

2016

# HUMANITARIAN RESPONSE PLAN

— JANUARY-DECEMBER 2016 —

DEC 2015



**NIGERIA**

PEOPLE AFFECTED IN  
4 FOCUS STATES

14.8M

PEOPLE IN NEED

7.0M

PEOPLE TARGETED

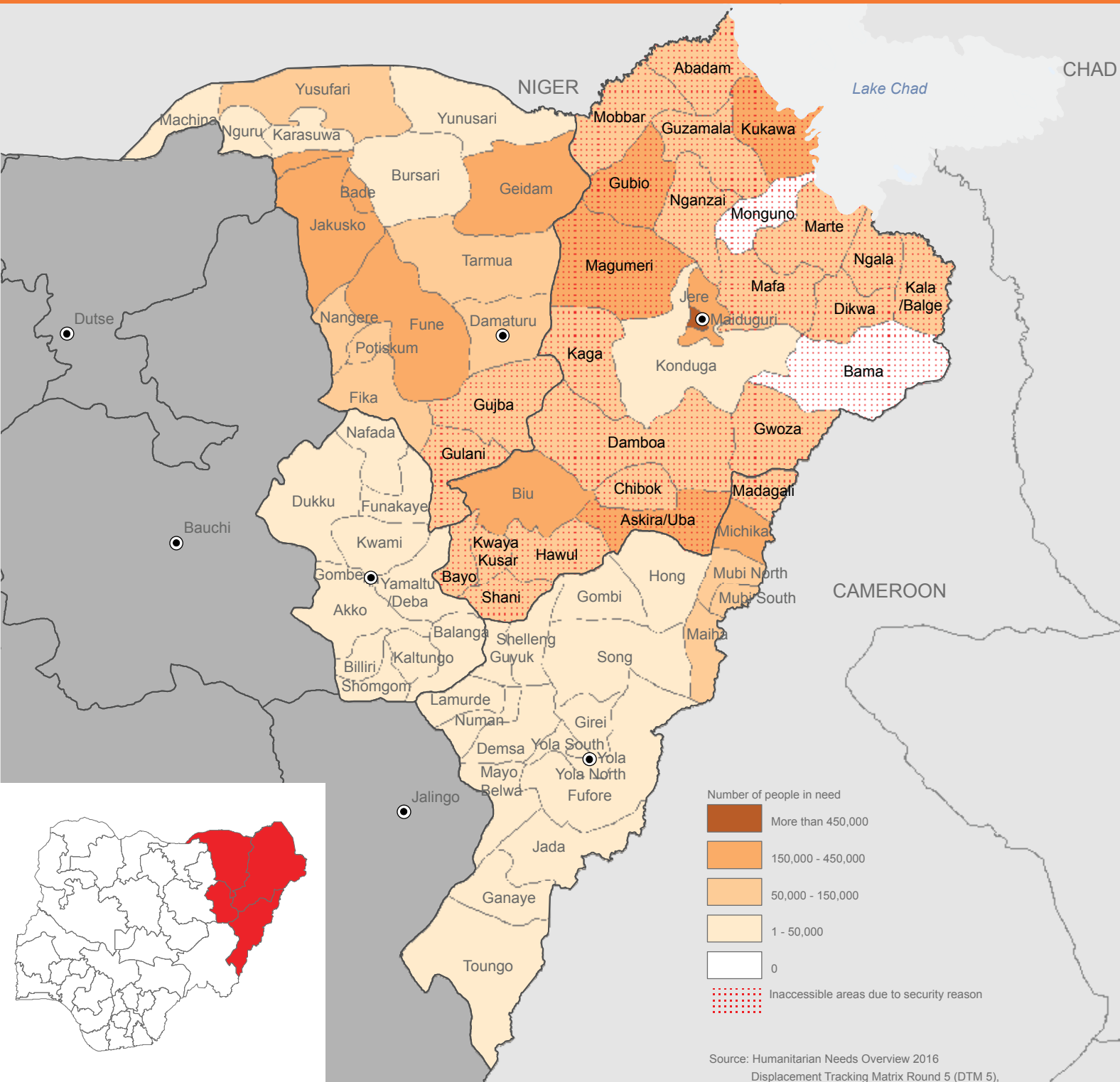
3.9M

REQUIREMENTS  
(US\$)

248M

# HUMANITARIAN  
PARTNERS

62



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FOREWORD BY

# THE HUMANITARIAN COORDINATOR

Six years have passed since the beginning of the Jama'atu Ahlis Sunna Lidda'awati wal-Jihad (JAS), commonly known as Boko Haram, violent armed conflict in north-east Nigeria. More than 20,000 civilians have lost their lives, between 2,000 – 7,000 women and girls are living in abduction and sex slavery, over 2 million people are internally displaced, over 8 million people have become food insecure, and around 3 million civilians are caught up in inaccessible and insecure areas. The physical devastation of private properties and civilian infrastructure is massive.

The Boko Haram-related violence has spilled over the Nigerian borders and expanded into neighbouring Cameroon, Chad and Niger. Suicide bombing targeting civilian gatherings in places of worship and markets has become almost a daily phenomenon in north-east Nigeria.

2015 witnessed significant expansion in the humanitarian response to this crisis as the number and operational capacity of international and national humanitarian actors doubled, additional humanitarian funding was available, and access to affected populations improved. Our understanding of the complexity of the situation on the ground is improving, despite the continuous challenge of limited credible information to guide evidence-based humanitarian response planning.

The 2016 Humanitarian Response Plan (HRP) has taken a number of strides forward in support of the continuous national response and early recovery plans and interventions.

The 2016 HRP is based on well-thought-out strategies and focused interventions stemming from years of experience on the ground. The 2016 HRP has been developed on the basis of two key scenarios: continued humanitarian assistance for IDPs and host communities in their current locations, and support for IDPs returning to their habitual places of domicile as and when such return becomes a viable option.

We are fully cognizant that the 3.9 million people we intend to reach with effective humanitarian assistance in 2016, in Adamawa, Borno, Gombe and Yobe, is a very modest number given the magnitude of the crisis. However, 3.9 million represents a realistic target at the moment, given the insecurity and access limitations. The Humanitarian Country Team (HCT) will remain vigilant, and will continuously appraise the situation on the ground and revise the HRP targets as conditions become more conducive.

The HCT values its partnership with the Government of Nigeria and reaffirms its commitment to support national efforts at both the federal and state level in order to mitigate the unprecedented insecurity, displacement and human suffering in north-east Nigeria.

I appeal to the Nigerian private sector and our international humanitarian partners to generously support the 2016 HRP in solidarity with the children, women, and men who are facing the Boko Haram violence for the sixth year.



**Jean Gough**  
Humanitarian Coordinator

## THE HUMANITARIAN RESPONSE PLAN

# AT A GLANCE

### STRATEGIC OBJECTIVE 1

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

### STRATEGIC OBJECTIVE 2

Track and analyse risk and vulnerability, integrating findings into humanitarian and development programming

### STRATEGIC OBJECTIVE 3

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

### PEOPLE IN NEED



### PEOPLE TARGETED

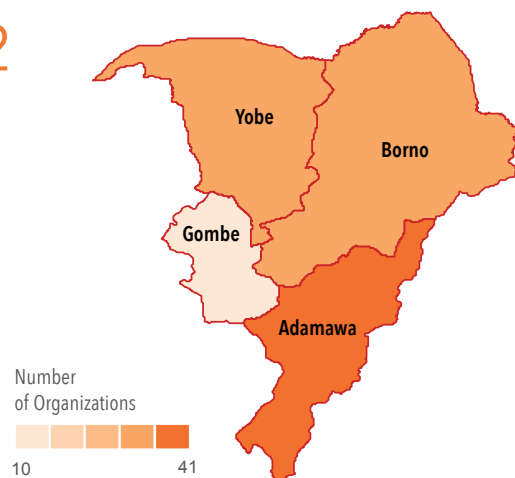


### REQUIREMENTS (US\$)



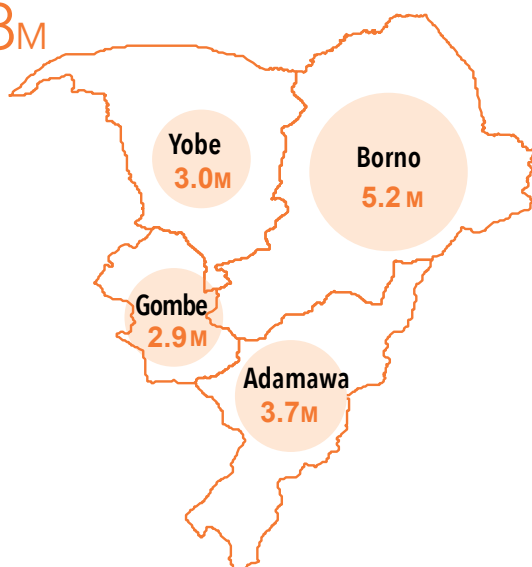
### OPERATIONAL PRESENCE: NUMBER OF PARTNERS

62



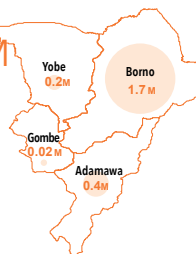
### PEOPLE AFFECTED BY THE CRISIS

14.8M



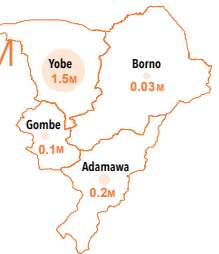
### INTERNALLY DISPLACED PEOPLE

2.2M



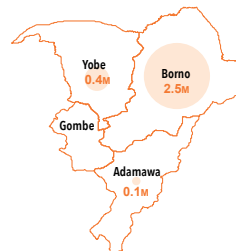
### AFFECTED HOST COMMUNITIES

1.8M

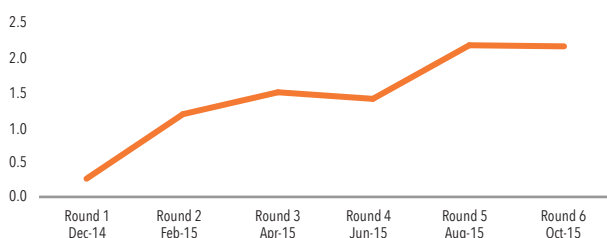


### PEOPLE IN AREAS OF DIFFICULT ACCESS

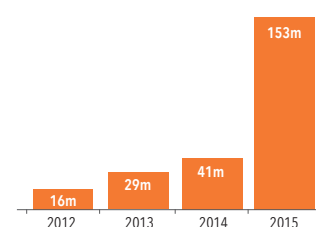
3.0M



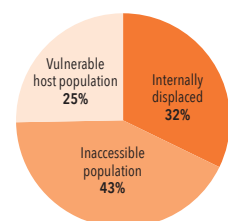
### DISPLACEMENT TREND



### PREVIOUS FUNDING BY YEAR



### PEOPLE IN NEED BY CATEGORY



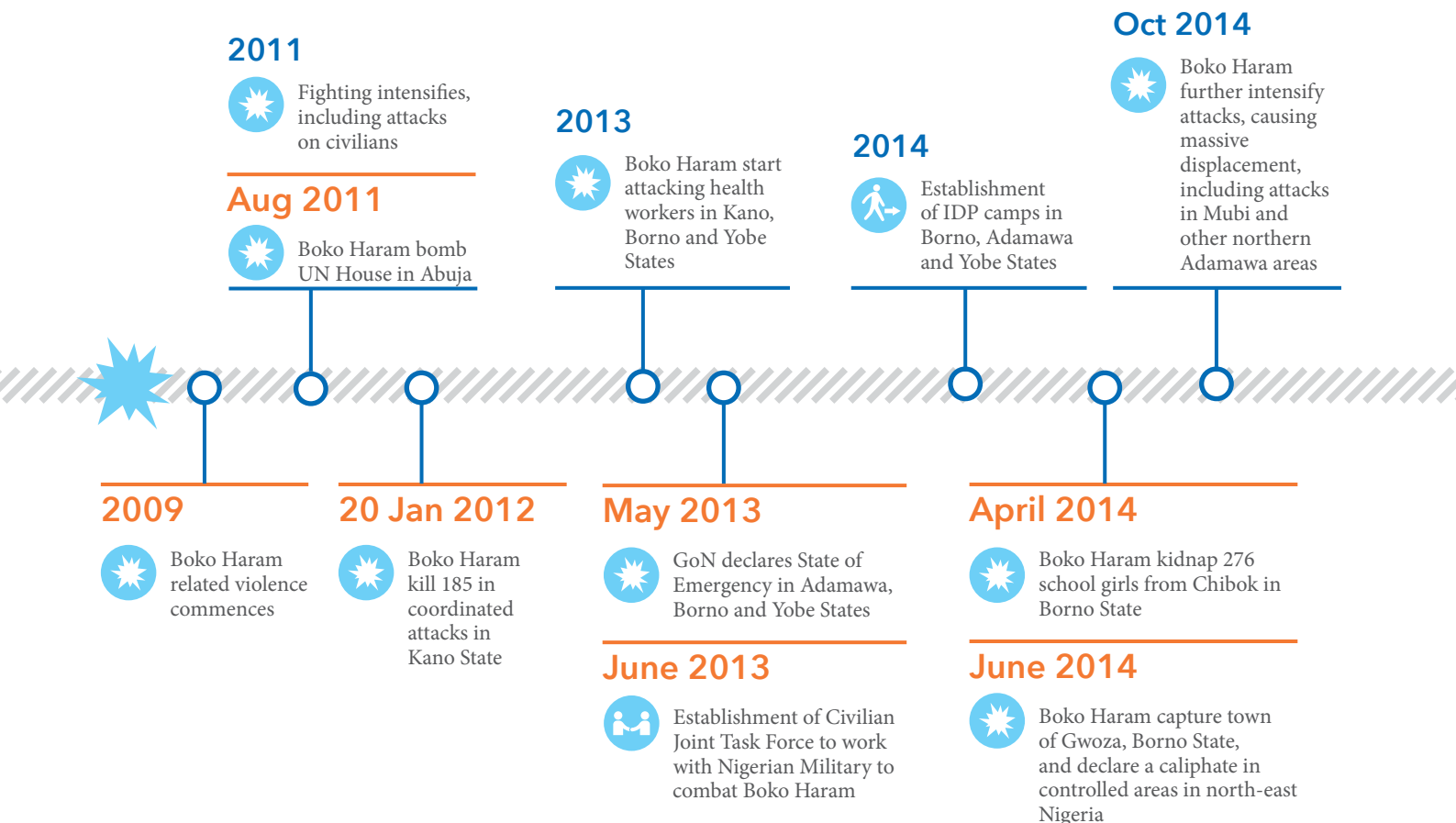
## OVERVIEW OF

## THE CRISIS

Violent attacks on civilians by Boko Haram since 2009 have left widespread devastation in the north-east of Nigeria. With attacks continuing to occur on a regular basis, the crisis is directly affecting more than 14.8 million people in Adamawa, Borno, Gombe and Yobe States. More than 2.2 million people have fled their homes and 7 million people are estimated to be in need of humanitarian assistance. The security situation remains volatile and with the military and paramilitary response ongoing, millions of people remain displaced, host community resources are becoming exhausted and an estimated 3 million people living in areas that have been inaccessible for most of 2015 have unknown needs.

