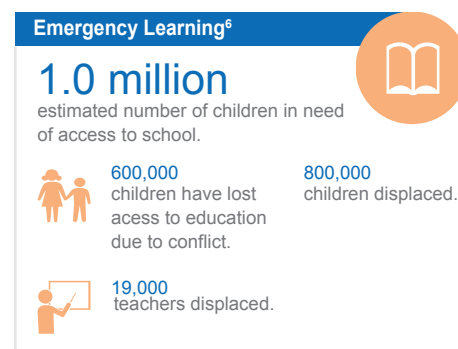
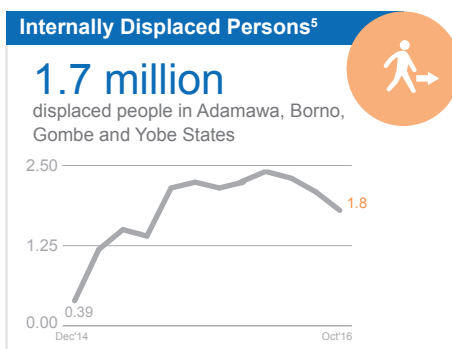
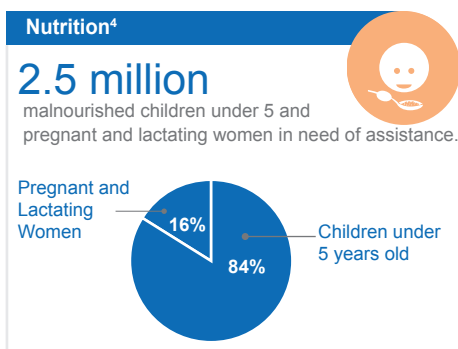
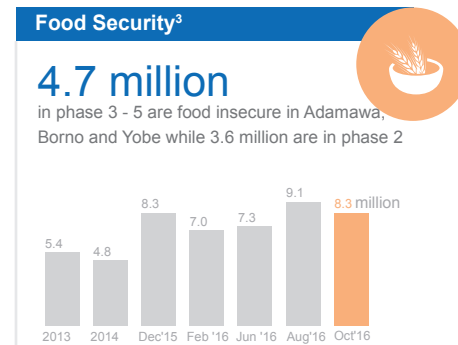
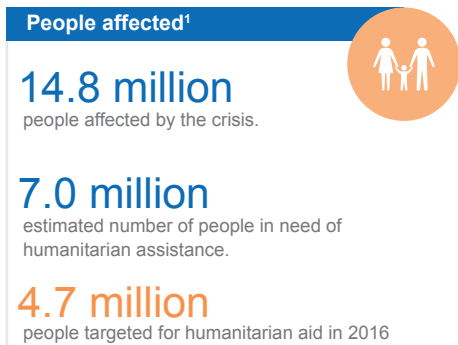


SITUATION OVERVIEW

The number in need of humanitarian assistance is now estimated at 14 million, including 1.8 million internally displaced people (IDPs) across the six states of North-East Nigeria, with up to 55 per cent believed to be children. As some areas previously held by Boko Haram become more accessible, civilians previously in inaccessible areas are now within limited reach of the government and humanitarian community partners. Many of these citizens are in critical need of humanitarian assistance including health, protection, shelter, WASH and most especially food and nutrition. Efforts will continue to provide the necessary life-saving assistance to displaced people in formal and informal camps and within the host communities, as well as the host communities themselves.



KEY FIGURES



CONSOLIDATED HUMANITARIAN FUNDING 2016⁷

\$ 484 million
REQUESTED (US\$)

38%
RESPONSE PLAN FUNDED

\$ 349 million
RECEIVED

- 185.8 million (US\$) for projects listed in the response plan
- 162.9 million (US\$) for projects not listed in the response plan

Requirements by cluster (million \$)

Cluster	Requirement (million \$)	Per cent funded by cluster	Funded million \$	Unmet million \$
Food Security	157.6	44%	68.9	88.7
Protection	55.9	11%	5.9	49.9
Emergency Shelter & NFI	53.7	23%	12.1	41.6
Health	53.1	13%	7.0	46.1
Water & Sanitation	48.4	14%	6.9	41.5
Nutrition	33.2	66%	21.9	11.3
Early Recovery	26.4	0%	0.0	26.4
Education	23.6	18%	4.3	19.3
Coordination	19.8	109%	21.5	-
CCCM	12.4	91%	11.2	1.2

