UNICEF Nigeria

Consolidated Emergency Report 2016

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1 January – 31 December 2016

24 March 2017

For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY

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Abbreviations and Acronyms

ACF	Action Against Hunger
BCC	Behaviour Change Communication
BMGF	Bill and Melinda Gates Foundation
Boko Haram/JAS	Jama'tu Ahlis Sunna Lidda'awati wal-Jihad (JAS)
CAAFAG	Children Associated with Armed Forces and Armed Groups
CFS	Child Friendly Space
CJTF	Civilian Joint Task Force
CM	Community Mobiliser
CMAM	Community-based Management of Acute Malnutrition
CPC	Child Protection Committee
CPiE	Child Protection in Emergencies
CPIMS	Child Protection Information Management System
CPSWG	Child Protection Sub-sector Working Group
CSO	Civil Society Organisation
CTFMR	Country Task Force on Monitoring and Reporting
DFID	Department of International Development
DFATD	Department of Foreign Affairs, Trade and Development Act
DRC/DDG	Danish Refugee Council/Danish Demining Group
EiEWG	Education in Emergency Working Group
EOD	Explosive Ordinance Disposal
EPR	Emergency Preparedness and Response
ERW	Explosive Remnants of War
EYN	Ekklisiyar Yan'uwa A. Nigeria
FEWSNET	Famine Early Warning Systems Network
FMWR	Federal Ministry of Water Resources
GBV	Gender-Based Violence
HAC	Humanitarian Action for Children
HF	Health Facility
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Persons
IED	Improvised Explosive Device
IFRC	International Federation of Red Cross and Red Crescent Society
IMO	Information Management Officer
INGO	International Non- Governmental Organization
IOM	International Organisation of Migration
IP	Implementing Partners
IPC	Integrated Phase Classification
IRC	International Rescue Committee
IYCF	Infant and Young Child Feeding
LGA	Local Government Areas
LLIN	Long Lasting Insecticidal Net
MMC	Maiduguri Metropolis
MMR	Maternal Mortality Ratio

MNP	Micro Nutrient Powder
MRM	Monitoring and Reporting Mechanism
MSF	Médicins Sans Frontières
MWASD	Ministry of Women Affairs and Social Development
NBS	National Bureau of Statistics
NFI	Non-food Item
NGO	Non-Governmental Organization
NHMIS	National Health Management Information System
NiEWG	Nutrition in Emergencies Working Group
NNHS	National Nutrition and Health Survey
NRC	Norwegian Refugee Council
NSF	Nigerian Security Forces
NSRP	Nigeria Stability and Reconciliation Programme
OFDA	Office of U.S. Foreign Disaster Assistance
ONSA	Office of the National Security Advisor
OPS	On-line Project System
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Salts
PCA	Programme Cooperation Agreement
PHC	Primary Health Care/Center
PLW	Pregnant and Lactating Women
ProCap	Protection Standby Capacity Project
PSEA	Prevention of Sexual Exploitation and Abuse
PSS	Pyscho-social Support
PSWG	Protection Sector Working Group
RUTF	Ready to Use Therapeutic Foods
RUWASSA	Rural Water Supply and Sanitation Agency
SBMC	School-Based Management Committee
SGBV	Sexual and Gender-Based Violence
SMYSSCD	State Ministry of Youth, Sport, Social and Community Development
SMART	Standardized Monitoring and Assessment of Relief and Transitions (Survey)
SPHCDA	State Primary Health Care Development Agency
SRP	Strategic Response Plan
SSI	Safe Schools Initiative
SUBEB	State Universal Basic Education Board
TLS	Temporary Learning Space
UASC	Unaccompanied and separated children
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UXO	Unexploded Ordnance
VCM	Voluntary Community Mobiliser
WASH	Water, sanitation and hygiene
WCARO	West and Central Africa Regional Office
WiE	WASH in Emergencies
WINN	Women in the New Nigeria and Youth Empowerment Initiative
WHO	World Health Organisataion

Executive Summary

The conflict between Jama'atu Ahlis Sunna Lidda'awati wal-Jihad (JAS), commonly known as Boko Haram, and the Nigerian Security Forces (NSF) in the north east of Nigeria entered its seventh year in 2016. It was a challenging year for the north east of Nigeria especially Borno State as multiple humanitarian situations unfolded with increased humanitarian access and polio outbreak that set the country off the track of being a polio free nation after two years of zero polio cases. In the first half of 2016, the Nigerian security forces made massive gains and around mid-year, recaptured 15 main towns and many of the villages in Borno State (often referred to as newly liberated/accessible areas) exposing the humanitarian needs of civilians previously under the control of Boko Haram.

Approximately 750,000 people were brought within reach in "newly accessible areas" in 15 Local Government Areas (LGAs). Thousands of Internally Displaced Persons (IDPs) previously trapped or living under the control of Boko Haram, especially women and children, were rescued and needed urgent interventions. The nutrition situation had clearly deteriorated with alarming rates of Severe Acute Malnutrition (SAM) and Global Acute Malnutrition (GAM) prevalence[1] among new arrivals. This, coupled with strong advocacy by UNICEF, led to the Federal Minister of Health to declare a nutrition emergency for Borno State on 27 June 2016 with the focus of the response on Nutrition, Water Supply, Sanitation and Hygiene (WASH), Health and Food Aid. UNICEF activated an internal Level 3 emergency for Nigeria on 23 August 2016 and immediately developed scale-up plans targeting the Maiduguri Metropolitan Council (MMC), Jere and 15 newly accessible areas targeting over 1.2 million people. With the increase in the target population to reach the funding requirements were also significantly revised upwards, from US$ 55 million to US$ 115 million and a revised HAC appeal was launched.

As of 31 December 2016, UNICEF has received US$51 million against the US$115 million appeal leaving a funding gap of 56 per cent. Child Protection, Health and WASH remained heavily underfunded. The funding gap had a negative impact on the implementation of integrated programmes, especially Health and WASH which are also essential to address the underlying causes of malnutrition. Despite a critical funding gap, access challenges due to the deteriorating and volatile security situation coupled with limited partner capacity and presence, UNICEF Nigeria supported the achievement of the following key results in 2016:

- 167,492 children with severe acute malnutrition (SAM) were treated through therapeutic programmes with a recovery rate of 86 per cent. Over 137,962 children received multi-micronutrient supplements and 146,011 pregnant and lactating women (PLW) and caregivers of children aged 6–23 months received infant and young child feeding (IYCF) counselling on appropriate feeding;
- More than 4.2 million people accessed primary healthcare services, nearly 397,470 children were vaccinated against measles and 223,309 families (under five children and PLW) received insecticide treated bed-nets;
- 744,997 people accessed safe water, over 1.12 million accessed improved sanitation facilities and over a million people benefitted from hygiene promotion and distribution of hygiene supplies to maintain a sanitary environment;
- 185,839 children received psychosocial support while 6,062 children associated with armed forces and armed groups (CAAFAG) or subject to sex and gender-based violence (SGBV) were supported with reintegration services.
- 5,939 unaccompanied and separated children (UASC) were linked to protective services including alternative care arrangements and over 10,000 children were reached with mine risk education;
- 106,882 children accessed education in safe learning environments in schools and temporary learning spaces while over 200,000 benefitted from the provision of learning materials.

Despite the scaling up of the response in 2016, the humanitarian needs continue in 2017 with more than 1.6 million people displaced in Adamawa, Borno, and Yobe as a consequence of the conflict requiring continued support from UNICEF's partners to ensure that the needs of the vulnerable children and women of Nigeria are met.

[1] Nutrition program data obtained between since the assessment in April gathered through mid and upper arm circumference (MUAC) screening of children under 5 in newly accessible areas provided evidence in support of the alarming findings from the Joint UN Assessment. For example, MUAC screening carried out by the SPHCDA with UNICEF support in Bama, Dikwa, Konduga and by ALIMA in Monguno show extremely high GAM rates ranging from 22 – 59 per cent.

