

# HUMANITARIAN RESPONSE PLAN

## NIGERIA

HUMANITARIAN  
PROGRAMME CYCLE  
**2022**  
ISSUED FEBRUARY 2022





# About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. The Humanitarian Response Plan is a presentation of the coordinated, strategic response devised by humanitarian agencies in order to meet the acute needs of people affected by the crisis. It is based on, and responds to, evidence of needs described in the Humanitarian Needs Overview.

## PHOTO ON COVER

A 23-year-old mother of two young children sits outside her makeshift shelter in an informal IDP settlement in Damaturu, Yobe State. Seven months ago Boko Haram attacked her village in Gubio, Borno State, burning homes and killing family members and neighbours. She walked for 15 days in search of safety, and is now forced to beg for the essentials to survive. Photo: OCHA/Christina Powell.

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OCHA coordinates humanitarian action to ensure crisis-affected people receive the assistance and protection they need. It works to overcome obstacles that impede humanitarian assistance from reaching people affected by crises, and provides leadership in mobilizing assistance and resources on behalf of the humanitarian system

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## Humanitarian RESPONSE

Humanitarian Response aims to be the central website for Information Management tools and services, enabling information exchange between clusters and IASC members operating within a protracted or sudden onset crisis.

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



Humanitarian InSight supports decision-makers by giving them access to key humanitarian data. It provides the latest verified information on needs and delivery of the humanitarian response as well as financial contributions.

[www.hum-insight.com](http://www.hum-insight.com)



The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.

[fts.org/appeals/2022](http://fts.org/appeals/2022)

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**JAKUSKO/YOBE/NIGERIA**

Children sit outside a Cholera Treatment Center supported by the International Rescue Committee (IRC) in Jakusko, Yobe State.

Photo: OCHA/Christina Powell.



# Foreword

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## Foreword by the Federal Minister

The people affected by conflict in north-east Nigeria have endured hardship and displacement over the years. The conflict has eroded living conditions, especially for women and girls, who are experiencing protection issues when trying to secure their basic needs such as food, shelter, and access to healthcare. In some cases, some of them experience sexual and gender-based violence in a way that no woman or girl should. The impact of COVID-19 and climate change is further deepening the sufferings of the people affected by this conflict. They were successful, hardworking farmers, artisans and tradesmen, who were robbed of their livelihoods and their homes.

The 2022 Humanitarian Response Plan is prioritized to address vulnerable people's most critical needs, such as access to food, water, and healthcare services. Importantly, it also addresses the protection needs of affected people - especially women and girls. Women and children, particularly girls, are identified in the Humanitarian Needs Overview (HNO) as amongst those most in need in north-east Nigeria. This is accordingly reflected in the humanitarian plan. We are appealing for resources to meet the immediate lifesaving needs of some 8.3 million people in the three most-affected states, Borno, Adamawa and Yobe, and provide multi-sectoral assistance. We understand that this is a Herculean task, given the current global economic environment impacted by COVID-19, and access constraints, insecurity and the growing impact of climate change.

The international community, the United Nations and humanitarian partners have shown unwavering commitment in ensuring effective humanitarian response and charting the course for durable solutions to end the prolonged crisis in the north-east. Our priority as a Government is to combat and end the insurgency, restore peace in north-east Nigeria and create pathways to recovery and development.

We have reviewed this plan jointly developed with the humanitarian community and donors, which prioritizes women and girls' needs holistically and aims to keep crisis-affected people and communities at the center of the response, while maximizing synergies among humanitarian clusters for a more effective response.

As part of our priorities in 2021, we launched the National Humanitarian-Development-Peace Framework derived from the UN triple nexus principles, aimed at boosting humanitarian action and making the response more practicable and impactful. This is a step towards greater coherence, and envisions stronger collaboration and coordination among humanitarian and developmental actors, jointly striving towards sustainable peace. The Humanitarian-Development-Peace Framework will improve the operational capacity of all actors to match the scale, complexity, and urgency of addressing the situation in north-east Nigeria. Secondly, the localization framework, an initiative adopted after the commitment of stakeholders at the 2016 World Humanitarian Summit, will re-energize the concept, enhancing local actors' role in the delivery of aid by strengthening their capacity and making funding available. Of course, the true test of the Humanitarian Response Plan lies in the implementation. Effective delivery of the humanitarian plan will require an environment where humanitarian actors have consistent and unimpeded access – and are not targeted by violence. Continued collaborations among humanitarian partners and the Government will play a vital role in the safe delivery of assistance where needed most.

I am confident that the humanitarian activities outlined in this plan and the Ministry's continued efforts will foster the longer-term durable solutions that we all yearn for, in the interest of the people we serve. This will give them the opportunity to rebuild their lives and become self-reliant.

As we request the support and assistance required to tackle the crisis efficiently, we are at the same time, able to demonstrate leadership in coordination and coherence of action by providing additional resources which support efforts to address the conflict.

On behalf of the Government of Nigeria, I express our commitment to supporting the humanitarian community in their efforts and appreciate and

profoundly thank donors for their support provided to the Government and people of Nigeria.

**Madam Sadiya Umar Farouq,**

Honorable Minister, Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development



# Response Plan Overview

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS
8.4M	5.5M	\$1.1B	79

**ADAMAWA, NIGERIA**

Participants in a farmer's field school run by Jesuit Refugee Services in Uba, Adamawa State where they practice sustainable agricultural techniques to help re-build their lives. Photo: OCHA/ Christina Powell.



## Crisis Context and Impact

The conflict stemming from the insurgency of non-state armed groups (NSAGs) in north-east Nigeria continues as intensely as ever. The attacks and insecurity have displaced millions of people, devastated agricultural production and other livelihoods, cut off essential services, and caused a crisis of protection. Some 8.4 million people in the north-east states of Borno, Adamawa and Yobe (BAY states) will need humanitarian aid in 2022, only slightly fewer than a year ago. Of these, 2.2 million are internally displaced; 1.5 million are returnees who lack essential services and livelihoods; and 3.9 million are members of communities affected by their hosting of internally displaced people. This figure also includes the majority (an estimated 733,000) of the 1 million people in areas currently inaccessible to international humanitarian actors. (See the 2022 Humanitarian Needs Overview for full details.)

The conflict and insecurity make humanitarian operations difficult and dangerous. Most main supply routes and secondary roads in Borno State are highly

risky for humanitarian staff or materials to traverse. Helicopter transport is often the only option for staff movements. Where other options exist, they are usually costly.

Hundreds of thousands of IDPs are concentrated in 'garrison towns' where the Nigerian Armed Forces defend perimeters that are risky to venture beyond. This creates congested, unhealthy living conditions, and constrains displaced farmers' livelihood options. A major cholera outbreak in the BAY states in 2021 has underlined affected people's vulnerability and the difficulty of precluding grave threats to life and well-being.

No early end to the conflict is foreseen. The Nigeria Humanitarian Country Team (HCT) has adopted a two-year humanitarian strategy for the BAY states for 2022-2023 (see section 1.2 below), the first year of which is operationalized through this Humanitarian Response Plan (HRP).

### BAMA/BORNO, NIGERIA

Newly arrived internally displaced mothers with their children attend a WFP famine assessment and nutritional needs exercise in an IDP camp in Bama, Borno State in June 2021.

Photo: WFP





## Response by Strategic Objective

### S01:

Affected people receive life-saving assistance to remedy and avert the most severe threats to life and health, in order to reduce (excess) mortality and morbidity.

### S02:

Crisis-affected people enjoy a safer and healthier environment for living, with adequate access to essential services.

### S03:

Some people's need for recurrent multi-sectoral humanitarian aid declines in accessible areas by the end of 2023.

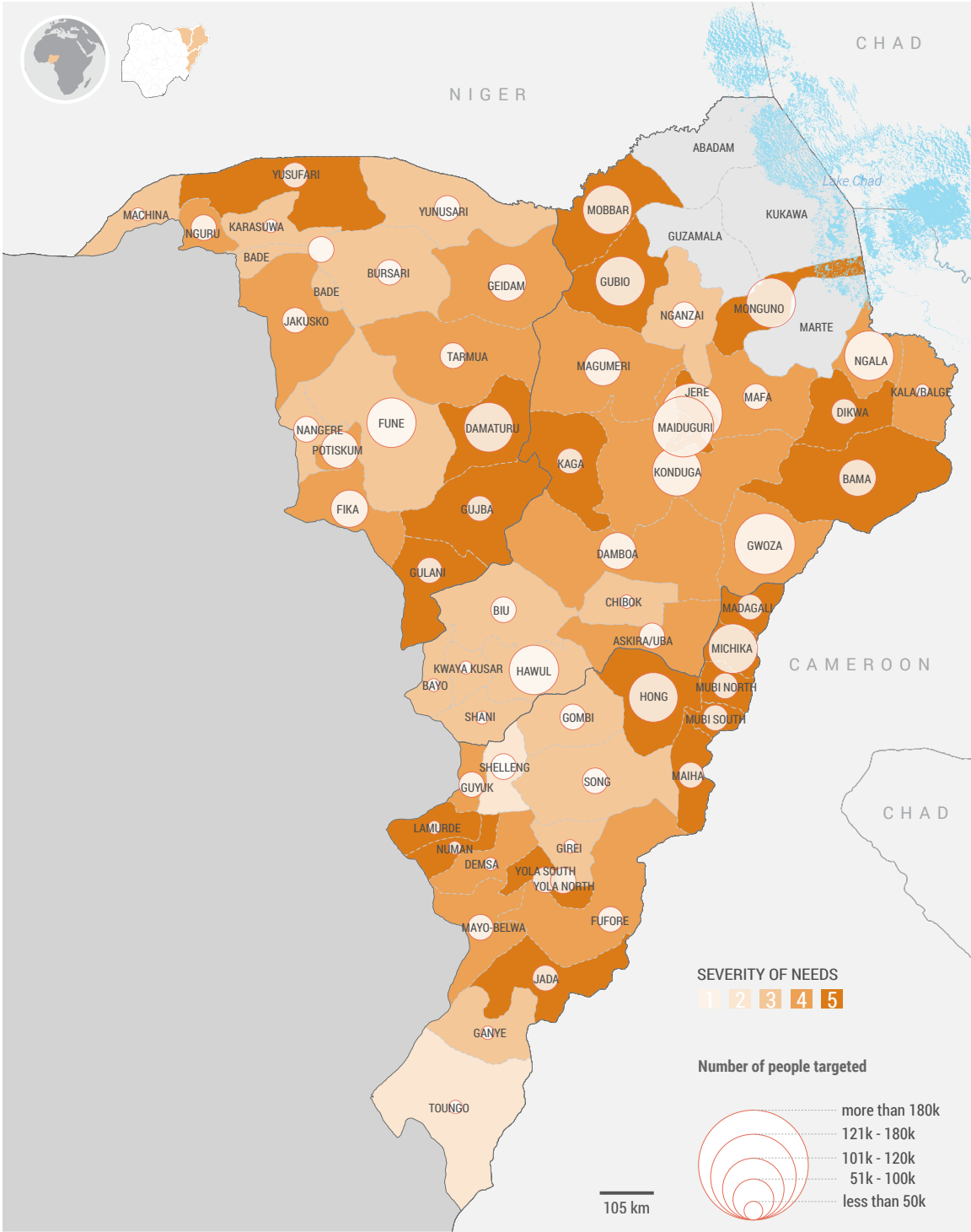
### S04:

The affected population enjoys adequate protection of their rights including safety and security, unhindered access to humanitarian assistance, and solutions that fulfil norms and standards.

STRATEGIC OBJECTIVE		PEOPLE TARGETED	
S01	Affected people receive life-saving assistance to remedy and avert the most severe threats to life and health, in order to reduce (excess) mortality and morbidity.	5.5M	<div></div>
S02	Crisis-affected people enjoy a safer and healthier environment for living, with adequate access to essential services.	2.1M	<div></div>
S03	Some people's needs for recurrent multi-sectoral humanitarian aid decline in accessible areas by end 2023..	3.6M	<div></div>
S04	The affected population enjoys adequate protection of their rights including safety and security, unhindered access to humanitarian assistance, and solutions that fulfil norms and standards.	2.0M	<div></div>

# Planned Response (Visual)

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
8.4M	5.5M	22%	62%	7%





# HRP Key Figures

## Humanitarian Response by Targeted Groups

POPULATION GROUP	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGET
Internally displaced people	2.2M	2.1M	<div><div></div><div></div></div>
Persons with disability	0.4M	0.4M	<div><div></div><div></div></div>
Children under 5 years old	1.0M	1.0M	<div><div></div><div></div></div>
Host communities	3.9M	1.9M	<div><div></div><div></div></div>
Returnees	1.5M	1.1M	<div><div></div><div></div></div>

## Humanitarian Response by Sex

GROUP	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGET	% TARGETED
Boys	2.3M	1.6M	<div><div></div><div></div></div>	70%
Girls	2.6M	1.8M	<div><div></div><div></div></div>	69%
Men	1.6M	1.0M	<div><div></div><div></div></div>	63%
Women	1.8M	1.2M	<div><div></div><div></div></div>	67%

## Humanitarian Response by Age

AGE	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGET	% TARGETED
Children (0 - 17)	4.9M	3.4M	<div><div></div><div></div></div>	69%
Adults (18 - 59)	3.1M	1.7M	<div><div></div><div></div></div>	55%
Elders (60+)	0.4M	0.4M	<div><div></div><div></div></div>	100%

## Humanitarian Response for Persons with Disability

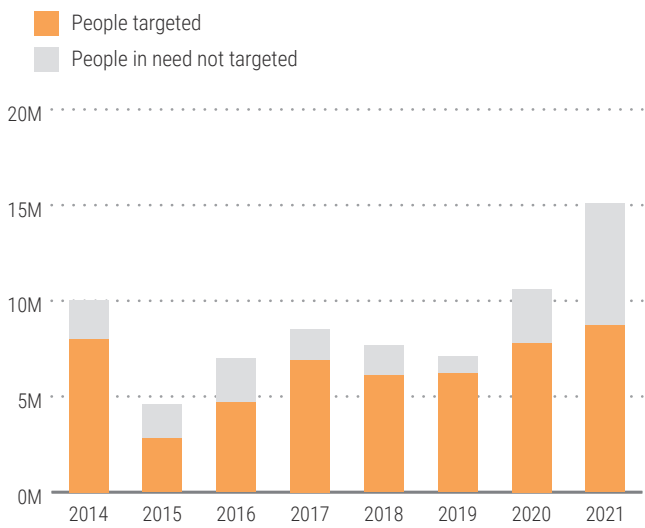
	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGET	% TARGETED
Persons with disability	0.4M	0.4M	<div><div></div><div></div></div>	100%

## Financial Requirements by Sector and Multi-Sector

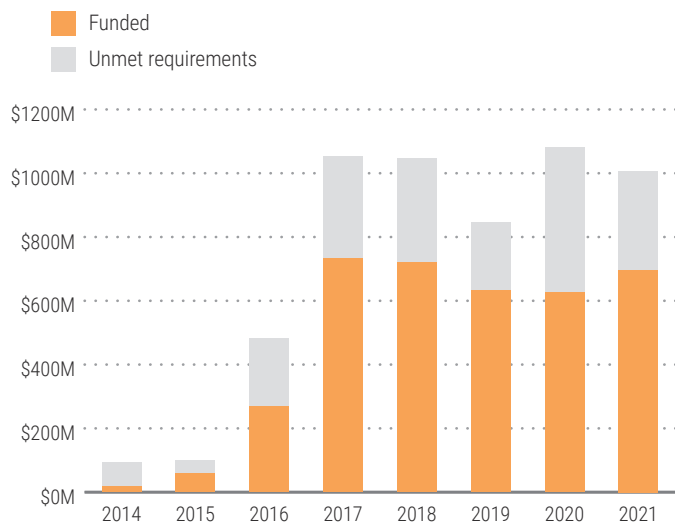
SECTOR	FINANCIAL REQUIREMENTS (US\$)	
Food Security	450.9M	<div><div></div></div>
Nutrition	144.3M	<div><div></div></div>
Water and Sanitation	101.5M	<div><div></div></div>
Education	100.2M	<div><div></div></div>
Protection	78.4M	<div><div></div></div>
Emergency Shelter and NFI	59.3M	<div><div></div></div>
Early Recovery and Livelihoods	58.9M	<div><div></div></div>
Health	52.7M	<div><div></div></div>
Logistics	30.4M	<div><div></div></div>
Camp Coordination Camp Management	22.7M	<div><div></div></div>
Coordination and Support Services	21.3M	<div><div></div></div>
Emergency Telecommunications	1.6M	<div><div></div></div>

# Historical Trends

NUMBER OF PEOPLE IN NEED VS TARGETED



FINANCIAL REQUIREMENTS (US\$)



YEAR OF APPEAL	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	FUNDING RECEIVED	% FUNDED
2014	10M	8.0M	93.4M	17.8M	19%
2015	4.6M	2.8M	100.3M	58M	58%
2016	7.0M	4.7M	484.2M	267.9M	55%
2017	8.5M	6.9M	1.05B	733.4M	70%
2018	7.7M	6.1M	1.05B	720.2M	67%
2019	7.1M	6.2M	847.7M	631.8M	75%
2020	10.6M	7.8M	1.08B	626.8M	58%
2021	8.7M	6.4M	1.01B	696.3M	69%
2022	8.4M	5.5M	1.1B		

## Part 1: Strategic Response Priorities

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### VILLAGE/CITY, NIGERIA

An aid worker with Salient Humanitarian Organization holds a malnourished baby in dire need of nutritional support at El-Minskin IDP camp in Borno State. Photo: OCHA/Adedeji Ademigbuji.





