conflict but continue to experience residual humanitarian needs related to population movements (i.e., high number of returning persons in the past two years), or high food security and nutritional needs related to reduced market function, and widespread recovery and development needs.
- Longer-term development needs: areas that are experiencing a wide range of needs primarily related to poverty and structural under-development. These needs should be met through longer-term recovery and development assistance that builds local capacities and strengthens systems and policies to address the root causes of the crisis.

### Response plan and activities

*Strategic objective 1: Life-saving emergency assistance*

*remains essential to sustain the fragile gains made in north-east Nigeria.*

In 2017, increased assistance – coupled with favorable climatic conditions for agricultural production and slight improvements in markets and trade recovery – have all contributed to the reduction of those facing a food crisis. However, the overall humanitarian and food security situation in north-east Nigeria remains extremely precarious, with many households dependent on humanitarian aid for basic survival. Without assistance, millions of vulnerable people can be expected to plunge back into the kind of crisis situation witnessed in earlier years.

The 2017 HRP emphasised the need to scale up multi-sectoral assistance to reach millions of crisis-affected people. As of the end of 2017, this scale-up has been achieved, with most sectors operating at full capacity and the operational coordination for the three states firmly steered from the north-east, where the Deputy Humanitarian Coordinator and the Operational Humanitarian Country Team (OHCT) are based.

In 2018, the HCT will shift its focus from scaling up to improving the quality of assistance while striving to access and scale up assistance in areas that are hard to reach for international humanitarian actors. This will include increased efforts to ensure that staff working in remote locations receive adequate technical training and managerial support.

Partner presence outside of state capitals will be strengthened to allow for better permanent supervision of activities, protection by presence, more principled approaches, and improved response monitoring. A collective imperative will be placed on achieving quality standards, such as Sphere, and promoting cross-cutting issues such as protection, gender and meaningful community engagement, which are key to achieving strategic objective 2.

#### **The Rapid Response Mechanism**

*In order to provide life-saving assistance, partners in north-east Nigeria will continue to benefit from the rapid response mechanism (RRM). This mechanism allows sectors and partners to respond to newly identified needs in a timely, multi-sectoral, coordinated and standardised manner. Since its inception in 2017, the RRM has been working to provide an array of quick impact services and supplies to people affected by a disease outbreak, natural disaster or medium- to large-scale population movements (both IDPs and returnees) in areas where partners are not present or where the needs exceed existing capacities. The RRM's humanitarian watch system will continue to support the rapid sharing and verification of information, and to strengthen the established coordination systems to meet needs as timely as possible.*

*Strategic objective 2: Assistance will promote the protection, safety and dignity of affected people, and be provided equitably to women, girls, men and boys.*

The Centrality of Protection Strategy for Nigeria commits humanitarian partners to creating and sustaining a protective environment, ensuring protection mainstreaming, and enhancing freedom of movement and humanitarian access.

The HCT will ensure that gender equality is integrated throughout the humanitarian programme cycle to ensure that the response addresses the differentiated needs, capacities and threats faced by women, girls as well as boys and men, while also addressing risks of sexual and gender-based violence and promoting women's participation and empowerment.

The effective promotion of protection will require stronger adherence by humanitarian partners to the principles of humanity, impartiality, neutrality and operational independence. These have been challenged within the Nigeria response context by a heavy reliance on the Nigerian Armed Forces to access people in need.

While scaling up to meet the urgent needs of civilians seeking refuge from violence, the humanitarian community responded to the humanitarian imperative by agreeing to live and work inside many highly militarised areas (and to utilise military assets or escorts for security). This has blurred the line between humanitarians and the Nigerian security forces, including community-based militia such as the Civilian Joint Task Force (CJTF), thereby creating security threats for both civilians and aid workers, and compromising opportunities for a sustained field presence in many areas.

The HCT is committed to actively promoting principled humanitarian responses and advocating for greater access to crisis-affected communities. An HCT access strategy as well as guidelines for civil-military coordination (including an exit strategy for the use of military escorts), along with guidance on common terminology and language that promotes a neutral humanitarian narrative, are currently under development. These will form the basis of the humanitarian partners' work on strengthening adherence to humanitarian principles.

### **Strategy On Protection, Return and Recovery for north-east Nigeria**

*In 2017, the Government of Nigeria, UN and its partners developed a strategy followed by an action plan to make progress towards durable solutions, within the context of an ongoing crisis. The overall objective of the strategy is to support durable solutions and, in doing so, contribute to the resilience of affected communities in Borno, Adamawa and Yobe, with overall expected effects on recovery and peacebuilding. The strategy aims to implement five components over an 18-month period: support improvement of security; promote protection; deliver basic services; promote economic recovery and livelihoods; support peace building, reconciliation and social cohesion. In 2018, the UN and its partners will aim to operationalise the strategy through a joint, phased, principled and coherent approach with area-based interventions across the humanitarian-development nexus.*

*Strategic objective 3: Assistance will foster resilience and early recovery, particularly within the context of protracted displacement, and work towards collective outcomes agreed with development partners, in line with the New Way of Working, to strengthen the humanitarian-development nexus.*

Protracted displacement has compounded vulnerabilities and created a risk of aid dependency, which undermines the safety and dignity of those affected by the crisis. With more than half of displaced persons now entering their third year away from home, the humanitarian community's focus for assisting these families will shift towards resilience-building activities, including support for livelihoods and improved living conditions. Meanwhile, durable solutions to displacement will require that minimum conditions are met for safe, voluntary and dignified returns as well as local integration into the current location of displacement (which one in five IDPs have identified as their preferred option)<sup>20</sup>.

Following the Recovery and Peacebuilding Assessment (RPBA) undertaken in 2016, the Government of Nigeria developed the Buhari Plan as a comprehensive recovery and stabilisation framework for the north-east. Since 2016, the international financial institutions, including the World Bank, the African Development Bank, and the Islamic Development Bank, have approved loans adding up to more than \$1 billion. Bilateral donors have committed funding for the north-east worth more than \$500 million. A range of additional and complementary development frameworks – including the Government of Nigeria's Economic Recovery and Growth Plan (2017-2020) and the UN Sustainable Development Partnership Framework (2018-2022) – have also been developed.

While it is much too early to speak of transition in the conflict-affected areas, concurrent humanitarian and recovery/development assistance is required to help reduce the need for humanitarian assistance in areas with chronic needs. In line with the New Way of Working, the 2018 HRP promotes collaboration between humanitarian partners and development actors, particularly in LGAs where there are clear opportunities for achieving collective outcomes (mainly in Adamawa and Yobe states). Humanitarian assistance will be one component of an overall holistic resilience response that aims to: 1) facilitate durable solutions; 2) encourage investments in local infrastructures and basic services such as health, education, water and sanitation; and 3) support the rebuilding of livelihoods to stimulate recovery and inclusive growth.

### Growing opportunities for cash-based programming to foster resilience, food security and early recovery

Nearly 140,000 families have benefited from conditional, unconditional, restricted and unrestricted cash transfers in 2017, primarily in the Food Security sector (which currently represents 97 per cent of cash programmes), with smaller-scale activities taking place within the Shelter/NFIs, Protection, Education and Health sectors. Current and planned activities include cash grant support to income generating activities as well as cash-for-work or emergency employment on the rehabilitation of destroyed infrastructure.

Opportunities for cash-based programming have increased in accessible areas of Borno, Adamawa and Yobe over the course of 2017. Market assessments carried out in the three states indicate that markets in some areas are recovering, with the prices of staple foods and other basic household items stabilising<sup>21</sup>.

There has also been an expansion of financial mechanisms in several locations including Adamawa (Gombi, Hong, Michika and Mubi South), Yobe (Damaturu, Gujba, Potiskum) and central/southern Borno (Damboa, Jere and Maiduguri). In the future, it may be possible to capitalise on the existence of financial institutions and services, such as remittances, savings,

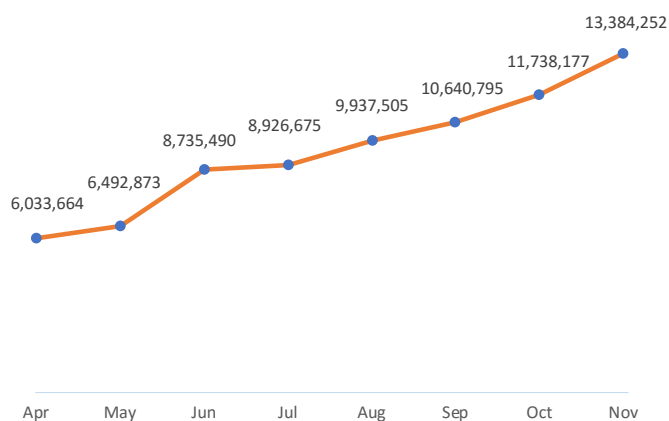
lending and insurance products, with cash transfers within the response. This link with financial services may build the resilience of households to better absorb shocks in the future. The existence of financial mechanisms may also provide a more efficient way to support the delivery of cash in the response.

Cash-based programming can support the rebuilding of markets by generating demand for goods and services within the community. Additionally, cash-based programming can be inclusive, with IDPs contributing to economic growth through purchasing goods by local traders.

The feasibility of multi-purpose cash grants in the north-east was explored through the ECHO-funded ERC pilot project in Maiduguri, Jere and Konduga LGAs. The ERC tools will be used by the ISWG and the Cash Working Group to assess basic needs and to consider appropriate and feasible response options across sectors in 2018. In the 2018 HRP, six UN agencies, 14 INGOs, and eight NNGOs will use cash in their humanitarian interventions.

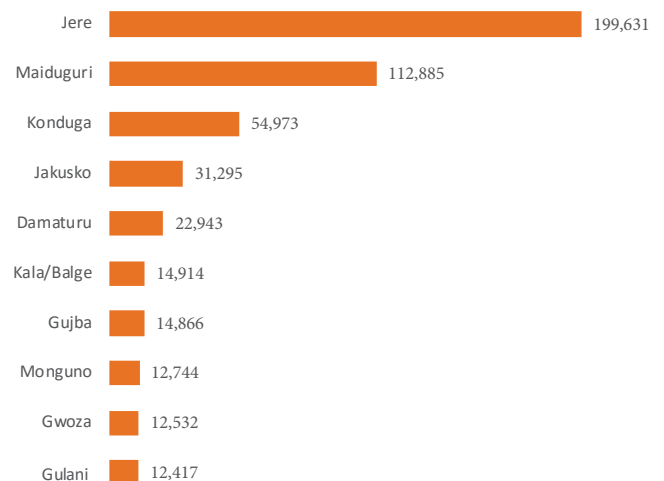
As with all other interventions, cash programming in north-east Nigeria will ensure the integration of the “do no harm” principle into project implementation. Assessments will consider any potentially negative impacts of cash responses, including on markets. Women will be prioritised in support of their self-reliance and empowerment.

### CASH DISBURSEMENT (US\$) PER MONTH IN 2017



Source: CASH Working Group

### NUMBER OF CASH BENEFICIARIES IN 2017: TOP 10 LGAs



Source: CASH Working Group

## Cross-cutting themes

The implementation of the three strategic objectives will be guided by a commitment to:

### Promote the localisation of the humanitarian response in north-east Nigeria:

Building on the positive experiences of 2017, which saw a rise in partnerships between international and local/national responders (including through financing mechanisms such as the Nigeria Humanitarian Fund), partners will continue to increase investments in the institutional capacities of local and national responders.

Specifically, this will include support to national coordination mechanisms, and the identification and removal of barriers that prevent local and national responders from partnering with international organisations and donors. It will also include the targeted participation and inclusion of women. Given Nigeria's status as a lower middle-income country, with a skilled and educated workforce, there are significant opportunities for harnessing the potential of existing capacities, and ensuring that all phases of humanitarian response take place with the full participation of Nigerians.

### Build capacity and ensure emergency preparedness at state and federal levels:

Nigeria in general – its north-east region in particular – continues to face a wide range of natural and man-made hazards that may lead to the emergence of small- to medium-sized crises such as flooding, communal violence or forced displacement.

The Humanitarian Country Team will monitor such hazards and continue to invest in early warning mechanisms and emergency response preparedness plans.

This will be done while actively strengthening the capacity and partnership with federal and state authorities who have the primary mandate for response to the resulting needs.

### Enhance meaningful community engagement and participation:

Building on identified gaps as well as some progress in 2017, humanitarian partners will take further steps to ensure that communities are at the centre of humanitarian action and decision-making. A coordinated community engagement strategy for north-east Nigeria is currently being developed. A particular focus will be placed on developing systemised and coordinated feedback mechanisms to strengthen accountability, ensure community feedback is incorporated in a meaningful way in programme planning, implementation and monitoring, and ensure meaningful participation drawing on local knowledge and resources. Despite long-standing commitments to engaging affected communities in all stages of the humanitarian planning cycle, many activities – particularly in remote and hard-to-reach locations – continue to lack basic accountability mechanisms. As the humanitarian community's focus shifts from scaling up activities to ensuring consistent programme quality, systematised and sustained community engagement is a critical measure of success of the humanitarian response.

In order to manage the fiduciary risks associated with the provision of emergency assistance in conflict environments, partners will reinforce their risk management, transmit transparent analysis and reporting of diversion of aid incidents and, where possible, establish, implement or provide training on context-specific counter-fraud policies.

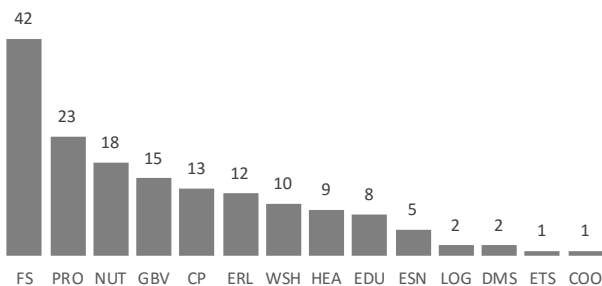
## OPERATIONAL

## CAPACITY

The operational capacity of humanitarian partners in Borno, Adamawa and Yobe states has continued to expand in 2017, with 73 national and international partners scaling up presence into every accessible locality in the three states.

Partners include 31 international NGOs (INGOs), 33 national NGOs (NNGOs), and nine UN agencies. These agencies work in close collaboration with the State governments and agencies, the Office of the Vice President, the Ministry of Budget and National Planning (MoBNP), National Emergency Management Agency/State Emergency Management Agency (NEMA/SEMA), the Presidential Committee for the North East Initiative (PCNI) and line ministries functioning as a part of the Inter-Ministerial Task Force (IMTF).

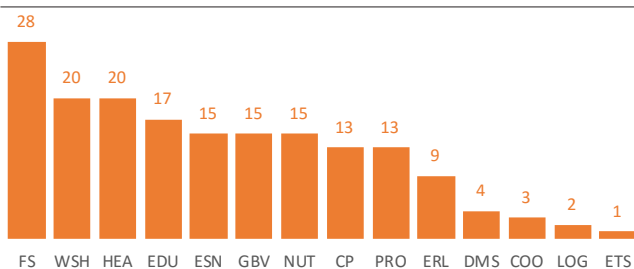
## PARTNERS WITH ONGOING ACTIVITIES PER SECTOR



At the federal Government level, the response has benefited from the engagement and facilitation of the Government's Emergency Coordination Centre (ECC), and the ECC's role in hosting the Humanitarian Coordination Working Group (HCWG) and supporting the IMTF.

At the state and local levels, the response has become more efficient through the reinforcement of the coordination between state capitals and LGA capitals, where local coordination groups (LCGs) in eight field locations have been supported to regularly meet and share information on local needs and gaps. In 2018, the LCG mechanism will be expanded to additional areas in north-east Nigeria.

## HRP PARTNERS PER SECTOR

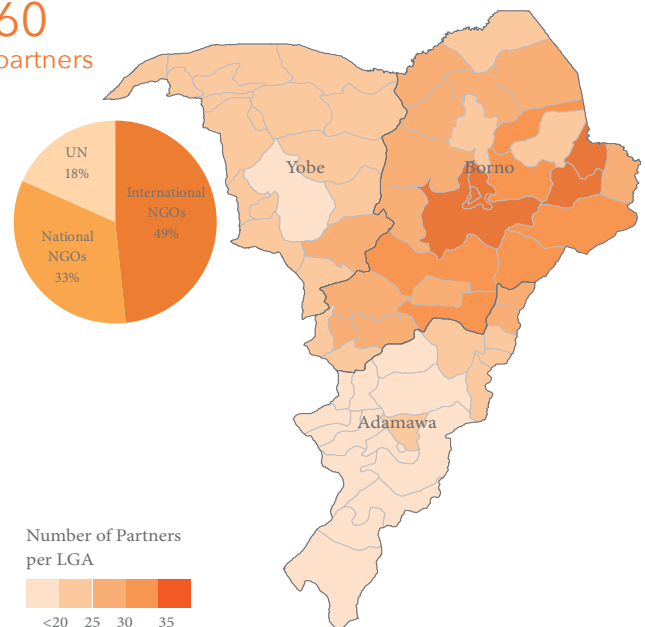


Common humanitarian services also continue to be scaled up, in state capitals as well as LGAs. This includes five completed humanitarian hubs in Maiduguri, Gwoza, Ngala, Bama and Dikwa, and four planned humanitarian hubs in Monguno, Rann, Banki and Damasak (see coordination section for more detail). It also includes the UN Humanitarian Air Service (UNHAS), whose fixed-wing flights and helicopter services have greatly facilitated the delivery of life-saving assistance to remote areas (see Logistics sector overview for more detail).

Further scale-up is still urgently needed by the humanitarian community to deliver an effective, relevant, accountable and principled response, most notably regarding staff capacity and the deployment of senior staff at the LGA level. The vast majority of humanitarian staff currently working at the LGA level are national staff while the majority of international staff remain concentrated in Maiduguri, Yola and Damaturu. A more permanent presence of humanitarian partners at LGA level will be essential in 2018 to allow better oversight and management of response operations. Strengthened partnerships with national NGOs or community-based organisations will also be a priority in 2018 to ensure the localisation of the humanitarian response.

## NUMBER OF PARTNERS PARTICIPATING IN THE HRP

60  
partners



## HUMANITARIAN

## ACCESS

Despite improvements in 2017, humanitarian access to affected people by international actors such as UN agencies and NGOs remains constrained, especially in Borno State, where three local government areas (LGAs) remain hard to reach and 19 LGAs are only partially accessible.

The Humanitarian Country Team estimates that around 85 per cent of the target population (5.2 million people) can be reached with assistance. An estimated 930,000<sup>22</sup> people remain hard to reach by international humanitarian actors. Threats of attacks by armed groups, ongoing hostilities, and restrictions on movements in active conflict zones hinder humanitarian access into remote areas. The lack of safety assurance by non-state armed groups (NSAGs) for humanitarian operations in locations where Government forces are not present also prevents aid workers from assessing and assisting civilians in certain areas. The same factors prevent affected populations from freely moving into and out of major population centres where humanitarian assistance is provided. Aid workers remain heavily reliant on humanitarian air services (including daily helicopter movements) to reach these towns.

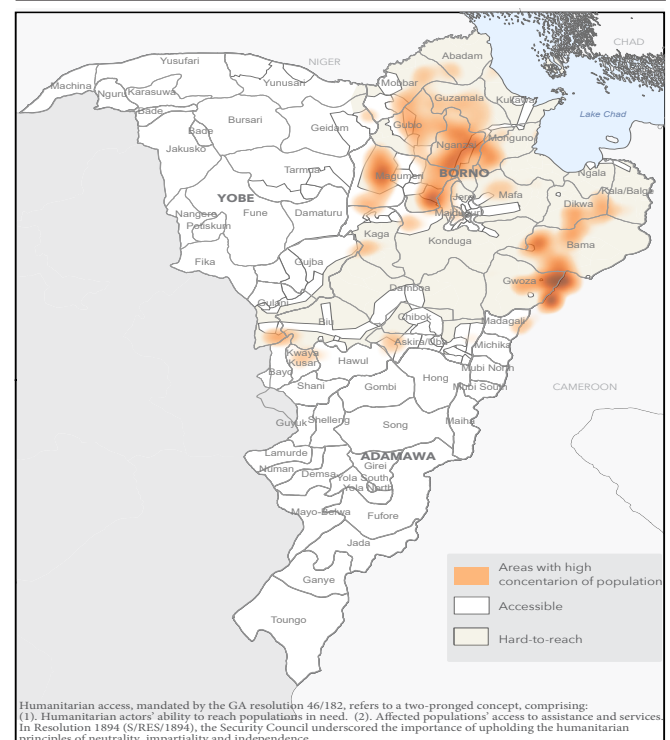
Ensuring the distinction between needs-based, neutral and independent humanitarian action, and political and military objectives has been a challenge in north-east Nigeria. In the absence of safety assurances by NSAGs, the humanitarian community has remained heavily dependent on military escorts provided by the Nigerian security forces, in line with the civil-military coordination principle of "last resort". Aid workers remain concerned that any perception of partiality could have a negative impact on their safety and security, though the relatively small number of security incidents involving INGOs suggest that the window of opportunity for gaining acceptance remains open. In areas under the Nigerian armed forces' control, access has generally been facilitated, though concerns persist regarding arrested and detained persons.

In addition to the humanitarian access challenges described above, there are significant bureaucratic impediments that continue to restrict the humanitarian response, especially for INGOs. This includes barriers to the importation of life-saving drugs and other humanitarian goods, legal ambiguity and delays in INGO registration, and high costs and delays in obtaining visas for international staff. Recent efforts by the Ministry of Budget and National Planning (MoBNP) through the Emergency Coordination Centre have allowed INGOs to obtain temporary registrations and more easily import humanitarian medical supplies, but there are still major difficulties to overcome.

Other key constraints to access include a challenging physical environment (particularly during the rainy season) and the presence of explosive remnants of war as well as improvised explosive devices (often placed on roads to attack military convoys).

An access strategy currently under development outlines a sequenced approach for how the humanitarian community can further enhance access negotiations with key access influencers. This includes engagement with traditional and religious leaders, as well as targeted media outreach to bolster community acceptance. All access negotiations will be carried out in a transparent manner and in accordance with humanitarian principles and international humanitarian law. Strategic engagement with senior Government and military stakeholders will be a pre-condition for any successful future negotiations with key access influencers.

