

2017

HUMANITARIAN RESPONSE PLAN

— JANUARY-DECEMBER 2017 —

DEC 2016

NIGERIA



Photo: Órla Fagan

TABLE OF CONTENTS

PART I: COUNTRY STRATEGY

Foreword by the Humanitarian Coordinator	02
Statement of support from the Minister of State	03
The humanitarian response plan at a glance	04
Overview of the crisis	05
Strategic objectives	09
Response strategy	10
Operational capacity	12
Humanitarian access	13
Response monitoring	15
Summary of needs, targets and requirements	16

PART II: OPERATIONAL RESPONSE PLANS

Food Security	19
Nutrition	20
Health	22
Protection	24
Shelter and Non-Food Items	30
Education	32
Water, Sanitation and Hygiene	34
Response and Recovery Planning (Durable Solutions)	36
Displacement Management Systems/CCCM	38
Coordination	40
Logistics	41
Emergency Telecommunications	42
What if? ... we fail to respond	43
Guide to giving	44

PART III: ANNEXES

Participating organizations and funding requirements	46
Abbreviations and acronyms	47
End notes	49

FOREWORD BY

THE HUMANITARIAN COORDINATOR

The eight-year violent conflict across North East Nigeria has resulted in a deepening humanitarian crisis, the enormity of which grew during 2016 as the Nigerian Armed Forces took back areas previously held by Boko Haram. Already prior to the conflict, the six states in North East Nigeria lagged behind the rest of Nigeria in terms of socio-economic development. The conflict that erupted in 2009 exacerbated an already declining situation. The ensuing violence spilled over to neighbouring states and countries in the Lake Chad Basin causing a regional crisis with mass displacement, as citizens fled for their lives.

While the Humanitarian Needs Overview (HNO) looked at requirements across the six states of North East Nigeria where 14 million people are in need of humanitarian assistance, in the response for 2017, humanitarian partners agreed to focus on states assessed as the most affected by the violent conflict, infrastructure destruction, mass displacement, ongoing insecurity and ensuing factors. The highest numbers requiring humanitarian assistance are located in Borno, Adamawa and Yobe where 8.5 million people are in need of urgent life-saving assistance. The Humanitarian Response Plan for 2017 will focus on 8.5 million people in need of urgent assistance in the most affected states of Borno, Adamawa and Yobe and aims to reach 6.9 million people with life-saving humanitarian support.

The mass movement of people led to significant losses of livelihoods and fields laid fallow for up to three years. This resulted in a food and nutrition crisis for 5.1 million people across the three states. As millions escaped the violence, communities opened their doors to relatives and friends and further impoverished their own households while infrastructure strained and resources stretched under an unbearable burden.

Civilians continue to face grave human rights violations and abuses including death, injuries, sexual and gender-based violence, arbitrary detention, disappearances, forced displacement, attacks on civilian sites and forced recruitment. This resulted in huge protection needs for the survivors, which must be addressed.

In Borno, the most affected state, large areas remain inaccessible or only partly accessible to the humanitarian community. The fluid security situation means we must adapt and seek more creative ways of reaching communities who require our assistance. The setting up of humanitarian hubs at the end of 2016 and in early 2017, strategically placed in hard to reach areas where the need is greatest, will allow responders to be more effective and efficient in the delivery of aid. Humanitarian workers will be able to work in these areas on a rotational basis and support the community with life-saving humanitarian interventions over longer periods than has been possible up to now.

Due to the competing crises around the globe requiring the attention of international donors, the narrative on the humanitarian situation unfolding in North East Nigeria was largely missed in 2016 but it has now reached proportions that can no longer be ignored. The oil crisis had a knock-on effect creating a deep recession in Nigeria and the Government is battling to cope with a downward spiraling economy. No national government alone would be able to cope with such massive numbers of people in need of urgent humanitarian support. The humanitarian imperative requires the international community to stand ready to further support the Nigerian people in this dire situation in the north east.

In response to this crisis, the humanitarian community is massively scaling up and committed to making its most experienced and qualified staff available for this response. But we also need to provide humanitarian workers with the support they require to work in difficult and insecure circumstances. We welcome the partnership and commitment of the Nigerian Government at both Federal and State level to lead this response and recognize that it is beyond the capacity of any one party to resolve.

Together with 75 partners, we are seeking US\$1 billion to deliver life-saving assistance and prevent further hardship for the children, women and men in Borno, Adamawa and Yobe States. We require the support of all concerned, and are particularly reaching out to the Nigerian private sector. We are grateful to the international community for their support so far, but we ask for strengthened commitments throughout 2017 to prevent this disaster from escalating into a widespread catastrophe. Our aspiration is to assist those who so desperately want to return home to do so in a safe and dignified manner with sustainable restoration of livelihoods and access to basic services.

Peter Lundberg

STATEMENT OF SUPPORT

MINISTER OF STATE

The Government recognizes that violent extremism has and continues to exert untold suffering to the people of North East Nigeria. The grievous extent of the devastation means that the Nigerian people and their government alone cannot cope with the near catastrophic consequences.

We have, therefore, committed substantial resources to combatting insecurity as well as rehabilitation and reconstruction of basic infrastructure destroyed including schools, medical facilities, markets and essential service provision to the most affected people. However, the scale of destruction and the new skills required to ensure a return to normalcy, requires unprecedented levels of partnership between the international humanitarian community and Government of Nigeria, coming together at this critical moment in our history.

Within 2016, the depth of the crisis has become evident, partly due to improved access to some of the most affected people. We are, therefore, gratified to see progress in our joint efforts to respond to the humanitarian needs of people who have been directly affected by the crisis and in critical need of assistance. The Government applauds the determination of the international humanitarian community to appeal for resources to meet the immediate lifesaving needs of nearly 7.0 million people in 2017 through a multi-sectoral approach. We appreciate that this is a daunting task, given the current global economic environment. Nonetheless, this is not a Nigerian issue in isolation or even a regional problem affecting the Lake Chad Basin countries alone but is quickly becoming a global problem that needs global synergies in action to address.

For our part as Government, we have demonstrated and will continue to demonstrate strong commitment to working together with the international humanitarian community. We will endeavor to provide an environment in which humanitarians will be able to undertake their priority activities, including security measures, promoting access to the population in need, facilitating and enabling information collection and analysis and engaging global media in telling our story accurately.

The Government will continue to put funding into jointly prioritized sectoral activities so that there will be no gaps in the humanitarian response. These resources will be deployed transparently and in a manner that blends in well with the complementary deployment of resources by the international humanitarian community, including in supporting early recovery and livelihoods.

The Government has recognized the importance of strong leadership and coordination of the Nigeria led joint humanitarian response. As a result, Federal Government of Nigeria has put in place the Inter-Ministerial Task Force (IMTF) under the leadership of the Ministry of Budget and National Planning. The IMTF will develop coordinated plans that acknowledge complementarity of the HRP, and create a platform for ensuring that the 2017 Plan is supported and aligned with the Federal Government of Nigeria humanitarian and development strategies. Going forward, the Government will replicate lessons learnt at the Federal level at State and LGA levels, to ensure predictability in the way we work together.

The HRP for 2017 was developed with extensive consultations between the highest levels of Government, the donor community, UN humanitarian organizations as well as international and local NGOs. The HRP is one framework among others currently being utilized by the Government in collaboration with other partners, to build a nexus between immediate and short term humanitarian response and longer term development activities.

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

Honorable Zainab Ahmed

Minister of State, Ministry of Budget and National Planning

THE HUMANITARIAN RESPONSE PLAN

AT A GLANCE

STRATEGIC OBJECTIVE 1



Support lifesaving activities and alleviate suffering through integrated and coordinated humanitarian response focusing on the most vulnerable people.

STRATEGIC OBJECTIVE 2



Enhance access to humanitarian assistance and protection services through principled humanitarian action.

STRATEGIC OBJECTIVE 3



Foster resilience and durable solutions for affected people through restoration of livelihoods and basic social services.

PEOPLE IN NEED IN BORNO, ADAMAWA AND YOBE



8.5M

PEOPLE TARGETED



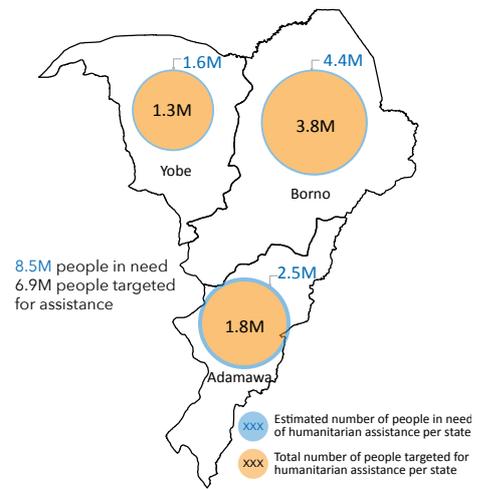
6.9M

REQUIREMENTS (US\$)

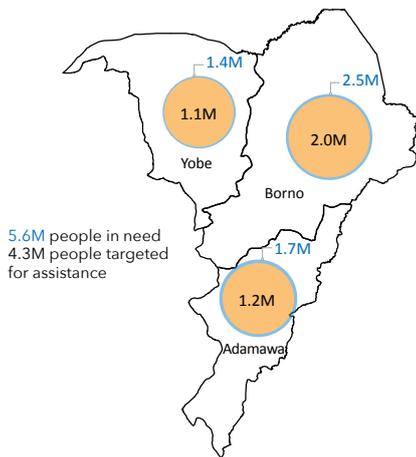


1,054M

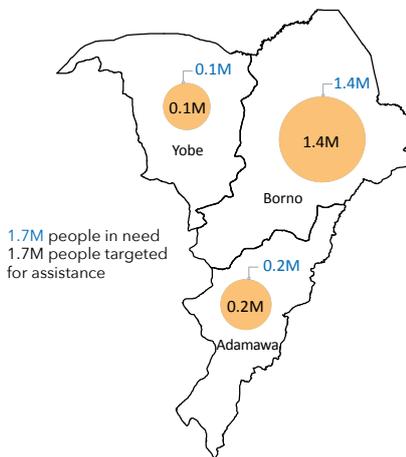
PEOPLE IN NEED AND TARGETED FOR ASSISTANCE PER STATE



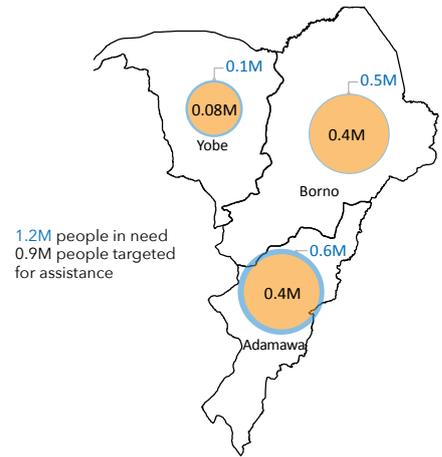
HOST COMMUNITY



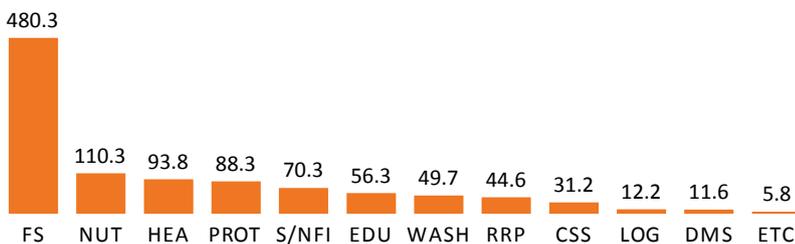
INTERNALLY DISPLACED PEOPLE



RETURNEES TO AREAS OF ORIGIN



FINANCIAL REQUIREMENTS BY SECTOR HRP 2017 (MILLION \$)



NUMBER OF PARTNERS



FS: Food Security; NUT: Nutrition; HEA: Health; PROT: Protection; S/NFI: Shelter and Non-Food Items; EDU: Education WASH: Water-Sanitation and Hygiene; RRP: Recovery and Response Planning (Durable Solutions); CSS: Coordination and Support Services; LOG: Logistics; DMS: Displacement Management Systems; ETC: Emergency TeleCommunications

OVERVIEW OF

THE CRISIS

As it reaches its eighth year, the effect of the conflict between Boko Haram and military counter operations in North East Nigeria has reached devastating proportions. The result of widespread forced displacement, acute food and nutrition insecurity and serious violations of international humanitarian and human rights law drastically increased humanitarian needs. What was primarily a protection crisis now also becomes a food and nutrition crisis requiring a significant scale up of urgent life-saving assistance.

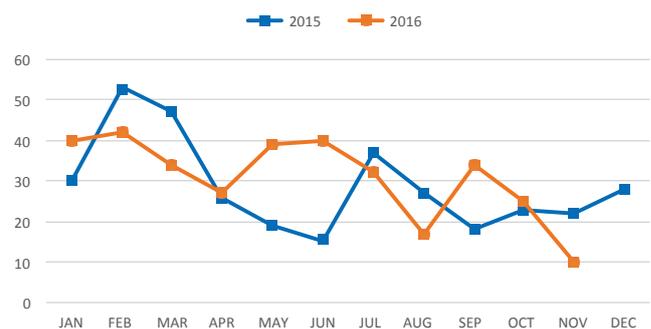
The Humanitarian Response Plan 2017 will focus humanitarian community capacity on responding to the most urgent life-saving needs. **The most directly affected states of Borno, Adamawa and Yobe are home to an estimated 8.5 million people in need of life-saving assistance and the response aims to reach 6.9 million of the people in need in these three states.**

From the 14 million people in need across the six states of North East Nigeria covered by the Humanitarian Needs Overview¹, Borno, Adamawa and Yobe States are the most directly affected by violent conflict and mass forced displacement and encompass the most urgent life-saving needs. Humanitarian partners have increased their capacity to deliver in these states within a context of access and security constraints. Borno State is the hardest hit by the conflict and many areas are still extremely insecure. However, Borno accommodates 69 per cent of all internally displaced persons (IDPs) and hosts 52 per cent of the estimated people in urgent need of humanitarian assistance. Maiduguri, Borno's state capital, is considered to pose acceptable risks, but all roads leading out of the capital are subject to frequent attacks.

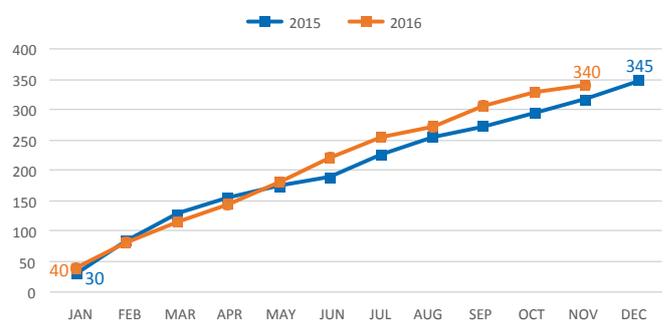
While the Nigerian Armed Forces and community security groups² made significant territorial gains in the fight against Boko Haram, there is **ongoing insecurity and Boko Haram continue to pose a threat in large parts of Borno, northern Adamawa and eastern Yobe.** In 2017, it is expected that the shifting tactics of the group and the military response will likely result in additional displacements, protection risks and abuses to civilians.³ The volatile security situation continues to pose serious access challenges to the humanitarian response and will prevent programme implementation if the situation deteriorates. While Boko Haram were pushed back over 2016, sporadic attacks have continued and the reported level of incidents for 2016 is as high as it was in 2015 (see charts).

As some areas previously held by Boko Haram become more accessible, hundreds of thousands of people previously inaccessible are now within reach of the Government and humanitarian partners. These recently accessible communities currently in 15 sites in Borno and two local

NUMBER OF INCIDENTS RELATED TO BOKO HARAM PER MONTH REPORTED IN 2015 AND 2016⁴



CUMULATIVE NUMBER OF INCIDENTS RELATED TO BOKO HARAM REPORTED IN 2015 AND 2016



government areas (LGAs) in Yobe are in urgent need of life-saving humanitarian assistance, most critically food and nutrition as well as protection, health, water and sanitation (WASH), education and shelter. The security situation in these areas remains unpredictable. Governmental agencies as well as some NGOs and UN agencies are using military escorts as a last resort to deliver humanitarian assistance in LGA headquarters, where there are large concentrations of IDPs

with increased military presence. In July 2016, a humanitarian food convoy under military escort was attacked by suspected Boko Haram. As of November 2016, 13 LGAs in Borno, five LGAs in Yobe and one LGA in Adamawa were partially accessible through military secured main routes and at LGA headquarters. Humanitarian partners continue to **struggle to operate within the realms of principled humanitarian action as the military continue to work towards securing territory and preventing the infiltration of Boko Haram elements by restricting movement.** Civil-military coordination remains a challenge. For protection risks and humanitarian access restrictions to decrease, it is imperative that civilian authorities, including police, return and re-assert control in LGA headquarters.