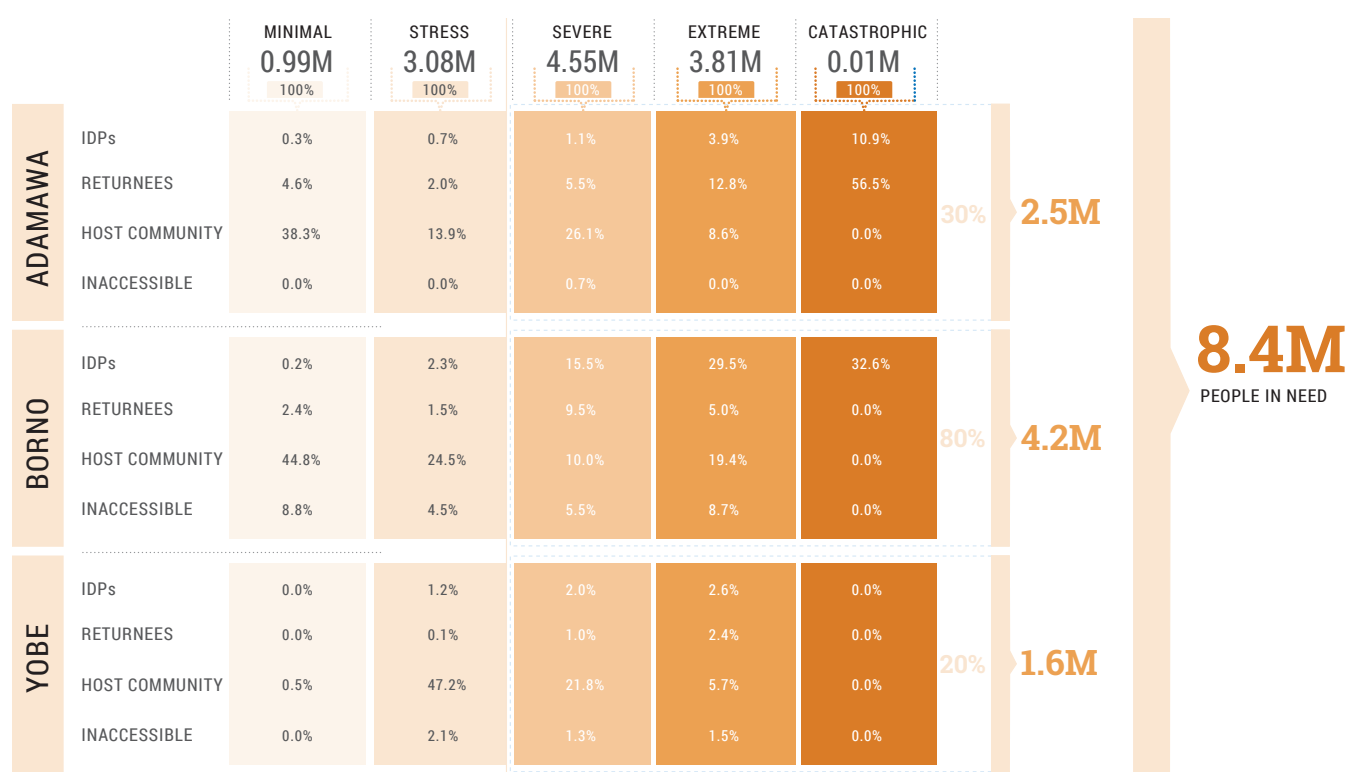
## 1.1

## Humanitarian Conditions and Underlying Factors Targeted for Response

### People in need prioritized for response

The Inter-sectoral Coordination Group (ISCG) agreed at the outset that IDPs, returnees and host communities in severity levels 3, 4 and 5 (severe, extreme and catastrophic) – as per the Joint Inter-sectoral Analysis Framework (JIAF) scale – are considered in need of humanitarian aid.

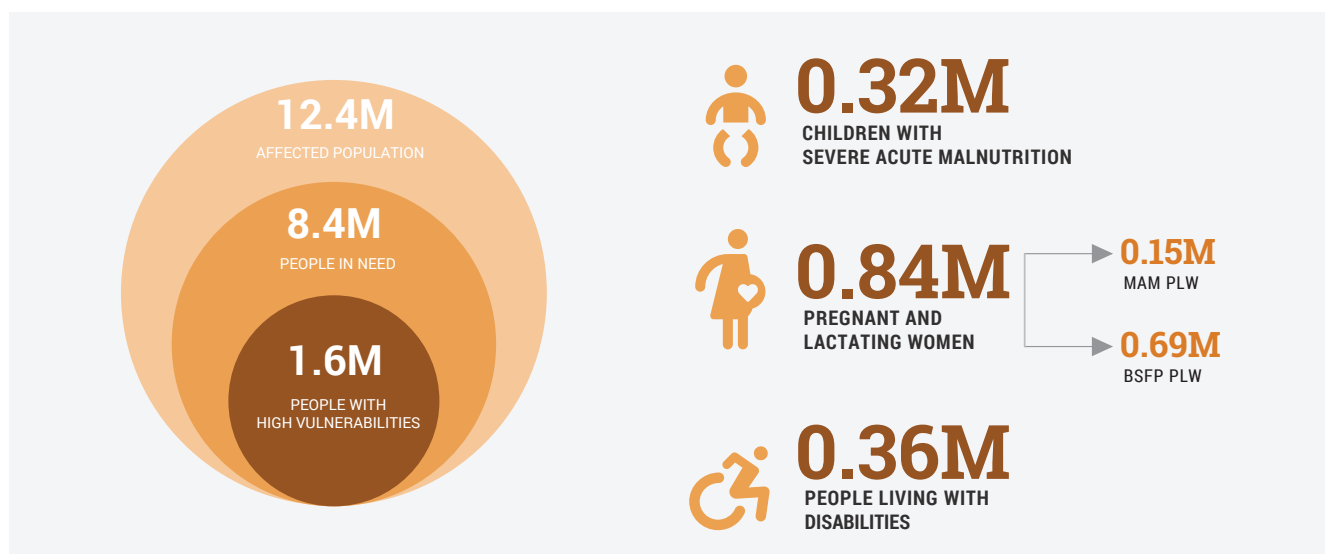
The following table shows the JIAF results per state, target group, and level of severity. (Columns add up to 100%.) Notably, of the approximately 100,000 people expected to be in the 'catastrophic' severity level 5, in Borno State all are IDPs, whereas in Adamawa State most are returnees.



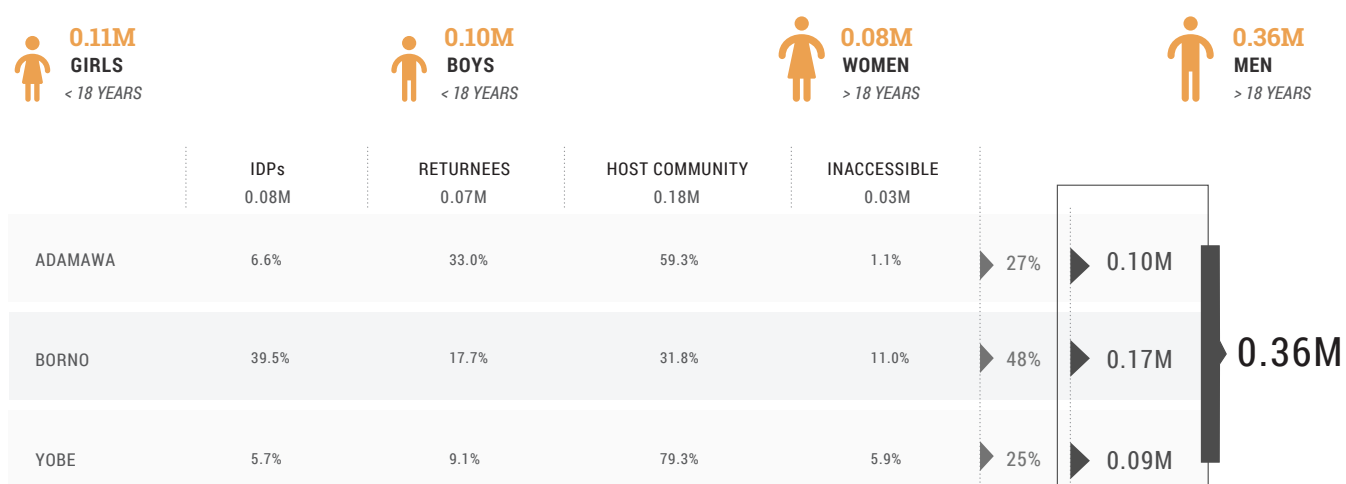
Within these categorizations, there are individual factors of vulnerability that targeting will consider, such as being pregnant or lactating (an estimated

840,000 women and girls) or living with a disability (an estimated 360,000 people).

## 2022 Severity of Needs



## People Living With Disabilities



## Population group #1: IDPs

NUMBER OF PEOPLE IN EACH SEVERITY PHASE					PEOPLE IN NEED (PIN)	PIN BY WOMEN   MEN (%)	PIN BY CHILDREN   ADULTS   ELDERLY (%)
MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC			
4,681	128,921	1,260,277	959,723	0	2.2M	55   45	57   39   4

## Selection of JIAF descriptive statistics: IDPs

<b>Average duration of a (round) trip to fetch water</b>	Less than 30 minutes	73%
	30 minutes or more	20%
	Other	7%
<b>Enough water for drinking, cooking, bathing and washing</b>	Yes	82%
	No	18%
<b>Travel time to access primary healthcare facility</b>	0 - 14 minutes	31%
	15 - 29 minutes	38%
	30 - 59 minutes	23%
	60 - 180 minutes	6%
	Other	2%
<b>Type of shelter</b>	A masonry house	20%
	A mud / brick / traditional house	24%
	A partitioned, pre-existing structure (such as a mosque, school, or other public building)	2%
	A non-partitioned, pre-existing structure (such as a mosque, school, or other public building)	2%
	A makeshift shelter made from blankets or local materials	25%
	A communal shelter or transit shade constructed by an organization	4%
	A transitional shelter solution	3%
	An emergency shelter provided by an organization	17%
	None, the household lives out in the open	3%



<b>Main source(s) of income (Responses add up to more than 100% because some households reported multiple sources of income.)</b>	Income from salaried work	6%
	Income from casual or daily labour	57%
	Income from a business or commerce	35%
	Income from the household's agricultural produce	34%
	Income from social benefits or assistance received via the government	5%
	Income from family and friends (including remittances)	12%
	Income from support of organizations (including cash for work)	14%
	Income from pensions	1%
	There was no income	2%
<b>Sufficient access to firewood or fuel to meet daily energy needs</b>	Yes	59%
	No	41%
<b>Female head of household</b>		21%
<b>Head of household with a disability</b>		10%
<b>Households with at least one member who has a chronic illness</b>		13%
<b>Households with a girl or woman who is breastfeeding</b>		28%

(For a comparison between all three target groups, please go to table at the end of section 1.1.)

The number of IDPs in the BAY states has risen steadily since December 2017. Around 45% of the IDPs live in camps and camp-like settings; more than half are living in host communities. Almost 90% of the IDPs face extreme or severe intersectoral needs irrespective of where they live. Almost all IDPs living in camps or camp-like settings endure inadequate conditions and services, such as overcrowding, protection risks, poor and fragile shelter, inadequate water-sanitation-and-hygiene (WASH) facilities, limited basic services, a paucity of cooking fuel, and scarce livelihood opportunities, including limited access to land for agriculture (grazing and crop farming). Those in informal camps or settlements generally face worse conditions, with little or no formal services

(for example, land is private so sanitation facilities cannot be built). The circumstance of IDPs living in host communities are more varied, but they rarely fare better than those in camps, and in some cases are worse off: most host communities are very poor and deprived of essential services. The presence of IDPs places a great strain on already meagre resources in what is one of the poorest regions of Nigeria.

IDPs arriving from areas inaccessible to humanitarian aid are generally in the worst condition of any people in need in the BAY states, with extremely high rates of acute malnutrition and mortality. (See the Humanitarian Needs Overview, Section 4 for details.) According to the Displacement Tracking Matrix's (DTM) Emergency Tracking Tool, 19,177 people arrived from such areas in 2021

## Population group #2: Returnees

NUMBER OF PEOPLE IN EACH SEVERITY PHASE					PEOPLE IN NEED (PIN)	PIN BY WOMEN   MEN (%)	PIN BY CHILDREN   ADULTS   ELDERLY (%)
MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC			
69,693	114,143	851,521	648,448	0	1.5M	54   46	60   36   4

## Selection of JIAF descriptive statistics: Returnees

<b>Average duration of a (round) trip to fetch water</b>	Less than 30 minutes	75%
	30 minutes or more	12%
	Other	13%
<b>Enough water for drinking, cooking, bathing and washing</b>	Yes	77%
	No	23%
<b>Travel time to access primary healthcare facility</b>	0 - 14 minutes	22%
	15 - 29 minutes	48%
	30 - 59 minutes	25%
	60 - 180 minutes	3%
	Other	2%
<b>Type of shelter</b>	A masonry house	19%
	A mud / brick / traditional house	63%
	A partitioned, pre-existing structure (such as a mosque, school, or other public building)	0%
	A non-partitioned, pre-existing structure (such as a mosque, school, or other public building)	2%
	A makeshift shelter made from blankets or local materials	6%
	A communal shelter or transit shade constructed by an organization	2%
	A transitional shelter solution	3%
	An emergency shelter provided by an organization	3%
	None, the household lives out in the open	3%

<b>Main source(s) of income (as in IDP table)</b>	Income from salaried work	13%
	Income from casual or daily labour	47%
	Income from a business or commerce	45%
	Income from the household's agricultural produce	48%
	Income from social benefits or assistance received via the government	2%
	Income from family and friends (including remittances)	11%
	Income from support of organizations (including cash for work)	6%
	Income from pensions	2%
	There was no income	1%
<b>Sufficient access to firewood or fuel to meet daily energy needs</b>	Yes	64%
	No	36%
<b>Female head of household</b>		19%
<b>Head of household with a disability</b>		12%
<b>At least one household member with a chronic illness</b>		20%
<b>Household with a girl or woman who is breastfeeding</b>		23%

The JIAF forecast shows a significant increase (by 68%) in the number of returnees with extreme severity of needs, from 600,000 to more than 1 million. There are also almost 500,000 returnees with a severe level of intersectoral needs.

The majority of the returnees (70%) with extreme severity of needs reside in Adamawa State in six Local Government Areas (LGAs): Hong, Madagali, Michika, Maiha, Mubi North and South. (Adamawa has proportionately more returnees overall because insecurity is less severe in much of the state, compared to Borno. Many of the Adamawa returnees returned to their homes several years ago, though, in many cases, their needs are still extreme.)

The return and relocation of IDPs from Maiduguri camps by the Borno State Government (BSG) – which began in 2020, and which will comprise almost

150,000 people according to BSG plans – is expected to increase the number of returnees in several LGAs. The needs of the new returnees will be assessed only after returns and relocations have taken place at the end of 2021 and in early 2022.

The reconstruction of essential infrastructure and the re-establishment of basic services in many areas designated for returns/relocations is inadequate or incomplete. Many return locations remain insecure and populations are at risk from improvised explosive devices (IEDs) and unexploded ordnance. Conflict (inter-communal violence and military operations) and the scarcity of human, social, physical and financial capital remain the major drivers of severe needs for returnees.

Most IDP-returnee households still rely on life-saving humanitarian assistance. After several years




of displacement, many of these households have become detached from their previous livelihoods and traditional support systems. Many farming households struggle to obtain basic agricultural inputs and access markets for their produce. A significant proportion of returnee households reported not having any productive assets; many families have to rely on casual employment or daily labour. There

are few other livelihood opportunities in return areas beyond subsistence agriculture, small-scale livestock herding, and petty trade.

Returnees also face problems reclaiming their abandoned property on their return – their land and/or houses having been taken over by previously returning households or even by other IDPs.

### Population group #3: Host Communities

NUMBER OF PEOPLE IN EACH SEVERITY PHASE					PEOPLE IN NEED (PIN)	PIN BY WOMEN   MEN (%)	PIN BY CHILDREN   ADULTS   ELDERLY (%)
MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC			
828,711	2,640,055	2,220,208	1,690,728	0	 <b>3.9M</b>	52   48	59   37   4

### Selection of JIAF descriptive statistics: Host Community

Average duration of a (round) trip to fetch water	Less than 30 minutes	64%
	30 minutes or more	10%
	Other	26%
Enough water for drinking, cooking, bathing and washing	Yes	83%
	No	17%
Travel time to access primary healthcare facility	0 - 14 minutes	28%
	15 - 29 minutes	37%
	30 - 59 minutes	28%
	60 - 180 minutes	6%
	Other	1%
Type of shelter	A masonry house	47%
	A mud / brick / traditional house	44%
	A partitioned, pre-existing structure (such as a mosque, school, or other public building)	2%
	A non-partitioned, pre-existing structure (such as a mosque, school, or other public building)	0%
	A makeshift shelter made from blankets or local materials	4%
	A communal shelter or transit shade constructed by an organization	0%
	A transitional shelter solution	2%
	An emergency shelter provided by an organization	0%
	None, the household lives out in the open	1%

Main source(s) of income (as in IDP table)	Income from salaried work	26%
	Income from casual or daily labour	37%
	Income from a business or commerce	51%
	Income from the household's agricultural produce	39%
	Income from social benefits or assistance received via the government	2%
	Income from family and friends (including remittances)	7%
	Income from support of organizations (including cash for work)	1%
	Income from pensions	4%
	There was no income	1%
Sufficient access to firewood or fuel to meet daily energy needs	Yes	76%
	No	24%
Female head of household		15%
Head of household with a disability		9%
At least one household member with a chronic illness		14%
Household with a girl or woman who is breastfeeding		25%

Almost 3.3 million people live in the 40 LGAs that are classified as having extreme and severe intersectoral needs. Of those in need, 42% are from the host community. This means almost one in two non-displaced households in these LGAs need some form of humanitarian aid to survive. Many of these people face challenges similar to those of IDPs and returnees. Chronic poverty coupled with the impact of conflict compel them to adopt negative coping mechanisms to meet daily needs. People in these locations suffer insecurity as a result of conflict or security operations. Basic services such as schools or hospitals are not functioning as infrastructure has been damaged or destroyed and/or staff have fled.

Like IDPs and returnees, people in host communities also face movement restrictions as a result of either insecurity or security-related measures.

In this context, farming households are faced with multiple challenges. An average of 24% of households are affected by movement restrictions across the three states. The conflict also hampers access to agricultural land and essential farming inputs: for example, the military and national counter-terrorism laws regulate and restrict movement of some non-organic fertilizers (because of their potential use in manufacturing explosives).

The sluggish recovery from Nigeria's economic recession in 2020 (because of COVID-19) has significantly reduced households' capacity to procure essential food items. According to the National Bureau of Statistics, food prices have been on the rise for 24 consecutive months, with inflation reaching 20.75% in October 2021.

Food insecurity is the major factor affecting host communities. Global acute malnutrition among children under five stands at 6.1% in Adamawa, 11.8% in Borno, and 14.1% in Yobe (as of September 2021), similar to the rates cited above for under-five returnees. Conflict, insecurity and lack of access to basic services are also key impediments to physical and mental well-being. Up to 10% of the host-community population cannot access primary

health-care services in less than three hours' walk, and more than 30% of households report barriers to accessing health services. As a result, many children die from preventable diseases like malaria, acute watery diarrhoea, cholera and measles. A significant proportion of the host-community population (13%) have inadequate access to water for domestic use and almost 25% of host-community members in Borno State do not have access to soap. A large number of households also face significant protection issues, particularly women and girls, many of whom become victims of sexual or gender-based violence (SGBV).