Contributions (million \$)

United States	103.0
United Kingdom	93.3
European Commission	52.4
Central Emergency Response Fund	24.2
Germany	15.4
Switzerland	9.2
Sweden	7.5
Allocation of unearmarked funds by UN agencies	7.3
Japan	6.5
Canada	6.0
Netherlands	6.0
Private	4.3
Belgium	3.8
Ireland	2.9
Italy	2.3
France	1.6
Norway	1.1
others	1.9

Note: (1) \$ 25.7 million resources available, sector not yet specified. (2) Does not include \$7.9 million in uncommitted pledge

STRATEGIC OBJECTIVES



Deliver coordinated and integrated life-saving assistance to people affected by emergencies.



Track and analyze risk and vulnerability, integrating findings into humanitarian and development programming.



Support vulnerable populations to better cope with shocks by responding earlier to warning signals, by reducing post-crisis recovery times and by building capacity of national actors.

PROTECTION

5.5 million people in need

1.6 million people targeted

0.6M displaced people
0.6M in host communities
0.5M inaccessible areas



1,236,237 people reached

312,985 displaced people
698,851 in host communities
62,217 inaccessible areas

382,028 girls
305,800 boys
345,366 women
186,591 men
10,681 elderly women
5,771 elderly men.

For more information, contact: dikongue@unhcr.org

Needs

- Civilians face severe protection risks and abuses, particularly in Borno state. As counter-insurgency measures intensify, more civilians in newly accessible areas who previously lacked access to nearly all basic services and are struggling for survival were identified. Many IDPs were subjected to grave violations with resulting trauma, including from abduction, sexual violence, family separation and killings of family members.
- IDPs are returning to dire conditions in newly accessible areas within Borno state, including to areas affected by security risks and a marked lack of basic services and structures. Critical protection services are needed to target the most vulnerable IDPs and returning IDPs in newly accessible areas. Mine risk education should be scaled up and targeted to address the vulnerability of children in return areas. Family reunification should be promoted for vulnerable, unaccompanied and separated children.
- There is a need to strengthen identification of traumatized civilians and provision of psychosocial support, particularly in newly accessible areas. Psychosocial and reintegration programmes should particularly target marginalized groups such as conflict-affected children and women/girls who have survived sexual violence and often face cultural barriers to reporting incidents of abuse.

Response

- Protection: 568,633 reached, including 290,895 vulnerable individuals profiled/monitored/registered, 90,213 vulnerable individuals provided with targeted protection-based material assistance; 91,869 reached with community-based sensitizations; 67,720 individuals reached with psychosocial support; 13,767 individuals referred to appropriate specialized services; and capacity of 7,159 individuals built through trainings, including 420 peace-building, 13,767 of vulnerable people were reached through specific protection services (Legal Aid, HLP support, livelihood, and detention visits).
- Child Protection: 285,037 children reached, including 257,147 provided with psychosocial support through child friendly spaces/child clubs; 4,979 UASC (including 328 UASC reunified and 701 unaccompanied identified); 2,239 UASC placed in alternative care arrangements and benefited from follow-up, 5,423 children at risk and survivors supported through inter-agency case management system, and 10,988 children benefiting from mine risk education.
- Sexual and Gender-Based Violence: 382,567 reached, including 208,219 vulnerable persons provided with psycho social counseling support; 147,933 individuals reached through sensitizations on SGBV and SEA; 15,141 women and girls received dignity kits; 5,762 trained on SGBV interventions; and 5,028 vulnerable women and girls gained skills for livelihoods.

