

UNICEF Nigeria Monthly Situation Report

29 October, 2012

Highlights

- A total of 21,360 new cases of children (10,466 boys and 10,894 girls) with Severe Acute Malnutrition (SAM) have been treated in September in the 466 Community Management of Acute Malnutrition sites
- 159,143 children were already admitted into the treatment sites between January and September, of these 147,727 are from Sahelian states and 11,416 from non-Sahel states
- The funding gap of 51% is remaining. The funding shortfall for the sectors beyond nutrition management places constraints on UNICEF integrated response to scale up plans to reach more vulnerable children.
- Whilst response to Sahel food and nutrition crisis continues, according to National Emergency Management Agency (NEMA) until Oct 11th 2012, the flooding has affected 2,389 communities in 231 Local Government Areas (LGA) and resulted in the displacement of 1,341,179 people and 431 deaths. However, based on the preliminary findings of the Inter Agency Rapid Assessment, over 2.2 million people have been displaced so far. The verification process of these figures is on-going. UNICEF support has so far reached 250,194 IDPs. The funding gap for flood response is estimated at US\$ 9 million out of which US\$1 million has been pledged.
- A total of 432 suspected Cholera cases with no laboratory confirmation and 6 deaths (CFR 1.39%) were reported until Oct 19th 2012. The Nigerian Ministry of Health has established a Health Emergency Taskforce on Flood, in preparedness for any disease outbreak, including cholera. Funding gap is estimated at US\$ 300,000.

Situation & Humanitarian Needs

1. Sahel Food and Nutrition Crisis

UNICEF and partners have projected that 208,000 children could be treated for Severe Acute Malnutrition (SAM) and approximately 794,225 for Moderate Acute Malnutrition (MAM) in 2012.

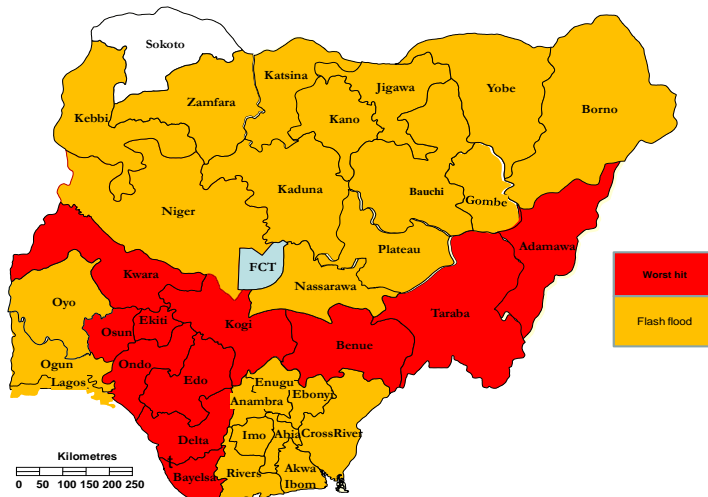
Estimated Affected Population			
	Total	Male	Female
Total population in affected regions	43,650,101	22,261,552	21,388,549
Children Under 18 in affected regions	22,698,052	N/A	N/A
Children Under Five in affected regions	8,730,022	4,452,311	4,277,711
Children 6 to 23 months in affected regions	2,733,200	N/A	N/A
Pregnant women in affected regions	2,182,505	N/A	N/A
Children Under Five with Severe Acute Malnutrition (SAM)	208,000*	N/A	N/A
Children Under Five with SAM and medical complications	20,949	N/A	N/A
Children Under Five with Moderate Acute Malnutrition(MAM)	794,225	N/A	N/A

Note: Estimates calculated based on initial figures from 2012 Nigeria National Population projected figure and SMART Survey & Humanitarian Action Update Feb, 2012, * This figure is a projection on SAM for the 11 States in which intervention is implemented in Northern Nigeria.