## CRISIS TIMELINE

04



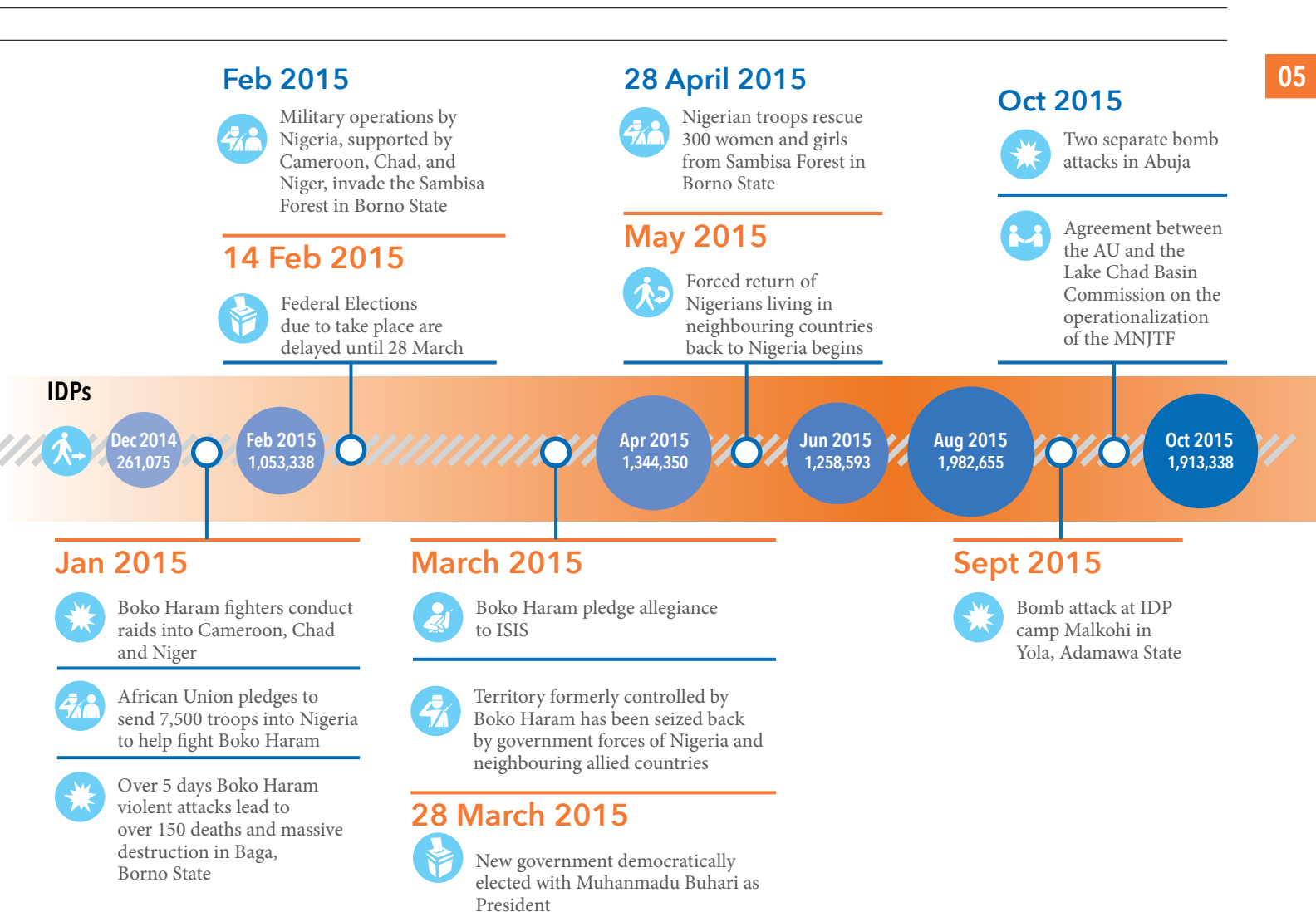
## Protection crisis

Boko Haram-related violence and military measures and operations against them have resulted in serious protection risks and violations. Over the past year terrorist related-deaths increased by over 300 per cent to 7,512 fatalities, making Boko Haram the most deadly terrorist group in the world.<sup>1</sup> Total deaths in Nigeria related to the ongoing armed conflict from May 2011 to Nov 2015 are 23,461 people killed.<sup>2</sup> People trapped in conflict-affected areas fear death and abduction, and according to media reports 2,000 – 7,000 civilians are missing. Boys are forcibly recruited by Boko Haram, and thousands of women and girls are subjected to sexual abuse and exploitation, while some have been used as suicide bombers. Boko Haram has targeted health facilities and schools, restricting access to basic services and frightening away health care workers and teachers from the areas where they are most needed. Since the conflict started, more than 1,200 schools have been destroyed or damaged, more than 600 teachers have been killed, and 72 per cent of pre-existing health centres have been damaged or destroyed in Yobe and 60 per cent in Borno.<sup>3</sup> IDPs fleeing from Boko Haram strongholds

fear the perception of being sympathetic to Boko Haram from security forces and host communities. As military presence in and around IDP sites increased during the last part of 2015, there have been a growing number of reports of IDPs, including boys and men, being detained or having their freedom of movement restricted, as well as IDP camps being targeted for attacks. In at least one instance, girls and women rescued from insurgent camps spent several months in de-radicalization centres.

## Increasing vulnerabilities and lack of access to basic services

Maiduguri, the capital of Borno, has received more than 1 million IDPs, overwhelming the delivery of basic services, and with overcrowding in already-inadequate living conditions this poses massive environmental and sanitation risks. More than 1,000 people have contracted cholera and 18 have died since 7 September 2015, in an outbreak that started in an IDP camp and spread to 10 more IDP camps and surrounding communities. Other urban centres have been inundated on a smaller scale as they also offer more security than rural



areas. However, public markets have been regular targets for bombings and the access roads to several cities are extremely dangerous. Increased population density in many urban areas due to displacement has led to greater competition for access to basic services. Short term solutions, like using at least 50 schools to host IDPs in Borno, has not only housed IDPs in inadequate conditions for longer than expected, but has negatively affected the host communities by leaving children without access to learning due to the closure of all schools in the state for one year. Already-poor host communities have been sharing resources with one of the largest IDP populations in the world for more than twelve months with little support, and are now relying on negative coping mechanisms after savings and assets have been used. The exhaustion of household and community resources has caused fatigue on the part of the host communities, and if not addressed, could create tension between displaced and host communities, which could lead to secondary displacement of IDPs.

In rural areas lack of access to agricultural land due to insecurity has negatively affected food production, contributing to the increase of people in need of food assistance to 3.9 million. In both rural and urban settings the livelihoods of millions –farmers, pastoralists, traders, shop keepers, public servants— have been disrupted, limiting their ability to support their families and increasing the prevalence of risky livelihoods such as hawking, begging, and child labour.

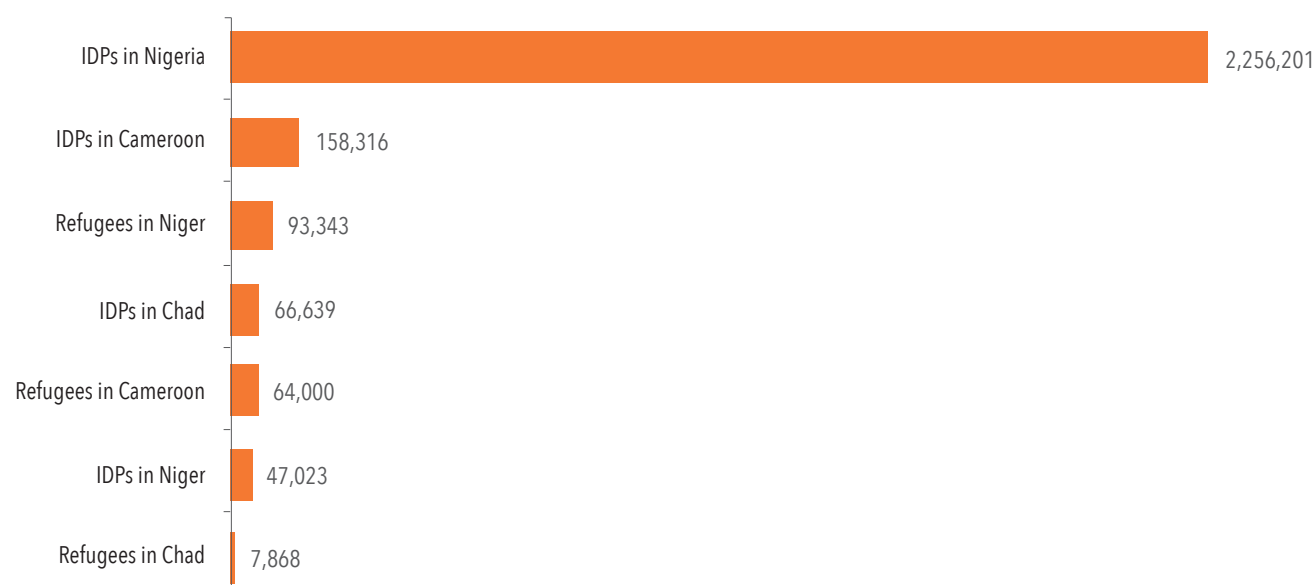
### Challenges of return and prolonged displacement

As an estimated 260,000 IDPs begin to return to their communities in Adamawa, they are finding complete devastation of homes and infrastructure; water sources are polluted with dead human and animal bodies, and farmland and roads are still contaminated with mines and unexploded ordnance. Due

to persistent fear of repeat attacks many remain displaced in the closest town. In many cases those who were receiving support from friends, host communities and NGOs during displacement lose this support once they return to their LGA of origin, as humanitarian actors struggle to follow them back to areas with ongoing security concerns. Recent displacement trends show that as the military pushes Boko Haram out, the population that had previously been trapped in that area moves out immediately to urban centres to escape the trauma and devastation in their communities, search for missing family members and seek immediate humanitarian assistance.

### Regional aspect

The impact of the crisis has spread to neighbouring countries with Nigerians fleeing over the borders to seek refuge in Cameroon, Chad and Niger. At the end of 2014, Boko Haram expanded its violent operations to other countries in the Lake Chad Basin and, with the establishment of the Multi-National Joint Task Force, the armed confrontation takes on a regional dynamic likely to increase the number of people in need of immediate humanitarian assistance and protection with unpredictable patterns of population movements and humanitarian access. As the chart below illustrates, Nigeria is the epicentre of the humanitarian crisis, with more than 2.2 million IDPs. According to UNHCR, 165,000 Nigerians are still seeking refuge in neighbouring countries. Over 17,000 have returned from Cameroon, under circumstances falling short of international standards in some cases, and many of these returnees joined IDPs in formal and informal camps and centres. The crisis continues to be complex, evolving both rapidly and unpredictably. The capacity to respond to this context remains key for 2016.



## STRATEGIC

## OBJECTIVES

The overarching strategic objectives focus on saving lives, protecting civilians and increasing equitable access to basic services for the most vulnerable people, while building the local capacity for humanitarian response in north-east Nigeria.

The evolving situation requires a flexible approach, for which the strategic direction of the humanitarian response must quickly adapt to rapidly changing realities on the ground. In this challenging context, the Humanitarian Country Team (HCT) seeks **enhanced coordination** among all partners at the point of delivery, facilitating **an informed and intelligent response**. Achieving the strategic objectives requires **effective partnership** between humanitarian responders, local and national authorities as well as civil society, private sector and

key international and national development actors. Central to the response are affected people themselves. The HCT seeks to **enhance accountability to affected people** through increased communication, information provision, participation and feedback. The HCT will promote **a protection-centred and solutions-orientated approach**, recognizing the need to look beyond displacement and return, towards **longer-term solutions** where civilians are safe, secure, with full access to rights and services.



# 1

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

Pending full resolution of the conflict in the north-east, the current context requires a priority focus on **delivering equitable life-saving assistance and protection, access to basic services and livelihood support** for people affected by ongoing conflict and insecurity in Adamawa, Borno, Gombe and Yobe, including IDPs and host communities. When conducive conditions for **informed, voluntary return** exist, the HCT will extend immediate support to those returning to their habitual places of domicile.



# 2

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

In the evolving context, and with 'invisible' populations only accessible remotely, the humanitarian community will increase its efforts **to identify and reach all vulnerable groups** across the north-east, broadening outreach beyond camps and currently-accessible areas, and enhancing security risk analysis to stay and deliver. **Updated assessment and analysis** will address known data gaps, to enable more targeted programming for complementary action by both humanitarian and development actors, and to support response to emerging needs in the short and longer term.



# 3

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

Delivering both the immediate transitional and longer-term response requires complementary expertise and capacity. The HCT seeks to **strengthen national humanitarian response capacity, especially at state level**. With potential stability in some areas, where possible an increased emphasis will be placed on early recovery, **including livelihood support and infrastructure restoration**.

## RESPONSE

## STRATEGY

The ongoing humanitarian crisis in the north-east is causing significant human suffering. The magnitude of the needs and wide variations of conditions on the ground require a multi-faceted approach that combines continued humanitarian assistance to IDPs, assistance to those who are able to return to their habitual places of domicile, and support to host communities who have shouldered the heavy burden of accommodating IDPs.

## Scope of the Response

For 2016, humanitarian actors agreed to focus the response on the four states in the north-east of Nigeria particularly affected by Boko Haram-related violence and its aftermath: Adamawa, Borno, Gombe and Yobe. Other (and more chronic) needs existing in Nigeria require larger development response interventions to abate the underlying risk factors, drivers and root causes of the crisis. These issues are better addressed under large-scale frameworks like the United Nations Development Assistance Framework (UNDAF).

## Planning Assumptions

Planning a humanitarian response in such a diverse and rapidly-changing context presents challenges. In developing this Plan partners considered scenarios for the evolution of the conflict and the humanitarian crisis, including the Government of Nigeria's expressed commitment to promote the return of IDPs to their areas of origin. In view of the entrenched nature of the crisis, an immediate end to the conflict is not foreseen. It is expected that **the situation in the north-east will keep shifting, with insecurity and violence erupting in different areas at different times** as the Nigerian armed forces or Boko Haram advance in their confrontation. Changes in the security situation will pose significant protection risks, particularly to the most vulnerable groups, and affect needs as well as accessibility. Further security measures around IDP camps may also negatively affect the humanitarian nature of the camps and the freedom of movement of IDPs.

**Displacement is expected to remain a key feature of the crisis and some groups may face secondary displacements** as IDPs spontaneously decide to go back or are encouraged to return to their areas of habitual residence, which may not be safe and secure. Host communities have carried a great load of the response and many are nearing the end of their coping capacities. A premature closure of all official IDP camps in Adamawa and Borno could add further pressure on local communities, while intensified military operations against Boko Haram may increase the number of civilians fleeing from currently inaccessible areas into urban areas that already

have a high IDP density. Where returns are happening, issues including co-existence and peacebuilding, mine risk education, and housing, land and property will remain significant in view of the targeted destruction by Boko Haram and the risk of tensions between returnees and those who remained. The need for reconstruction and rehabilitation of both private and public infrastructure will remain key. As the humanitarian community **strengthens its ability to track and analyse humanitarian needs**, partners will be better able to adjust the delivery of assistance in new areas. Meanwhile, a push forward by either Boko Haram or military forces in one or more of the neighbouring countries may lead to further displacement and cross-border movements into Nigeria, threatening to further destabilize the situation and negatively affect social cohesion.

**Food insecurity is expected to increase** as a consequence of the conflict as well as poor rains in 2015. Continued disruptions to basic services, including water and sanitation, will negatively affect the health of vulnerable populations and increase the possibility of further spread of epidemics, including cholera. The conflict has also left more than 600,000 children without access to learning for a year or longer. Access to civilian populations in conflict areas by road will continue to present a key challenge. **Humanitarian actors will continue to seek and strengthen partnerships with local authorities and civil society actors** to increase the reach of assistance in accordance with the humanitarian principles of impartiality, neutrality and independence.