1. Humanitarian Context

The conflict between Boko Haram, and the Nigerian Security Forces in the north east of Nigeria entered its seventh year in 2016. It was a challenging year for the north east of Nigeria especially Borno State as multiple humanitarian situations unfolded with increased humanitarian access and polio outbreak that set the country off the track of being polio free nation after two years of zero polio case. Around mid-year, the Nigerian Security Forces made gains and recaptured 15 main towns and many of the villages in Borno State (often referred to as newly accessible areas) exposing the humanitarian needs of civilians previously under the control of Boko Haram.

Approximately 750,000 people were brought within reach in newly accessible areas in 15 LGAs, including Bama, Damboa, Dikwa, Monguno LGAs in Borno State, as well as Gujba and Gulani LGAs in Yobe State. Thousands of IDPs previously trapped or living under the control of Boko Haram especially women and children were rescued and needed urgent interventions. Malnutrition and starvation, protection issues, the lack of shelter, water and the lack of medical services owing to the destruction of basic services posed several challenges and those were further exacerbated by access challenges.

Since 2010, SAM and GAM prevalence in the north east of Nigeria have been on the rise. The Estimated caseload for 2016 amounted to 398,188 children under five suffering from SAM, the majority in Borno State with an estimated 200,000 pregnant and breastfeeding women also malnourished. The nutrition situation had clearly deteriorated, with alarming SAM and GAM prevalence in these newly accessible areas. This, coupled with strong advocacy by UNICEF, led to the Federal Minister of Health to declare a nutrition emergency for Borno State on the 27 June 2016 with the focus of the response to be on Nutrition, WASH, Health and Food.

Given the rapidly escalating humanitarian needs identified by increased access in newly accessible areas, UNICEF activated an internal Level 3 emergency for Nigeria on 23 August 2016 and immediately developed scale-up plans for the humanitarian response with a geographical focus on MMC/Jere in Maiduguri targeting 1,214,000[2] people and the 15 newly accessible areas, where an estimated 750,000 people were facing unmet urgent needs. With the increase in the target population to reach the funding requirements were also significantly revised upwards, from US$ 55 million to US$ 115 million and a revised HAC appeal was launched, out of which US$51 million was received leaving a funding gap of US$64 million (56 per cent).

Over 54 per cent of the 1.7 million displaced population are children. It is estimated that there are over 1.38 million children that have been impacted by the conflict and are in need of assistance, including displaced children and children in host communities. The child protection needs of these children are acute. The majority have been exposed to one or more of the following: violence, loss of friends, family members and neighbours, accumulated stress, deterioration in living conditions, inability to provide for one's self and family, increased military presence, divisions in societies, and lack of access to services. In addition to the general needs of children impacted by the conflict, there are thousands of girls and boys who have been subjected to grave violations of their rights. Children are increasingly becoming vulnerable to grave violations such as killing and maiming, recruitment, rape and sexual violence. In 2016, according to reports collected by UNICEF under the framework of the Monitoring and Reporting Mechanism (MRM), at least 2,760 people (141 boys, 129 girls, 1,006 women and 1,484 men) were killed as a result of the conflict.

As access to previously inaccessible LGAs increased, UNICEF and its partners identified potentially large numbers of unaccompanied and separated children in these areas. It is estimated that over 32,000 have been separated from their families and are either unaccompanied or separated. Moreover, over 34,000 children have lost one or both parents as a result of the conflict. Furthermore, with recent rapid assessments focusing on child vulnerability in newly accessible areas which have highlighted large numbers of unaccompanied and separated children may significantly increase this estimation. It is urgent that these children who are highly vulnerable to abuse, violence, exploitation and neglect are identified and either reunified with their families or provided with safe, appropriate and supportive care. There is an increasing number of unaccompanied and separated children who require alternative care because they cannot currently return to their families, including children who have been released, rescued or demobilized from Boko Haram and children born out of sexual violence. These children cannot be returned to their communities as they are at a high risk of violence, abuse and exploitation and require urgent alternative care.

[2] IOM DTM, June 2016

There is a significant impact on the psychosocial wellbeing and development of children with both immediate and long-term consequences for children, families and communities. 2.1 million[3] children (1,071,000 girls and 1,029,000 boys) are in need of psychosocial support (PSS). Psychosocial support for children and their families continues to be a priority to help children cope with the distress they have suffered. The stress and distress of returning to their homes, where many of them witnessed or experienced violence, makes the provision of this service even more pressing to mitigate against escalating mental health issues for children and for their families. It can also hamper their ability to access other services, such as education, further damaging their life chances. These children are in immediate need of psychosocial support to build their resilience, help them to recover from their experiences and rebuild their lives. A smaller percentage of children suffer acute levels of distress and/or mental health issues which require a psychological or psychiatric intervention.

In July 2014, Jama'atu Ahlis Sunna Lidda'awati wal-Jihad (JAS)/Boko Haram, was listed in the UN Secretary-General's 13th Annual Report on Children and Armed Conflict (S/2014/339) to the Security Council for a pattern of killing and maiming of children and for recurrent attacks on schools and hospitals. The listing triggered a Security Council-mandated Monitoring and Reporting Mechanism (MRM) on Grave Violations against Children in Nigeria to strengthen the documentation of such violations by all parties to conflict. In April 2016, the Civilian Joint Task Force (CJTF) was listed by the Secretary General for recruitment and use of children. Both boys and girls have been recruited by armed groups and used in support roles, such as cooks, messengers, porters and look-outs, as well as prepared to participate in combat. In 2015, the Office of the National Security Advisor (ONSA) estimated the presence of 8,000 children associated with armed groups, while the numbers of boys being encountered/rescued are not as high as the original estimates.

Sexual violence has been a tragic characteristic of the conflict. Thousands of women and girls have been abducted, held, raped and forcibly married by Boko Haram. Many have become pregnant and given birth as a result. It is estimated that over 7,000 girls and women have been subjected to rape and forced marriage. A joint assessment by UNICEF and International Alert, published in February 2016, on perceptions of children born out of Boko Haram related sexual violence and of girls and women associated with them, highlighted not only their plight during captivity, but also the acute challenges they face when they are rescued. These girls and women face triple victimization. They are abducted, they then are subjected to repeated rape and when they eventually escape or are rescued, many face stigma and rejection not only from their communities but also from their families. Girls, women and children in the newly accessible LGAs require urgent individual support to recover from their experiences and reintegrate, as well as an opportunity to draw support from other girls and women who have been through the same experience. The challenges faced by boys who were recruited and used by Boko Haram are even more acute risk of rejection by their families and communities as they are considered immediate threats to the communities. Girls and boys require significant and long term support to enable their recovery and reintegration. However, two recent assessments, have highlighted that their reintegration is being severely hampered by the reluctance of their families and communities to accept them back, and their return is in turn threatening to destabilise and further divide the communities to which they are returning.

Between January and December 2016, at least 1,365 children were detained by the Nigerian army in Giwa barracks in Maiduguri for alleged association with Boko Haram. Due to sustained advocacy, 1,300 of these were released and returned to their communities through the LGA authorities. But more than 500 boys and girls remain in military detention in Giwa Barracks in Maiduguri, out of which 66 were boys are being held as alleged child combatants. There are also girls being held for alleged association with Boko Haram. However, the majority of children are detained with their parents who are alleged to be associated with Boko Haram. The majority of the boys and girls being held are from Bama, Mafa, Gwoza and Damboa.

Children in the north east of Nigeria are also at risk of killing and injury from mines. Based on the findings of an assessment conducted by Danish Refugee Council (DRC)/ Danish De-mining Group (DDG) in November 2015 in Borno and Adamawa States, there is a significant problem with explosive ordinances in north east Nigeria. The main ordinances being used include but are not limited to mortars, rockets, grenades, mines and improvised explosive devices (IEDs). Moreover, since 2014, 59 children (49 girls, nine boys and one unknown) have been used in suicide attacks by Boko Haram in Nigeria. Since the second half of 2016, there has been an increase in suicide attack incidents, which also included use of children in attacks. The areas most affected by mines are - southern and eastern Borno, southern Yobe and northern Adamawa. Some towns and villages in these areas are completely destroyed. There is a

[3] Nigeria Humanitarian Needs Overview 2016

high mine risk for IDPs returning to communities, suspected to be highly contaminated. According to the rapid assessment conducted by UNICEF in December 2015, there is a lack of data on mines/explosive remanence of war (ERW) incidents in the north-east is mainly due to limited or no access, sensitivity, relative impact and lumping of all explosives together (intentional and unintentional) by some stakeholders. Moreover, there is no information on unintentional explosions available with military at the State level. The rapid assessment also found the landmines as the major cause of unintentional explosions, with 35 people killed in 9 separate incidents (65 percent of all reported deaths). There is a widespread fear amongst IDPs that their farms and homes are contaminated with explosive devices. When freedom of movement increases on roads, in remote villages, in farmlands and in the bush, all civilians - displaced or not displaced - will be more exposed to the risk of unintentional explosions than they used to be during the conflict. A Mine/ERW risk education programme is therefore highly recommended. There is also an urgent need to place mines/ERW warning signs in collaboration with the State authorities.