Currently six LGAs in Borno state are inaccessible⁵ to humanitarian partners. The dire situation found in recently accessible areas and the urgent life-saving needs suggests that those still unreachable are also in critical need. **Reaching people in need remains the biggest challenge to the humanitarian operation, due to restricted access and high levels of insecurity,** which presents challenges in accurately estimating the needs in these areas. Using the overall people in need figure based on projected population data, the number of people in the six inaccessible areas could be up to 0.7 million⁶ but humanitarian partners will need unhindered and sustained access to assess and determine the situation in inaccessible areas.

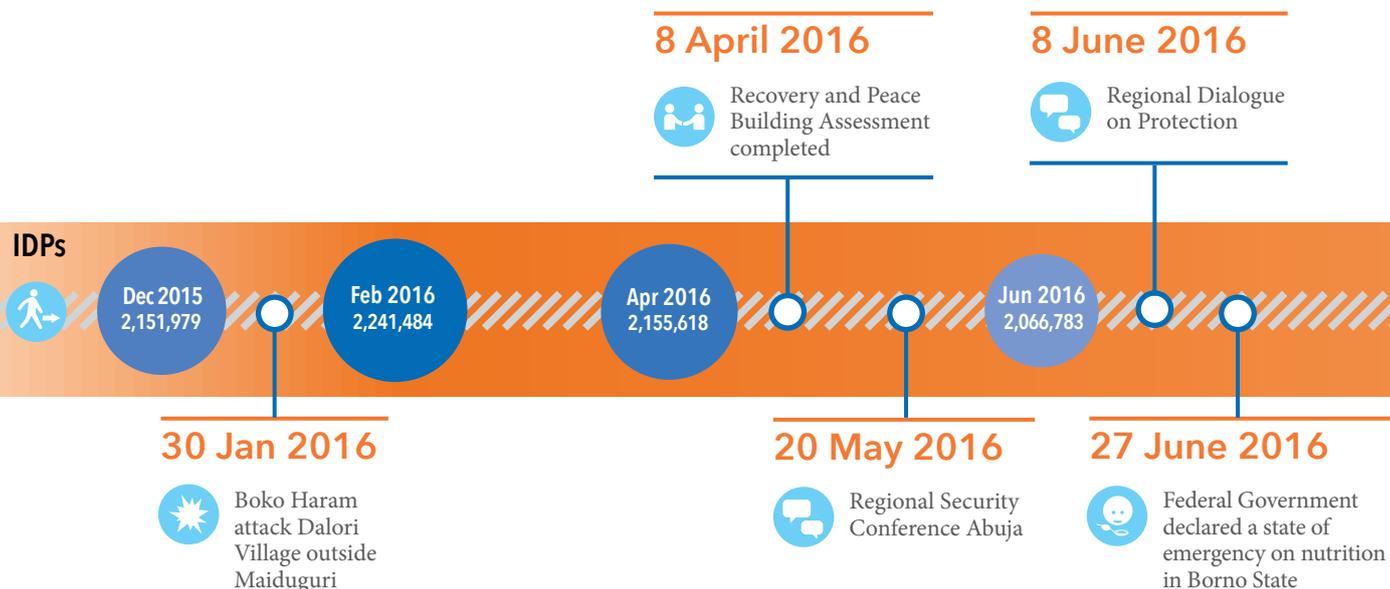
Considerable movement of displaced people between LGA headquarter towns and surrounding areas also makes it difficult to adequately track and assess needs and respond. In some instances, IDPs become more mobile as they try to restart farming, move to access humanitarian assistance and in some cases the numbers fluctuate as some displaced in host communities refuse to be classified as IDPs.

While plans are afoot to return IDPs back towards their areas of origin, most IDPs are being taken to LGA headquarters, where they remain displaced. Organized movements of IDPs into their LGAs, not their home will likely further increase their vulnerability. These IDPs do not fulfill the UNHCR definition of 'return'⁷ and cannot be considered 'returnees'. For a person to return they must be able to go back to their home safely and with dignity. The process of 'return' can increase tensions regarding land ownership and complex housing, land and property disputes. Perspectives of traditional authorities who historically manage the legitimate and accepted land administration systems, with the Ministry of Land and Surveys need to be consulted to reduce possibilities of inflaming local conflict and ensuring that returns take place within the 'do no harm principle.' The Borno State Protection Sector Working Group has identified this as an issue in Borno and recently established a sub-working group, Housing, Land and Property. Humanitarian actors need to ensure such conflict sensitivity in interventions and of potential stigmatization between those returning and those who remained.

In an already economically deprived region, challenges of prolonged displacement affect more than just the displaced. There is a huge strain on infrastructure and resources with almost 80 per cent of 1.8 million IDPs living within host communities, many for up to two years. This results in increasing tensions between host communities and IDPs with a negative perception towards humanitarian programmes that solely target IDPs.

Limited safe, voluntary and sustainable returns of IDPs and refugees are in place and will continue. However, some people are returning into areas which are not safe, with reports of deaths in subsequent Boko Haram attacks and returnees displaced again in headquarter towns. This secondary movement requires new approaches in understanding trends in

CRISIS AND DISPLACEMENT TIMELINE



displacement including humanitarian response in new displacement sites, return sites and engagement with communities to ensure that return solutions to areas of origin are sustainable.

Hunger and malnutrition rates are alarming. Food and nutrition insecurity has reached extreme levels in parts of Borno, Adamawa and Yobe with 5.1 million people in IPC Phases 3 to 5, an increase of 50 per cent severely food insecure since March 2016.⁸ In the worst affected and least accessible areas of Borno and Yobe severe forms of hunger and even famine-like conditions were reported. As the humanitarian crisis continues to deepen, mortality rates are rising. Up to 450,000⁹ children will suffer severe acute malnutrition in Borno, Adamawa and Yobe over the next 12 months, with 300,000 in Borno alone.

The three most-affected states are predominately agricultural and due to insecurity, there has been a huge reduction in cultivated lands resulting in inadequate agricultural production that does not meet the needs of the millions of people who are normally self-sufficient and food secure. People engaged in agricultural livelihoods need some measure of security to allow them return to their land. The removal of remnants of war/UXO/IEDs and provision of agricultural inputs will be required before the next agricultural season. By not having safe access to land and missing another planting season, IDPs, returnees and vulnerable host communities will continue to rely on food assistance. **Many of the affected people are highly vulnerability due to prolonged hardship.** Affected households coping strategies are already weak – all displaced and many host community households have lost income and adopted negative coping mechanisms. In October 2016 it was reported that only 20 per cent of IDP households have a source of income.¹⁰

With continued insecurity and instability, affected people including IDPs, host communities and other conflict-affected communities are increasingly facing survival challenges.

Protection needs, particularly in recently accessible areas, remain severe, especially for vulnerable groups, including women and children. Civilians face grave human rights violations and human rights abuses including death, injuries, sexual and gender-based violence, arbitrary detention, disappearances, forced displacement, attacks on civilian sites and forced recruitment. Many families remain separated. Displaced people in temporary IDP sites and host communities have experienced trauma and neglect during the course of the conflict. Temporary IDP sites are considered high visibility targets for attacks by Boko Haram, which often results in further restrictions by security actors to movements in and out of temporary IDP sites.

Women, children, the elderly, people with disability and minority groups require specific attention. Several assessments reveal limited access to humanitarian assistance and services has contributed to negative coping mechanisms and sexual abuse and exploitations (SEA), including in temporary IDP sites in Maiduguri. Vulnerability screening found that 56 percent of gender-based violence (GBV) cases in North East Nigeria were associated with survival sex.¹¹ The government has launched an investigation on the alleged SEA cases. There are reports of forced conscription of children by Boko Haram as child soldiers, ammunition carriers, porters, cooks, wives and sex slaves. Since 2014, 41 children (3 boys, 38 girls) and 54 people of unknown ages and gender have been used in suicide attacks by Boko Haram.¹² Children are also joining the ranks of Civilian Joint Task Force (CJTF) and community security groups in increasing numbers. Studies indicate that people who were held by Boko Haram face rejection from families and communities. There is huge distrust towards former captives and their children, born as a result of rape.¹³ This puts individuals at further risk of stigmatism, rejection, violence, abuse and abandonment by their own communities. Initial assessments revealed increasing numbers of

28 July 2016



Humanitarian convoy attacked delivering aid under military escort outside of Maiduguri

23 Sept 2016



Federal Government forms Inter-Ministerial Task Force

26 Oct 2016



Presidential Committee on North East Initiative inaugurated

Aug 2016
2,093,030

4 Aug 2016



Split in Boko Haram leadership

24 Sept 2016



President Buhari requests that countries who had pledged support address the humanitarian crisis in Lake Chad area

Oct 2016
1,822,541

End Oct 2016



Increase in attacks attributed to Boko Haram following the end of the rainy season

female-headed households are returning to recently accessible LGAs because their husbands have disappeared, were killed or are too afraid to return.¹⁴ There are also reports of children engaged in reconstruction activities. This reveals the specific protection risks faced by men especially young adults and the burden and vulnerability experienced by women who are returning to their LGAs without the men.

Health needs remain extremely high with many people already in critical health conditions and high prevalence of severe malnourishment, morbidity and mortality. The lack of basic shelter, water, latrines and bathing facilities increases the risks of communicable diseases including cholera and exacerbates malnutrition among children under five. WASH infrastructure needs to be urgently rehabilitated/rebuilt in newly accessible LGAs to minimize waterborne diseases. After two years without a recorded case of polio in Nigeria, four cases were confirmed in Borno in August 2016, indicating the urgent escalating health crisis.

From the beginning, attacks on education have been at the very forefront of the conflict as evident in the name Boko Haram, most often translated as ‘Western education is forbidden,’ with teachers and schools as the groups first targets. Prior to the conflict, enrolment and attendance rates in North East Nigeria were among the lowest in the country with girls particularly lagging behind. In some areas, schooling has been interrupted for over two years due to the conflict and overcrowding in host communities schools.

In a marginalized area already under-served in terms of access to education, the targeted destruction of more than 1,200 schools had a devastating impact on children’s right to education, affecting an estimated 3 million conflict-affected children. Education as the foundation of any well-functioning society must urgently be reinstated in close coordination with the Government and built back better.

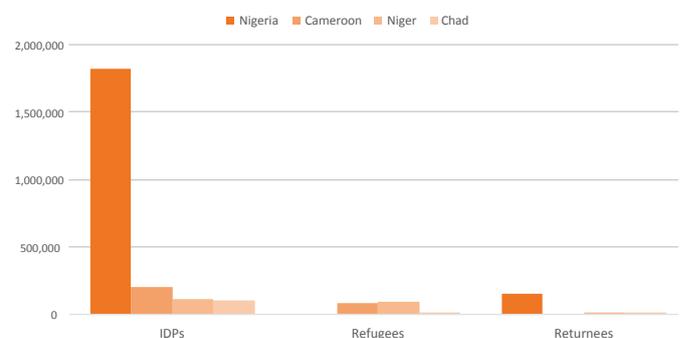
The IMTF and Government Humanitarian Coordination Working Group (GHCWG) have created a positive platform for the Government, UN agencies and humanitarian partners. This enables planning and coordination with the Government to ensure this is a Nigeria-led humanitarian response. The Federal Government and development partners are also working on recovery, reconstruction and peace building with the Presidential Committee for the North East Initiative (PCNI) and the Buhari Plan, the operationalisation of the Recovery and Peace Building Assessment (RPBA) and other initiatives. Coordination is a work in progress as government and humanitarian and development partners look to develop closer synergies between humanitarian and development assistance. The economic decline and recession will be an ongoing challenge that will limit the government’s capacity to respond to the crisis. In areas where there is safe access and where voluntary returns are taking place, humanitarian support needs to be delivered in coordination with longer term recovery activities to bring stability and restore normalcy to the affected communities. IDPs will return when they feel safe and there is a functioning local government, police presence and rule of law. The rehabilitation/ reconstruction of

health facilities, water systems and schools will significantly impact the normalization of life in recently accessible areas. Livelihood support is required to run in parallel with social and psychosocial reintegration programmes to effectively rebuild communities suffering from many years of trauma.

In response to increasing urgent needs due to the crisis during 2016, the international humanitarian community scaled up response capacity and improved coordination on the ground to deliver life-saving assistance. Within the last quarter of 2016, mechanisms for improved national coordination with the international humanitarian community were set up with the establishment of the IMTF, working from the Emergency Coordination Center and continued links with National/State Emergency Management Agency (NEMA/SEMA). The operational centre for international humanitarian partners shifted from Abuja to Borno’s state capital, Maiduguri, and eight humanitarian hubs are planned in recently accessible areas to support safe and regular access to more security challenged areas where needs are high. A ‘base camp’ is Maiduguri is under construction to support increased collective coordination and response.

Humanitarian partners are also taking a regional approach to respond to the impact of the conflict as it affects the entire Lake Chad Basin. As the chart below shows, Cameroon, Niger and Chad are affected by the crisis with internal forced displacement and as hosts to refugees from Nigeria. In 2016, the Humanitarian Country Teams (HCTs) in Cameroon and Nigeria partnered to provide vital, cross-border assistance to people in Banki, Borno State, where up to 20,000 IDPs were cut off from humanitarian assistance since 2015. In 2017, as part of a larger effort to strengthen regional coordination and collaboration, these cross-border activities will be intensified where possible. Humanitarian partners in Nigeria will work closely with their counterparts in Cameroon, Chad and Niger on joint scenario planning and early warning in order to harmonize approaches and coordinate provision of assistance in a practical manner, taking into account population movements across the effected countries.

REGIONAL DISPLACEMENT



- IDPs, Refugees and Returnees related to Boko Haram activities.
- Refugees are Nigerians who fled to neighboring countries
- Returnees are former Nigerian refugees who have returned from Cameroon, Chad and Niger and former IDPs moving towards their home areas. .

Source: <http://data.unhcr.org/SahelSituation/country.php?id=502>

STRATEGIC

OBJECTIVES

Humanitarian partners will respond to the most life-threatening needs of 6.9 million people in the three most affected states of North East Nigeria, from an estimated 8.5 million people in need in the same states. As well as addressing the most urgent needs of food, nutrition and protection assistance, partners will increase equitable access to basic services for the most vulnerable people while building local capacity for humanitarian response.

Key aspects cutting across the strategic objectives include operationalizing the 'do no harm' and 'delivering as one' principles. As the crisis continues to evolve partners need to operate in a conflict-sensitive manner and engage with the community. In this context, ensuring that communication with communities is targeted to foster greater transparency and accountability of humanitarian assistance is key. Programming will also ensure protection and gender are

mainstreamed, with sector plans reflecting and addressing the situation of different vulnerable groups. As new areas become accessible and where access is still restricted by insecurity, quick multi-sector quality data collection and gap analysis will guide a rapid response. Partners will work across sectors and coordination of the response will include quality data sharing across the humanitarian community and also to development partners commencing recovery interventions.



1

Support life-saving activities and alleviate suffering through integrated and coordinated humanitarian response focusing on the most vulnerable people.

It is critical to deliver equitable, timely and life-saving assistance to IDPs, returnees and host communities including those in recently and newly accessible areas. This will be based on sound assessment and clear vulnerability criteria/guidance in an inter-agency multi-sectoral way.



2

Enhance access to humanitarian assistance and protection services through principled humanitarian action.

Partners will work to improve humanitarian access to the population in need. Focus will be on creating the right conditions for people to access humanitarian support (including administrative and military support). Humanitarian partners will build capacity and mainstream protection resulting in equitable assistance while addressing various needs based on age and gender. This objective includes safe, informed, dignified and voluntary returns.



3

Foster resilience and durable solutions for affected people including through restoration of livelihoods and basic social services.

This objective aims to reduce post-crisis recovery time, including the return, resettlement and reintegration of IDPs aspect of durable solutions. Federal, state and local capacities will be enhanced to better cope with shocks through strengthening response and contingency planning. The HCT will build community and civil society ownership and capacity.