## HUMANITARIAN ACCESS FOR UN AND INGOs



Source: Access Working Group, DTM XIX. Date: 5 Nov 2017

## RESPONSE

## MONITORING

The humanitarian community continues its commitment to improve quality of the humanitarian response in a transparent and accountable manner. To fulfil this, the HRP will be monitored based on an agreed monitoring framework collectively developed by and through the inter-sector working group.

To ensure that the 2018 HRP is implemented in a transparent and accountable manner, the HCT is committed to the use of a real-time response monitoring mechanism. Response monitoring is intended to determine the progress of HRP implementation and accomplishments and, more importantly, assess the constraints and challenges that require immediate action or adjustments to guarantee appropriateness of response and assistance to affected people.

Under the leadership of the Government of Nigeria, the HCT will work together with the Inter-Ministerial Task Force (IMTF) to assume the responsibility for overseeing the implementation of the response monitoring from January to December 2018. The operational inter-sector working group (OISWG) will provide operational and technical support to ensure that regular reports are generated and published. Humanitarian Programme Cycle-specific monitoring tools will be used for the 2018 HRP. These are the Periodic Monitoring Report (PMR) and Humanitarian Dashboard. The PMR will be produced every six months, while the humanitarian dashboards will be produced monthly. To complement these reports, a monthly Situation Update will be produced through OCHA's Public Information Unit to report on key indicators that are in the HRP monitoring framework.

The PMR will present the progress made on strategic objectives, challenges faced in reaching the set targets, changes in the context, an analysis of funding, and recommendations for ways forward. In parallel, each sector will elaborate on achievements regarding sector objectives, any changes in the context, challenges faced and recommendations to address any gaps in the response. The Humanitarian Dashboards will present information on the humanitarian response, needs and gaps at the sector level in a concise and graphic manner.

Monitoring will integrate gender, age and protection lenses, ensuring that it captures and tracks access and participation, as well as who has been able to access assistance and/or effectively participate in programmes (girls, women, boys and men).

Information based on monitoring reports will be presented to national and local authorities and the HCT to inform, as needed, the revision of the HNO and HRP, and any required adjustments in operational strategies and activities. All humanitarian partners are responsible for promoting transparent, two-way communication with the Government of Nigeria, including adherence to the country agreements signed with line ministries and the MoBNP.

## HUMANITARIAN PROGRAMME CYCLE TIMELINE

	JAN 2018	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN 2019
Humanitarian Dashboard	●	●	●	●	●	●	●	●	●	●	●	●	●
Humanitarian Situation Update	●	●	●	●	●	●	●	●	●	●	●	●	●
Periodic Monitoring Report							●						●
HNO/HRP									●		●		

## SUMMARY OF

NEEDS, TARGETS  
AND REQUIREMENTS

## PEOPLE IN NEED



7.7M

## PEOPLE TARGETED



6.1M

## REQUIREMENTS (US\$)



1.05B

The number of people estimated to be in need of humanitarian assistance has dropped slightly since last year – from 8.5 million to 7.7 million. The reduced number of people in need is attributed to the improved provision of humanitarian assistance with the Government's support in facilitating access. The difference is likewise attributed to changes in sector methodologies for calculating the number of people in need.

The overall number of people who will be targeted for assistance has similarly reduced from last year, from 6.9 to 6.1 million. There are, however, strong variations across sectors. While there

are significant reductions in targets within the Food Security and Health sectors, a number of other sectors have actually increased their targets. This includes the Protection, Education, WASH, and Shelter and NFI sectors.

Financial requirements have remained stable, though the 2018 HRP is likely to benefit from a substantial carry-over from the current year, as some funding was received towards the end of the financial year and some partners did not manage to spend their full budgets.

22

SECTOR	PEOPLE IN NEED (in million)	BREAKDOWN OF PEOPLE TARGETED (in million)				BY SEX AND AGE		FUNDING REQUIRED FUNDS US\$ (in million)
		TOTAL PEOPLE TARGETED	REMAINING PEOPLE IN NEED	IDPs	RETURNEES	% FEMALE	% CHILDREN, ADULT, ELDERLY	
Food Security	3.7	3.7	1.6	1.5	0.6	51% 49%	62% 35%	435.1
Protection	5.8	2.7	1.1	0.9	0.7	54% 46%	58% 36%	113.7 <sup>23</sup>
Child Protection	2.9	1.0	0.1	0.5	0.4	61% 39%	77% 23%	39.7
GBV	2.4	1.5	0.3	0.7	0.5	86% 14%	58% 36%	40.3
Health	5.4	5.1	2.2	1.6	1.3	61% 39%	57% 37%	109.6
Nutrition	3.5	2.7	2.1	0.3	0.3	67% 33%	69% 31%	107.1
Shelter and NFIs	2.1	1.3	0.2	0.9	0.2	55% 45%	57% 37%	67.4
Education	2.8	2.2	0.1	0.7	0.5	62% 38%	98%	60.9
WASH	2.9	2.1	0.6	0.9	0.6	55% 45%	58% 36%	48.7
Logistics	-	-	-	-	-	-	-	33.5
Early Recovery	5.5	2.7	1.3	0.8	0.6	53% 47%	59% 36%	30.7
DMS	1.0	0.9	-	0.9	-	53% 47%	68% 28%	18.5
Coordination	-	-	-	-	-	-	-	18.2
ETS	-	-	-	-	-	-	-	4.4
<b>OVERALL</b>	<b>7.7</b>	<b>6.1</b>	<b>3.2</b>	<b>1.6</b>	<b>1.3</b>	<b>57% 43%</b>	<b>58% 37%</b>	<b>1.05 Billion</b>



# PART II: OPERATIONAL RESPONSE PLANS

-  Food security
-  Protection, child protection and gender- based violence
-  Health
-  Nutrition
-  Shelter and non-food items
-  Education
-  Water, sanitation and hygiene
-  Logistics
-  Early recovery and livelihoods
-  Displacement management systems (CCCM)
-  Coordination
-  Emergency telecommunications

## PEOPLE IN NEED



## PEOPLE TARGETED



## REQUIREMENTS (US\$)



## # OF PARTNERS IN HRP



## FOOD SECURITY OBJECTIVE 1

**1** Provide emergency food assistance to meet the needs of the most vulnerable crisis-affected populations.

RELATES TO SO1

## FOOD SECURITY OBJECTIVE 2

**2** Foster the resilience of crisis-affected communities through improved agricultural production, restoration and strengthening of productive assets, and supporting income generating activities.

RELATES TO SO2

## FOOD SECURITY OBJECTIVE 3

**3** Strengthen coordination with food security sector partners and stakeholders and sectoral working groups engaged in the response.

RELATES TO SO3

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## FOOD SECURITY



## Summary of needs

Food security has improved throughout the north-east in 2017, as a result of a massive scale-up of humanitarian food and livelihoods assistance by the federal Government of Nigeria, the international community and local partners, as well as favorable climatic conditions for agricultural production and slight market and trade recovery.

However, food security remains extremely fragile, particularly in Borno State where many households still depend on assistance. About 3.7 million people are projected to be in crisis or emergency phases of food and nutrition security during the 2018 lean season (Cadre Harmonisé phases 3 to 5). Without assistance, these numbers would be higher. Figures do not include populations in the Guzamala, Marte, Kala/Balge and Abadam LGAs where data could not be gathered due to access constraints.

## Response plan

The Food Security sector will prioritise assistance to areas that are most affected by conflict and displacement, targeting both households in crisis and emergency phases of food and nutrition security (Cadre Harmonisé phases 3 to 5) and households with the ability to restart agricultural livelihoods. As new areas become accessible, the Food Security sector will prioritise life-saving assistance to these areas with a response strategy that spans preparedness, response, and coordination. Sector partners will provide life-saving food

assistance through the most appropriate modality, and provide agricultural support and inputs, including improved seeds, tools, and trainings to support the resumption of livelihoods. The sector will continue to work closely with the federal and state authorities to continue to scale up assistance where needed. The Food Security sector, led by the federal Government of Nigeria, has scaled up operational presence and capacity in 2017, and strengthened coordination with government counterparts and humanitarian partners. This effort will continue with increased joint planning and regular monitoring by the sector to ensure a robust response, prevent duplication of efforts, and address emerging needs in hard-to-reach areas. Additionally, improved data collection and analysis has led to better situational analysis and improved the estimates of people in need. The sector will continue to support the Cadre Harmonisé process, the Emergency Food Security Assessments (EFSA), market assessments, and market price monitoring to guide the prioritisation of areas for assistance and ensure that the most appropriate modality (cash-based and/or in-kind) is used.

The Food Security sector response will provide emergency food assistance to meet the needs of the most vulnerable people and enhance access to food for food-insecure communities through the most appropriate modality. In instances where rapid interventions are needed – including sudden mass displacements, disease outbreaks and natural disasters – the sector may draw upon the rapid response mechanism (RRM) to

## BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY POPULATION CATEGORY, SEX AND AGE

	BY POPULATION CATEGORY (IN MILLION)				BY SEX AND AGE		
	TOTAL SECTOR	REMAINING PEOPLE IN NEED	INTERNALLY DISPLACED	RETURNEES	% FEMALE % MALE	% CHILDREN, ADULT, ELDERLY	
People in need	3.7	1.6	1.5	0.6	51% 49%	65% 35% 3%	
People targeted	3.7	1.6	1.5	0.6	51% 49%	65% 35% 3%	
Financial requirements	435.1 million					Children (<18 years) Adult (18-59 years) Elderly (>59 years)	

provide wet feeding or food assistance where the needs exceed existing partner capacities.

In areas with safe access to agricultural land, the sector will increase access to food and foster resilience by supporting improved agricultural production, restoring and strengthening productive assets, and supporting agriculture-based income generating activities. This will be achieved through access to:

- agricultural inputs (improved seeds, fertilisers, tools, livestock feeds, vitamins and vaccines) and trainings;
- restocking households with livestock (goats, sheep, cattle and poultry) and other productive assets;
- support to rebuild and strengthen markets for agricultural products and livestock infrastructure (water points and pasture areas).

Conditions permitting, beneficiaries of the emergency livelihoods programmes will also benefit from staple food harvests (cereals, pulses, etc.), which should decrease their food assistance needs in a more sustainable and dignified way.

Strong coordination across all sector partners and stakeholders, led by the Government of Nigeria, will further strengthen the sector's response. This includes close collaboration with the Protection, Nutrition, Health and WASH sectors, as well as the Cash Working Group and development partners for a response that addresses the underlying factors of food insecurity.

The Food Security sector includes local and international organisations, and acts as a forum for all partners to exchange expertise. The sector will build the capacity of and strengthen partnerships with national institutions and NGOs. Capacity strengthening of local organisations, with an emphasis on the involvement and empowerment of youth, will be prioritised.

## Protection

The Food Security sector will continue to ensure that protection is central to the design, implementation, and monitoring of all activities, including in targeting, distributions, and post-distribution monitoring activities. The sector's guidance recommends that sensitisation and targeting activities be inclusive of women, youth and men, as well as those considered vulnerable. Distributions should consider and mitigate protection risks associated with food and livelihoods assistance.

In 2017, the sector developed and updated its technical guidance and checklists to mainstream protection, gender, and accountability to affected persons throughout the programme cycle. As part of the operationalisation of the sector's technical guidance, an action plan was developed for the implementation of the Inter-Agency Standing Committee (IASC) Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action. The action plan will continue to be carried forward in 2018, and additional updates will be made to the current technical guidance and checklists.

To further reduce the protection risks to the affected people, the sector created the Safe Access to Fuel and Energy (SAFE) Working Group. Its main objective is to address protection

concerns associated with the gathering of cooking fuel such as firewood. Going forward, the SAFE Working Group will focus on energy-related interventions that contribute to protection-related outcomes and natural resource management.

Innovative initiatives, such as micro-gardening – which aims to enhance dietary diversification and nutrition, as well as income generation – will be launched. Micro-gardening can be considered a safe source of income as it does not require access to land and can be done near the home, including in camp settings. This obviates the need for girls, women, boys and men to venture into unsafe areas to engage in livelihoods activities. The Food Security sector will also continue to ensure that the key elements for adequate accountability to affected people (information sharing, community consultations, and complaints/feedback mechanisms) are in place.

## The humanitarian-development nexus

Under the leadership of the Ministry of Agriculture, the sector's partners will work closely with national and international institutions such as the States Agriculture Development Programmes, the World Bank-funded FADAMA projects, PCNI, NEMA, SEMA and various development actors.

Identifying and advocating for opportunities for the continuation of food security and livelihoods programming beyond the emergency phase will be a critical activity for the sector's partners. Moreover, the sector will advocate for multi-year and flexible funding for food security and livelihoods interventions. Such funding will allow to further engage with and strengthen local partners, while ensuring that food and nutrition gains made during the period of emergency assistance are sustained. Furthermore, the network and involvement of civil society organisations will be strengthened.

The sector will build on experience implementing joint food and livelihoods programmes, which combines emergency food assistance with households that also received agricultural support (e.g., seeds, tools, fertilisers). The sector also supports leveraging initiatives such as the European Union support package for early recovery and reconstruction needs in Borno State, the World Bank's Multi-Sectoral Crisis Recovery Project, and the African Development Bank's "Say No to Famine" initiative to better link humanitarian and development work.

As the situation improves in some LGAs regarding access and livelihoods, there is an opportunity to increase early recovery and resilience-based programmes to ensure that households sustain gains from humanitarian interventions and that they can build long-term self-sufficiency. Support through entrepreneurship and technical trainings, asset creation, and the "Cash +" approach (combining conditional cash transfers with agriculture inputs supply) will help mitigate risks of food insecurity, while facilitating early recovery from future shocks, particularly for women, young people, and IDPs.

The sector will advocate for activities that strengthen value chains and restore both supply and demand markets to link humanitarian response activities with recovery and long-term development.

## PEOPLE IN NEED



## PEOPLE TARGETED



## REQUIREMENTS (US\$)



## # OF PARTNERS IN HRP



## PROTECTION OBJECTIVE 1

**1** Targeted protection services are provided to vulnerable individuals and communities with critical protection needs.

RELATES TO S01

## PROTECTION OBJECTIVE 2

**2** Enhance the protection of people in need through livelihoods, recovery and social cohesion initiatives; promote a rights-based approach to durable solutions and strengthen access to justice.

RELATES TO S02 AND S03

## PROTECTION OBJECTIVE 3

**3** Protection issues are effectively addressed and protection is mainstreamed across all sectors, while respect for principled humanitarian action and space is enhanced through capacity-building and coordination, including with the military.

RELATES TO S02

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## PROTECTION



## Summary of needs

Civilians, including displaced persons, vulnerable host communities and those trapped in conflict areas, face grave protection risks and violations such as exploitation and abuse, arbitrary and extended detentions, family separation, risks of exposure to unexploded devices and IED attacks, restrictions on freedom of movement and insecurity, exacerbated by an insufficient basic services and psycho-social distress. The ongoing conflict and continued displacements in the north-east have particularly affected the most vulnerable populations, including the elderly and chronically sick, persons with physical and mental disabilities, female- and child-headed households, unaccompanied or separated children, adolescent boys, pregnant and/or lactating women and people returning from captivity. Violations and sexual abuse against women and children are widespread both in and out of camp settings. Returns of refugees and IDPs have often fallen short of international standards on voluntariness, safety and dignity and, as a result, some people have reverted to dire situations of secondary displacement, with shortages of basic services. Males are particularly vulnerable to detentions, harassment and forced recruitments.

## Response plan

The Protection sector's operational response will target 2.7 million individuals in the most affected areas of Borno, Adamawa and Yobe states with acute protection needs, including IDPs, returning IDPs, returning refugees and members of host communities with

heightened protection needs, particularly in hard-to-reach areas. The increase in the number of targeted in 2018 is due to greater access to civilians with severe needs, as well as higher Protection sector capacity in the most affected areas, particularly in Borno State.

The sector will prioritise the following interventions:

- Comprehensive and targeted services to civilians affected by the conflict, including support on access to justice and resilience-building activities including livelihoods;
- Response to ensure that IDPs, and returning IDPs and refugees are informed of all durable solutions, and that movements are voluntary with minimum standards of safety and dignity met;
- Support to national protection and legal frameworks including the domestication of the Kampala Convention;
- Promote protection mainstreaming and the civilian character of the humanitarian response.

In line with its objectives, the sector will prioritise timely and targeted life-saving services to civilians affected by the conflict, focusing on the following activities:

- Comprehensive child protection and sexual and gender-based violence (SGBV) protection operations (elaborated in the following sub-sector chapters);
- Legal aid and services such as housing, land and property issues, access to justice, including for survivors of abuse, and

## BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY POPULATION CATEGORY, SEX AND AGE

	BY POPULATION CATEGORY (IN MILLION)				BY SEX AND AGE		
	TOTAL SECTOR	REMAINING PEOPLE IN NEED	INTERNALLY DISPLACED	RETURNEES	% FEMALE % MALE	% CHILDREN, ADULT, ELDERLY	
People in need	5.8	2.9	1.6	1.3	54% 46%	58% 36% 6%	
People targeted	2.7	1.1	0.9	0.7	54% 46%	58% 36% 6%	
Financial requirements	113.7 million					Children (<18 years) Adult (18-59 years) Elderly (>59 years)	

access to documentation;

- Protection-focused material assistance such as solar lanterns, energy-efficient stoves and charcoals, cooking sets and hygiene kits in response to vulnerabilities identified;
- Coordination and mainstreaming of mine action activities and implementation of mine-risk education sensitisations to mitigate the threats posed by unexploded ordnance and IEDs;
- Targeted response and referrals to relevant services where available for those identified through community-based protection monitoring;
- Resilience-building livelihood interventions;
- Psycho-social support particularly focusing on survivors of sexual abuse and exploitation (SEA);
- Voluntary repatriation of refugee returnees and comprehensive reintegration assistance;
- Community awareness-raising and co-existence initiatives aimed at supporting self-protection and restoring relations amongst displaced people and their host communities;
- Implementation of a series of advocacy initiatives and trainings, and development of context-specific tools to strengthen coordination (with other sectors and with protection sector sub-working groups), to provide for the integration of protection objectives across sectors and in all HCT priorities, to support compliance with international standards and to advocate against human rights violations.
- Collection, analysis and dissemination of protection information to inform and strengthen the humanitarian response, with a special focus on profiling returning IDPs and refugees. Additional rounds of vulnerability screenings and protection monitoring will be carried out, disaggregating data by sex and age, with biometric information captured. Findings will be shared with humanitarian partners to mainstream protection concerns across the response.

Agencies will implement these interventions through community-based approaches while enhancing affected people's self-protection strategies. Where appropriate cash-based interventions will be encouraged. Noting the risks inherent in providing specialised assistance for specific needs such as civilians who are undergoing military screening and detention, those who are trapped in conflict situations and civilians returning from captivity and/or associated with armed groups, the sector will seek to mobilise partners for appropriate responses. Working with the HCT and other sectors, the sector will promote the civilian management of displacement sites.

## Principles

Protection principles are incorporated into all aspects of programming and delivery of protection assistance. Planning prioritises the women and girls, men and boys with the most pressing needs for access to assistance. Affected people are

consulted in planning, response and monitoring of all activities. Consultations include not only traditional community and IDP leaders who are often men, but also women, youth, children, elderly and the disabled who may not regularly be part of the decision-making process to minimise risks that projects may miss their targets or discriminate between groups. Access to services respects local culture and customs and promotes the integrity of the family and community. Coordination is effected with local community and local authorities to avoid duplication between agencies and ensure that mechanisms are in place for increased accountability to the affected people.

The principle of "do no harm" is respected such that assistance provided by no means exposes people to danger. Unintended consequences will be avoided by measures such as supporting social cohesion by also assisting the communities surrounding main beneficiaries. Sector members will target locations for activities which are suitable and do not put vulnerable groups at further risk, such as adolescent girls and women who may be exposed to sexual violence.

Protection actors have identified serious cases of sexual exploitation and abuse in IDP sites and are ensuring that prevention and redress measures are in place, including feedback mechanisms, training for humanitarian actors on the code of conduct, continuous engagement of legal actors to understand survivors' rights, increasing community awareness on implications of SEA and GBV referral mechanisms and measures to minimise impunity for perpetrators.

## The humanitarian-development nexus

The Protection sector will advocate for the funding and operationalisation of durable solutions strategies. Security sector reform will be prioritised by protection partners, including through capacity-building of law enforcement agencies and civil authorities on core protection principles. The sector will support Government efforts to re-establish the police and civil administration in areas previously controlled by non-state armed groups in order to improve security and services and allow for the conduciveness of sustainable returns.

Engagement in justice sector reform through capacity-building of judicial actors and legal practitioners will be scaled up. To address gaps in access to justice, protection partners will support Government efforts on the re-establishment and refurbishment of judicial structures in LGAs where such infrastructure was destroyed. Long-term recovery and reconstruction of court houses, support to judges, magistrates and prosecutors will ensure continuity in the justice sector.

Support to alternative dispute resolution mechanisms including trainings to district representatives will further continue, and require support from development actors. Traditional elders and religious leaders will play an increasing role during reintegration, including in engendering peaceful co-existence among different groups in the community. The sector will further strengthen its peacebuilding activities to foster peaceful coexistence among returning people, which is critical for reconstruction, reintegration and long-term development.



PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



# OF PARTNERS IN HRP



CHILD PROTECTION OBJECTIVE 1

**1** Conflict-affected children, adolescents and caregivers receive quality protection services, including psycho-social care, life skills and livelihood support to enhance their resilience to cope with the protracted crisis.

RELATES TO S01 AND S03

CHILD PROTECTION OBJECTIVE 2

**2** Children facing protection risks (violence, neglect, abuse and family separation) receive integrated case management and referral to specialised services.

RELATES TO S01 AND S02

CHILD PROTECTION OBJECTIVE 3

**3** Grave violations against children are monitored and reported; and children and adolescents who have suffered from such violations, including those formerly associated with armed groups or returning from captivity, are supported to successfully reintegrate into their communities.

RELATES TO S01, S02 AND S03

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**PROTECTION:  
CHILD PROTECTION**

**Summary of needs**

The physical safety and psycho-social well-being of 2.5 million of girls and boys in north-east Nigeria remains greatly compromised due to the protracted exposure to extensive protection threats and brutal violence. Family separation, heightened abuses, severe psycho-social distress, sexual violence and other grave child rights violations are among the major concerns requiring immediate intervention.