Many schools have been partially destroyed or been rendered inoperable by the conflict and lack of investment in rehabilitation. The students-teacher

Selection of JIAF descriptive statistics: comparison table between all three target groups

		IDPS	RETURNEES	HOST COMMUNITIES
<b>Average duration of a (round) trip to fetch water</b>	Less than 30 minutes	73%	75%	64%
	30 minutes or more	20%	12%	10%
	Other	7%	13%	26%
<b>Enough water for drinking, cooking, bathing and washing</b>	Yes	82%	77%	83%
	No	18%	23%	17%
<b>Travel time to access primary healthcare facility</b>	0 - 14 minutes	31%	22%	28%
	15 - 29 minutes	38%	48%	37%
	30 - 59 minutes	23%	25%	28%
	60 - 180 minutes	6%	3%	6%
	Other	2%	2%	1%



<b>Type of shelter</b>	A masonry house	20%	19%	47%
	A mud / brick / traditional house	24%	63%	44%
	A partitioned, pre-existing structure (such as a mosque, school, or other public building)	2%	0%	2%
	A non-partitioned, pre-existing structure (such as a mosque, school, or other public building)	2%	2%	0%
	A makeshift shelter made from blankets or local materials	25%	6%	4%
	A communal shelter or transit shade constructed by an organization	4%	2%	0%
	A transitional shelter solution	3%	3%	2%
	An emergency shelter provided by an organization	17%	3%	0%
	None, the household lives out in the open	3%	3%	1%
<b>Main source(s) of income</b>	Income from salaried work	6%	13%	26%
<b>(Responses add up to more than 100% because some households reported multiple sources of income.)</b>	Income from casual or daily labour	57%	47%	37%
	Income from a business or commerce	35%	45%	51%
	Income from the household's agricultural produce	34%	48%	39%
	Income from social benefits or assistance received via the government	5%	2%	2%
	Income from family and friends (including remittances)	12%	11%	7%
	Income from support of organizations (including cash for work)	14%	6%	1%
	Income from pensions	1%	2%	4%
	There was no income	2%	1%	1%
<b>Sufficient access to firewood or fuel to meet daily energy needs</b>	Yes	59%	64%	76%
	No	41%	36%	24%
<b>Female head of household</b>		21%	19%	15%
<b>Head of household with a disability</b>		10%	12%	9%
<b>Households with at least one member who has a chronic illness</b>		13%	20%	14%
<b>Households with a girl or woman who is breastfeeding</b>		28%	23%	25%

The preceding descriptions of humanitarian conditions and underlying factors among the three target groups – as elaborated in the Humanitarian Needs Overview – suggest that the key actions that humanitarian interventions in 2022 need to implement include: improving conditions and services in IDP locations; reducing acute and widespread food insecurity, malnutrition and related vulnerabilities; providing timely and dependable basic services; ensuring appropriate pandemic and epidemic risk

preparedness; and, where possible, embedding pathways to safe and durable solutions in the design of humanitarian interventions.

The needs and priorities on which this plan is based are entirely those presented in the Humanitarian Needs Overview (HNO). All data and needs information in this document are taken from the HNO, unless otherwise cited.

#### VILLAGE/CITY, NIGERIA

Abdul 13, and his sister Sadiya pull a cart of water from a borehole recently rehabilitated by NRC.  
Photo: NRC/Samuel Jegede.



## 1.2

## The 2022-2023 Humanitarian Strategy

### Introduction

Twelve years into north-east Nigeria's large-scale humanitarian crisis, the needs are generally as severe and large-scale as ever. The crisis is not abating, and the situation of affected people is not improving: they still live with great unpredictability – privation that goes far beyond chronic poverty – and daily threats to their health and safety, many of which could prove fatal or inflict irrecoverable harm. A major part of these manifest in the form of protection violations. Acting in concert, humanitarian partners for the next two years will focus on the major, complex problems that affected people face: IDPs' living conditions (especially in view of the Borno-State-Government-led camp closures and IDP returns or relocations), protection risks, communicable disease risk, food insecurity, acute malnutrition, unemployment and lack of livelihoods. To address these issues, sectors and partners will plan comprehensively, up to their anticipated capacity, but with strict prioritization so that limited funds are used to best effect, first for life-saving needs. In parallel, despite the near-certainty that the conflict will continue, it is time to focus on opportunities for moving some affected people in certain conducive areas progressively out of severe need, even while the crisis drivers persist.

The trend of humanitarian funding for Nigeria is mixed. Funding for the Nigeria HRP, a subset and majority of overall humanitarian funding for Nigeria, rose in 2021 (\$696 million to date) compared to 2020 (\$627 million). However, overall humanitarian funding for Nigeria (including contributions to programmes not in the HRP and outside the north-east) has declined steadily since its peak in 2017 (\$943 million): in 2021 it amounted to \$794 million, which (along with 2019) is the lowest total since 2016. This goes against the global trend: worldwide international humanitarian funding rose steadily from 2017 through 2020

(though it seems likely that final figures for 2021 will show a decline from 2020). With other crises as large as Nigeria's raging elsewhere, the HCT cannot assume that donors will allocate significantly more to Nigeria in 2022-2023 than in the past two years. Humanitarian partners must make the most of the limited resources and capacity. One of the main purposes of this strategy is to ensure that we do so collectively – that humanitarian action in the north-east is more than the sum of its parts, and that it addresses the main, complex, multi-sectoral problems that affected people face.

Given the expected resource constraints and the limited scope for durable solutions to displacement, this strategy is largely one of prioritization. Life-saving actions are clearly the top priority; prioritization is therefore a matter of how we identify, plan and implement the life-saving actions. Analysis of the leading causes of mortality and morbidity, and of their immediate factors, will anchor these choices.

This strategy will encourage the search for promising new approaches, even though it cannot be assumed that any new approaches would solve the fundamental challenges of the operating environment, the scale of needs and the resource constraints. Efficiencies are similarly sought. However, as the operating environment is not getting any easier, the costs of operating are likely to continue rising, which would make efficiencies in that sense harder to increase. What efficiencies might be gained are likely to come in the form of optimizing targeting, prioritizing clearly, and simplifying the response. (These however should not come at the cost of taking opportunities to steadily reduce needs.) Targeting starts with focusing on groups and locations in severest need, but can be further refined by learning more about vulnerabilities within these groups and

communities, using inclusive communication with communities. Coherence also promises efficiency: the inter-sectoral, problem-focused ‘specific objectives’ are based on the argument that coherent action will have more impactful results.

The fact that the number of people in need in 2022 will be about the same as in 2021 suggests, among other things, that the HRPs have not been over-budgeted with respect to needs. Rather, the funding levels – around 65% – over recent years have not sufficed to ‘move the needle’ – to change the dynamic of crisis drivers directly causing large-scale needs (which are unmitigated by coping mechanisms and barely alleviated by the incomplete humanitarian response). The needs are recurrent and people continue to suffer harm – and many remain on the edge of even worse harm.

Assuming the conflict continues, no humanitarian strategy can end the north-east’s crisis in two years. But it can progressively and incrementally roll it back along the margins, getting some people out of severe need each year, until eventually the scale of needs becomes more in line with likely available international humanitarian funding and national resources. (Maximizing development action, where the security situation allows, would have even greater effect, albeit medium-term, in getting people out of severe need.) The HCT decided in 2021 not to engage in the north-west on the same scale and using the same approach as in the north-east, so as not to dilute humanitarian capacity and resources to the point where it would be ineffective in either region. By the same token, donors must take advantage of the established capacity in the north-east to make it effective enough to ‘move the needle’. Given the nascent crises in other parts of Nigeria, this strategy aims to start reducing vulnerabilities and the needs that the north-east crisis generates so that it does not expand and risk conflating with others.

Two of the major contextual factors that condition this strategy, elaborated below, are access – of people in need to humanitarian aid and actors, and vice versa – and Government programmes of IDP return or relocation. Access constraints due to insecurity are by

far the major barrier to more effective and scaled-up humanitarian action: humanitarian presence outside ‘garrison towns’ in much of Borno State and parts of Adamawa and Yobe States is prohibitively perilous, and moving humanitarian cargo and staff from state capitals to garrison towns or LGA main towns is nearly as risky. Government emphasis on closing IDP camps within a few years, starting with all camps in Maiduguri in 2021, is shifting many thousands of IDPs from accessible to harder-to-reach locations, where the arrival of relocated IDPs adds to IDP camp congestion and where the constricted delivery of humanitarian aid cannot keep up with needs.

### **Conflict analysis – why the crisis is likely to persist**

The International Crisis Group rates north-east Nigeria’s conflict situation as “unchanged” as of October 2021. The deaths of some of the leadership of both main Boko Haram factions (JAS and ISWAP) over the previous months seem not to have translated into gains in area-based security. The ‘surrender’ or escape from JAS-controlled territory of some thousands of fighters or captives (likely to be predominantly the latter, as most were women or children, whom JAS typically does not use as combatants) presumably weakens JAS somehow, but there is no basis to assume it has done so decisively. Boko-Haram-linked insurgents may have made incursions into other states near Borno, Adamawa and Yobe. Resource flows to the insurgents are not well measured, and there is little reason to think that efforts to interdict them are succeeding. Main roads throughout much of Borno State are more unsafe than ever. As such, the surest assumption is that the scale, scope and intensity of conflict will continue much as before for the two years of this strategy.

### **Why this strategy is multi-year**

- To aim for, and shape programming towards, meaningful and measurable changes in affected people’s conditions that have some lasting effects, so as to start reducing humanitarian needs even while the crisis drivers persist.
- To encourage the initiation of programming that focuses on medium-term (more than one year) results, such as building resilience.



### **Input from affected people on the humanitarian strategy**

An initiative has recently begun to consult affected people specifically about the humanitarian strategy; that is, to seek their inputs on how humanitarians can best help them meet their needs and eventually start on pathways out of crisis. Slowed by practical obstacles, the initiative has completed only two focus-group discussions so far (among IDPs in Gwoza) – too few to generate solid conclusions for this strategy. However, these first two discussions were rich enough to be worth replicating, and as results solidify, the HCT and coordinators will adjust the objectives and operational plans as needed. A few clear points did emerge from the two discussions: first, that IDPs' priorities (aside from basic survival needs) are livelihood opportunities for themselves and education for their children while in displacement. For the former, they are well aware that they must develop non-farming livelihoods while insecurity prevails, and they have ideas to do so, but lack the modest capital needed. This clearly suggests an emphasis on (and investment in) enabling IDPs to be productive and for their children to be educated, both of which are elements of this HRP.

Second, IDPs have managed to retain and adapt some social structures and networks even though communities have been mixed in displacement (perhaps by virtue of belonging to the same language group, as in this case). These extend to enterprising ideas for and some implementation of economic cooperation and entrepreneurship. Traditional social-solidarity mechanisms, on the other hand, are faltering because nearly everyone is beleaguered and has little to share. These observations suggest that the social dimension of people's agency is important (as indeed some studies on social capital in the north-eastern conflict have confirmed), and while it may seem subtle, culture-specific and hard to analyse, these pilot focus-group discussions indicate that people will gladly talk about it if asked.

### **Prioritization**

Prioritization means making the best use of limited resources and capacity. In expectation of funding far below what the full needs require, or even somewhat

below what implementing capacity and access on the ground could absorb, this strategy is largely one of prioritization. Actions will be prioritized such that the funding, if indeed limited, is used first for top-priority actions. A second aim of prioritization is to make the funded actions less disparate and more coherent, which arguably is the best way to achieve some lasting effects and start to reduce humanitarian need. These kinds of prioritization may help make the strategy robust to expected limitations of funding.

For 2022, the humanitarian community in north-east Nigeria has more powerful data on needs than ever before: they know with high confidence who are the people with the severest needs, where they are, and what their needs are. Using new information tools, sectors and partners have planned actions for this HRP that focus accordingly on where and what the priority needs are.

### **Steadily reducing the severity of humanitarian needs**

Lessening aid dependence is arguably good for affected people's autonomy, dignity and morale, as well as indirectly benefiting those in the severest need on whom humanitarian action should focus. There are a number of approaches to reducing the severity of humanitarian needs and moving people out of extreme vulnerability and dependence. Most obviously, durable solutions may be available for some of the displaced. Returns may be possible to the few areas secure enough to be safe for civilians and to allow humanitarian and even development actors to create the conditions for return. Resettlement (durable if not necessarily permanent) in safe third locations will be possible for some. Integration in communities around the displacement sites is likely to be a larger-scale option in the short term, and can be done such that it benefits the pre-existing communities as well as the integrated.

For the majority with no feasible durable solution yet, progressing out of crisis can be founded on greater resilience. Such resilience has several dimensions, most obviously livelihoods, but also a range of coping mechanisms. These extend beyond the individual and household to the community and to social

services and infrastructure. Not all of these are amenable to humanitarian action; but programmes under this humanitarian strategy will seek all suitable opportunities to boost resilience. Women's livelihoods tend to be the most fragile, and women, especially adolescent girls and young women, are at greater risk of engaging in harmful coping mechanisms such as sex work for food. Livelihoods programmes under the 2021 HRP have generated specific and useful lessons learned (see Early Recovery and Livelihoods section in Part 3 below). A key factor to the advantage of livelihoods programmes is Nigeria's economic dynamism, which extends even to its poor north-east, at least the areas secure enough for free-flowing commerce.

It is essential to reiterate that large-scale durable solutions do not appear feasible for the foreseeable future. Too much of the territory is still too insecure and vulnerable to NSAG attacks or coercion. Development actors do not have the logistical and security mechanisms to operate in much of the BAY states. And humanitarians hesitate to engage on returns that may, at worst, endanger the returnees (either from violence or extreme deprivation), or at best would see returnees abandoning their return and displacing themselves again to places of greater safety and sustenance. (The HCT acknowledges the urge to accelerate returns, after such prolonged displacement, and will engage where such returns are likely to succeed, but underlines the practical fact that returns to unliveable conditions or insecurity will not succeed – people will displace themselves again.) The HCT similarly acknowledges the commendable focus on accelerating development, as reflected in the North-East Development Commission and the Borno State 25-year plan for example. Because humanitarian actors have little capacity to engage in development actions, a part of this strategy is to improve communication and coordination with development actors with a focus on the medium term. The pilot programme in 2021 to integrate some IDPs into the Maiduguri community, as a durable solution, is a first step.

Reducing dependence on humanitarian aid requires complementing it with development and stabilization – the 'triple nexus' – rather than a sequential, 'continuum' paradigm. However, the current insecurity severely limits opportunities for development action – and thus for nexus action – and the HCT does not expect that to improve soon. All the more reason, therefore, to maximize it where it is possible. Part of this strategy is to advocate more development action, although its main limitations now are access and security (which are so challenging that they limit the range of even humanitarians). However, these are generally more conducive in Yobe and Adamawa states, which could therefore be the focus of nexus advocacy and action. (The Borno State Government's orientation to livelihoods and resilience, IDP camp closures, and opening new resettlement areas also suggests a nexus approach.) The nexus, of course, implies the need for humanitarian funding and response to continue, such that it complements development and peace-building actions where necessary. Indeed, a nexus is most pertinent where there is interdependence (mutual enabling) among the two or three spheres: this is illustrated by practical scenarios such as the fact that people who must struggle with survival needs in the absence of adequate humanitarian aid cannot devote much attention and energy to development, nor is peace-building likely to flourish. As local authorities and development partners provide more sustainable essential services, humanitarian actors can complement by temporarily filling gaps.

It may seem surprising that this strategy proposes to reduce the severity of humanitarian needs, even incrementally over time, while the crisis drivers are as potent as ever. But it can be done by designing sustainable humanitarian aid that has more lasting effects – tackling needs that do not have to be recurrent, even while the drivers persist. Choosing durable materials (for shelter or water-sanitation systems, for instance) will mean fewer recurring needs. Essential services could draw more on local capacity. Most importantly, resilience can help to de-link crisis drivers from needs – ensuring that shocks and stresses do not automatically generate

## Humanitarian-development-peacebuilding nexus in north-east Nigeria in 2021

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*Progress and opportunities:* The nexus in north-east Nigeria dates from foundational work in 2019-20 with the Government at federal and state levels, including with the then-new North-East Development Commission. Specifically in Borno State, this is being translated into an integrated Strategic Framework to guide the implementation of nexus activities. These in turn generate joint action plans (with some analysis to support area-based approaches) which aim to bring nexus gains following from the stabilization work implemented under the UNDP Regional Stabilization Facility. The Borno State 25-year Development Framework (June 2020) is naturally a central feature of the nexus.

Durable solutions for IDPs are a particular emphasis. The humanitarian community in Borno presented a camp decongestion strategy and contributed to the implementation of the Borno Return Strategy of 2018, in line with the Kampala Convention, to ensure a voluntary and dignified return, resettlement and local integration process.

The COVID-19 pandemic has also enhanced nexus collaboration with stronger joint analysis stemming from the UN Plus offer for socio-economic recovery from the COVID-19 pandemic, which is itself aligned to the Nigerian Government's Economic Sustainability Plan.

*Humanitarian and development coordination and information-sharing:* In 2022, the BAY State Governments intend to accelerate area-based LGA-level coordination mechanisms for humanitarian, development and peace-building activities ensuring all are government-led, to promote cooperation, and avoid duplication of investments by partners and government agencies. The government's intention is to establish a transparent mechanism for information-sharing and documentation, something already established by existing coordination mechanisms supported by OCHA. The overall outcome is to create a framework for joint monitoring of humanitarian, development and peace-building projects. A Humanitarian and Development Coordination Group will ensure key issues are raised and tackled in close communication and complementarity.

*Challenges:* Sustaining operations in north-east Nigeria is challenging given the unpredictable operating environment, deteriorating security and stagnant funding. This is particularly the case for development-oriented programming which still needs scaling up in the north-east, and at times is disrupted by insecurity within months of commencing. There is also a gap in peace-building initiatives, which currently are limited to mediating communal clashes between herder-farmer groups.

The policy environment is conducive in some ways and challenging in others. As part of a UN and bilateral partner strategy for a comprehensive and integrated IDP response in the north-east, the UN has put in place pilot projects on durable solutions in Borno and Adamawa states to improve welfare of IDPs in urban areas and enhance opportunities for integration, livelihoods, and a more dignified life after almost a decade of displacement. It also aims to provide alternatives to relocating IDPs to areas with less security and access to basic services. The BSG, for its part, has continued its process to close all formal camps in Maiduguri township by end of 2021, which entails returning or relocating several tens of thousands of IDPs. Part of the aim may be to instigate developmental, resilience and peace-building programming; however, in some arrival destinations,

basic services, infrastructure, security and means of livelihood are lacking, which seems to suggest a need for short-term humanitarian aid until resilience programming can achieve its intended effect.

*Regional initiatives:* Apart from the Regional Stabilization Facility, the main regional development and conflict-resolution initiative in the Lake Chad region is the World Bank's Multi-Sector Crisis Response Project (MCRP), which tackles challenges from security and forced displacement to durable solutions and urban development. It examines seasonal short- to mid-term scenarios, as well as longer-term-scenarios, with dedicated funding secured until 2024. Areas of engagement include peacebuilding and strengthening social cohesion, livelihood and infrastructure rehabilitation, service delivery restoration and improvement, technical assistance and programme management support. The most critical MCRP initiatives are provision of agricultural inputs and livestock as well as materials and equipment to support non-agricultural livelihoods, combined with support to community social cohesion initiatives (e.g., peace groups and radio programming) and psychosocial support; rehabilitation of key infrastructure and enhanced rural connectivity to provide sustainable agro-value chain benefits for economic livelihoods, with high level of inclusion of women and youth.



humanitarian needs. Livelihoods are a major component of resilience, and there is scope to help a much higher proportion of unemployed IDPs to generate some income.