RESPONSE

STRATEGY

The ongoing and deepening humanitarian crisis in the North East of Nigeria is causing significant loss of life, human suffering and protection risks. Compared to the 2016 HNO, the number of people in need in Borno, Adamawa and Yobe has increased by 23 per cent over the past year¹⁵, as people particularly in recently accessible areas face growing food and nutrition insecurity, severe protection risks and a lack of basic services. The magnitude of the needs and wide variations in conditions on the ground require a multi-faceted approach to enable a full-scale life-saving intervention that is protection centred, principled, timely and effective.

Scope of the Response

The response will focus on the most urgent life-saving humanitarian and protection needs due to the crisis. These needs are found in the three states that have experienced massive forced displacement and destruction of infrastructure and basic services over the course of the violent conflict: Borno, Adamawa and Yobe. Based on the findings evidenced in the HNO, in 2017 humanitarian partners plan to assist 6.9 million people in need in these states. While Bauchi, Gombe and Taraba also display needs due to the conflict, these are in their role of receiving and hosting those displaced and partly supported by the government and other development programming through the United Nations Development Framework (UNDAF) and other instruments. Humanitarian partners will focus their capacity to deliver support to the most urgent life-saving needs in Borno, Adamawa and Yobe and also aim to ensure current development responses, including the Buhari Plan developed by PCNI, various government frameworks, UNDAF (2018-2022) under preparation, post RPBA framework and other initiatives are building on the ongoing humanitarian response.

In order to successfully implement the HRP, humanitarian partners will:

- 1. Strengthen partnership with Government** through reinforced coordination structures at both state and federal level. The formation in October 2016 of the IMTF and its Emergency Coordination Centre and GHCWG created a positive platform for the Government and humanitarian partners to plan and coordinate assistance for the people in need to ensure this is a Nigeria-led humanitarian response. The NEMA and SEMA will be linked into the operational plans at state level, and as PCNI begin to lead the reconstruction and recovery work as laid out in the Buhari Plan, links with the response plan will be made. Sectors will link with Government humanitarian and recovery response to ensure no duplication of efforts as the Government begins

reconstruction and rebuilding plans and makes efforts to establish civilian authorities in recently recovered areas.

- 2. Maximize multi-sectoral approaches** to key needs of food security, nutrition and protection. Coordination structures will continue to be strengthened at the state level including the Operational Humanitarian Country Team (OHCT) in Maiduguri, and the reinforcement of sector coordination to enhance the quality, speed and accountability of the response. Contingency planning and rapid response mechanisms will be established to anticipate and reach recently accessible areas. Cash transfer programming is thought to be appropriate at scale in many accessible locations in the north east, and cash could be a modality for harmonized multi-sectoral assistance, with the delivery mechanism depended on the specific context, markets and acceptance (see Box below). A CountryBased Pool Fund (CBPF) will likely be established in Nigeria¹⁶, which will enable further flexibility and agility in identifying required response capacity, through the leadership of the Humanitarian Coordinator. Humanitarian partners will explore links with development programming to encourage durable solutions, specifically in recently accessible areas where infrastructure and basic service facilities have been destroyed.
- 3. Enhance significant scale-up of coordinated life-saving assistance delivery.** The center of gravity of the response has moved from Abuja to Maiduguri, where the Deputy Humanitarian Coordinator and the OHCT are based. Humanitarian agencies will continue to scale up presence in the three states to enhance coordination with state level authorities and to better respond to the humanitarian crisis, ensuring responsible monitoring for quality assurance and accountability. The establishment of hubs will aid further access. Response will ensure well-structured information management and analysis for each sector as part of the enhanced response and advocacy and assist in priority based scale-up. Partners will be supported with

use of shared assets and essential requirements to remain operational including negotiated custom and immigration agreements, INGO registration, accommodation and air lift capacity. A common access strategy and agreed Guidelines for Civil-Military Coordination will strengthen civil-military coordination. The partners will operate with increased capacities and outputs of security coordination including applying the “Saving Lives Together” framework and proportional support for international NGOs. Partners will build on international and local capacity, strengthening national NGOs, local faith-based organizations and other national institutions.

4. **Ensure the centrality of protection** with a common overarching protection strategy, protection mainstreaming and ensuring accountability at all levels across all sectors. The Protection Sector Working Group will strengthen ongoing independent collection and analysis of protection information and advocacy. Humanitarian partners will also strengthen complementarity of roles with development actors, authorities and human rights institutions to implement robust advocacy strategy by disseminating existing information across sectors and agencies. Partners will work jointly to ensure that the potential return of internally displaced and returning refugees is conducted in full accordance with humanitarian principles and internationally accepted protection standards and norms (including the ‘Kampala Convention’). Sectors will take actions to promote a GBV and age-sensitive response with specific attention to women, children, the elderly, people with disabilities and minority groups. Partners will reinforce collective efforts to address sexual and gender based violence (SGBV) and ensure protection from sexual exploitation and abuse (PSEA) and integrate human rights.
5. **Engage with Communities.** Building on progress to date, humanitarian partners will promote accountability to affected people by consistent communication with affected communities to link response efforts more closely with affected people’s priorities and to help identify, understand and support their own protection measures. A commitment to support national and local civil society and structures in their important role to enhance the protection of people affected and at risk is central to this endeavour. Partners will strive to meet the information needs of affected people so that they can make informed decisions. Taking a people centered approach, partners will respond to the concerns of those affected through timely actions including the provision of specific services or advocacy with the Government as required. Working towards durable solutions, partners will support the coping capacity and the resilience of both affected and displaced people.
6. **Moving from delivering aid towards reducing needs.** Partners will work towards the vision of the UN Resident and Humanitarian Coordinator of one strong coordinated platform for delivery of humanitarian and development assistance built around a resilience approach to ensure that humanitarian imperatives are met. This will require

promoting and strengthening vertical and horizontal linkages in national leadership and ownership between the Federal and State Government and between the State and LGAs to ensure that international assistance, whether short-term and humanitarian, or longer-term development assistance contributes to sustainable, coherent and nationally owned capacities and structures. The vision of enabling coherent national structures to deal with emergencies while pursuing national development goals is critical for sustainable interventions.

The use and coordination of cash-based programming

Cash is feasible in most accessible areas in Borno, Adamawa and Yobe where many vulnerable IDPs, returnees and host communities are staying and markets are functioning. With a Cash Coordinator in place, and the strong recommendations from the November 2016 Cash Learning Partnership (CaLP) visit, the humanitarian response in Nigeria is well placed to demonstrate that cash programming can support a wider systems reform for a 21st Century response to crisis. Alongside the outcomes from the World Humanitarian Summit and the High-Level Panel on Humanitarian Financing to generate a cash work stream within the Grand Bargain, humanitarian partners will systematically consider and utilize scaled up cash transfer programming (CTP). Many agencies are currently using restricted and unrestricted cash transfer to address mainly food security, nutrition and WASH objectives, but all will be encouraged to further expand to address other non-food need objectives such as shelter, protection and livelihoods. Receiving cash-based interventions is preferred by most beneficiaries as it provides them the power to choose and control how to utilize the assistance based on their family needs and priorities and it also makes a critical contribution to rapid local economic recovery . The Cash Working Group (CWG) Borno is now active and mandated to decide on technical issues, with the CWG in Abuja managing a strategic overview, utilizing the inter-sector coordination and HCT forums. To enable an expansion into Multi Sector Cash, the CWG, in line with CaLP recommendations, hopes to accomplish: a) a harmonized calculator to allow cash valued to be based on local market value not a fixed amount; b) a multi-sectoral accepted Minimum Expenditure Basket (MED); and, c) a cash feasibility assessment at LGA level across Borno (in early 2017).

OPERATIONAL

CAPACITY

In 2016 international humanitarian partners continued to scale up their presence and capacity to deliver aid in Borno, Adamawa and Yobe States. The international humanitarian community supported the shift of the center of operations from Abuja to Maiduguri, under a strengthened humanitarian leadership.

Currently, there are 75 partners providing humanitarian assistance in Borno, Adamawa and Yobe, including: 28 international NGOs, 28 national NGOs, 18 government agencies, eight UN agencies, and the Red Cross movement. These agencies work in close collaboration with the State Governments, the Office of the Vice President, NEMA/SEMA and the recently constituted IMTF led by the Ministry of State for Budget and National Planning (MoBNP).

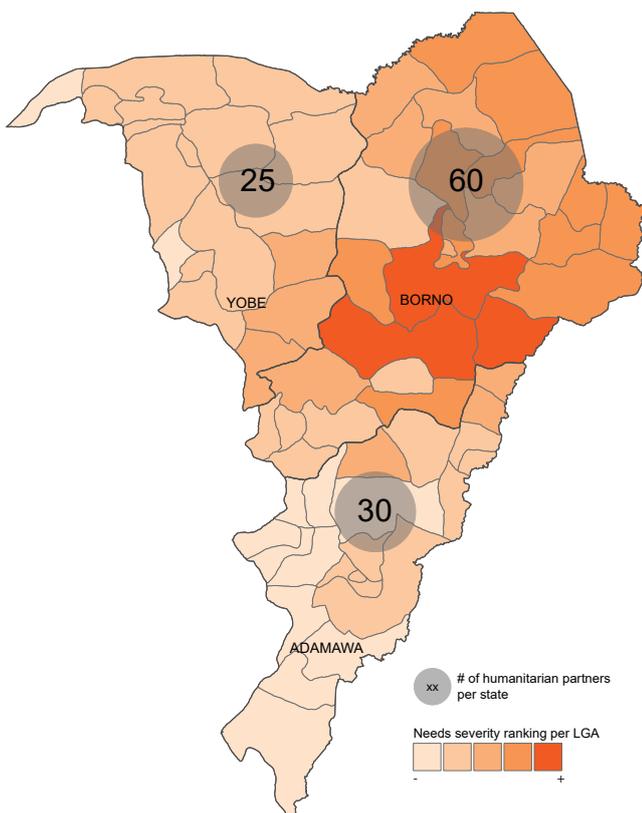
Response capacity has increased with the reinforcement of coordination structures at federal and state level, including the

deployment of new sector coordinators and information management officers in Maiduguri and the strengthening of humanitarian leadership with the deployment of a new UN Resident/Humanitarian Coordinator (RC/HC) and the relocation of the Deputy Humanitarian Coordinator to Maiduguri. In 2017, humanitarian partners will work towards the implementation of the RC/HC vision paper, 'a critical path and sequencing of humanitarian actions for North East Nigeria', aiming to respond effectively to humanitarian needs while continuing to engage with the Government in an inter-agency multi-sectoral way.

Common services were established and are continuously being upgraded. The Logistics Sector was activated in October 2016. The UN Humanitarian Air Service (UNHAS) runs regular fixed wing flights from Abuja to Maiduguri in Borno and Yola in Adamawa. Helicopter services are available for humanitarian actors going to areas only accessible by air due to land travel security restrictions. The UN Department of Safety and Security (UNDSS) has established a presence in Borno, Adamawa and Yobe coupled with regular security area assessments conducted to assist agencies in their implementation and access issues. The Emergency Telecommunications Sector was activated in November 2016 to boost connectivity and UNDSS communications in Abuja and the three states as well as support for the humanitarian hubs, which will be established in recently accessed LGAs.

For the humanitarian community to function and deliver the urgent life-saving support needed, humanitarian hubs and safe facilities will be established where humanitarian partners can operate from as more difficult to access areas open up and life-saving humanitarian assistance is expected to be urgently required. In October 2016, an International Humanitarian Partnership assessment team identified possible sites for immediate set up of hubs in Gwoza, Ngala, Monguno, Dikwa, Bama, Gubio, Mafa and Marte in Borno and Gulani in Yobe. The hubs will provide inter-agency facilities in these areas for UN and INGO partners before the end of 2016. These hubs will be equipped with Minimum Security Operating Standards/ Minimum Operating Residential Security Standards (MOSS/MORSS)¹⁷ compliant facilities, ICT services, accommodation facilities and warehousing. Five additional humanitarian hubs will be set up also in Borno in 2017.

SEVERITY OF NEEDS



Source: Humanitarian partners and Sector leads

HUMANITARIAN ACCESS

Access constraints continue to seriously hamper humanitarian operations. While in the course of 2016 access of humanitarian partners to the population in need increased considerably, there are still large numbers of people in need who are not receiving humanitarian assistance due to insecurity or interference by parties to the conflict. Bureaucratic impediments also limit the humanitarian space.

Despite a continued high risk of ambush and explosive devices,¹⁸ international NGO and UN agency partners have negotiated restricted access to a number of LGAs outside of Maiduguri and started providing humanitarian assistance to IDPs, returnees and host communities in the LGA headquarters (Mafa, Dikwa, Monguno, Konduga, Kaga, Bama/Banki, Damboa, Chibok, Gubio, Ngala, Gwoza, Magumeri and Nganzai). In Yobe, five LGAs and one in northern Adamawa have restricted access for humanitarian partners (see map on next page).

The deployment of two UNHAS helicopters with a third one expected by end of 2016 allows partners to reach more people and some cross-border operations from Cameroon made it possible for the people in difficult-to-reach towns such as Banki and Ngala to receive deliveries of humanitarian aid after several years under Boko Haram control.

Six LGAs in Borno remain inaccessible (Kukawa, Mobbar, Abadam, Guzamala, Marte and Kala/Balge), due to security and military restrictions. Organizational procedures to keep aid workers safe combined with the limited availability of enabling logistics such as safe road and air transport for humanitarian staff and cargo are further important constraints for the effective, rapid and massive scale-up of aid for the population in need.

The lack of access continues to be a serious concern. Humanitarian partners do not know how many people in these areas are in need of urgent life-saving support but using the same methodology for calculating people in need, it is estimated there are 0.7 million people in need of life saving assistance in inaccessible LGAs. The high level of basic needs found in recently accessible areas indicate that there could be similar or higher needs for people still inaccessible. Demographic data for the rural areas of LGAs with restricted access is not available but there are strong indicators that a major part of the population is still trapped in areas ravaged

by the armed conflict, which could bring the estimated number of people in need potentially higher than the estimate of 0.7 million. Humanitarian partners are working with Government partners to find out more accurately the needs in these inaccessible and partially accessible areas.

In October 2016 Standard Operation Procedures were agreed with the military to improve coordination and avoid delay for humanitarian convoys leaving Maiduguri due to the lack of protection (escorts) or necessary permissions to move into high security areas. However, many of the 25 international NGOs now operating in Borno are still experiencing formal registration delays with Government and are consequently handicapped to effectively roll-out activities.

Localized humanitarian partner coordination in formal and informal Government-led IDP camps, military run temporary IDP sites and host communities are crucial to enable the humanitarian community to detect gaps more rapidly in the provision of life-saving aid. In some cases, the limited availability of funding, human resources, accommodation for teams or storage for aid commodities delays the swift scale-up of humanitarian support. In some areas near the armed conflict frontlines, military tactics can collide with the humanitarian mandate of providing minimum standards of services to the entire population in need.

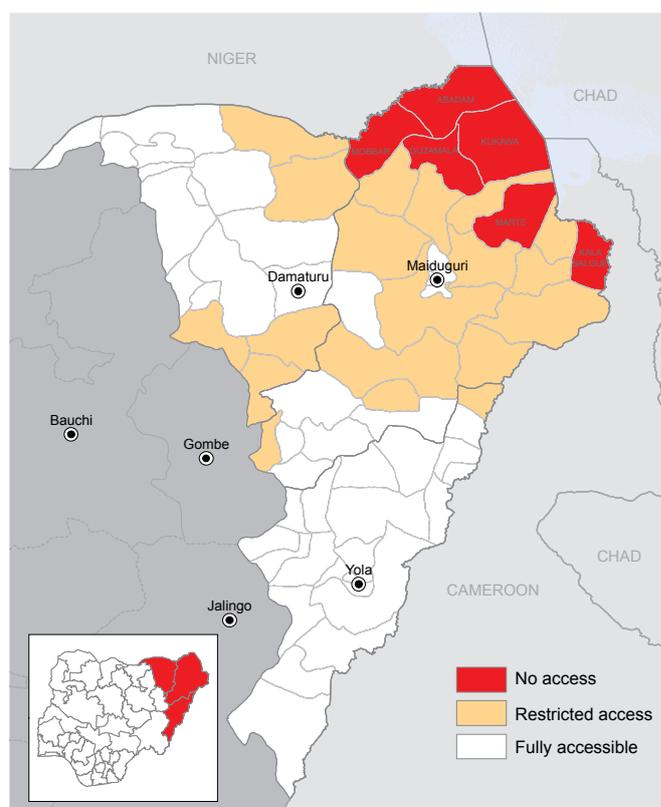
Flooding and poor road infrastructure are also constraints limiting the access of the population to humanitarian assistance. In Borno, northern Adamawa and Yobe, the terrain is difficult and during the past rainy season many supply routes became inaccessible due to flooding and broken down infrastructure. The occasional diversion of humanitarian assistance through looting or theft is a reality in conflict settings and partners aim to mitigate this risk.