The crisis has not only affected children. While attending to the needs of children and adolescents is imperative for the Child Protection sub-sector, caregiver support must also be taken into account to achieve long-lasting benefits in terms of child safety and positive development. Multiple displacement, loss of property and livelihoods, GBV and disruption of community support, have deeply undermined the well-being of caregivers and their capacity to cater to children under their care.

**Response plan**

Over 700,000 caregivers, and in particular widows, single caregivers with several children and foster parents, are in need of assistance. The Child Protection (CP) sub-sector intends to target at least 230,000 caregivers in need of CP services, including with the provision of psycho-social care, like skills enhancement and livelihoods inputs.

The timely provision of integrated case management services to survivors of abuses

and violations (children and caregivers) is fundamental to restoring health and dignity and prevent the development of more severe forms of psycho-social distress. The sub-sector will provide integrated case management services to at least 15,000 children and will harmonise and strengthen the use of the CP Information Management System (CPIMS), including through the roll-out of the advanced software 'CPIMS+', to ensure a timely and coordinated response, in addition to a safe and accurate data collection and storage.

Girls and boys in particular continue to be targeted by sexual and other forms of GBV, including child marriage, sexual exploitation, female genital mutilation and the worst forms of child labour. Children alone compose 44 per cent of the total GBV caseload of survivors seeking assistance, with 46 per cent being survivors of sexual violence. The CP sub-sector intends to support at least 7,000 children and women who survived conflict-related sexual violence with a timely and integrated package of services, promoting a survivor-centred approach. Tailored intervention and specialised psycho-social programmes will be required in situations where recreational activities and other general programmes are insufficient to address cases of particular concern.

It is estimated that 1.75 million children are in need of rebuilding lost social bonds and recovering from psycho-social distress. The sub-sector will provide psycho-social care to at least 540,000 children in need.

In addition, more than 10,000 unaccompanied

**BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY POPULATION CATEGORY, SEX AND AGE**

	BY POPULATION CATEGORY (IN MILLION)				BY SEX AND AGE	
	TOTAL SECTOR	REMAINING PEOPLE IN NEED	INTERNALLY DISPLACED	RETURNEES	% FEMALE % MALE	% CHILDREN, ADULT, ELDERLY
People in need	2.9	0.8	1.2	0.9	61% 39%	77% 23%
People targeted	1.0	0.1	0.5	0.4	61% 39%	77% 23%
Financial requirements	39.7 million				Children (<18 years) Adult (18-59 years) Elderly (>59 years)	

and separated children are projected to be in need of immediate, reliable care thereby emphasising the increased need for accelerating family tracing and reunification services.

Adolescents are among the age groups of which psycho-social well-being has been most jeopardised by the crisis. The existing service provisions for adolescents are minimal and there are limited activities to address their needs and to protect them from any impending risk of violence, abuse and exploitation. The sector will therefore support the creation of safe and accessible spaces to provide adolescents with comprehensive services including life skills, recreational support, psycho-social support and early identification of risk, response and referral to appropriate services, including those for GBV.

Since the beginning of the year, boys and girls have been increasingly used as improvised explosive devices bearers by non-state armed groups: the number of children recruited and used in so-called “suicide” attacks in 2017 (117) is three times higher than the number for the last three years combined. Thus, the prevention, monitoring, reporting and response to grave child rights violations will need to be strengthened. The existing reporting mechanisms will be enhanced and a monthly and quarterly analysis will be shared at relevant forums and advocacy levels. The analysis of these trends will also inform prevention activities aimed at increasing awareness on threats and protective factors among boys, girls and caregivers and mitigate the risks of such incidents. Mine-risk education targeting 150,000 persons (70 per cent of whom are children), will also be an important component of the response, carried out within the framework of the Protection sector.

The Child Protection sub-sector recognises that responding to the needs of children in arbitrary detention and children formerly associated with armed forces and groups requires a coordinated and multi-sectoral intervention, in addition to the direct provision of dedicated support. While thousands of children have been released and will continue to receive assistance, many others are yet to be released. It is estimated that more than 13,000 children are used or associated with state and non-state armed groups. These children are exposed to enormous protection risks and their release is paramount. The sector will therefore prioritise advocacy with relevant authorities for the release of the children used by armed groups or forces and children held in military detention as well as promoting the use of detention as a measure of last resort.

In 2018, the sub-sector intends to operationalise the Action Plan signed with the Civilian Joint Task Force (CJTF) and provide socio-economic reintegration services to at least 7,000 children survivors from grave child rights violations, including those formerly associated with armed groups and those returning from captivity, ensuring efforts to avoid stigmatisation. In preparation for the socio-reintegration of children and their caregivers in their community of origin or host communities, it is fundamental to actively engage community members to create a conducive environment, favourable to acceptance and peaceful co-existence. Upon reintegration, continued monitoring will be carried out in order to mitigate the risk of rejection and inter-communal tensions.

The Child Protection sub-sector aims to reach at least 780,000 girls and boys in the most severely affected LGAs across Borno, Yobe and Adamawa, including internally displaced persons, returnees and host communities. Within each LGA, a percentage of the affected people will be targeted based on the LGA severity ranking. The CP sector target covers:

- 50 per cent of the people in need in high-priority LGAs, including Jere and Maiduguri, Bama, Damboa, Dikwa, Gwoza, Ngala, Konduga, Monguno and Askira/Uba in Borno; Damaturu in Yobe; and Hong, Michika, Mubi North, Mubi South in Adamawa;
- 30 per cent of people in need in medium priority LGAs, comprising Biu, Chibok, Hawul, Kaga, Mafa, Marte, Mobbar in Borno; Gujuba in Yobe; and Madagali and Maiha in Adamawa;
- 10 per cent of people in need in all remaining LGAs, ranked as a low priority.

As of November 2017, the presence of the CP sub-sector covers all LGAs ranked as high and medium priority, although the capacity of actors on the ground is still insufficient to cover the identified needs among the most vulnerable groups of girls, boys and caregivers. In hard-to-reach areas, where needs are particularly dire, the majority of the beneficiaries are currently reached by national NGOs, the State Ministry of Women Affairs and Social Development and the State Ministry of Youth Sport for Social and Community Development, while the presence of international actors remains limited.

In these locations, gaps concerning the quality and type of available services remain a concern, especially in the high priority LGAs in Borno where a higher influx of displacements and returns has been reported (and is expected to continue in 2018). The sub-sector will work to implement a localisation strategy, aimed at enhancing the capacity of local actors, through systematic and more meaningful technical and institutional support; and the promotion of principled partnerships which also draw on coaching and mentoring approaches.

### Principles and mainstreaming

The response to the child protection crisis in north-east Nigeria requires a flexible approach, involving complementary actions among different actors and the capacity to quickly adapt to an unpredictable context and rapidly evolving displacement patterns. Quality standards and a survivor-centred approach will ensure that individual needs are met appropriately and according to the best interest of the child. A community-based strategy will allow for conducive conditions for individual support to be effective and durable.

Other key underlying principles to the CP response include:

- “Do no harm”: partners will consider specific vulnerabilities and risks related to age and gender before implementing any programme. Every organisation will be requested to endorse a code of conduct and to provide adequate training and mentorship to each deployed staff or volunteer. Safety

risks will be accurately considered at the planning and implementation phases of every programmatic component. Quality requirements, such as a defined staff ratio during psycho-social support programmes, will mitigate the risks of beneficiaries being harmed.

- **Commitment to quality:** the sub-sector has endorsed a strategy identifying minimum quality requirements for each CP core component, with an accountability mechanism for partners delivering services in line with such requirements.
- **Age and gender sensitivity:** considerations related to age and gender will inform every CP programme during the assessment, planning, response and monitoring. An additional age disaggregation will be added to the sector's reporting tools to enable a more accurate response analysis.
- **Child and caregiver participation:** partners will ensure participation by conducting regular focus group discussions and other participatory methodologies aimed at collecting feedback from beneficiaries.
- **As local as possible, as international as necessary:** all programmes will aim to find the balance between local and international and to give effect to the commitments made in the World Humanitarian Summit and through the Grand Bargain. These commitments aim to galvanise new and strengthened partnerships and collaboration between international and national actors, including government institutions, place an emphasis on enhancing local capacities and expanding access to funding channels and mechanisms for local actors.

Furthermore, a CP mainstreaming strategy has been endorsed for the response in 2018, with a particular focus on the Education, Food Security and Health sectors. A successful mainstreaming approach will result in more effective services, in particular in case management, socio-economic reintegration and psycho-social support.

### The humanitarian-development nexus

The CP sub-sector has identified significant opportunities to link the ongoing emergency response with a broader development framework. Overall, the sub-sector will strengthen horizontal and vertical linkages between the federal Government and the State and between the State and its respective LGAs. More specifically it will focus in the following programmatic components:

- **Socio-economic support to vulnerable children and caregivers:** CP services, integrated with early recovery opportunities, will enable families to restore their means of survival and will tackle widespread protection concerns,

including the worst forms of child labour.

- **Strengthening of existing CP mechanisms, including case management system:** the sub-sector will invest in strengthening the identification and referral systems with specific IDP children to enhance the existing capacity of the national case management practices that will then have the potential to address all CP concerns. Additionally, the technical capacities of teachers and other service providers at the community level will be enhanced.
- **Collaboration with schools:** the sub-sector will support children affected by or at risk of protection issues and will mitigate the risk of school drop-out. Child protection and education joint case monitoring, in addition to psycho-social support provision will contribute to improved well-being and school performance.
- **Localisation strategy:** national actors are instrumental to ensure effectiveness, efficiency, relevance and sustainability of humanitarian results, as they are in place before, during and after crises, and are usually the first to respond when crisis hits. Institutional capacity-building approaches, particularly those which draw on coaching, mentoring and accompaniment will be promoted and international partners will be encouraged to invest in institutional capacity-building of local partners as an integral part of any broader programme partnership.
- **Birth registration:** birth registration is a crucial step to ensure the full development and protection of girls and boys, as it ensures that each child is formally recognised as a citizen and is entitled to have his/her rights fulfilled and to access basic services. It is an important instrument to tackle early marriage and under-age recruitment in armed state forces or groups, but remains a critical gap in north-east Nigeria. Its integration within active emergency services, such as health and nutrition interventions, will help meet birth registration targets.
- **Legal assistance to children in detention:** the sector will focus on ensuring that children in conflict with the law – including those held in military detention – are clearly separated from adults, receive age-appropriate services and enjoy the right to due process, as well as alternative measures to detention.





## PEOPLE IN NEED



## PEOPLE TARGETED



## REQUIREMENTS (US\$)



## # OF PARTNERS IN HRP



## GBV PROTECTION OBJECTIVE 1

**1** Increase the geographical reach and quality of life-saving gender-based violence response services.  
RELATES TO SO1 AND SO2

## GBV PROTECTION OBJECTIVE 2

**2** Enhance strategies that empower women and girls, promote resilience, risk mitigation and prevention of GBV/SEA.  
RELATES TO SO2 AND SO3

## GBV PROTECTION OBJECTIVE 3

**3** Strengthen GBV response and prevention through capacity-building, mainstreaming, advocacy and coordination.  
RELATES TO SO1, SO2 AND SO3

## PROTECTION: GENDER-BASED VIOLENCE

An estimated 2.4 million people have been identified to be in need of gender-based violence (GBV) prevention and response across Borno, Adamawa and Yobe states. About 48 per cent of IDPs are women, many of whom are heads of households living in crowded, culturally inappropriate conditions. Adolescent girls are perhaps the most at-risk of GBV, particularly sexual violence. They are often targeted while performing basic tasks such as travelling to water points, collecting firewood to cook food and going to the communal latrines. They are often exposed to SEA, forced into prostitution, early marriages and survival sex in exchange for food, restrictions on their freedom of movement and basic needs deprivation.

Women and girls abducted by armed groups who have been raped and forcibly married during their captivity often face stigmatisation and rejection from their communities upon their return. These girls or women and their children who were born as a result of rape are often feared by communities and ostracised from society because they are suspected to be sympathisers of the armed actors. Upon their return, they require access to a full range of services to meet their multiple immediate and reintegration needs and that of their children. Despite the consequences, families are still forcibly marrying daughters as young as 12 years old to members of armed groups, citing poverty as the main reason.

In 2017, significant efforts were made by GBV Protection sub-sector partners to meet the needs of vulnerable girls, boys, women and men affected by the protracted conflict and renewed displacement. However, there is still

limited coverage of services, and significant gaps still exist in meeting the increasing GBV protection needs of vulnerable women, girls, boys and men as shown by a gap analysis carried out by the sub-sector.

### Response plan

In 2018, the GBV Protection sub-sector will focus on increasing response, prevention and risk mitigation services that will target 1.5 million girls, women, boys and men in Borno, Adamawa and Yobe states. The sub-sector plan articulates three priority interventions to meet this target:

- Increase in scope (geographical reach and quality) of life-saving and specialised services for survivors. The focus will be on scaling up programming for provision of comprehensive services including appropriate health assistance, GBV case management, psychological first aid accompanied with referral for appropriate services, other forms of psycho-social support, provision of critical material support as well as enhancing access to multi-sectoral services through establishing and strengthening referral mechanisms. The GBV mobile response will be strengthened to extend services in hard-to-reach areas. A particular focus will be placed on adolescent and child survivors of violence, as well as approaches that support a gender-sensitive reception and social reintegration needs of persons returning from captivity and/or formerly associated with armed groups.

### BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY POPULATION CATEGORY, SEX AND AGE

	BY POPULATION CATEGORY (IN MILLION)				BY SEX AND AGE		
	TOTAL SECTOR	REMAINING PEOPLE IN NEED	INTERNALLY DISPLACED	RETURNEES	% FEMALE % MALE	% CHILDREN, ADULT, ELDERLY	
People in need	2.4	0.6	1.0	0.8	86%	58%	36% 6%
People targeted	1.5	0.3	0.7	0.5	86%	57%	37% 6%
Financial requirements	40.3 million				Children (<18 years) Adult (18-59 years) Elderly (>59 years)		

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- Prevention and reduction of immediate threats of violence, including sexual violence and SEA, through initiatives that promote community resilience and empower key community stakeholders with a focus on young women and adolescent girls. Emphasis will be placed on livelihood activities to mitigate and prevent GBV and SEA. There will also be continuous engagement with humanitarian actors to prevent and respond to SEA. Efforts will be made to align humanitarian organisations and service providers with SEA protection structures.
- Strengthening of the capacity of service providers, including community capacity to prevent and respond to GBV incidents, and the mainstreaming of GBV response services into humanitarian responses. This will include targeted advocacy that is informed by improved mechanisms for GBV incident management, data collection, reporting and documentation.

### Principles

The response plan promotes the application of the guiding principles of “do no harm”, confidentiality, safety, and non-discrimination, in every implementation phase. By adopting a community-based approach, ensuring beneficiary participation in decision-making, and involving local authorities, the sub-sector partners will promote accountability, capacity-building and empowerment.

Interventions will be implemented after in-depth field

assessments, consultations, and periodic reviews based on the complaints and feedback mechanisms to foresee any potential harming consequences. Regular safety assessments will be undertaken by partners to periodically map and monitor safety risks and action plans developed to address them. Partners are encouraged to follow the standard operating procedures developed by the sub-sector that promote the privacy, safety and dignity of survivors.

### The humanitarian-development nexus

The key components of prevention, localisation and coordinated programming based on peaceful co-existence act as the foundation for strengthening the humanitarian-development nexus in the GBV Protection sub-sector. Life-saving assistance will focus on a rehabilitation and a healing that not only reinstates survivors to their previous conditions but aims to build their resilience.

Women and adolescent empowerment programmes will seek to help mitigate future risks. Interventions will leverage on linkages that build a critical mass around the engagement of women and young people in peace, security and social cohesion interventions. An emphasis will be placed on strategies that consciously engage boys and men in order to shift social norms that create a critical mass for tackling GBV. Systems strengthening will focus on training, reinforcing community structures for protection, supporting capacity for minimum preparedness actions and policy engagement on gender and GBV mainstreaming.



## PEOPLE IN NEED



## PEOPLE TARGETED



## REQUIREMENTS (US\$)



## # OF PARTNERS IN HRP



## HEALTH OBJECTIVE 1

**1** To provide life-saving and life-sustaining humanitarian health assistance to affected people.

RELATES TO SO1, SO2 AND SO3

## HEALTH OBJECTIVE 2

**2** To expand and strengthen the communicable disease surveillance for prevention/mitigation and control of epidemic outbreaks.

RELATES TO SO1 AND SO2

## HEALTH OBJECTIVE 3

**3** To strengthen the health sector's coordination and information systems to improve the life-saving health response for people in need, with an emphasis on enhancing protection and increasing access to health services.

RELATES TO SO1 AND SO3

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## HEALTH

## Summary of needs

Affected people across north-east Nigeria remain at significant risk of epidemic-prone diseases like cholera, measles, meningitis, and viral haemorrhagic fevers such as Lassa and yellow fever. Meanwhile, endemic malaria accounts for 50 per cent of the total consultations in the Early Warning and Alert Disease Response and Surveillance (EWARS) system. In addition to malaria, acute respiratory infections and watery diarrhoea are the other two leading causes of illness among IDPs, along with high levels of severe acute malnutrition (SAM). More than 40,000 children are at risk of dying due to the combined threat of SAM and medical complications, within a context of high malaria prevalence and frequent population movements.

Out of the total population of 7.9 million people in need, nearly 2 million are women of reproductive age and 1.6 million are sexually active men. There are 240,000 currently pregnant women, and within the next 12 months there will be 320,000 live births with 50,000 women facing pregnancy-related complications and requiring emergency obstetric care services. Additionally, 40,000 people are at risk of sexual violence and will require clinical management of rape services.

A recent assessment showed that out of 755 health facilities in Borno State, 292 (39 per cent) are fully damaged, 205 (27 per cent) are partially damaged and 253 (34 per cent) are not damaged. In terms of functionality, 376 (50 per cent) are non-functional.

The prevalence of mental illness among Nigerians is estimated to be 12.1 per cent, which means that over 650,000 people in north-east Nigeria will suffer from one form of mental illness in their lifetime. Despite the magnitude of the problem, the region has a comparably weak and poorly funded mental health system, with very few mental health professionals. This is particularly alarming given the high GBV incidence rate. Only 18 per cent of the fully or partially functioning health centres in Borno State can reportedly provide survivors of violence with integrated clinical management services.

## Response plan

The Health sector's response strategy will continue to focus on providing humanitarian life-saving and life-sustaining health services to the most vulnerable people, while also supporting the strengthening of sector coordination and its information systems, with an emphasis on enhancing protection and increasing access to health services.

The provision of life-saving and life-sustaining health services will be driven by a combination of minimal and comprehensive packages, including maternal and child health services, sexual and reproductive health services, services for gender-based violence, management of malnutrition with medical complications, management of non-communicable diseases, mental health and psycho-social support, support for people living with HIV/AIDS, and the strengthening

## BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY POPULATION CATEGORY, SEX AND AGE

	BY POPULATION CATEGORY (IN MILLION)				BY SEX AND AGE		
	TOTAL SECTOR	REMAINING PEOPLE IN NEED	INTERNALLY DISPLACED	RETURNEES	% FEMALE % MALE	% CHILDREN, ADULT, ELDERLY	
People in need	5.4	2.5	1.6	1.3	61% 39%	57% 37% 3%	
People targeted	5.1	2.2	1.6	1.3	61% 39%	57% 37% 3%	
Financial requirements	109.6 million				Children (<18 years) Adult (18-59 years) Elderly (>59 years)		

of referral systems. There will be a particular focus on active detection of malnutrition, referral to appropriate services (out- and in-patient facilities) and capacity-building of health workers to manage SAM with medical complications. Health sector partners will continue their support to the national immunisation and vaccination campaigns for vaccine-preventable diseases as well as supplementary and/or reactive vaccination activities (e.g., measles, cholera, meningitis, hepatitis) in IDPs camps and known high-risk epidemic-prone areas.

The 2017 cholera outbreak in Borno State clearly demonstrated the need to further strengthen the coordination between WASH and health partners. This is especially relevant at LGA level and in IDPs camps where people are living in congested and unfavourable conditions with limited access to clean drinking water and limited access to emergency health care services. To mitigate against these risks, oral cholera vaccination campaigns will be launched before the rainy season in epidemic-prone LGAs as identified by the epidemiological data and potential risk.

Working in support of the State Ministry of Health in all three states, Health sector partners will enhance surveillance for epidemic-prone diseases including acute watery diarrhoea, meningitis, viral haemorrhagic fever and poliomyelitis by strengthening and expanding the EWARS so that health authorities can investigate and rapidly respond to disease alerts, which will mitigate the risk of further spread of epidemics. The disease surveillance system will be supported by comprehensive, all-hazard contingency plans and through the prepositioning of medicine, medical supplies, laboratory reagents and supplies, along with capacity-building of the health care workforce for the timely detection of potential risks.

Malaria is highly endemic in north-east Nigeria, increasing the burden on health resources and elevating the risk of morbidity and mortality among the affected people, particularly children under the age of five. A recent WHO preliminary analysis confirmed that seasonal mass chemo-prevention (SMC), consisting of three rounds of monthly prophylactic antimalarial medication delivered through house-to-house visits, could reduce malaria morbidity and mortality by around 46 per cent for children under five. Furthermore, the impact of malaria can be mitigated through a combination of preventive measures (indoor residual spray, using insecticide-treated nets) and effective case management. The sector will therefore target the highest risk group (children under five years of age) with SMC during the rainy season to reduce morbidity and mortality in emergency settings.

The sector's reproductive Health (RH) Working Group will coordinate partners to ensure that RH-related needs such as maternal and neo-natal health (including basic emergency obstetric care), HIV- and GBV-related health issues are addressed in a timely manner.