All in all, while this two-year strategic objective may seem ambitious, and perhaps even paradoxical, the operational planning in the 2022 HRP will show what is feasible.

### **Capacity**

Most sectors in 2021 have come close to delivering on their targets, especially if the funding shortfall is factored in. (For example, food assistance has reached 78% of the targeted people, despite a funding level closer to 69%.) That suggests that partners can generally deliver what they proposed. Capacity is not fixed and is somewhat elastic with respect to funding, in that partners can scale up, and at the margins can gain more access if they have the option of using more resource-intensive methods.

### **Gender**

It is true of all crises that women, men, girls and boys experience them differently. This is especially true of north-east Nigeria, given their sharply different gender roles and power relations. A large majority of the people in need are female; women, girls and boys constitute over 80% of the people in need<sup>11</sup>. Many key indicators of humanitarian need, and background indicators of socio-economic status, show a stark distinction between females and males. A striking example is the fact that the global acute malnutrition rate among women aged 15-19 in the BAY states is a staggering 42%.<sup>12</sup> According to the Nutrition Sector, this rate in this age cohort is due to early-marriage and subsequent early multiple pregnancies in the context of inadequate access to a balanced diet and poor health care. (By contrast, the global acute malnutrition rate among women aged 20-49 is 9%.)

Gender is one of the main factors defining vulnerability, including access to assistance: gender roles create barriers to females accessing humanitarian aid, including even basic services like medical care. (See Gender section in Part 1 of the

Humanitarian Needs Overview for fuller analysis.) The gender dimensions of this strategy start with sex-, age- and disability-disaggregated data throughout the data collection, needs analysis, planning and monitoring. Each sector's response plan will be gender-responsive: the numbers of people targeted for each objective and output are sex- and age-disaggregated, and several sectoral objectives and outputs are gender-specific (such as provision of sexual and reproductive healthcare, and gender-specific educational enrolment targets). At project level, the 'Gender with Age Marker' will be applied to all draft projects to ensure the programmatic approaches are responsive and inclusive for all affected people.

### **Localization**

North-eastern and other Nigerian humanitarian partners bring important capacity and particular abilities to bear on the humanitarian challenges. National partners already form an indispensable element of front-line implementation, especially since many have more means of accessing hard-to-reach areas than do international partners. They also tend to be attuned to the affected communities, and to Nigerian society which has so many tangible and intangible resources to offer. It is important that the operational response plan recognize their role, and that they contribute on an equal footing to analysis, strategizing and planning.

Each year, more national partners participate in the HRP (at least 41 for 2022, compared to 35 in 2021), and the Nigeria Humanitarian Fund is leading the way in coherent, across-the-board capacity-building. Strengthening the capacity of and international partnership with north-eastern and other Nigerian humanitarian partners will continue as a backbone of the new humanitarian strategy, and eventually may form an important part of an exit strategy.

# 1.3

## Strategic Objectives, Specific Objectives and Response Approach

The HCT states its strategic objectives at outcome level, i.e. not what humanitarians intend to do, but what they intend the effects of their actions to be.

Strategic Objective 1:  
**Affected people receive life-saving assistance to remedy and avert the most severe threats to life and health, in order to reduce (excess) mortality and morbidity**



**DAMATURU/YOBE, NIGERIA**  
A brother and sister in an informal IDP settlement in Damaturu, Yobe State travel over 5 kilometers each-way to fetch water for their family. Photo: OCHA/Christina Powell.

PEOPLE TARGETED	REQUIREMENTS	WOMEN	CHILDREN
5.5M	588M	22%	62%

### Rationale and intended outcome

The rationale for life-saving actions speaks for itself. The intended outcome is to avert as many preventable deaths, and as much irrecoverable harm, as possible. (This corresponds to the ISCG's definition of top-tier actions for this HRP: "Actions that have immediate direct effect to save lives or prevent imminent irrecoverable harm or threat to life.") Actions towards any of the specific objectives may have such outcomes, but especially relevant are (1) all necessary emergency actions for newly-arrived IDPs; (2) control and prevention of communicable disease outbreak; and (3) alleviating acute food insecurity, acute malnutrition, and related severe vulnerabilities.

By definition, all of the actions under this strategic objective are time-critical. Nonetheless, the need for some of them will arise intermittently during the course of 2022 – for example, arrivals from inaccessible areas.

### Specific Objective 1.1 - All necessary emergency actions for newly-arrived IDPs

This set of actions may seem too self-evident to require codifying as an objective, but this HRP does so because people newly arriving from inaccessible areas tend to be in dramatically worse condition than any other people in need, and the objective therefore helps to categorize and emphasize the most urgent segments of the planned actions. Crude mortality rates, under-five mortality rates, and global acute malnutrition rates among many such arrivals are at catastrophic levels (see HNO, Section 4) and indicate the need for a range of immediate actions. Medical treatment and therapeutic feeding, supplementary feeding, food provision, shelter, water, sanitation, basic household materials, IDP registration, protection screening, and psycho-social care are among the immediate necessities.

Projections for new arrivals from inaccessible areas in 2022 are difficult, since the factors are complex and fluid, including not just the course of the conflict but also NSAG methods of control over civilians and levels of food security, among many others. However, according to the DTM's Emergency Tracking Tool, 19,177 people arrived from such areas in 2021

(through November), and 20,400 such arrivals are projected for 2022.

### Specific Objective 1.2 - Control and prevention of communicable disease outbreak:

In the humanitarian settings of north-eastern Nigeria, this refers not only to COVID-19 but also to a range of endemic diseases with epidemic risk, including cholera, malaria, measles and hepatitis. Malaria is by far the leading cause of mortality and morbidity in, for example, Borno State.<sup>13</sup> Overcrowded camps are a particular risk for infectious disease outbreak, but the risk goes far beyond, into any urban or rural community. The vulnerable – those who lack the means of avoiding disease vectors like contaminated water and food, insects, rodents and unwashed hands – are chronically the most at risk. Much of the north-east, with its high proportion of very vulnerable people, is at exceptionally high epidemic risk, and the existing prevalence of infectious disease takes a daily toll of mortality and morbidity.

Control and prevention involve many sectors beyond Health. WASH and Camp Coordination and Camp Management (CCCM) measures clearly are pivotal. Nutrition has to break the vicious circle in which infectious disease causes or worsens malnutrition, and the malnutrition renders the sufferer more susceptible to infectious disease. Shelter can be designed to reduce exposure to disease agents, and non-food items like washing supplies, adequate sanitation facilities and mosquito nets can be highly effective means of prevention – as can site drainage. Food security is part of lessening malnutrition and hence disease susceptibility. Moving the necessary materials and staff to where they are needed depends on the support of the logistics and telecommunications sectors. And all sectors, as they alleviate people's needs, can help reduce negative coping mechanisms by which people are often forced to expose themselves to infection risk (as well as protection risks). Beyond just averting threats of epidemics, reducing affected people's current burden of disease (and the burdensome preventative measures many must undertake on their own) with some durability – i.e., durable prevention alongside treatment – will boost their human capital and allow

more autonomy and self-reliance. It will also free up humanitarian resources – which, ideally, would not be needed as much for recurrent curative measures in static situations – for other pressing needs in the crisis. This is the strategic importance of disease control and prevention.

**Specific Objective 1.3 – Alleviating acute food insecurity, acute malnutrition, and related severe vulnerabilities:**

Food insecurity is a pervasive feature in this crisis, and IDPs are most affected. They have lost their livelihoods and homes, and consequently their coping mechanisms are compromised. Subjected to forced migration in search of safety, they depend almost completely on food assistance, until they can return to their homes and rebuild their livelihoods. Even when they are able to return, IDPs struggle to resume their (predominantly rural) livelihoods. Many of their assets have been lost. If they try to work their fields, they are at risk of attacks by NSAGs and the ever-present danger of explosive remnants of war. Inputs like ammonium-nitrate-based fertilizers are restricted by security measures. This is coupled with structural economic impediments like limited access to credit, high cost of inputs, inflation, and restricted access to markets. Food security in host communities is still fragile, and has only partly recovered from the depressive economic effects of COVID-19 measures in 2020. Wage workers in particular were made more vulnerable: many of them lost their employment or suffered wage cuts. Against this backdrop of food insecurity, vulnerable people adopt negative coping mechanisms, which in turn threaten their general well-being. Already-scant household resources are diverted from health care, education, hygiene, and other essentials. At the extreme, it results in new displacement. Up to 80% of people in north-east Nigeria are employed in agriculture, but the prevailing conflict impairs every stage of production, from obtaining inputs to working the fields or guarding the herds, to harvesting safely and marketing any surplus.

Chronic food insecurity, in theory, is a matter for development, enabling a government to target the most vulnerable with social protection or social safety nets, and restoring their livelihoods over the medium term. Some such governmental mechanisms

operate in the BAY states, to a limited scale. However, in 2022, food insecurity in the BAY states will reach a level of severity that requires continued rapid response in tandem with measures to address chronic or crisis-induced setbacks in agriculture and livelihoods. The large-scale food-assistance actions proposed in this HRP accompany urgent actions in nutrition, livelihoods, protection, and other sectors that are justified not only by the immediate alleviation of suffering but also by prevention: collectively, these actions seek to avert a catastrophic humanitarian scenario.

According to the Cadre Harmonisé (CH) – the food security and nutrition assessment undertaken in Nigeria – published in November 2021 (reflecting data gathered in September and October, just after the harvest), the number of people in the BAY states projected to be in IPC/CH phases 3, 4 and 5 during the 2022 lean season is 3.5 million, from a figure of 4.4 million one year earlier.<sup>14</sup> The main reasons for this decrease include:

- Three locations that had been analysed in 2020 were not analysed in the October 2021 CH round (Abadam, Guzamala and Marte), and thus their acutely food-insecure population cannot be reflected in the total.
- Access to cropland and cultivation increased in 2021 compared to 2020, as indicated in WFP satellite imagery and FAO and Government reports.
- The lifting of COVID-19 restrictions in late 2020 and 2021 contributed to the recovery for 2022.
- The needs would have been higher without the government efforts and partner scale-up during the peak of the lean season of 2021. For instance, WFP was able to more than double their food-assistance caseload during this period. It is however important to note that the projected 3.5 million people who will need food assistance for 2022 is still higher than the pre-COVID-19 period (2018/19), and includes a significant proportion in CH phase 4 (emergency), and even some thousands in phase 5 (catastrophe). If funding gaps for partners in 2021 persist in 2022, food assistance will fail to offset food insecurity.



The nutritional situation deteriorated during 2021 despite some improvement in food security. In Borno and Yobe States, global acute malnutrition (GAM) among children under five is worse in late 2021 than a year previously – see table below. (In Adamawa State it is somewhat better.) GAM rates exceeded the 15% (critical) emergency threshold level across 12 LGAs in Yobe and Borno States, while (as cited above) the GAM rate is 20.1% (extremely critical) for new arrivals coming from inaccessible areas. Moreover, high rates of severe acute malnutrition (SAM) admission persisted as of September 2021, with a significantly higher proportion admitted for inpatient care with medical complications. The increase in acute malnutrition is attributed to disruption of health and nutrition services due to insecurity, outbreaks of diseases (measles and acute water diarrhoea / AWD), worse food insecurity for some people due to high food prices, and inadequate general food distribution.<sup>15</sup>

#### ACUTE MALNUTRITION AMONG CHILDREN AGED 0-59 MONTHS: 2021 VS. 2020

State	2021 CHILDREN 0-59 MONTHS			COMPARISON: 2020 CHILDREN 0-59 MONTHS
	GAM RATES <sup>16</sup>			GAM RATES <sup>17</sup>
	All	Boys	Girls	All
Adamawa	6.1%	7.4%	4.7%	7.5%
Borno	11.8%	11.8%	11.7%	10.7%
Yobe	14.1%	16%	12.2%	13.6%

#### ACUTE MALNUTRITION AMONG WOMEN OF CHILD-BEARING AGE<sup>18</sup>

AGE GROUP	
15-19 years	42.1% <sup>19</sup>
20-49 years	8.9%
STATE	
Adamawa	11.1%
Borno	14.8%

Yobe

20.6%

#### MORTALITY RATES 2021<sup>20</sup>

State	CRUDE MORTALITY RATE (total deaths / 10,000 people / day)	UNDER-FIVE MORTALITY RATE (deaths in children under five / 10,000 children under five / day)
Adamawa	0.21	0.27
Borno	0.31	0.55
Yobe	0.32	0.78

Severe acute malnutrition is a leading cause of death in Borno State, accounting for 6.4% of deaths cumulatively in 2021 through September.<sup>21</sup>

In 2020 and 2021, Nutrition Sector partners reduced targets for in-kind food assistance and changed the programming from blanket supplementary feeding (BSFP) to the more restricted and remedial therapeutic supplementary feeding. Unfortunately, partly in consequence, acute malnutrition rose sharply, particularly in Adamawa and Yobe states. Hence re-introducing BSFP to help address moderate acute malnutrition (MAM) cases in the BAY states is essential.

As part of the effort to boost agricultural production given the projected still-fragile food-security situation in 2022, partners aim at scaling up agricultural-livelihoods actions including for crop production, livestock husbandry, and fisheries, where conditions such as access to land are conducive.



## Specific objectives and indicators

	OBJECTIVE	INDICATOR	SECTOR
SP 1.1	All necessary emergency actions for newly-arrived IDPs	% of households provided with emergency shelter solutions and support	Emergency Shelter and NFI
		% of children (6- 23 months) reached with Micronutrient Supplementation Powders (MNP) for the first time.	Nutrition
		% of people with access to emergency safe water facilities and services as per sector's standards	Water and Sanitation
		% of people receiving emergency food assistance through the most appropriate modalities (e.g.: in kind - dry rations, wet rations, ready-to-eat food kit; voucher, cash or multi-modality)	Food Security
SP 1.2	Control and prevention of communicable disease outbreak	% of people with access to improved health system through Mobile Medical Activities.	Health
SP 1.3	Alleviating acute food insecurity, acute malnutrition, and related severe vulnerabilities of 3.4M people including 1.6 children	% of people receiving emergency food assistance through the most appropriate modalities (e.g.: in kind - dry rations, wet rations, ready-to-eat food kit; voucher, cash or multi-modality)	
		% of children with severe acute malnutrition admitted and treated in the outpatient therapeutic programme/inpatient care	Nutrition
		% of children with moderate acute malnutrition admitted and treated in the targeted supplementary feeding programme	Nutrition
		% of pregnant and lactating women with access to skilled IYCF counselling for the first time.	Nutrition

Strategic Objective 2: Crisis-affected people enjoy a safer and healthier environment for living, with adequate access to essential services.



ADAMAWA, NIGERIA  
Farmers in Adamawa,

Photo: Natalie Oren/ IOM 2021

PEOPLE TARGETED	REQUIREMENTS	WOMEN	CHILDREN
2.1M	317.6M	24%	57%

Rationale and intended outcome

Seven years into the coordinated international humanitarian response for north-east Nigeria, conditions and services in most of the 268 IDP camps are still deficient, dramatically so in some cases. Most of the reasons for this lie in the operating environment, and some in the policy environment. The security and access situation has long made it hard to transport materials, and sometimes humanitarian staff, in sufficient quantity and timeliness to assist IDPs and to build and maintain an environment for safe

and healthy living. Many camps are overcrowded, in part because of their location in urban areas, where there is little free land into which to expand the camps, and also because of insecurity that would make camp expansions vulnerable to NSAG attacks. Overcrowding naturally increases the risk of outbreaks of communicable disease. Household shelters, and some communal installations and services like schools, water supply and latrines, are often built with temporary materials in the early stages, on a prognosis that security would improve and IDPs

could return home within a year or two. Protection in camps has consequential gaps – gender-based violence and negative coping mechanisms, among many other concerns, happen regularly. Many children in camps have no means of schooling. Funding has rarely sufficed to deliver all planned installations and services.

(Improving living conditions including essential services for many returnees is also urgent; this is planned under Strategic Objective 3.)

### Specific Objective 2.1 - Improving living conditions of 2.1M IDPs.

With upwards of a million people in camps, most of whom are from areas of origin that are still insecure, concerted efforts are necessary to improve camp conditions and services in 2022. These improvements must be made despite the challenges and the fact that some will depart the camps to return to areas of origin or elsewhere. Camp conditions have probably been a push factor for some who have returned to areas of origin despite insecurity and poor conditions. Regardless of the ambitious government targets for camp closure and IDP return, especially in Borno State, conditions must improve, and durably so, for the nearly 1 million IDPs who seem certain to remain in camps in 2022 and beyond. All sectors will be needed in this effort, and the difficulties should not be underestimated.

Decongestion is a distinct package within this focus. Led by the CCCM and Shelter/non-food item (NFI) sectors, it aims to expand the physical areas of the most-congested camps and, moreover, construct housing and social infrastructure to a quality that is transitional rather than temporary. In this way, if IDPs remain for some years, the work will not have to be re-done. The camp expansions may eventually evolve into new urban neighbourhoods, settled by IDPs with some tenure security, and/or locals using the shelters as IDPs depart. An inter-sectoral programme plan and budget for the urgent first phase of decongestion has been published.<sup>22</sup> No part of decongestion is easy: for example, an overstretched military garrison is often reluctant to expand protective trenches around the camps to allow camp expansion, out of concern for the need to defend an expanded civilian perimeter. Still, the essential authorizations and prerequisites are now largely in place, so it is a programme ready to be funded. It will be important to fund it fully, lest the expansion zones be poorly built and serviced, little better than the camps they are supposed to improve.

Actions under this specific objective will also touch on essential services in host communities, where these have direct effect on conditions for IDPs whom they host. This is advisable not just on the basis of host-community needs – often comparable to those of IDPs – but also to preclude complaints of special treatment for IDPs.

### Specific objectives and indicators

	OBJECTIVE	INDICATOR	SECTOR
SP 2.1	Improving living conditions of 2.1M IDPs	# of households served with MPCA to meet a variety of basic needs	Multi-Purpose Cash
		# of conflict affected boys and girls (3-17) attending a class where teacher has received PSS training	Education
		# of IDPs in camps having access to improved gender-segregated sanitation facilities and services (latrines, showers, handwashing stations) as per sector's standards	Water and Sanitation
		# of people provided with Agricultural Resilience Support	Food Security

Strategic Objective 3: Some people’s needs for recurrent multi-sectoral humanitarian aid decline in accessible areas by end 2023.



DAMASAK/BORNO, NIGERIA  
A kitchen garden beneficiary watering vegetables in Damasak, December 2020.  
Photo: Action Against Hunger/Chioma Ginikanwa.