2. Flooding disaster in Nigeria

Nigeria Metrological Agency (NIMET) weather predictions indicate that heavy rainfalls with potential flooding will continue to the end of November 2012. The preliminary findings of the Inter Agency Rapid Assessment conducted from October 18 to 24 show the flooding so far has affected 2,389 communities in 231 Local Government Areas (LGA), resulting in displacement of 2, 2 million people and 431 deaths. UNICEF has already targeted 250,194 IDPs with emergency relief supplies in 17 IDPs camps in Benue, Anambra, Bayelsa, Ebonyi,

Cross River, Kogi, Kebbi, Edo and Delta States. President Goodluck Jonathan has approved funds totaling Naira 17.6 billion (approx. \$110m) to support the affected states and to improve the services of Government Agencies responsible for managing the disaster. Following the official request by NEMA to the UN System, UN Resident Coordinator called all humanitarian actors to join a joint UN/Governmental coordinated response.



Under coordination of Office for Coordination of Humanitarian Affairs (OCHA) and National Emergency Management Agency (NEMA), UNICEF¹, WHO, UNHCR, FAO, Oxfam, Nigerian Red Cross Society and State Emergency Agency (SEMA) conducted a joint national inter-agency assessments in fourteen (14) most flood affected states:

- A: Adamawa, Taraba, Plateau
- B: Jigawa
- C: Kwara, Kebbi, Niger
- D: Benue, Kogi
- E: Anambra, Imo
- F: Edo, Delta, Bayelsa

The objective of the assessment was to:

- Complement the initial assessments performed by local and international actors in the prevailing flood disaster
- Identify critical lifesaving relief needs of the most affected communities, including the number of IDPs, age, gender, and portion of children, as well as vulnerable groups (pregnant women, disabled, people with chronic illness, elderly)
- Assess and identify possible gaps and constraints (e.g. access) within the current assistance response
- Identify available or additional technical expertise to strengthen the on-going intervention



Flooding in Anambra and Bayelsa States in Oct 2012 © Child Protection Network/UNICEF

Most affected States at the moment are Anambra, Delta and Bayelsa State in Nigerian Delta where water level rose up to 10m height. The people in those States haven't experience such flooding since 1969. For the

¹ UNICEF participation included WASH, Health, Education, Planning Monitoring and Evaluation (PM+E)

moment Bayelsa State is connected with other States by only one federal road. If this one is damaged, the state will become cut-off from the rest of the country. In affected communities in the South essential food prices rose 10 times and drinking water 4 times. In fear of burglary inhabitants are sleeping in their flooded houses. The challenges raised in assessment are the following:

- lack of formal IDP camps (shelter) as well as security for displaced children and women, occupation of schools by IDPs, lack of coordination and provision of assistance
- inadequate sanitation and lack of access to safe drinking water
- poor access to health services both in IDP camps and in the host communities
- disrupted learning, as most of the schools are used by IDPs for shelter purposes
- Weak coordination and monitoring of humanitarian assistance in the affected communities and camps.

Based on the report of the assessment, the action plan includes development of a Joint Inter-sector Response Plan (JIRP) for immediate humanitarian assistance to the IDPs. The Government, the Humanitarian Country Team (HCT) and Sector lead agencies aims to establish an effective Coordination Forum between the HCT and NEMA, jointly with other Humanitarian Actors and Donors.

3. Cholera

A total of 432 suspected Cholera cases with no laboratory confirmation and 6 deaths (CFR 1.39%) were reported between the weeks 1-41 2012 (Oct, 19th 2012) which is an increase of 62 cases and 2 deaths since last month. On the whole, 26 LGAs (10 states) have reported at least 1 case of suspected cholera since the beginning of 2012. Although reported cases and deaths due to cholera seem to be considerable lower than in 2011, there were non-confirmed reports in media of cases of cholera outbreaks in few flood affected areas. UNICEF and partners are working closely in strengthening surveillance, prepositioning of supplies and engaging communities and schools with Water Sanitation and Hygiene (WASH) messages on cholera prevention.

Inter- agency collaboration

- The Humanitarian Country Team (HCT) and the Inter-agency emergency preparedness and response working group (IA-EPR WG) have met with the government counterpart NEMA to discuss response to the Sahel Food and Nutrition crisis as well as the Flooding disaster in Nigeria
- UN agencies with OCHA support are compiling the results of the joint inter-agency assessments in 14 critically affected states
- The WASH and Nutrition Emergency Sector working group has been activated with regular meetings, meanwhile Child Protection and Education emergency sector working groups are finalizing formal ToRs to be able to establish formal coordination mechanisms.