## Prioritization

Direct life-saving assistance and protection will remain at the core of the humanitarian response, with growing attention to early recovery and livelihoods as required by the changing circumstances. Sectors used peer review to examine projects submitted for inclusion in this response plan according to specific selection criteria, including: **direct life-saving assistance**, targeting **the most vulnerable in the most affected areas**, ensuring **equitable access to assistance**, and **building humanitarian capacity**. Sectors also looked to focus on time-sensitive projects that were feasible and sustainable. If

significant changes in the situation take place or upcoming reviews provide more accurate information about needs, the prioritization of projects will continue throughout the implementation phase.

### Implementation and delivery considerations

The HRP will support Government efforts to address ongoing and future humanitarian needs in the north-east in alignment with the Government plans currently in development under the auspices of the newly established Presidential Committee for the Northeast Initiative (PCNI). It is hoped that both humanitarian and development support can be accommodated under a broader Government framework to enhance both the effectiveness and efficiency of resources and to better address the humanitarian needs in a manner coherent and adaptable to the changes in the context.

Working in this changing context, the capacity of humanitarian partners to plan an effective and yet flexible response depends on the availability of reliable and timely humanitarian data. In the planning process, the HCT recognizes that enhancing humanitarian data collection is critical to fill the information gaps on the scale and severity of needs.

A comprehensive multi-sector needs assessment will be conducted during the first quarter of 2016 and the analysis will be used to update the response. As new areas become accessible or camps close, the response will be flexible and adaptable to address unforeseen needs and anticipate risks. Most sectors have made provisions to support the changing patterns of need of IDPs as they try to get closer to their areas of habitual residence and for their eventual end of displacement. The humanitarian hubs in Adamawa and Borno that were established in 2015 will support the establishment of hubs in Gombe and Yobe in early 2016. As well as being closer to people in need and partners in the field, these hubs facilitate information management, coordination and the accountability of the response.

The HRP is flexible and can be adapted at any time to suit the changing context, based on a significant change in the humanitarian context, new needs or additional information on the humanitarian situation.

Having a better understanding of the situation and locations of IDPs gives the opportunity to look at using cash transfer programming (CTP) solutions. Three sectors - food security, protection and early recovery and livelihoods - have considered cash as a modality to deliver humanitarian assistance, handing consumption decisions directly to the people in need. Many IDPs are in urban settings where markets are available for beneficiaries of CTP to utilize this support. Fifty per cent

of the people in need of assistance are located in inaccessible, mostly rural areas, limiting the ability of humanitarian actors to deliver in-kind assistance in a predictable manner; cash transfer programming offers more flexibility and empowers people to prioritize their family needs. A cash working group will be established to harmonize and maximize the impact of this assistance.

Civil-military coordination will be part of the strategy for coordinating access to conflict areas, through an exchange of information and agreed respect for humanitarian principles, to mitigate the impact of military operations on civilians and to facilitate and support the interaction between the humanitarian community and the military.

### Cross-cutting issues

A key cross-cutting element of this response is the focus on social reintegration of the women, girls and boys whom the army is continuing to release from captivity by Boko Haram. The safe, voluntary and dignified return of Nigerians who sought refuge and safe haven in neighbouring countries will be promoted and supported in a manner consistent with international standards. To assist with this and other key issues and in line with the humanitarian community's **Accountability to Affected Populations (AAP)** commitments throughout the response, initial efforts have already been made to collect key IDP concerns in Adamawa through the establishment of an Information Feedback Task Team (IFTT). The positive experience with the IFTT in Yola - which includes joint participation of the Ministry of Information, National and State Emergency Management Agencies (NEMA/SEMA), United Nations High Commissioner for Refugees (UNHCR), International Rescue Committee (IRC), Oxfam, Nigerian Red Cross, International Organization for Migration (IOM), United Nations Population Fund (UNFPA) and Office for the Coordination of Humanitarian Affairs (OCHA) - provides a base for greater engagement with affected communities, ensuring real-time information is available during implementation of the HRP. To further these efforts, the HCT and sector leads have committed to allowing time and space within key humanitarian meetings to listen to issues of concern to affected communities, and to respond to them through timely actions including provision of specific services or advocacy with the Government as required. The base of community engagement in Borno State will be expanded when humanitarian access is improved, and host communities will be included in all states. These commitments ensure a people-centred approach throughout the implementation of the HRP. The humanitarian community will work towards strengthening the coping capacity and resilience of both affected and displaced people, and this response plan ensures that population data is disaggregated by gender and age, that the needs of men, women, girls and boys are taken into account at all stages of response, and that minimum standards for age and disability are included, in line with the pilot Age and Disability Capacity Building Programme (ADCAP).

## OPERATIONAL

## CAPACITY

International humanitarian presence in north-east Nigeria has increased since 2014, but must be strengthened in relation to the rapidly growing needs. Adaptability, flexibility, building capacity of local partners and strengthening coordination at state level will be crucial, as well as coordination at strategic and operational levels.

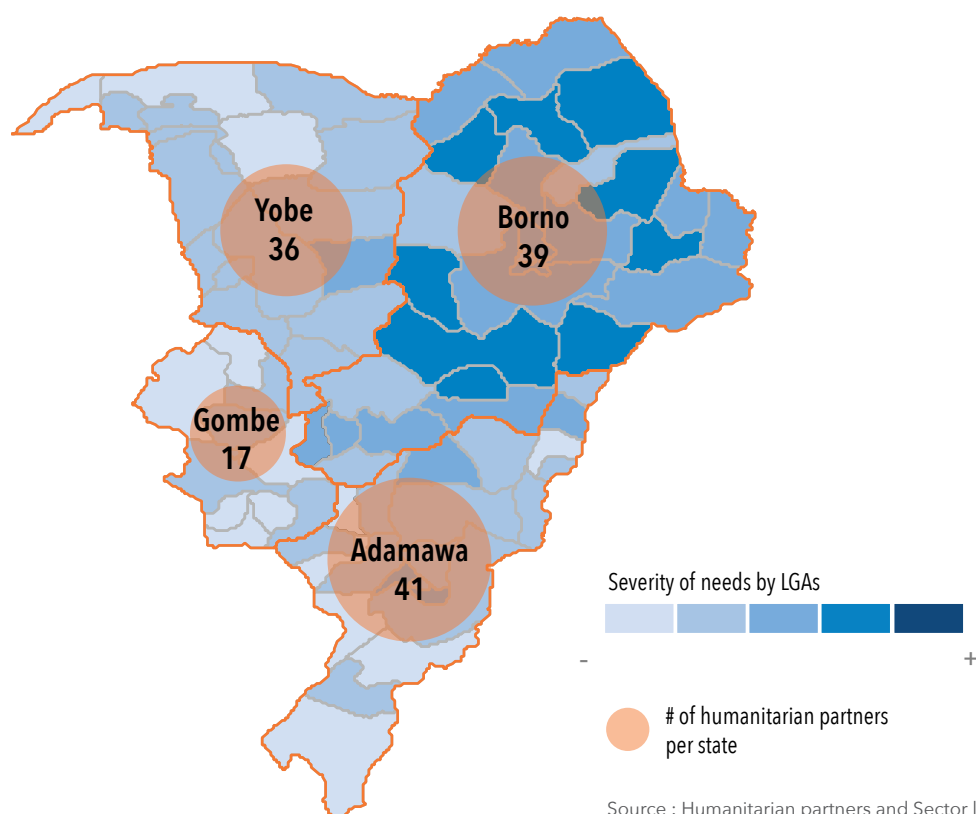
At present, 62 humanitarian organizations are operating in the four focus states of north-east Nigeria in support of a Government-led response, by the National and State Emergency Management Agencies (NEMA/SEMA) in particular. This includes 27 international non-governmental organizations (INGOs); 19 national NGOs; 11 United Nations offices, agencies funds and programmes; three Red Cross and Red Crescent Movement Organizations; and one inter-governmental organization. The establishment of United Nations Humanitarian Air Service (UNHAS) in September 2015 has increased the humanitarian footprint in the focus states.

While the number of humanitarian partners has tripled since March 2015, from 19 to 62, the overall humanitarian response is still limited in the face of the needs, and lacks rapid response capacity. The HCT is operating through two humanitarian hubs in Adamawa and Borno. Two additional hubs will be set up in early 2016 in Gombe and Yobe, where humanitarian

presence is more limited, to strengthen humanitarian coordination closer to the people in need. Most national and state-level sector coordinators are double-hatted and lack information management (IM) capacity, which prevents a well-informed humanitarian response. The HCT will continue to promote the key importance of strengthened IM capacity in sectors, and an Information Management Working Group (IMWG) has recently been established and will meet on a regular basis. Building the humanitarian capacity of national NGOs and local government and funding national partners is a key component of the response. Some 20 national NGOs operating in the north-east play a critical role in the delivery of assistance, especially in areas where international actors are not present or have no access. Due to the rapidly-changing security environment and the possible expansion of accessible areas, partners will have to quickly shift operational capacity according to the changing circumstances.

# OF HUMANITARIAN PARTNERS

62



Source : Humanitarian partners and Sector leads

# HUMANITARIAN ACCESS

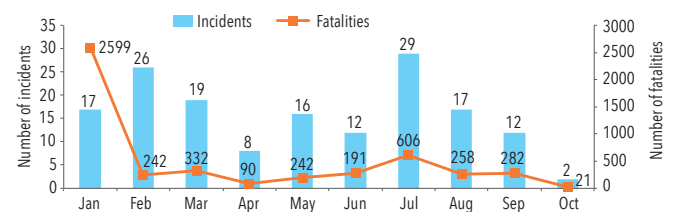
Three million people in need are in areas that are extremely difficult to access. Only 3 of 26 LGAs in Borno have been fully accessible to international humanitarian actors in 2015. The international humanitarian community will establish a network with local communities and organizations to deliver assistance to hard-to-reach vulnerable people.

The security situation in north-east Nigeria has restricted humanitarian access by international actors in 34 per cent of the territory in Adamawa, Borno, Gombe and Yobe, where 41 per cent of the 7 million people in need reside. Most of the 26 inaccessible LGAs are in Borno, where military operations against Boko Haram fighters continue. For example, in Borno polio vaccination was not possible in 64 per cent of the state in October 2015.<sup>4</sup> The limited understanding of the needs in these areas comes from anecdotal information and the accounts of recently displaced people.

Some IDPs have moved towards areas where humanitarian partners have not been able to provide the necessary assistance due to access constraints. The large and growing number of IDPs who left formal and informal camps in 2015 to move towards rural areas is currently unquantified, but assessments conducted by the Government, UN agencies and NGOs have shown that only a minority of IDPs have been able to return to areas of habitual residence, and that agricultural land and rural areas remain insecure and unprotected by military or police forces.

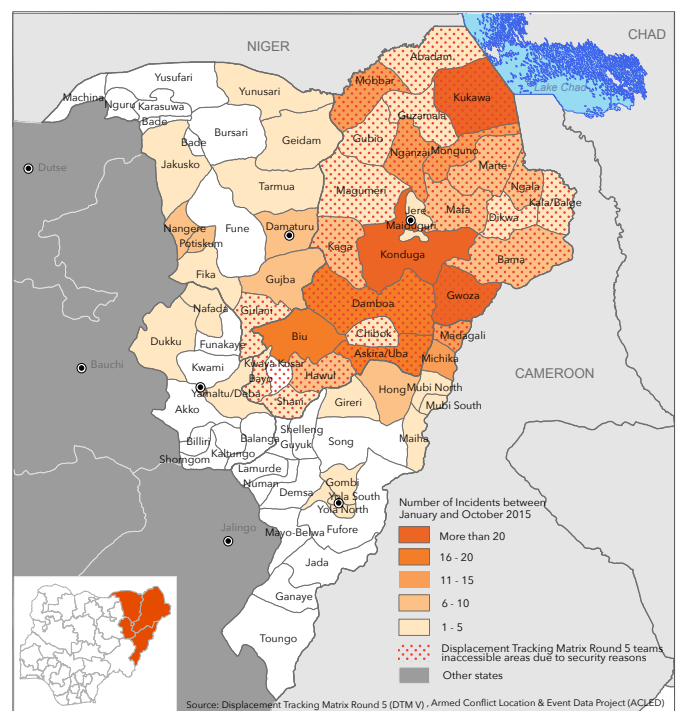
To overcome the challenges of access, establishing strategic humanitarian hubs close to inaccessible areas and developing a network with local community and organizations to gather information and conduct operations remotely is essential. At the same time, new areas back under the control of the Government of Nigeria still face serious protection issues and access constraints due to continued insecurity and the presence of landmines or unexploded ordnances. The recent strengthening of civil-military capacity will focus on improving the engagement with security forces for humanitarian operations in inaccessible and newly accessible areas. In all cases, respecting neutrality by all members of the humanitarian community is a key component for the safe expansion of the humanitarian response and the delivery of quality services in these areas.

## REPORTED CONFLICT INCIDENTS PER MONTH



Source: ACLED, 2015

## HUMANITARIAN ACCESS RESTRICTIONS AND NUMBER OF CONFLICT-RELATED INCIDENTS IN 2015



# MONITORING

As part of its commitment to effective and quality monitoring, the HCT is overseeing the implementation of a Humanitarian Response Monitoring Framework. The Framework covers the period from January to December 2016. It was developed by the Inter-Sector Working Group (ISWG) and was endorsed by the HCT.

Providing evidence-based information helps the HC/HCT make decisions on strengthening the humanitarian response, addressing shortcomings and adjusting the 2016 HRP as required, and supports coordination with Government through regular information sharing. Regular monitoring also contributes to transparency and strengthening the humanitarian community's accountability towards affected populations in the four states covered by the HRP, partners and donors.

To address information gaps a comprehensive inter-agency needs assessment will be conducted jointly with the Government during the first quarter of 2016 to update and enhance the information presented in the Humanitarian Needs Overview (HNO). This assessment will inform a mid-term review of the HRP in June-July and be presented as a revised HRP.

As outlined in the reporting schedule below, the HCT will produce cumulative Periodic Monitoring Reports (PMR) on a quarterly basis, and monthly Humanitarian Dashboards. The PMRs will present progress made on Strategic Objectives, challenges faced in reaching targets, changes in context, an

analysis of funding, and recommendations for the way forward. Each sector will also elaborate on achievements towards sector objectives, changes in the context, specific challenges faced, and recommendations to address gaps in the response. The IMWG will develop standard monitoring tables for all sectors using the 5Ws<sup>5</sup> data collection tool as a starting point for periodic reporting. As part of the larger humanitarian framework for the Sahel Region, four indicators for each sector working group are pre-determined (except for food security, which has six indicators pre-determined), while 3-4 additional indicators have been identified and agreed upon specifically as deemed relevant for the response.

Humanitarian Dashboards will present information on the humanitarian response, needs and gaps in a concise and graphical manner.

Data and information provided by PMRs and Humanitarian Dashboards will be presented and discussed at the HCT and adjustments to the humanitarian response will be made as required.