PEOPLE TARGETED	REQUIREMENTS	WOMEN	CHILDREN
3.6M	119M	20%	59%

Rationale and intended outcome

The rationale for this objective, presented at length above in section 1.2, is clear and similar to that in comparable crises: humanitarian actors have a role – and an indispensable one where development actors are not yet working to scale or to rapid effect in the crisis setting – in helping people to regain their self-reliance and agency, even when the starting point is a near-total dependence on humanitarian aid. Reducing dependence is part of the rationale (even apart from how such dependence goes against

instincts for autonomy and agency). Devoting large-scale humanitarian resources repetitively to the parts of the situation that are relatively static may miss opportunities to reduce aid dependence to the benefit both of those who would presumably prefer not to be dependent, and to others in dynamic parts of the crisis who need aid.

The specific objectives for 2022 that most address this strategic objective are strengthening self-reliant livelihoods for IDPs (and others whose livelihoods



the crisis has impaired), and achieving alternative and durable solutions where possible. Part of the approach to achieve these objectives will be to draw development and/or peace-building actors into synchronous and coordinated programmes where their inputs are needed to bolster humanitarian actions in order to have lasting effects – in other words a nexus approach.

**Specific Objective 3.1 - Achieving alternative and durable solutions as opportunities allow:**

The major part of the LGAs from which IDPs fled are still too insecure for return – in that there is danger of NSAG attack on civilians where effective state security is lacking, and that these areas are inaccessible to most humanitarian and development organizations which could otherwise ensure minimum conditions in return areas. Alternative solutions are needed, between the extremes of IDPs remaining indefinitely in camps or returning to unconducive and unsafe areas of origin. Some alternatives present themselves: integration (durable if not automatically permanent) in or around the communities of their place of refuge, or resettlement in a suitable third location. The decongestion that humanitarian organizations are prioritizing for the most crowded camps has elements of local integration, in that it aims to build IDP housing and social infrastructure approximating that of a planned urban expansion – in other words suitable for permanent settlement for IDPs who desire it. The first few major exercises of decongestion, Dikwa and Pulka, are firmly planned (though Dikwa is on hold because of insecurity) and come under the projects in this HRP. Urban integration may unfold on a pilot scale in 2022, and concerned organizations and state authorities will collaborate to identify more such opportunities and to programme accordingly.

State authorities are understandably keen to promote IDP returns, given the difficulty in keeping camp conditions and services up to standard (a difficulty due largely to access constraints, and also lack of land for camp expansion and decongestion). Yobe and Adamawa states generally have a higher proportion of potential areas for return that are conducive or have sufficient secure access to

be made conducive. Return-intention surveys by humanitarian actors, although fragmentary in 2021, tend to show that IDPs are generally willing to return to their areas of origin in theory, when conditions allow, but are very concerned about current conditions (security, shelter, livelihoods, essential services and more). Most of the LGAs, or parts thereof, from which IDPs fled because of insecurity, are still highly insecure, and by the same token inaccessible to humanitarian actors. Any returns to such areas could be both dangerous and poorly supported. On the other hand, the humanitarian community could be ready to promptly support returns to safe areas (of which there are proportionately more in Yobe and Adamawa states than in Borno State), and would encourage the necessary development actors to do likewise. Clearly such support for returns would need a practical coordination structure to assemble and synchronize the inputs.

The strategic importance of durable and alternative solutions is clear: it reduces congestion and over-taxing of services in camps, it gets IDPs away from the often-inadequate conditions of the camps as well as the indefinite limbo of displacement, and it restores some self-reliance (albeit fragile in the early phases of return) and thus frees humanitarian resources for other pressing needs. Solutions are an inherently inter-sectoral undertaking, indeed a humanitarian-development-peacebuilding nexus undertaking, and will rely on a degree of area-based coordination.

**Specific Objective 3.2 - Strengthening self-reliant livelihoods and resilience for IDPs**

The BAY states' 2 million IDPs are nearly all cut-off from their pre-displacement livelihoods. Some have managed to obtain casual paid work or have improvised small businesses or means of subsistence. But, in lieu of a concerted effort to make room for them in local labour markets or equip them for microenterprise, most are unemployed and without income.

It is often overlooked that one of the chief characteristics of forced displacement is unemployment.<sup>24</sup> All of the human cost of ordinary unemployment also imposes itself on the displaced,



### Borno State Government view on returns or relocations

- According to Borno State's 25-Year Development Framework and 10-Year Strategic Transformation Plan (launched November 2020), "We shall work to ensure faster reconstruction, rehabilitation and resettlement of displaced individuals and families in secured and affordable and self-sustaining communities; such that we achieve voluntary resettlement of at least 50% of IDPs by 2022 and no IDP camps by 2026."
- The Governor of Borno State has expressed a firm goal that all IDP camps in Maiduguri close by the end of 2021, and indeed relocations from those camps has proceeded in 2021. Maiduguri has some 300,000 IDPs (as of August 2021, per DTM Round 37) from many LGAs, though about half are in host communities rather than camps or camp-like settings. Humanitarian partners estimate that 74,000 IDPs (up to November 2021) have been moved from Maiduguri already under this programme, and such movements may affect a total of 150,000 IDPs.
- As of mid-December, BSG had closed five IDP camps in Maiduguri (Mogolis, Farm Centre, NYSC, Bakasi and Teachers Village IDP camps) and relocated the IDPs to Damasak, Auno, Bama, Jere, Monguno, Marte, Guzamala, Gowza and Konduga LGAs, or provided a cash option for IDPs to remain within communities in Maiduguri city. Gubio and Dalori I and II IDP camps are scheduled for closure by the end of 2021. According to government records, this will affect over 58,000 IDPs (other sources of data indicate higher estimates) who will be moved to Marte, Gwoza, Ngala, Kukawa, Abadam, Bama, Kala-Balge, Konduga, Gubio and Dikwa LGAs.<sup>23</sup>

compounding their many other problems. The limbo of being unable to work for a living weighs upon IDPs' morale and diminishes their human and social capital. It also imposes indefinite dependence on humanitarian aid in place of the autonomy and productive energy of independent income and self-reliance. This has twin downsides: the attenuation of IDPs' morale and human capital, and the consumption of vast humanitarian resources that perhaps should not be needed in a predominantly static situation. A third downside could be the lost opportunity for economic advancement benefiting IDPs and host communities alike (as opposed to the instinctive, often unfounded view that they compete for finite resources and market share).

It need not be that way. Nigeria's impressive commercial energy is visible even in its poor north-east. A concerted effort can stimulate and lock in at least a degree of livelihood for many IDPs. This would have ripple effects beyond the income-earning IDP households – it would liberate considerable humanitarian resources for other pressing

needs in the crisis. In the long term as the crisis abates, IDPs will return home with new skills and commercial contacts.

Livelihoods programmes under the 2021 HRP have generated specific and useful lessons learned that can inform scaling up – market and value-chain analyses, in addition to gauging affected people's views and preferences, for example. These livelihoods programmes have involved not just the Early Recovery and Livelihoods Sector but also Food Security Sector and several others. In 2021, such programmes have mainly focused on the roughly half of IDPs in informal camps and settlements or residing in communities. The next frontier will be to extend livelihoods programming to the IDPs in formal camps. Even though the challenges will be greater (lack of agricultural land or commercial space, and local economies around many camps that tend to be constrained by insecurity), the greatest gains in resilience might be had there.

## Specific objectives and indicators

	OBJECTIVE	INDICATOR	SECTOR
<b>SP 3.1</b>	Achieving alternative and durable solutions as opportunities allow	# of households provided with NFI kits (in-kind or voucher)	Emergency Shelter and NFI
		# of caregivers reached with Cash/Voucher assistance for nutrition outcomes.	Nutrition
		# of conflict-affected boys and girls (3-17 years) benefiting from learning supplies including ECD kits	Education
		# of people benefiting from efforts to foster social cohesion, community reconciliation and security and peace-building	Early Recovery and Livelihoods
		# of people employed through Cash-for-Work activities	Early Recovery and Livelihoods
		# of people reached through creation/support of VSLA	Early Recovery and Livelihoods
<b>SP 3.2</b>	Strengthening self-reliant livelihoods for IDPs	# of people with access to capacity-building training	Food Security
		# of partners and local authorities trained in CCCM principles and standards, protection and gender mainstreaming, and Protection from Sexual Exploitation and Abuse (PSEA)	Camp Coordination and Camp Management
		# of IDP trained in CCCM and CCCM related activities	Camp Coordination and Camp Management

**Strategic Objective 4: The affected population enjoys adequate protection of their rights including safety and security, unhindered access to humanitarian assistance, and solutions that fulfil norms and standards.**



**BAMA/BORNO, NIGERIA**  
Newly arrived internally displaced mothers with their children attend a WFP famine assessment and nutritional needs exercise in an IDP camp in Bama, Borno State in June 2021. Photo: WFP.

PEOPLE TARGETED	REQUIREMENTS	WOMEN	CHILDREN
2.0M	76.1M	29%	56%

**Rationale and intended outcome**

Operational protection is a pervasive undertaking that seeks to avert or remedy one of the major causes of harm in this crisis (as in others) – the actions of a few, taking advantage of the disrupted social and governance situation, to harm others. In north-east Nigeria, humanitarian actors have a responsibility to help protect potential victims from rape, forced child marriage, gender-based violence (GBV), and many other patterns of harm, and to ensure appropriate support for those who fall victim. Protection, in the

sense of the state of greater security that it may afford, is also an enabler of resilience.

Key protection issues also exist on a higher advocacy level. The HCT’s new Protection Strategy<sup>25</sup> – which is a freestanding elaboration of this humanitarian strategy’s protection pillar – aims at the levels of advocacy that are beyond the scope of operational protection actors. On those levels, the HCT will concertedly advocate the following key issues.

### **Expanding the space for principled humanitarian action**

The HCT-directed humanitarian response, to be principled, must keep a distance from more political initiatives. The realism of current stabilization narratives is yet to be demonstrated. It is a fundamental feature of the situation that humanitarians can currently work on only one side of the conflict, which compromises humanitarian principles. The prospects for engaging the NSAGs in humanitarian diplomacy are dim, and long-term at best, but that is all the more reason to start soon. Possible contact with the NSAGs in the BAY states have so far been constrained by the NSAGs' hostility to humanitarian actors, as well as by Government application of its counter-terrorism framework – though analysis by multiple humanitarian actors suggests that the relevant Nigerian laws do not in fact preclude such contacts for humanitarian purposes. Overall, at present the risks seem to outweigh the benefits of such outreach.

### **Humanitarian space and access**

Humanitarian access in the BAY states is not just a matter of seeking to operate on both sides of the lines of conflict; it is also creating an enabling environment for partners on the ground – for example: the military focusing on securing roads so that humanitarian actors can have access to people in need safely; or efficient processes for armed escorts when a last-resort assessment has shown them to be necessary; or, best of all, area-based security that protects people where they live and that allows them and humanitarian aid to connect. Greater access, through advocacy, practical or logistical measures, and humanitarian diplomacy is part of the HCT's Protection Strategy. Civil-military coordination will be an essential enabler, given the close physical proximity between the Nigerian Armed Forces and the humanitarian community.

Probably the most important aspect of access right now is freedom of movement for people in inaccessible areas, i.e., their ability to seek assistance without fear of detention as they come out of inaccessible areas.

Access also has gender dimensions, as in affected people's (gender-differentiated) access to services. For instance, 89% of women in Nigeria, according to UNFPA, do not feel empowered to make their own decision as to whether they should see a doctor or not.

### **Protective standards for returns and relocations**

Return and relocation of IDPs living in formal IDP camps is a reality in Borno State, despite the widely reported variances from the normative and policy standards that should qualify these movements. The IDPs who were induced to return and relocate to locations that are inaccessible or hard to reach need humanitarian aid and protection interventions, just like those who leave the areas under control of the NSAGs. When providing a humanitarian response to those populations, humanitarian actors need to ensure that they observe the "do no harm" approach, which requires humanitarian organizations to prevent or at least mitigate any negative consequence of its actions on affected populations, i.e., to strive to minimize the harm they may inadvertently cause through providing humanitarian aid. By using the "do no harm" approach, humanitarian organizations will help improve the protection enjoyed by the affected population.

The need for advocacy on the issue of standards of IDP return and relocation extends to the ongoing and forthcoming return and relocation of IDPs who are living in camp-like settings or within host communities. IDP intentions should be ascertained before their departure from a camp, and humanitarians should be able to ascertain what

happens to them after their arrival at area of origin or interim displacement location.

**Specific Objective 4.1- Within the abilities of operational humanitarian organizations, victims of protection violations access services and care necessary for recovery and justice, and preventative measures reduce the risk of protection violations.**

This specific objective refers only to operational protection in 2022, as distinct from the higher-level advocacy that the HCT will undertake over at least two years, as elaborated in its Protection Strategy.

Operational protection in 2022 focuses jointly on prevention and remedy. Prevention encompasses physical measures such as lighting, gender-segregated facilities, and managing explosive remnants of war; and social and institutional measures such as sensitization, addressing discrimination and exclusion, capacity-building, and disseminating help channels. Remedial measures comprise medical and psycho-social treatment for recovery and reintegration, aiding access to justice, and helping to restore housing-land-and-property rights. All of these have strongly gendered dimensions.

**Specific objectives and indicators**

	OBJECTIVE	INDICATOR	SECTOR
SP4.1	Within the abilities of operational humanitarian organizations, victims of protection violations access services and care necessary for recovery and justice, and preventative measures reduce the risk of protection violations	Child Protection: Number boys and girls at risk that benefit from comprehensive multi-sectoral case management support (abuse, neglect, exploitation, child labour & child marriage, etc)	Protection
		Child Protection: Number of girls and boys living with disabilities affected by protection risks who receive child protection services.	Protection
		Gender-based Violence: Number of beneficiaries who access safe socio-economic/livelihood/income generation opportunities	Protection
		Gender-based Violence: Number of beneficiaries who demonstrate improved capacity from peer support, mentoring/coaching, skills building and empowerment programmes	Protection
		General Protection: Number of beneficiaries provided with assistance to increase safe socio-economic / livelihood / income generation opportunities	Protection
		General Protection: Number of women, girls, boys and men screened, registered and monitored to identify vulnerability and exposure to protection risks	Protection
		Housing Land and Property: Number of people receiving HLP support in situations of forced eviction	Protection
		Housing Land and Property: Number of people supported with cash-for-rent and rent subsidy	Protection
		Mine Action: Number of people (IDPs, returnees, host community members, Government officials, service providers and humanitarian workers) reached through explosive ordnance risk education	Protection
		Mine Action: Number of survivors of explosive incidents referred for multi-sectoral assistance	Protection



## 1.4

## Planning and Costing Methodology

### Prioritization

**This HRP, and its planned actions and projects, follow the priority needs identified and prioritized in the HNO.**

Specifically, this means that the top-priority target groups are those in the LGAs with the highest inter-sectoral severity rating – or where a target group as a sub-population of an LGA has high severity of needs.<sup>26</sup> This prioritization accompanied the entire planning process – from priority needs to corresponding priority actions, and the partners and projects that will implement them.

For the most part, organizations gave up pursuing their own individual needs assessments in favour of supporting and using the results from this large-scale common assessment process.

### Planning methodology

Analysing and mapping the severity of needs, presented in the HNO, provided the prioritization of needs that then governed the planning process.

Given the priorities made clear in the HNO, the first step of the planning process was that sector coordinators listed their activities (in the form of “output indicators”) and set output targets for each activity per LGA and per target group within each LGA. Their targets followed the inter-sectoral and sectoral severity of needs across the BAY states, conditioned by access and a provisional estimate of partners’ collective capacity. These initial targets served as a guide to partners’ project planning, by indicating clearly which outputs were needed in which LGAs, with priority given to the LGAs and target groups with worst severity of needs. Sector coordinators also pre-designated their various activities into three tiers (see definitions in the box below), to further guide partners on what types of activities are most suitable for the various degrees of severity. (This is very much

activity-based planning, on which the ensuing stage of coordinated project planning based itself.)

In the third step, coordinated project planning, partners drafted their planned actions and outputs, with location detail – how many and which kinds of outputs (per the sector lists) in which LGAs, for which target groups. With the aid of a new information-management tool that OCHA-Nigeria developed, sector coordinators and partners could see a dashboard view of the aggregate outputs indicated in the draft projects per location and target group, with comparison to the LGA severity rating and the sectoral target for each output indicator. This allowed partners to coordinate among each other during the drafting stage, and the sector coordinators to guide the partners’ plans so as to orchestrate coverage of the priority needs optimally. In this sense, the project-planning phase is a tool for coordination at the planning stage: what are commonly called ‘projects’ are actually, in their essence, indications of specific outputs and locations, which serve to coordinate which partners will cover which needs in which locations, and thus to ensure that the limited collective capacity is applied to the severest needs. Many partners also elaborate this coordinated-planning information into full project proposals, for use with donors; these can be browsed and opened on [FTS](#).

### Costing

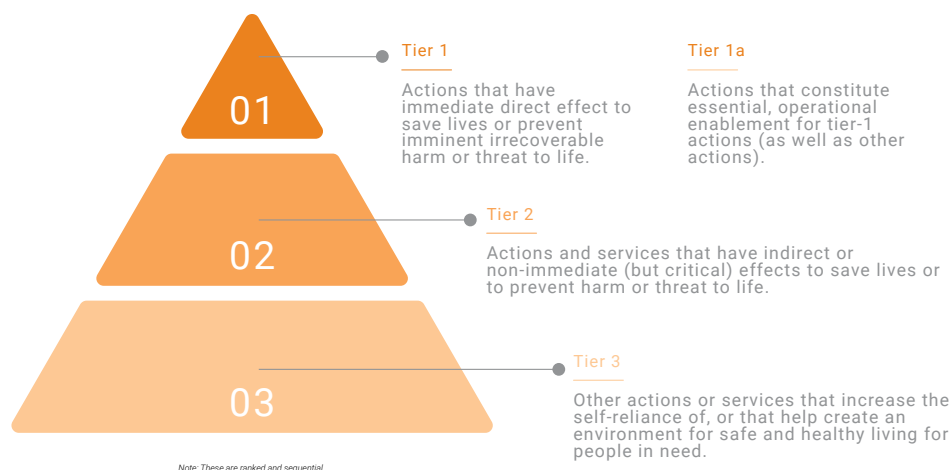
This HRP’s costing is project-based, but (as detailed in the preceding section) with a thorough basis in activity planning. The proposed projects’ costs were reviewed closely by sector coordinators to ensure that they are reasonable and economical vis-à-vis each project’s specific outputs and quantities, and adapted to the operating environment. For this, the sectors referred to experience in country plus

guidance from headquarters on global average costs for specific activities. Equally important as controlling unit costs is controlling planned quantities of outputs: sector coordinators closely engaged throughout the coordinated-project-planning process to ensure that the projects, individually and collectively, did not target more than the needs in any location or for any target group, nor propose to do more than the implementing organization's capacity and access would allow. (Capacity and access are somewhat elastic with respect to funding, in that an organization can normally scale up to an extent, and

might gain more access if resource-heavy methods are an option.)

The prioritization thus manifested itself in the planning in two pillars: the prioritization of LGAs and target groups therein that the JIAF showed to have the most severe needs according to an inter-sectoral set of indicators, and the tier designation of activities. The priorities are visible in the projects in this <https://bit.ly/3uzZZsr> detailed, searchable spreadsheet (too large to present in this document), which shows for each project the LGAs in which it will operate and

## The Tiers and Definitions



the LGAs' severity rating, plus the tier of each of the project's various activities and output indicators.