The Health sector will support improvements in the health system by strengthening institutional and response capacity and empowering the health authorities and the national health

workforce. To ensure adequate health assistance, the provision of primary and secondary health care will be expanded beyond urban areas based on an intervention pyramid. This approach has been chosen in part because it caters to the widespread mental health needs and can be adapted to the country context, in which specialised care is currently only available in Maiduguri across the three most affected states. Critical gaps in mental health services will be met through the introduction of outreach services from the Federal Neuropsychiatry Hospital in Maiduguri to selected primary health care (PHC) facilities in six Borno State LGAs. Outreach teams and PHC staff will be able to refer diagnosed and/or treated patients from PHCs to the Neuropsychiatry Hospital.

More broadly, the sector will work to strengthen mental health (psychiatric and psycho-social), trauma care, reproductive health services, rehabilitation services and referral systems, and ensure availability of essential medicines, medical supplies and equipment.

Health partners will work through the rapid response mechanism (RRM) to provide an array of quick impact services and supplies to people affected by a disease outbreak, natural disaster or medium to large-scale population movements (both IDPs and returnees) in areas where partners are not present or where the needs exceed existing capacities. Partners will use RRM-dedicated or flexible funds to deliver RRM response, which may include, depending on the context: distribution of life-saving drugs and medical supplies; deployment of health RRM teams for outbreak risk assessments and surveillance supported by Hard-to-Reach (H2R) teams; a mobile emergency health intervention package (including measles and polio immunisation, health screening and treatment); putting a referral system in place; establishing an isolation area, oral rehydration point or setting up an emergency structure with tents; spraying and disinfection of a medical facility.

In the return areas, the Health sector will adopt an LGA-based approach of supporting the State MoH and State Primary Health Care Development Agency medical care delivery system. This will include:

- Provision of needs-based incentives to staff;
- Delivery of trainings;
- Support for increasing the size and capacity of the health workforce;
- Strengthening of partnerships with national and international NGOs;
- Rehabilitation and reconstruction of damaged health facilities (including physical infrastructures, human resources, and equipment or supplies);
- Provision of essential medicines, medical supplies and equipment;
- Provision of outreach services;
- Continued support to control transmission of vaccine-preventable diseases.

The Health sector will continue to work closely with health authorities at the federal, state and local government levels, as well as WASH, Nutrition, Food Security, Protection and DMS (CCCM) sectors to promote a multi-sectoral intervention approach, including through joint needs assessments and preparedness plans.

### Protection

Health partners will ensure that the most vulnerable persons (including those living under the poverty line) have easy access to health services in the sector-supported health facilities and mobile clinics. The sector will also target groups with specific vulnerabilities, including pregnant women, the disabled, the elderly and people suffering from chronic diseases. Survivors of SGBV will be given high priority for specialised services.

As holistic care for GBV survivors remains essentially non-existent, the sector aims to avail psycho-social support and clinical management of rape services, functioning under the guiding principles of care: non-discrimination, respect, confidentiality and safety, to avoid any potential re-victimisation. Health workers will also be educated in the basic understanding of other available services in the GBV referral pathway (e.g., case management, psycho-social, legal support) so they can facilitate referrals after obtaining informed consent.

The protection of health staff is also a top priority. Efforts to rehabilitate and reinforce health facilities to provide safe and secure working environments will be critical in 2018.

### The humanitarian-development nexus

The revitalisation and strengthening of the disrupted health system are vital for access to better health care service delivery. Re-establishing functional, staffed and equipped health facilities to deliver health services to vulnerable people including host communities at LGA level is one of the key objectives of the Health sector's transitional strategy for 2018.

The Health sector, in collaboration with development partners, including the State MoHs and Ministries/Committees of Reconstruction, Rehabilitation and Resettlement, will develop a comprehensive recovery strategy for the reconstruction and rehabilitation of health facilities with the overall objective of health system restoration and with the underlying principle of "building back better". The Health sector's partners will work together with the federal and local government, and other humanitarian and development partners to implement an integrated approach for immediate community stabilisation and early recovery in north-east Nigeria. Moving away from geographically and thematically fragmented interventions, the overarching goal of this approach is to rebuild the resilience of crisis-affected people and communities in Borno State.

The proposed approach is based on the recognition that sustainable community stabilisation and resilience-building in Borno can only be achieved through coordinated interventions in a critical number of communities within the same LGAs. Support will consist of four simultaneous inputs complementing currently ongoing humanitarian support: stabilisation of livelihoods, the provision of sustainable basic social services (including health), improved community cohesion and security, and strengthened local governance.

## PEOPLE IN NEED



## PEOPLE TARGETED



## REQUIREMENTS (US\$)



## # OF PARTNERS IN HRP



## NUTRITION OBJECTIVE 1

**1** Strengthen in scale the availability of quality services managing acute malnutrition for children (boys and girls 6-59 months) and pregnant or breastfeeding women by increasing access to treatment.

RELATES TO SO1

## NUTRITION OBJECTIVE 2

**2** Increase the capacity to identify malnourished children and provide them with treatment; promote services preventing under-nutrition while supplementing for micro-nutrient deficiencies.

RELATES TO SO1 AND SO2

## NUTRITION OBJECTIVE 3

**3** Enhance routine monitoring of the emergency nutrition situation through regular assessments, analysis of data, while strengthening coordination among the nutrition partners and other sectors.

RELATES TO SO3

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## NUTRITION



## Summary of needs

Women and children continue to bear the brunt of malnutrition in north-east Nigeria, where the conflict has acted as an important driver of hunger. Recent assessments have identified pockets of high malnutrition, with a critical rate of global acute malnutrition (GAM) above the 15 per cent emergency threshold in six LGAs in northern Yobe (Jakusko, Karasuwa, Machina, Nguru, Yunusari and Yusufari). A serious nutrition situation of GAM between 10-14 per cent is also reported in five LGAs in northern Borno (Abadam, Mobbar, Guzamala, Kukawa and Nganzai) and eight LGAs in central Borno (Damboa, Gubio, Kaga, Konduga, Mafa, Magumeri, Marte and Monguno).

The Nutrition sector estimates that 3.5 million women and children are in need of nutrition interventions. The majority of these (2.7 million) live in host communities, while a remaining 440,000 are internally displaced persons and 340,000 are returnees.

## Response plan

The sector will target 2.7 million women and children in need in Borno, Yobe and Adamawa states. This includes 310,000 children in need of treatment for severe acute malnutrition (SAM) and 250,000 children who suffer from moderate acute malnutrition (MAM). In addition, the sector will target 420,000 children (aged 6-23 months) who have nutritional deficiencies with micro-nutrient powders and 1.9 million children with

vitamin A supplementation. Interventions contributing to the prevention of malnutrition will include blanket supplementary feeding for 960,000 children and the promotion of infant feeding in emergencies for 740,000 pregnant or lactating women.

The Nutrition sector's response strategy covers preparedness, response, coordination and cross-cutting needs across the various profiles and categories of affected people, as identified and formulated in the specific objectives.

Nutrition sector partners will provide life-saving nutrition interventions by establishing mobile clinics, fixed nutrition sites and outreach clinics to treat and prevent SAM and MAM in children under five and pregnant or lactating women. Working closely with the state and the Health sector, nutrition partners will continue to scale up services to manage SAM with medical complications in hard-to-reach areas.

The nutrition and food security surveillance system will continue to monitor the situation and highlight priority locations for interventions. If resources are inadequate to cover all needs, sector partners will prioritise areas where GAM rates stand above 15 per cent. Information generated from assessments will be utilised in the Cadre Harmonisé analyses to be released in 2018, providing further prioritisation of areas of concern for both the Food Security and Nutrition sectors, and multi-sectoral interventions.

The Nutrition sector has seen an increase in the number and capacity of partners contributing

## BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY POPULATION CATEGORY, SEX AND AGE

	BY POPULATION CATEGORY (IN MILLION)				BY SEX AND AGE	
	TOTAL SECTOR	REMAINING PEOPLE IN NEED	INTERNALLY DISPLACED	RETURNEES	% FEMALE % MALE	% CHILDREN, ADULT, ELDERLY
People in need	3.5	2.7	0.41	0.34	67% 33%	69% 31%
People targeted	2.7	2.1	0.3	0.3	66% 34%	72% 28%
Financial requirements	107.1 million				Children (<18 years) Adult (18-59 years) Elderly (>59 years)	

towards sector results in the three north-eastern states, which will be harnessed to scale up nutrition interventions in hard-to-reach areas. To ensure a coordinated response, the sector will also be liaising with international humanitarian and development actors who work outside of the HRP and are implementing nutrition activities.

A mobile approach will be critical in the nutrition response, particularly in partially accessible areas where newly identified needs are most likely to be reported. Nutrition partners will work through the rapid response mechanism (RRM) to provide an array of quick impact services and supplies to people affected by disease outbreaks, natural disasters or medium- to large-scale population movements (both IDPs and returnees) in areas where partners are not present or where the needs exceed existing capacities. Partners will use RRM-dedicated or flexible funds to deliver rapid responses, which may include the use of the expanded admission criteria by treating SAM and MAM with ready-to-use therapeutic or supplementary foods, maternal mid-upper arm circumference (MUAC) screenings for new arrivals, infant and young child feeding information sessions, distribution of micro-nutrient powder, counselling to caretakers and pregnant or lactating women, set-up of outpatient therapeutic programmes when needed, or referrals.

The approach taken by nutrition partners will aim to strengthen the health system, as most nutrition partners are also implementing health interventions and working closely with the state primary health care development agency through trainings on key nutrition interventions in emergencies. The sector will promote partnerships between international organisations and local actors to enhance their capacity, transfer skills and work towards sustainable results. In 2018, the sector will work through four local NGOs, compared to one in 2017. Capacity-building through the training of local NGOs on nutrition in emergencies will facilitate these actors' ability to deliver quality services, including in areas where they may enjoy enhanced access compared to international organisations.

### Protection

The Nutrition sector will ensure that protection is central to the design, implementation and monitoring of all nutrition activities. Nutrition centres will be set up close to the community to ensure easy and convenient access. Partners will endeavour to operate daily services to reduce the waiting time at the nutrition centres. Mobile outreach will facilitate the availability of nutrition services in areas where no centre can be established.

The nutrition needs for girls, boys and women will be prioritised and nutrition actors will be working closely with

child protection actors to provide child- and women-friendly spaces at the nutrition sites, as well as toys and recreational facilities in the stabilisation centres to enhance quick recovery. The safety of both health workers and beneficiaries will be prioritised during their treatment at the in-patient facilities by ensuring that all stabilisation centres meet the required security standards before operationalisation.

During community mobilisation and sensitisation activities, communities will be empowered to select nutrition volunteers who are familiar and who will act as the interface between the community and the service providers particularly when it comes to conveying concerns to nutrition actors. Caregivers will be trained on how to measure MUAC and given MUAC tape so that they understand and participate directly in their malnourished children's recovery. Village elders will also be engaged in spearheading health messaging and mentor caregivers will be identified as positive influencers in the community on child care practices.

The mobile outreach approach and the RRM are modalities that the nutrition sector will continue to build on and scale up to facilitate access of nutrition services through extended coverage in areas where health facilities are limited. Working closely with the Health sector, nutrition partners will prioritise the establishment of stabilisation centres (at least one in each LGA) to treat SAM with medical complications, as coverage for such interventions remains weak. The sector will also use expanded admission criteria to save lives and train caregivers to conduct MUAC screenings to identify acute malnutrition at its earliest.

### The humanitarian-development nexus

The sector will build on successful advocacy experiences by nutrition partners, to carry out joint planning with federal Government and development partners and identify opportunities for the continuation of collective outcomes for nutritional services beyond the emergency phase. This includes advocacy with affected states' authorities on committing budgetary allocations to the procurement of therapeutic and anthropometric equipment.

The sector will also advocate for more flexible humanitarian financing, including longer-term and multi-year allocations for nutritional interventions. This kind of funding will enable international emergency nutrition responders to build the capacity of the local NGOs and strengthen the engagement of the community in joint analysis and planning to promote home-based solutions to eliminate malnutrition. The Maiduguri Teaching and Referral Hospital will be used as an example of a sustainable approach where health workers from the crisis-affected states are continuously being trained and mentored in managing acute malnutrition with medical complications.

## PEOPLE IN NEED



## PEOPLE TARGETED



## REQUIREMENTS (US\$)



## # OF PARTNERS IN HRP



## SHELTER AND NFIs OBJECTIVE 1

**1** Ensure sufficient, coordinated and adequate delivery of emergency shelter solutions to respond to the immediate shelter needs of the affected people.

RELATES TO SO1 AND SO2

## SHELTER AND NFIs OBJECTIVE 2

**2** Deliver reinforced/transitional shelters and repair assistance to respond to the specific shelter needs of the affected people.

RELATES TO SO1, SO2 AND SO3

## SHELTER AND NFIs OBJECTIVE 3

**3** Deliver flexible, coordinated, adequate and harmonised NFI kits (including assessments, prepositioning, distributions and post-distribution monitoring) to the affected people.

RELATES TO SO1

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## SHELTER AND NON-FOOD ITEMS



## Summary of needs

Displacement and destruction of homes and infrastructure have caused significant shelter needs in north-east Nigeria. Key sectoral vulnerabilities and shelter assessments reveal that more than 2.1 million people will require shelter and non-food items (NFIs) assistance in 2018. This includes 1.6 million IDPs, 265,000 people living in host communities, and 270,000 returnees in need of shelter and NFI support. Overall, 55 per cent of the people in need are women and girls.

Shelter needs patterns have shifted since the beginning of the crisis, in line with various waves of displacement, new arrivals and returns. The vast majority of the people (86 per cent) fled their homes before 2016, though ongoing military operations and attacks are also continuing to cause fresh displacements particularly with people arriving from inaccessible areas. Over one third of affected people are currently living in emergency family shelters, while another third lives in self-made or makeshift shelters. About 23 per cent of IDPs live in collective shelters (such as schools, government buildings, community centres, etc.)

The transitional needs of returnees, though shaped by very different dynamics, are also significant. Out of the 1.3 million people assessed in returns area, the majority returned three years ago (in 2014), while 11 per cent returned in 2015, 8 per cent in 2016, and 5 per cent in 2017. Nearly one quarter of returnees assessed in return areas (nearly 50,000 households) live in inadequate shelters, with

86 per cent (40,000 households) of these in partially damaged housing. A lack of capital to purchase building materials undermines opportunities for stimulating early recovery in areas of return.

NFIs remain the second most reported need of affected people in north-east Nigeria, both in host communities and in camp or camp-like settings, where the provisions of NFIs has not been systematic for new arrivals due to the lack of prepositioned items in key receiving areas. The three main NFIs requested by the affected people are mats (41 per cent), mosquito nets (29 per cent), and kitchen sets (20 per cent). While over 70,000 households benefitted from NFI assistance in the past year, significant needs remain, in part due to continuous population movements and the short lifespan of shelter-related NFIs, which implies a constant need for replenishment.

## Response plan

To respond to the identified needs, the Shelter and NFIs sector will prioritise support to the most vulnerable IDPs (including newly arrived IDPs in key receiving areas), people in host communities and returnees with no or inadequate shelter. Specifically, the sector intends to provide emergency shelter assistance to 60 per cent of the IDPs (both freshly displaced as well as existing IDPs). The sector further intends to provide transitional shelter assistance to 60 per cent of returnees and 52 per cent of the people living in host communities who are sharing shelters with IDPs.

## BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY POPULATION CATEGORY, SEX AND AGE

	BY POPULATION CATEGORY (IN MILLION)				BY SEX AND AGE		
	TOTAL SECTOR	REMAINING PEOPLE IN NEED	INTERNALLY DISPLACED	RETURNEES	% FEMALE % MALE	% CHILDREN, ADULT, ELDERLY	
People in need	2.1	0.2	1.6	0.3	55% 45%	57% 37% 6%	
People targeted	1.3	0.2	0.9	0.2	55% 45%	57% 37% 6%	
Financial requirements	67.4 million				Children (<18 years) Adult (18-59 years) Elderly (>59 years)		



The sector's strategy is based on three main pillars for a coordinated assistance:

- Emergency shelter assistance;
- Transitional shelter assistance;
- Non-food item assistance.

Emergency shelter responses will be supported through the prepositioning and stockpiling of emergency shelter solutions as well as a targeted response to existing needs (including emergency shelter kits and items, emergency shelter maintenance kits, construction materials, communal shelters and reinforcement kits to protect from the elements, including extreme weather).

Transitional shelter responses, which target returnees, vulnerable IDPs living in host communities and families hosting IDPs living in inadequate shelter conditions, will focus on the provision of reinforced or transitional shelter materials, retrofitting, housing repair and improvement materials and rental subsidies. Sector partners will rely on dedicated assessments to inform tailor-made responses, and on post-distribution monitoring assessments to allow for continuous feedback mechanisms and strengthen the quality of the shelter assistance provided.

NFI assistance, which targets new IDPs, existing IDPs in camps, host communities and returnees, will rely on NFI stockpiling and the provision of harmonised NFI kits. This includes safe cooking items and cash or voucher approaches, and will rely on pre- and post-distribution monitoring assessments.

In situations of large-scale fresh displacements, disease outbreaks, natural disasters, and in complementarity to the NFI and shelter response, the sector will work through the RRM to provide critical quick-impact, life-saving, and multi-sectorial response to highly vulnerable persons in the first days of displacement. Partners will use flexible funds to conduct quick assessments and distribute core relief items and basic emergency shelter items (plastic sheeting or tarpaulins, rope, blankets, mats, jerry cans, multipurpose soap bars, reusable menstrual pads, water purification tablets and kitchen items).

Shelter and NFI partners are currently operational in all three most-affected states. However, the precise geographical distribution of stockpiling and presence of partners will be adjusted to ensure the better coverage and improve the level of assistance to all affected people, including outside of IDP sites. The identification of local NGO partners and the collaboration

with NEMA and the SEMAs will reinforce the sector's ability to respond in hard-to-reach areas.

The sector will build partner capacity to support the affected people in building and maintaining their own shelters as well as in upgrading them toward locally adapted and more sustainable structures. Environmental considerations will be mainstreamed into the response. The sector will encourage traditional building practices (mud block use, thatch roof) and liaise with a local university to integrate cultural considerations into the design processes.

### Protection

Continuous consideration will be given to housing, land and property issues for shelter construction and to ensure access to land.

The sector will also work through its accountability framework to allow for feedback (through focus group discussions, post-distribution monitoring and other mechanisms) including on targeting, and to ensure that the feedback is reflected in shelter design. Targeting will take into consideration specific needs of affected people and allocation of shelters in a protective environment. Protection and GBV protection will be mainstreamed into shelter and NFI responses primarily by giving consideration to the provision of adequate space and working towards the privacy of shelter recipients. This includes the provision of locks and adequate ventilation measures as well as partitions in collective centres.

### The humanitarian-development nexus

The sector will encourage all partners to ensure that transitional shelter responses are coherent with development activities, and engage directly with development partners on the ground. The sector will also focus on capacity-building in construction techniques and shelter upgrading practices, and take into consideration the environmental impact of the shelter response.

Where relevant, the sector will advocate for longer-term solutions such as strengthening of social infrastructure, including schools, health centres and other community infrastructure and prioritise support to local construction processes and locally-owned approaches.

## PEOPLE IN NEED



## PEOPLE TARGETED



## REQUIREMENTS (US\$)



## # OF PARTNERS IN HRP



## EDUCATION OBJECTIVE 1:

**1** Increase education access to school-aged boys and girls through the provision of immediate protective, inclusive and learning environments offering quality education with a focus on areas recently retaken by the Government.

**RELATES TO SO1 AND SO2**

## EDUCATION OBJECTIVE 2

**2** Improve the ability of school-aged children, teachers and education personnel to cope with the psycho-social and environmental impact of the conflict and rebuild individual and communal psycho-social well-being.

**RELATES TO SO2 AND SO3**

## EDUCATION OBJECTIVE 3

**3** Support and enhance the community mechanisms for resilience in the restoration of basic education services which provide formal and alternative educational pathways for school-aged conflict-affected girls and boys.

**RELATES TO SO1 AND SO3**

## CONTACT

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## EDUCATION



## Summary of needs

The Nigeria Education sector estimates that 2.8 million school-aged children and education personnel are in need of emergency education support in Borno, Yobe and Adamawa states. Since the start of the crisis, more than 700,000 children between the ages of 6 and 17 have been displaced in these three states.

The recent crisis in north-east Nigeria has put pressure on an education system that was already poor before the start of the conflict. In 2015, more than 75 per cent of children in Yobe and Borno states were out of school, compared to 24 per cent in the rest of Nigeria<sup>24</sup>.

There are multiple barriers for children to access education. A critical one is the inability for parents to support the cost of learning materials and the charges levied in schools, due to loss of assets and livelihoods during the crisis. Additional barriers include the poor quality of education mainly due to a lack of adequately trained teachers, a lack of teaching and learning materials, insufficient or overcrowded classrooms, and inadequate WASH facilities.

Throughout the crisis, especially between 2009 and 2015, education has been the object of deliberate and systematic attacks by non-state armed groups, leading to loss of life and property and weakening an already fragile education system. In the period between 2012 and 2016, more than 600 teachers were reportedly killed in attacks, while more than 19,000 were displaced. A primary school was deliberately attacked on 30 November 2017

with casualties among children. Children and teachers in all three affected states are in dire need of psycho-social support to cope with the negative effects of the conflict. There is an urgent need to engage the local communities in supporting education as a longer term strategy for recovery and peacebuilding.

Preliminary findings of the joint education needs assessment conducted in November 2017 show that parents see education as an opportunity for better job prospects as well as preventing idleness or troublemaking and building their child's character. Lessons from the past should encourage all stakeholders to realise that a stable and prosperous north-east will depend on ensuring that all children and adolescents have access to quality and inclusive education.

## Response plan

In 2018, the Education sector will seek to reach at least 2 million school-aged children and education personnel in the three affected states of Adamawa, Borno and Yobe. Priority will be given to the most vulnerable children, including displaced children, children who have returned from displacement, affected children living in host communities and children with specialised needs, including children with disabilities. Targeting will prioritise LGAs with the highest number of out-of-school children.