Access to healthcare remains a big challenge, especially in the newly accessible areas where returnees continue to face limited access to basic healthcare services. The health facilities (HFs) are constrained with inadequate staffing, insufficient supplies and equipment to meet the health needs of the increased population. Even before the conflict, the northern States, especially Borno is characterized by extremely poor health indicators as compared to the national-level indicators. While the national maternal mortality ratio (MMR) is 576 per 100,000 live births, in Borno MMR is as high as 1,500 – 2,000 per 100,000 live births. Under-five mortality of 160/1,000 live birth in Borno (DHS 2013) is above the national average of 126/1,000 live birth.

Health facilities (HFs) have been systematically targeted by insurgent attacks, leading to destruction and damage incompatible with the provision of quality health services. Utilization of health services remains below one contact per inhabitant per year. The healthcare delivery system in the State previously relied on a network of HFs in the LGAs but as a result of the insurgency about 200 of the 450 HFs (43 per cent) were destroyed, looted or damaged and there is less than one PHC facility per 10,000 inhabitants, well below the average in the north east. The extensive damage on infrastructure and massive displacement of people has consequences for access to health and social services with significant likelihood for increased morbidity and mortality for women and children in the most affected States.

Around 6.21 million people were in need of WASH services in 2016 and 2.6 million were targeted by humanitarian actors, of which, 1.7 million were IDPs, 1.3 million were vulnerable host communities and 0.28 million were inaccessible population. Humanitarian actors managed to reach more than the targeted population, of which 50 per cent is complemented by UNICEF. Given the level of damage to WASH infrastructure and lack of access and partners on ground, WASH needs remained acute throughout the year 2016 and this will continue in 2017.

The education sector has suffered under the insurgency, with school children being killed, abducted and displaced, leading to a high level of trauma. Nigeria is faced with an emergency rooted in opposition to education. 600 teachers were murdered, 19,000 teachers displaced and 1,200 schools were damaged or destroyed. This has resulted in 600,000 children losing access to learning since 2013. This has adversely affected improvements in education achieved prior to the insurgency in 2009. As per the Humanitarian Needs Overview (HNO) 2016, an estimated 1.1 million school-aged children and about 600,000 primary school age children have been displaced and have had their education interrupted. The towns of Maiduguri and Jere are hosting approximately 787,000 IDP children, resulting in a 178 per cent increase in enrolment at host community schools, and a substantial over-stretching of available resources.

As of November 2015, approximately 1,200 schools have been recorded damaged as a result of the insurgency: 619 in Adamawa, 524 in Borno, 57 in Yobe. However, this data is indicative, and the figure in Borno in particular is likely to be much higher. More than 1,000,000 students have lost access to education. An education scale-up plan was developed around the existing systems strengthening initiatives that have been the cornerstone of UNICEF's programme to reach the most vulnerable population particularly children out of school and in schools. 426,400 children (3-17 years) planned to target access safe learning environments (38 per cent in temporary learning spaces (TLS) in double shift, 62 per cent in local schools) where they will receive PSS in the classroom and learn skills for their safety and wellbeing. In collaboration with the Education Cluster, UNICEF will run a needs assessment of school infrastructures in Borno and Yobe, and will continue to support the Government to effectively implement the safe schools declaration.

2. Humanitarian Results

Nutrition:

Sector	Sector Response		UNICEF and IPs		
	Sector target[4]	Sector total results	Revised UNICEF 2016 target	UNICEF total results	% target reached
NUTRITION					
Number of children 6-59 months with Severe Acute Malnutrition[5] admitted to therapeutic care for specified period of time	398,188	167,492	398,188	167,492	42%
Proportion of children 6-59 months with severe acute malnutrition recovered[6]	>75%	86%	>75%	86%	
Number of caregivers of children 0-23 months with access to IYCF counselling for appropriate feeding	637,952	278,089	138,904	146,011	105%
Number of children 6-23 months in the affected areas receiving multiple micronutrient powder	126,565	137,962	126,565	137,962	109%

UNICEF nutrition priorities were aligned with the overarching strategic objectives of the Humanitarian Country Team in Nigeria, the nutrition specific objectives in the HRP, and the Nutrition Sector Priorities. As the co-lead of the Nutrition Sector, UNICEF played a key role in ensuring that there was a programmatic focus on the provision of coordinated and integrated life-saving assistance for children aged 6-59 months with severe acute malnutrition (SAM); as well as the promotion of preventive measures and activities such as Infant and Young Child Feeding (IYCF) counselling for carers, and micronutrient supplementation for children 6-23 months.

UNICEF was able to reach 42 per cent of the sector target for Community-based Management of Acute Malnutrition (CMAM), 105 per cent of the sector target for IYCF and 109 per cent of the sector target for micronutrient powders (MNP). A total of 167,492 children 6-59 months were treated with RUTF in 2016, resulting in the saving of about 32,000 children lives. These children would have died without the treatment. In addition, there has been an increased acceptability of micronutrients powder (MNP), leading to UNICEF exceeding the target set for the year. This change is remarkable considering that areas of high food insecurity area are normally characterised by low acceptability of MNPs. The nutrition worked with health sector to provide 1,619,227 children 6-59 months with a dose of vitamin A through mass campaigns (measles campaign and maternal new-born and child health weeks) in the north east of Nigeria.

UNICEF continues to provide funding and technical support to both the government and nutrition partners including International Non Governmental Organisation (INGOs) and Civil Society Organisations (CSOs). The State Ministry of Health and State Primary Health Care Development Agency (SPHCDA) in Adamawa, Borno and Yobe remained the main government partners in the three emergency States for scale up of nutrition interventions. UNICEF provided on the job supervision, training (300 health care providers and 1,500 volunteers) and support to lead and coordinate nutrition interventions. In addition, nutrition supplies (therapeutic food, F-75, F-100, ReSoMal, MNP, Iron Folate, Vitamin A capsules, Zinc Oral Rehydration Salts (ORS)), anthropometric tools and logistic support were provided to the State Governments and nutrition partners. UNICEF worked with key partners such as World Food Programme (WFP) to ensure synergies in the response for acute malnutrition through linking WFP's blanket supplementary feeding and cash-base transfers to families with SAM children to ensure a nutritious diet is available. In addition, UNICEF worked with international NGOs to implement the community component of nutrition programme.

UNICEF surpassed the set targets for IYCF counselling and MNP, however, the SAM target could not be met due to insecurity and weak capacity of partners to scale up the emergency response. A key bottleneck was the lack of qualified staff to support the scale up. Additional support to the government through collaboration with Universities and NGOs will be the critical moving forward.

The Nutrition interventions implemented during the year incorporated gender perspectives at the State and community levels in the three emergency States. Women played a significant role as they are the primary care-givers of children – for both malnourished and well-nourished children. In the IYCF interventions mothers are the primary

[5] UNICEF target is 100 per cent of SAM caseload for Borno (244,268), Yobe (106,105) and Adamawa (47,815)
[6] Data correction resulted in downward trend

targets for nutrition education on feeding and child care practices including exclusive breastfeeding. Recognising the influence of men in northern Nigeria, in general, and particularly in the emergency States, UNICEF promoted and encouraged the engagement of men to support mothers in child feeding practices. Gender-disaggregated data are collected at the CMAM sites for children who are screened and admitted for treatment. For 2016, the nutrition programme admitted over 167,000 children 6-59 months into the management of severe acute malnutrition, of whom 54 percent are boys and 46 percent are girls. As part of supportive supervision to frontline health workers, UNICEF encouraged the inclusion of women and men in discussing barriers to access nutrition services.