### Criteria for project vetting

- The needs that the project plans to address must be confirmed by data collected in the MSNA or other first-hand assessment on the ground, or triangulation (multiple independent sources), and analyzed in the JIAF.
- The project must address the outputs, targeted groups and LGAs that the sector plans identified as necessary.
- The project must present clear targets in specified locations, preferably where other actors' plans are leaving important gaps especially in high-priority locations, and should not duplicate actions planned by other organizations.
- The project must identify and respond to the distinct needs of women, girls, boys and men or justify its focus on one group (i.e. targeted action).
- The implementing agency must have a recognized capacity to implement the project.
- The appealing organization must be part of existing coordination structures (sector member).
- The implementation of the project (or, if multi-year, its 2022 phase) must be feasible within this HRP's one-year time horizon, considering access as well as organizational capacity.
- The project must be cost-effective in terms of the number of beneficiaries and the needs to which the project intends to respond, and its selection of methods and modalities.

## 1.5

## Planning Assumptions, Operational Capacity and Access

### Planning assumptions

For 2022, the process of developing a most-likely scenario and planning assumptions was exceptionally inclusive and participatory. Partners led a series of several dozen focus-group discussions with communities in each of the three BAY states, to identify the important risk variables and the likely trajectory of each in 2022. Secondary data such as the Index for Risk Management (INFORM<sup>27</sup>) added objective data. INFORM's data for 2022 ranks Nigeria as the fourteenth most-at-risk country, out of 191 countries rated, for high levels of exposure to hazards,

vulnerability, and lack of coping capacity. In addition, a terrorism index published online by TradingEconomics.com rates Nigeria in third-highest position worldwide, behind only Afghanistan and Iraq.<sup>28</sup>

INFORM's September 2021 update for Nigeria<sup>29</sup> shows that Borno, Adamawa and Yobe states are the only three in Nigeria at "very high" risk level, because of vulnerability and lack of coping capacity. Yobe State in particular has the highest risk of humanitarian crisis and disaster in Nigeria, owing to its very high levels of exposure to human and natural hazards.

Region	Food Insecurity Probability	Physical exposure to flood	Land Degradation	Droughts probability and historical impact	Natural	Political violence	Conflict probability	Human	HAZARD	Development & Deprivation	Inequality	Aid Dependency	Socio-Economic Vulnerability	Uprooted people	Health Conditions	Children U5	Malnutrition	Recent Shocks	Food Security	Other Vulnerable Groups	Vulnerable Groups	VULNERABILITY	DRR	Governance	Institutional	Communication	Physical infrastructure	Access to health care	Infrastructure	LACK OF COPING CAPACITY	RISK
Adamawa	2.8	7.4	6.7	1.2	5.1	10.0	10.0	10.0	8.5	6.7	5.7	3.1	5.6	10.0	4.3	8.9	1.8	0.0	10.0	6.7	8.9	7.6	6.3	7.4	6.9	5.3	4.9	7.9	6.0	6.5	7.5
Borno	5.4	8.8	5.7	1.3	6.0	10.0	10.0	10.0	8.7	6.6	5.2	3.1	5.4	10.0	5.4	8.7	6.8	0.0	10.0	7.4	9.1	7.7	6.3	7.4	6.9	5.9	5.6	8.2	6.6	6.8	7.7
Yobe	4.6	9.2	5.3	1.8	6.0	10.0	10.0	10.0	8.7	9.6	6.3	3.1	7.2	9.2	5.1	9.5	8.5	0.1	10.0	8.0	8.7	8.0	6.3	7.4	6.9	5.6	7.9	8.2	7.2	7.1	7.9

Due to the high levels of insecurity, degree of military control, and consequently restricted access, over 75% of the geographical areas in Borno, Adamawa and Yobe states are considered high- or very-high-risk areas for international humanitarian partners to operate.

1. Escalation of attacks by NSAGs
2. Disease outbreak
3. High inflation / drastic increase in prices of goods
4. Loss of productive assets
5. Floods
6. Communal violence

The participatory process and secondary data yielded the following key risk variables for the BAY states (after which appears a time-series breakdown of each, projected for 2022):

**Escalation of attacks by Non-state Armed Groups**

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Borno	High			High			High			High		
Adamawa	High			Moderate			High			Moderate		
Yobe	Moderate			Moderate			Moderate			Moderate		
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

**Disease outbreak**

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Borno	Low			Moderate			High			Low		
Adamawa	Moderate			Moderate			High			Moderate		
Yobe	Low			Low			Moderate			Low		
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

**Drastic increase in prices of essential commodities**

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Borno	Low			Moderate			High			High		
Adamawa	High			Moderate			High			Moderate		
Yobe	Moderate			High			High			Low		
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

**Loss of productive assets**

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Borno	Moderate			Low			Low			High		
Adamawa	High			Low			Low			Moderate		
Yobe	Moderate			Low			Moderate			Low		
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

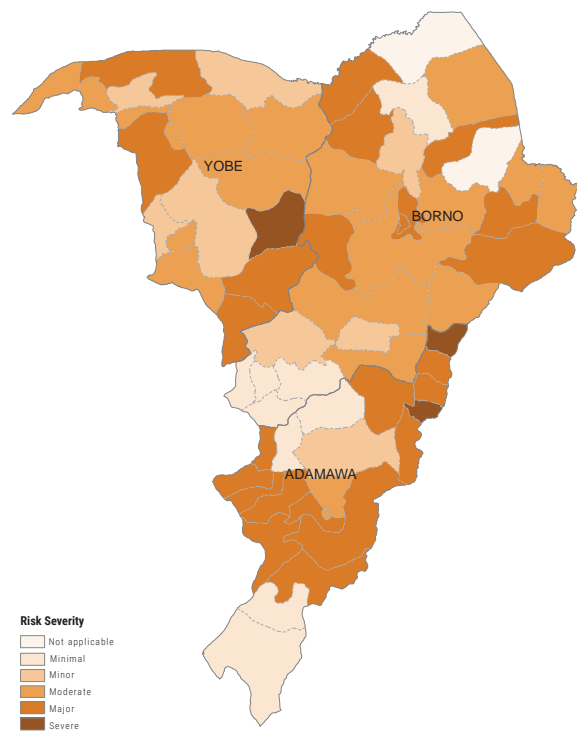
Floods

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Borno	Low			Low			High			Low		
Adamawa	Low			Moderate			High			Low		
Yobe	Low			Moderate			High			Low		
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

Communal violence

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Borno	Low			Low			High			Moderate		
Adamawa	Low			Low			High			Moderate		
Yobe	Low			Low			Moderate			Moderate		
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

Compounded Risk



**GASHUA/YOBE, NIGERIA**  
Food is arranged for beneficiaries at a Food Distribution Point in Gashua, Yobe State.

Photo: WFP.



**In addition to these risk projections, key planning assumptions are:**

- Current trends of conflict and insecurity persist, i.e. volatility and fluidity (especially during the dry season: January-April and November-December), but no major easing in security or the conditions that challenge access.
- COVID-19, especially new variants like Omicron and despite vaccine roll-out, will continue to threaten vulnerable people and absorb resources (governmental, private, and international aid). Re-application of measures to control its spread is possible and would likely incur economic effects, for example food price rises and loss of income. It might also necessitate additional humanitarian actions and use of resources.
- Food insecurity will peak during the lean season of May through August, as the Cadre Harmonisé forecasts.
- Government-supported returns of some IDPs to their areas of origin, or relocation to towns in their LGAs or origin, will continue throughout 2022.
- Access to people in areas controlled by NSAGs will remain limited both in terms of ability of humanitarian agencies to reach people and of people to freely move out of these areas to seek assistance.
- The impact of climate change will continue, with weather extremes in the form of flash flooding, storms and periods of drought.

**Operational capacity and access**

Humanitarian partners' scale-up of parts of the response in 2021 has been challenged by insecurity, access constraints, and funding shortfalls. Despite this, humanitarian response in support of national and local efforts was effective in reaching over six million people throughout the BAY states in 2021. Needs however, remain high and protection gaps are expected to persist. Continued support in 2022 is therefore essential.

Most sectors in 2021 have come close to delivering on their targets, especially if the funding shortfall is factored in. (For example, food assistance has reached 78% of the targeted people, despite a funding level closer to 69%.) That suggests that partners can generally deliver what they proposed. Capacity is not

fixed and is somewhat elastic with respect to funding, in that partners can scale up and, at the margins, can gain more access if they have the option of using more resource-intensive methods.

The security situation imposes some indirect constraints on operations and potential scale-up. For example, the number of transport contractors willing and able to carry humanitarian materials in bulk from stockpiles in BAY state capitals to LGAs where they will be used or distributed is at best static and possibly declining. Stockpiling aid materials in LGAs that are insecure beyond their main towns may invite NSAG raids.

Operations, and the methods to adapt to insecurity, are expensive in this context, and incur many up-front costs. Because HRP funding in 2021 reached 50% of requirements only in the second half of the year, many partners were forced to circumscribe operations even more than the funding levels would imply – there is a sort of threshold effect below which partners cannot operate significantly outside the few safe zones. Moreover, In 2021, there has been a shortage of funds for rotary-wing operations, humanitarian hubs, and other adaptations to the highly insecure environment. Staff access to many LGAs is limited to key towns, and then only by UNHAS helicopter.<sup>30</sup> Several main roads deemed safe in 2018 and 2019 became evidently unsafe in 2020-2021 and are expected to remain so in 2022.

There is no prospect in the short term of fruitful negotiations with NSAGs for humanitarian access, though carefully weighed, transparent, long-term efforts should start.

It is sobering to realize that if pockets of catastrophically severe food insecurity were to develop in the BAY states in 2022 – which is not out of the question, according to food security projections – the current access methods would not suffice to overcome constraints and move enough aid materials to address it.

It will therefore be a priority for the humanitarian community in the north-east to re-invigorate a comprehensive access strategy that mitigates the

worst aspects of the current and potential access constraints, and identifies some contingency options in case security and access decline further. Key elements are likely to include:

1. Pro-active engagement with local communities and traditional leaders on humanitarian action, to bolster acceptance and open lines of communication on potential threats.
2. Sensitization of the Nigerian Armed Forces to the nature of humanitarian operations and humanitarian partners to civil-military guidelines.
3. High-level strategic engagement with Government and security forces on humanitarian principles, international humanitarian law, and access, and on reducing bureaucratic access impediments.
4. Identifying and implementing new operational modalities and strategies to deliver humanitarian assistance in hard-to-reach locations and improve access to currently reachable locations.
5. Working with the Government to prioritize returns to areas of origin that are secure for civilians and accessible to international humanitarian actors.

Access constraints occur on at least two levels. First, there are large areas of the BAY states where international humanitarian actors cannot safely go, despite many people in need (an estimated 1.2 million) being there. Conversely, many of these people in need are reluctant to government-controlled areas, either long-term or briefly to fulfil needs, for fear of being accused by either side of disloyalty, espionage, or supporting individuals on the other side. Second, there are many locations – typically LGA main towns – that are relatively secure within their boundaries but surrounded by insecure areas and roads. Many IDPs are in such locations, by virtue of their relative security. But the obstacles to transporting humanitarian materials and staff to (and from) these locations severely limit humanitarians' ability to implement to the necessary speed and scale. (For example, the Nigerian Armed Forces tightly control movements of food, fuel, fertilizer, and cash among other goods.) This is a major cause of deficiencies in IDP camp conditions and services, despite years of effort.









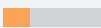






















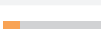


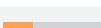


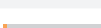


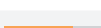

Bureaucratic impediments to humanitarian action will have to be overcome, and this is a key advocacy

point for the HCT. A negative narrative about international humanitarian action has been taking shape, in which aid organizations are said to be inherently ineffective, or even interested in prolonging the crisis out of some sort of self-interest. To the extent that such perceptions contribute to a mind-set in which it is justified to impede humanitarian action bureaucratically, they become a self-fulfilling prophecy: humanitarian actors cannot be effective if they are obliged to contend with an administrative environment that is in some ways less than conducive.

Complementarity among international actors, national NGOs and government organs performing humanitarian actions (mainly state government) will be a key way of maximizing operational capacity and working around access constraints. This is fairly well developed between international and national humanitarian partners, both being well aware that mere risk transfer is not a desirable approach. Rather, it capitalizes on the fact that there are certain contexts within the crisis where national NGOs face an acceptable level of risk, whereas by the same gauge international actors do not. National and local actors can also have comparative strengths in the sense of local knowledge and acceptance. Still, there is a need for better-coordinated efforts at capacity-building for local partners – making the localization agenda horizontal and joined-up.

Regarding complementarity with government humanitarian actions, there is scope for making it more engineered and systematic – for example, through information-sharing and capacity-building on information management, on which there have been some first steps. Ideally, with a strong complementarity of effort between the state governments and humanitarians, each would do what it is best positioned to do, in particular capitalizing on state governments' ability to access certain areas and deliver humanitarian materials and services in those locations, which some humanitarian organizations' security rules do not allow them to attempt. Complementarity between humanitarian action and government-led development action is another area with considerable potential.

**Response under previous HRP (2021): number of people targeted and reached**

SECTOR	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGETED	PEOPLE REACHED	% TARGET REACHED	FINANCIAL REQUIREMENTS (US\$)
Camp Coordination and Camp Management	1.9M	1.4M		0.9M	66% 	22.9M 
Coordination and Support Services	NA	NA		NA	NA	18.9M 
Early Recovery and Livelihoods	2.1M	0.3M		0.1M	40% 	65.6M 
Education	1.3M	1.0M		1.7M	167% 	51.3M 
Emergency Shelter and NFI	2.3M	1.4M		0.5M	36% 	63.9M 
Emergency Telecommunications	NA	NA		NA	NA	1.97M 
Food Security	5.1M	4.3M		2.6M	61% 	354M 
Health	5.8M	5.3M		2.3M	44% 	83.7M 
Logistics	NA	NA		NA	NA	30.7M 
Nutrition	1.5M	1.3M		1.3M	100% 	129M 
Protection	4.1M	2.5M		1.8M	72% 	91.2M 
Gender-Based-Violence	1.5M	1.1M		0.7M	92% 	37.6M 
Child Protection	1.7M	1.0M		0.3M	16% 	21M 
Mine Action	1.5M	0.3M		0.2M	27% 	6.9M 
Housing, Land and Property	1.3M	0.6M		0.03M	3% 	0.5M 
Water and Sanitation	2.9M	2.5M		1.5M	61% 	92.7M 

## 1.6

## Accountability to Affected People

Accountability to affected people (AAP) is ensuring the voices of people affected by crisis are heard and taken into account in all aspects of humanitarian programming. It is a commitment by the humanitarian community to use power responsibly and put the people they seek to assist at the centre of humanitarian response. This requires consistent and reliable two-way communication between humanitarians and affected people – both providing information to communities and ensuring the decisions of humanitarians are informed by their views.

AAP is the shared responsibility of the humanitarian community. We are all ultimately accountable to affected people and each actor has an important role to play to ensure that humanitarian response planning and implementation incorporates their voice. Being accountable to communities also obliges humanitarian actors to respect the needs, concerns, capacities and disposition of those with whom they work, and to answer for their actions and decisions including the way they communicate to the affected populations.

Beyond being a responsibility, accountability actually improves system-wide response efforts. By listening to and incorporating the views, preferences and ideas of affected people humanitarian assistance is more targeted and useful to people in need.

To strengthen accountability in north-east Nigeria, the humanitarian community came together in June 2021 to re-establish the Community Engagement and Accountability Working Group (AAP/CE WG). Following almost a year of inactivity, the group is now pressing forward on key issues with members from community-based and civil society organizations,

local, national and international NGOs, and UN agencies.

The group is approaching accountability with a focus on community engagement and localization. Distinct workstreams with co-leads were established for both areas of work, which are brought together under the umbrella of the larger group.

Localization is an essential element to strengthening accountability. It is an approach within AAP that involves meaningful engagement, with leadership and participation from local and national actors. The value of local actors to humanitarian response operations is increasingly recognized, and when incorporated with AAP, localization efforts have the potential to make aid more relevant and appropriate in specific settings.

Since the Grand Bargain, there has been several initiatives in Nigeria to support local organizations, including the Promoting Local Responder Capacity and Partnership programme by the Nigeria INGO Forum and Swiss Development Cooperation. In first phase, this capacity strengthening initiative uses a training and mentorship model that 15 local and national NGOs have completed, while second phase is ongoing with 15 more organizations. Another example is the Nigeria Joint Response, which pairs international organizations with local ones to build their capacity. Seven civil society organizations have been benefitting from this programme since 2016.

The localization workstream will ensure that these programmes and other initiatives take a coordinated approach to localization and contribute to the shared goal of strengthened accountability – which, ultimately, will help to improve access and sustainability. Efforts are already under way to establish this coordinated approach through the



development of a Localization Strategy for Nigeria. This collective vision on participation, partnerships and funding is anchored in accountability to affected people. It is part of the AAP/CE WG's overall effort to ensure that humanitarian projects are guided by the input of the people we seek to assist.

As a foundational step on community engagement, the AAP/CE WG launched a mapping exercise of community engagement mechanisms across Borno, Adamawa and Yobe states. This includes complaints and feedback mechanisms such as telephone hotlines, help desks and complaints boxes, and also captures information sharing through awareness-raising sessions, mobile speakers, capacity development trainings and more. While the exercise is ongoing, the initial analysis identified key challenges such as insufficient human resources, low literacy levels (for complaints boxes) and limited availability of UNHAS flights.

The mapping of community engagement mechanisms and the development of the localization strategy are building blocks that will pave the way for the AAP/CE WG to help make the humanitarian response in north-

east Nigeria more accountable to people in need. As more information is gathered, and as more dedicated resources are pursued for the group, the humanitarian community can move towards a collective and inclusive response-wide feedback mechanism that will enable quick information-sharing with decision makers on needs and stronger accountability for addressing concerns.

The voices of people affected by crisis have been closely consulted in the development of the Humanitarian Response Plan for 2022 using qualitative and quantitative methods. This included a set of AAP-specific questions in the MSNA, which had responses from almost 10,000 households of affected people. The information in this assessment regarding their needs and preferences helped steer the sectoral response planning – for example, the blend of in-kind, and cash-and-voucher modalities, and the priority needs to address. Additionally, 50 focus-group discussions were conducted in locations in all three BAY states with over 500 IDPs, host-community members and returnees to obtain more in-depth information.

#### NIGERIA

Photo: OCHA/Christina Powell.