The sector's strategy aims to provide out-of-school children with immediate access to learning opportunities, support learners' retention in schools, and support the

## BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY POPULATION CATEGORY, SEX AND AGE

	BY POPULATION CATEGORY (IN MILLION)				BY SEX AND AGE	
	TOTAL SECTOR	REMAINING PEOPLE IN NEED	INTERNALLY DISPLACED	RETURNEES	% FEMALE % MALE	% CHILDREN, ADULT, ELDERLY
People in need	2.8	1.6	0.7	0.5	52% 48%	98% 2%
People targeted	2.2	1.0	0.7	0.5	53% 47%	98% 2%
Financial requirements	60.9 million				Children (<18 years) Adult (18-59 years) Elderly (>59 years)	

improvement of learning environments and learning outcomes in line with Inter-Agency Network for Education in Emergencies standards. This will be achieved by applying innovative teacher support mechanisms that can ensure quality delivery in collaboration with the State Universal Basic Education Board (SUBEB), and community participation and engagement in the protection of learners, teachers and education facilities.

To achieve the strategic objectives, the sector partners will:

- Provide 1.9 million learners and teachers with learning and teaching materials;
- Provide temporary incentives to support teachers in hard-to-reach areas;
- Establish temporary safe and protective classrooms with adequate basic WASH facilities for both formal and non-formal education, targeting half a million children;
- Train teachers on psycho-social support and life skills to cope with the negative effects of the conflict;
- Empower communities through school management committees to protect education and assist in the establishment and maintenance of child-friendly school environments;
- Support parents and guardians with cash-based programmes to pay school levies;
- Provide sanitary kits to adolescent girls to encourage them to stay in school;
- Provide recreational materials to young children.
- Provide early childhood development materials to pre-primary school-aged children;
- Empower teachers and school management committee members with knowledge on referral mechanisms for issues related to GBV and child protection.

The sector's 17 education partners will implement education in emergencies interventions across the three states of Adamawa, Borno and Yobe, in support of the State Ministries of Education and SUBEBs, with active roles in education service delivery.

In order to foster resilience, the Education sector will support the training of teachers in basic pedagogy and life skills, including hygiene promotion and school emergency preparedness. The learners and teachers will be equipped with skills that empower them to better cope with any subsequent emergency.

The Education sector will actively support the capacity-building of NNGOs, as local presence in hard-to-reach areas is essential to achieving the Education sector's objectives. In order to provide access to learning opportunities to large numbers of children, the SUBEBs and the Education sector partners will roll out

double-shifting in classes where possible.

## Protection

The recent crisis has placed schools in north-east Nigeria at high risk. The Education sector's response will prioritise the safety and protective function of schools by working in coordination with other sectors, in particular child protection. School-based management committees will be trained to promote community participation and school ownership. Schools will be supported to prepare and implement emergency preparedness and response plans and improve the communication with existing early warning systems in the community. The Education sector will continue to attend civil-military coordination meetings and link with the SUBEBs to liaise with the security agencies in high risk areas to ensure the security of learners and other education personnel, and mitigate the risks of potential attacks. Schools will be supported to erect fences to protect against intruders, and provide adequate, gender-segregated water and sanitation facilities.

During teacher training, sessions focusing on child protection, mine-risk education and school-related GBV (with special focus on codes of conduct for teachers and non-teaching staff<sup>25</sup>) will be delivered to help teachers appreciate the best practices of working with children in a conflict and post-conflict situation.

## The humanitarian-development nexus

As the crisis becomes more protracted, the Education sector needs to gradually move from a short-term emergency response to a strategic intervention to build individual and institutional capacities, strengthen systemic resilience and ensure predictability, sustainability and quality. The ongoing emergency response provides the opportunity to address some long-standing barriers to education, effectively linking humanitarian and development responses towards early recovery.

To strengthen the humanitarian-development nexus, the sector's response will take into account the underlying causes of conflict – including poverty, climate change, and social and economic exclusion – with a special focus on the education system pre-crisis weaknesses and a prioritisation based on needs as expressed by the affected people. Responding to community feedback on the importance of religious education, Education sector partners will continue to collaborate with the SUBEBs and the State Agency for Mass Literacy to support non-formal education alternatives. The sector will therefore continue to support investment into systems strengthening, including through advocacy, and harmonised planning and implementation of education service delivery between the state authorities and humanitarian actors.

PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



# OF PARTNERS IN HRP



WASH OBJECTIVE 1

**1** Affected people have safe and equitable access to a sufficient quantity of water for domestic needs, per sector's standards.

RELATES TO SO1 AND SO3

WASH OBJECTIVE 2

**2** Affected people have access to improved sanitation facilities, per sector's standards.

RELATES TO SO1, SO2 AND SO3

WASH OBJECTIVE 3

**3** Affected people benefit from community-tailored hygiene messages for improved hygiene practices and behaviours, per sector's standards.

RELATES TO SO1 AND SO2

WASH OBJECTIVE 4

**4** Affected people benefit from basic hygiene items, per sector's standards.

RELATES TO SO1, SO2 AND SO3

WASH OBJECTIVE 5

**5** Support institutions (such as health and nutrition centres, and schools) with adequate WASH and sanitation facilities.

RELATES TO SO1, SO2 AND SO3

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WATER, SANITATION AND HYGIENE



Summary of priorities

In addition to the ongoing conflict which has created mass displacement and the need for water, sanitation and hygiene (WASH) facilities in camps and camp-like settings, WASH needs in Nigeria's north-east are compounding the malnutrition situation, and contributing to the spread of epidemics such as cholera, hepatitis E. During the rainy season (June through September), flooding is an aggravating factor.

In Borno State, the sector estimates that 28 per cent of IDPs, 34 per cent of people living in host communities and 32 per cent of returnees do not have sufficient access to safe water for drinking, cooking and bathing (per the minimum standard of 15 litres of water per person per day)<sup>26</sup>. In numbers, this translates into 370,000 IDPs, 400,000 people living in host communities and 170,000 returnees<sup>27</sup> in need of WASH services in the most severely-affected LGAs.

The situation is similar in Yobe State, where 20 per cent of IDPs, 28 per cent of returnees and 24 per cent of people living in host communities do not have enough water to meet their needs. Furthermore, 29 per cent of health facilities and 29 per cent of schools do not have access to improved water sources<sup>28</sup>. This leaves 80,000 people in eight conflict-affected LGAs in need of emergency WASH services.

Meanwhile, in Adamawa State, the sector estimates that 48 per cent of the population

(IDPs, host communities and returnees), or 480,000 individuals in 11 conflict-affected LGAs, resort to non-improved water sources for their consumption<sup>29</sup>, and are in need of emergency WASH services.

Response plan

In line with the sector's strategic objectives, partners will focus on implementing 12 priority activities:

- Provision of immediate life-saving WASH facilities and services: WASH partners will work through the RRM to provide an array of quick-impact services and supplies to people affected by disease outbreaks, natural disaster or medium to large-scale population movements (both IDPs and returnees) in areas where partners are not present or where the needs exceed existing capacities. Partners will use RRM-dedicated or flexible funds to deliver RRM response, which may include distribution of WASH core items (jerry cans, multi-purpose soap bars, reusable menstrual pads and water purification tablets), quick-impact emergency water provision via water trucking or household-level water treatment, construction or rehabilitation of emergency latrines and showers and other sanitation interventions (disinfection spraying in case of outbreak, etc.), and emergency hygiene promotion.
- Provision of safe water through new

BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	BY POPULATION CATEGORY (IN MILLION)				BY SEX AND AGE		
	TOTAL SECTOR	REMAINING PEOPLE IN NEED	INTERNALLY DISPLACED	RETURNEES	% FEMALE % MALE	% CHILDREN, ADULT, ELDERLY	
People in need	2.9	1.0	0.9	1.0	55% 45%	57%	37% 6%
People targeted	2.1	0.6	0.9	0.6	55% 45%	57%	37% 6%
Financial requirements	48.7 million				Children (<18 years) Adult (18-59 years) Elderly (>59 years)		

construction and rehabilitation of water systems: following the initial emergency response, WASH partners will work to consolidate and expand coverage to meet Nigeria's WASH sector emergency technical guidelines, including the standard of providing each individual with at least 15 litres of water per day. This activity will be carried out in formal and informal settlements of IDPs, communities hosting IDPs and areas of return.

- Provision of safe water and sanitation in institutions (health and nutrition centres, schools), through new construction and rehabilitation of infrastructure: WASH interventions provided at the communal level in IDP settlements, host communities and areas of return will foster an integrated response with health, nutrition, education and early recovery sectors. WASH facilities and services will be provided in full compliance with the Nigeria Emergency WASH package in institutions, with priority given to needs in health and nutrition centres as well as schools.
- Provision of WASH non-food items (NFIs) for malnourished children admitted for SAM treatment, and their parents or caregivers: alongside the provision of WASH facilities in health and nutrition centres, a tailored WASH kit including soap, water purification tablets and water containers will be provided along with hygiene messages to admitted children and their caregivers. This approach also incentivises more caregivers to bring their malnourished children for treatment.
- Provision of gender-segregated sanitation facilities (latrines, showers, hand washing stations) in formal and informal IDP settlements: WASH partners will consolidate and expand coverage to reach the sector's standard of a maximum of 50 people per latrine and 100 people per shower. In full compliance with the Nigeria WASH sector's emergency technical guidelines, latrines and shower blocks will be physically separated and visually demarcated by sex, in Hausa and Kanuri languages, with a 1:3-ratio for men to women. Each block of latrines and showers will have one compartment built for easy access and use by disabled and elderly people. Additionally, locks will be installed on the inside of the latrines to ensure users' security and privacy.
- Provision of household latrines in host communities, return areas and long-term established IDPs communities: WASH partners will support affected families to build their own household latrines, providing precast slabs and superstructure materials (wood and plastic sheeting) while households will be expected to contribute labour and local materials.
- Maintenance of provided WASH facilities: WASH partners will collaborate with affected communities and, where necessary, trained labourers, technicians and contractors, to ensure the functioning and maintenance of installed or rehabilitated water systems (boreholes, pumps, solar panels, overhead tanks, taps, chlorination, etc.) as well as sanitation and hygiene facilities (through latrine desludging, fixing latrine doors/locks, and regular restocking of hand washing stations). Incentive payments will be used not only to ensure efficiency, but also to support livelihoods as IDPs often lack access to remunerating activities.
- Sanitation services in formal and informal IDPs settlements: WASH partners will mobilise IDP community labourers and committees and provide cleaning/waste management kits to ensure garbage collection and disposal in camps or settlements. An important component of this activity includes the safe disposal and treatment (burial, incineration) of removed waste which requires the involvement of NEMA/SEMAs, camp management actors and State Environmental Protection Agencies. Incentive payments will be used not only to ensure efficiency, but also to support livelihoods for IDPs.
- Promotion of tailored hygiene messages to strengthen hygienic behaviour and practices: based on health sector epidemiological data, WASH partners will deliver targeted hygiene messages through a variety of mechanisms including focus group discussions, door-to-door visits, speaker campaigns, radio messaging, jingles, panel discussions, theatre, shows, distribution of leaflets and posters.
- Provision of basic hygiene items, including top-ups: affected people will receive basic hygiene kits, which include water fetching and storage containers, kettles, a child potty with lid, soap for bathing and laundry, reusable sanitary pads, female undergarments, clothespins and a rope. Replenishment items will also be provided after initial distributions, based on partners assessments and monitoring.
- Capacity-building among sector partners: as per the recommendations of the sector after-action review (AAR), the capacity of WASH sector stakeholders will be strengthened, especially in the area of coordination, harmonised planning and preparedness, response and monitoring, as well as in more technical topics such as hygiene promotion, solar power schemes, economic viability, and protection mainstreaming. To implement these activities, the sector will seek support from the global WASH cluster, the Regional WASH Group for West and Central Africa and key individual agencies' resources as well as expertise available in-country and at the global level.
- Strengthening and expanding coordination and partnerships: WASH sector partners will build on existing coordination structures and capacities to further expand presence, particularly into hard-to-reach areas. In Borno State, the decentralised WASH coordination mechanisms in Dikwa, Monguno, Ngala and Damboa and multi-sectorial coordination mechanisms (with WASH participation) in Maiduguri, Rann and Gwoza, will be supplemented by additional capacity in Bama, Banki, Damasak and Konduga. Existing WASH sector groups in Adamawa (including the Mubi Local Area WASH

Group) and Yobe states will be strengthened through more frequent coaching and field support from Maiduguri and Abuja-based coordination teams. The Abuja-based WASH in Emergencies Working Group will continue to provide technical support to the north-east WASH sector and ensure representation and liaison at federal level with technical line ministries and other relevant stakeholders.

### Protection

All sector objectives and activities will be implemented using steps and approaches that enable the protection, safety and dignity of the affected and targeted people. WASH sector partners will implement the global WASH cluster's five minimum commitments, namely:

- Consult separately girls, boys, women and men, including the elderly and those with disabilities, to ensure that WASH programmes are designed to provide equitable access to services and reduce incidences of violence;
- Ensure that girls, boys, women and men, including the elderly and those with disabilities have access to appropriate and safe WASH services;
- Ensure that girls, boys, women and men, including the elderly and those with disabilities, have access to feedback and complaints mechanisms so that corrective actions can address their specific protection and assistance needs;
- Monitor and evaluate safe and equitable access and use of services in WASH projects;
- Give priority to girls (particularly adolescents) and women's participation in the consultation process.

These commitments, which reinforce the accountability of the WASH sector to affected people, aim to ensure that WASH partners take into consideration key issues such as gender, gender-based violence, child protection, disability and age.

Specifically, the sector remains committed to addressing the fact that, in many areas, women and girls do not feel safe using latrines and bathing facilities at night. The activities outlined in this plan have been designed to address this fear. Additional coordination with the DMS (CCCM), Protection and GBV Protection sectors is required to better analyse and respond to this problem.

### The humanitarian-development nexus

The WASH sector response plan primarily addresses life-saving needs, and aims to bring response coverage to a level that reaches technical humanitarian standards, including in geographic areas that are not conducive to the implementation of recovery and development interventions.

Coordination with recovery and development actors will therefore be focused on transitional areas, primarily in Yobe and Adamawa states, where WASH responses will be designed to support longer-term recovery and development strategies. This will include WASH interventions in institutions such as schools, and health and nutrition centres.

The WASH sector's reporting tools will be adapted to ensure coherence and accountability on these above-listed approaches and priorities.

## ORGANISATIONS TARGETED


**91**

## REQUIREMENTS (US\$)


**33.5M**

## # OF PARTNERS IN HRP


**1**

## LOGISTICS OBJECTIVE 1

**1** Support an effective humanitarian logistics response.

RELATES TO SO1, SO2 AND SO3

## LOGISTICS OBJECTIVE 2

**2** Support the delivery of relief assistance by augmenting humanitarian actors' logistics capacity.

RELATES TO SO1, SO2 AND SO3

## LOGISTICS OBJECTIVE 3

**3** Strengthen the humanitarian community's ability to save lives and address needs through timely and reliable logistics services.

RELATES TO SO1, SO2 AND SO3

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## LOGISTICS



## Summary of Needs

The response in north-east Nigeria is marked by access challenges that undermine the safe and predictable movement of personnel and relief materials. These include a volatile security situation, limited road access during the rainy season and poor road infrastructure. In addition, the recent scale-up of the response and the growing number of aid workers in the region have resulted in a need for enhanced coordination and information sharing, as well as improved use of available resources, to support the Government of Nigeria and humanitarian agencies working in the response.

Key logistics needs identified in 2017<sup>30</sup> include:

- Enhanced need for coordination with the military, particularly for information-sharing on security and coordination of escort arrangements for trucks carrying relief items to field locations;
- Enhanced need of storage capacity in field locations, in addition to the ones initially identified, for temporary storage for humanitarian cargo;
- Need for information on physical access, including planning for the impact of the rainy season on the humanitarian response;
- Need for capacity-building for national logistics humanitarian aid workers;
- Need for enhanced engagement and cooperation with local bodies (SEMA, Ministry of Works and Transport, National Union of Road Transport, etc.).

Humanitarian organisations also require ongoing humanitarian air services for both passenger and cargo movements to ensure continuous access to beneficiaries and project implementation sites. Identified gaps in this regard include:

- Lack of sufficient local services to maintain the link between the capital city, Abuja, and destinations in north-east Nigeria where the response is taking place;

- Lack of access to remote areas: due to road insecurity, long waiting times at checkpoints and threats of hostilities or attack, most response areas cannot be reached by road; where there are no landing strips for airplanes, the only option to access the sites is by helicopter;
- Lack of local capacity for medical and security evacuations of humanitarian staff.

The challenging security situation exposes humanitarian workers to threats when accessing affected people. The UN Humanitarian Air Service (UNHAS) operation was established to facilitate the access of humanitarian personnel and support the delivery of urgently required cargo in hard-to-reach areas. The humanitarian community relies extensively on air operations to deliver their programmes, conduct assessment or monitoring missions and transport light cargo to hard-to-reach areas. The need for air services has increased in 2017 in line with the expansion of humanitarian activities in north-east Nigeria, including an increase of human resources on the ground. Taking into consideration that 80 per cent of Borno State is considered high or very high risk for humanitarian actors, UNHAS has gained an ever important role in the transportation of aid workers and life-saving relief items.

## Response plan

In 2018, the Logistics sector will continue to support the Government and the humanitarian community to facilitate, coordinate, and ensure effective and efficient delivery of life-saving humanitarian relief to affected people in north-east Nigeria.

Activities performed by the Logistics sector to address the needs outlined above include:

- Coordination to minimise duplication of efforts: coordination meetings to maintain an open forum for discussing and addressing humanitarian logistics issues as they arise, to promote joint planning, and to improve logistics gap analysis. Bilateral meetings are being held with key actors in Government

and humanitarian organisations to advocate on logistics issues. The sector also supports the activities of the Access Working Group and the Civil Military Coordination Working Group. The latter includes the consolidation of cargo movement notifications and coordination with the military for escort requirements of inter-agency convoys on behalf of the entire humanitarian community.

- Liaison with national counterparts: in order to improve preparedness and contingency plans ahead of the rainy season, the sector consults with the Ministry of Works and Transport on planned infrastructure repairs on key access routes in Borno State, and with the National Union of Road Transport to facilitate the required truck recovery service on the eastern convoy routes. It also liaises with SEMA for the use of specialised trucks in areas where no other means of transport are adequate.
- Storage solutions to augment and supplement existing capacities: three shared storage facilities in Maiduguri, Monguno and Banki are already established and four more will be set up in Ngala, Dikwa, Damasak and Bama, all managed by NGO implementing partners. All locations were identified by the humanitarian community. New storage space may be required in additional locations, depending on the needs of partners. Storage facilities ensure the timely dispatch of relief items and sufficient storage space for humanitarian cargo that cannot otherwise be accommodated in government or agency-specific stores. These facilities in field locations will also enable the prepositioning of relief items during the rainy season. The sector is procuring additional storage equipment for rapid deployment in new areas as required.
- Logistics information management and mapping to support operations and decision-making: dissemination of relevant and up-to-date logistics information about the

operating environment in the form of assessment reports, operational updates, meeting minutes, lessons learnt (e.g., rainy season), survey results and maps.

- Logistics-related trainings to strengthen local capacity in Maiduguri and Abuja on warehouse management, relief item tracking, mobile storage set-up, GPS usage and customs. The sector will also engage transporters to sensitise them on zero tolerance for sexual exploitation and abuse and the humanitarian principles.

In 2018, UNHAS will continue to operate one fixed-wing aircraft with its operational base in Abuja, conducting regular scheduled flights to the north-east cities of Maiduguri and Yola. The helicopter operation out of Maiduguri constitutes a critical component of the access strategy in north-east Nigeria as some towns outside of Maiduguri cannot be accessed by road or can only be accessed by road with armed escorts, given the volatile security situation. The presence of helicopters is vital to effectively access areas which are hard to reach and enable partners to implement and monitor their projects, conduct assessment missions, support vaccination activities and assist with the distribution of essential and life-saving aid.

Being service-based, the sector will continue to support needs and fill gaps identified by the humanitarian community and the Government of Nigeria. Any activity implemented will be designed in close collaboration with humanitarian partners, and in coordination with the Ministry of Interior, the Logistics sector lead.

Throughout 2018, the sector will continue to maintain a response capacity and attention on minimum preparedness actions. Engagement with the Government's federal and state emergency management offices will be undertaken to ensure augmented logistics capacities remain available or readily deployable to meet future needs.



## PEOPLE IN NEED



## PEOPLE TARGETED



## REQUIREMENTS (US\$)



## # OF PARTNERS IN HRP



## EARLY RECOVERY OBJECTIVE 1

**1** Promote the integration of the early recovery approach across all activated sectors and among humanitarian and development actors to move towards early recovery and self-sustaining development.

RELATES TO SO1

## EARLY RECOVERY OBJECTIVE 2

**2** Strengthen local capacity for recovery and stabilisation during the humanitarian response, and emphasise the importance of building national capacities and skills at all levels to strengthen the resilience of individuals and communities against future shocks.

RELATES TO SO2

## EARLY RECOVERY OBJECTIVE 3

**3** Reduce the dependence of the affected people on humanitarian relief and, where possible, take steps towards addressing some of the root causes of the crisis through the promotion of durable solutions.

RELATES TO SO1 AND SO3

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## EARLY RECOVERY AND LIVELIHOODS



## Summary of needs

The crisis in north-east Nigeria has severely impacted access to basic and social services and livelihoods, including trading and tannery activities. There are currently an estimated 5.7 million people<sup>31</sup> in urgent need of early recovery and livelihoods assistance in 2018. Across the three most affected states, more than 650 public buildings, 1,200 schools, 800 health facilities, 1,600 water supply sources, 16 parks and other recreational facilities have been destroyed. In addition, 300 km of power distribution cables and 19 power sub-stations were destroyed in Borno State<sup>32</sup>. Considerable efforts by the Nigerian Government, humanitarian and development actors have yet to close the huge remaining gaps in humanitarian and recovery needs.

For many households, the conflict and subsequent displacement have led to a loss of housing, livelihoods, productive assets, and access to markets. About 86 per cent of households spend more than they earn, and 30 per cent are economically inactive .

Daily waste generation in Maiduguri has increased from an estimated 390 to 570 tons per day – a 45 per cent increase compared to pre-conflict levels<sup>33</sup>. Open dumping and poor waste management practices increase the risk of flooding in low-lying areas, whereas poor sanitation and drainage intensify the incidence of water-borne diseases such as cholera and typhoid fever<sup>34</sup>.