In 2017 the humanitarian partners will work towards increasing humanitarian space and access. This will be rolled out

with a multi-pronged approach, which includes better coordination and information exchange among all actors, including humanitarian partners, the Government, the Nigerian Armed Forces, National NGOs and the affected population itself. Humanitarian partners will continue to raise awareness with the all actors on humanitarian principles and minimum standards and negotiating adherence will equally remain high on the agenda.

The availability of logistic enablers such as air transport and the planned humanitarian hubs will provide greater essential life-saving humanitarian support to the population. Scale up of the response will only be possible if the Government continue to support a reduction in bureaucratic impediments (visas, registration and customs clearance), as well as facilitating unimpeded safe passage of humanitarian relief for civilians in need. The further strengthening of cross-border operations from neighbouring states and countries as well as pre-positioning of both human and material resources before the next rainy season will help to gain and maintain access to more people in need.

HUMANITARIAN ACCESS IN OCTOBER 2016



Source: OCHA Access Monitoring Framework as 31st of October 2016

RESPONSE

MONITORING

Humanitarian partners will strengthen response effectiveness and accountability by closely monitoring the changing humanitarian needs and evolving security situation, including through consultations with affected populations, to better inform operational adjustments. The 2017 Response Monitoring Framework will support robust monitoring of strategic objectives and activities.

Recognizing the value of transparency and accountability, the HCT will monitor and report on the progress of the 2017 HRP following a regular schedule. Several tested tools will be used such as sectoral 5Ws, humanitarian dashboards and Periodic Monitoring Report (PMR) employed in the previous programme cycles. A reporting format was developed in 2016 and will continue to serve as the basis for response monitoring at the sector and inter-sector levels, both in Abuja and in Adamawa, Borno and Yobe.

The 5Ws reflects operational presence and capacity in priority areas and is updated monthly by sectors. This is currently at LGA level but over the next year the 5Ws will be developed down to the Ward level. The humanitarian dashboard presents humanitarian needs and gaps vis-à-vis current response and is published monthly. The scale up in the response necessitated more detailed data and the first fortnightly Situation Report was produced at the end of November and will continue to be produced fortnightly. PMRs will be developed by the HCT and the Inter-Sector Working Group (ISWG) and will present an elaborated description of progress on Strategic Objectives, challenges faced in reaching the set targets, changes in the context, an analysis of funding and recommendations for the way forward. Sex and age disaggregated data comparisons and analysis will be conducted on relevant indicators when data is available.

The draft Response Monitoring Framework will be finalized through a separate retreat by the ISWG to review sector operational plans, objectives and indicators and determine each sectors' contributions to the Strategic Objectives. It will cover minimum commitments of sectors to report on sector activities (outputs), sector objectives (outputs and outcomes) and Strategic Objectives (outcomes). This framework will cover the duration of the HRP, from January to December 2017.

Effective monitoring is a collective responsibility. The HCT will be responsible for overall response monitoring while each sector will take the responsibility of ensuring sectoral indicators are achieved through regular project and sectoral monitoring and adjustments to the humanitarian response when necessary. The ISWG will ensure appropriate sector reporting based on sector and strategic objectives. It will conduct inter-sector outcome monitoring whenever required or possible. The Information Management Working Group (IMWG) will also provide technical expertise in ensuring that the monitoring and reporting tools are fit for purpose. The information management team of each sector will ensure that timely information is shared with the ISWG and OCHA to provide relevant guidance for implementation and decision-making.

HUMANITARIAN PROGRAMME CYCLE TIMELINE 2017

	JAN 2017	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN 2018
Humanitarian Dashboard	●	●	●	●	●	●	●	●	●	●	●		
Periodic Monitoring Report							●						●
HNO/HRP									●		●		

SUMMARY OF

NEEDS, TARGETS AND REQUIREMENTS

PEOPLE IN NEED



8.5M

PEOPLE TARGETED



6.9M

REQUIREMENTS (US\$)



1,054M

In 2017 the strategic focus of humanitarian partners will emphasize integrated and coordinated life-saving assistance, enhanced access and protection services, and resilience and durable solutions. The Nigeria HRP 2017 includes 172 approved projects to reach 6.9 million people – or roughly 85 per cent of those in need – in the most affected states of Borno, Adamawa and Yobe. This target is realistically based on the capacity of humanitarian partners, the level of access to the most affected people in need and the insecure environment. Implementing the full plan will require more than US\$1 billion.

The HNO 2017¹⁹ estimated some 14 million people in need across the six states of the north east. In determining the response for 2017, humanitarian partners agreed to focus on states assessed as the most affected by the violent conflict, infrastructure destruction, mass displacement, ongoing insecurity and ensuing factors. The highest numbers requiring humanitarian assistance are located in Borno, Adamawa and Yobe where 8.5 million people are in need of urgent life-saving assistance.

'People in Need'²⁰ are a sub-set of the population living in three states in North East Nigeria whose current level of access to basic services, goods and social protection is estimated as being inadequate to re-establish normal living conditions in a timely manner without additional assistance. This population's physical security, basic rights, dignity, living conditions or livelihoods are threatened or are disrupted due to effects of Boko Haram conflict and military operations.

The number of people in need of humanitarian assistance was calculated by humanitarian sectors including Nutrition, Food Security, Health, Protection, Education, Displacement Management Systems, Shelter/Non-Food Items and Water,

Sanitation and Hygiene. Calculations used a baseline of the 2016 projected population from the National Bureau of Statistics, the Displacement Tracking Matrix (DTM) Round XII (October 2016) compiled by NEMA and IOM, the Cadre Harmonisé/FEWSNET and other key assessments.

The subset of people in need is further broken down into sub-categories of IDPs, returnees (former IDPs and refugees), and host communities. This is also broken down per sector, providing details on the intensity, severity or type of need. The figures were taken based on the following sources and status clarifications:

IDPs: population recorded as displaced in DTM Round XII Oct 2016.

Returnees: population recorded as returning in DTM Round XII and UNHCR registration database.

Host communities: population of communities hosting IDPs and or returnees (former IDPs or former refugees); vulnerable communities with non-displaced people and people estimated to be living in six inaccessible LGAs. The estimates of host community population in need is calculated based on 2016 projected population at LGA level, minus IDPs in those LGAs as assessed by DTM.

At all stages of the response, partners will work to ensure that women, men, boys and girls have equitable access to assistance. This also applies to people in need across the categories of IDPs, host communities and returnee populations. Activities included in this HRP were carefully prioritized to ensure coherence with the plan's strategic objectives and boundaries.

PEOPLE IN NEED BY SECTOR

 **8.5 M** people in need in Adamawa, Borno and Yobe
6.9 M people to be assisted in Adamawa, Borno and Yobe

 **1,054M**
 FUNDS REQUIRED

SECTOR	TOTAL	% PEOPLE IN NEED TO BE ASSISTED	TARGETED PEOPLE BY STATUS			TARGETED PEOPLE BY SEX AND AGE		FINANCIAL REQUIREMENTS
			IN HOST COMMUNITIES	IDPs	RETURNEES	% OF FEMALE MALE	% OF CHILDREN, ADULTS, ELDERLY	
 Food Security	5.1 M 5.1 M		3.0 M	1.5 M	0.6 M			480.3 M
 Nutrition	3.4 M 2.7 M		2.1 M	0.4 M	0.2 M			110.3 M
 Health	6.9 M 5.9 M		4.2 M	1.7 M	-			93.8 M
 Protection	6.1 M 2.4 M		1.1 M	0.9 M	0.4 M			88.3 M
 Shelter and NFI	2.3 M 1.0 M		-	0.9 M	0.1 M			70.3 M
 Education	2.9 M 1.6 M		0.6 M	0.7 M	0.3 M			56.3 M
 Water - Sanitation and Hygiene	3.6 M 2.0 M		0.4 M	1.0 M	0.6 M			49.7 M
 Response & Recovery Planning	8.5 M 4.5 M		3.5 M	0.6 M	0.4 M			44.6 M
 Displacement Management Systems	2.3 M 0.8 M		-	0.8 M	-			11.6 M
 Coordination	- -		-	-	-			31.2 M
 Logistics	- -		-	-	-			12.2 M
 Emergency TeleCommunication	- -		-	-	-			5.8 M

PART II: OPERATIONAL RESPONSE PLANS

-  Food Security
-  Nutrition
-  Health
-  Protection
-  Shelter and Non-Food Items
-  Education
-  Water, Sanitation & Hygiene (WASH)
-  Recovery and Response Planning (Durable Solutions)
-  Displacement Management Systems/CCCM
-  Coordination
-  Logistics
-  Emergency telecommunications

What if? ... we fail to respond

Guide to giving



PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



FOOD SECURITY OBJECTIVE 1

1 Meet emergency food needs of vulnerable people through food assistance.

RELATES TO SO1 & SO2

FOOD SECURITY OBJECTIVE 2

2 Improve household agriculture production (crops, livestock and fisheries), protect and restore livelihoods and livelihoods-based coping capacities through support to agro-based production and livelihoods activities for vulnerable populations.

RELATES TO SO3 & SO2

FOOD SECURITY OBJECTIVE 3

3 Strengthen coordination through analysis and capacity building of national stakeholders for effective coordination, information management, assessments, preparedness, response and monitoring.

RELATES TO SO1, SO2 & SO3

CONTACT

Abibu Tamu,
Food Security
Sector Coordinator
Abibu.tamu@fao.org

FOOD SECURITY

Summary of Needs

An acute food security crisis has unfolded as a result of three years of massive displacement, destruction of agricultural activity, lack of access to farmland and loss of livelihoods. In Borno, Adamawa and Yobe Adamawa, 4.7 million people are in crisis and emergency phases of food and nutrition insecurity - nearly twice as many as in March 2016 (IPC 3-5). This number is projected to be 5.1 million by June 2017. In the worst affected and least accessible areas of Borno and Yobe States there are severe forms of hunger, with 55,000 people currently estimated to be experiencing famine-like conditions (IPC phase 5). This is projected to be over 120,000 people by June 2017.

Response Strategy

The sector response will focus on the areas within the three states most affected by conflict and displacement, that register levels of severe food insecurity.

The food security sector has been strengthened through scaling up presence, operational support and capacity of partners and other actors in the three targeted states, to respond to the increased needs, as evidenced in the HNO, and support the Government of Nigeria.

The complex operational context and challenging security situation, with areas still inaccessible or with restricted access, will potentially affect response implementation over the course of the year. Close coordination with humanitarian partners and Government counterparts and regular monitoring of needs will enable the sector to adjust response plans to prevent overlaps and gaps in the response.

The sector will focus its response on:

- Delivery of food assistance to meet emergency food needs and enhance access to food for food insecure communities through

unconditional resource transfers (in-kind, cash-based transfers/commodity vouchers).

- Support household agriculture production (crops, livestock and fisheries) and livelihoods through improved access to agro-based production inputs (including seeds, tools, fertilizer, irrigation facilities, livestock and animal health), asset creation and livelihood support activities (including income generating activities, training/capacity building and conditional resource transfers).

- Support evidence-based assessments, analysis and capacity building of national stakeholders to strengthen food security coordination and availability of food security data to inform the response.

Enhancing the technical capacity of the Ministry of Agriculture and Rural Development at federal level, the Ministry of Agriculture and Natural Resources at state level, while NEMA and SEMA will remain an integral component to support the sustainability of the response. Existing government activities and framework to restore agriculture-based livelihoods and production levels will also support transition over time.

Strong inter-sectorial coordination across all sectors and a collaborative approach will continue to play a key role to strengthen the food security sector response in support of the Government of Nigeria. In addition to sharing information and consulting with other sectors to ensure a coherent response when possible, activities will be integrated and implementation coordinated with other sectors (in particular with Nutrition, Health and WASH) to address the magnitude of malnutrition and the needs of affected people.

Humanitarian protection remains an integral element of the overall response and the implementation will have due consideration for the protection concerns of the assisted population.

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

	BY STATUS				BY SEX AND AGE		
	Total Sector	Host Communities	Internally Displaced	Returnees	% Female % Male	% Children, Adult, Elderly	
People in need	5.1M	3.0M	1.5M	0.6M	50% 50%	44% 49%	7%
People targeted	5.1M	3.0M	1.5M	0.6M	50% 50%	44% 49%	7%
Financial requirements	480.3M				Children (<18 years), Adult (18-59 years), Elderly (>59 years)		

PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



NUTRITION OBJECTIVE 1

1 Improve equitable access to quality life-saving services for management of acute malnutrition for children (boys and girls 6-59 months) and pregnant and breastfeeding women through systematic identification, referral and treatment of acutely malnourished cases.

RELATES TO SO1 & SO3

NUTRITION OBJECTIVE 2

2 Promote access to services preventing under-nutrition for the vulnerable groups (children under the five and pregnant and breastfeeding women) focusing on infant and young child feeding in emergencies, micronutrient supplementation, and blanket supplementary feeding.

RELATES TO SO2 & SO3

CONTACT

Kirathi Mungai,
Nutrition Specialist
rkmungai@unicef.org

NUTRITION

Summary of Needs

In areas of Borno, Adamawa and Yobe the prevalence of global acute malnutrition (GAM) rates reached emergency thresholds levels with pockets of very high prevalence (27.3 per cent) found in Monguno. Food insecurity in all three states further aggravates a fragile nutrition situation with 4.7 million people estimated as food and nutrition insecure (IPC phase 3-5) in the October 2016 Cadre Harmonisé predicted to rise to 5.1 million people by June 2017. A significant proportion of children with acute malnutrition have no access to treatment, particularly in Borno where only 46 per cent of health facilities are currently functional.

Response Strategy

Partner commitment to the community management of acute malnutrition (CMAM) scale-up plan in mid-2016 increased geographical coverage of service delivery across the three states and this momentum will be maintained in 2017. The sector will provide life-saving nutritional support to more than 1.9 million boys and girls under the age of 5 and over 0.7 million pregnant or lactating women (PLW) in the most affected areas of the three focus states. Priority areas within each of the three states will be identified using food security data as well as GAM rates from recent surveys and programmatic mid-upper arm circumference screening.

The sector response will focus on improving access to quality life-saving services for the management of acute malnutrition with a particular focus on strengthening inpatient management of severe acute malnutrition (SAM) cases with medical complications.

Sector partners will establish at least one stabilization centre per LGA ensuring that essential medicines and supplies are available. Similarly, in accessible areas, existing and incoming partners will be supported to establish at least one functional outpatient therapeutic programme (OTP) site per ward. Sector partners will facilitate outreach activities which include mobile nutrition sites and rapid response mission delivering the sector agreed minimum nutrition package in insecure areas with limited or no access. Resources will be mobilized to treat moderate acute malnutrition in children 6-59 months through the use of the expanded admission criteria in sector 'priority areas' which include newly accessible areas and areas classified as food insecure in the Cadre Harmonisé.

Preventing a situation where curative or therapeutic care is required will entail providing preventative nutrition interventions to the population. Measures include micronutrient deficiency control (routine micronutrient powder distribution, vitamin A, deworming for children, and iron folate provision to pregnant women), blanket supplementary feeding for children and pregnant and lactating women, and infant feeding in emergencies.

Partners will scale up opportunities for children at risk of acute malnutrition and PLW to access preventive interventions. About 391,000 under five children and 185,500 pregnant and lactating women will be targeted in prioritized areas that are high food insecure by partners with blanket supplementary feeding. In addition to this, vitamin A supplementation and deworming will be provided to 80 per cent of all targeted children between 6-59 months. Strengthening infant and young children feeding practice through



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

	BY STATUS				BY SEX AND AGE	
	Total Sector	Host Communities	Internally Displaced	Returnees	% Female % Male	% Children, Adult, Elderly
People in need	3.4M	2.7M	0.5M	0.2M	65% 35%	70% 30%
People targeted	2.7M	2.1M	0.4M	0.2M	65% 35%	72% 28%
Financial requirements	110.3M				Children (<18 years), Adult (18-59 years), Elderly (>59 years)	

counselling will be included into all nutrition interventions; in total 70 per cent of pregnant and lactating women will be targeted for counselling on infant and young child feeding (IYCF) practices, including messaging on exclusive breastfeeding and key hygiene promotion.

The sector will strengthen linkages with the Food Security Sector to prioritize general food distributions to families with beneficiaries in nutrition programs. Nutrition partners will work closely with the WASH Sector partners to promote hygiene and provide adequate WASH and sanitation facilities in all nutrition sites.