## 1.7

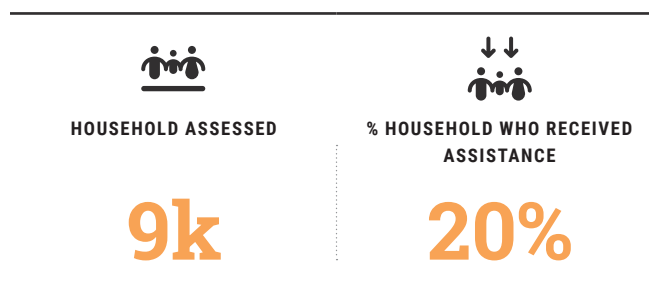
## Communication with Communities

Communication with communities goes hand in hand with community engagement and ensures more accountable response structures. Engaging communities consistently throughout the response helps to meet the needs of the affected communities in a more effective and relevant manner. In 2021, in view of the fluid displacement of communities, there was an urgent need to establish more robust and continuous mechanisms. To this end, the revived AAP/CE WG is working on enhancing continuous two-way communication channels, establishing community needs monitoring systems that are cost-effective and efficient. The working group is developing a long-term strategy with the aim of enhancing relevance, sustainability and effectiveness of the ongoing humanitarian response.

Despite the challenging context, the initial needs assessment adopted the Multi-sectoral Needs Assessment methodology to ensure statistical reliability and the veracity of the information collected. As mentioned in the AAP section, close to 10,000 households participated in surveys and 500 individuals participated in focus-group discussions. This enabled the triangulation of information and more inclusive sampling, disaggregated by type of population (IDPs, host communities, returnees) as well as by age, gender and disability.

The structured community-consultations identified preferred needs as food (32.8%), cash assistance (23.1%), NFIs (17.0%), shelter (7.4%) and WASH-NFIs (7.3%), while others (11.5%) preferred miscellaneous services, mobile cash transfers, cash cards or vouchers. (Non-responses constituted 0.9%.) These preferred needs and modalities are accordingly embedded in sector response plans.

### Satisfaction with assistance received Households



### Satisfaction level



A baseline and prioritized/trusted sources of information were identified to make the humanitarian response information as accessible as possible. The most trusted sources were (in descending order) community leaders (29.8%), religious leaders (26.0%), government representatives (15.4%), international aid organizations (11.4%), neighbours (10.5%) and national aid organizations (4.8%), while women leaders (1.3%) and youth leaders (0.8%) were the least trusted sources. Community engagement mechanisms need to be adapted accordingly to reflect these findings, as trust and confidence are essential elements for effective two-way communication systems. At the same time, more efforts are needed to enhance trust in local aid organizations through a strategic approach towards enhancing accountability across the board – the basis of localization.

Affected communities' preferred means for receiving information were face-to-face (32.8%), phone (27.2%), radio (16.1%), loudspeakers and SMS (8.6%); other preferred means (6.6% collectively) were TV, WhatsApp, Facebook, billboards, newspapers and leaflets. This provides the basis for establishing efficient, trustworthy and effective feedback and response mechanisms. Similarly, the most preferred language for receiving information was Hausa (57.3%) followed by Kanuri (11.7%) and English (11.0%). A few had no language preference (5.8%), while the remaining community members (14.2%) identified 20 other preferred local languages.<sup>31</sup> The linguistic diversity of the affected communities is one of key barriers to enhancing access and transparency in the response.

Regular communication with communities places affected people at the heart of the response cycle

and ensures greater trust and acceptance, making the response more transparent and accessible. Strategically, the AAP/CE WG group envisages a variety of methods, further standardizing existing communication structures (needs assessments, feedback and response mechanisms) while localizing efforts in order to achieve greater sustainability and ownership by local populations.

## 1.8

## Protection from Sexual Exploitation and Abuse (PSEA)

The Nigeria HCT has a firm belief that humanitarian interventions in north-east Nigeria can increase existing risks of sexual exploitation and abuse. Humanitarian action of the magnitude of that in north-east Nigeria, with a large influx of humanitarian workers, may increase existing power imbalances between men and women, boys and girls and end up exacerbating gender-based violence. The higher wages for humanitarian workers can also lead to an increase in transactional sex. There is a high likelihood of exploitative and coercive sexual relations between humanitarian workers and community members, including sex in exchange for goods or money.

Nigeria's humanitarian leadership is committed to a zero-tolerance approach to any form of sexually exploitative and abusive behaviour by humanitarian personnel.

The Nigeria HCT endorsed its Strategy for Protection from Sexual Exploitation, Abuse and Harassment (PSEAH) Action Plan in February 2021; however, the

plan still needs to be fully implemented through the dedicated and coordinated engagement of its members. It is the obligation of each entity implementing the HRP to mainstream PSEAH in its programmatic, operational and human resource management interventions. The HCT's strategy and action plan focuses on:

- Prevention of incidents of sexual exploitation, abuse and harassment through ensuring appropriate safety nets.
- Strengthening mechanisms to receive and refer all SEAH incidents through appropriate channels for immediate action.
- Enhance quality victim/survivor-centred assistance.
- Facilitate accountability and investigations in a prompt, safe and survivor-centred way.
- Promote effective inter-agency collaboration and coordination.

## 1.9

## Overview of the Use of Multi-Purpose Cash

### Cash and Voucher Assistance (CVA) in the humanitarian response

Experience of cash-transfer programming in north-east Nigeria has typically focused on responding to chronic food crises and multiple displacement caused by insurgency. CVA in the humanitarian response will remain a key modality in the 2022 humanitarian response. In 2021, 68 projects in the HRP planned CVA interventions; the project budgets amounted to \$568 million (56% of the 2021 HRP's total requirements of \$1.01 billion, although the CVA components were not the entirety of those projects' budgets). With functional local markets in many LGAs and the presence of a variety of financial service providers and agent bankers, the north-east response has witnessed an increasing use of cash-and-voucher assistance as a value-added response modality.

Access constraints triggered by security considerations and exacerbated by the COVID-19 pandemic in 2020/2021 generated more interest in multi-purpose cash assistance (MPCA – which is a

subset of CVA), a dynamic driven by organizations' headquarters and the donors in the Common Donors Approach Plan (for CVA). Research by Ground Truth Solutions<sup>32</sup> indicates that many beneficiaries prefer cash transfers due to their empowerment effect – allowing recipients to decide how to prioritize and meet their most critical needs, thereby enhancing independence and dignity. (See box below for further valuable insights from affected people on cash, vouchers and in-kind assistance.) Partners will continue to use MPCA to address critical basic needs especially with the recent closure of IDP camps in Maiduguri Metropolitan Council and Jere (where evidence indicates MPCA's feasibility and appropriateness), the increasing spate of secondary displacements, and continuing constriction of access to services. The Nigeria Cash Working Group (CWG) expects that MPCA will continue and be complemented by sectoral CVA to address the significant increase in conflict-affected populations' inability (especially new arrivals) to meet specific needs.

#### Ground Truth Solutions findings, June 2021:

"Recipients told us that:

1. They appreciate cash assistance for its ability to meet a wider range of needs, although concerns about debt and not receiving enough CVA lead many to prefer in-kind assistance.
2. People perceive in-kind assistance as more accessible than CVA for the elderly, persons with disabilities, and recipients with large families.
3. The factors that drive aid preferences are varied and largely driven by personal circumstances and details of programme implementation, rather than aspects inherent to the aid modality.
4. People are concerned that vulnerable members of the community are not receiving assistance, which undermines perceptions of fairness.
5. Many believe that a fair system would see aid given to everyone in their community, even if the total amount distributed was less.
6. People do not feel empowered to express a choice about the aid modality they would like to receive.
7. People believe that community leaders should play a key role in aid distribution decisions."<sup>33</sup>



In 2021, the CWG revised its minimum expenditure basket (MEB), which aims to determine the average cost of the target populations' basic needs in the north-east, a preliminary step to the design of a form of MPCA that can trigger a significant evolution in the way coordinated humanitarian aid is conceived and executed. The revised MEB was not intended to fix the amounts of future cash transfers, but rather to be a benchmark that allows programmes to assess the extent to which current cash transfers cover the basic needs of the beneficiaries, and therefore measure the gaps. It is thus a coordination, advocacy and resource mobilization tool. Although MPCA will not be possible in all LGAs, partners will maximize the flexibility and fungibility of basic needs assistance where feasible and appropriate. MPCA thus contributes, potentially, to all of the strategic objectives.

### **Role of the Cash Working Group**

The CWG, through the monthly Joint Market Monitoring Initiative, will continue to monitor developments in local markets, prices and purchasing – particularly in light of the ongoing economic stresses and devaluation of the local currency – and will adjust the MEB accordingly.

To improve the evidence base, coherence and technical support for the cash-based response, the CWG will continue to support humanitarian partners' assessments and analysis on cash-and-voucher feasibility. The CWG will strengthen efforts to harmonize transfer values (for example, through periodic updates of the MEB) to amplify collective bargaining to negotiate competitive transaction fees with service providers. The CWG will coordinate with sectors to reduce duplication of assistance, support the adoption of common standards across the use of MPCA, promote coordination and consistency, integrate access to protection including strengthening referral systems, and promote principled and predictable linkages with the Government social-safety-net mechanisms where feasible and appropriate. This will promote efficiency, effectiveness and accountability across the humanitarian response. In addition to supporting the enabling environment, the CWG will ensure that the use of MPCA, and

other forms of CVA, are consistently tracked across the humanitarian response and that information is visualized on the CWG's quarterly dashboard to meet stakeholders' information needs. Quality will be improved through training in collaboration with the CALP Network, OCHA and other specialized CVA agencies, adapted to members' needs. The CWG will provide updates to the Cash Common Donor Approach Group to promote awareness of activities, and efforts to harmonize and collaborate among MPCA actors.

### **MPCA Strategy**

MPCA will contribute at different levels to the HRP strategic objectives by enabling vulnerable IDPs and returnees to meet their basic needs and minimize reliance on negative coping mechanisms.

The Government of Nigeria's Social Investment Programme is not currently being implemented in the BAY states. UNICEF targeted about 2,000 women in Fufure (Adamawa state) with conditional transfers under a social safety net programme (not necessarily related to the insurgency response), but this has since lapsed. The linkages between the humanitarian cash-transfer programme and the potential government-led safety-net programme are still at a nascent stage and the CWG will continue to engage with the Government on barriers and enablers. The CWG, through UNICEF and WFP, was able to make inputs to the ongoing development of the Government-led social safety net programme, and will continue to support the development of the operational guidance document. The CWG sees this linkage as the eventual exit strategy for humanitarian cash transfers, though it can be implemented only in locations where recovery activities are ripe.

In 2022, the CWG estimates that 2.74 million people in need could effectively meet all or some of their needs with MPCA, in 43 LGAs where MPCA has been assessed as feasible and appropriate. This number is a significant increase from previous years due to more MPCA partners joining the response, assessing more locations and confirming more possibilities. Maximizing MPCA for these 2.74 million people

would require an estimated \$310 million; however, the proposal for 2022 must be kept within partner capacity and immediate feasibility. MPCA partners will therefore target 50,000 acutely vulnerable returnees and IDPs in host communities, and 100,500 acutely vulnerable new arrivals from inaccessible areas or IDPs in camps. MPCA project activities in the 2022 HRP are projected at \$15 million to assist these estimated 150,500 people (30,000 households); at least five partners are expected to implement. (In 2022, MPCA transfers will have specific budget lines in the HRP in order to quantify and track the requirement and funding progress accurately.) This is an ambitious and significant increase in scope and scale of the MPCA response when compared with previous years.

The MPCA transfer value is based on the north-east MEB, which for December 2021 is \$107 per household at the official exchange rate (noting that the latter varies considerably with the parallel market). The Joint Market Monitoring Initiative analysis shows that the average cost of living will continue to fluctuate with economic realities in Nigeria,<sup>34</sup> while vulnerable groups will continue to survive on an income that is significantly below the minimum cost of living. The CWG has recommended that MPCA household transfers cover at least 70% of the MEB amount over an average of six monthly instalments (or longer should multiple needs persist). In some cases, the transfer will be a one-off; however, the total amount will be in line with the monthly transfer value recommended by the CWG MEB.

All MPCA recipients are part of a comprehensive sectoral referral scheme, including complementary interventions by sector partners. Partners will

continue referring households, especially new arrivals who are missing critical non-food items and civil documentation, for NFI and legal assistance respectively, while exploring further referral pathways for livelihoods and other protection assistance. These potential enhanced linkages with humanitarian sectors can ensure a coherent response to people in acute need of multiple types of support. The flexibility, dignity and principled nature of MPCA response (including referral systems) reinforces protection outcomes.

Within the context of the recent closure of camps in Maiduguri, MPCA partners will explore way of responding to the needs of people who are relocated to out-of-camp situations, including to urban and peri-urban areas. These situations are currently not adequately covered with humanitarian aid; and when aid is provided, it is often piece-meal and not well-coordinated. The ISCG is encouraged to clarify the needs in these urban and peri-urban settings through in-depth assessments and to explore ways of responding more systematically to this caseload, including supporting host communities that have taken on this role so far but are over-stretched. MPCA actors will look at examples of good field practice from elsewhere to develop a firm understanding of how to respond and what strategy is best suited in urban settings. The HCT and Operational Humanitarian Country Team (OHCT) should look at opportunities to mobilize resources specifically for this type of support. This could come from donors' recovery or development funds including linkages with social protection actors or from traditional humanitarian funding streams, in line with the New Way of Working.

## 1.10

**Risk Management**

In such an insecure operating environment, moving and distributing large amounts of cash, vouchers, and aid materials (some of which the Government considers dual-use) incurs considerable risks of diversion. The HCT recognizes that any major incident of aid diversion or fraud could potentially have serious consequences for the operation, given the strict rules that many organizations working in this environment have to adhere to. In such an event, either donors or the Government could severely limit the operation. It could also have profound consequences, stemming from anti-terrorism legislation of the host or donor countries, for organizations and individuals implicated. Individual organizations apply their own risk-management systems, but these may be of varying quality, and some are not commensurate with the potential operation-wide consequences of a lapse by any one organization.

Establishing a comprehensive and system-wide risk-management system is therefore a priority for the HCT. Modelled on good practice from comparable operations, it will feature minimum standards around monitoring, distributions, procurement, recruitment, logistics and accountability that will minimize or mitigate risks. A positive benefit could be the reinforcement of trust with Government, including the military, and reduction of administrative and bureaucratic burdens on humanitarian partners. Additionally, a comprehensive risk-management system can improve accountability and the quality of assistance.



## Part 2: Response Monitoring

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### GASHUA/YOBE, NIGERIA

An IOM staff member in Gashua, Yobe State visits an informal settlement where refugees from Chad have sought shelter. Photo: OCHA/Christina Powell.



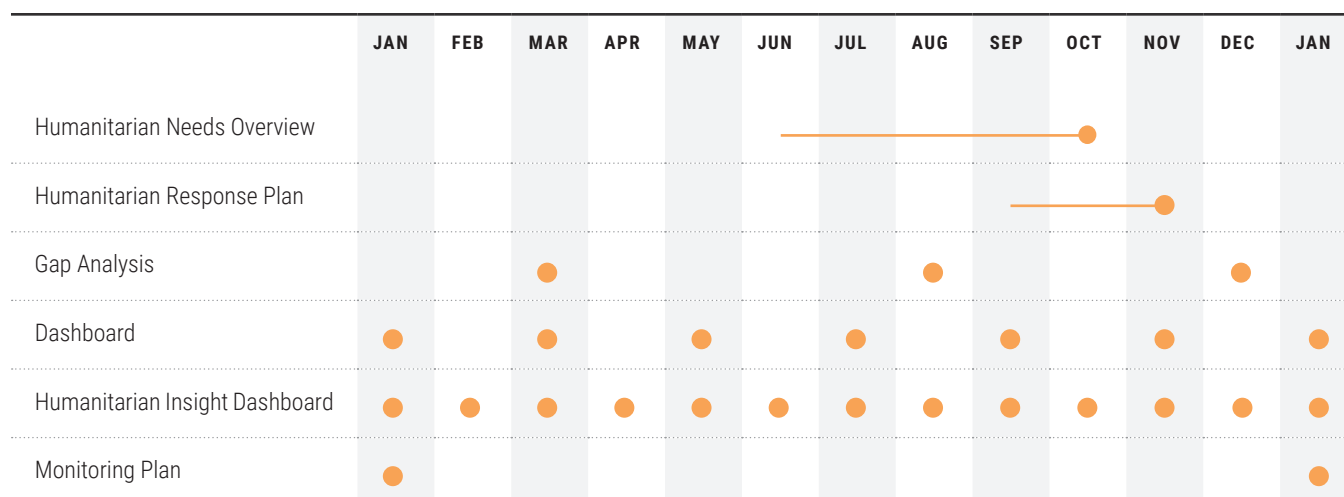
## 2.1 Monitoring Approach

Under the leadership of the HCT, monitoring will work at the multiple levels of basic output reporting (collectively, connected to sectoral output indicators), sectoral-level results indicators, and strategic indicators and targets. Sectors will share information monthly on partners' collective implementation towards sectoral targets, and other pertinent information on the context, needs and operations. The ISCG will consider the implementation information in real time, also reviewing progress towards the inter-sectoral specific objectives, and will act as needed to keep implementation on track, to adjust to new developments, constraints and challenges, and to ensure that actions and resources are channeled in a principled manner according to the greatest and most urgent needs. The Operational Humanitarian Country Team (OHCT) and HCT will regularly review progress towards the four overarching strategic objectives of the 2022-2023 humanitarian strategy. The information management working group (IMWG) and the assessment and analysis working group (AAWG) are tasked with the implementation of monitoring assessments, including effective coordination and cooperation between sectors and OCHA.

OCHA will build on the solid 2021 HPC monitoring systems to ensure the response is further tailored to context, needs and emerging priorities. In addition, a joint effort of the ISCG, IMWG and the Government is underway to implement the Early Warning system stemming from the robust and wide risk analysis exercise carried out in 2021. This will be used in triggering further detailed or rapid assessments to look at specific population subgroups who are likely to be most affected. The gap analysis will tap into various sources such as Joint Market Monitoring Initiative (JMMI), DTM stability index, Famine Monitoring System for Inaccessible Areas, Nutrition and Food Security Surveillance (NFSS), Protection Sector-led Nigeria Protection Monitoring System (NPMS) and other data sources that track relevant key indicators including food insecurity and malnutrition rates, excess morbidity, and mortality.

The monitoring will consider gender, age, disability, CVA and protection lenses to identify specific needs and enhance the participation of girls, women, boys, and men in the response.

### Humanitarian Programme Cycle Timeline





## Part 3:

# Sector Objectives and Response

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### MAIDUGURI/BORNO, NIGERIA












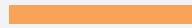


















Aisha Mustapha, a UNICEF-supported Community Nutrition Mobiliser on a hygiene promotion mission at the Teachers' Village IDP Camp in Maiduguri, Borno State. Photo: UNICEF/2021/Nelson Owoicho.