## Response plan

In 2018, the Early Recovery and Livelihoods

(ER & L) sector will pursue the sector's three strategic objectives by coordinated and synergised interventions in the following priority areas:

*Restore access to livelihoods through emergency employment, economic recovery and other durable solutions through:*

- Support for economic recovery and sustainable livelihoods using cash transfers for micro-enterprise recovery and other income-generating activities targeting particularly women and youths (small grants or loans to revive and support local markets);
- Provision of emergency employment opportunities from the rehabilitation of community infrastructure;
- Support for the restoration of markets and cross-border trade through sustainable and viable value chains;
- Debris and rubble removal, solid waste management in partnership with affected populations and relevant Government authorities.

*Restore access to basic services at community level through infrastructure rehabilitation and citizen engagement through:*

- Construction or rehabilitation of permanent houses, integrated with emergency employment for crisis-affected women, youth and men;
- Construction or rehabilitation of health and education facilities, integrated with

## BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY POPULATION CATEGORY, SEX AND AGE

	BY POPULATION CATEGORY (IN MILLION)				BY SEX AND AGE		
	TOTAL SECTOR	REMAINING PEOPLE IN NEED	INTERNALLY DISPLACED	RETURNEES	% FEMALE % MALE	% CHILDREN, ADULT, ELDERLY	
People in need	5.5	2.6	1.6	1.3	53% 47%	59% 36% 5%	
People targeted	2.7	1.3	0.8	0.6	53% 47%	59% 36% 5%	
Financial requirements	30.7 million				Children (<18 years) Adult (18-59 years) Elderly (>59 years)		

emergency employment;

- Construction or rehabilitation of water facilities;
- Delivery of quality, gender-sensitive basic services;
- Capacity-development for Government at all levels.

*Support a localised humanitarian response, and enhance national and local capacity on disaster preparedness to better predict and respond to future crises through:*

- Capacity-building on disaster risk reduction and planning for state- and LGA-level authorities, community-based organisations and civil society organisations, including women's groups;
- Support "building back better" efforts by the Government at all levels through community participation and inclusion;
- Delivery of quality, gender-sensitive basic services;
- Capacity-development for Government at all levels.

The sector anticipates that these interventions will provide an enabling environment for the protection of returnees and crisis-affected host communities in addition to facilitating humanitarian access, paving the way for medium- to longer-term recovery and development response. Capacity-development activities will prioritise local and state Government officials and institutions (usually humanitarian first responders) and support their efforts to scale up and sustain principled recovery efforts that do no harm to IDPs and returnees. Livelihoods activities will target the most vulnerable and food-insecure groups: mainly female-headed households including widows, gender-based violence survivors, unemployed youths, and people living with disabilities sustained by conflict-related violence. Interventions aimed at livelihoods restoration by all sector partners will be designed to strengthen community resilience and decrease the dependence on humanitarian aid of the targeted people.

Geographical prioritisation will be informed both by need as well as partners' current capacity, availability of local support and operational resources. The sector has about 30 active partners including UN Agencies, INGOs and NNGOs. Partners' operations currently target an estimated 2.8 million<sup>35</sup> people in the three affected states. Sector partners will carry out periodic analyses of access and capacity to identify potential gaps in interventions and respond accordingly with appropriate contingency planning. The sector prioritises accountability to the affected people as a core principle in the design and implementation of interventions in all target locations and by all partners.

### Protection

Early recovery partners will integrate protection principles

within their activities, ensuring safety, dignity and meaningful access for affected people, while promoting participation at all levels to enable community-based decision-making. This will not only ensure meaningful inclusion and ownership in the recovery process, but also contribute to addressing the structural root causes of conflict. Cash-based programming will take into account inherent protection risks and use appropriate risk mitigation measures. Livelihood activities will build upon a foundation of understanding of local realities and alternatives, with consideration for security risks such as exposure to attacks, explosive remnants of war and communal clashes between farmers and pastoralists.

Religious and traditional leaders and community members will be involved at all levels of decision-making for programming and feedback, and accountability mechanisms will be integrated into sector activities.

### The humanitarian-development nexus

The sector will support the mainstreaming of the early recovery approach across all other sectors by advocating, promoting and supporting interventions that underscore the principles of the New Way of Working and the humanitarian-development nexus. The sector coordinators will endeavour to support other sectors in determining collective outcomes that promote participatory practices and synergies between different actors.

Within the framework of durable solutions for sustainable return, reintegration and resettlement, the Early Recovery and Livelihoods sector will also ensure coherence and synergies between short-, medium- and long-term interventions taking place in humanitarian, recovery and development settings. A multi-sectorial and resilience-based approach that emphasises the centrality of protection will be essential to addressing key areas such as security, vulnerability, access to basic services, gender equality, livelihoods, economic security and social cohesion.

Areas of engagement in the medium and longer term include:

- Enabling policy development to boost economic growth and engagement of private sector actors;
- Re-establishing regional and local markets to increase cross-border trade;
- Developing, strengthening and diversifying skills for job creation and employment.

Under the leadership of the UN Resident and Humanitarian Coordinator, this will include promoting and strengthening vertical and horizontal linkages between the federal Government and states, and between states and the LGAs to ensure that international assistance – whether short-term (humanitarian relief) or longer-term (development aid) – contributes to sustainable, coherent and nationally-owned capacities and structures.



## PEOPLE IN NEED



## PEOPLE TARGETED



## REQUIREMENTS (US\$)



## # OF PARTNERS IN HRP



## DMS (CCCM) OBJECTIVE 1

**1** Continue tracking and monitoring displacement and mobility, with sex and age disaggregated data and information on needs and gaps for a comprehensive follow-up on displaced populations to inform interventions across sectors.

RELATES TO SO1, SO2 AND SO3

## DMS (CCCM) OBJECTIVE 2

**2** Enhanced displacement management to ensure that minimum standards are upheld and pathways reinforced for direct assistance, through capacity-building, community participation, on-site or mobile facilitation and camp management support and case-by-case analysis.

RELATES TO SO1 AND SO2

## DMS OBJECTIVE 3

**3** Support the maintenance, upgrade, care and decongestion of sites through site planning, and improvements when required as well as coordinated assistance.

RELATES TO SO1, SO2 AND SO3

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## DISPLACEMENT MANAGEMENT SYSTEMS (CCCM)

### Summary of Needs

The overwhelming majority of IDPs (92 per cent) related to the crisis in north-east Nigeria are located in the three states of Borno, Adamawa and Yobe. Borno State hosts by far the highest number of IDPs (1.3 million), while Adamawa and Yobe states host 140,000 and 110,000 individuals respectively. People with specific needs include women and children (who make up 79 per cent of the IDP population, with 28 per cent of the population being children under five) and elderly people. About 1.1 million displaced people are in 1,933 host community locations, with the majority living in host families, while more than 660,000 people live in the nearly 240 camps and camp-like settlements.

The majority of camps and camp-like settings (such as government land or public buildings, including schools) report high levels of congestion, with an available area available per individual of 10 to 18 m<sup>2</sup> (half of the prescribed Sphere standards). The level of congestion has increased the population's vulnerability to disease outbreaks and epidemics, including cholera and hepatitis E.

Fewer than 10 per cent of the sites currently have recreational spaces for children. The lack of gender separation of bathing areas also remains a concern in 69 per cent of the IDP sites, and locks for toilets are missing in 53 per cent of the sites. Only 18 per cent of the IDP sites reported functioning lighting in toilets or bathing areas, further increasing protection risks. About 85 per cent of camps report concerns regarding access to information,

citing a particular need for information on distribution of assistance.

Access to land remains a critical issue, as authorities are unable to allocate sufficient land for IDP settlements. Flooding remains a risk for the majority of IDPs in camps including 35 sites considered at very high risk, 12 at medium risk, and another 12 at a lower risk. Over 43 per cent of the people living in camps and camp-like settlements are living in self-made shelters and a congested environment, without proper drainage systems.

While camp management structures were established in most of the sites, through camp committees and governance systems, critical gaps exist in human resources. Only 42 per cent of the assessed settlements (109 sites) currently receive site facilitation and management support from a humanitarian organisation. Authorities have enhanced camp management by appointing dedicated camp managers, but this has only been implemented in fewer than 15 per cent of the sites, with particularly limited capacities in hard-to-reach areas due to the large number of IDPs and continuous new arrivals.

Continuous flows of new arrivals coming from hard-to-reach areas, as well as movements within different displacement locations continued increasing during the second part of 2017, while absorption and reception capacities remained limited. As of the end of 2017, plans were underway to establish reception centres in five out of ten key receiving locations to strengthen reception capacities. While registration was

### BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY POPULATION CATEGORY, SEX AND AGE

	BY POPULATION CATEGORY (IN MILLION)				BY SEX AND AGE		
	TOTAL SECTOR	REMAINING PEOPLE IN NEED	INTERNALLY DISPLACED	RETURNEES	% FEMALE % MALE	% CHILDREN, ADULT, ELDERLY	
People in need	1.0	-	1.0	-	61% 39%	68% 28% 4%	
People targeted	0.9	-	0.9	-	61% 39%	68% 28% 4%	
Financial requirements	18.5 million				Children (<18 years) Adult (18-59 years) Elderly (>59 years)		

considerably scaled up in 2017 with over 1.1 million individuals registered. The systematic registration of new arrivals needs to be sustained for adequate targeting in sites, immediate referral of needs at reception centres and a coordinated response.

### Response plan

In a volatile and complex environment, Camp Coordination and Camp Management (CCCM) is crucial to ensure that interventions are flexible, coherent, coordinated and comply with standards, while avoiding duplication and gaps. The CCCM sector estimates that 1.1 million IDPs will require targeted CCCM support and services in 2018. This includes both IDPs already living in sites, as well as projected displacements (new arrivals from hard-to-reach areas, returning IDPs, as well as refugees returning to Nigeria but remaining in a situation of secondary displacement rather than returning to their settlement of origin).

People with special needs including women and children who make up 79 per cent of the IDPs will be given particular priority. Interventions aimed at local integration and durable solutions, in particular in host communities, will be supported by responses from both the CCCM and Shelter and NFIs sectors (which are merged at field level).

In order to respond to the identified needs, the sector will focus on the following three pillars:

- Continuous tracking, registering and monitoring of displacement: for adequate referrals, in particular in sites and at the critical stage of reception, the sector will continue registering IDPs to enable targeted service provision in sites and reception centres and to inform the response based on population movements;
- Fostering site and reception management support through dedicated camp management and site facilitation, capacity-building and community participation: the sector will scale up site facilitation capacities for improved camp management, including sensitisation, feedback mechanisms, site management through the continuous deployment of staff, trainings for camp managers, IDPs and committees through on-the-job training approaches. CCCM trainings will continue to address gaps created by staff turnover and ensure a mentoring framework for improved response capacities. Within the site facilitation framework – in formal and informal sites – through mobile and on-site dedicated teams, the sector will increase information-sharing with IDPs and promote community-driven governance structures with all humanitarian partners. Referral pathways will be strengthened through adequate camp management approaches to address risks factors at site level. In addition, the sector will continue implementing its policies on reception standards in key

receiving areas through the establishment and maintenance of reception centres.

- Supporting site improvements through coordinated site planning, care and maintenance interventions, including drainage, suitability assessments, coordinated relocations and local integration strategies: to improve living conditions in camps and camp-like settlements, the sector will continue working with other sectors and partners on site suitability assessments, site planning for camp upgrading, and care and maintenance activities through the installation and improvement of key infrastructure in priority sites, such as drainage to mitigate life-threatening risks. The sector's interventions will continue to be informed by a comprehensive gap analysis on camp conditions and advocate for the decongestion of camps as well as improved access to humanitarian services and facilities. The sector will regularly assess the intentions of the IDPs regarding durable solutions as well as conditions in the return areas.

### Protection

The sector will continue to collaborate closely with the Protection sector and Child and GBV Protection sub-sectors to ensure a two-way communication with IDPs and identify and mitigate special needs.

Regarding safety and security in IDP sites, the sector will coordinate with Protection sector partners to ensure that mine action actors can carry out safety risk assessments. In close coordination with the GBV Protection sub-sector, CCCM partners will carry out inter-sectorial safety audits for GBV mainstreaming and protection measures, and ensure that a GBV lens is fully taken into account for site planning and set-up. To improve living conditions, the sector will reinforce a flexible and dynamic referral mechanism, as well as feedback and communication mechanisms, through camp management structures. This includes options for the referral of protection needs and access to services, to provide an appropriate response and specialised assistance to persons with specific needs.

### The humanitarian-development nexus

In order to strengthen the humanitarian-development nexus, the sector will work with partners to contribute to the identification and achievement of durable solutions in Nigeria, including through the development of camp closure guidelines (for example in situations where IDPs wish to integrate locally). The sector will also work to mainstream environmental concerns and support longer-term planning for settlements in north-east Nigeria.



## REQUIREMENTS (US\$)


**18.2M**

## # OF PARTNERS IN HRP


**3**

## COORDINATION OBJECTIVE 1

**1** Provide enhanced coordination services to ensure timely, effective and principled assistance and protection services to conflict-affected people in north-east Nigeria.

**RELATES TO SO1, SO2 AND SO3**

## COORDINATION OBJECTIVE 2

**2** Support inter-agency and multi-sectorial protection and assistance delivery in hard-to-reach conflict-affected areas by establishing and maintaining humanitarian hubs.

**RELATES TO SO1, SO2 AND SO3**

## COORDINATION OBJECTIVE 3

**3** Deliver critical security support services to facilitate the ongoing and scaled-up delivery of humanitarian assistance.

**RELATES TO SO1, SO2 AND SO3**

## COORDINATION

## Summary of needs

Since October 2016, following a joint meeting between the high-level Inter-Ministerial Task Force (IMTF) and representatives of humanitarian organisations, aid groups have significantly scaled up the response to address the basic needs of millions of conflict-affected people. Since the beginning of 2017, there were 31 INGOs, 33 NNGOs, nine UN agencies and 11 Government partners that provided humanitarian aid to 5.6 million people. This assistance also included early recovery and livelihood interventions aimed at strengthening resilience. The scale-up of humanitarian operations demands effective coordination to reduce duplication and ensure the effective delivery of life-saving services to the affected people.

Nigeria has a complex coordination structure, with federal-level mechanisms managing the national interface with the humanitarian community on all strategic issues. At the operational level, humanitarian actors interact with autonomous state structures with devolved functions, mechanisms and governance structures which do not necessarily mirror the national-level mechanisms. However, the mechanisms are closely inter-linked and constant engagement with Government officials both at federal and state level is crucial for the success of the humanitarian response.

Following the shift of the centre of operations from Abuja to Maiduguri in 2017 for international humanitarian actors and for sector co-leads, the coordination links between federal-level Government stakeholders especially sector coordinators and their international counterparts were weakened. The shift also reduced the attention that the international sector co-leads provided to the situation in Adamawa and Yobe, the two other states that constitute a big part of the humanitarian response. Based on the lessons learnt in 2017, the HCT will work to strengthen the relationship between the federal- and state-level mechanisms to ensure an effective response. This will be done by working closely with the IMTF under the leadership of the MoBNP.

In February 2017, at the Oslo Humanitarian Conference on Nigeria and the Lake Chad Region, the Nigeria Humanitarian Fund (NHF) was created to pool public and private donor contributions and enable the delivery of life-saving assistance to the most vulnerable people. Existing coordination mechanisms to promote humanitarian access and civil-military coordination (CMCoord) were strengthened, and partners' capacity on the use of cash as a modality for delivering assistance continued to increase. Essential humanitarian infrastructure has been put in place, with five operational humanitarian hubs completed in 2017 to enable humanitarian workers to access affected people in hard-to-reach and insecure areas.

The scale-up and resulting increase in assistance and protection to affected people has been achieved by working closely with the Government of Nigeria at all levels. The IMTF, led by the State MoBNP, NEMA and PCNI have been instrumental in ensuring this success.

## Response Plan

The coordination response will focus on addressing three priorities: strengthening coordination in the most acutely conflict-affected areas, the continued roll-out and establishment of humanitarian hubs in the field, and the provision of security services to all humanitarian workers as identified in the specific sector objectives.

Coordination mechanisms will also seek to strengthen intra- and inter-sector collaboration based on recommendations from various missions and Government feedback, through the review and/or establishment of light and fit-for-purpose coordination mechanisms. To provide flexible mechanisms for the ever-changing operational context, the rapid response and LGA-level coordination systems (LCGs) established in 2017 will further be strengthened in 2018. The Coordination sector will be managed under the leadership of the Humanitarian Coordinator based in Abuja and the Deputy Humanitarian Coordinator based in Maiduguri. At the federal level, the HCT and the ISWG will

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complement Government-led mechanisms such as the IMTF, NEMA, PCNI and the newly created North-east Development Commission (NEDC) when it becomes operational. In the north-east, the existing coordination mechanisms – including the Operational OHCT, the OISWG, and the CMCoord, Access, Cash, Humanitarian Communications and Community Engagement working groups – will work with all the relevant state-level Government coordination mechanisms to address inter-sectorial issues.

The framework for a coordinated response will include support to the humanitarian leadership, advocating for and creating an enabling environment for the provision of life-saving aid, especially in the most acutely conflict-affected LGAs. Coordination mechanisms will also be used to enhance situational awareness and ensure the centrality of protection while maintaining a strong focus on gender, community engagement and protection from SEA in all aspects of the response. A strong link will be maintained with the authorities to address the administrative bottlenecks that impact on the timeliness and quality of the response. Localisation will be promoted as a response strategy to enable strengthened Government leadership and stronger engagement of local NGOs as first responders. Coordination efforts will also promote emergency response preparedness across sectors, e.g., before the rainy season.

Existing CMCoord and humanitarian access structures will continue to promote sustained and unimpeded access to the affected people by the humanitarian community and vice-versa. Cross-border coordination and cooperation with the neighbouring countries of Cameroon, Niger and Chad will also be promoted to address, where required, the regional dimensions of the crisis.

Under the leadership of the Humanitarian Coordinator and building on the successes recorded in 2017, the NHF will be leveraged to provide flexible funding on prioritised areas of operation. Advocacy with the private sector for additional funding to humanitarian interventions will continue. In line with the Grand Bargain and New Way of Working commitments, the Coordination sector will promote the humanitarian-development nexus through active engagement with the Government of Nigeria and other development stakeholders.

The establishment of additional humanitarian hubs and maintenance of existing ones will continue as the best logistical enabler to allow aid workers – whether UN and NGOs – to be more effective in delivering assistance against a highly volatile security backdrop. The sector will also support humanitarian action by providing security advisory services.

## REQUIREMENTS (US\$)


**4.4M**

## # OF PARTNERS IN HRP


**1**

## ETS OBJECTIVE 1

**1** Support effective response through timely and reliable ETS services and information sharing.

RELATES TO SO1 AND SO2

## ETS OBJECTIVE 2

**2** Coordinate security telecommunications and ICT emergency response activities.

RELATES TO SO1 AND SO2

## ETS OBJECTIVE 3

**3** Provide reliable Internet for the humanitarian community in common operational areas.

RELATES TO SO1 AND SO2

## EMERGENCY TELECOMMUNICATIONS



## Summary of needs

Years of active conflict in north-east Nigeria have had a devastating impact on the Information and Communications Technology (ICT) infrastructure and services in Borno, Yobe and Adamawa states. During a 2016 UN multi-agency and multi-sector assessment mission, it was found that 50 per cent of the telecommunications infrastructures were damaged or destroyed during the ongoing conflict. Services from mobile network operators and local Internet service providers are either non-existent or highly unstable in deep field locations. This was identified as one of the major impediments to a smoother delivery of humanitarian assistance in this part of the country.

The Emergency Telecommunications Sector (ETS) was activated in November 2016 to address critical ICT needs. While fulfilling the identified gaps, the ETS continued to monitor the needs by carrying out in 2017 a needs assessment survey, a user satisfaction survey and regular field visits. Results of these assessments and continuous monitoring confirmed that critical security communications gaps – a lack of reliable Internet connectivity and secure communications – remain a major challenge for the aid workers operating in remote areas.

The ETS is required to support all operational humanitarian hubs, as well as those remaining to be established in Borno State, as well as in Adamawa and Yobe. Humanitarian hubs provide a common base of operations for humanitarian organisations present in selected areas with critical enablers, including security telecommunications systems (very high frequency systems – VHF – high frequency – HF – systems, and satellite phones) and internet connectivity, office space, accommodation, transportation and logistics support and storage space. Furthermore, the hubs provide a unified framework for coordinating the assistance in the critical sectors including CCCM, Nutrition, Health and Protection.

## Response plan

To support the establishment of critical ICT services in the operational areas and ensure

country compliance to the UN's Minimum Operational Security Standards, the ETS took appropriate steps to urgently address the humanitarian security telecommunications and Internet connectivity gaps and support the establishment of six operational areas in 2017.

The ETS interacted with its partners, including local ICT actors and various sectoral working groups, to ensure efficient coordination and response. Per its mandate, the ETS has been requested by the humanitarian community to continue the provision of secure radio telecommunications and Internet connectivity services in north-east Nigeria.

In 2018, the ETS plans to:

- Continue the provision of coordination and information management services: dedicated ETS staff will continue to provide coordination and information management services to ETS partners and other humanitarian organisations in order to identify operational common needs and coordinate a coherent response. Regular sector coordination meetings with humanitarian organisations and Government counterparts will take place in Abuja, Maiduguri, Yola and Damaturu as required. Relevant and updated ETS information products, including service maps, situation reports, meeting minutes will be produced, shared and published on the ETS Nigeria webpage.
- Continue the provision of ETS services (Internet connectivity, ICT helpdesk and security telecommunications) in all humanitarian hubs: ETS services will be maintained, supported and upgraded as required at the five humanitarian hubs in Borno State (Maiduguri, Gwoza, Bama, Ngala and Dikwa) and provided in four additional humanitarian hubs under construction (Banki, Monguno, Rann and Damasak) as part of the 2018 HRP. ETS services will also be provided to support the expansion of the Maiduguri base camp facilities and deployed in various additional locations as needed.
- Continue the provision of security telecommunications services in the states' capital cities: regarding the VHF digital

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mobile radio network and the common radio room, services will continue to be improved in Maiduguri, an upgrade will be performed in Damaturu, and services will be deployed in Yola. The common radio room is equipped with VHF base radios, HF base radios and satellite phones.