## HUMANITARIAN PROGRAMME CYCLE TIMELINE

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
Humanitarian Response Monitoring Framework														
Humanitarian Dashboard														
Inter-Agency Needs Assessment														
Periodic Monitoring Report				1st				2nd			3rd		4th	
<div> <div>GHO (Jun)</div> <div>Revised HRP Start HNO</div> <div>Start HRP and HRMF</div> <div>GHO (Nov)</div> </div>														

## SUMMARY OF

## NEEDS, TARGETS &amp; REQUIREMENTS

## PEOPLE IN NEED



7.0M

## PEOPLE TARGETED



3.9M

## REQUIREMENTS (US\$)




















248M

As part of the humanitarian planning process the number of people in need was determined by cross-referencing the latest versions of five databases: the Multi-Dimensional Poverty Index from the Human Development Report, the Integrated Food Security Phase Classification (IPC) from FewsNet Food Security Outlook, the current analysis of the Cadre Harmonisé, the NEMA/IOM Displacement Tracking Matrix Round V<sup>6</sup>, conflict incidents registered in the Armed Conflict Location and Event Data Project (ACLED), and the states' population distribution from WorldPop.

The **protection** response will focus on better understanding the protection concerns, implementing mitigation and intervention strategies and reinforcing advocacy, targeting 1.6 million of the people in need. Without scaled-up protection interventions, ongoing insecurity and grave violations against civilians will severely affect at risk groups including women, children and elderly. The education sector will focus on the provision of quality learning for 600,000 children, providing safe and secure learning spaces. With poor rains, lack of access to agricultural land and limited market access, food insecurity and malnutrition are on the rise. The latest forecast from the Cadre Harmonisé for the first half of 2016 shows that over 3.9 million people in the north-east will be at crisis levels (IPC3 or more), and the worst-affected 1.5 million of this group will be targeted to receive **food assistance** or cash, in addition to support to restore livelihoods. Closely linked, the **nutrition** sector will target 2 million children under 5 and pregnant and lactating women (PLW). Without sufficient

water, sanitation and health care, people are increasingly susceptible to disease epidemics, like cholera, measles and meningitis outbreaks, which also affect host communities. The **health and WASH** sectors will target 2.6 and 2.8 million people – both IDPs and host communities – to improve access to clean water and sanitation, and to primary health care.

Having fled their homes due to violent conflict, 2.2 million IDPs are living in makeshift shelters, seeking refuge in overcrowded, poorly-resourced camps or centres, including at least 50 schools, or with friends and relatives, resulting in serious protection concerns. As displacement patterns continue to shift, with some people fleeing from areas previously under Boko Haram control to urban centres and others starting to return to areas of habitual residence, emergency **shelter and NFI** support will be targeted at 0.9 million people, and **camp coordination and management** support will be provided to 0.4 million people. Spontaneous returns have occurred in 2015 as localized security situations change. This trend is likely to increase, and the shelter interventions will need to adapt accordingly. In northern Adamawa, an estimated 262,324 people are starting to return to places of origin, where they are finding devastated villages with destroyed houses, schools and other infrastructure, and ongoing serious security concerns.<sup>7</sup> The **early recovery and livelihoods** sector will provide waste and debris clearing and disposal and livelihoods support by targeting 2.2 million people. The table below outlines the humanitarian needs, sector targeting, disaggregation and financial requirements by sector.

	TOTAL	BREAKDOWN OF PEOPLE TARGETED				BY SEX AND AGE		FUNDING
SECTOR	PEOPLE IN NEED	PEOPLE TARGETED	IDPs	VULNERABLE HOST	INACCESSIBLE POPULATION	% FEMALE	% CHILDREN, ADULT, ELDERLY	REQUIRED FUNDS US\$
Food Security	3.97M	1.5M	0.7M	0.6M	0.20M	51% 	55% 	71.4M
Protection	5.45M	1.6M	0.6M	0.6M	0.45M	51% 	55% 	31.7M
Shelter & NFI	1.64M	0.9M	0.9M	-	-	53% 	58% 	27.7M
Health	3.73M	2.6M	0.8M	1.8M	-	49% 	51% 	24.7M
WASH	6.21M	2.8M	1.2M	1.3M	0.28M	51% 	54% 	21.2M
Early Recovery	7.00M	2.2M	1.7M	0.5M	-	65% 	N/A	18.9M
Education	1.01M	0.6M	0.5M	0.1M	0.02M	50% 	100% 	16.6M
Nutrition	2.54M	2.0M	0.4M	1.2M	0.39M	62% 	75% 	15.5M
CCCM	0.63M	0.4M	0.4M	-	-	53% 	55% 	4.5M
Coordination & Support Services	-	N/A	N/A	N/A	N/A	N/A	N/A	15.7M
<b>TOTAL</b>	<b>7.0M</b>	<b>3.9M</b>	<b>1.7M</b>	<b>1.8M</b>	<b>0.4M</b>			<b>247.9M</b>

# PART II: OPERATIONAL RESPONSE PLANS

-  Food Security
-  Protection
-  Emergency Shelter and Non-Food Items (ES/NFI)
-  Health
-  Water, Sanitation & Hygiene (WASH)
-  Early Recovery and Livelihoods
-  Education
-  Nutrition
-  Camp Coordination & Camp Management (CCCM)

-  Coordination

## PEOPLE IN NEED



## PEOPLE TARGETED



## REQUIREMENTS (US\$)



## # OF PARTNERS



## FOOD SECURITY OBJECTIVE 1:

**1** Increase food assistance and livelihood protection for the most food insecure population.  
**RELATES TO SO1**

## FOOD SECURITY OBJECTIVE 2

**2** Improve household resilience by restoring and supporting livelihood assets and food security of the most vulnerable.  
**RELATES TO SO3**

## FOOD SECURITY OBJECTIVE 3

**3** Strengthen coordination through capacity building for information management, situation analysis, preparedness, response, and monitoring.  
**RELATES TO SO2**

## FOOD SECURITY

## Summary of priorities

- Deliver life-saving food assistance and emergency interventions to strengthen livelihoods.
- Improve resilience by protecting livelihood assets and food security of vulnerable households, including IDPs and host communities in rural and newly accessible areas, by adapting to evolving context.
- Strengthen food security coordination through capacity building for situation/vulnerability analysis, information management, preparedness, response, and monitoring.

## Interventions and response

The Food Security Sector will prioritize its interventions for 1.5 million people in Adamawa, Borno and Yobe by targeting the population above Integrated Food Security Phase Classification (IPC) 4, plus 22 per cent of the people at IPC 3, to address the food and nutrition needs of the most vulnerable based on the estimates from the Cadre Harmonisé January-June 2016.<sup>8</sup>

The partners will strengthen the capacity of the community to adapt to shocks derived from conflict and displacement by providing farm, agricultural and non-agricultural inputs, and payment of debts, and establishing safety nets to address food insecurity

including possible cash transfers for vulnerable households in areas where markets are functional.

The sector will ensure that humanitarian interventions can transition into the Government's efforts to restore agricultural livelihoods and to improve productivity levels.

With specific focus on the agro-pastoral and pastoral livelihoods, the sector will support livestock and fisheries production (backyard fish farming), and livestock health promotion initiatives for vulnerable IDPs and host communities in Adamawa, Borno and Yobe States.

To enhance the capacity of partners, including NEMA, SEMA, the Ministry of Agriculture and Rural Development and the Ministry of Livestock, the sector will provide technical support and strengthen information management (including early warning, preparedness, assessment, response planning, monitoring and evaluation), as well as coordination during the implementation of this response plan.

In addition to sharing information and consulting with other sectors (education, health, WASH and protection) to ensure a coherent response that encompasses relevant food security aspects in other sectors, the Food Security Sector will collaborate with the Nutrition Sector to harmonize the strategy to fight malnutrition.



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

	BY STATUS			BY SEX AND AGE	
	IDPs	VULNERABLE HOST	INACCESSIBLE POPULATION	% FEMALE % MALE	% CHILDREN, ADULT, ELDERLY
People in need	2.0M	1.6M	0.30M	51% 49%	55% 39% 6%
People targeted	0.7M	0.6M	0.20M	51% 49%	55% 39% 6%
Financial requirements	71.4M			Children (<18 years) Adult (18-59 years) Elderly (>59 years)	

## CONTACT

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## PEOPLE IN NEED



## PEOPLE TARGETED



## REQUIREMENTS (US\$)



## # OF PARTNERS



## PROTECTION OBJECTIVE 1:

**1** Comprehensive protection provided to people in need, prioritizing the most vulnerable populations. **RELATES TO SO1**

## PROTECTION OBJECTIVE 2

**2** Identify and analyse protection concerns and implement awareness raising and advocacy interventions. **RELATES TO SO2 & SO3**

## PROTECTION OBJECTIVE 3

**3** Protection issues are effectively addressed through coordination, capacity building and protection mainstreaming. **RELATES TO SO3**

## CONTACT

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Working Group  
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## PROTECTION

## Summary of priorities

Civilians face grave protection risks such as exploitation and abuse, detention, family separation, restrictions on freedom of movement and insecurity, exacerbated by the lack of sufficient services and limited prevention measures. The ongoing conflict in the north-east has had a serious impact on the most vulnerable in particular, including the elderly and chronically sick, people with disabilities, female- and child-headed households, unaccompanied and separated children, adolescent boys and pregnant and lactating women. Violations and abuse against women and children are widespread.

The Protection Sector will prioritize the following interventions: provide comprehensive and targeted services to civilians affected by the conflict; improve collection, analysis and dissemination of protection information; ensure that IDPs and returnees are informed, movement is voluntary and minimum standards of security and dignity are met; build the capacity of international, national and local stakeholders for an effective protection response; support national protection and legal frameworks.

## Interventions and response

The Protection Sector's operational response will focus on the most vulnerable in the prioritized states, implementing activities on psychosocial support, legal aid and access to justice, detention interventions,

protection-focused material assistance, mine-risk education, access to documentation, peace-building, community-based protection and livelihood interventions. It will implement these activities through community-based approaches while enhancing self-protection strategies.

The sector will coordinate and improve collection, analysis and dissemination of protection information to inform and adjust the humanitarian response, with a special focus on vulnerable groups.

Mobilizing partners and carrying out effective advocacy on behalf of affected populations including IDPs and returnees, the sector will also initiate activities to ensure that IDPs and returnees are informed, movement is voluntary and minimum standards of security and dignity are met. Community awareness, mobilization and co-existence initiatives will be aimed at restoring relations between the displaced population and host communities.

A series of advocacy and training events will be implemented and context-specific tools will be developed to strengthen protection coordination, build the capacity of international, national and local stakeholders for an effective protection response, support the integration of protection objectives across sectors and in HCT priorities, and support national protection and legal frameworks.

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

	BY STATUS			BY SEX AND AGE	
	IDPs	VULNERABLE HOST	INACCESSIBLE POPULATION	% FEMALE	% CHILDREN, ADULT, ELDERLY
People in need	2.0M	2.0M	1.5M	51%	55% 39% 6%
People targeted	0.6M	0.6M	0.4M	51%	55% 39% 6%
Financial requirements	31.7M				Children (<18 years) Adult (18-59 years) Elderly (>59 years)

## PEOPLE IN NEED



2.73M

## PEOPLE TARGETED



820,765

## REQUIREMENTS (US\$)



13M

## CHILD PROTECTION OBJECTIVE 1:

**1** Monitor, document and report grave child rights violations of girls and boys impacted by armed conflict.

RELATES TO S02

## CHILD PROTECTION OBJECTIVE 2

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

RELATES TO S01

## CHILD PROTECTION OBJECTIVE 3

**3** Provide holistic support services to children associated with armed groups.

RELATES TO S01 &amp; S02

## SUB SECTOR: CHILD PROTECTION



## Summary of priorities

- Strengthen child protection services to identify and respond to abuse, violence, exploitation and neglect of children.
- Identify children in informal camps and host communities needing protection and support them in accessing protection services.
- Reunite unaccompanied and separated children (UASC) with their families, including across borders.
- Document children who are abducted, missing or associated with Boko Haram and reach more conflict-affected children with psychosocial services.
- Provide mine risk education to children returning to previously insecure areas.

## Interventions and response

The sub-sector will monitor, document and report grave child rights violations by establishing monitoring and reporting mechanisms in Adamawa, Borno and Yobe. Successful reintegration of children associated with Boko Haram will be pursued and include provision of livelihood support to adolescents and child heads of households, who are most vulnerable to economic shocks and at risk of exploitation.

The sub-sector will respond to conflict-related child protection concerns, including family separation and psychosocial distress, through case management in cooperation

and coordination with existing services at the state and federal level. Services will be established where they do not exist, or strengthened where required. A similar methodology will be followed for the provision of holistic and multi-sectoral services to child survivors of sexual and gender-based violence (SGBV), which will include support both to girls who are mothers as a result of sexual violence and to their children. The capacity of child protection actors will be built and strengthened through coordination, and through establishing and strengthening partnerships via harmonized approaches across government institutions and NGOs. The inter-agency Child Protection Information Management System will be strengthened and expanded to further enhance these services.

Sub-sector partners will liaise and cooperate with relevant government ministries in implementing programmes on mine risk education for children and in supporting child victims of landmines and unexploded ordinances.

It is important to identify the most vulnerable children among the displaced who could be most affected by secondary separation due to return prior to mass returns of IDPs. The number of children in need is likely to increase as a result of the evolving situation in the four states. Child protection partners will maintain flexibility in targeting and programming, in order to be able to adjust the focus of programmes as needed.

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

	BY STATUS			BY SEX AND AGE	
	IDPs	VULNERABLE HOST	INACCESSIBLE POPULATION	% GIRLS % BOYS	% CHILDREN, ADULT, ELDERLY
People in need	1.0M	1.0M	0.7M	50% 50%	100%
People targeted	0.3M	0.3M	0.2M	33% 67%	100%
Financial requirements	13.0M			Children (<18 years) Adult (18-59 years) Elderly (>59 years)	

## CONTACT

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## PEOPLE IN NEED



## PEOPLE TARGETED



## REQUIREMENTS (US\$)



## GBV OBJECTIVE 1:

**1** Increase access to well-coordinated GBV services for survivors, including psychosocial support, clinical management of rape, and by developing/strengthening referral systems and safe spaces for women and girls.

RELATES TO S01

## GBV OBJECTIVE 2

**2** Increase awareness on the prevention of GBV, mitigate risk factors and strengthen community protection strategies to prevent GBV.

RELATES TO S01 & S03

## GBV OBJECTIVE 3

**3** Maintain updated and comprehensive data on GBV needed to inform planning and implementation of interventions.

RELATES TO S02

## SUB SECTOR:

## GENDER-BASED VIOLENCE (GBV)

## Summary of priorities

About 30 per cent of women in the north-east reported to have experienced GBV since 2013, and with the intensification of conflict, the prevalence of GBV has escalated dramatically, making them more vulnerable. Boko Haram has increasingly used young girls and women as suicide bombers. Some adolescent girls have reportedly engaged in survival sex to meet their basic needs. Women/girls abducted by Boko Haram (at least 2,000) are often raped, forced into marriage/labour/religious conversion, physically/sexually/emotionally abused, exposed to sexually transmitted infections and are often pregnant when escaping captivity.

The GBV sub-sector response priorities are: increasing access to GBV services for survivors, including: gender/culturally appropriate community psychosocial support; medical care referral systems for survivors of GBV; safe spaces for women/girls in the conflict-affected states; building/strengthening capacity of national/state institutions and communities to prevent/respond to GBV; increasing awareness of the prevention of GBV, including sexual exploitation and abuse (SEA); mitigating risk factors and strengthening community protection strategies to prevent GBV and SEA; generating and maintaining updated comprehensive data on SGBV through the establishment of Gender-Based

Violence Information Management Systems (GBVIMS) to improve evidence-based interventions in priority affected communities; interventions to support livelihoods that facilitate reintegration and rehabilitation.