The Nutrition Sector is working closely with Federal and State health ministries in the development of an emergency response for health and nutrition. The sector is also working closely with the state primary health care development agency in the provision of additional human resources to support government efforts especially at the community level by establishing community resource person network for efficient community mobilization and sensitization.

The nutritional needs of the affected boys and girls and women of reproductive age are greatly affected in a crisis and are characterised with high prevalence of acute malnutrition and increased risk of death. All the nutrition activities will be implemented in a non-discriminatory way and exercising impartiality while upholding the dignity of those receiving assistance. Partners will maintain existing communication channels with affected communities and will establish beneficiary complaint and response mechanisms. These mechanisms will facilitate greater consideration of vulnerabilities and coping strategies within communities and specific groups.

The objectives and activities outlined by the sector response are sex and age disaggregated and distinct needs of women, men, boys, and girls are considered in all aspects of the programme cycle with partners committing to assess implications of planned activities. Progress of the response will be monitored monthly and ensuring the outcome of the activities will be in line with the SPHERE standards.

PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



HEALTH OBJECTIVE 1

1 To provide life-saving and life-sustaining humanitarian health assistance to affected IDP and host community populations.

RELATES TO SO1 & SO2

HEALTH OBJECTIVE 2

2 To establish, expand and strengthen the communicable disease surveillance, outbreak prevention, control and response.

RELATES TO SO1, SO2 & SO3

HEALTH OBJECTIVE 3

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

RELATES TO SO1 & SO3

CONTACT

Dr. Jorge Martinez,
Sector Coordinator
martinezj@who.int

Dr. Mary Stephen,
WHO Coordinator
stephenm@who.int

HEALTH

Summary of Needs

Since 2009, the ongoing conflict has significantly disrupted the health system in North East Nigeria resulting in a rise in outbreaks of preventable communicable diseases, restricted access to essential medicines, poor care for non-communicable diseases and the deterioration of health services affecting the entire population. Vulnerable IDPs living in temporary IDP sites are particularly exposed to health risks.

There is an urgent need for life-saving integrated basic primary health care services. These include integrated management of childhood illnesses (IMCI), emergency obstetrics, child survival activities, management of life threatening and other non-communicable diseases, TB/HIV services as well as immunization, mental health, psycho-social services and referral for IDPs and host communities. Reports from health partners in the field point out to the urgent need for health specialists with specific training in emergency care for the wounded and clinical management of survivors of sexual violence and psychosocial counselling.

Outbreaks of measles and meningitis, wild polio virus, viral hemorrhagic fever, HIV/AIDS, and mental health issues as well as malnutrition among infants and children are expected to pose serious public health risks. Further malaria is endemic in the region and represents 50 per cent of the total consultations reported by the sentinel sites. Along with acute respiratory infections and watery diarrhea, they represent the top three leading causes of illness among IDPs in combination with high levels of acute malnutrition, low

access to skilled birth attendance and other health services.

Reports from partners also show that service delivery in camps do not meet minimum standards. Over 60 per cent of the camps are without health partners, while only 127 health facilities (out of the total of about 600 in Borno State) are partially supported with limited services that are insufficient to address all critical health needs.

Response Strategy

The number of health partners in the field nearly doubled in 2016, enabling the sector to deliver a more integrated package of health services for the targeted 5.9 million people. The sector will continue to focus on IDPs, people in need in host communities and those returning to areas of origin with specific attention to children under five, women of reproductive age and the elderly as the most vulnerable.

The priority in the health sector remains the provision of life-saving and life-sustaining humanitarian health assistance to affected communities. This objective will be achieved through specific interventions focusing on reproductive health, including maternal and child health, services for GBV, management of malnutrition, management of non-communicable diseases, mental health and psychosocial support, support for people living with HIV/AIDS, as well as the strengthening of referral services. The availability of essential medicines, medical supplies and equipment combined with the provision of outreach services and continued support to the expanded programme on immunization



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

	BY STATUS				BY SEX AND AGE		
	Total Sector	Host Communities	Internally Displaced	Returnees	% Female % Male	% Children, Adult, Elderly	
People in need	6.9M	5.2M	1.7M		54% 46%	59% 35% 6%	
People targeted	5.9M	4.2M	1.7M		54% 46%	59% 35% 6%	
Financial requirements	93.8M				Children (<18 years), Adult (18-59 years), Elderly (>59 years)		

(EPI) to attain adequate vaccination coverage will be also critical to reach targets efficiently.

The second priority will be to establish, expand and strengthen the communicable disease surveillance, outbreak prevention, control and response. Early response for disease surveillance is prioritized for cases of epidemic-prone diseases to reduce morbidity and mortality. Together with Governmental agencies, the Health Sector partners will enhance surveillance for epidemic-prone diseases including wild polio virus by establishing an early warning and response system (EWARS). This system will facilitate the monitoring of disease trends and early detection of potential disease outbreaks. Through EWARS, the State Ministry of Health, WHO and partners will be able to investigate and respond to key disease alerts, swiftly bringing nascent outbreaks under control. This objective will be supported by ensuring improved readiness for outbreak response through the repositioning of medicines and supplies.

Finally, the Health Sector will seek to strengthen coordination and health system restoration to improve life-saving response for people in need, with an emphasis on enhancing protection and increasing access to health services particularly in hard-to-reach and non-accessible LGAs. Sector partners will synergise and harmonize the response across states to identify

gaps and reduce overlap. Protection and gender mainstreaming efforts throughout health programming will be emphasized through advocacy and training/workshops with health partners. Health information systems at the sector level will be further strengthened to track essential morbidity and mortality data, creating evidence base information to drive health programming. Coordination structures will focus on joint contingency and preparedness planning for response to disease outbreaks such as cholera across the states. Activities will focus on increasing the size and capacity of the health workforce; strengthening partnerships with national NGOs; rehabilitating and/or reinforcing damaged health facilities (including physical structures, human resources, and equipment/supplies) for health service delivery, including mobile medical units for emergency response and enhancing community-based health services and initiatives

The Sector will continue to work closely with health authorities at the federal, state and local government levels, and WASH, Nutrition, Food Security, Protection and Displacement Management Systems (DMS)/Camp Coordination and Camp Management (CCCM) Sectors to promote a multi-sectoral approach, including through joint needs assessments and preparedness plans.

PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



This includes Child Protection and Gender Based-Violence

OF PARTNERS



PROTECTION OBJECTIVE 1

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

RELATES TO SO1

PROTECTION OBJECTIVE 2

2 Enhance protection of people in need through livelihood, recovery, and social cohesion; promote a rights-based approach to durable solutions and strengthen justice systems.

RELATES TO SO2

PROTECTION OBJECTIVE 3

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

RELATES TO SO3

CONTACT

Allehone Abebe,
Senior Protection Officer
abebe@unhcr.org

PROTECTION



Summary of Needs

Civilians, including IDPs, vulnerable host communities and those trapped in conflict areas, face grave protection risks and violations. These include exploitation and abuse, detention, family separation, exposure to mines and explosives, trauma, restrictions on freedom of movement and insecurity exacerbated by the lack of sufficient services and limited prevention measures. Young men particularly face vulnerabilities linked to detention, harassment and forced recruitment.

The ongoing conflict and continued displacement in the north east has a serious impact particularly on the most vulnerable, including the elderly and chronically sick, people with physical and mental disabilities, female and child-headed households, unaccompanied/separated children, adolescent boys, pregnant/lactating women and abductees. Sexual violence and abuse against women and children is widespread in temporary IDP sites. Some refugees and IDPs are returning but many are facing secondary displacement.

Response Strategy

The Protection Sector's operational response will target 2.4 million of the most vulnerable people in the most affected areas of Borno, Adamawa and Yobe with severe protection needs, including IDPs, returning IDPs, returning refugees and members of host communities with heightened protection needs, emphasizing provision of assistance to the most affected civilians in recently accessible areas. The targeted increase for 2017 is due to greater access to civilians with severe needs, as well as higher protection capacity in the most affected areas, particularly in Borno State.

The sector will focus on delivering response targeted to its strategic objectives, prioritizing interventions such as comprehensive services to conflict-affected civilians, including support to livelihoods; access to justice and resilience-building activities; ensure IDPs and returnees are informed of all durable solutions; voluntary movement ensuring minimum standards of security and dignity; support to national protection and legal frameworks including the domestication of the Kampala Convention; and promote protection mainstreaming and civilian character of humanitarian response.

Activities will be implemented on psychosocial support particularly focusing on victims and survivors of SEA; legal aid and services including housing, land and property issues and access to documentation will be provided while protection-focused material assistance such as solar lanterns, cooking sets and hygiene kits in response to vulnerabilities will be identified. Mine-risk education and peace-building efforts with targeted response and referrals for those identified through community-based protection monitoring and livelihood interventions. Agencies will implement these interventions through community-based approaches while enhancing affected populations' self-protection strategies.

The protection of civilians in military screening, those trapped in conflict situations, IDPs and returnees will be mobilized through coordination with partners. Community awareness-raising and co-existence initiatives will be aimed at supporting self-protection and restoring relations amongst displaced populations and with their host communities.

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

	BY STATUS				BY SEX AND AGE		
	Total Sector	Host Communities	Internally Displaced	Returnees	% Female % Male	% Children, Adult, Elderly	
People in need	6.1M	3.3M	1.7M	1.1M	53% 47%	54% 43% 3%	
People targeted	2.4M	1.1M	0.87M	0.45M	53% 47%	54% 43% 3%	
Financial requirements	44.5M				Children (<18 years), Adult (18-59 years), Elderly (>59 years)		

A series of advocacy initiatives and training events will be implemented. Context-specific tools will be developed to ensure strategic advice to the inter-agency process, strengthening protection coordination with the Child Protection Sub-Working Group and the GBV Sub-Working Group. This will build the capacity of international, national and local stakeholders for effective protection response; support the integration of protection objectives across sectors and in HCT priorities; support legal frameworks and compliance with international standards. This includes dignified and safe return and civilian character of displacement sites and humanitarian action. Working with the HCT and other

sectors, the Protection Sector will promote smooth and timely transition of coordination and management of IDP sites from military to civilian authorities.

The sector will strengthen collection, analysis and dissemination of protection information to inform and strengthen humanitarian response, with a special focus on identifying returning IDPs and returning refugees. Further rounds of vulnerability screening and protection monitoring will be carried out, disaggregating data by sex and age, and findings will be shared with humanitarian partners.



PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



CHILD PROTECTION OBJECTIVE 1

1 Improve access to well-coordinated child protection services and psychosocial support activities for girls and boys impacted by the conflict, children at risk and survivors.

RELATES TO SO1

CHILD PROTECTION OBJECTIVE 2

2 Unaccompanied and separated children, and other children with protection concerns are assessed and receive holistic support through case management and referrals to specialised services.

RELATES TO SO1

CHILD PROTECTION OBJECTIVE 3

3 Effective monitoring, prevention and response to grave violations of children's rights, with a focus on reintegration of children (girls and boys) associated with armed groups.

RELATES TO SO1 & SO2

**PROTECTION:
CHILD PROTECTION**

Summary of Needs

Displaced, separated and unaccompanied children are at heightened risk of abuse, violence, exploitation and neglect. The sub-sector estimates that there are over 20,000 unaccompanied and separated children (UASC) in Borno, Adamawa and Yobe. However, rapid assessments of child vulnerability in recently accessible areas have highlighted a large number and proportion of UASC that may well significantly increase this estimation.

Boys and girls associated with Boko Haram, children under military screening and children born-out of Boko Haram related sexual violence, face stigmatization, rejection and violence upon return to their families and communities. The Office of the National Security Advisor estimated that 8,000 children could have been associated with Boko Haram. Children have not only been used in support roles, but also in combat roles including suicide attacks. Boko Haram also subjected more than an estimated 7,000 women and girls to abduction, forced marriage and rape. While children recruited by CJTF and community security groups do not face the same acute challenges in reintegration, it is important they are supported to recover from their experiences. Not only have children experienced violence and loss, but they have also suffered protracted displacement.

Response Strategy

The child protection sub-sector response will target the most vulnerable areas of Borno, Adamawa and Yobe including all temporary IDP sites and host communities in ten LGAs in Borno, ten in Adamawa and five in Yobe.

The sub-sector response will benefit children affected by the armed conflict in need of psycho-social support, UASC, children at risk, children associated with armed groups, girl victims of Boko Haram related sexual violence and children born-out of such violence.

The sector response interventions will prioritize:

- Improved access to well-coordinated child protection services and psychosocial support activities for girls and boys impacted by the conflict and children at risk.
- Ensuring UASC and other children with protection concerns are assessed and receive holistic support through case management.
- Monitoring and providing support for prevention and response to grave violations of children's rights, with a focus on reintegration of children associated with armed groups.

Child protection sub-sector coordination will reinforce response capacity of partners and closely engage them in the articulation and operationalization of principled response strategies to improve assistance delivery modalities and the identification of beneficiaries, while enhancing the effectiveness and appropriateness of actions. Seeking feedback from, and addressing concerns of, affected boys and girls based on child protection monitoring and response action is key.

The sub-sector will strengthen management information systems, harmonizing data across all child protection actors to ensure robust data on needs and response. Case management of UASC will be strengthened and expanded to ensure rapid identification, assessment and family reunification. The

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

	BY STATUS				BY SEX AND AGE	
	Total Sector	Host Communities	Internally Displaced	Returnees	% Girls % Boys	% Children, Adult, Elderly
People in need	2.1M	0.9M	0.8M	0.4M	53% 47%	100%
People targeted	0.9M	0.4M	0.3M	0.2M	53% 47%	100%
Financial requirements	32.0M				Children (<18 years), Adult (18-59 years), Elderly (>59 years)	

CONTACT

Anil Raghuvanshi,
Child Protection in
Emergencies Manager,
UNICEF
araghuvanshi@unicef.org

network of alternative care placements will be widened to ensure safe, appropriate care where reunification is not immediately possible.

The sub-sector will develop joint work plans with other sectors, to mainstream child protection components into planned interventions. This will be through joint regular meetings, monitoring, assessments and reporting tools. Collaboration with Education Sector will focus on psycho-social support. The Health Sector response interfaces with children in many aspects of response including Primary Health Centres and mobile clinics to handle and report SGBV cases and children born out of SGBV. Mine victims, young mother maternal health, health care in the transit centers including for children associated with armed forces and groups (CAAFAG) will be targeted. Awareness will be raised with the UASC, CAAFAG and other vulnerable children as well as communities on life skills and knowledge on prevention of HIV.

Peer groups, community and religious leaders will be engaged to promote community ownership and to make the communities sensitive to child protection issues, including facilitating safe reintegration of affected children and mitigate rejection and violence. The sub-sector will advocate for children exiting CJTF and community security groups to be considered in demobilization programmes and supported to reintegrate into their communities.

The sub-sector response will collaborate with non-humanitarian sectors, including Nigerian military and security forces, relevant Government ministries (Ministry of Women and Social Affairs, Ministry of Education, Ministry of Justice, Office of National Security Advisor, State Governor's Office, etc.), media channels, hospitals, academia and private sector.



PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



GBV OBJECTIVE 1

1 Increase access to a comprehensive and well coordinated GBV services including livelihood support for survivors.

RELATES TO SO1 & SO2

GBV OBJECTIVE 2

2 Increase awareness and enhance systems for the prevention of GBV including SEA through mitigating risk factor and strengthening community protection strategies.

RELATES TO SO2 & SO3

GBV OBJECTIVE 3

3 Mainstream GBV into all humanitarian response and maintain the updated comprehensive data needed to inform advocacy, planning, implementation and M&E of interventions.

RELATES TO SO3

**PROTECTION:
GENDER-BASED VIOLENCE (GBV)**

Summary of Needs

In North East Nigeria, GBV, particularly SEA, is widespread, perpetrated by Boko Haram as a tactic of war as well as state security operatives and opportunistic community members.

Of the 1.7 million IDPs in the three states, 54 per cent are women and girls often living in over-crowded conditions with inappropriate facilities and weak protection and security measures. Some women and girls are resorting to negative coping mechanisms such as survival/transactional sex, under the strain of prolonged uncertainty and shrinking resources, weakening their resilience as well as coping capacities. Harassment of women and girls has been reported in both temporary IDP sites and host communities, often in the course of conducting daily activities such as food distribution and water collection. IDPs, in particular in host communities need more timely and adequate access to humanitarian assistance such as food in order to reduce risks to women and girls.