Nutrition sector leadership: The Federal and State Government chair the nutrition sector at Federal and State level with UNICEF as the co-chair. UNICEF recruited a dedicated Sector Coordinator and Information Management Officer. The sector started with only five partners and by the end of 2016 the nutrition sector had a total of ten partners. UNICEF ensured that technical working groups are established and where necessary, are supported through the global cluster. The coordination has been decentralized to the field and the Sector Coordinator and Information Management Officer are both based in Borno.

Establishment of Nutrition Surveillance System: The Nutrition sector decided to establish a nutrition surveillance system for the north east of Nigeria to enhance the availability of data even in areas where no nutrition or other humanitarian interventions are being implemented. The establishment of a surveillance system will enable the monitoring of both population specific and region specific trends in nutrition related risk factors and conditions. With the support of the Centre for Disease and Control Washington and involved in-country capacity the surveillance system was operationalised late November 2016 with data collection leading to a published report. Regular surveillance reports will be published three times per year enabling the nutrition sector to have better information to support the Nutrition sector to plan for nutrition activities.

Health:

Sector	Sector Response		UNICEF and IPs		
	Sector target	Sector total results	Revised UNICEF 2016 target	UNICEF total results	% target reached
HEALTH					
Number of children 6months-15years vaccinated against measles			5,731,507	372,062	6.49
Number of people reached with emergency primary health care services			4,267,534	4,211,257	98.7
Number of families reached with LLINs			160,000	333,926	208

UNICEF's health response largely focused on the provision of integrated primary health care (PHC) services to conflict-affected people located in IDP camps and host communities through health facilities and dedicated outreach teams. Integrated PHC services included treatment of communicable and non-communicable diseases through outpatient and inpatient care, immunization, provision of Vitamin A supplementation and deworming tablets, antenatal care, delivery and post-natal care services and emergency referral services. Efforts to improve the access of IDPs living in host communities to these services provided an opportunity to strengthen the primary health care system.
UNICEF supported the State Primary Health Care Development Agencies (SPHCDA) to provide integrated primary health care services in 30 health clinics in internally displaced persons (IDP) camps and 105 health facilities in host communities to provide quality PHC services in the three affected States. UNICEF supported the State Primary Health Care Development Agencies (SPHCDA) to reach over 4.2 million people with integrated primary health care services in 40 out of the 44 local government areas. The remianing 4 LGAs could not be reached due to insecurity during the period under review. The measles target was not met as as the campaign was delayed and is planned for early 2017.

To scale up the health response UNICEF recruited 72 nurses/midwives and deployed 10 doctors to strengthen health services in the newly accessible areas in Borno State and trained over 1,000 health workers on the provision of emergency primary health care services. UNICEF further complemented these efforts through the training of health care workers on emergency Primary Health Care (PHC) service delivery, procurement and distribution of emergency health kits and strengthening of referral services.

UNICEF ensured the provision of 24 hour services at the PHCs within the select camps and host communities and supported the payments of some key staff salaries of the State health agency. These PHCs conducted routine immunization services as well as ensuring that new IDPs arrivals to the camps were immunized. They also conducted

outreach services to the host communities on a regular basis. The monitoring and supervision of the activities were carried out jointly with the SPHCDA through supportive supervision.

UNICEF's health response was 22 per cent funded through the Humanitarian Action for Children (HAC) appeal. The shortfall in funding was supplemented through the reallocation of regular resources and grants from the European Union and General Electric that facilitated the scale-up of the response to IDP in host communities and communities recently freed from being under Boko Haram's control in the states.

The funding for health to implement the humanitarian response in the north east was seriously comprised by the lack of humanitarian donor funding with a funding gap of 78 per cent. To achieve results in the health sector UNICEF Nigeria internally mobilized regular resources and used other regular resources to achievements of these results. Implementation of the activities was further challenged by partner/agencies presence as well as access constraints.

WASH:

Sector	Sector Response		UNICEF and IPs		
	Sector target	Sector total results	Revised UNICEF 2016 target	UNICEF total results	% target reached
WATER, SANITATION AND HYGIENE					
Number of people provided with access to safe water per agreed standards	1,771,188	1,755,844	1,220,995	744,997	53
Number of people with access to improved sanitation facilities	1,345,400	1,615,800	1,033,547	1,125,652	72
Number of people reached through hygiene promotion Campaigns/ received WASH hygiene kits	2,601,209	1,302,253	1,100,000	1,052,735	74

The achievement against the scale-up plans targets were 53 per cent for water, 72 per cent for sanitation and 74 per cent for hygiene promotion and NFI distribution. UNICEF supported the development of a national cholera preparedness plan as well as the development of sub-national cholera preparedness plans for the prevention, preparedness, and control of cholera. The cholera preparedness, prevention and response plan prepared by Borno State which built on the national plan greatly helped the State in minimizing the spread of cholera. The cholera cross-border collaboration framework among the four Chad basin (Nigeria, Cameroon, Niger and Chad) countries has been further strengthened. WASH made great efforts in the 2016 to increase the integration of the WASH programme with the Health and Nutrition programme by ensuring that increasing numbers of health/CMAM centres were provided with WASH services and families with SAM children received WASH hygiene kits.

In 2016, UNICEF's approach to scale up the WASH programme to increase coverage was to:

- Sign MoU with the State Rural Water Supply and Sanitation Agency (RUWASSA) to carry out new drilling, upgrade and rehabilitate boreholes as it has the equipment and human resources;
- Sign Programme Cooperation Agreements with NGOs/CSOs to undertake minor rehabilitation and monitor water quality of water sources and construction of emergency latrines;
- Sign agreements with contractors to involve in all aspect of rehabilitation and construction of sanitary infrastructure for increased speed of interventions;
- Provide hygiene awareness and WASH NFIs to all families with SAM children and ensure water and sanitation facilities were available, where possible at health/CMAM facilities

The strategy for rehabilitation of the water/sanitation infrastructure was to maximise the use of existing resources, included:

- Upgrading diesel powered boreholes to solar (with solar panels and pumps provided by the State government)
- Extend pipe networks from nearby water sources, rather than constructing new facilities
- Extend pipe networks in all UNICEF supported camps to health clinics (especially for CMAM, ANC/in-patient services) and within 30m for other clinics as well as to UNICEF supported learning spaces within 30m radius
- Provide handwashing stations and dissemination of hygiene awareness materials in all clinics
- Expansion of partnerships to accelerate provision of WASH services

Despite strenuous efforts by UNICEF and its partners to mobilize resources to address the critical WASH needs, lack of funds remained one of major constraints with a funding gap of 75 per cent. To address this UNICEF mobilised regular resources and strengthened coordination to ensure that there were no duplication of activities, standardization and synergy among the WASH actors. Costs were further reduced through the leveraging of resources from Borno State RUWASSA in the construction of solar powered boreholes and hand pump boreholes. RUWASSA provided the solar panels and pumps as well as charging only for then operational costs of using their drilling rigs.

Other key challenges included; the lack of sufficient partners on-the-ground to scale-up interventions especially in the newly accessible areas, hydrogeological challenges which had a negative impact on costs and time taken for drilling boreholes, security and accessibility which limited the humanitarian response in the newly accessible areas and movement of heavy equipment (drilling rigs and compressors) in many areas.

The lessons learnt in 2016 humanitarian response in North east include:

- The provision of water supply facilities in communities hosting IDPs and in areas of return strengthened social cohesion in the community;
- Involvement of all relevant partners and IDP communities in WASH assessments, planning, monitoring and implementation of projects helped in promoting community ownership & sustainability;
- Partnership with NGOs, traditional leaders, religious groups, social groups, and private sanitation service providers has proven to be very successful towards accelerating WASH services to the deprived and most vulnerable children and women.

WASH sector leadership: UNICEF with the collaboration of Ministry of Water Resources established WASH in Emergencies (WiE) Working Group in December 2012 as result of floods in Nigeria. Mandate and membership for the national WASH sector was developed in the first quarter of 2013 and it was extended to north-east Nigeria in 2014 covering three most affected States of Adamawa, Yobe and Borno States. UNICEF as sector lead agency provides dedicated sector coordination and information management staff.