## Interventions and response

The GBV prevention and response activities focus on vulnerable affected women, girls and boys in prioritized IDP camps, host communities, and vulnerable people stranded in inaccessible areas. The sub-sector will implement the priority interventions through: strengthening partnerships with relevant stakeholders at national and state levels; developing the capacity of different GBV actors; strengthening GBV coordination mechanisms at national, state, and LGA levels to standardize and harmonize approaches; frequent monitoring, supportive supervision and evaluation of progress; encouraging the active participation of the affected populations in all the processes; collecting, analyzing and availing GBV data for informed decision making. It will also advocate for the review and operationalization of national standard operating procedures for GBV response.

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

	BY STATUS			BY SEX AND AGE	
	IDPs	VULNERABLE HOST	INACCESSIBLE POPULATION	% FEMALE	% CHILDREN, ADULT, ELDERLY
People in need	0.2M	1.2M	0.4M	91%	43% 57%
People targeted	0.1M	0.4M	0.1M	91%	43% 57%
Financial requirements	6.0M				Children (<18 years) Adult (18-59 years) Elderly (>59 years)

## CONTACT

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## PEOPLE IN NEED



## PEOPLE TARGETED



## REQUIREMENTS (US\$)



## # OF PARTNERS



## ES/NFI OBJECTIVE 1:

**1** Ensure sufficient and flexible supply and targeted delivery of minimum standard emergency shelter and NFI kits (including assessment, distribution and post-distribution monitoring) to people in need, including displaced people in host communities.

**RELATES TO SO1**

## ES/NFI OBJECTIVE 2

**2** Deliver reinforced emergency shelter to upgrade and decongest formal and informal camps to minimum standards.

**RELATES TO SO1**

## ES/NFI OBJECTIVE 3

**3** Deliver locally appropriate shelter solutions for vulnerable IDPs in need both in host communities and returning to their communities of origin. **RELATES TO SO1**

## CONTACT

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NFI and CCCM  
Sector Working Group  
Coordinator  
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## EMERGENCY SHELTER AND NON-FOOD ITEMS (NFI)



### Summary of priorities

The sector will target highest need, focusing on equity and scale, by:

- **Strengthening flexible emergency response capacity for delivery of NFI and emergency shelter kits**, including pipeline, rapid response capacity and improved access through partnership with local NGOs and CBOs.
- **Extending shelter and NFI response into host community and return settings**, focusing on high density and neglected LGAs, including conducting further assessments where information gaps exist.
- **Providing reinforced emergency shelter** to raise standards in formal and informal camps, to include more durable materials and construction support.

### Interventions and response

Where new or secondary displacements occur, minimum emergency shelter kits and NFI kits will be targeted towards the most vulnerable in life-saving emergency needs. Shelter and NFI response will be extended into host community settings, targeted according to shelter conditions and vulnerability, by adding and/or repairing available covered space where there is severe overcrowding, in high density and neglected LGAs.

In formal and informal camps, standards will be raised to meet Sphere requirements through provision of reinforced emergency

shelters (to include more durable materials and construction support). NFI will also be replenished in camps and spontaneous settlements according to need.

Where conditions are conducive to return, including but not limited to adequate security, reinforced emergency shelters or shelter repair will be provided to the most vulnerable whose houses have been destroyed.

Where populations are clearly in transit, communal shelters will be constructed for limited stays of a maximum of five days.

Emphasis will be placed on sustainability, including benefit to local economies through use and sourcing of locally-available materials, and with cash and vouchers to be used wherever appropriate.

The sector will develop people-centred design, with community participation. Shelter design must take into account the seasonal conditions prevalent in Nigeria's north-east, including heavy rain and wind from August to November annually. Design and materials must be appropriate to context.

The sector will mainstream protection, including through provision of solar lights and fuel-efficient stoves where appropriate, and prioritization of female-headed households.

The sector will strengthen coordination at national and hub level (supporting both shelter/NFI and CCCM).

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

	BY STATUS	BY SEX AND AGE	
	IDPs	% FEMALE % MALE	% CHILDREN, ADULT, ELDERLY
People in need	1.6M	53% 47%	58% 35% 7%
People targeted	0.9M	53% 47%	58% 35% 7%
Financial requirements	27.7M		Children (<18 years) Adult (18-59 years) Elderly (>59 years)

## PEOPLE IN NEED



## PEOPLE TARGETED



## REQUIREMENTS (US\$)



## # OF PARTNERS



## HEALTH OBJECTIVE 1:

**1** Deliver coordinated and integrated emergency life-saving health services to the population affected by the crisis.

**RELATES TO SO1**

## HEALTH OBJECTIVE 2

**2** Continually monitor health risks and vulnerabilities of the affected population and integrate findings to improve health response.

**RELATES TO SO2**

## HEALTH OBJECTIVE 3

**3** Strengthen existing health system capacity to respond to health emergencies to foster early recovery and resilience.

**RELATES TO SO3**

## HEALTH

## Summary of priorities

The sector will deliver a coordinated health sector response in the following crucial areas:

- Provide life-saving integrated basic PHC services including immunization, integrated management of childhood illnesses (IMCI), maternal, child and neonatal health, referral, HIV services and management of common conditions including non-communicable diseases for IDPs and host communities.
- Rehabilitate destroyed or damaged health facilities in the north-east to ensure equitable access to health services where applicable.
- Strengthen and expand the early warning alert and response system (EWARS) for epidemic-prone diseases.
- Strengthen the capacity of health authorities at the federal, state and local government levels for health emergency response.
- Deliver psychosocial and mental health services.
- Provide care for conflict-related trauma.
- Conduct a joint health sector assessment and continuous monitoring to provide evidence for sector response.

## Interventions and response

Health Sector partners will deliver emergency health services including basic integrated PHC and trauma management services, mental health interventions and referral services for IDPs and host communities, including

outreach services for vulnerable, hard-to-reach communities, emergency integrated PHC services, and rehabilitation of health facilities where applicable. These interventions target established IDP and host community populations, IDPs that may move out of camps, returnees from Cameroon, and those in areas being opened by the ongoing military intervention.

The sector will work with health authorities at the federal, state and local government levels to ensure complementary health services for the IDPs, host communities and areas of return through improving access to and supporting primary health care facilities (including mobile and outreach teams), taking pressure off existing facilities to ensure quality care. Functional referral networks will be established to cater for cases that will require specialized care. Emphasis will be on complementing the response of health authorities, and on sector partners to deliver services and promote early recovery and resilience.

The sector partners will monitor causes and trends of morbidity and mortality (including epidemic-prone diseases) and address them through evidence-based interventions including a disease early warning alert and response system, a joint needs assessment and regular monitoring. Sector partners will have outbreak response preparedness stock in anticipation of yearly disease outbreaks in the region.

The coordination of the overall health response will be enhanced through strengthening the linkages between the national and sub-national coordination structures.

## CONTACT

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

	BY STATUS		BY SEX AND AGE	
	IDPs	VULNERABLE HOST	% FEMALE % MALE	% CHILDREN, ADULT, ELDERLY
People in need	2.5M	1.3M	49% 51%	51% 46% 3%
People targeted	0.8M	0.8M	49% 51%	51% 46% 3%
Financial requirements	24.7M		Children (<18 years) Adult (18-59 years) Elderly (>59 years)	

## PEOPLE IN NEED



## PEOPLE TARGETED



## REQUIREMENTS (US\$)



## # OF PARTNERS



## WASH OBJECTIVE 1:

**1** Ensure effective and timely life-saving assistance for the most vulnerable people in camps and in host communities.

RELATES TO SO1

## WASH OBJECTIVE 2

**2** Provide early recovery support to returning IDPs in their areas of return in coordination with other sectors. 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

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Coordinator  
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## WATER, SANITATION AND HYGIENE (WASH)



## Summary of priorities

- WASH interventions will be prioritized at IDP camps and highly crowded communities in Borno and Yobe due to the associated high public health risks and, to a lesser extent, the early recovery needs of displaced people going back to their areas of origin. Planned areas in Borno include IDPs with host communities in Jere and MMC, while in Yobe the focus will be on communities hosting more than 1,000 IDPs (list of communities from DTM V).
- Promote safe excreta disposal and proper hygiene in IDP camps and host communities due to the high prevalence of open defecation, estimated at 30 per cent on average in the north-east, and the low rates of handwashing at critical times, estimated to be between 10-13 per cent.
- Provision of safe water sources by disinfection or rehabilitation of water sources in camps and high risk crowded communities.

## Interventions and response

Sector partners will promote sanitation/hygiene practices, build latrines in camps, and mobilize communities for improved sanitation practices in areas of return and select communities. To complement the promotion activities, NFI kits will be delivered to IDPs in camps as well as in vulnerable host communities, water facilities will be rehabilitated/

provided and water quality monitoring strengthened. Water purification tablets will be provided to IDPs who rely on unprotected water sources.

A community participatory approach will be used for decisions on siting of WASH facilities, hygiene promotion and in the distribution of NFIs, ensuring the needs of women/girls, children and the elderly will be given due attention. NFI distribution will equally consider the needs of families hosting IDPs.

Faith-based organizations, local community leaders and other groups will be engaged in promoting improved practices of sanitation and hygiene. Promotional messages on sanitation/hygiene will be broadcast on radio in local languages for wider reach in addition to a house-to-house mobilization in camps and high-risk communities. The coordination of the WASH Sector will be further strengthened by joint planning/ assessments, monitoring, reporting and information management. Further coordination with Health, Nutrition and Education Sectors will ensure the synergistic impact of WASH interventions.

In the areas where IDPs are returning back to LGAs of origin, a comprehensive approach will be undertaken to address issues around safety and security and public health in coordination with the Health, Education, Protection, and Nutrition Sectors.

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

	BY STATUS			BY SEX AND AGE	
	IDPs	VULNERABLE HOST	INACCESSIBLE POPULATION	% FEMALE % MALE	% CHILDREN, ADULT, ELDERLY
People in need	2.0M	3.9M	0.3M	51% 49%	54% 40% 6%
People targeted	1.2M	1.3M	0.3M	51% 49%	54% 40% 6%
Financial requirements	21.2M				Children (<18 years) Adult (18-59 years) Elderly (>59 years)



## PEOPLE IN NEED



## PEOPLE TARGETED



## REQUIREMENTS (US\$)



## # OF PARTNERS



## EARLY RECOVERY OBJECTIVE 1:

**1** Enhance the resilience of affected people and institutions through the rehabilitation of basic and social infrastructure.

RELATES TO SO3

## EARLY RECOVERY OBJECTIVE 2

**2** Strengthen the coping mechanisms and enhance resilience of affected people through restoration of disrupted livelihoods.

RELATES TO SO3

## EARLY RECOVERY AND LIVELIHOODS

In addition to a set of specific programmes to help the affected people move from dependence on humanitarian relief towards development, the Early Recovery and Livelihoods Sector Working Group will be responsible for providing coordination support to the entire HCT to ensure that non-agricultural early recovery and livelihoods activities are mainstreamed across all sector working groups as an integral part of the response, as key requirements on both the community and the household level.

### Summary of priorities

- Implement capacity-development activities to build and increase both the short- and long-term resilience of the affected population, and shorten the timeframe of recovery.
- Strengthen the planning and implementation capacities of all involved stakeholders for coherent and effective early recovery and livelihoods results.
- Advocate for resilience-based planning and early recovery mainstreaming based on evidence-based and informed assessments.
- Ensure integration of crosscutting issues including, though not limited to: environment, security, human rights, protection and HIV/AIDS throughout the Humanitarian Programme Cycle (HPC).
- Promote a people-centred approach that reflects accountability throughout all stages of humanitarian programming, with specific sensitivity to gender, age and diversity. Ensure that durable solutions for

IDPs are key drivers in the development and implementation of all sector plans and initiatives, which should strengthen resilience and re-build and strengthen capacity while contributing to solving rather than exacerbating the long-standing problems contributing to the crisis.

### Interventions and response

Sector partners will coordinate efforts to ensure quick and localized solutions for the implementation of solid waste management in IDP camps/centres, neighbouring areas and host communities. In accessible areas where violent conflict took place, partners will remove structural debris and provide permanent shelter kits to those that have lost land, and are having difficulty reconstructing their homes. Rehabilitation will adopt a labour-intensive approach to ensure the rapid stimulation of local recovery. Under a national framework, engagement with local stakeholders and direct linkages with municipalities and technical public directorates will be sought, both as a means of forming strategic partnerships for empowering the local capacity to better respond to such complex challenges, and to foster sustainable public service delivery. An early recovery and livelihood strategy will be developed by the sector to support the collective HCT efforts in providing efficient and coherent support to people who are rebuilding their lives.

Many returnee households have been damaged or destroyed by the conflict including homes, schools, clinics and other community assets. While reconstruction and rehabilitation of houses has started in

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

	BY STATUS			BY SEX AND AGE
	IDPs	VULNERABLE HOST	INACCESSIBLE POPULATION	% FEMALE % MALE
People in need	0.7M	2.8M	3.5M	65% 35%
People targeted	0.2M	0.9M	1.1M	65% 35%
Financial requirements	18.9M			

## CONTACT

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some communities, there are a large number of vulnerable returnee households that do not have sufficient resources to begin rebuilding or rehabilitating their houses. Through State Governments, the sector will facilitate the provision of land for the most vulnerable returnee households, and make provision for permanent shelter kits in return areas to kick-start their recovery and to build their future resilience to shocks.

Severe loss of livelihoods and economic impediments - including emergency agricultural and non-agricultural livelihoods - require partners to pay particular attention to the restoration of the non-agricultural livelihoods of the most vulnerable, including female- and child-headed households.

Preliminary interventions include: reviving local markets; restoring small and medium enterprises and businesses; emergency economic relief through micro-financing mechanisms; preventing further losses of productive assets and the adoption of negative coping strategies through assets replacement and business start-up kits. Strengthening the capacity of the labour force to re-enter the labour market according to the priority fields that are emerging is also a strategic initiative for this sector. Innovative local solutions in reuse and recycling of solid and organic waste will also be sought.



## PEOPLE IN NEED


**1.0M**

## PEOPLE TARGETED


**630,000**

## REQUIREMENTS (US\$)


**16.6M**

## # OF PARTNERS


**11**

## EDUCATION OBJECTIVE 1:

**1** Provide access to inclusive and protective learning including safe classrooms, with WASH facilities, trained teachers and learning materials for conflict-affected children aged 3-17.

**RELATES TO SO1**

## EDUCATION OBJECTIVE 2

**2** Improve the ability of conflict-affected children aged 3-17 to cope in an emergency through relevant learning, life-skills and psychosocial first aid.

**RELATES TO SO3**

## EDUCATION OBJECTIVE 3

**3** Restore and protect learning in conflict-affected states through community advocacy, mobilization and sensitization.

**RELATES TO SO1 & SO2**

## EDUCATION

## Summary of priorities

- The 600,000 children who have lost access to learning since 2013, many due to violence targeted towards education, and the 825,700 made vulnerable through displacement must be reached with emergency learning, otherwise an entire generation is at risk of losing their right to education.
- The Education in Emergencies (EiE) Sector has prioritized quality emergency learning, safe and equipped learning spaces and protection through community mobilization for displaced children, those returning to affected communities and the ones remaining in affected host communities.

## Interventions and response

Without immediate EiE response, children remain susceptible to disease, vulnerable to early marriage and at risk of recruitment into Boko Haram while parents lack space and time to resume livelihood activities critical to feeding and housing their families. Complementing the response from the Ministry of Education, EiE partners, in coordination with all stakeholders, will collectively pursue critical activities today that ensure affected children will gain access to learning tomorrow. Throughout planning and implementation, **accountability to affected populations** will be maintained by ensuring activities remain relevant through continuous consultation with communities, targeted assessment and rigorous analysis of needs.