While there is slight improvement in reporting and help-seeking behaviour in the past year, given the prevailing culture of silence among the communities, dignified and specialised life-saving care and services are either inadequate or lacking in many temporary IDP sites and host communities. In June 2016, only two per cent of the survivors who sought help were able to receive medical care while 16 per cent received psychosocial support. Weak or absent law enforcement, judicial and prison infrastructure in IDP sites promote the culture of impunity. Although there is a traditional system in place, most of the cases are presided over by males who

reinforce the gender stereotypes of criminalising females while mediation is the utmost goal even though the environment constitutes a threat to the survivor.

An estimated 6.1 million people have been assessed to be in need of protection services in Borno, Adamawa and Yobe. Of these, some 2.4 million people, mainly women and girls are at risk of GBV including SEA within their communities.

Response Strategy

The GBV sub-sector will target 0.96 million people at high risk of GBV and SEA in Borno, Adamawa and Yobe. In particular, targeting vulnerable women, girls and at risk males within IDPs, host communities and returnees, emphasising the need for timely and comprehensive survivor-centred response to GBV. The sub-sector will simultaneously strengthen the capacity of members to better support preventing and responding to GBV and focus on areas of intervention that maximise impact to foster coordinated survivor-centred response and prevention.

The sub-sector will focus on increasing access to well-coordinated, appropriate multi-sectoral services for survivors by developing and strengthening referral systems and safe spaces for women and girls (within communities as well as in schools and other institutions of learning). Life-saving response to survivors of GBV includes PSS, specialised health care including clinical management of rape and access to justice, safety and security as a minimum requirement, guided by the Inter-Agency Standing Committee and UNFPA minimum standards.

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

	BY STATUS				BY SEX AND AGE		
	Total Sector	Host Communities	Internally Displaced	Returnees	% Female % Male	% Children, Adult, Elderly	
People in need	2.2M	1.2M	0.6M	0.4M	87% 13%	54%	43% 3%
People targeted	1.0M	0.4M	0.4M	0.2M	87% 13%	54%	43% 3%
Financial requirements	11.2M				Children (<18 years), Adult (18-59 years), Elderly (>59 years)		

CONTACT

Silvie Opinia,
Sector Coordinator
opinia@unfpa.org

Strategic interventions to support livelihoods and facilitate reintegration will be developed and implemented. Livelihood empowerment is not only a strong denominator for prevention but it is also an important entry point for breaking the barriers of silence and to mitigate stigma. This will be carefully planned and implemented in order to mitigate the risk of GBV in the context of economic empowerment of women and girls. There will be a special focus on capacity enhancement in gender/GBV mainstreaming to ensure sectoral interventions adopt a gender lens (age, gender, and diversity mainstreaming analysis) at all stages and use their services as entry points for access to functional referral systems.

The existing referral strategies/mechanisms across sectors will be reviewed and made functional to respond to the needs of survivors of GBV. The focus will be to make these relevant to the recent elevation of the crisis and scaling up of the humanitarian response and developments in the crisis such as the recently accessible areas.

The specific needs and vulnerabilities of females and males at risk, will be adequately analysed to inform response and programming. Contextual gender analysis and updated comprehensive data on GBV (prevalence, trends, attitudes, and service provision) will inform planning and implementation of interventions at all levels. As the level of the crisis evolves, so too will coordinated life-saving GBV response, as it is essential that GBV is at the forefront of the multi-sectorial response.

To increase sustainability, all interventions will be geared towards strengthening capacity of GBV sub-sector coordination, national/state institutions and community protection mechanisms to prevent and respond to GBV including SEA. Participation of affected population, women, girls, men and boys is central for improved quality of overall humanitarian response especially GBV service provision.



PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



SHELTER/NFI OBJECTIVE 1

1 Ensure sufficient, coordinated and adequate delivery of emergency shelters to respond to the immediate needs of displaced populations in IDP sites, host communities, areas of return and to respond in case of sudden movement of populations.

RELATES TO SO1

SHELTER/NFI OBJECTIVE 2

2 Deliver locally appropriated reinforced shelters and repair / rehabilitation assistance for IDP in sites, host communities in transitional IDP sites as well as in return areas, by taking into consideration the specific needs in each locations.

RELATES TO SO1 & SO3

SHELTER/NFI OBJECTIVE 3

3 Deliver flexible, coordinated, adequate and harmonized NFI kits (including assessment, distribution and post distribution monitoring) to households in need.

RELATES TO SO1

SHELTER AND NON-FOOD ITEMS (NFI)

Summary of Needs

In the three most affected states, almost 80 per cent of IDPs are displaced in host communities and the rest are living in 149 temporary and overcrowded sites. In addition, 0.5 million returnees are estimated to be in need of assistance.

The DTM Round XII reported that majority of the IDPs have been displaced since 2014, which means those who received NFIs in an earlier phase of response now require replacement. IDPs in a transitional phase of displacement, also require more durable shelter solutions.

Response Strategy

In 2017, the sector will target 1.04 million people with short to mid and longer-term solutions, such as emergency, reinforced or transitional shelter, repairs/rehabilitation and cash for shelter as well as NFIs.

The sector planned its response taking into consideration the immediate needs of those who did not receive any shelter/ NFI related assistance previously. The sector prioritized based on existing capacities and the needs of vulnerable affected populations within their different phase of displacement. Targeting is based on the need for more qualitative and mid to longer-term shelter solutions. The lack of data regarding non-displaced populations in affected communities led to the focus on IDPs living in sites and host communities as well as returnees. However, the sector will extend support provided to IDPs to the host, in order to foster social cohesion and work toward more durable solutions.

The sector will prioritize its response based on the displacement context and case-by-case analysis, working closely with DMS/CCCM sector and utilising the data from the DTM and sector assessments. Immediate emergency shelter response, through the delivery of emergency shelter kits and vouchers or construction of emergency shelters combined with NFI, will be delivered to respond to sudden or secondary displacement as well as the unmet shelter needs of IDPs.

Specific attention will be paid to the environmental conditions, such as the dry and rainy seasons, and the condition of the land to ensure that shelters are not established in areas prone to flood. Shelter design will also be based on needs in each phase of displacement, as well as for returnees. The sector will ensure community participation and coordination with other sectors. Shelter item distribution, repair kits and maintenance of existing emergency shelters will also target IDPs in temporary IDP sites and hosting communities to contribute toward more dignified conditions and site decongestion.

Targeted and tailored shelter response, through the provision of reinforced or transitional shelters solutions, minimal house repair and rehabilitation assistance, or rental assistance will be extended to IDPs living in temporary IDP sites, host communities and areas of return. Support will be extended to the host, in particular through NFI, rental and repair/rehabilitation interventions. Specific cash/voucher interventions for shelter and NFI will also be provided, when appropriate and feasible, especially in urban and peri-urban areas.

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

	BY STATUS				BY SEX AND AGE		
	Total Sector	Host Communities	Internally Displaced	Returnees	% Female % Male	% Children, Adult, Elderly	
People in need	2.3M		1.7M	0.6M	54% 46%	58% 36% 6%	
People targeted	1.0M		0.9M	0.1M	55% 45%	58% 35% 7%	
Financial requirements	70.3M				Children (<18 years), Adult (18-59 years), Elderly (>59 years)		

CONTACT

Rafaelle Robelin,
Shelter/NFI & DMS/
CCCM Sector Coordinator
rrobelin@iom.int

In temporary IDP sites where populations are expected to stay for a longer period of time, the sector will work toward raising standards through the provision of more transitional materials. Communal shelters will continue to be constructed for populations in transit, for a maximum stay of one week.

NFI kits will be distributed with priority to the most vulnerable target groups. The replenishment of NFI will be made according to the specific needs and based on sectorial assessments. Additional NFI items, such as solar lamps, mosquito nets, clean energy stoves or mattresses will be distributed to mainstream protection and complement the minimum and harmonized NFI kit. The sector will mainstream protection within its shelter solutions and NFI distributions, following the sector standardized operating procedures, and will preserve the privacy and safety of women, men, girls and boys. Post-distribution monitoring and evaluation will be enhanced through a monitoring and feedback mechanism to ensure that items distributed are locally accepted.

The sector will emphasise sustainability and resilience, including benefit to local economies through the use of cash transfer and voucher approaches, whenever appropriate, and sourcing of locally-available materials.

The sector will strengthen coordination at national, state and hub levels. Shelter interventions will pave the way toward more durable solutions and will coordinate with Response and Recovery Planning (Durable Solutions) Sector and all other sectors and in line with the Government strategy, to support rehabilitation efforts and ensure a multi-sector response. Efforts will be made to develop contingency stocks and preparedness capacities in close collaboration with other sectors and to work toward the establishment of rapid response mechanisms, to respond with shelter/NFI interventions in case of sudden movements of populations.

PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



EDUCATION OBJECTIVE 1

1 All conflict-affected girls and boys aged 3-17 have safe and equitable access to inclusive, child-friendly and protective learning.
RELATES TO SO2

EDUCATION OBJECTIVE 2

2 Risks to all conflict-affected girls and boys aged 3-17 are reduced through the improved ability to cope with negative psychosocial effects and to limit the physical danger presented by the conflict.
RELATES TO SO1 & SO2

EDUCATION OBJECTIVE 3

3 Empowered communities in conflict-affected areas contribute to restore and protect learning.
RELATES TO SO3

EDUCATION



Summary of Needs

The widespread targeted destruction of education facilities left conflict-affected host communities and returnees without functioning schools and with no teaching and learning materials. The situation is more critical for IDPs in both sites and host communities. The absence of teachers in general and of teachers trained to deal with the massive psychosocial aftermath of the insurgency is also hindering the resumption of education activities.

Response Strategy

The response will holistically address the needs of the 3-17 years old with early childhood education, formal primary and non-formal basic literacy and vocational skills training for youth in Adamawa, Borno and Yobe, with special focus on Borno State. Due to better accessibility and needs analysis, the sector caseload of people in need increased from 1 million in 2016 to 3 million in 2017 while the target increased from 630,000 to 1.6 million.

The 2017 response will be carried out by 13 partners representing national and international NGOs, UN and community-based organizations. Joint monitoring will take place in collaboration with the relevant government bodies. The response plan is guided by the Strategy of the Education in Emergencies Working Group (EiEWG) developed Oct 2015 and revisited Nov 2016. The sector will continue to focus on the most marginalized and vulnerable children due to the conflict with Boko Haram in the three most affected states and their right for education, an enabling right which when accessed

and achieved protects them against harm and equips them with crucial life-saving skills.

The Education in Emergencies (EiE) Sector prioritized safe and protective learning spaces with gender-sensitive WASH facilities for the 3 -17 year olds; training of teachers and facilitators in basic pedagogics; psychosocial first aid and essential life-skills; relevant and learner-centered formal, non-formal, and extra-curricular activities; as well as engagement and empowerment of the conflict-affected communities in restoring and protecting learning. Re-establishment of learning through the formation of temporary classrooms and/or emergency repair of existing infrastructure and WASH facilities as well as emergency distribution of learning supplies is also important.

Equally important is to improve the delivery and quality of educational services to ensure access and attendance and increase learning outcomes. This factor is known to protect children from exploitative labour, recruitment by militant groups and early pregnancy/marriage. The response also prioritizes training of teachers and facilitators (many are volunteers without any formal training) in basic pedagogics and classroom management.

To reduce the impact of the legacy of the conflict and continued risks for children and youth of school-going age, education personnel will be trained in psychosocial first aid and referral mechanisms, social-emotional well-being, as well as essential life-skills, such as mine-risk awareness and general disaster risk reduction, hygiene promotion, prevention of gender-based violence, conflict resolution and peace building.

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

	BY STATUS				BY SEX AND AGE	
	Total Sector	Host Communities	Internally Displaced	Returnees	% Female % Male	% Children, Adult, Elderly
People in need	2.9M	1.8M	0.7M	0.4M	55% 45%	98% 2%
People targeted	1.6M	0.6M	0.7M	0.3M	55% 45%	98% 2%
Financial requirements	56.3M				Children (<18 years), Adult (18-59 years), Elderly (>59 years)	

CONTACT

Judith Giwa-Amu,
Sector Coordinator
jgiwaamu@unicef.org

Gender concerns will be addressed and mainstreamed through teacher training and recruitment of female education personnel. They will also be addressed by ensuring adequate and gender-sensitive WASH facilities; distribution of hygiene and dignity kits; establishing safe and protective school-based child clubs for girls and boys focused on child rights, prevention of GBV and peer-support; livelihood and vocational skills training for adolescent girls and boys.

The fear of children, parents, education personnel, and communities of continued atrocities against education and the widespread feeling of helplessness in protecting education

against attack is also addressed in the response. By establishing and training School-based Management Committees and Community Education Coalitions in a holistic understanding of education in emergencies – including disaster risk reduction - partners aim to empower communities to contribute to protecting, restoring and supporting learning for conflict-affected 3-17 years-old.

The Education Sector planning is in accordance with WASH standards and protection priorities, and in close collaboration with the on-going federal and state government planning on education.

PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



WASH OBJECTIVE 1

1 Conflict affected people have safe and equitable access to a sufficient quantity of water for domestic needs.

RELATES TO SO1

WASH OBJECTIVE 2

2 Conflict affected people have access to improved sanitation facilities and are adopting safe hygiene practices.

RELATES TO SO1

WASH OBJECTIVE 3

3 Strengthen capacities of WASH stakeholders and communities to withstand crisis through improved coordination, planning and preparedness.

RELATES TO SO3

CONTACT

Julien Graveleau,
WASH Emergency
Specialist
jgraveleau@unicef.org

Kannan Nadar,
Chief WASH
knadar@unicef.org

WATER, SANITATION AND HYGIENE (WASH)



Summary of Needs

While low levels of WASH access existed pre-crisis, it is estimated that 75 per cent of WASH infrastructure, especially in the conflict affected LGAs was destroyed during the crisis (RPBA, 2016). As much as 37 per cent of IDPs in temporary IDP sites assessed do not have enough water as per SPHERE standards. In highly crowded host communities an estimated 2.9 million IDPs and host community members are in need of assistance to meet their basic WASH needs and avert associated high public health risks.

In areas of return, an estimated 1 million returnees need to be reached with water, hygiene and sanitation through rehabilitation of damaged facilities, construction of new facilities and hygiene promotion.

Response Strategy

The main target group in 2017 will be 1 million IDPs, with more focus on IDPs residing in the recently accessible areas of Borno State. However, IDPs staying in temporary IDP sites and host communities (especially in communities where there has been a population increase of over 30 per cent due to displacement) will also be targeted. An estimated 0.6 million returnees in communities where WASH infrastructure has been damaged including in northern Adamawa, eastern Yobe and southern Borno will also be targeted. The sector will target the most vulnerable LGAs identified in the October 2016 Cadre Harmonisé Report (IPC 4-5 as a priority) impacted by food insecurity and malnutrition.

In temporary IDP sites and vulnerable communities, water facilities will be rehabilitated

or provided, and water quality monitoring strengthened (especially during “cholera season”, i.e. July to November) to ensure everybody has access to at least 15 litres per day. The immediate response will be to provide water purification tablets and/or water trucking to IDPs who rely on unprotected water sources.

Sector partners will construct facilities in temporary IDP sites, over-crowded host communities and in areas of return and promote good hygiene practices among the beneficiaries. A mix of approaches will be adopted to foster good hygiene practices which include airing key messages on personal hygiene on local radio channels, using jingles and panel discussions to answer citizen queries. Door-to-door hygiene promotion will also be carried in high risk settlements. To complement hygiene promotion, WASH NFIs kits (at least one jerry can, bucket, soap and a plastic kettle) will be delivered to IDPs. Larger agencies with warehousing capacity also have contingency stocks prepositioned, which will be used as needed if more inaccessible areas open up.

In areas of return, a comprehensive approach will be taken to address issues around public health, safety and security in coordination with the Health, Education, Protection and Nutrition Sectors.

Capacity of WASH Sector stakeholders (reporting organizations, implementing partners and government co-leads) will be strengthened, especially in the area of coordination and harmonized planning and preparedness, response and monitoring.

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

	BY STATUS				BY SEX AND AGE		
	Total Sector	Host Communities	Internally Displaced	Returnees	% Female % Male	% Children, Adult, Elderly	
People in need	3.6M	1.35M	1.35M	0.9M	53% 47%	54% 36% 7%	
People targeted	2.0M	0.4M	1.0M	0.6M	54% 46%	59% 33% 8%	
Financial requirements	49.7M				Children (<18 years), Adult (18-59 years), Elderly (>59 years)		

Further coordination with Health, Nutrition and Education Sectors will ensure the synergistic impact of WASH interventions through the provision of WASH facilities and hygiene promotion in health facilities and education institutions. Additionally, in line with the sector priority on convergence with the Nutrition Sector, cross-sectoral workshops and trainings are envisaged to more efficiently tackle WASH-related underlying factors contributing to malnutrition.