UNICEF in collaboration with the sector worked on developing technical guidelines with the WASH partners and government counterparts especially Ministry of Water Resources in 2016.

Education:

Sector	Sector Response		UNICEF and IPs		
	Sector target	Sector total results	Revised UNICEF 2016 target	UNICEF total results	% target reached
EDUCATION					
Number of school-aged children including adolescents reached by schools/temporary facilities in safe learning environment	663,600	197,697	586,400	106,882	18
Number of school-aged children reached with learning materials	876,020	274,561	586,400	200,302	34
Number of children attending schools/TLSs with a teacher trained in C/DRR (including vulnerability mapping and response planning)	231,400	81,050	231,400	81,050	35

In 2016, the Education response focused on the provision of safe and secure learning environments for conflict-affected children and the provision of pedagogic materials to facilitate the delivery of education. UNICEF partnered with the State Ministry of Education (SMoE) and the State Universal Basic Education Board (SUBEB) to respond the educational needs of children in the north east. The education emergency response initially focused on supporting IDP children in 20 IDP camps in Borno (12), Yobe (4) and Adamawa (4), however, since June 2016 the response was expanded to host communities targeting 130 schools. The response in 2016 was focused on:

- Establishment of temporary learning spaces
- Provision of teaching and learning materials
- Training of teachers on psycho-social support and pedagogy
- Capacity building of School Based Management Committees (SBMC)

- Support to State Ministry of Education to lead coordination and monitoring to ensure an effective response

Although Education finished the year with a funding gap of 28 per cent it remained seriously underfunded for most of the year with additional funds being received in November and December. This had a negative impact on the programme resulting in limited progress towards the targets. The targets were revised upwards as part of the scale-up of the response following the L3 emergency declaration from 160,000 to 586,400 children to access education and receive school supplies. UNICEF was able to reach 200,302 children (50 percent girls) with the provision of school supplies in the three states and provided access to education to 106,882 children by the end of the year.

To improve the teaching and learning environment in the classroom UNICEF supported the training of 1,473 teachers (47 per cent female) on basic pedagogy and psychosocial support. The training better equipped the teachers to support the learning and well-being of children affected by conflict. To improve community engagement in the management of the schools UNICEF supported the establishment of 159 School Based Management Committees (SBMCs) and trained 961 SBMC members. SBMC members play a key role in reaching out to parents to convince them to send their children, especially girls, to school through enrolment drives.

Even with these achievements, a serious gap in children's access to education in north east Nigeria remains. Thousands of children remain out of school due to access barriers and a lack of learning materials.

Education sector leadership: Chaired by the Government and co-chaired by UNICEF and Save the Children, the Education sector is functioning at State and National level, coordinating the response of 13 partners in the delivery of education in emergencies to conflicted-affected children. Initially a sector coordinator and an information manager was provided by the Global Education Cluster during the HNO/HRP process with UNICEF having recruited an international sector coordinator, based in Borno, to take over this short term posting. At the national level, a national coordinator funded by UNICEF is supporting the coordination of the sector with the Ministry of Education.

Child Protection:

Sector	Sector Response		UNICEF and IPs		
	Sector target	Sector total results	Revised UNICEF 2016 target	UNICEF total results	% target reached
CHILD PROTECTION					
Number of children reached with psychosocial support (including through CFS and child clubs)	559,441	290,999	436,201	185,839	42
Number of children and women associated with armed groups/victims of SGBV[7] supported with reintegration services	5,050	6,062	4,550	6,062	133
Number of unaccompanied and separated children supported (case managed, including those supported in alternative care arrangements)	10,655	8,489	8,355	5,939	71
Number of children reached with Mine Risk Education	104,000	10,988	104,000	10,988	10

UNICEF continued to build capacities of the State Ministries responsible for protection of children in emergencies. Working together with the government as well as national and international NGO partners, UNICEF's child protection in emergencies response included psycho-social support services to children; case management of unaccompanied and separated children (UASC); reintegration of children associated with armed groups, which also included girls who experienced sexual violence by armed groups and children born out of such violence; Monitoring and Reporting Mechanism (MRM) on grave violations against children; mine risk education for children; and strengthening child protection information management systems. Significant activities in 2016 included:

- **Pyscho-social Support (PSS):** Scaling up of psychosocial support for children reaching 185,839 children (96,274 boys and 89,565 girls) through 203 child friendly spaces and 11 after-school PSS child clubs in partnership with the State Ministries responsible. The programme was extended to the newly accessible areas of Borno in Bama, Konduga, Damboa, Dikwa, and Monguno. A total of 10 CBOs were selected in Biu LGA, Borno, through a community consultative process. Through community mobilization efforts, each of the CBOs has now set up a community centre for children and other community activities in their respective communities. It is expected

[7] including victims of forced marriage and sexual violence and children born out of sexual violence

that this model will allow the programme to move away from having a child friendly spaces (CFS) as a standalone intervention, to a community based intervention where in the CFS is just one part of a broader community effort to care for and protect their children.

- **Support to Unaccompanied and separated children (UASC):** UNICEF and its implementing partners – Borno MWASD, Save the Children, IRC, COOPI, CHAD and Plan International provided case management support to 5,905 unaccompanied and separated children (3,047 boys and 2,858 girls) in Borno, Yobe and Adamawa States. The support included registration, assessment, referral for services and interim alternative care through the trained foster care givers. The case management support was expanded to the newly accessible areas of Borno (Konduga, Bama, Dikwa, Monguno, and Damboa) and northern Adamawa (Mubi North, Mubi South and Michika). UNICEF and its implementing partners also reunified 393 children with their families and primary care givers.
- **Children Associated with Armed Forces and Armed Groups (CAAFAG)/ Sexual and Gender-Based Violence (SGBV) support:** The study on the perceptions of boys and girls associated with armed groups (Boko Haram and CJTF) and opportunities for reintegration was been finalized - "Bad Blood", February 2016. The study highlighted extreme resistance from families and communities to the return of these boys, regardless of whether they were abducted or were recruited through other means. Informed by these findings, UNICEF partnered with NEEM Foundation to deliver a comprehensive programme for social and economic reintegration of these boys. Neem Foundation identified 2,476 children in four LGAs of Borno State alone during a profiling exercising carried out between September to October 2016 to identify and document children formerly associated with Boko Haram. These boys were provided reintegration assistance and psycho-social support.
- As guided by the joint assessment report ("Bad Blood", February 2016), conducted by UNICEF and International Alert on perceptions of children born out of Boko Haram related sexual violence and of girls and women associated with Boko Haram, UNICEF collaborated with International Alert and local partners to champion community dialogue for social acceptance and supported the affected girls and their children. The programme also worked to address the extreme views on children born-out of sexual violence and to ensure children's safe return and were provided emergency alternative care. However, the needs of the thousands of rescued women, girls and their children exceeds the financial and human resources available to support their recovery and reintegration.
- UNICEF supported Borno State Governments through the MWASD to set up and operate a transit center for women and children released/handed over by the Nigerian Army. The first group of 566 children and women released from military detention in September 2016 were provided transit care, rehabilitation and reintegration assistance in Maiduguri. Negotiations are ongoing with the Nigerian Army to adopt the handover protocol for children encountered during military operations so that children are immediately handed over to the civilian authorities.
- **MRM:** UNICEF continued to play the lead role in monitoring and reporting of grave child rights violations, pursuant to the UN Security Council Resolution 1612 (2005) in Nigeria and had provided cross-border support to Cameroon, Chad and Niger. In 2016, inputs for four quarterly Global Horizontal Notes, Nigeria's Annual Report on grave violations of children's rights and the Secretary General's specific report on Nigeria covering the reporting period January 2013 to June 2016 on grave violations of children's rights were submitted to the Office of the Special Representative of the Secretary General (SRSG) - Children and Armed Conflict (CAAC). The MRM is operational at national level and in the north east of Nigeria. UNICEF trained a total of 423 stakeholders at the Federal and State level on MRM. UNICEF provided support in development of an action plan with the CJTF to end child recruitment. A database on MRM has been developed and is currently in use in Nigeria and in the countries affected by the Nigerian Conflict - Cameroon, Chad and Niger.
- **Mine risk reduction:** UNICEF, through implementing partner DRC/DDG provided child-friendly mine risk education for 10,988 children (5,272 boys and 5,716 girls) and raised community awareness on mine risk through radio programmes and community sensitization programmes in local languages. Unexploded Ordnance (UXO) and Improvised Explosive Devices (IEDs) pose a significant danger to children, particularly when the IDPs return, causing acute risk of injury and death. Mines Advisory Groups have been established at the Federal and Borno State level in July 2016 with UNICEF and UNDP as the co-chairs.