Program response

1. Nutrition

In the month of September, 21,360 children were admitted to a total of 466 sites. The cumulative number of children reached in all 11 States of Nigeria between January and September is at 159,143.

Estimated #/% coverage	UNICEF & operational partners			Sector / Cluster		
	UNICEF Target	Cumulative results (#)	% of Target Achieved	Sector Target	Cumulative results (#)	% of Target Achieved
Children <5 with Severe Acute Malnutrition admitted to Therapeutic Feeding programs	208,000	159,143	76.5%	208,000	159,143	76.5%
All children <5 with Severe Acute Malnutrition discharged	N/A	129,325	N/A	N/A	129,325	N/A
Children <5 with Severe Acute Malnutrition discharged recovered	75% of all exits	85,452	66.1%	75% of all exits	85,452	66.1%
Number of health centers with SAM treatment	509	466**	91.6%%	509	466	91.6%
Partners: FMOH, NPHCDA, SMoH, Save the Children- UK, ACF, MSF						

**Note: Verification of the names of the CMAM centers with SAM treatment is an on-going process.

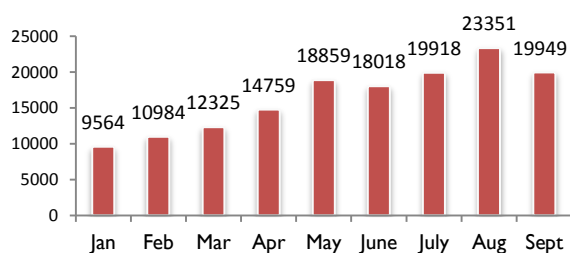


Figure 1: Admissions Sahel States = 147,727

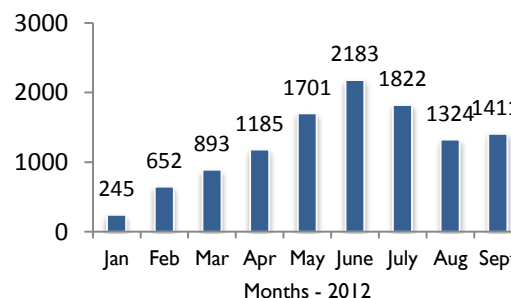


Figure 2: Admissions Non-Sahel States = 11,416

- The reporting rate for the month of September stands at 75.1%. Timely reporting has been hampered by breakdown of telecommunication following attacks on mobile phone masts, flooding which is affecting access to some sites and increased insecurity particularly in Yobe. Updates to the data for the month of September will be reflected in next months' SitRep.
- In Yobe, on-the job training (mentoring of health workers) by external resource persons completed last week of September. Problem identified is unavailability of supplies at the LGAs and OTPs, despite UNICEF delivering stockpiles of RUTF to the States. Reason for RUTF stock out includes high insecurity affecting intra-state transportation coupled with logistics constraints as the LGAs do not provide vehicle/fuel to support this. A formal letter is being written to the State government to flag the bottleneck for attention and support. Jigawa and Kano completed the monitoring end of September while Borno is scheduled to begin first week of October.
- Yobe and Kano have completed Infant and Young Child Feeding (IYCF) training to build skills of the health workers to provide counseling services to mothers. In Jigawa, the training will be conducted by Action against Hunger (ACF) in three LGAs.
- As part of the integrated nutrition response at OTPs, plans have been developed in Jigawa state for the use of zinc and ORS for treatment of diarrhea targeting children under 5 years in all 27 LGAs in collaboration with ACF and the Gunduma Health Systems Board in the State.
- In recognition of the issue of malnutrition, the Government of Kebbi State has approved the release of 140 million Naira (approximately \$ 870,000) for the procurement of RUTF. An additional 13.8 million Naira (approximately \$86,000) has been approved for purchase of essential medicines, training of staff, supervision of the program payment of incentives for community volunteers and procurement of food demonstration equipment for the training of caregivers on sustainable complementary feeding practices.
- UNICEF (Bauchi Field Office) in collaboration with the Nasarawa State Governor successfully organized a high level Top Policy Makers (TPM) meeting dubbed 'Sahelian Food and Nutrition Crisis, a Call for Collective Action'. The meeting was held on September 18, attended by Secretaries to State Governments (SSG) and UNICEF Representative. The meeting ended with a signed communiqué committing the State Governments to provide resources to strengthen and scale up nutrition interventions in their states.
- The office of the SSG has approved the Jigawa State Committee on Food and Nutrition. This makes Jigawa the first State in the North East to attain statutory status for the State Committee of Food and Nutrition. Statutory Committees on Food and Nutrition located at the State Ministry of Budget and Economic Planning would coordinate development of State Action Plans on Nutrition in collaboration with line ministries and ensure that adequate budget allocation for effective implementation and coordination.
- Field work for the second round of the 2012 nutrition surveys using SMART methodology was concluded in the first week of October with data entry also finalized. Data cleaning and analysis are ongoing with preliminary results expected to be out by the end of October.