- Provide an autonomous hybrid power supply system for the ETS infrastructure specifically in all humanitarian hubs: to strengthen the existing power system deployed at the humanitarian hubs, the ETS will provide an autonomous hybrid power supply system for the ETS infrastructure specifically in order to ensure reliable and uninterrupted vital communications services at the hubs. The system will allow a combined or alternated use of generators, solar power, batteries and wind turbines if feasible. Ultimately, savings on fuel consumption will be noticeable and critical communications services will be available 24/7.
- Build local capacity: local partners (Government authorities, NNGOs, private sector, etc.) being the first responders, the ETS will develop their capacity to respond to future emergencies. This will be done by undertaking a number of activities, such as developing an ICT country profile and carrying out risk analyses relating to ICT, strengthening local coordination mechanisms and carrying out capacity-building exercises with local partners such as the 'ICT4Gov' training course meant to enhance ICT emergency preparedness and response skills of Government counterparts (such as NEMA, the SEMAs, the Ministry of Information and the Ministry of Communications and


Technology, and the Nigerian Economic Summit Group). Close coordination will also take place with Nigerian security actors. To ensure the long-term sustainability of the deployed infrastructure, the ETS will develop the capacity of local partners on the ground to deploy emergency telecommunications services in additional locations and maintain the equipment. The ETS will organise specialised technical trainings such as HF/VHF radio trainings, and work with global Emergency Telecommunications Cluster (ETC) partners to support the resilience-building of communications service providers such as mobile network operators, where appropriate.

- Assess “communications is aid” requirements: as the global ETC is moving towards the implementation of its new 2020 Strategy, which looks at providing emergency telecommunications services to affected communities, the ETS in Nigeria is planning to assess the needs of crisis-affected people and coordinate with the Community Engagement Working Group to determine if any requests would require ETS support.

While implementing its 2018 plan, the ETS will regularly evaluate requirements and monitor its activities by circulating needs assessments and user satisfaction surveys, by carrying out field visits, and by engaging closely with local ICT actors, the ISWG and the HCT.



# PART III: ANNEXES



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# GUIDE TO GIVING

## CONTRIBUTING TO THE HUMANITARIAN RESPONSE PLAN



To see the country's Humanitarian Needs Overview, Humanitarian Response Plan and monitoring reports, and donate directly to organisations participating to the plan, please visit:

[humanitarianresponse.info/operations/nigeria](https://humanitarianresponse.info/operations/nigeria)

## DONATING THROUGH THE CENTRAL EMERGENCY RESPONSE FUND



The Central Emergency Response Fund (CERF) provides rapid initial funding for life-saving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. The CERF receives contributions from various donors – mainly Governments, but also private companies, foundations, charities and individuals – which are combined into a single fund. This is used for crises anywhere in the world. Find out more about the CERF and how to donate by visiting the CERF website:

[unocha.org/cerf](https://unocha.org/cerf)

## DONATING THROUGH THE NIGERIA HUMANITARIAN FUND



The Nigerian Humanitarian Fund (NHF) is a country-based pooled fund (CBPF). CBPFs are multi-donor humanitarian financing instruments established by the Emergency Relief Coordinator and managed by OCHA at the country level under the leadership of the Humanitarian Coordinator. Find out more about the NHF by visiting:

[unocha.org/nhf](https://unocha.org/nhf)

For information on how to make a contribution, please contact:

[ocha-nhf@un.org](mailto:ocha-nhf@un.org)

## IN-KIND RELIEF AID



The United Nations urges donors to make cash rather than in-kind donations, for maximum speed and flexibility, and to ensure the aid materials that are most needed are the ones delivered. If you can make only in-kind contributions in response to disasters and emergencies, please contact:

[logik@un.org](mailto:logik@un.org)

## REGISTERING AND RECOGNISING YOUR CONTRIBUTIONS



The Financial Tracking Service (FTS) records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) to emergencies. Its purpose is to give credit and visibility to donors for their generosity, track the total amount of funding required and received and expose gaps in humanitarian plans. Please report yours to FTS, either by email to [fts@un.org](mailto:fts@un.org) or through the online contribution report form at [fts.unocha.org/content/report-contribution](https://fts.unocha.org/content/report-contribution).

## PARTICIPATING ORGANISATIONS AND FUNDING REQUIREMENTS

ORGANISATIONS	REQUIREMENTS (US\$)
Action Against Hunger	75,450,084
Action Health Incorporated	702,296
Adventist Development And Relief Agency	2,798,000
Agency for Technical Cooperation and Development	3,325,864
Care for Life	1,174,513
CARE International	9,250,000
Catholic Caritas Foundation of Nigeria	10,199,000
Catholic Relief Services	11,620,177
Centre for Community Health & Development International	2,350,509
Centre for Integrated Development and Research	1,500,000
Christian Aid	1,654,000
Civil Society Coalition for Poverty Eradication	1,309,262
Cooperazione Internazionale	7,701,020
Danish Refugee Council	4,633,942
Ekelisiyar Yanuwa A Nigeria	408,204
Food and Agriculture Organization	31,500,000
Goal Prime Organization Nigeria	392,500
Goodwill Community Development and Awareness	286,608
Green Concern For Development	715,000
Green White Green House International Initiative	168,539
Hope and Rural Aid Foundation	2,315,000
International Centre for Energy, Environment and Development	649,800
International Federation of Women Lawyers Nigeria	705,000
International Medical Corps UK	3,530,186
International Organization for Migration	60,156,573
International Rescue Committee	28,339,723
INTERSOS Humanitarian Aid	4,776,289
Kanem Borno Human Development Association	1,722,000
Majesty Community Rural Development Foundation	682,880

ORGANISATIONS	REQUIREMENTS (US\$)
Malteser International	1,285,500
Mine Action Group	555,182
Neem Foundation	1,040,000
Northern Nigeria Open Rights Initiative	1,594,737
Norwegian Refugee Council	13,428,286
Office for the Coordination of Humanitarian Affairs	8,404,997
OXFAM International	1,558,340
OXFAM Netherlands (NOVIB)	9,684,115
Plan International	8,581,881
Première Urgence Internationale	21,463,600
Restoration of Hope Initiative	282,300
Riplington Education Initiative	490,500
Save the Children International	28,560,695
Secours Islamique France	1,040,492
Solidarités International	2,444,500
Street Child	4,290,000
Terre des Hommes - Lausanne	4,820,000
The Alliance for International Medical Action	7,800,000
The Evangelical Alliance Relief Fund	1,619,642
UN Children's Emergency Fund	144,933,895
UN Department for Safety and Security	2,253,000
UN Development Programme	9,445,680
Office of the UN High Commissioner for Refugees	63,515,999
UN Mine Action Service	700,000
UN Population Fund	44,315,660
Women In New Nigeria and Youth Empowerment	312,446
World Food Programme	352,673,075
World Health Organization	34,503,896
ZOA International	6,153,200

## STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

### RESPONSE PLAN: STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

**Strategic Objective 1 (SO1):** Provide life-saving emergency assistance to the most vulnerable people in conflict-affected areas, ensuring that assistance is timely and appropriate and meets the relevant technical standards.

INDICATOR	BASELINE	IN NEED	TARGET
Number of people receiving food, cash transfers, and/or vouchers	2,400,000	3,700,000	3,700,000
Number of severely malnourished children with medical complications admitted for treatment	-	43,952	30,767
Number of people having adequate access to temporary safe water facilities and services	53,955	TBC	100,000
Number of eligible individuals biometrically registered	1,200,000	1,800,000	900,000

**Strategic Objective 2 (SO2):** Ensure that all assistance promotes the protection, safety and dignity of affected people, and is provided equitably to women, girls, men and boys.

INDICATOR	BASELINE	IN NEED	TARGET
Number of vulnerable persons screened, registered or monitored	434,101	678,283	530,900
Number of beneficiaries reached through provision of specialised and multi-sectorial services	272,906	1,072,927	547,193
Number of persons reached through sensitisation on GBV and SEA protection principles, prevention and reporting	514,998	2,924,946	1,035,231

**Strategic Objective 3 (SO3):** Foster resilience and early recovery, and strengthen the humanitarian-development nexus by working towards collective outcomes.

INDICATOR	BASELINE	IN NEED	TARGET
Number of children and adolescents suffering from grave child rights violations, including those formerly associated with armed groups or those returning from captivity, who benefited from socio-economic assistance to successfully reintegrate into their communities.	3,500	TBC	7,000
Number of health facilities providing an essential package of health services	539	1,077	753
Number of households receiving reinforced/ transitional shelter solutions	14,363	91,000	31,240

## FOOD SECURITY SECTOR: STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

**FOOD SECURITY SECTOR OBJECTIVE 1:** Provide emergency food assistance to meet the needs of the most vulnerable crisis-affected populations. **Relates to SO1**

INDICATOR	BASELINE	IN NEED	TARGET
Number of people receiving food, cash transfers, and/or vouchers	2,400,000	3,700,000	3,700,000

**FOOD SECURITY SECTOR OBJECTIVE 2:** Foster the resilience of crisis-affected communities through improved agricultural production, restoration and strengthening of productive assets, and supporting income generating activities. **Relates to SO2**

INDICATOR	IN NEED	BASELINE	TARGET
Number of beneficiaries receiving in-kind and/or cash-based agricultural and livelihood inputs	1,764,063	2,800,000	2,299,465
Number of beneficiaries supported through asset-based activities to recover, restore, and protect livelihoods	118,027	2,800,000	373,663
Number of beneficiaries trained to improve productivity of households, including through extension, entrepreneurship, capacity-building, agricultural best practices, value addition and processing and technology transfer	203,758	2,800,000	201,203

**FOOD SECURITY SECTOR OBJECTIVE 3:** Strengthen coordination with food security sector partners and stakeholders and sectoral working groups engaged in the response. **Relates to SO3**

INDICATOR	BASELINE	IN NEED	TARGET
Completing of Annual Country Cluster (Sector) Performance Monitoring Assessment and development of action plan	63%	100	85%
Number of Food Security sector information products produced regularly	42	50	50
Number of joint products developed with the Nutrition sector	2	4	4
Number of local partners who have received funding to implement projects	4	10	10

## PROTECTION SECTOR: STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

**PROTECTION SECTOR OBJECTIVE 1:** Targeted protection services are provided to vulnerable individuals and communities with critical protection needs. **Relates to SO1 and SO2**

INDICATOR	BASELINE	IN NEED	TARGET
Number of vulnerable individuals referred for specialised services	25,813	45,172	32,266
Number of vulnerable persons provided with protection-based material assistance (solar lanterns, hygiene kits...)	276,106	345,133	128,000

**PROTECTION SECTOR OBJECTIVE 2:** Enhance the protection of people in need through livelihoods, recovery and social cohesion initiatives; promote a rights-based approach to durable solutions and strengthen access to justice. **Relates to SO2 and SO3**

INDICATOR	BASELINE	IN NEED	TARGET
Number of persons provided with legal aid and services (including access to justice and housing, land and property assistance)	10,228	33,880	24,200
Number of persons provided with access to legal documentation	134,923	528,000	229,369
Number of vulnerable persons provided with livelihoods support	10,129	35,729	24,583

**PROTECTION SECTOR OBJECTIVE 3:** Protection issues are effectively addressed and protection is mainstreamed across all sectors, while respect for principled humanitarian action and space is enhanced through capacity-building and coordination, including with the military. **Relates to SO2**

INDICATOR	BASELINE	IN NEED	TARGET
Number of persons reached with protection messaging through sensitisations and community-based initiatives (including mine-risk education)	297,364	464,631	371,705
Number of vulnerable persons screened, registered or monitored	434,101	678,283	530,900

#### CHILD PROTECTION SUB-SECTOR: STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

**CHILD PROTECTION SUB-SECTOR OBJECTIVE 1:** Conflict-affected children, adolescents and caregivers receive quality protection services, including psycho-social care, life skills and livelihoods support to enhance their resilience to cope with the protracted crisis. **Relates to SO1 and SO3**

INDICATOR	BASELINE	IN NEED	TARGET
Number of children and adolescents benefiting from PSS services and life skills activities	450,000	785,000	540,000
Number of caregivers benefiting from PSS, life skills and/or livelihoods support.	7,000	664,000	230,000
Number of children, adolescents and caregivers benefiting from mine-risk education.	110,000	800,000	250,000

**CHILD PROTECTION SUB-SECTOR OBJECTIVE 2:** Children facing protection risks (violence, neglect, abuse and family separation) receive integrated case management and referral to specialised services. **Relates to SO1 and SO2**

INDICATOR	BASELINE	IN NEED	TARGET
Number of children facing protection risks (family separation, violence, neglect, abuse) who received integrated case management services.	12,000	34,000	15,000

**CHILD PROTECTION SUB-SECTOR OBJECTIVE 3:** Grave violations against children are monitored and reported; and children and adolescents who have suffered from such violations, including those formerly associated with armed groups or those returning from captivity, are supported to successfully reintegrate into their communities. **Relates to SO1, SO2 and SO3**

INDICATOR	BASELINE	IN NEED	TARGET
Number of children and adolescents suffering from grave child rights violations, including those formerly associated with armed groups or returning from captivity, who benefited from socio-economic assistance to successfully reintegrate into their communities.	3,500	TBC	7,000

#### GENDER-BASED VIOLENCE SUB-SECTOR: STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

**GENDER-BASED VIOLENCE SUB-SECTOR OBJECTIVE 1:** Increase the geographical reach and quality of life-saving gender-based violence response services. **Relates to SO1 and SO2**

INDICATOR	BASELINE	IN NEED	TARGET
Number of locations having specialised GBV response services for survivors (at least one facility)	97	TBC	160

INDICATOR	BASELINE	IN NEED	TARGET
Number of beneficiaries reached through provision of specialised and multi-sectorial services	272,906	1,072,927	547,193
Number of beneficiaries reached with critical material support (dignity and hygiene kits)	17,334	68,627	35,000

**GENDER-BASED VIOLENCE SUB-SECTOR OBJECTIVE 2:** Enhance strategies that empower women and girls, promote resilience, risk mitigation and prevention of GBV/SEA. **Relates to SO2 & SO3**

INDICATOR	BASELINE	IN NEED	TARGET
Number of persons benefiting from empowerment, skills-building and livelihoods programmes	14,422	49,019	25,000
Number of beneficiaries accessing women-, and girls-, and youth-friendly spaces within the communities	-	19,607	10,000
Number of persons reached through sensitisation on GBV and SEA protection principles, prevention and reporting	514,998	2,924,946	1,035,231

**GENDER-BASED VIOLENCE SUB-SECTOR OBJECTIVE 3:** Strengthen GBV response and prevention through capacity-building, mainstreaming, advocacy and coordination. **Relates to SO1, SO2 and SO3**

INDICATOR	BASELINE	IN NEED	TARGET
Number of persons (specialists and non-specialists) benefitting from training/capacity-building initiatives	-	15,000	1,500

## HEALTH SECTOR: STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

**HEALTH SECTOR OBJECTIVE 1:** To provide life-saving and life-sustaining humanitarian health assistance to affected people. **Relates to SO1, SO2 and SO3**

INDICATOR	BASELINE	IN NEED	TARGET
Number of persons benefitting from out-patient consultations in health facilities supported by health partners	4,600,000	3,900,000	3,600,000
Number of persons reached through mobile medical activities	1,800,000	1,500,000	1,500,000
Percentage of deliveries attended by a skilled birth attendant	-	80%	60%
Number of children vaccinated against measles	-	2,892,925	2,892,925

**HEALTH SECTOR OBJECTIVE 2:** To expand and strengthen the communicable disease surveillance for prevention/mitigation and control of epidemic outbreaks. **Relates to SO1 and SO2**

INDICATOR	BASELINE	IN NEED	TARGET
Percentage of outbreak alerts investigated within 48 hours	68%	90%	90%
Percentage of health facilities supported by sector partners submitting weekly surveillance reports on time	76%	100%	80%
Number of health facilities providing an essential package of health services	539	1,077	753

**HEALTH SECTOR OBJECTIVE 3:** To strengthen the Health sector's coordination and information systems to improve life-saving health response for people in need, with an emphasis on enhancing protection and increasing access to health services. **Relates to SO1 and SO3**

INDICATOR	BASELINE	IN NEED	TARGET
Number of information products produced and distributed	144	44	55

INDICATOR	BASELINE	IN NEED	TARGET
Number of health facilities that are fully functional	1,077	92	70%

### NUTRITION SECTOR: STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

**NUTRITION SECTOR OBJECTIVE 1:** Strengthen in scale the availability of quality services managing acute malnutrition for children (boys and girls 6-59 months) and pregnant or breastfeeding women by increasing access to treatment. **Relates to SO1**

INDICATOR	BASELINE	IN NEED	TARGET
Number of severely malnourished children with medical complications admitted for treatment	-	43,952	30,767
Number of children with SAM admitted in outpatient treatment programme	-	395,571	276,899
Number of moderately malnourished children treated	-	502,528	251,293
Number of moderately malnourished pregnant or lactating women treated	-	230,238	115,130

**NUTRITION SECTOR OBJECTIVE 2:** Increase the capacity to identify malnourished children and provide them with treatment; promote services preventing under-nutrition while supplementing for micro-nutrient deficiencies. **Relates to SO1 and SO2**

INDICATOR	BASELINE	IN NEED	TARGET
Number of children reached with vitamin A supplementation	-	2,388,210	1,910,566
Number of children reached with micro-nutrient powder supplementation	-	597,341	418,141
Number of pregnant or breastfeeding women who have access to skilled and complementary breastfeeding support	-	1,061,426	743,006
Number of stabilisation centers established	33	65	46
Number of nutrition sites managing out-patient therapeutic programme	666	650	650
Number of children reached with blanket supplementary feeding programme	-	2,388,210	955,289

**NUTRITION SECTOR OBJECTIVE 3:** Enhance routine monitoring of the emergency nutrition situation through regular assessments and analysis of data, while strengthening coordination among the nutrition partners and other sectors. **Relates to SO3**

INDICATOR	BASELINE	IN NEED	TARGET
Number of rounds of nutrition and food security surveillance conducted and reports disseminated.	-	3	3
Number of quarterly Nutrition sector bulletins published.	-	4	4

### SHELTER AND NON-FOOD ITEMS SECTOR: STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

**SHELTER AND NON-FOOD ITEMS SECTOR OBJECTIVE 1:** Ensure sufficient, coordinated and adequate delivery of emergency shelter solutions to respond to the immediate shelter needs of the affected people. **Relates to SO1 and SO2**



INDICATOR	BASELINE	IN NEED	TARGET
Number of households provided with emergency shelters solutions and support	-	200,300	55,350

**SHELTER AND NON-FOOD ITEMS SECTOR OBJECTIVE 2:** Deliver reinforced/transitional shelters and repair assistance to respond to the specific shelter needs of the affected people. **Relates to SO1, SO2 and SO3**

INDICATOR	BASELINE	IN NEED	TARGET
Number of households receiving reinforced/ transitional shelter solutions	14,363	91,000	31,240
Number of conditional shelter cash assistance delivered to households in need	623	TBC	6,600
Number of households supported with housing repair and improvements interventions	837	81,880	14,250

**SHELTER AND NON-FOOD ITEMS SECTOR OBJECTIVE 3:** Deliver flexible, coordinated, adequate and harmonised NFI kits (including assessments, prepositioning, distributions and post-distribution monitoring) to the affected people. **Relates to SO1**

INDICATOR	BASELINE	IN NEED	TARGET
Number of households provided with NFI kits	72,842	200,000	106,500
Number of post-distribution monitoring reports	12	12	12

## EDUCATION SECTOR: STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

**EDUCATION SECTOR OBJECTIVE 1:** Increase education access to school-aged boys and girls through the provision of immediate protective, inclusive and learning environments offering quality education with a focus on areas recently retaken by the Government. **Relates to SO1 and SO2**

INDICATOR	BASELINE	IN NEED	TARGET
Number of children benefiting from learning spaces constructed/ rehabilitated	40,750	1,239,820	626,200
Percentage of schools or temporary learning spaces provided with WASH inputs	70%	100%	> 90%
Percentage of learners benefiting from school furniture	70%	100%	> 90%
Number of learners proved with scholastic materials	403,077	2,847,464	1,871,424
Number of back-to-school/enrolment campaigns implemented	1	1	1

**EDUCATION SECTOR OBJECTIVE 2:** Improve the ability of school-aged children, teachers and education personnel to cope with the psycho-social and environmental impact of the conflict and rebuild individual and communal psycho-social well-being. **Relates to SO2 and SO3**

INDICATOR	BASELINE	IN NEED	TARGET
Number of teachers and facilitators trained in psycho-social support skills, pedagogy, mine-risk education and community-based disaster risk reduction	12,097	71,187	59,998
Number of teachers/volunteers receiving training on early childhood care and development concepts	12,097	71,187	59,998
Number of teachers trained in life skills	12,097	71,187	59,998
Number of teachers trained in school GBV concepts and prevention	12,097	71,187	59,998

**EDUCATION SECTOR OBJECTIVE 3:** Support and enhance the community mechanisms for resilience in the restoration of basic education services which provide formal and alternative educational pathways for school-aged conflict-affected girls and boys. **Relates to SO1 and SO3**

INDICATOR	BASELINE	IN NEED	TARGET
Number of school-based management committee (SBMC) members trained in school management	6,052	421,539	212,908
Number of education stakeholders trained in community-based disaster risk reduction (C/DRR)	894	71,187	59,998
Number of School/TLSs with functional SBMCs	356	24,796	12,524
Number of adolescents (14-17 years) provided with vocational training (formal or non-formal)	403,077	2,847,464	1,871,424

#### WATER, SANITATION AND HYGIENE SECTOR: STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

**WATER, SANITATION AND HYGIENE SECTOR OBJECTIVE 1:** Affected people have safe and equitable access to a sufficient quantity of water for domestic needs, per sector's standards. **Relates to SO1 and SO3**