Child protection was heavily underfunded with a funding gap of 79 per cent. The shortfall in emergency funds was partially compensated for through the use of other regular resources and the allocation of un-earmarked humanitarian and humanitarian thematic funds.

Child Protection sub-sector leadership: Coordination for child protection in emergencies at Federal level and in the conflict affected States was strengthened during the reporting period has ensuring more robust and strategic planning, reduced duplication of efforts and has ensured wider coverage of activities, as well as more effective referral mechanisms for children requiring multiple services. It has also ensured up to date information on the child protection needs and response. As part of its sector coordination responsibilities, UNICEF continued to co-chair the child protection sub-sector at the Federal and State level with the Ministries responsible for children and social welfare. A dedicated child protection coordinator is based in Borno and has overseen the strengthening of the coordination structures which has increased effective coordination among child protection actors. The child protection sub-sector, in collaboration with the protection sector and SGBV sub-sector developed advocacy messages to address increasing number of SGBV/Prevention of Sexual Exploitation and Abuse (PSEA) incidents in the North east. The working group has facilitated case management and PSS taskforces to develop easy to use working tools to improve the quality of work.

Local level coordination mechanisms have also been strengthened through the establishment of community based Child Protection Committees (CPCs), which are mandated to prevent, identify and refer child protection cases. The CPCs have identified UASC and GBV cases, ensuring referral of these children and women for support, including legal support. The CPC have also been active in advocating for the domestication and ratification of the Child's Rights Act.

Child protection information management system (CPIMS): Through an international consultant for child protection information management, UNICEF provided technical and support for the establishment of child protection information management system (CPIMS) units at State levels. UNICEF provided computer equipment for establishment of the CPIMS units at the State level in Borno, Adamawa and Yobe. Likewise, solar panels were installed at the Borno State Ministry of Women Affairs and Social Development to enable smooth operation of the CPIMS system. CPIMS units, with trained data clerks are operational in the three States with emergency. In addition, the development of this system has been positioned as part of the wider development of an information management system for child protection that UNICEF is supporting the Federal Ministry of Women Affairs and Social Development to establish in every State in Nigeria under the child protection reform programme. However, implementation in the States of Emergency has highlighted that government partners not only require support to implement the system (which was envisaged in the design of the programme) but also need support with basic computer skills prior to being able to fully utilize the system and analyse the data derived from the system.

At the Federal and State level, UNICEF worked with key child protection partners to operationalize the harmonized inter-agency child protection information management system (CPIMS) and case management tool in order to track numbers of children reached, the violations they have experienced, the services provided to them and the outcomes for each child. UNICEF and the Federal MWASD have been leading the inter-agency case management and information management task force since March 2016 to date. Moreover, UNICEF built the capacity of stakeholders on child protection data collection and collation through the trainings and workshops in Borno and Yobe, which benefitted 20 social workers of Borno State MWASD, six data clerks and 10 case workers of Yobe State Ministry of Youth, Sport, Social and Community Development (SMYSSCD) and four NGO staff (IRC, Save the Children and COOPI). Trainings are planned on use of the revised and simplified case management system in the first quarter of 2017 for data clerks and case workers.

Recruitment is underway for national information management and M&E consultants to be placed with the Ministries responsible for children/women in Yobe, Borno and Adamawa. The consultant also provided on-site and remote support to the government and non-government partners, including technical support to the ministry data clerks to ensure effective use of the equipment in the CPIMS unit. The consultant provided on-site support for the establishment of the CPIMS unit at the SMYSSCD and trained the Ministry social workers and case workers on the use of case management tool.

C4D contribution to UNICEF Programme:

The C4D/Polio network plays an instrumental role in implementation of UNICEF programmes. The C4D network has over 2,300 Voluntary Community Mobilisers (VCM) that link UNICEF programmes to the community. VCMs are trained to resolve non-compliance for polio and routine immunization, screening and follow up for nutrition response, encourage breastfeeding, and train on how to use mosquito nets, measles outbreak investigation and referral.

Nutrition results - Mass Screening for malnutrition and tracking of defaulters: Throughout 2016, VCMs screened children for malnutrition in the IDP camps, host communities and in newly liberated areas with over 350,000 children

were screened in 2016 alone. Additionally, the VCMs supported the mass screening for malnutrition for children during the IPV campaign conducted in Borno State from September 17 to October 24 in 2016, resulting in 644,088 children being screened of which 22,543 were severely malnourished and were admitted into the CMAM program.

Health results - Creating demand for the health service uptake by the IDPs: VCMs are selected from the communities they work in and are usually older respected women**.** In 2016, around 112,000 pregnant women were referred by the VCMs for Antenatal Care (ANC) sessions and over 330,000 care givers were mobilized for polio immunization during the polio outbreak resulting in the immunization of over one million eligible children. In Muna IDP camp during the measles outbreak in September 2016, VCMs mobilized caregivers and 530 eligible children (6 months - 15 years) were immunized against measles.

Support for Cholera prevention: A total of 309,198 adults and children were reached with key hygiene messages including dangers of cholera, the effectiveness of hand washing with soap and the practice of hand washing at critical moments especially after using the toilet and before and after eating food. 683 volunteers were trained in water chlorination and purification and actively supported household level water purification through the distribution of water purification tablets (over 500,000) and by reaching over 88,000 households with hygiene awareness campaigns. A total of 38,305 IEC materials on cholera hung in key strategic locations such as health centres, community centres, mosques, churches, schools and camps.

C4D and Support for Child Protection - Identification of Unaccompanied and Vulnerable Children: VCMs and social mobilizers have been key to identification of unaccompanied and vulnerable children. As they are selected from the communities they work in, they are able to provide information and necessary follow up for the child protection colleagues. For example, in Dalori camp alone, VCMs went from tent to tent and identified 800 children (426 girls & 407 boys) who were alone. These children were linked up to the protection section for further support.

In the host communities, VCMs identify unaccompanied children during screening for malnutrition and mobilization for immunization. This has been helpful in tracking children who need support. C4D developed a strategy to reach the security compromised settlements by working with security forces and collaborating with affected community. This strategy has led to the immunization of previously unreached children (around 240,000) for polio and routine immunization. Other sections were able to reach such areas through the presence of C4D staff. This approach also enabled children living in detention facilities to be reached for immunization and other health services. Through these networks, the child protection section was able to negotiate the release of around 2,000 children and women living in the detention centre of Giwa barracks in 2016.