2. WASH

WASH	UNICEF target (people to be reached by end 2012)	UNICEF total progress
The number of hygiene kits with key hygiene messages distributed to SAM affected mothers and children	208,000	2,700 Kits (142,300 people targeted with hygiene messages)
% Nutritional centers delivering the WASH minimum package	269*	Assessment of 164 CMAM centers in 30 LGAs in Jigawa, Kano, Borno and Yobe states indicate 85 CMAM centers with access to water and latrine facilities (represents 51.83% of the 164 CMAM centers surveyed).

Note: * UNICEF WASH supported CMAM sites are 269 in Sahel LGAs cover 49 CMAM sites supported by other NGO partners.

WASH Emergency Response in Sahel states

- Assessment of WASH status in CMAM sites is on-going in the remaining few states in North West Nigeria. For that reason the data on “no. of nutritional centers providing the minimum package” is still not available
- WASH supplies to address the immediate needs of approximately 900 SAM children in Jigawa state were provided during the reporting period
- Additional WASH Supplies for 11,400 SAM children are under procurement
- Hygiene promotion activities targeted in CMAM centers benefiting 800 mothers/caregivers in Adamawa state (non Sahelian State) and 1,100 mothers/caregivers in Jigawa state
- Community Led Total Sanitation (CLTS) including hygiene promotion is on-going in 40 communities affected by the Sahel crisis in Sokoto, which is being funded by UNICEF regular resources.

WASH Emergency Response to flood affected areas

- UNICEF WASH organized a first national inter-agency WASH emergency coordination meeting with partners who included Federal Ministry of Water Resources, Federal Ministry of Environment, Federal Ministry of Health, Federal Ministry of Information, National Agency for Food and Drug Administration and Control (NAFDAC), National Primary Health Care Development Agency (NPHCDA), Oxfam GB, Nigerian Red Cross and WaterAid
- WASH and Emergency Section jointly developed Terms of Reference (ToRs) for WASH Sector Coordination and reviewed them internally
- WASH section participated at Inter-agency Floods emergency response coordination meeting organized by OCHA.
- UNICEF provided WASH Emergency Supplies such (Water Purification tablets, Hygiene Kits, Family Kits) targeting 250,194 persons in 17 IDP camps.

3. Health

Estimated #/% coverage	UNICEF & Operational Partners		
	UNICEF Target	Cumulative results (#)	% of Target Achieved
Children <5 receiving measles vaccination	578,072	549,168	95%
Emergency affected families receiving 2 ITNs	8,730,022	6,984,017	80%
List of UNICEF Operational Partners: State Ministries of Health, WHO, UNFPA, MSF-F			