FOOD SECURITY

3.9 million people in need

1.5 million people targeted

0.7M displaced people
0.6M in host communities
0.2M inaccessible areas



1,073,786 people reached

312,985 displaced people
698,851 in host communities
62,217 inaccessible areas

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Needs

- An estimated 5.1 million people are facing food insecurity in Adamawa, Borno and Yobe according to the October 2017 Cadre Harmonise (CH) analysis and Integrated Food Security Phase Classification (IPC) of phases 3-5;
- The FSS partners are only 44 per cent funded as of November 2016 within the Humanitarian Response Plan and some US\$ 88.7 million is required for partners to meet urgent unmet requirements. It is essential that funding and support on access issues are addressed in the near future to avoid a further deterioration of the food security situation and prolonged human suffering.
- There is need for provision of agriculture production inputs including seeds, tools, fertilizer and other agro inputs to support the dry season irrigation farming which commences from September.

Response

- Priorities for the FSS are to improve access to food- including in-kind assistance and cash-based programming, livelihoods activities, livestock and provision of agriculture production inputs for crop and vegetable production;
- So far, the sector has reached some 1,048,858 people with food assistance, agriculture production inputs and livelihoods activities.
- Evidenced-based assessment (CH and other joint food security assessments) and analysis generated reliable data and statistics to inform and support partners planning and programming processes;
- Food security co-ordination and information management, achieved through regular FSWG and technical meetings in Abuja, Borno, Adamwa, and Yobe states, gap analysis, 4Ws maps and Food Security Bulletins produced regularly and shared with partners;

NUTRITION

2.5 million people in need

2.0 million people targeted

0.4M displaced people
1.2M in host communities
0.4M inaccessible areas



1,613,407 people reached

327,602 displaced people
1,206,990 in host communities
78,815 inaccessible areas

734,275 girls
705,479 boys
173,653 pregnant and lactating women

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Needs

- High caseload of children suffering from moderate acute malnutrition in the conflict affect states; food insecurity, poor child feeding practices and loss of livelihood are all contributing factors to high MAM caseload.
- Reports of RUTF mismanagement and misuse as RUTF is found in the marketplace.
- Reported out of RUTF stock in health facilities in the conflict affected states and unavailability of routine drugs to support health components of the nutrition program.

Response

- WFP in country and are scaling up the distribution of 'Plumpy Sup' to all eligible MAM and 'at risk' children; plans to scale up BSFP for pregnant and lactating women suffering from malnutrition.
- Increased advocacy to government bodies to adopt expanded criteria for the treatment of MAM in newly accessible areas.
- Implementation of measures set out by the state SOP on the mismanagement of RUTF including sensitization of all actors involved in CMAM program provision.

HEALTH

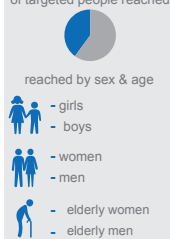
3.7 million people in need

2.6 million people targeted

0.8M displaced people
1.8M in host communities
0.0M inaccessible areas

1,709,506 people reached*

66% of targeted people reached



For more information, contact: stephenm@who.int

Needs

- Scale and coverage of health services in conflict affected states in Nigeria's north east remains below minimum health standards. In Borno state alone, 60 per cent of formal and/or informal IDPs camps are without regular access to health services.
- Malaria is the main cause of morbidity and mortality in states affected by the insurgency. In Borno state over 50 per cent of reported morbidity and mortality is attributable to malaria.
- There are recent recorded incidences of suspected measles outbreak amongst children, mainly in Borno State. Children under 5 years, already lacking immunizations in the inaccessible areas, are also highly susceptible to severe malnutrition.

Response

- The roll out of Health Resource Availability Mapping System in Borno state has started. The resulting assessment will provide an in depth picture of health service coverage in the state and, along with comprehensive partner mapping, will provide a more detailed picture of health service coverage and immediate response and recovery needs in Borno state.
- Suspected measles cases continue to spike across IDPs camps in spite of ongoing routine immunization activities. The Borno State Ministry of Health and partners conducted reactive measles vaccination in three camps (Muna Garage, Custom House and Fariya informal camp) from 29th October. The total vaccinated children aged 6 months to 15 years was 13,537 with vaccination coverage of 98.2 per cent. The plan in this phase is to vaccinate all the camps at MMC and Jere LGS within the coming weeks.
- As total of 1,709,506 children were vaccinated against polio and the Health Sector is working with state health authorities to develop contingency and action plans to address priority epidemic prone and high morbidity diseases, including measles, meningitis and cholera.