3. Monitoring and Evaluation

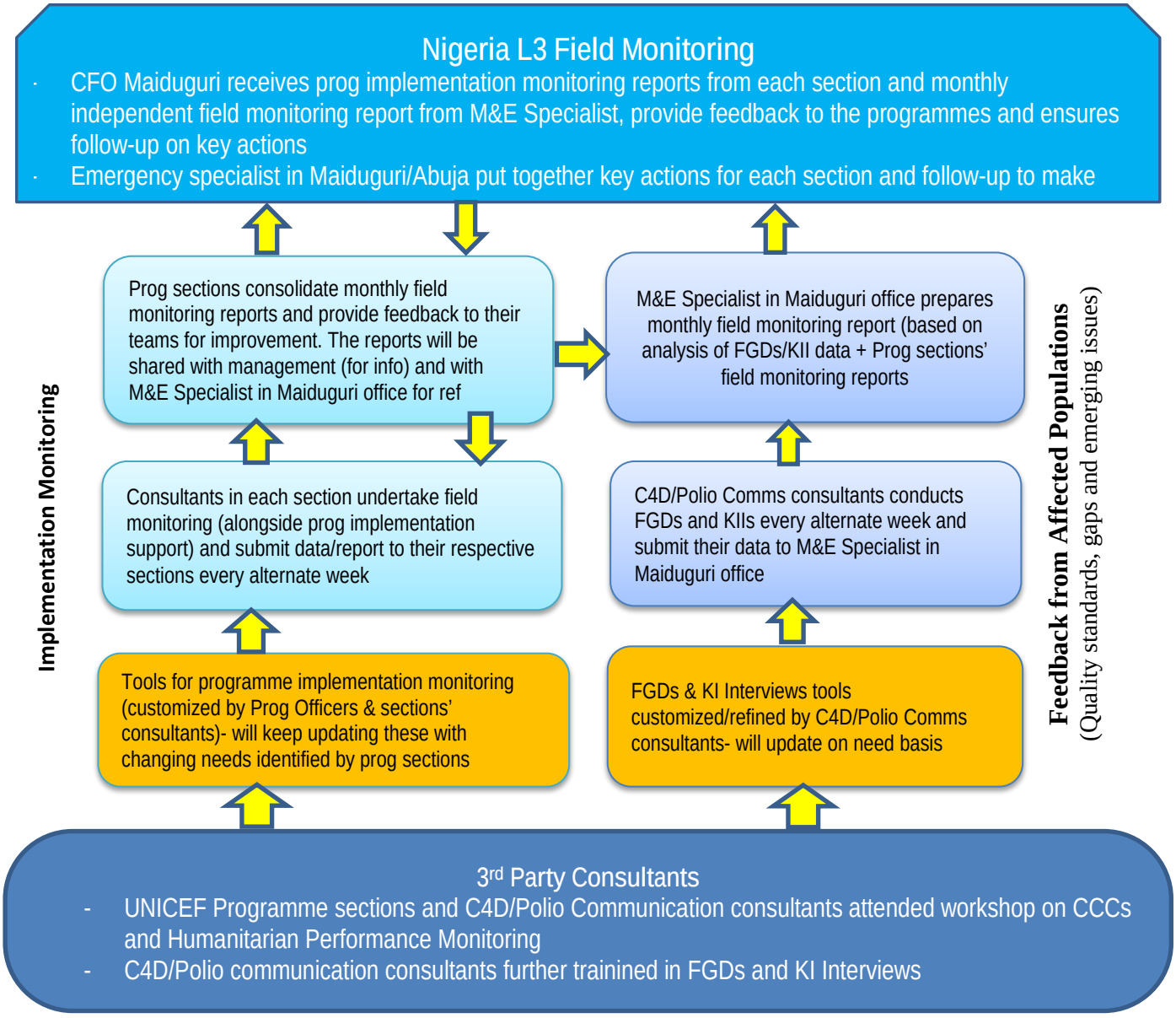
Regular monitoring and evaluation activities were undertaken as part of the UNICEF Nigeria programme implementation cycle. UNICEF is responsible for ensuring regular monitoring and evaluation of its humanitarian interventions and as such holds regular discussions and field visits with the partners at the state as well as the national level to monitor the progress against the planned activities and identify solutions to bottlenecks, and challenges faced. Additionally, apart from the monthly progress reports submitted by the partners (as part of the partnership agreements that UNICEF has with its implementing partners), regular programme monitoring visits are made to the locations where implementation is taking place to verify progress, and determine how any bottlenecks can be resolved. The devolution of authority with the expanded field presence has enabled greater contact with the partners on the ground leading to improved and targeted programming which adjusted to the needs of the affected population.

The field monitoring of UNICEF humanitarian response in the north-east Nigeria has been developed further and uses regular feedback from the affected populations to improve the quality and timeliness of UNICEF's programmes activities. The specific objectives of field monitoring are as follows:

i. Validate progress of the UNICEF implementing partners towards achievement of planned results;
ii. Assess quality of services and supplies as per the agreed standards;
iii. Support accountability to UNICEF's primary stakeholders, i.e., the affected populations, by identifying gaps, challenges and any emerging issues and needs which need urgent attention by UNICEF.

A two pronged strategy for field monitoring of Nigeria level-3 response was agreed: a) programme implementation monitoring by the programme sections themselves and b) monitoring of response quality, gaps and emerging issues conducted by independent field monitors as shown below:

Conceptual Framework: Two-pronged strategy for Humanitarian Programme Monitoring Nigeria L3 response



4. Financial Analysis

Funding Requirements (as defined in Humanitarian Appeal of 01/09/2016 for a period of 12 months)				
Appeal Sector	**Requirements**	**Funds received[8]**	**Funding gap**	
			$	**percent**
WASH		8,067,123	24,365,694	75
Education			3,562,778	28
Health			21,014,821	78
Nutrition			-3,373,843	-17
Child Protection		4,882,404	18,392,958	79
Total			63,962,408	56

[8] Includes carry over of US$ 4.7 million from previous year

Table 2 - Funding Received and Available by 31 December 2016 by Donor and Funding type (in USD)		
Donor Name/Type of funding	**Programme Budget Allotment reference**	**Overall Amount***
I. Humanitarian funds received in 2016		
a) Thematic Humanitarian Funds (Paste Programmable Amount from Table 3)		
See details in Table 3	SM149910	**2,915,852**
b) Non-Thematic Humanitarian Funds (List individually all non-thematic emergency funding received in 2016 per donor in descending order)		
US Fund for UNICEF	SM160282	10,780
US Fund for UNICEF	SM160313	1,980,000
US Fund for UNICEF	SM160524	500,000
Canada	SM160145	960,118
Italy	SM160376	554,939
Japan	SM160088	4,500,000
Luxembourg	SM160622	265,393
Norway	SM160541	2,488,181
Norway	SM160587	584,112
SIDA-Sweden	SM160559	772,286
The United Kingdom	SM160158	7,865,737
USAID/Food for Peace	SM160486	2,376,744
Germany	SM160502	4,545,194
European Commission/ECHO	SM150637	382,837
European Commission/ECHO	SM160488	1,324,503
Total Non-Thematic Humanitarian Funds		**29,110,824**
c) Pooled Funding **(i) CERF Grants** (Put one figure representing total CERF contributions received in 2016 through OCHA and list the grants below) **(ii) Other Pooled funds** - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security etc. (Put the figure representing total contributions received in 2016 through these various pooled funding mechanisms.		
UNOCHA	SM160016	2,000,000
UNOCHA	SM160017	396,553
UNOCHA	SM160022	348,285
UNOCHA	SM160028	1,000,000
UNOCHA	SM160320	237,544
UNOCHA	SM160329	3,000,749
d) Other types of humanitarian funds		
US Fund for UNICEF	KM160067	275,000
USAID/Food for Peace	KM150039	66,204
USAID/Food for Peace	KM160060	4,276,800
USAID/Food for Peace	KM160061	918,855
Total humanitarian funds received in 2016 (a+b+c+d)		**44,546,666**
II. Carry-over of humanitarian funds available in 2016		
e) Carry over Thematic Humanitarian Funds		

Thematic Humanitarian Funds	SM/14/9910	**656,310**	*
f) Carry-over of non-thematic humanitarian funds (List by donor, grant and programmable amount being carried forward from prior year(s) if applicable			
Belgium	SM150387	224,897	
The United Kingdom	SM130487	2,501	
USA USAID	SM150307	1,596,871	
USAID/Food for Peace	SM150402	263,473	
SIDA-Sweden	SM150529	1,081,942	
UNICEF-Nigeria	SM150443	94,730	
European Commission/ECHO	SM150316	367,133	
Canada	SM150203	473,599	
Total carry-over non-thematic humanitarian funds		**4,105,146**	
Total carry-over humanitarian funds (e + f)		**4,761,456**	
III. Other sources (Regular Resources set -aside, diversion of RR - if applicable)			
		-	
Total other resources		**-**	

Programmable amounts of donor contributions, excluding recovery cost.