During 2016 the sector developed WASH technical sectorial guidelines which address issues of protection and gender.

This included the needs and protection of women and girls in WASH interventions by ensuring separate latrine and bathing blocks, consultation with women on the location of WASH facilities and ensuring there are women on WASH committees.

To ensure ownership and sustainability, a community participatory approach is used for decisions on locations and upkeep of WASH facilities. In addition, the Rural Water Supply and Sanitation Agency as well as the local government and grass roots organizations will be involved for long-term maintenance and support.

PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS

RESPONSE & RECOVERY
PLANNING OBJECTIVE 1

1 Strengthens stabilization and address underlying causes of the crisis.

RELATES TO SO1 & SO3

RESPONSE & RECOVERY
PLANNING OBJECTIVE 2

2 Reduces vulnerability to future crises by strengthening the national, community and individual foundations for resilience.

RELATES TO SO3

RESPONSE & RECOVERY
PLANNING OBJECTIVE 3

3 Links preparedness, relief, recovery, reconstruction and development processes and actors.

RELATES TO SO1, SO2 & SO3

CONTACT

Muyiwa Odele,
Early Recovery
Advisor to the Resident
& Humanitarian
Coordinator
muyiwa.odele@undp.org

RESPONSE AND RECOVERY PLANNING (DURABLE SOLUTIONS)



Summary of Needs

The conflict resulted in massive damage to infrastructure, disruption of markets, lack of access to farmlands, loss of assets and forced displacement impacting on the lives of IDPs and host communities. Rapid urbanisation and uncontrolled dumping of waste in crowded temporary IDP sites and host communities as well as debris from destroyed and damaged infrastructure are public health risks. The presence of mines and other explosive contamination in LGAs in Borno, northern Adamawa and eastern Yobe are a great risk for IDPs and humanitarian operations.

Response Strategy

Early Recovery Sector in Nigeria was rebranded as Response and Recovery Planning (Durable Solutions) Sector. The sector aims to generate self-sustaining nationally-owned processes through the provision of a set of specific programmatic actions. Interventions will be tailored to the context to address root causes and vulnerabilities as well as the immediate results of the crisis. By addressing early recovery needs the sector will support the safe and voluntary return of IDPs to their place of origin as well as helping the affected communities to recover from the crisis. The sector will work to enable plans and strategies to be translated into concrete actions that support affected populations to regain their way of life, assets and capabilities with enhanced resilience to future disasters. Interventions and support are designed to build on people's spontaneous efforts to cope, recover and rebuild after a disaster.

All people affected by the crisis in need of humanitarian assistance are in need of recovery. The sector thus takes as its people in need figure, the total number of those identified as having humanitarian needs by the Humanitarian Response Plan. It can be challenging for the sector to determine a realistic target as many sector interventions have an impact across all populations and thus the target aims to capture both direct and indirect beneficiaries.

In 2017 the sector partners aim to reach 4.5 million of the most affected people in need with 20 interventions focusing on the following sector priority needs:

- Mine Action including risk education for IDP's, host communities and humanitarian workers, removal of explosive remnants which contributes to creating conditions for safe and sustainable return of IDP's, and capacity development of security providers including the reinforcement of national mine action coordination mechanisms and related activities.
- Emergency Economic Livelihoods including emergency cash-based interventions and emergency employment to assist in the restoration of livelihoods to provide beneficiaries with cash payments and immediate income generation activities, while providing a basis for more sustainable livelihoods.
- Environmental Emergency Response that includes clearing of crisis-generated debris and solid waste to prevent the risk of vector borne diseases in host communities and temporary IDP sites and support IDP's to return and rebuild in their area of origin.

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

	BY STATUS				BY SEX AND AGE	
	Total Sector	Host Communities	Internally Displaced	Returnees	% Female % Male	% Children, Adult, Elderly
People in need	TBC	TBC	TBC	TBC	TBC	TBC
People targeted	4.5M	3.5M	0.6M	0.4M	TBC	TBC
Financial requirements	44.6M				Children (<18 years), Adult (18-59 years), Elderly (>59 years)	

These diverse interventions will protect IDPs and conflict-affected communities while facilitating humanitarian access and response effectiveness. Capacity building activities will prioritize local humanitarian responders and support their efforts to scale up. Livelihoods activities will target the most vulnerable and food-insecure groups (mainly households led by widows, IDPs, unemployed youth, victims of mines and explosive devices and GBV survivors), helping to strengthen their resilience and decrease dependence on humanitarian aid.

Planned initiatives and activity locations are based on partners' current capacity, availability of local support and operational resources. The sector partners will conduct periodic analysis of access and capacity to identify potential gaps in activities.

The sector will support mainstreaming recovery across all sectors by promoting and advocating for interventions that are the “right activity at the right time and at the right place

by the most appropriate actors” while ensuring a holistic and system-wide response, that includes national and local actors. To improve aid effectiveness, reduce vulnerability to shocks and to pave the way to sustainable development, the sector will strengthen linkages between humanitarian and development frameworks.

Sector partners will support all sectors in identifying threats and vulnerabilities for target populations and will join advocacy efforts to prevent protection violations and mitigate their impact. Partners will support participatory engagement with affected communities to inform planning and implementation. Partners have also renewed sector commitments to promote equitable access and participation for men, women, boys and girls. Livelihoods opportunities will respect cultural and gender specificities.

PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



DMS/CCCM OBJECTIVE 1

1 Continue tracking and monitoring displacement, including sex-disaggregated data and information on needs and gaps in order to establish a comprehensive follow-up of displaced populations, in sites and host communities and to inform interventions across sectors.

RELATES TO SO1

DMS/CCCM OBJECTIVE 2

2 Support monitoring, coordination and management displacement to ensure that minimum standards are upheld and referral pathways reinforced for direct assistance through capacity building, community participation, on site and mobile facilitation support and case-by-case analysis of displacement areas.

RELATES TO SO1, SO2 & SO3

DMS/CCCM OBJECTIVE 3

3 Support maintenance, upgrade and decongestion of sites (including in host communities) through site planning, improvements when required and coordinated assistance to respond through DMS interventions to IDP return and relocation.

RELATES TO SO1 & SO2

CONTACT

Rafaelle Robelin,
Shelter/NFI & DMS/
CCCM Sector Coordinator
rrobelin@iom.int

DISPLACEMENT MANAGEMENT SYSTEMS/CCCM



Summary of Needs

As reported in October 2016, 1.8 million people are still on the move across the six states of North East Nigeria, with 1.7 million in the three focus states and this is likely to continue in 2017 with different phases of displacement including sudden movements of populations in LGAs that become accessible due to military operations.

Currently 78 per cent of IDPs are displaced in host communities: while the remainder live in temporary IDP sites. While camp management structures were established under the lead of the Government in the main sites in Maiduguri, critical gaps exist in human resources and informal sites continue to lack camp management structures. Insecurity, overcrowding, protection risks and severe malnutrition cases underscore the urgency of raising standards and rapid response mechanisms in temporary IDP sites and host community sites.

Response Strategy

In Nigeria, CCCM was rebranded as Displacement Management Systems/CCCM (DMS/CCCM), under the lead of the National Bureau for Statistics (NBS) at the federal level, to reflect the response in and out of IDP sites. The sector is merged with Shelter/NFI.

In a volatile and complex environment, displacement management is crucial to ensure that interventions are flexible, coherent, coordinated and comply with standards, while avoiding duplication or gaps. The sector will continue tracking the movements of 2.3 million people in need and conducting return

assessments as part of the DTM. The sector will also target 0.8 million IDPs based on their immediate needs, existing interventions and capacity of partners which has increased by 100 per cent. The sector will focus on IDPs living in temporary sites and host communities for its direct response. The sector will however ensure community participation with host communities where IDPs are staying for an extended period of time and to work toward durable solutions and local integration.

In order to ensure a continued follow-up on IDP and returnee needs, the sector will continue tracking and monitoring displacement and mobility for all IDP and returnees. The sector will also continue registering a targeted number of eligible people, to enable more targeted service provision and respond to emerging needs. DTM will be enhanced to identify multi-sectorial risk factors, such as protection, health and WASH, both in temporary IDP sites and host communities and in case of sudden movement of population. Additional assessments will be undertaken to identify the specific needs of IDPs in close collaboration with other sectors, the severity of needs, the intention of return and will also be conducted in areas of return to identify living conditions. This information will inform coordination and management of displacement areas in-and-out of temporary IDP sites, linking the type and length of displacement to the appropriate response.

The sector will develop targeted capacity building initiatives to reinforce capacities of camp committees and IDPs and camp managers in priority IDP sites based on mentorship and on the job training. Dedicated site facilitation and focal points in IDP sites will

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

	BY STATUS				BY SEX AND AGE		
	Total Sector	Host Communities	Internally Displaced	Returnees	% Female % Male	% Children, Adult, Elderly	
People in need	2.3M		1.35M	0.6M	53% 46%	58% 36% 6%	
People targeted	0.8M		0.8M		55% 45%	58% 35% 7%	
Financial requirements	11.6M				Children (<18 years), Adult (18-59 years), Elderly (>59 years)		

also be mobilised to strengthen camp management structures and extend the capacities in IDP sites where they are currently lacking. Other trainings will include training of trainers and displacement management roll-out trainings. Basic infrastructure will be improved and maintained ahead of the rainy season in priority sites to mitigate life-threatening and protection risks. Overcrowded sites and collective centres and schools in displacement areas and newly accessible areas will be decongested through relocations

Displacement management roving/facilitation teams will be deployed and other sectors mobilised to monitor interventions in camps and implement multi sector responses and referral pathways to address risks factors at site level and support a coordinated and multi-sectorial response.

Community engagement and participation will be a key component of the response with feedback and accountability

mechanisms to ensure accessible and timely information is provided to IDPs. In order to ensure the transition toward durable solutions, communication and awareness campaigns will also reach host communities. The sector will contribute toward durable solutions by preparing to respond in regard to IDP relocations as well as safe, voluntary and informed returns, through sensitization, community engagement and assistance when required, within the framework of the merged DMS/CCCM/Shelter/NFI Sector.

The sector will strengthen coordination at national, state and hub level, under the lead of NBS at the federal level and in support to NEMA/SEMA area managers and coordinators, for the combined Shelter/NFI and DMS/CCCM Sector, to improve harmonisation, camp management, technical guidance, information management and response monitoring and evaluation.

REQUIREMENTS (US\$)


31.2M

OF PARTNERS


61

COORDINATION OBJECTIVE 1

1 Provide enhanced coordination services to ensure timely, effective and principled humanitarian assistance to vulnerable people in Nigeria's Northeast.

RELATES TO SO1, SO2 & SO3

CONTACT

Vincent Omuga,
Head of Coordination
OCHA
omuga@un.org

COORDINATION



Priority Needs

- Reinforce humanitarian coordination mechanism at federal and state levels to better inform strategic and operational decision making by the humanitarian leadership
- Support inter-agency and multi sectoral assistance delivery in remote and hard to reach conflict affected areas
- Provide critical security support and coordination services needed to facilitate ongoing and scale-up of the delivery of humanitarian assistance.

Response Strategy

Coordination and support services will be managed under the leadership of the Humanitarian Coordinator and Deputy Humanitarian Coordinator, located in Abuja and Maiduguri respectively. At the federal level, the HCT and associated coordination structures will complement and support strengthen Government-led mechanisms such as the Inter Ministerial Task Force, the Humanitarian Coordination Working Group and the Emergency Coordination Center. At state level, the existing coordination structures, including the Operational HCT in Maiduguri, will be further strengthened and tailored to adjust to the ever-changing context, while ensuring that a seamless link to and from HCT and ISWG in Abuja is maintained. The devolution of the centre of gravity from Abuja to the field will continue to further strengthen service delivery and coordination.

The framework for coordinated response will include provision of committed humanitarian leadership; creating an enabling environment for an integrated and coordinated humanitarian response with focus on protection, gender and accountability to affected people; telling the humanitarian crisis' story coherently and accurately; and engaging with authorities to address response bottlenecks. Coordination and support services will be tailored in a flexible way to accommodate the rapidly changing context including support to new partners operating in the conflict

affected states and establishing humanitarian hubs where necessary. The hubs will provide suitable accommodation and secure environment for qualified staff to respond especially in Maiduguri and in newly accessible areas. The humanitarian community will continue to use a flexible approach to Civil Military Coordination and access discussions to enable timely and coordinated service delivery, where and when needed. Cross border coordination with other countries of the Lake Chad Basin - Cameroon, Chad and Niger, which are also affected by the Boko Haram crisis, will continue through regional partnership framework and bilateral collaboration. The nexus between the humanitarian and development partners will be used and strengthened as an over-arching component of this strategy.

UNDSS will continue to provide critical security and safety support and coordination for expanding humanitarian programmes. UNDSS staff will be deployed to new locations as they become accessible to support UN staff and NGOs in locations where the humanitarian hubs will be established as well as in other parts of the north east. UNDSS staff will assess these locations, provide security risk management (SRM) analysis and security recommendations to the humanitarian community for their operations.

To provide flexibility and agility in the response as well as address shortfalls and underfunding within sectors, the HCT agreed in principle, to establish a Country- Based Pooled Fund (CBPF) under the leadership of the Humanitarian Coordinator. Consistent with the Grand Bargain agreement from the World Humanitarian Summit, the CBPF will enhance local capacity and support local civil society organizations that are at the forefront of the response, to access resources and deliver the response. This is envisaged to be operational in the first quarter of 2017. Additional resources will be mobilized through sustained engagement with the private sector.



ORGANISATIONS TARGETED



102
(75 for UNHAS)

REQUIREMENTS (US\$)



12.2M
(7.1M for UNHAS)

OF PARTNERS



2

LOGISTICS OBJECTIVE 1

1 Support an effective humanitarian logistics response.
RELATES TO S01, S02 & S03

LOGISTICS OBJECTIVE 2

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

RELATES TO S01, S02 & S03

LOGISTICS OBJECTIVE 3

3 Strengthen the humanitarian community's ability to save lives and address needs through timely and reliable logistics services. .
RELATES TO S01, S02 & S03

CONTACT

Alexis Ottenwaelter,
Logistics Sector Coordinator
Alexis.Ottenwaelter@wfp.org

LOGISTICS

Priority Needs

Given the magnitude of the needs and the complexity of the humanitarian operation, a coordinated logistics response is needed to ensure effective and efficient delivery of humanitarian assistance in North East Nigeria.

A volatile security situation affects the road network in the region, isolating vulnerable communities and limiting the provision of humanitarian assistance, as most key areas are only safely accessible by air. Furthermore, factors such as long distances and limited road infrastructure especially during the rainy season hinder the movement of humanitarian staff to remote areas.

Additionally, the humanitarian response is further challenged by some identified logistics gaps in the region, such as the lack of storage facilities.

Response Strategy

The Logistics Sector aims to support the Government of Nigeria and humanitarian community to facilitate, coordinate, and ensure effective and efficient delivery of life-saving humanitarian relief to affected populations in North East Nigeria.

In 2017, the Logistics Sector will focus its intervention on the three most affected states, where most of its partners are actively responding. As the situation develops, the Logistics Sector will support the humanitarian response in hard to reach areas and newly accessible LGAs, in close partnership with other sector's needs.

Enhanced logistics supply chain coordination, and uninterrupted and timely sharing of relevant logistics information are required

between key humanitarian partners, including both NGOs and UN agencies, to facilitate an improved response and avoid duplication of efforts. The Logistics Sector will also support the implementation of shared temporary storage facilities in Maiduguri and other locations as needed to ensure timely dispatch of relief items, complementing the installation of humanitarian hubs in Borno State.

As the challenging security situation exposes humanitarian workers to high risk when accessing affected populations, UNHAS will continue to operate one fixed-wing aircraft out of Abuja (Abuja – Maiduguri – Yola), and three rotary-wing aircraft out of Maiduguri to facilitate access of humanitarian personnel and support the delivery of urgently required cargo to the most hard-to-reach areas in the region.

As a service-based sector, the Logistics Sector will support needs and fill gaps identified by the humanitarian community and the Government of Nigeria. Any activity implemented will be designed in close collaboration with humanitarian partners, and coordination with government's counterpart, appointed as lead of the sector.