INDICATOR	BASELINE	IN NEED	TARGET
Number of people having adequate access to temporary safe water facilities and services	53,955	TBC	100,000
Number of people gaining access to adequate safe water facilities and services per sector's standards through new construction and rehabilitation of water systems	2,000,000	2,886,000	600,000
Number of people whose water systems functionality is supported by sustained operations and maintenance (boreholes, pumps, solar panels, overhead tanks, taps, chlorination including monitoring of free residual chlorine, etc)	2,000,000	2,886,000	2,000,000

**WATER, SANITATION AND HYGIENE SECTOR OBJECTIVE 2:** Affected people have access to improved sanitation facilities, per sector's standards. **Relates to SO1, SO2 and SO3**

INDICATOR	BASELINE	IN NEED	TARGET
Number of IDPs in camps gaining access to gender segregated sanitation facilities and services (latrines, showers, handwashing stations)	922,948	1,000,000	100,000
Number of people gaining access to household latrines	170,544	633,000	500,000
Number of people benefiting from sustained desludging and cleaning of their latrines	1,000,000	1,000,000	1,000,000
Number of people benefiting from sustained environmental sanitation services (solid waste management)	19,335	TBC	1,000,000

**WATER, SANITATION AND HYGIENE SECTOR OBJECTIVE 3:** Affected people benefit from community-tailored hygiene messages for improved hygiene practices and behaviours, per sector's standards. **Relates to SO1 and SO2**

INDICATOR	BASELINE	IN NEED	TARGET
Number of people benefiting from community-tailored hygiene messages for improve hygiene practices and behaviours	2,000,000	2,886,000	2,000,000

**WATER, SANITATION AND HYGIENE SECTOR OBJECTIVE 4:** Affected people benefit from basic hygiene items, including top-ups, per sector's standards. **Relates to SO1, SO2 and SO3**

INDICATOR	BASELINE	IN NEED	TARGET
Number of people benefiting from basic hygiene items including top-ups.	1,200,000	2,886,000	1,500,000
Number of children admitted for SAM treatment having received WASH NFIs	0	440,000	205,000

**WATER, SANITATION AND HYGIENE SECTOR OBJECTIVE 5:** Support institutions (such as health and nutrition centres, and schools) with adequate WASH and sanitation facilities. **Relates to SO1, SO2 and SO3**

INDICATOR	BASELINE	IN NEED	TARGET
Number of health and nutrition centers and schools provided with adequate safe water facilities and services	-	TBC	200
Number of health and nutrition centers and schools provided with adequate gender segregated sanitation facilities and services (latrines, showers, handwashing)	-	TBC	200

## LOGISTICS SECTOR: STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

**LOGISTICS SECTOR OBJECTIVE 1:** Support an effective humanitarian logistics response. **Relates to SO1, SO2 and SO3**

INDICATOR	BASELINE	IN NEED	TARGET
Number of organisations participating in the Logistics sector's coordination meetings	-	As needed	40
Number of information management products published, such as maps, sitreps, bulletins, snapshots, procedures, meeting minutes	-	As needed	60
Number of passengers transported by air	-	As needed	18,000
Number of destinations served by air transport	-	As needed	20
Metric tons/cubic meters of cargo transported by air	-	As needed	84
Number of agencies and organizations using humanitarian air services	-	As needed	70
Percentage response to medical and security evacuation by air	-	As needed	100
Percentage of air cargo movement requests served against requested	-	As needed	95

**LOGISTICS SECTOR OBJECTIVE 2:** Support the delivery of relief assistance by augmenting humanitarian actors' logistics capacity. **Relates to SO1, SO2 and SO3**

INDICATOR	BASELINE	IN NEED	TARGET
Number of storage and cargo consolidation facilities established	-	As needed	7
Number of logistics trainings organized	-	As needed	6
Number of humanitarian responders trained in logistics	-	As needed	120

**LOGISTICS SECTOR OBJECTIVE 3:** Strengthen the humanitarian community's ability to save lives and address needs through timely and reliable logistics services. **Relates to SO1, SO2 and SO3**

INDICATOR	BASELINE	IN NEED	TARGET
Number of organisations utilizing storage and cargo consolidation services	-	As needed	25
Percentage of the Logistics sector services user satisfaction rate	-	As needed	85

INDICATOR	BASELINE	IN NEED	TARGET
Number of organisations using the humanitarian cargo movement notifications consolidation and coordination service	-	As needed	20
Percentage of service requests for cargo handling fulfilled	-	As needed	85
Number of square metres managed	-	As needed	6,000

### EARLY RECOVERY AND LIVELIHOODS SECTOR: STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

**EARLY RECOVERY AND LIVELIHOODS SECTOR OBJECTIVE 1:** Promote the integration of the early recovery approach across all activated sectors and among humanitarian and development actors to move towards early recovery and self-sustaining development. **Relates to SO1**

INDICATOR	BASELINE	IN NEED	TARGET
Number of affected people with access to basic services and functional community infrastructure	-	1,700,000	146,720
Number of basic services or productive infrastructure constructed or rehabilitated and functional	-	4,250	184
Number of people in the surveyed areas which are identified as cancelled hazardous areas or suspected hazardous areas through a non-technical survey process.	-	261,699	65,000

**EARLY RECOVERY AND LIVELIHOODS SECTOR OBJECTIVE 2:** Strengthen local capacity for recovery and stabilisation during the humanitarian response, and emphasise the importance of building national capacities and skills at all levels to strengthen the resilience of individuals and communities against future shocks. **Relates to SO2**

INDICATOR	BASELINE	IN NEED	TARGET
Number of people in affected areas receiving and completing livelihoods skills training	-	1,700,000	102,600
Number of gender sensitive training sessions conducted in service delivery, budgeting and infrastructure management	-	1,344	25

**EARLY RECOVERY AND LIVELIHOODS SECTOR OBJECTIVE 3:** Reduce the dependence of the affected people on humanitarian relief and, where possible, take steps towards addressing some of the root causes of the crisis through the promotion of durable solutions. **Relates to SO1 and SO3**

INDICATOR	BASELINE	IN NEED	TARGET
Number of households provided with inputs and agricultural extension and production support	-	226,000	20,000
Number of households supported by business enterprise development activities	-	285,000	5,279
Number of persons employed in cash-for-work initiatives	-	1,003,000	1,120

### DISPLACEMENT MANAGEMENT SYSTEMS (CCCM) SECTOR: STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

**DISPLACEMENT MANAGEMENT SYSTEMS (CCCM) SECTOR OBJECTIVE 1:** Continue tracking and monitoring displacement and mobility, with sex and age disaggregated data and information on needs and gaps for a comprehensive follow-up on displaced populations to inform interventions across sectors. **Relates to SO1, SO2 SO3**

INDICATOR	BASELINE	IN NEED	TARGET
Number of displacement tracking reports published	20	8	8
Number of eligible individuals biometrically registered	1,200,000	1,800,000	900,000
Number of return assessments published	12	6	6

**DISPLACEMENT MANAGEMENT SYSTEMS (CCCM) SECTOR OBJECTIVE 2:** Enhanced displacement management to ensure that minimum standards are upheld and pathways reinforced for direct assistance, through capacity-building, community participation, on-site or mobile facilitation and camp management support and case-by-case analysis. **Relates to SO1 and SO2**

INDICATOR	BASELINE	IN NEED	TARGET
Number of sites with adequate camp management support and site facilitation.	-	251	130
Number of functional reception centers established/improved and managed	-	12	10
Number of individuals trained	600	10,000	3,000

**DISPLACEMENT MANAGEMENT SYSTEMS (CCCM) SECTOR OBJECTIVE 3:** Support the maintenance, upgrade, care and decongestion of sites through site planning, and improvements when required as well as coordinated assistance. **Relates to SO1, SO2 and SO3**

INDICATOR	BASELINE	IN NEED	TARGET
Number of sites assessment and layout mapping developed or renewed	45	50	50
Number of sites improved through care and maintenance interventions, including infrastructures	35	60	40

## COORDINATION SECTOR: STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

**COORDINATION SECTOR OBJECTIVE 1:** Provide enhanced coordination services to ensure timely, effective and principled assistance and protection services to conflict-affected people in north-east Nigeria. **Relates to SO1, SO2 and SO3**

INDICATOR	BASELINE	IN NEED	TARGET
Number of Regular HCT, OHCT, OISWG and NISWG meetings	75	72	72
Production of at least three OCHA information products monthly (e.g. humanitarian overview, humanitarian dashboard, 3Ws)	91	36	36
Number of Periodic Monitoring Report produced on a semi-annual basis, with HNO and HRP revision, when needed	2	2	2
Number of Contingency plan updated and implemented, reflecting minimum preparedness actions	1	1	1
Resources mobilised for the NHF (US\$)	43,000,000	100,000,000	100,000,000

**COORDINATION SECTOR OBJECTIVE 2:** Support inter-agency and multi-sectorial protection and assistance delivery in hard-to-reach conflict-affected areas by establishing and maintaining humanitarian hubs. **Relates to SO1, SO2 and SO3**

INDICATOR	BASELINE	IN NEED	TARGET
Number of humanitarian hubs established and functional	5	3 (in addition to 4 from 2017 carry-over)	3 (in addition to 4 from 2017 carry-over)

INDICATOR	BASELINE	IN NEED	TARGET
Deep field locations upgraded to accommodate humanitarian workers	-	11	11
Humanitarian hub utility count	16,000	36,000	36,000

**COORDINATION SECTOR OBJECTIVE 3:** Deliver critical security support services to facilitate the ongoing and scaled-up delivery of humanitarian assistance. **Relates to SO1, SO2 and SO3**

INDICATOR	BASELINE	IN NEED	TARGET
Number of security briefings conducted in the north-east	12	12	12
Number of security officers deployed in the north-east	10	1	1
Number of security risk analysis and assessments conducted	23	20	20

#### EMERGENCY TELECOMMUNICATIONS SECTOR: STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

**EMERGENCY TELECOMMUNICATIONS SECTOR OBJECTIVE 1:** Support effective response through timely and reliable ETS services and information sharing. **Relates to SO1 and SO2**

INDICATOR	BASELINE	IN NEED	TARGET
Maintain information management and collaboration platform	1	TBC	1
Hold regular local and global ETS coordination meetings	31	24	24
Produce and share accurate and timely IM products	79	As needed	60
User satisfaction rate of ETS services	-	100%	80%

**EMERGENCY TELECOMMUNICATIONS SECTOR OBJECTIVE 2:** Coordinate security telecommunications and ICT emergency response activities. **Relates to SO1 and SO2**

INDICATOR	BASELINE	IN NEED	TARGET
Number of common operational areas covered by common security telecommunications network	6	As needed	16
Number of communications centres (COMCEN) established, upgraded, maintained	1	As needed	16
Number of inter-agency, NGOs and Government organisations supported by the ETS	56	As needed	50
Number of ICT emergency management and specialised radio telecommunications trainings	1	As needed	8

**EMERGENCY TELECOMMUNICATIONS SECTOR OBJECTIVE 3:** Provide reliable internet for the humanitarian community in common operational areas. **Relates to SO1 and SO2**

INDICATOR	BASELINE	IN NEED	TARGET
Number of inter-agency, NGOs and Government organisations' staff who used ETS services	600	As needed	800
Number of common operational areas covered by Internet connectivity services	5	As needed	14
Number of humanitarian hubs with hybrid power supply system for the ETS infrastructure only	N/A	As needed	14

# WHAT IF...

## WE FAIL TO RESPOND?

### FOOD INSECURITY CONTINUES WITHOUT ADEQUATE AGRICULTURAL SUPPORT AND LIVELIHOOD OPPORTUNITIES



Food insecurity will persist among an estimated 3.7 million people if adequate food and livelihoods assistance are not sustained. The significant improvements in food security indicators, such as Coping Strategies and Food Consumption Scores in 2017 will likely relapse if assistance is slowed down. Inadequate livelihood opportunities will likely increase food insecurity and result in continued heavy dependence on food assistance.

### PROTECTION ISSUES PERSIST IN A HIGHLY VOLATILE AND FLUID ENVIRONMENT



Approximately 5.8 million people in Borno, Yobe and Adamawa states will continue to be in need of protection interventions. The continuing humanitarian needs such as food, water, basic shelter, education, among others, will further expose – especially women and children – to transactional sex and other negative coping mechanisms. The 3.1 million people at risk of gender-based violence will increase. About 800,000 children will be at risk of falling victims to unexploded ordnance, remnants of war and IEDs in unsafe displacement and return sites. More than 700,000 adult caregivers will remain extremely vulnerable. This situation will affect their ability to care for close to 1.75 million conflict-affected children who are estimated to be in need of psycho-social care.

### NUTRITION SITUATION IS CRITICAL



GAM rates of 10 to 20 per cent, especially in Borno and northern Yobe will exceed the global emergency threshold of 15 per cent. More than half a million children will face moderate and severe acute malnutrition, experience medical complications and be at higher risk of dying due to inadequate coverage of health services, especially in-patient treatment facilities, and the absence of a referral mechanisms.

About 75,000 pregnant and lactating women will be at risk of malnutrition if the current inadequate access to quality water and sanitation facilities is not addressed.

### DISPLACED FAMILIES HAVE LIMITED ACCESS TO QUALITY BASIC SERVICES, OVER-BURDENING THEIR HOSTS



The 1.7 million IDPs currently living in deplorable conditions in camps, camp-like settings and, the majority (about 60 per cent), within host communities will continue to suffer. Tensions between IDPs and host communities will increase as they compete for the same limited resources. Shelter overcrowding, unhygienic conditions, limited access to water, and malnutrition will further expose the affected people to higher risks of diseases and epidemic outbreaks.

### RETURNING POPULATIONS IN PLACES OF ORIGIN FACE THE SAME CHALLENGES AS WHEN THEY WERE DISPLACED



About 1.3 million who have returned to areas with limited services and no access to livelihoods will continue facing challenges. These returnees will be at risk of further displacement. If not assisted, they will have to find alternative locations where basic social services and structures are available..

### LACK OF ACCESS TO EDUCATION DIMINISHES THE HOPE FOR CHANGE AND RETURN TO NORMALCY



An estimated 2.8 million children who currently have no access to quality education will remain in this state. Deliberate attacks, burning and looting of schools caused some 900,000 school-aged children to be out of school since 2009. In Borno alone, about 1,200 schools have been destroyed. There are about 19,000 teachers still displaced, which is affecting the provision of education.

The new generation of hope, with these children accessing education for a better future, will be completely diminished.

## ACRONYMS

AAR	After-action review	HRP	Humanitarian Response Plan
BSFP	Blanket supplementary feeding programme	IASC	Inter-Agency Standing Committee
CBPF	Country-based pooled fund	ICT	Information and communications technologies
CCCM	Camp coordination and camp management	IDPs	Internally displaced persons
CDRRR	Community-based disaster risk reduction	IED	Improvised explosive device
CERF	Central Emergency Response Fund	IHL	International humanitarian law
CH	Cadre Harmonisé	IM	Information management
CJTf	Civilian Joint Task Force	IMTF	Inter-Ministerial Task Force
CMCoord	Civil military coordination	INGOs	International non-governmental organisations
COMCEN	Communications centre	IOM	International Organization for Migration
COO	Coordination	ISWG	Inter-Sector Working Group
CP	Child protection	IYCF	Infant and young child feeding
CPIMS	Child Protection Information Management System	LCG	Local coordination group
DMS	Displacement Management Systems	LGA	Local government area
DTM	Displacement Tracking Matrix	LOG	Logistics
ECC	Emergency Coordination Centre	MAM	Moderate acute malnutrition
ECCD	Early childhood care and development	MCRP	Multi-Sectorial Crisis Recovery Project
EDG	Emergency Directors Group	MNP	Micro-nutrient powder
EDU	Education	MoBNP	Ministry of Budget and National Planning
EFSA	Emergency Food Security Assessments	MoE	Ministry of Education
EiE	Education in Emergencies	MoH	Ministry of Health
ERC	Emergency Relief Coordinator	MUAC	Mid-upper arm circumference
ERL	Early recovery and livelihoods	N/A	Not applicable
ESN	Emergency shelter and non-food items	NEDC	North-East Development Commission
ETC	Emergency Telecommunications Cluster	NEMA	National Emergency Management Agency
ETS	Emergency Telecommunications Sector	NFIs	Non-food items
EWARS	Early Warning and Alert Disease Response and Surveillance	NHF	Nigeria Humanitarian Fund
FS	Food security	NNGO	National non governmental organisations
GA	General Assembly	NSAGs	Non-state armed groups
GAM	Global acute malnutrition	NUT	Nutrition
GBV	Gender-based violence	OCHA	Office for the Coordination of Humanitarian Affairs
GPS	Global Positioning System	OHCT	Operational Humanitarian Country Team
H2R	Hard-to-reach	OISWG	Operational Inter-Sector Working Group
HC	Humanitarian Coordinator	OTP	Out-patient therapeutic programme
HCT	Humanitarian Country Team	PCNI	Presidential Committee for the North East Initiative
HCWG	Humanitarian Coordination Working Group	PHC	Primary health care
HDI	Human Development Index	PLW	Pregnant and lactating women
HEA	Health	PMR	Periodic monitoring report
HH	Household	PRO	Protection
HIV	Human Immunodeficiency Virus	PSEA	Protection from sexual exploitation and abuse
HNO	Humanitarian Needs Overview	PSS	Psycho-social support
HPC	Humanitarian Programme Cycle		



RH	Reproductive health	TLS	Temporary learning space
RPBA	Recovery and Peacebuilding Assessment	UN	United Nations
RRM	Rapid response mechanism	UNDP	United Nations Development Programme
SAFE	Safe Access to Fuel and Energy	UNHAS	United Nations Humanitarian Air Service
SAM	Severe acute malnutrition	UNHCR	Office of the United Nations High Commissioner for Refugees
SBMC	School-based management committee	UNICEF	United Nations Children's Emergency Fund
SEMA	State Emergency Management Agency	UNSC	United Nations Security Council
SGBV	Sexual and gender-based violence	USD	United States dollar
SMC	Seasonal mass chemo-prevention	UXO	Unexploded Ordnance
SMWASD	State Ministry of Women Affairs and Social Development	VHF	Very high frequency
SMYSSD	State Ministry of Youth Sport for Social and Community Development	VIT A	Vitamin A
SUBEB	State Universal Basic Education Board	WASH	Water, sanitation and hygiene
TBC	To Be Confirmed	WHO	World Health Organization
		WSH	Water, sanitation and hygiene

## ENDNOTES

1. Cadre Harmonisé report, November 2017.
2. Financial Tracking Service, [fts.unocha.org](http://fts.unocha.org).
3. Nigeria Security Tracker, Council on Foreign Relations, [cfr.org](http://cfr.org).
4. All data on displacement and returns in the HRP are taken from the Government of Nigeria/IOM Displacement Tracking Matrix (DTM), Round XIX, October 2017.
5. Please see sector response plan on child protection for a detailed breakdown on the number of women and children used to carry person-borne improved explosive devices.
6. DTM tracks all IDPs and all returnees, regardless of whether they have remained within Nigeria or crossed an international border at some point during their displacement. In parallel, UNHCR in collaboration with the Nigeria Immigration Service (NIS), the State Emergency Management Agency (SEMA), and the National Emergency Management Agency (NEMA) carry out registrations at border control points in the north-east where initial immigration and security screening of the returnees is conducted. As of July 2017, UNHCR and partners had registered 360,000 individuals at border points. Once back in Nigeria, returning refugees are recorded by the DTM either as returnees (if they have managed to return to their settlement of origin) or as IDPs (if they have been unable to return home and are therefore in a situation of secondary displacement).
7. REACH assessment, October 2017.
8. DTM Round XIX, October 2017.
9. DTM Round XIX, October 2017.
10. REACH assessment, *ibid*.
11. Human Development Index, 2015.
12. World Bank, Nigeria Country Partnership Strategy, 2014-2017
13. Multiple Indicator Cluster Survey, 2011.
14. Nigeria Recovery and Peacebuilding Assessment, 2016.
15. Cadre Harmonisé report, November 2017.
16. REACH assessment, October 2017.
17. Child protection sector estimate, see sector response plan.
18. UNFPA, 2016.
19. Global Gender Gap Index Report, 2016.
20. REACH assessment, *ibid*.
21. UNHCR Feasibility Assessment of Cash-Based Interventions in Borno, Yobe and Adamawa states of Nigeria, July 2017; WFP Borno and Yobe States Market Monitoring Report, September 2017; Northeast Nigeria joint livelihood and market recovery assessment, November 2017; FEWSNET Nigeria Market Monitoring Bulletin, September 2017.
22. The number of inaccessible people is calculated using the Ministry of Health's Vaccine Tracking System (VTS) dataset, which draws on GPS information, micro-census and high-quality satellite imagery to provide population estimates down to settlement level. The dataset is overlaid with information on which areas the humanitarian community can or cannot reach with assistance, based on a consultative process within the Access Working Group. This process includes a review of the humanitarian presence map as well as feedback from Nigeria security agencies on which roads are open to humanitarian actors. Using the latest VTS data of November 2017, it is estimated that approximately 930,000 people remain in settlements that UN Agencies and NGOs cannot reach with assistance. This number may rise or fall substantially over the course of 2018, depending on changes in the security situation and/or the release of updated VTS data.
23. Protection includes Child Protection and Gender Based Violence.
24. Nigeria Education Data Survey report, 2015.
25. Global Guidance on Addressing School-Related GBV, UNESCO and UN-Women, 2016.
26. WASH Sector and REACH baseline assessment, September 2017.
27. DTM Round XIX, October 2017.
28. OCHA and REACH Multi-Sectoral Needs Assessment, October 2017.
29. OCHA and REACH Multi-Sectoral Needs Assessment, October 2017.
30. Based on interviews with Logistics sector participants, service user surveys and numerous missions to key field locations.
31. HNO, 2018: Estimated People in Need of Early Recovery assistance in 2018.
32. Nigeria Recovery and Peacebuilding Assessment, 2016.
33. UNDP, North-east Nigeria Waste and Debris Assessment, January 2016.
34. UNDP Debris and Waste Removal Rapid Assessment of Waste and Debris Management in Maiduguri, May 2017.
35. HNO, 2017: Number of people targeted in 2018 with early recovery assistance in Borno, Adamawa and Yobe states.



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This document provides the Humanitarian Country Team's shared understanding of the crisis, including the most pressing humanitarian needs, and reflects its joint humanitarian response planning.

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