*** 2016 loans have not been waived; COs are liable to reimburse in 2017 as donor funds become available.*

Table 3: Thematic Humanitarian Contributions Received in 2016

Thematic Humanitarian Contributions Received in 2016 (in USD): Donor	Grant Number[9]	Contribution Amount (in USD)
French Committee for UNICEF	SM/14/9910/1159	108,643
Iceland National Committee for UNICEF	SM/14/9910/1315	72,948
Italian National Committee	SM/14/9910/1121	64,721
Japan Committee for UNICEF	SM/14/9910/1160	58,375
Netherlands Committee for UNICEF	SM/14/9910/1245	111,732
Portuguese Committee for UNICEF	SM/14/9910/1313	280,255
UK Committee for UNICEF	SM/14/9910/1161	43,782
UK Committee for UNICEF	SM/14/9910/1288	307,482
US Fund for UNICEF	SM/14/9910/1162	116,751
Andorran National Committee for UNICEF	SM/14/9910/1314	19,243
German Committee for UNICEF	SM/14/9910/1275	110,375
Korean Committee for UNICEF	SM/14/9910/1163	29,188
Finland	SM/14/9910/1317	1,592,357
Total		**2,915,852**

**Global thematic humanitarian funding contributions are pooled and then allocated to country and regional offices. For a detailed list of grants, please see the 2016 Annual Results Reports.*

[9] International Aid Transparency Initiative (IATI) requires all grants to be listed in reporting. http://iatistandard.org/

5. Future Work Plan

Nutrition: In 2017, UNICEF plans to treat 220,190 under 5 children with SAM (70 per cent of sector target of 314,557 SAM children), reach 511,932 pregnant and breastfeeding mothers with IYCF counselling (70 per cent of sector target), provide vitamin A supplements to 1,456,277 children from 6 – 59 months and provide deworming tablets to 1,251,301 children from 12 – 59 months (100 percent of the sector target) through bi- annual campaigns in Borno and Adamawa States.

Having scaled up CMAM services to all accessible wards in LGAs the focus going forwards will be on providing an integrated package of nutrition services; treatment of SAM children, IYCF and MNP supplementation. To increase coverage UNICEF will privilege active case finding and mobile outreach CMAM services. In addition, UNICEF will strengthen programme linkages with health, WASH and food security while working closely and collaboratively with the Federal and State Government ministries, departments and agencies with responsibilities for humanitarian crisis management, health nutrition, food security and development.

Health: Based on the experience and lessons learnt in 2016, the specific program areas UNICEF will be focusing on in 2017 include:

- Delivery of Integrated Primary Health Care Services in Borno, Yobe and Adamawa States (at PHC facility and mobile clinics with a clear referral system in place)
- Polio Vaccination campaigns (defined by high risk areas)
- Distribution of 250,000 ITN in IDP and Host communities in Borno State (newly accessible areas)
- Response to Acute Watery Diarrhea and Measles Outbreaks
- Facilitate early recovery by supporting one functional PHC per ward
- Rehabilitation of health facilities

UNICEF is committed to achieving 60 percent of the sector targets for 2017 to be met by 31st December 2017:

- Number of children 6 months - 15 years vaccinated against measles- 1,763,711
- Number of people reached with emergency primary health care services- 3,919,357
- Number of families reached with LLITNs- 653,226

WASH: For 2017, UNICEF is prioritising integrating WASH with the health/nutrition and child protection/education programmes by ensuring that where possible all health/nutrition facilities and CFS/schools will have access to WASH facilities. The WASH targets as for 2017 are as follows:

- 1,028,000 people with access to safe water per agreed standards
- 217,000 vulnerable people with access to basic sanitation facilities
- 1,028,000 vulnerable people reached with hygiene messages
- 498,000 people provided with WASH kits

Child Protection: The identification and reunification of UASC is a key priority, especially in advance of the mass returns of IDPs, while maintaining and expanding the network of safe supported alternative emergency and longer term care, especially for high risk children (e.g. children associated with armed groups and children born out of conflict related sexual violence). It will also be important to continue to support the Federal and State Ministries on a system for cross State/country border returns of UASC. In 2017, UNICEF plans to provide case management support to 9,200 UASC, which will include identification, registration, care assessment, placement in interim alternative care and family reunification.

Supporting children who have been associated with armed groups to reintegrate will be a central component of the child protection programme. For children associated with Boko Haram, UNICEF will work with the military for the adoption of a hand-over protocol for children encountered in the course of military operations and advocate for increased access to children in detention, in addition to building the capacity of armed forces personnel and Civilian Joint Task Force members to appropriately handle children.

UNICEF will also continue to work with partners and expand the programme to sensitize communities to reduce negative perceptions against children associated with armed groups and provide reintegration support to girls and women victims of SGBV by armed groups and children born-out of such violence. UNICEF will also continue to work with the CJTF for implementation of the action plan to end recruitment and use of children by CJTF. UNICEF plans to

provide support to 5,500 children who were formerly associated with armed groups, including the girl victims of SGBV perpetrated by armed groups.

UNICEF will also continue to expand the psychosocial support programme in the three States of emergencies to reach 375,000 children, including UASC and children associated with armed forces and armed groups (CAAFAG) in Borno and Yobe to ensure their basic physical and mental health needs are met, in collaboration with the State ministries responsible for protection of children. The service will be strengthened in the communities through the roll out life skills based modules and the establishment of enhanced safe spaces. PSS will be integrated into schools through the after-school clubs.

UNICEF will continue to collaborate with relevant government and non-government partners in scaling up mine risk education for children and in supporting child victims of landmines and unexploded ordinances. UNICEF will collaborate with DRC/DDG to scale up mine risk education for children in order to reach the target of 104,000 children in three States including in the newly accessible areas of Borno - Bama, Damboa, Dikwa, Konduga, Monguno, Ngala, Gwoza as well as Gujuba and Gulani of Yobe; and; Mubi North, Mubi South and Michika of Adamawa.

Education: In 2017, the Education Sector response strategy will continue to focus on three programme areas; increased access to education for conflict-affected children in safe and secure learning environments, the provision of pedagogic materials and the enhanced capacity of communities to participate in school management through School-Based Management Committees (SBMC).

As part of the HAC, UNICEF and its partners in Education will work to improve the quality of education accessed by children in the north east of Nigeria to ensure those enrolled in 2016 continue to attend and remain in schools. Targets as outlined in the HAC are as follows:

- 1,260,000 conflict affected children accessed education in protective and safe learning environments
- 1,260,000 conflict-affected school-aged children are reached with pedagogic material.

6. Expression of Thanks

UNICEF Nigeria's humanitarian interventions in 2016 would not have been possible without the continued and generous support from funding partners. The un-earmarked funding received for humanitarian interventions is critical as it provides UNICEF with greater flexibility to respond to the needs of children in emergencies in the north east of Nigeria as it allows UNICEF Nigeria to determine where it could be used most effectively.

On behalf of the children and women throughout the North east of Nigeria who have been reached with your assistance, UNICEF would like to express its sincere appreciation to its resource partners around the world for their continued and critical support.

ANNEX 1: Donor Report Feedback Form

Country	Nigeria
Project Title	**Consolidated Emergency Thematic Report 2015**
Donors	Government of Belgium, Canada (CIDA), European Commission/ECHO, Government of Germany, Government of Italy, Government of Japan, Government of Luxembourg, Government of Norway, Sweden (SIDA), United Kingdom (DFID), Madonna Award, UNOCHA, USAID/Food for Peace, US Fund for UNICEF
Grant Number	SM160282, SM160313, SM160524, SM160145, SM160376, SM160088, SM160622, SM160541, SM160587, SM160559, SM160158, SM160486, SM160502, SM150637, SM160488, SM160016, SM160017, SM160022, SM160028, SM160320, SM160329, KM160067, KM150039, KM160060, KM160061, SM150387, SM130487, SM150307, SM150402, SM150529, SM150443, SM150316, SM150203, SM149910, SM150443
Duration	1 January – 31 December 2016

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report and return to the pironside@unicef.org who will share your input with relevant colleagues. Thank you!

Please return the completed form back to UNICEF by email to: pironside@unicef.org, with copy to dstolarow@unicef.org

SCORING:	**5 indicates "highest level of satisfaction" while** **0 indicates "complete dissatisfaction"**

1. To what extent did the narrative content of the report conform to your reporting expectations? (For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

_____
_____

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

_____
_____

3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what could we do better next time?

_____
_____

4. To what extent does the report meet your expectations with regard to reporting on results?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

_____
_____

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.
_____
_____

6. Are there any other comments that you would like to share with us?

_____
_____