EDUCATION

1.0 million people in need

0.6 million people targeted

0.5M displaced people
0.1M in host communities
0.02M inaccessible areas

233,561 people reached

39% of targeted people reached



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Needs

- With increased access to children of school age in the newly liberated areas and recognition of urgent education needs in accessible but unofficial camps such as Muna Garage, the need for school enrolment in line with the new academic year (2016/2017) was highlighted.
- Unavailability of protective learning spaces for safe and protective education delivery in the newly accessible areas and unofficial camps has presented a major challenge and is hampering education access support provision.
- The non-conduct of a 2016 Education Sector needs assessment for evidence-based data generation presented were a major challenge to the availability of an updated and robust database during the 2017 HNO data gathering process.

Response

- In the formal education sector, Enrolment Drive Campaigns are ongoing in Yobe and Borno states while in Adamawa and Gombe states, planning for these campaigns was undertaken. In the non-formal sector, 27,663 (12210B/15453G) school-aged learners in Borno, Yobe, Adamawa and Gombe states were enrolled and 870 (606m, 264f) non-formal education facilitators/mentor teachers trained in readiness for education delivery.
- An additional 300 non-formal learning centers (NFLCs; all in Borno state) were established with capacity to hold 40 children in each class, in line with INEE MS. A total of 708 as 408 NFLC were established during 2015-2016 academic year. In the formal sector, 30 semi-permanent structures were constructed at MMC and Jere LGAs, while planning for the construction of 80 of these structures at seven newly accessible LGAs in November is ongoing.
- An Education in Emergencies Assessment Working Group is being constituted and Terms of Reference were drafted to guide its operations and planning.

EMERGENCY SHELTER AND NON-FOOD ITEMS

1.6 million people in need

0.9 million people targeted

0.9M displaced people
0.0M in host communities
0.0M inaccessible areas

612,748 people reached

68% of targeted people reached



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Needs

- Conditions in the majority of formal and informal IDP camps are marked by sub-standard or dilapidated shelter, overcrowding, inadequate drainage and insufficient basic services.
- It is still a high need for context-specific NFIs in camps and hosting communities according to the latest DTM report, with blankets/mats and hygiene kits most needed.
- With 78.2 per cent of IDPs living in host communities (as per DTM round XII), there is a strong need to scale up the response beyond camps and camp-like settings.
- Immediate E-shelter response is required for non-covered IDP & shelter response in affected areas, while taking into consideration the specific needs in various locations (short to longer-term).
- For returnees: assessment and proper planning for provision of NFI/shelter in return areas to ensure sustainable and dignified return of displaced populations, paired with livelihood and psychosocial support

Response

- 93,251 individuals reached by sector partners through shelter construction or repairs.
- 480,189 individuals were reached through NFI related or vouchers distributions.
- 42 per cent of the response was focused in camps, 54.2 per cent host communities and 3.8 per cent in return areas.

CAMP COORDINATION AND CAMP MANAGEMENT

0.6 million people in need

0.4 million people targeted

0.4M displaced people
0.0M in host communities
0.0M inaccessible areas

426,687 people reached

107% of targeted people reached



For more information, contact: ekrdzalic@iom.int

Needs

- Continue data collection on IDP movements (DTM) in and outside IDP sites and ensure dissemination of data for a well-informed response planning and interventions across sectors.
- The monitoring and reporting of services to IDPs remains challenging with a high turnover in Government authorities. The CCCM sector inadequately funded, there is consequently a need to increase capacities of national camp management agencies and support coordination structures.
- Strengthen intra-camps coordination and rapid response mechanisms (site facilitators, in/outside camps).
- Ensure camp care and maintenance as well as infrastructure intervention, especially in less served sites.
- Prepare to respond through CCCM interventions in regard to IDP returns and relocations (and following the framework / recommendations from the Return TF).
- Work toward community participation.

Response

- The round XII of Displacement Tracking Matrix assessment was published and 1,822,541 IDPs were identified through the assessment.
- 161 sites were visited in the four states of Adamawa, Borno, Taraba and Yobe compared to 155 visited during the previous round. Highest number of camps were identified in Borno (122), followed by Adamawa (22) and Taraba (5) with 398,749 individuals or 74,915 households.
- 371,864 individuals were biometrically registered in this reporting period.