- As at October 19, Nigeria has 98 cases of wild poliovirus (WPV) in 11 States compared to 46 cases in 8 States for the same period in 2011. 5 new WPV cases were reported in Week 42. WPV1 in Wurno LGA Sokoto State, 1 WPV1 in Zaria LGA Kaduna State, 1 WPV1 in Batsari LGA Katsina State and 2 WPV1 in Kibiya and Minjibir LGA Kano State. Nigeria contributes 95% to the polio burden in WHO- Africa Region. The October State Immunization Polio Days (SIPDs) conducted by NPHCDA and supported by UNICEF and other Partner Agencies was concluded in the first week of the October covering 12 States (including Taraba State). According to Independent Monitoring Data (outside Household) the coverage for initial 268 Local Government Areas (LGAs) is 94.1%.
- The cumulative suspected measles cases from week 1 – 42 2012, is 8,788 with 614 Laboratory confirmed and 106 deaths (CFR 1.26%).
- A total of 432 suspected Cholera cases with no laboratory confirmation and 6 deaths (CFR 1.39%) were reported. 26 LGAs in 10 States have reported at least 1 case of suspected cholera since the beginning of 2012.

- 1095 suspected Cerebral Spinal Meningitis (CSM) cases, 13 laboratory confirmed and 60 deaths (CFR 5.48%) were reported between weeks 1 – 41 and a total of 938 suspected Lassa fever cases, 149 Laboratory confirmed and 96 deaths (CFR 9.97%) were reported from 42 LGAs in 23 States.

Health Emergency Response to flood affected areas

- Kaduna Field Office has distributed 10 Basic Health Emergency Kit to IDPs camps in 2 States. Each kit covers 1,000 patients for 3 months.
- The IDPs in Bauchi Field Office coverage area were supported with 200 Mattresses, 200 Blankets, 200 plastic mats and 300 LLINs in the reporting month. Health section made contact with State ministry to ensure measles vaccination is organized for the U5 in all the camps that have been set up.

4. Child Protection

Estimated #/% coverage	UNICEF & Operational Partners		
	UNICEF Target	Cumulative results (#)	% of Target Achieved
Children under five with Birth Registration (Jan- September)	208,000	208,000*	100%

* UNICEF target is 208,000, relating to SAM affected children. Child Protection registered additional 47,066 children (22.6% above target) coming to PHC for other treatments.

Birth Registration in CMAM centers

UNICEF continued to support NPopC to register children in CMAM centers/OTP sites. Currently registration of birth in the 11 focus states (Katsina, Zamfara, Jigawa, Gombe, Borno Sokoto, Kebbi, Adamawa, Yobe, Kano and Bauchi) has further increased from 244,789 in August to 255,066 in September, with an increase of 10,277 children registered, within the reporting period. Between 23 and 30 September, some 94 health workers including State Nutrition Officers from CMAM centers in Yobe, Bauchi and Kano states participated in the training conducted for birth registrars and health workers on monitoring and reporting of birth registration data through the RapidSMS. The training outcomes is enabling UNICEF, NPopC and State Nutrition Officers/health workers to undertake timely reporting, monitoring and assessment of on-going birth registration activities in the CMAM centers.

Child Protection in Emergency (CPiE) - Flood Response

Child Protection in Emergencies training earlier in the year proved useful with two CPNs, Bayelsa and Gombe, mobilizing to respond to the flooding issues. CPN Bayelsa registered 853 children and CPN Gombe registered 116 children in one refugee camp and also provided them with psychosocial support and food. Further support is needed to these CPNs and other CPNs in flood affected states to ensure child protection concerns in community and IDP camps are properly identified. Continuous technical support is provided to in flood affected or other emergency prone states. Child Protection in Emergencies training will be rolled out to emergency affected states, starting with Kano and Plateau in November. Eight other states (Edo, Lagos, Benue, Anambra, Nasarawa, Cross River, Imo and Ogun) will be covered in 2013.

Mental Health and Psychosocial Support (MHPSS)

Health/nutrition workers and other frontline workers (esp. ECD workers) have been identified as being in the best position to provide MHPSS to children accessing CMAM centers. In addition a two-pronged approach encompassing both preventative and reactive victim response is being explored. The former training will target pre-qualified population, such as mental health professionals, whereas the latter will be more general targeting CPN and community frontline workers. This training will include detecting signs of distress and making appropriate referrals.

5. Education

In Sahel states, the establishment of Early Childhood Development centers in CMAM sites and the adult functional literacy centers for the mothers to attend and acquire skills including hygiene education, food and nutrition good practices and life skills are on-going. Education section is also ensuring that their partners get involved in monitoring attendance of mothers to the CMAM services and children to the ECD centers to acquire early stimulation and psycho-social care.