**Quality emergency learning** can only be ensured through the mobilization of teachers.

With more than 600 teachers killed and at least 19,000 forced to flee, few are present where they are needed most, notably in the return sites of northern Adamawa and in the high IDP concentration LGAs of Maiduguri and Jere of Borno State. Partners will develop teachers' skills to provide life-saving messages for learners to mitigate health and safety risks such as cholera, explosive remnants of war (ERW) and exploitation. Teachers will be trained in the provision of psychosocial first aid and in identification of trauma to enable referral to mental health services provided by health and child protection actors.

In light of massive displacement and the destruction of up to 1,200 schools, safe and equipped learning spaces will be provided through temporary classrooms and emergency repair of damaged schools. These will include adequate gender-sensitive WASH facilities through coordination with the WASH Sector, as well as the provision of supplies necessary to motivate learners and facilitate teaching.

Learning will be assured through **community-based protection** of learners, teachers and learning spaces. School-Based Management Committees, existing in less than 40 per cent of schools pre-crisis, will be established and capacitated to take on such activities as school boundary fencing, school readiness planning and community mobilization.

The detailed Education in Emergencies Response Plan is available at: <https://www.humanitarianresponse.info/en/operations/nigeria/education>

## CONTACT

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

	BY STATUS			BY SEX AND AGE	
	IDPs	VULNERABLE HOST	INACCESSIBLE POPULATION	% GIRLS % BOYS	% CHILDREN, ADULT, ELDERLY
People in need	0.83M	0.15M	0.03M	<div><div>50%</div><div>50%</div></div>	<div><div>100%</div></div>
People targeted	0.50M	0.08M	0.02M	<div><div>50%</div><div>50%</div></div>	<div><div>100%</div></div>
Financial requirements	16.6M			Children (<18 years) Adult (18-59 years) Elderly (>59 years)	

## PEOPLE IN NEED



## PEOPLE TARGETED



## REQUIREMENTS (US\$)



## # OF PARTNERS



## NUTRITION OBJECTIVE 1:

**1** Deliver integrated quality life-saving management of acute malnutrition for all cases of severe acute malnutrition among children under 5 and for 20 per cent of pregnant and lactating women to contribute to morbidity and mortality reduction associated with acute malnutrition.

RELATES TO SO1

## NUTRITION OBJECTIVE 2

**2** Increase access to integrated nutrition interventions to prevent under-nutrition among children under 5 and pregnant and lactating women in the 3 focused states.

RELATES TO SO1

## NUTRITION OBJECTIVE 3

**3** To strengthen sector coordination at all levels to enhance needs assessment and analysis of the nutrition situation as well as improve the capacity to provide effective nutrition response.

RELATES TO SO2

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## NUTRITION

## Summary of priorities

- Provide life-saving nutrition for more than 2 million children under 5 and about 400,000 pregnant or lactating women (PLW) in Adamawa, Borno and Yobe, partly covering for the 55 confirmed conflict-related closures of health facilities offering nutrition services in Borno and Yobe.
- Scale up health facilities running community management of acute malnutrition (CMAM) programmes to meet the increased demand for integrated nutrition services from IDPs. Restock with: ready to use therapeutic food (RUTF), high energy ready-to-eat foods, zinc, low-osmolarity oral rehydration solution (LOORS), deworming medicines and micronutrient supplements.
- Ensure nutrition interventions for children and PLW, including preventive measures such as strengthening infant and young child feeding (IYCF) and micro-nutrient deficiency (MNDC) to reach the most vulnerable people, especially in the 11 LGAs in Borno with 3.2 per cent prevalence of severe acute malnutrition (SAM) and 15 LGAs in Yobe with 2.9 per cent prevalence of SAM.

## Interventions and response

The Nutrition Sector will target comprehensive integrated nutrition services to all children under 5 with SAM as well as to 20 per cent of PLW, especially those in camps,

to provide them with supplementary foods. Micronutrient supplementation will be targeted to reach all children under 5 as well as all PLW in the three states.

The sector will continue to maintain and sustain the existing CMAM treatment sites in 26 LGAs across Adamawa, Borno and Yobe States, covering about 40 per cent of the total number of LGAs. Partners will optimize the community components of active case findings and referrals, and build the technical capacity of health and community workers for quality service delivery.

Infant and young child feeding and micronutrient deficiency control interventions will be scaled up and strengthened to provide preventive measures to reduce risk factors for under-nutrition. Micronutrient supplementation, deworming and diarrhoea management will be strengthened to reach all target children under 5 in the three states.

Sector coordination will be enhanced for up-to-date needs analysis and response backed by surveillance systems, regular and periodic screening, and targeted SMART surveys. The sector will strengthen programme linkages with education, health, WASH and food security while working closely and collaboratively with the government ministries, departments and agencies with responsibilities for the response such as Ministry of Health, Primary Health Care Development Agencies, NEMA, SEMA and other related agencies of government, including those targeting WASH and education.



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

	BY STATUS			BY SEX AND AGE	
	IDPs	VULNERABLE HOST	INACCESSIBLE POPULATION	% FEMALE % MALE	% CHILDREN, ADULT, ELDERLY
People in need	0.55M	1.49M	0.50M	62% 38%	75% 25%
People targeted	0.41M	1.16M	0.39M	62% 38%	75% 25%
Financial requirements	15.5M			Children (<18 years) Adult (18-59 years) Elderly (>59 years)	

## PEOPLE IN NEED



## PEOPLE TARGETED



## REQUIREMENTS (US\$)



## # OF PARTNERS



## CCCM OBJECTIVE 1:

**1** Track and monitor displacement and mobility, including sex- and age-disaggregated data and information on needs and gaps, in order to establish a comprehensive profile of the displaced population. **RELATES TO SO3**

## CCCM OBJECTIVE 2

**2** Support coordination and management of displacement (both camp and out-of-camp) to ensure that minimum standards are upheld, with community participation and engagement, through training and on-site facilitation support. **RELATES TO SO1 & SO3**

## CCCM OBJECTIVE 3

**3** Support decongestion and upgrades in formal and informal camps, including site planning and improvements where required. **RELATES TO SO1**

## CONTACT

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## CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)



## Summary of priorities

- **Track and monitor displacement**, including gender and age disaggregation and key needs and gaps. Biometric registration of displaced people in formal and informal camps will be implemented.
- **Provide capacity development for site managers and facilitators**, in both camp and out-of-camp settings, including national and local authorities and local actors, through training and on-site and roving support from site facilitation teams.
- **Ensure adequate site assessment, planning and improvements** where needed, in particular ensuring basic infrastructure and adequate drainage.

## Interventions and Response

The sector will track displacement and mobility to enable more targeted programming and response to emerging needs. This will be done through the Displacement Tracking Matrix, which will be enhanced to identify risk factors for GBV, enabling CCCM actors to establish stronger referral pathways and mitigate protection risks. In addition, biometric registration (with adequate data protection) will be carried out in formal and informal camps and centres to enable more targeted service provision.

The sector will support coordination and management in both camp and out-of-camp settings, through capacity development (including training and mentorship) for

NEMA/SEMA and local actors, to ensure that essential services according to minimum standards are provided across all sectors, taking protection considerations into account, and ensuring community participation and engagement. Accountability to affected populations (AAP) will be strengthened with feedback and accountability mechanisms in camp management and ensuring accessible and timely information is provided to camp residents on camp procedures and processes.

Site facilitation teams will be strengthened to enable on-site support to camp managers in formal camps, and provide roving support to build facilitation structures in informal camps and out-of-camp settings, focusing on LGAs that have a high density of IDPs or are neglected. Especially in camps, emphasis will be given to improving security of IDPs as far as possible, empowering IDPs to lead and take an active role in their own safety, security and protection, and to attaining Sphere standards.

The sector will provide site planning and deliver basic site improvements that are critical to make sites viable and control life-threatening health risks where required, at minimum ensuring that adequate basic infrastructure is in place, and for sufficient drainage during the rains.

The sector will strengthen coordination at national and hub level (combined Shelter/NFI and CCCM Working Group), to improve harmonization, technical guidance, information management, and response monitoring and evaluation.

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

	BY STATUS	BY SEX AND AGE	
	IDPs	% FEMALE % MALE	% CHILDREN, ADULT, ELDERLY
People in need	0.6M	53% 47%	58% 35% 7%
People targeted	0.4M	53% 47%	58% 35% 7%
Financial requirements	4.5M		Children (<18 years) Adult (18-59 years) Elderly (>59 years)

## REQUIREMENTS (US\$)



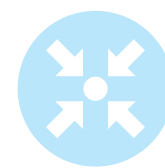
15.7M

## # OF PARTNERS



62

## COORDINATION



The objective is to ensure coordinated, effective, timely and principled humanitarian assistance to vulnerable people in north-east Nigeria through the provision of coordination services in order to better support the overall response strategy. Under the leadership of the Humanitarian Coordinator (HC), coordination is supported by a humanitarian architecture comprising the Humanitarian Country Team (HCT), the Inter-Sector Working Group (ISWG), the Sector Working Groups, and Government counterparts, at federal and state levels.

## Summary of priorities

- Reinforce humanitarian coordination mechanisms at federal and state levels to inform strategic and operational decision making by the humanitarian leadership.
- Coordinate assessments, strategic planning, resource mobilization and monitoring through the Humanitarian Programme Cycle, including strengthening needs-based strategic planning; prioritization; use of IASC Gender and Environment Markers; minimum standards for age and disability inclusion in humanitarian action; NGO participation; integration of resilience and protection issues in humanitarian programming; and monitoring and accountability.
- Strengthen capacities for coordination to support delivery of humanitarian aid that will facilitate safe, secure and timely access to people in need, including civil-military support, humanitarian air services in the four north-east states and improved safety and security of humanitarian operations.
- Establish mechanisms to improve two-way communication between the humanitarian community and the affected people.
- Contribute to an enabling operating environment for humanitarian partners through comprehensive monitoring, assessments, reporting and communication systems.
- Support contingency planning, emergency preparedness and rapid response.

## Interventions and response

The coordination at local levels in Adamawa and Borno will be strengthened according to sector coordination plans, including the creation of inter-sector coordination and state level coordination committees when needs be. Humanitarian hubs will also be established in Gombe and Yobe in early 2016. In addition, to be more effective, the 2016 response will be flexible in planning and response, with the deployment of rapid response teams identified by inter-sector coordination mechanisms at field level.

The coordination model will be revised as required to respond to evolving needs, introducing co-leadership options with INGOs or sector focal point arrangements for field level, optimizing existing resources in the four north-east states.

Information management will be strengthened with regular joint needs assessment missions conducted to enable a robust situation analysis for informed response, and sector and government partners will be advocated to collect, use and analyse sex- and age-disaggregated data, in partnership with protection and gender responders.

HCT advocacy on principled humanitarian action will be reinforced and relevant best practices shared; humanitarian air services provided by UNHAS will continue and be adapted according to the evolving needs; UNDSS will increase security information sharing and awareness and analysis in support of humanitarian operations in north-eastern Nigeria; compatibility between emergency and development programming will be improved.

Regional coordination will be reinforced with joint scenario planning, early warning and sharing of country level scenarios in order for best-possible harmonization of scenarios on population movements across the affected areas.

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# GUIDE TO GIVING

## CONTRIBUTING TO THE HUMANITARIAN RESPONSE PLAN



To see Nigeria's humanitarian needs overview, humanitarian response plan and monitoring reports, and donate directly to organizations participating in this Plan, please visit :

[www.humanitarianresponse.info/operations/nigeria](http://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:

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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](mailto:fts@un.org) or through the online contribution report form at <http://fts.unocha.org>

# PART III: ANNEXES



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## OBJECTIVES, INDICATORS & TARGETS

### STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

**Strategic Objective 1 (SO1):** Deliver coordinated and integrated life-saving assistance to people affected by emergencies.

INDICATOR	IN NEED	BASELINE	TARGET
Number of vulnerable persons provided with psychosocial support to promote their wellbeing	2,790,400	97,281	253,000
Number of people with access to safe water	3,656,764	-	1,666,188
Number of NFI kits delivered to households in need	96,500	-	61,835
Number of children benefitting from safe and equipped classrooms with adequate male and female WASH facilities in affected areas	1,000,000	252,705	630,000
Number of targeted children with access to life skills lessons in the classrooms/NFE centres	1,000,000	70,517 48,813 (Formal) 21,704 (Nonformal)	150,000 120,000 (Formal) 30,000 (Nonformal)
REGIONAL SAHEL INDICATOR	IN NEED	BASELINE	TARGET
People affected by emergencies receiving life-saving assistance	7,00,000	-	2,800,000
Percentage funding spread between clusters			TBD
Number of people in Cadre Harmonisé phase 3+4	3,966,810	929,611	1,500,025
% of Children < 5 years with severe acute malnutrition discharged and recovered			TBD
Crude mortality rate (CMR) trend			TBD
Under-5 mortality rate (U5MR) trend			TBD
Number of affected vulnerable people (children, women, men) having received a timely and functional WASH minimum package adapted to their vulnerability(ies)			TBD

**Strategic Objective 2 (SO2):** Track and analyse risk and vulnerability, integrating findings into humanitarian and development programming.

INDICATOR	IN NEED	BASELINE	TARGET
Number of eligible persons biometrically registered	NA	NA	400,000
Number of unaccompanied and separated children(UASC) identified	20,000	2,875	6,030
Number of referrals for specialized GBV care supported	30,200	-	7,550
REGIONAL SAHEL INDICATOR	IN NEED	BASELINE	TARGET
Early Warning mechanisms established for food security, malnutrition, epidemics, displacement and disasters.	Average number of sectoral early warning mechanisms in place in countries	2	TBD
Existence of vulnerability data sets for all sectors and regions	Average number of sectors with vulnerability data available		TBD
Risk and vulnerability analysis integrated in country UNDAFs, CCAs and SRPs and other key international planning instruments	Average percentage of vulnerability analysis integrated into UNDAFs, CCAs and SRP		0
Government development plans and budgets target vulnerable populations			0
Agricultural investments target marginalized and vulnerable households (AGIR indicator)			Nigeria is still in discussions about its participation in AGIR

**Strategic Objective 3 (SO3):** Support vulnerable populations to better cope with shocks by responding earlier to warning signals, by reducing post-crisis recovery times and by building capacity of national actors.