WATER, SANITATION AND HYGIENE

6.2 million people in need

2.8 million people targeted

1.2M displaced people
1.3M in host communities
0.3M inaccessible areas

1,108,000 people reached

40% of targeted people reached



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Needs

- The estimated total number of IDPs in Adamawa, Bauchi, Borno (84 per cent of the total IDPs), Gombe, Taraba, and Yobe is 1,822,541 IDPs (321,514 households) as of October 31, 2016. Total IDPs figure are slightly going down despite new arrivals in 2016 which implies an increase in the number of returnees. More IDPs are staying in camps/settlement than before (22 per cent). This is due to the fact that more IDPs are staying in camps/settlements in the newly accessible areas (but also to the reclassification of some communal settings into camps).
- WASH humanitarian standards have not been met in the camps as 37 per cent of IDPs do not receive 15 liter of water per day per person; on average, 96 IDPs share a latrine and 160 share a shower (WASH sector; October 2016).
- Diarrheal diseases are identified as the second main cause of mortality for the children under 5 years-old after malnutrition (monthly health report; Borno state).
- Out of the 875'000 IDPs in host communities in Maiduguri, only 23 per cent of the water needs and 9 per cent of sanitation needs are recently covered.
- While low levels of WASH access existed pre-crisis (48.8 per cent for water in the north-east and 38.1 per cent for sanitation; NDHS 2013), it is estimated that 75 per cent of the WASH infrastructure was destroyed by the conflict (RPBA, 2016).
- As more agencies assess and establish WASH programs outside MMC/Jere, (several agencies met to coordinate for ongoing and planned activities in Konduga) needs are constantly being identified on decentralizing coordination to the more peripheral LGAs, where WASH capacities remain low.

Response

- Water: Based on the 5W, since the beginning of 2016, the WASH sector built 343 boreholes with hand pumps (plus 628 boreholes rehabilitated), 70 boreholes with solar or motorized energy (plus an extra 125 rehabilitated). Water trucking is also used on short-term in most of the camps but remain challenging in the area (high cost, lack of water, security). Operation and maintenance of the existing infrastructures in the camps increased direct beneficiaries to 1'108'000 people provided with access to safe water in 2016.
- Sanitation: Regarding sanitation, the WaSH sector has been providing 7161 new emergency latrines for 1'432'200 direct beneficiaries. Additional 2512 latrines have been dislodged since the beginning of the year 2016 and an additional 377 VIP latrines in institutions (schools, hospital or nutrition center) have been built. In the camps or settlements, 797 emergency showers were built.
- Hygiene: 906'694 conflict affected people received hygiene messages through hygiene campaign and house to house visits or during distribution of hygiene kits. IDPs have also received 84'047 WASH kits (one kit per household).

EARLY RECOVERY AND LIVELIHOODS

7.0 million people in need

2.2 million people targeted

1.7M displaced people
0.5M in host communities
0.0M inaccessible areas

00 million people reached

0% of targeted people reached



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Needs

- Mine clearance and risk education for people returning to areas that have risks of unexploded ordinance.
- Improving the handling of solid waste to reduce public health risks and management of debris to clear buildings and make them safe.
- Shelter assistance within communities stabilized from conflict, that are accessible to humanitarian actors and which bear the highest concentration of IDPs.

Response

- Economic livelihoods assessment in Nigeria's north east is completed. It was conducted with explicit focus on the affected populations- people returning to their homes (returnees) and IDPs settled with host communities in the four most affected states of Adamawa, Borno and Yobe as well as Gombe.
- Assessments were completed in debris and waste management and in early recovery and non -agricultural livelihoods. Technical assistance provided for early recovery and livelihoods capacity building and state coordination.
- Planning is underway for emergency livelihoods through the work of debris and waste management, demining, and recovery shelter in select areas. Partners have identified activities and proposals are being finalized for funding.
- It is anticipated that the Recovery and Peacebuilding Assessment for the north was released in April, which provided further analysis for strategic planning on early recovery sector across the response.