Education Emergency Response to flood affected areas

The Education sector has continued to work with partners to ensure preparedness and response for education in flood emergency.

- The Section is working on Education emergency working group ToRs, which will be shared with partners at their October meeting, with UNICEF and Save the Children leading the working group

- The plan is to evaluate the data from the Inter-agency Rapid Assessment on Flood disaster and prepare the Education Sector Floods Response plan
- The sector has already procured and prepositioned emergency educational materials such as school-in-a box and tents for learning spaces for 10,000 pupils

6. Communication for Development (C4D)

The rapid Assessment (RA) of socio-cultural norms and beliefs influencing malnutrition in the affected communities in the Sahel States was completed. The RA results show that high rate of defaulting in CMAM centers (30%) is caused by clients' claim that child's health has already improved (16%), inability to sustain covering the long distances between their homes and the OTP sites (13%), frequent stock outs of RUTF and drugs (12%), long waiting periods and negative attitudes of some health workers (3.6%) and lack of support from husband/family (11%). Other reasons (44%) include death of the registered child (15%) and voluntary but undocumented relocation to new site.

The survey report outlines the following recommendations:

- establish more sites and/or giving two weeks RUTF ration to the clients
- adequate & prompt supply of drugs
- sensitization & re-orientation of communities and involvement of community leaders in CMAM
- user friendly CMAMs (shelters for shade, toilets at CMAM centers, improvement of health staff attitude)

In the coming months UNICEF and partners plan to develop evidence-based Action Plans on start-up of implementation of recommendations of RA and continue with production and prepositioning of communication materials in health (Diarrhea disease), nutrition, child protection and WASH (hygiene practices).

7. Children HIV& AIDS

- The Bauchi office is currently conducting the training of 519 health workers from all 173 CMAM sites in Borno, Gombe, Jigawa and Kano state on HIV prevention education and counseling, condom promotion, referral for HIV testing and counseling, Pediatric Anti-retroviral therapy and PMTCT services prevention, treatment care and support services.
- Following this training of health workers, monitoring and supervision visits shall be conducted to the CMAM sites (with particular emphasis on sites with high number of cases) to ensure that services are being provided as planned. Specific focus shall be given to ensure that data is being compiled to determine HIV status of complicated cases of CMAM
- In the Kaduna field office which covers Kebbi, Katsina, Zamfara and Sokoto states, the report of the joint assessment is being awaited to support evidence based implementation on the sites. Meanwhile the Kaduna office has facilitated the inclusion of the Sahel nutritional response plan into the Katsina and Zamfara state HIV plan for 2013. This shall improve access to HIV Counseling and Testing. UNICEF Kaduna is also facilitating strengthening and coordination of referral paths and linkages of implementing partners with the CMAM sites

8. Supply and Logistics

- In September 15,000 new Ready to Use Therapeutic Food (RUTF) cartons were delivered to 11 States CMAM centers in Northern Nigeria. Total amount of distributed RUTF between January and October hence amounts 139,667 cartons.

9. Human Resources

- Total surge capacity is 19 people, 8 were mobilized and are currently in the country, 10 are under recruitment and 1 is not yet funded. The table below give an overview of surge capacity to date:

UNICEF Humanitarian Staff positions	Total	Sectors
Mobilized and in country	8	Program Assistant (1) (TA) Nutrition Specialists P3 (3) Senior Staff Security Adviser (P5) (1) Emergency Communication Specialist (1) (SBA) Humanitarian Performance & Monitoring Specialist (P3) (1) (TA) Nutrition Supply Chain Specialist (P3) (1)
Under-recruitment	10	Nutrition Specialist (P4) (1) Nutrition Specialist (NOC) (2) Emergency Education Specialist (P3) (1) (SBA) Field Emergency Coordinator (SBA) and National Emergency Specialist NOB (3 TAs) Finance Officer (P3) TA (1) Emergency WASH Specialist (P3) (1) (SBA) Health / HIV/AIDS Specialist (P3) (1) (SBA)
Not yet funded	1	C4D Specialist (P3) (1)

10. Funding

The existing overall funding situation remains the same as last month - 51%, with Education and Social Protection funding gaps of 100%.