INDICATOR	IN NEED	BASELINE	TARGET
Number of targeted schools in conflict affected states with established SBMCs that are able to conduct emergency preparedness activities	600	11	134
Number of health authority personnel trained on disease outbreak response and coordination	152	0	80
Number of vulnerable households assisted with sustainable habitat at places of return	NA	NA	21,000
REGIONAL SAHEL INDICATOR	IN NEED	BASELINE	TARGET
Improved coping capacity of affected households (measured by the Coping Strategies Index (CSI))	3,966,810	1,500,025	1,500,025
Increased recovery rates of affected households (measured by the Coping Strategies Index (CSI))	3,966,810	1,500,025	1,500,025
Development and implementation of national social protection policies and programmes (AGIR indicator)			Nigeria is still in discussions about its participation in AGIR
Stabilization or improvement of overall Cadre Harmonisé classification in livelihood zones over two seasons as a result of continued humanitarian assistance	Average % of livelihood zones for which the CH classification will improve or remain stable over a two season period		TBD
An Early Action trigger mechanism for emergencies developed and operational			0

## SECTOR OBJECTIVES, INDICATORS AND TARGETS

**FOOD SECTOR OBJECTIVE 1:** Increase food assistance and livelihood protection for the most food insecure population. **Relates to SO1**

INDICATOR	IN NEED	BASELINE	TARGET
Number of persons who received food assistance through in kind and/or cash & voucher interventions	3,966,810	929,611	1,500,005
Number of persons reached by in kind and/or cash/voucher livelihood restoration interventions	3,966,810	72,454	1,500,005
Number of persons reporting an improvement in Household Hunger Score	3,966,810	929,611	1,500,005
Number of persons reporting an improvement in Food Consumption Score or Household Dietary Diversity Score	3,966,810	929,611	1,500,005

**FOOD SECTOR OBJECTIVE 2:** Improve household resilience by restoring and supporting livelihood assets and food security of the most vulnerable. **Relates to SO3**

INDICATOR	IN NEED	BASELINE	TARGET
Number of Households supported with cash/voucher and /or in-kind alternative livelihoods support	495,851	100,000	187,500
Number of Households supported in livestock and farm production	495,851	112,500	225,000
Number of civil service agents trained in resilience promoting agricultural methods and practices	500	0	150
Number of Households reporting improved Household Hunger Scores that received livelihoods interventions	495,851	0	162,500

**FOOD SECTOR OBJECTIVE 3:** Strengthen coordination through capacity building for information management, situation analysis, preparedness, response and monitoring. **Relates to SO2**

INDICATOR	IN NEED	BASELINE	TARGET
Number of adequately resourced coordination units (staff and logistical capacity) in three states and in Abuja	7	5	7
Number and type of coordination functions effectively implemented in a timely manner	115	54	115
Number of Cadre Harmonisé/IPC analyses generated	3	1	3
Number of joint assessments focusing on the food security situation conducted	6	2	4
Percentage of Food Security Sector partners reporting monthly on the 4W intervention matrix	100%	40%	80%
Number of persons trained and engaged in early warning and contingency planning	2,000	80	150
Number of capacity building activities provided by Food Security Sector partners	8	1	6

#### REGIONAL SAHEL INDICATORS: FOOD SECURITY

INDICATOR	IN NEED	BASELINE	TARGET
Number of targeted persons that received unconditional transfers (food based)	3,966,810	517,202	834,000
Number of targeted persons that received unconditional transfers (cash/voucher based)	3,966,810	25,550	1,155,143
Number of targeted persons that received agricultural support	3,966,810	164,237	800,000
Number of targeted persons that received support for their livestock	3,966,810	0	600,000
Number of targeted persons that received conditional transfers (cash/voucher based)	3,966,810	12,000	80,000
Number of targeted persons that received conditional transfers (food based)	3,966,810	15,000	150,000

**PROTECTION OBJECTIVE 1:** Comprehensive protection provided to people in need, prioritizing the most vulnerable populations. **Relates to SO1**

INDICATOR	IN NEED	BASELINE	TARGET
Number of vulnerable persons provided with psychosocial support to promote their wellbeing	NA	15,000	25,000
Number of vulnerable persons who have been reached through specific protection services (Legal Aid, HLP Support, Detention Visits, and formal and informal dispute resolutions)	NA	NA	2,500
Number of awareness raising and community-based initiatives (training, event, and structure)	NA	10	15
Number of vulnerable persons/at risk provided with material assistance	NA	99,000	300,000

**PROTECTION OBJECTIVE 2:** Identify and analyse protection concerns and implement awareness raising and advocacy interventions. **Relates to SO2 & SO3**

INDICATOR	IN NEED	BASELINE	TARGET
Number of vulnerable persons screened or profiled	5,450,000	91,000	300,000
Number of individuals referred to appropriate specialized services	40,000	13,770	40,000
Number of targeted advocacy interventions	NA	10	15

**PROTECTION OBJECTIVE 3:** Protection issues are effectively addressed through coordination, capacity building and protection mainstreaming. **Relates to SO3**

INDICATOR	IN NEED	BASELINE	TARGET
Number of active and effective protection sector working groups, child protection and GBV sub-working groups (Regular meetings, dedicated coordinators, IM capacity)	4	4	4
Number of protection mainstreaming initiatives	NA	10	40
Number of persons trained	NA	5,000	8,000

**CHILD PROTECTION OBJECTIVE 1:** Monitor, document and report grave child rights violations of girls and boys affected by armed conflict. **Relates to SO2**

INDICATOR	IN NEED	BASELINE	TARGET
Number of State level Monitoring and Reporting Mechanism (MRM) established and functioning	NA	1 MRM WG established	3 MRM WG at state level established
4 quarterly reports and 1 annual report submitted	NA	3 reports	5 reports

**CHILD PROTECTION OBJECTIVE 2:** 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**

INDICATOR	IN NEED	BASELINE	TARGET
Number of UASC reunified	-	NA	200
Number of UASC placed in alternative care arrangements and who benefited from follow-up	-	308	3,000
Number of UASC identified	20,000	2,875	6,030
Number of children at risk and survivors supported through inter-agency case management system	-	2,080	2,995
Number of conflict affected children referred to specialist support services where required	-	225	324
Number of girls and boys reached with psychosocial support through child friendly spaces/child clubs	2,730,000	74,281	180,000
Number of CFS/child clubs established	NA	188	450
Number of girls and boys benefitting from mine risk education	-	NA	14,400

**CHILD PROTECTION OBJECTIVE 3:** Provide holistic support services to children associated with armed groups. **Relates to SO1 & SO2**

INDICATOR	IN NEED	BASELINE	TARGET
Number of children released from armed groups who have benefited from community reintegration support	2,000	-	1,750

**GBV OBJECTIVE 1:** Increase access to well-coordinated GBV services for survivors, including psychosocial support, clinical management of rape, and by developing/strengthening referral systems and safe spaces for women and girls. **Relates to SO1**

INDICATOR	IN NEED	BASELINE	TARGET
Number of women, girls and boys who benefit from integrated GBV services	1,763,582	TBD	529,074
Number of affected individuals reached with timely and appropriate psychosocial support	60,400	8,000	48,000
Number of referral mechanisms (pathways) established and functional	4	2	4
Number of referrals for specialized GBV care supported	30,200	-	7,550

INDICATOR	IN NEED	BASELINE	TARGET
Number of safe spaces established and functional	6	9	15
Number of vulnerable women and girls accessing livelihood support	TBD	70	1,800
Number of dignity kits distributed to survivors and vulnerable women and girls	481,457	33,200	50,000
Number of community-based workers trained in psychosocial support	700	350	150
Number of health staff trained in sexual violence and clinical management of rape	350	162	70
Number of community-based workers trained on GBV and SEA sensitization	212	89	123

**GBV OBJECTIVE 2:** Increase awareness on the prevention of GBV, mitigate risk factors and strengthen community protection strategies to prevent GBV. **Relates to SO1 & SO3**

INDICATOR	IN NEED	BASELINE	TARGET
Number of GBV coordination meetings supported	36	10	30
Number of sessions of community sensitization on GBV and SEA	10,582	180	670
Number and types of IEC materials using verbal or visual messages produced and distributed (i.e. accessible to non-literate persons)	5	3	5

**GBV OBJECTIVE 3:** Maintain updated and comprehensive data on GBV needed to inform planning and implementation of interventions. **Relates to SO2**

INDICATOR	IN NEED	BASELINE	TARGET
Number of GBVIMS actors operating in the conflict-affected states	41	12	41
Number of GBV assessments conducted and reported	4	2	4

#### REGIONAL SAHEL INDICATORS: PROTECTION

INDICATOR	IN NEED	BASELINE	TARGET
Number of service providers providing psychosocial services to survivors of GBV			TBD
Number of reported SGBV incidents, for which survivors receive appropriate assistance (medical and/or psychosocial)			TBD
Number of girls and boys reached with psychosocial support through child friendly spaces/child clubs	2,730,000	74,281	106,964
Number of IDPs and returnees / repatriated refugees registered	5,450,000	91,000	300,000
Number of affected persons (adults and children) assisted to obtain civil documents			0

**ES/NFI OBJECTIVE 1:** Ensure sufficient and flexible supply and targeted delivery of minimum standard emergency shelter and NFI kits (including assessment, distribution and post-distribution monitoring) to people in need, including displaced people in host communities. **Relates to SO1**

INDICATOR	IN NEED	BASELINE	TARGET
Number of NFI kits delivered to households in need	96,500	-	61,835
Number of e-shelter/ shelter repair kits delivered to households in need (including people in host communities)	139,000 <sup>10</sup>	-	33,022
Number of post-distribution monitoring reports shared with the sector, and informing programming	NA	-	20

**ES/NFI OBJECTIVE 2:** Deliver reinforced emergency shelter to upgrade and decongest formal and informal camps to minimum standards. **Relates to SO1**

INDICATOR	IN NEED	BASELINE	TARGET
Number of reinforced e-shelters constructed in formal and informal camps	16,000	-	8,000

**ES/NFI OBJECTIVE 3:** Deliver locally appropriate shelter solutions for vulnerable IDPs in need both in host communities and returning to their communities of origin. **Relates to SO1**

INDICATOR	IN NEED	BASELINE	TARGET
Number of reinforced e-shelters constructed / shelters repaired in host and return communities	40,000 <sup>11</sup>	-	13,000

**HEALTH OBJECTIVE 1:** Deliver coordinated and integrated emergency life-saving health services to the population affected by the crisis. **Relates to SO1**

INDICATOR	IN NEED	BASELINE	TARGET
Number of out-patient consultations in health facilities supported by Health Sector partners	3,726,966	-	2,600,000
Proportion of health facilities with a referral mechanism to a higher level of care	1,690	211	450
Number of persons reached through mobile medical activities	500,000	-	350,000
Number of health facilities receiving essential medicines and equipment	2,112	20	350

**HEALTH OBJECTIVE 2:** Continually monitor health risks and vulnerabilities of the affected population and integrate findings to improve health response. **Relates to SO2**

INDICATOR	IN NEED	BASELINE	TARGET
Proportion of outbreak alerts investigated within 48 hours	100%	0%	70%
Proportion of health facilities supported by cluster partners submitting weekly surveillance reports on time	100%	5%	70%
Proportion of LGAs supported by sector partners submitting timely monthly surveillance reports to the state	100%	-	70%

**HEALTH OBJECTIVE 3:** Strengthen existing health system capacity for emergency response to foster early recovery and resilience. **Relates to SO3**

INDICATOR	IN NEED	BASELINE	TARGET
Number of health authority personnel trained on disease outbreak response and coordination	152	0	80

#### REGIONAL SAHEL INDICATORS: HEALTH

INDICATOR	IN NEED	BASELINE	TARGET
Number of births assisted by a skilled attendant in districts supported by sector members			TBD
Number of complete monthly epidemiological reports received at central level			TBD
Number of children under 5 vaccinated against measles in districts supported by sector members			TBD
Number of outpatient consultations in districts supported by sector members			0
Number of affected persons (adults and children) assisted to obtain civil documents			0

**WASH OBJECTIVE 1:** Ensure effective and timely life-saving assistance for the most vulnerable people in camps and in host communities. **Relates to SO1**

INDICATOR	IN NEED	BASELINE	TARGET
Number of people with access to safe water	3,656,764	-	1,666,188
Number of emergency sanitation facilities constructed	2,500	-	2,500
Number of people aware of proper hygiene practices	3,656,764	-	2,601,209
Number of people provided with basic WASH/NFI	2,601,209	-	177,560

**WASH OBJECTIVE 2:** Provide early recovery support to returning IDPs in their areas of return in coordination with other sectors. **Relates to SO1**

INDICATOR	IN NEED	BASELINE	TARGET
Number of people with access to safe water	-	-	30% of assessed returning IDPs
Number of latrines constructed at HH level for returnees	-	-	20% of assessed returning IDPs
Number of people aware of proper hygiene practices	-	-	20% of assessed returning IDPs
Number of latrines and sanitation facilities constructed in public places	-	-	20% of assessed returning IDPs

**WASH OBJECTIVE 3:** Strengthen capacities of WASH stakeholders and communities to withstand crisis through improved coordination, planning and preparedness. **Relates to SO3**

INDICATOR	IN NEED	BASELINE	TARGET
Number of states with capacity to coordinate, plan and implement emergency WASH interventions	4	0	3
Number of effective WASH in emergency coordination forums at state level	4	2	3
Number of states with capacity building plan under implementation	4	0	3
Number of states with up-to-date emergency Preparedness and response Plans	4	1	3

#### REGIONAL SAHEL INDICATORS: WASH

INDICATOR	IN NEED	BASELINE	TARGET
Number of nutritional centres with a functional WASH minimum package (safe drinking water with chlorine residual, disinfecting hand washing and food utensils, hygienic and secure defecation, key hygiene messages / behaviors counselling)			0
Number of children admitted for SAM treatment having received a WASH kit with key hygiene messages/behaviors counselled to parents/care givers (household water treatment and hygiene supplies)		0	0
Number of affected people provided with a WASH minimum package adapted to their vulnerabilities (safe drinking water, sanitation, hygiene supplies, key messages/behaviors counselling)	TBD	NA	367,944

**EARLY RECOVERY AND LIVELIHOODS OBJECTIVE 1:** Enhance the resilience of affected people and institutions through rehabilitation of basic and social infrastructure. **Relates to SO3**

INDICATOR	IN NEED	BASELINE	TARGET
Number of sites in IDP camps and host communities where solid waste is collected with subsequent safe disposal	-	-	95
Number of damaged buildings safely demolished with removal of debris for recycling	-	-	1,000
Number of people benefiting from safe demolition and debris removal	-	-	1,200,000
Number of vulnerable households assisted with sustainable habitat at places of return	-	-	21,000

**EARLY RECOVERY AND LIVELIHOODS OBJECTIVE 2:** Strengthen the coping mechanisms and enhance resilience of affected people through restoration of disrupted livelihoods. **Relates to SO3**

INDICATOR	IN NEED	BASELINE	TARGET
Number of households receiving livelihood assets and grants	-	-	1,500
Number of people benefiting short term employment created through debris removal and recycling	-	-	4,500
Number of women completing vocational training	-	-	1,500
Number of women receiving tools and assets replacement	-	-	2,400
Number of child-headed households receiving grants and life-skills	-	-	2,500

**EDUCATION OBJECTIVE 1:** Provide access to inclusive and protective learning including safe classrooms, with WASH facilities, trained teachers and learning materials for conflict-affected children aged 3-17. **Relates to SO1**

INDICATOR	IN NEED	BASELINE	TARGET
Number of children benefitting from safe and equipped classrooms with adequate male and female WASH facilities in affected areas	1,000,000	252,705	630,000
Percentage of targeted conflict-affected children benefitting from learning supplies	1,000,000	102,810 (10%)	500,000 (50%)
Number of learners enrolled in Non-Formal Learning Centers (NFLCs) and Alternative Education (AE)	200,000	35,817	30,000

**EDUCATION OBJECTIVE 2:** Improve the ability of conflict-affected children aged 3-17 to cope in an emergency through relevant learning, life-skills and psychosocial first-aid. **Relates to SO3**

INDICATOR	IN NEED	BASELINE	TARGET
Percentage of emergency affected learning spaces/ schools in target areas incorporating psycho-social support	1000	41.8%	60%
Number of targeted conflict-affected children benefitting from psychological first aid	1,000,000	90,164 68,463 (Formal) 21,704 (NonFormal)	150,000 120,000 (Formal) 30,000 (Nonformal)
Number of targeted children with access to life skills lessons in the classrooms/NFE centres	1,000,000	70,517; 48,813 (Formal) 21,704 (Nonformal)	150,000 120,000 (Formal) 30,000 (Nonformal)