Throughout 2017, the Logistics Sector will continue to work with the Government and humanitarian partners to identify and implement an appropriate handover that addresses needs for continuity in operations, maintaining response capacity, and attention on minimum preparedness actions. Engagement with the Government's Federal and State emergency management offices will be undertaken to ensure augmented logistics capacities remain available or readily deployable to meet future needs.

REQUIREMENTS (US\$)


2.8M

OF PARTNERS


40

ETC OBJECTIVE 1

1 Support effective response through timely and reliable ETS services and information sharing.
RELATES TO S01 & S02

ETC OBJECTIVE 2

2 Coordinate security telecommunications and IT emergency response activities.
RELATES TO S01 & S03

ETC OBJECTIVE 3

3 Provide reliable Internet for the humanitarian community in common operational areas.
RELATES TO S01 & S02

CONTACT

Pastor Lovo,
ETC Coordinator
Pastor.Lovo@wfp.org

EMERGENCY TELECOMMUNICATIONS



Summary of Needs

A Global ETC assessment was conducted in September 2016 identifying critical security communications gaps in Borno and Yobe as well as a lack of reliable, basic internet connectivity for the humanitarian community operating in these locations.

In addition, the HCT in Nigeria, following a recommendation from the ISWG and Government, agreed to establish humanitarian hubs in Borno, Yobe and Adamawa States. The humanitarian hubs will provide a common base of operations for humanitarian organizations present in selected areas with critical enablers, including security, radio and internet communications, office space, accommodation, transportation/logistics support and warehousing. Furthermore, the hubs will provide a unified framework for coordinating the assistance in the critical sectors of emergency shelter, nutrition, health and protection.

Response Strategy

In order to support establishment of critical ICT services in the humanitarian hubs and ensure country-MOSS compliancy, the emergency telecommunications sector (ETS) established a coordination structure and taken appropriate steps to urgently address the humanitarian security communications gaps and support the establishment of two first hubs in 2016.

The ETS expanded the already established Inter-Agency Telecommunications Working Group to include local ICT actors and government counterparts involved in the response and ensure coordination and response efficiency. As per its mandate, the ETS was requested to provide secure radio telecommunications and internet connectivity services in all humanitarian hubs.

Therefore, the ETS in 2017 plans to:

- Provide coordination and Information Management services: Dedicated ETS staff

will continue to provide the ongoing coordination and information management services to ETS partners and other humanitarian organizations in order to identify operational common needs and coordinate a coherent response. Regular sector coordination meetings with humanitarian organizations and Government counterparts will take place in Abuja, Maiduguri and Damaturu as required. Relevant and updated ETS information products, including service maps, situation reports, meeting minutes will be produced and shared.

- Deploy and support ETS services in humanitarian hubs: The ETS will provide a) security telecommunications - 24/7 radio rooms manned by five radio operators, expansion of radio network coverage and user training b) Internet connectivity and Wi-Fi access services – c) Power charging stations in the humanitarian hubs in Borno, Yobe and Adamawa.

- Build local capacity: The ETS will organize specialized training to develop the local capacity of telecommunications staff, including staff from government counterparts. An ICT4Gov training is planned to strengthen ICT capacity building of NEMA and SEMA.

- Assess communication as aid requirements: As the Global ETC is moving towards the implementation of its new ETC 2020 strategy looking at providing ETC services to affected communities, the ETS in Nigeria is planning to conduct an assessment to determine any affected community's needs and engage with the Communication with Communities (CwC) Working Group to see if any request could be supported by ETS.

While implementing its 2017 plan, ETS will regularly evaluate requirements and monitor its activities by circulating User Satisfaction Survey and engaging closely with the ICCWG, HCT and Local ETS working group.

WHAT IF?

...WE FAIL TO RESPOND

NUMBER OF PEOPLE IN ACUTE FOOD INSECURITY WILL DRAMATICALLY INCREASE



11 million people will fall into crisis and emergency food insecurity including 120,000 in famine conditions. 2 million people will be one step away from famine. Farming communities will collapse and it will take decades to recover.

INADEQUATE HEALTH SERVICES WILL LEAD TO INCREASED RISK OF DISEASES AND DEATH



Increased rates of illness for 2.6 million people due to communicable diseases such as malaria acute respiratory tract infections and other diseases. More cases of the wild polio virus which will push Nigeria back to a point where polio will become a major issue again. Fewer vaccinations will increase outbreaks of fatal childhood illnesses. A shortage of basic life-saving medicines and a break down in health service delivery; fewer health facilities with inadequate trained health staff.

A GENERATION OF CHILDREN WITHOUT ACCESS TO EDUCATION



1.6 million children will have no emergency education. Recruitment to armed groups, early marriage/pregnancy, exploitative labour and trafficking of children. Girls and boys left to fend for themselves. Little or no knowledge of essential life-saving skills and knowledge of hygiene and health, physical and psychological integrity, mine awareness and peace-building.

MILLIONS EXPOSED TO VIOLENCE AND ABUSE



Continued breakdown of family unity and fewer prospects for reintegration and support for returnees back to communities. Lack of acceptance for Boko Haram victims and worsening of their psychosocial wellbeing. Women and girls face sexual and exploitative abuse. Under-age recruitment into armed groups and the negative long-term effects will take years of recovery.

450,000 MALNOURISHED CHILDREN WILL FACE DEATH



There are currently 2.5 million children. Every 1 in 5 of the children facing severe acute malnutrition is likely to die. The likelihood of a child with severe acute malnutrition surviving is nine times less likely than a properly nourished child.

DISPLACEMENT INCREASES



Currently an estimated Further informal settlements will appear without the adequate infrastructure, WASH, shelter and livelihoods. The cycle of violence and displacement continues as further strains are placed on IDPs and host communities.

GUIDE TO GIVING

CONTRIBUTING TO THE HUMANITARIAN RESPONSE PLAN



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

www.humanitarianresponse.info/operations/nigeria

DONATING THROUGH THE CENTRAL EMERGENCY RESPONSE FUND (CERF)



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

www.unocha.org/cerf/our-donors/how-donate

IN-KIND RELIEF AID



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

logik@un.org

REGISTERING AND RECOGNIZING YOUR CONTRIBUTIONS



OCHA manages the Financial Tracking Service (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) to emergencies. Its purpose is to give credit and visibility to donors for their generosity and to show the total amount of funding and expose gaps in humanitarian plans. Please report yours to FTS, either by email to fts@un.org or through the online contribution report form at <http://fts.unocha.org>

PART III: ANNEXES



Participating organizations and funding requirements

Abbreviations and acronyms

End notes

PARTICIPATING ORGANIZATIONS AND FUNDING REQUIREMENTS

ORGANIZATIONS	REQUIREMENTS (US \$)
ACT Alliance / Christian Aid UK (ACT/CA UK)	5,826,717
Action Aid (ActionAid)	1,788,077
Action Contre la Faim (ACF)	57,265,278
Adventist Development and Relief Agency International (ADRA)	2,700,000
American University of Nigeria (AUN)	90,523
Catholic Caritas Foundation of Nigeria (CCFN)	21,585,134
Catholic Relief Services (CRS)	8,078,476
Civil Society Action Coalition on Education for All (CSACEFA)	2,469,057
Clear View Integrity Foundation (CVIF)	27,500
Cooperazione Internazionale (COOPI)	2,740,212
Danish Refugee Council (DRC)	1,067,000
Disaster Waste Recovery (DWR)	2,540,556
Food and Agriculture Organization (FAO)	61,962,500
Hope and Rural Aid Foundation (HARAF)	750,000
International Center for Accelerated Development (ICAD)	1,500,000
International Centre for Energy, Environment & Development (ICEED)	1,909,327
International Federation of Red Cross and Red Crescent Societies (IFRC)	678,000
International Federation of Women Lawyers (FIDA Nigeria)	1,173,296
International Medical Corps (IMC)	3,593,042
International Organization for Migration (IOM)	58,000,000
International Rescue Committee (IRC)	25,088,669
INTERSOS Humanitarian Aid Organization (INTERSOS)	9,017,050
Médecins du Monde (MDM)	2,336,248
Mercy Corps (Mercy Corps)	14,649,643
Mines Advisory Group (MAG)	500,000
Norwegian Refugee Council (NRC)	11,759,603

ORGANIZATIONS	REQUIREMENTS (US\$)
Office of the United Nations High Commissioner for Human Rights (OHCHR)	560,517
OXFAM Netherlands (NOVIB) (OXFAM Netherlands (NOVIB))	17,976,809
Peacefront for Development Initiative (Peacefront)	390,000
Plan International (Plan)	1,441,234
Première Urgence Internationale (PUI)	18,656,950
Riplington Education Initiative (REI)	980,000
Save the Children International (SC)	21,923,762
Society for Water and Sanitation (NEWSAN)	147,500
Solidarites-France (Solidarites-France)	6,000,000
SOS Children's Villages (SOS VE)	1,065,950
Street Child Organization (Street Child)	3,769,730
Tearfund (TEARFUND)	522,170
The Alliance for International Medical Action (ALIMA)	4,091,164
United Nations Children's Emergency Fund (UNICEF)	143,027,901
United Nations Department of Safety & Security (UNDSS)	4,062,828
United Nations Development Programme (UNDP)	20,160,946
United Nations High Commissioner for Refugees (UNHCR)	66,641,153
United Nations Human Settlements Programme (UN-HABITAT)	3,922,466
United Nations Office for the Coordination of Humanitarian Affairs (OCHA)	8,630,834
United Nations Population Fund (UNFPA)	21,397,003
Women in the New Nigeria and Yoputh Empowerment Initiative (WINN)	80,523
World Food Programme (WFP)	368,554,155
World Health Organization (WHO)	37,170,501
ZOA (ZOA)	4,161,500
TOTAL	1,054,431,494

ABBREVIATIONS AND ACRONYMS

A		HNO	Humanitarian Needs Overview
ACLED	Armed Conflict Location and Event Data Project	HRP	Humanitarian Response Plan
AGDM	Age, Gender, and Diversity Mainstreaming	I	
C		IASC	Inter Agency Standing Committee
CAAFAG	Children associated with armed forces and groups	ICT	Information Communication Technology
CaLP	Cash Learning Partnership	IDPs	Internally Displaced People
CBPF	Country Based Pool Fund	IMCI	Integrated Management of Childhood Illness
CERF	Central Emergency Response Fund	IMTF	Inter-Ministerial Task Force
CJTF	Civilian Joint Task Force	INGOs	International Non-Government Organizations
CMAM	Community-based Management of Acute Malnutrition	IOM	International Organization for Migration
CPSWG	Child Protection Sub Working Group	IPC	Integrated Food Security Phase Classification
CPMS	Child Protection Monitoring Systems	ISWG	Inter Sector Working Group
CSO	Civil Society Organizations	IYCF	Infant and Young Child Feeding
CTP	Cash Transfer Programme	L	
CwC	Communications with Communities	LGA	Local Government Area
CWG	Cash Working Group	M	
D		MED	Minimum Expenditure Basket
DMS-CCCM	Displacement Management System/Camp Coordination and Camp Management Sector	MOSS	Minimum Operating Security Standards
DTM	Displacement Tracking Matrix	MUAC	Mid-Upper Arm Circumference
E		N	
EPI	Expanded Programme on Immunization	NBS	National Bureau of Statistic
EU	European Union	NEMA	National Emergency Management Agency
EWARS	Early Warning and Response System	NFI	Non Food Items
F		NGO	Non-Governmental Organization
FAO	Food and Agriculture Organization	O	
FEWSNET	Famine Early Warning Systems Network	OCHA	Office for the Coordination of Humanitarian Affairs
G		OHCT	Operational Humanitarian Country Team
GAM	Global Acute Malnutrition	OTP	Outpatient therapeutic programme
GBV	Gender Based Violence	P	
GHCWG	Government Humanitarian Coordination Working Group	PCNI	Presidential Committee on the North East Initiative
GoN	Government of Nigeria	PFA	Psychological First Aid
H		PHC	Primary Health Care
HCT	Humanitarian Country Team	PLW	Pregnant and/or Lactating Women
HLP	Housing, Land and Property	PMR	Periodic Monitoring Report
		PSS	Psycho-social Support Services

R

RC/HC (UN) Resident Coordinator/Humanitarian Coordinator

RPBA Recovery and Peace Building Assessment

S

SAM Severe Acute Malnutrition

(P) SEA (Prevention) Sexual Exploitation and Abuse

SEMA State Emergency Management Agency

SO Strategic Objective

U

UASC Unaccompanied and Separated Children

UN United Nations

UNDAF United Nations Development Assistance Framework

UNDP United Nations Development Programme

UNDSS United Nations Department of Safety and Security

UNFPA United Nations Population Fund

UNHAS UN Humanitarian Air Service

UNHCR United Nations High Commissioner for Refugees

UNICEF United Nations Children's Fund

UXO/IED Unexploded Ordnance/ Improvised Explosive Device

W

WASH Water, Sanitation and Hygiene

WFP World Food Programme

WHO World Health Organization

END NOTES

- 1 The geopolitical region of North East Nigeria is made up of Adamawa, Bauchi, Borno, Gombe, Taraba and Yobe states.
- 2 This includes Civilian Joint Task Force (CJTF) in Borno while Adamawa and Yobe have community security groups that are often referred to within the states as vigilante groups.
- 3 Protection Sector Working Group, Nov 2016, Protection and Conflict Trends in 2017.
- 4 Number of incidents related to Boko Haram recorded in Borno, Adamawa and Yobe by ACLED and also United Nations Department of Security and Safety (UNDSS).
- 5 Areas inaccessible refers to access by international humanitarian partners. This number of six LGAs inaccessible comes from DTM Round XII, October 2016. Accessibility is something that partners assess on a daily basis as the situation frequently change.
- 6 The overall people in need was calculated taking the highest sector figure of people in need for each LGA in the three states. The sector methodologies are explained in the Humanitarian Needs Overview Nigeria 2017.
- 7 Return in safety: Return which takes place under conditions of legal safety (such as amnesties or public assurances of personal safety, integrity, non-discrimination and freedom from fear of persecution or punishment upon return), physical security (including protection from armed attacks, and mine-free routes or at least demarcated settlement sites), and material security (access to land or means of livelihood). Return with dignity: The concept of dignity is less self-evident than that of safety. The dictionary definition of “dignity” is the quality of being “worthy of honour and respect.” In practice, dignity means that refugees are not mistreated, are able to return unconditionally or spontaneously at their own pace, are not arbitrarily separated from family members, are treated with respect and full acceptance by their national authorities, and that they have full restoration of their rights.
- 8 The Integrated Food Security Phase Classification (IPC) classifies areas with Acute Food Insecurity: 1: Minimal, 2: Stressed, 3: Crisis, 4: Emergency, and 5: Famine. Figures from Nigeria Cadre Harmonisé, Oct 2016
- 9 UNICEF estimates
- 10 DTM Round XII, October 2016. This assessed IDPs in 161 sites which included Camps, Collective Settlements and Transitional Centres.
- 11 UNHCR Vulnerability Screening Round II, June 2016
- 12 Monitoring by the Country Task Force on Monitoring and Reporting under SC1612 on Grave Violations of Children’s Rights
- 13 International Alert and UNICEF, 2016, Bad Blood: Perceptions of children born of conflict-related sexual violence and women and girls associated with Boko Haram in northeast Nigeria
- 14 UNHCR Vulnerability Screening Round II, June 2016
- 15 From 6.9 million people in need in 2016 to 8.5 million in 2017
- 16 Subject to a feasibility mission by the CBPF secretariat.
- 17 Minimum Operation Security Standards/ Minimum Operating Residential Security Standards**
- 18 A single cluster bomb contains hundreds of explosive sub-munitions, up to 40% of which do not detonate when they hit the ground. <https://www.icrc.org/eng/resources/documents/feature/2014/01-16-tackling-the-explosive-fallout-of-conflict-mines-uxo.htm>
- 19 The Humanitarian Needs Overview 2016 was based on four states (Borno, Adamawa, Yobe and Gombe) and the people in need calculation was 7 million.
- 20 Calculating People in Needs is a key part of the humanitarian planning process. Sector people in need figures are estimated based on evidence based data, sector expert input and qualitative information. The overall people in need figure is compiled of the addition of the highest sector people in need figure for each LGA of the three states.

This document is produced on behalf of the Humanitarian Country Team and partners.

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

The designation employed and the presentation of material on this report do not imply the expression of any opinion whatsoever on the part of the Humanitarian Country Team and partners concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.



www.unocha.org/nigeria



www.humanitarianresponse.info/en/operations/nigeria



[@OCHANigeria](https://twitter.com/OCHANigeria)