Overview of Sector funding for Nutrition Crisis as of October, 27

Funding Requirements				
Appeal Sector	Requirements as per HAU June 2012*	Funds Available**	Funding gap	
			USD	%
Nutrition	13,091,435	9,886,347	3,205,087	24%
Health	1,914,616	437,500	1,477,116	77%
WASH	7,915,090	392,207	7,522,883	95%
Education	2,355,000	0	2,355,000	100%
Child Protection	153,684	119,000	34,600	22%
HIV/AIDS	961,619	100,289	861,330	89%
Social Protection	341,520	0	341,520	100%
Communication for Development	950,000	80,000	870,000	91%
Coordination & HPM	450,000	293,750	156,250	35%
Total	28,132,964	11,309,093	16,823,786	51%

* The total includes a maximum recovery rate of 7%. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006. **Figures represent Other Resources-Emergency budget allocations at country level, which may have been received prior to 2012 and excludes indirect programme support costs.

Although other sectors such as WASH, Health and C4D have received some funding, the funding gap is still too high to ensure an effective integrated response.

Indicative funding gap for Floods and Cholera

With the still on-going flooding disasters in many central and southern Nigerian states, there is increased risk of cholera. In addition to the needs expressed in the HAU in June (see table above), it is estimated an additional funding gap for floods response up to US\$ 9 million out of which US\$ 1 million is pledged. The funding gap for cholera is estimated at US\$ 300,000.

UNICEF wishes to express its deep gratitude to all public and private sector donors for the contributions and pledges received, which have made the current response possible. UNICEF would especially like to thank National Committees and donors who have contributed ‘unearmarked’ funding. ‘Unearmarked’ funding gives UNICEF essential flexibility to direct resources and ensure the delivery of life-saving supplies and interventions to where they are needed most – especially in the form of longer-term and predictable funding and in strengthening preparedness and resilience building. Continued donor support is critical to continue scaling up the response.

Across Sahel, UNICEF received financial and material contributions from: Andorra, Australia, Belgium, Brazil, Canada, CERF, Denmark, Estonia, European Commission/EC, Finland, France, Ireland, Japan, Luxembourg, Netherlands, Norway, Republic of Korea, Spain, Sweden, United Kingdom, United States of America; and the Argentina Committee for UNICEF, Australian Committee for UNICEF, Bulgarian Committee for UNICEF, Canadian Committee for UNICEF, Chilean Committee for UNICEF, Chinese Committee for UNICEF, Croatian Committee for UNICEF, Danish Committee for UNICEF, Finnish Committee for UNICEF, French Committee for UNICEF, German Committee for UNICEF, Hellenic National Committee for UNICEF, Hong Kong Committee for UNICEF, Iceland National Committee for UNICEF, Indonesian Committee for UNICEF, Italian Committee for UNICEF, Japan Committee for UNICEF, Netherlands Committee for UNICEF, New Zealand Committee for UNICEF, Norwegian Committee for UNICEF, Portuguese Committee for UNICEF, Spanish Committee for UNICEF, Thai Committee for UNICEF, United Kingdom Committee for UNICEF, United States Fund for UNICEF.

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For further information, please contact

Name

Mr Ibrahim Fall
Representative (a.i)
Nigeria Country Office
Nigeria
Telephone: +234 (0) 8034020870
[E-mail: ifall@unicef.org](mailto:ifall@unicef.org)

Name

Mr Jacques Boyer
Deputy Representative
Nigeria Country Office
Nigeria
Telephone: +234 (0) 35350009
[E-mail: jboyer@unicef.org](mailto:jboyer@unicef.org)

Name

Ms Lone Hvass
Chief Communication
Nigeria Country Office
Nigeria
Telephone: + 234 (0) 8034 020879
[E-mail: lhvass@unicef.org](mailto:lhvass@unicef.org)

Name

Mr Adili Matontu
Chief Emergency
Nigeria Country Office
Nigeria
Telephone: + 234 (0) 803525027
[E-mail: amatontu@unicef.org](mailto:amatontu@unicef.org)