**EDUCATION OBJECTIVE 3:** Restore and protect learning in conflict affected states through community advocacy, mobilization and sensitization. **Relates to SO1 & SO2**

INDICATOR	IN NEED	BASELINE	TARGET
Number targeted schools in conflict affected states with established SBMCs that are able to conduct emergency preparedness activities	600	11	134
Percentage of affected Teachers/Caregivers and facilitators receiving psychosocial support	1,000	110 (11%)	50%
Percentage of NFLC/AEs established that meet or surpass criteria for safe, quality and relevant NFLCs	1,000	40%	50%

#### REGIONAL SAHEL INDICATORS: EDUCATION

INDICATOR	IN NEED	BASELINE	TARGET
Number of pre-school, and school-age children and youth, including children and youth with disabilities, enrolled in education through the education cluster/sectorial group's emergency response (desegregated by gender)			0
Average number of school days per month in which one school meal or snack is provided.			0
Number of school meals distributed			0

**NUTRITION OBJECTIVE 1:** To deliver integrated quality life-saving management of acute malnutrition for all cases of severe acute malnutrition among under five children and 20% of pregnant and lactating women in the states of emergency to contribute to morbidity and mortality reduction associated with acute malnutrition. **Relates to SO1**

INDICATOR	IN NEED	BASELINE	TARGET
Number of CMAM treatment sites operational	1,834	196	240
Number of SAM cases admitted to treatment sites	83,079	-	83,079
Number of PLWs provided with supplementary foods	273,003	-	55,000

**NUTRITION OBJECTIVE 2:** To increase access to integrated nutrition interventions to prevent under-nutrition among under five children, pregnant and lactating women in the 3 focused states. **Relates to SO1**

INDICATOR	IN NEED	BASELINE	TARGET
Number of children 6-59 months reached with vitamin A capsules	2,100,000	-	1,700,000
Number of PLWs reached with IYCF interventions	793,074	-	375,845
Number of pregnant women received iron folate	396,537	-	237,922

**NUTRITION OBJECTIVE 3:** To strengthen sector coordination at all levels to enhance needs assessment and analysis of the nutrition situation as well as improve the capacity to provide effective nutrition response. **Relates to SO2**

INDICATOR	IN NEED	BASELINE	TARGET
Number of nutrition service providers trained in integrated CMAM program	196	-	196
Number of nutrition assessments reports disseminated	3	-	3
Percentage of CCPM exercise recommendations implemented	NA	-	100%
Number of Nutrition in Emergency Sector bulletin	4	-	4

## REGIONAL SAHEL INDICATORS: NUTRITION

INDICATOR	IN NEED	BASELINE	TARGET
Number of children 6-59 months with severe acute malnutrition admitted in therapeutic nutrition programme	83,079		83,079
Number of health centres implementing nutrition activities			TBD
Number of children 6-59 months with moderate acute malnutrition admitted in TSFP (Targeted Supplementary Feeding Programmes)			0
Number of Children 6-23 months and PLWs admitted in BSFP (Blanket Supplementary Feed Programmes)			0

**CCCM OBJECTIVE 1:** Track and monitor displacement and mobility, including sex and age disaggregated data and information on needs and gaps, in order to establish a comprehensive profile of the displaced population. **Relates to SO3**

INDICATOR	IN NEED	BASELINE	TARGET
Number of assessment reports published capturing displacement data	NA	-	6
Number of eligible persons biometrically registered	NA	-	400,000

**CCCM OBJECTIVE 2:** Support coordination and management of displacement (both camp and 'out-of-camp') to ensure that minimum standards are upheld, with community participation and engagement, through training and on-site facilitation support. **Relates to SO1 & SO3**

INDICATOR	IN NEED	BASELINE	TARGET
Capacity building trainings held on CCCM for national authorities, local actors and CCCM actors	NA	-	10
Number of sites (both camp and 'out-of-camp') receiving site facilitation support from roving teams	56 <sup>12</sup>	23	50

**CCCM OBJECTIVE 3:** Support decongestion and upgrade in formal and informal camps, including site planning and improvements where required. **Relates to SO1**

INDICATOR	IN NEED	BASELINE	TARGET
Number of formal and informal camps assessed for viability	37 <sup>13</sup>	-	25
Number of formal and informal camps improved through site planning, infrastructure and/or basic engineering works	10 <sup>14</sup>	-	10

**COORDINATION OBJECTIVE :** Ensure coordinated, effective, timely and principled humanitarian assistance to vulnerable people in north-east Nigeria through the provision of coordination services in order to better support the overall response strategy. **Relates to SO1, SO2 & SO3**

INDICATOR	IN NEED	BASELINE	TARGET
Regular HCT, inter sector coordination and technical working group meetings and joint needs assessments	-	Monthly and fortnightly	Monthly HCT meetings, fortnightly ISWG meetings, 1 joint needs assessment (JNA)
As a minimum, humanitarian overviews, dashboards, 3W and funding overviews are produced	-	Monthly	Monthly
Reinforced sectoral and inter sector coordination mechanisms at the federal and state levels and strengthened linkages between coordination structures at federal and state level	-	-	TBD
PMRs produced on quarterly basis HNO & HRP revised and updated according to needs	-	-	April, July, October, January Minimum once during 2016
Air services are provided to humanitarian community according to regular schedule	3 times per week, and as needed	-	Bauchi, Damaturu, Maiduguri, Yola and Gombe
Security arrangements provided to serve the entire humanitarian community, # of briefings conducted on-ground in north-east, and # of NGOs included in security arrangements, # of DSS security officers deployed in north-east (international and national)	-	-	TBD

## PARTICIPATING ORGANIZATIONS &amp; FUNDING REQUIREMENTS

ORGANIZATIONS	REQUIREMENTS (US\$)
Adopt a Camp (AAC)	406,100
Action Contre la Faim (ACF) International	8,300,000
ACT Alliance/Christian Aid (CA) UK	1,436,500
ActionAid	2,383,327
Adventist Development and Relief Agency (ADRA)	7,560,000
American University of Nigeria - Adamawa Peace Initiative (AUN-API)	928,400
Cooperazione Internazionale (COOPI)	600,000
Catholic Relief Services (CRS)	5,455,000
Civil Society Action Coalition on Education for All (CSACEFA)	119,513
Danish Refugee Council (DRC)	3,662,259
Empower54 (E54)	359,200
Food Agriculture Organization (FAO)	32,500,000
International Center for Energy, Environment and Development (ICEED)	1,669,295
Nigerian Red Cross Society (NRCS)	1,990,000
International Medical Corps (IMC)	1,292,654
INTERSOS	3,290,000
International Organization for Migration (IOM)	12,230,000
International Rescue Committee (IRC)	15,648,861
Majesty Community Rural Development Foundation (MCRDF)	2,400,000

ORGANIZATIONS	REQUIREMENTS (US\$)
Médecins aux Tours de la Terre (Doctors around the Earth) (MTT)	996,090
Norwegian Refugee Council (NRC)	7,531,130
UN Office for the Coordination of Humanitarian Affairs (OCHA)	6,764,849
OXFAM Netherlands (NOVIB)	10,300,000
Riplington Education Initiative (REI)	287,600
RhemaCare	3,979,408
Save the Children International (SCI)	7,075,032
UN Women	2,008,800
United Nations Development Programme (UNDP)	16,170,360
United Nations Department of Safety and Security (UNDSS)	182,814
United Nations Population Fund (UNFPA)	7,788,000
United Nations High Commissioner for Refugees (UNHCR)	17,862,442
United Nations Children's Fund (UNICEF)	46,058,688
Voluntary Service Overseas (VSO)	480,000
World Food Programme (WFP)	13,160,196
World Health Organization (WHO)	5,031,200
<b>TOTAL</b>	<b>247,907,718</b>

## ABBREVIATIONS AND ACRONYMS

<b>AAP</b>	Accountability to Affected Populations	<b>NDHS</b>	Nigeria Demographic Health Survey
<b>ACLED</b>	Armed Conflict Location and Event Data Project	<b>NEMA</b>	National Emergency Management Agency
<b>CCCM</b>	Camp Coordination and Camp Management	<b>NGOs</b>	Non-Government Organizations
<b>CJTF</b>	Civilian Joint Task Force	<b>OCHA</b>	Office for the Coordination of Humanitarian Affairs
<b>CMAM</b>	Community Management of Acute Malnutrition	<b>OOSC</b>	Out of School Children
<b>EIEWG</b>	Education in Emergencies Working Group	<b>PHC</b>	Primary Health Centres
<b>ESNFI</b>	Emergency Shelter and Non-Food Items	<b>PLW</b>	Pregnant and/or Lactating Women
<b>FAO</b>	Food and Agricultural Organization	<b>PMR</b>	Periodic Monitoring Reports
<b>GAM</b>	Global Acute Malnutrition	<b>PSWG</b>	Protection Sector Working Group
<b>GBV</b>	Gender-Based Violence	<b>SAM</b>	Severe Acute Malnutrition
<b>HCT</b>	Humanitarian Country Team	<b>SEA</b>	Sexual Exploitation and Abuse
<b>HDDS</b>	Household Dietary Diversity Scores	<b>SEMA</b>	State Emergency Management Agency
<b>HNO</b>	Humanitarian Needs Overview	<b>SGBV</b>	Sexual and Gender-Based Violence
<b>HRP</b>	Humanitarian Response Plan	<b>UASC</b>	Unaccompanied and Separated Children
<b>IDPs</b>	Internally Displaced People	<b>UNDAF</b>	United Nations Development Assistance Framework
<b>IMCI</b>	Integrated Management of Childhood Illnesses	<b>UNFPA</b>	United Nations Population Fund
<b>INGO</b>	International Non-Government Organization	<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>IOM</b>	International Organization for Migration	<b>UNICEF</b>	United Nations Children's Fund
<b>IPC</b>	Integrated Food Security Phase Classification	<b>UXO</b>	Unexploded Ordnance
<b>IYCF</b>	Infant and Young Child Feeding	<b>WASH</b>	Water Sanitation and Hygiene
<b>LGAs</b>	Local Government Areas	<b>WHO</b>	World Health Organization
<b>MDAs</b>	Ministries, Departments and Agencies		
<b>MNDC</b>	Micro-Nutrient Deficiency		

## END NOTES

- 1 Global Terrorism Index, 2015, <http://economicsandpeace.org/wp-content/uploads/2015/11/Global-Terrorism-Index-2015.pdf>. The definition of terrorism used by this publication is: the threatened or actual use of illegal force and violence by a non-state actor to attain a political, economic, religious, or social goal through fear, coercion, or intimidation (p. 6).
- 2 Council on Foreign Relations, <http://www.cfr.org/nigeria/nigeria-security-tracker/p29483>.
- 3 72 per cent of the pre-existing centres in Yobe and 60 per cent of the ones in Borno.
- 4 World Health Organization, 2015.
- 5 The main purpose of the 5W is to show our outlined operational presence by sector and location within an emergency. More information is available at <https://www.humanitarianresponse.info/en/applications/tools/category/3w-who-does-what-where>.
- 6 It is to be noted that DTM VI was released just prior to finalisation of this document.
- 7 DTM V, Aug 2015. Figure in DTM VI, Oct 2015 reported an additional 58,041 people going back to their places of origin.
- 8 Current analysis of the Cadre Harmonisé is for the period of June –December 2015 while the projected estimation is from June to August 2016.
- 9 Including approximately 200,000 in formal and informal camps and centres across Nigeria (198,011 in DTM Round VI), and 425,000 in host community settings in the four priority states. This accounts for 25 per cent of the IDP population in host settings in the four prioritised states (total approximately 1,700,000), assumed to need improved coordination of service delivery, in either high density or neglected LGAs.
- 10 Projected numbers in households, of newly or secondarily displaced (20,000 HH), and people in need in host communities (119,000 HH) that will need e-shelter (different types of intervention are expected to be needed and appropriate in different host communities). Household number of 8 is used.
- 11 Estimate based on current return rates of approximately 260,000 to Adamawa, and anticipating additional returns in 2016. It is anticipated that up to 45% of returnees will need reinforced emergency shelter, and 25% shelter repair support, amounting to 30,000 shelters, based on levels of destruction reflected in assessment reports to date. Number of households in host communities needing reinforced emergency shelter: 10,000.
- 12 37 formal and informal camps + 19 LGAs hosting IDPs. This equates to 25% of the LGAs in the four prioritized states (total 76: 27 in Borno, 21 in Adamawa, 17 in Yobe and 11 in Gombe). The sector will focus out-of-camp support on LGAs either neglected or hosting a high density of IDPs.
- 13 Formal and informal camps in the four prioritized states, following DTM Round V findings.
- 14 30% of formal and informal camps in the four prioritized states requiring site works to become viable, following DTM Round V findings.

# WHAT IF?

## ...WE FAIL TO RESPOND

### VULNERABLE GROUPS FACE CONTINUING RISKS



Without the planned response over 1.6 million people will continue to suffer from the extreme consequences of armed conflict and face serious protection risks including being at risk of physical harm, without legal protection, and facing a loss of property and assets. GBV, exploitation, underage recruitment and other human rights violations already mean civilians, especially vulnerable women and children, are suffering greatly. This plan will support at least 0.3 million women affected by GBV and 0.8 million vulnerable children.

### INADEQUATE HEALTH AND WATER AND SANITATION SERVICES LEAD TO DISEASE OUTBREAK



Overcrowding in urban areas, especially Maiduguri, Borno's capital, has already led to an outbreak of cholera. Maiduguri has received almost half of 2.2 million IDPs in the north-east. Diarrhoea, measles and cholera incidence is on the rise and without sufficient water, sanitation and health care people are increasingly susceptible to disease epidemics. At least 2.6 million people will benefit from the health response and 2.8 million from WASH support.

### A GENERATION OF CHILDREN WITHOUT ACCESS TO EDUCATION



Over 600,000 children have lost access to learning, over 600 teachers have been killed and 19,000 displaced, and 1,200 schools destroyed. Access to learning protects children from the risks of child labour, recruitment to Boko Haram and early marriage. Emergency learning equips children with skills and knowledge to keep themselves and their families safe with mine education and health and hygiene knowledge. This HRP will support 630,000 children in receiving emergency education and support.

### MORE WILL GO WITHOUT SAFE AND DIGNIFIED SHELTER



2.2 million IDPs are living in make-shift shelters, seeking refuge in overcrowded, poorly-resourced camps or centres, including at least 50 schools, or with friends and relatives, which results in serious protection concerns. Over 80 per cent of IDPs are living in host communities, where space and resources are over-stretched, and belongings worn out from protracted displacement. This response will provide shelter support to almost 1 million of the most vulnerable.

### MORE CHILDREN AND PREGNANT WOMEN WILL BECOME MALNOURISHED



There are currently 2.5 million children under 5 and 400,000 pregnant and lactating women without sufficient nutrition in Adamawa, Borno and Yobe, and this response will target at least 2 million. Increasing malnutrition is driven by disruption of basic services, poor infant/ young child feeding practices, rising food insecurity, inadequate access to markets, decreasing access to safe water and sanitation, and declining availability of health services.

### HUGE NUMBERS OF PEOPLE HUNGRY



Currently an estimated 3.9 million people are in need of immediate food support, and this response will address the needs of 1.5 million. IDPs and host communities have exhausted their resources. With poor harvests, lack of access to agricultural lands as a result of insecurity, and lack of seeds/tools in the markets, food insecurity and malnutrition are on the rise.