## 3.1 Overview of Sectoral Response

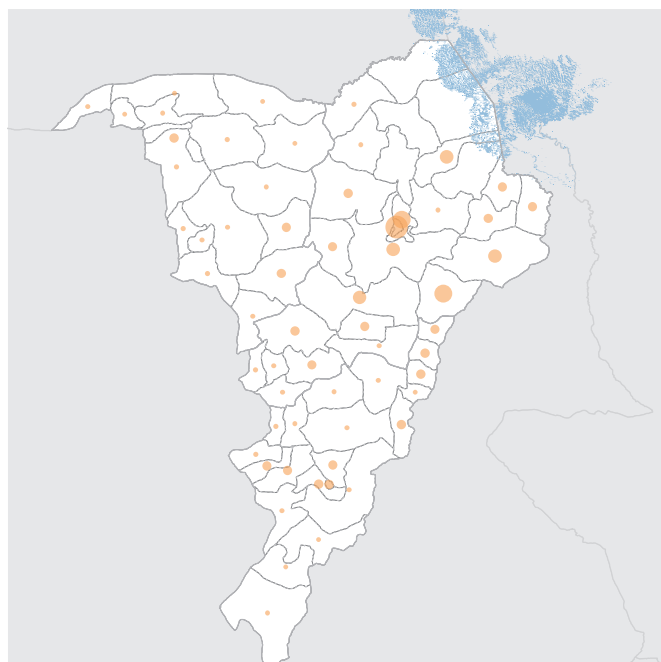
The table below shows sectoral requirements, operational partners, number of projects, people in need and targeted per sector. Funding requirements and precise targets are according to partners'

coordinated project proposals approved by sectors as of January 2022. These can be expected to fluctuate throughout 2022 as projects are added or adjusted.

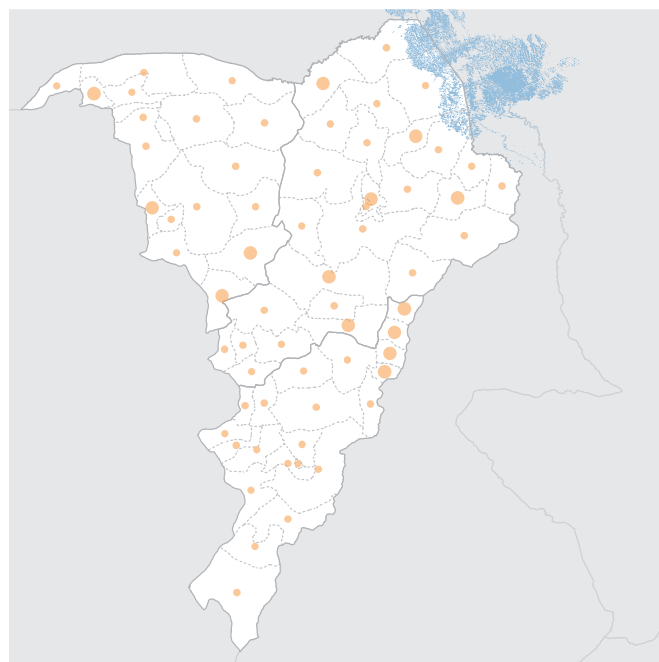
SECTOR	FINANCIAL REQUIREMENTS (US\$)	OPERATIONAL PARTNERS	NUMBER OF PROJECTS	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGETED
Camp Coordination and Camp Management	\$22.7M 	18	19	2.0M	1.3M	 
Coordination and Support Services	\$21.3M 	5	5	NA	NA	
Early Recovery and Livelihoods	\$58.9M 	25	26	3.3M	0.3M	 
Education	\$100.2M 	21	21	1.9M	1.2M	 
Emergency Telecommunications	\$1.6M 	1	1	NA	NA	
Food Security	\$450.9M 	17	18	3.5M	3.5M	 
Health	\$52.7M 	14	16	5.0M	4.4M	 
Logistics	\$30.4M 	2	1	NA	NA	
Nutrition	\$144.3M 	22	23	3.0M	2.5M	 
Protection	\$78.4M 	37	52	4.3M	2.0M	 
Shelter and NFI	\$59.3M 	13	13	2.9M	1.5M	 
Water and Sanitation	\$101.5M 	21	24	3.0M	2.6M	 

**3.1 CCCM**

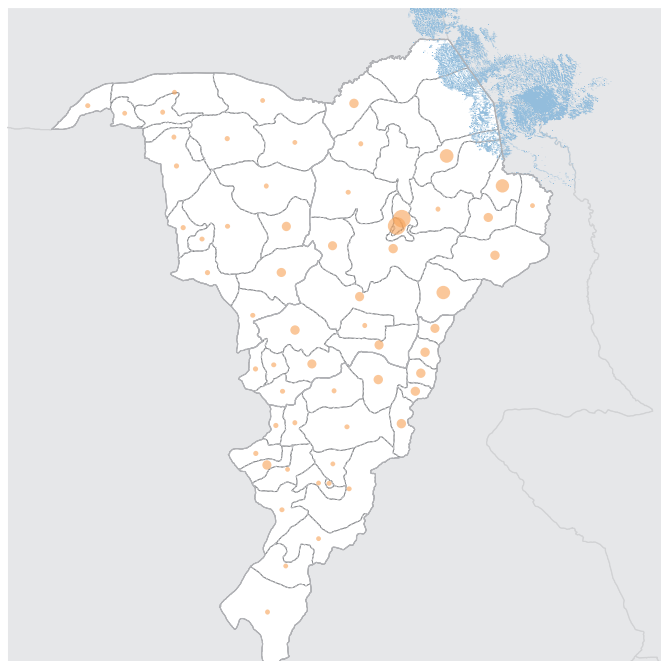
PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
<b>2.0M</b>	<b>1.3M</b>	<b>\$22.7M</b>

**3.2 Early Recovery and Livelihoods**

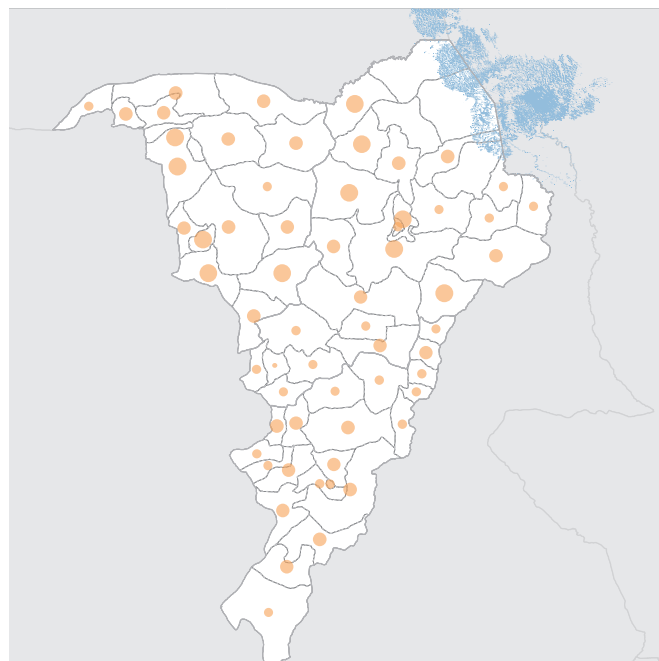
PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
<b>3.3M</b>	<b>0.3M</b>	<b>\$58.9M</b>

**3.3 Education**

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
<b>1.9M</b>	<b>1.2M</b>	<b>\$100.2M</b>

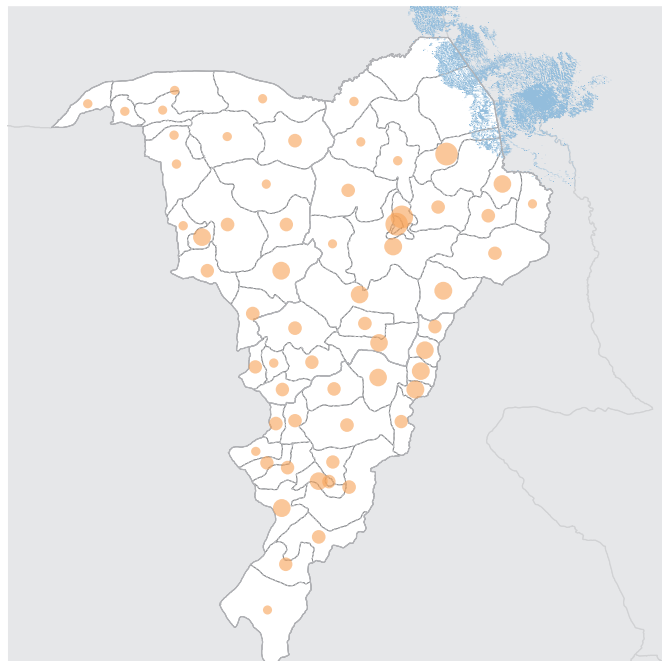
**3.4 Food Security**

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
<b>3.5M</b>	<b>3.5M</b>	<b>\$450.9M</b>



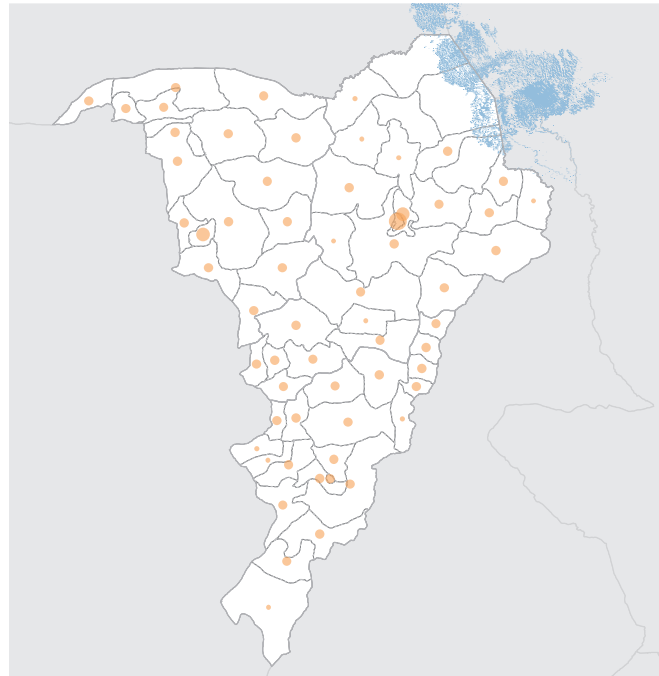
### 3.5 Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
<b>5.0M</b>	<b>4.4M</b>	<b>\$52.7M</b>



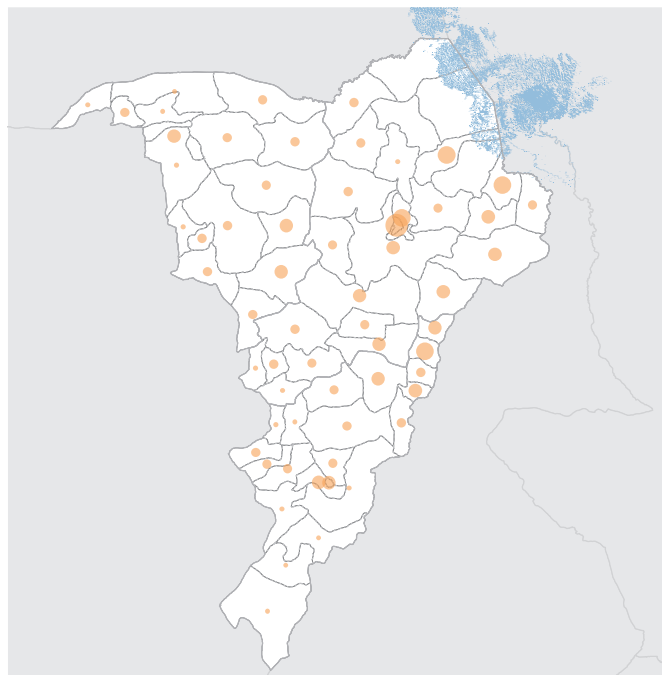
### 3.6 Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
<b>3.0M</b>	<b>2.5M</b>	<b>\$144.3M</b>



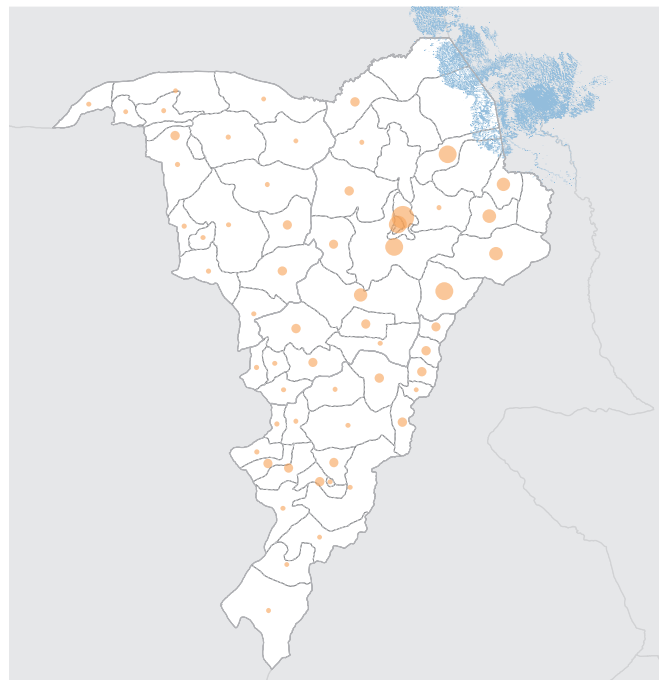
### 3.7 Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
<b>4.3M</b>	<b>2.0M</b>	<b>\$78.4M</b>



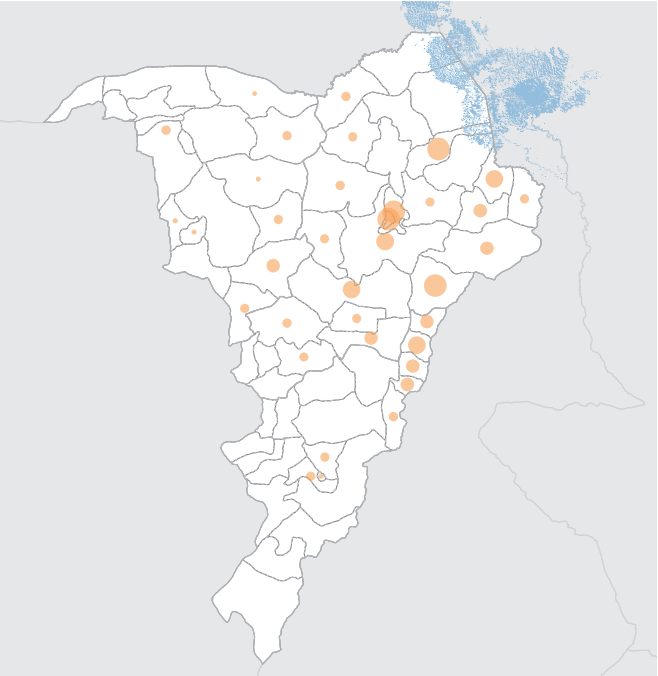
### 3.8 Shelter and NFI

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
<b>2.9M</b>	<b>1.5M</b>	<b>\$59.3M</b>



3.9 WASH

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
3.0M	2.6M	\$101.5M





## 3.2

## Camp Coordination and Camp Management



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	REQUIREMENTS (US\$)
2.0M	1.3M	0.3M	0.8M	\$22.7M
PARTNERS	PROJECTS			
18	19			

### Objectives

The Camp Coordination and Camp Management (CCCM) Sector will intensify efforts to scale up vital services to displaced populations across the BAY states in 2022, in line with two key objectives:

1. Enhance displacement management in camps, areas of return and out-of-camp sites to ensure equitable and dignified access to services, assistance and protection for IDPs.
2. Enhance resilience and improve ability of communities and local partners to cope with displacement, and ensure local ownership and self-governance through inclusive participation, gender mainstreaming and engagement of displaced people.

In 2022, the CCCM Sector will prioritize IDPs in camps, camp-like settings and host communities, as well as former returnees who have been displaced again in the BAY states. The sector aims to provide well-coordinated, planned and managed settlement sites to afford IDPs unfettered access to multi-sectoral assistance to meet their basic needs, monitor protection concerns, and improve their living conditions. The sector intends to increase its reach by adding IDPs in host communities to its target population to ensure they too have access to humanitarian assistance.

Displaced people in need of site management services will receive appropriate support, provided through inclusive and representative governance structures. The sector will ensure well-coordinated CCCM assistance, through capacity-building, referrals, and advocacy to mitigate protection risks and strengthen accountability to affected people.

### Response

The CCCM priorities for 2022 are driven and guided by the protracted nature of the displacement and the associated burden on displaced people and host communities across the BAY states. Of the 1,356,863 individuals targeted to receive CCCM assistance, 890,421 are living in camps and 446,050 in host communities. The target includes an estimated 20,392 IDPs who are expected to arrive from inaccessible areas. IDPs prioritized for assistance will include new arrivals and individuals in functional reception centres. Based on DTM Round 38 vulnerability criteria (which shows that 76% of IDPs are women and children), the sector will strive to give more attention and support through service provider referral mechanisms to the most vulnerable groups, including child-headed families, the elderly, single-headed families and people with disabilities.

CCCM Sector partners will work with humanitarian partners in camps, camp-like settings and informal



#### GONGULONG/BORNO, NIGERIA

An internally displaced man fixes his shelter with plastic sheeting at the Mohammed Goni Stadium camp in Maiduguri, Borno State. Photo: UNHCR/Roland Schoenbauer.

settlements to establish and strengthen coordination mechanisms to ensure non-duplication of assistance, equitable access to services, action on identified gaps and effective referral pathways. CCCM partners will assist people in need through in-kind assistance, CVA or a combination of both. The modality is determined by the principles of feasibility, effectiveness, efficiency, economy and safety. Working closely with displaced people and host communities, the CCCM Sector and partners will establish site governance structures to empower affected people to organize and mobilize their communities, create tangible contributions to the delivery of assistance and make informed decisions. The assistance will serve as a solid foundation for skills development and community self-governance, which, in turn, will reduce vulnerabilities and promote localization of responses in the future.

The sector also aims to empower displaced and host communities, partners, and local stakeholders to manage the shocks and impacts of displacement. This will be implemented through capacity-building

programmes for stakeholders on community governance, encouraging local leadership, and facilitating the identification of gaps by IDPs themselves. This aims at increasing self-sustenance and self-management, while ensuring better access to emergency services for those that remain in displacement. Other response priorities will include addressing overcrowding in camps through a decongestion strategy. In addition, communication and community engagement remains critical to the COVID-19 response, both for prevention and provision of accurate and reliable information.

#### Cost of response

Funding requirements for CCCM actions in 2022 stand at US\$37,178,046, equating to \$27.4 per beneficiary. Of the total funding requirement, \$16,005,702 will support CCCM actions, and \$21,172,344 will be used for site facilitation in camps, camp-like settings and host-community sites for 1,356,863 IDPs. The cost of the CCCM Sector response is based on the urgent need to scale up priority interventions

such as community services (complaints and feedback mechanisms, governance structures, community engagement, life-saving messages, and communication with communities), coordination (inter- and intra-site coordination meetings, service monitoring, LGA coordination meetings, information boards, etc.), and site improvements or operations (risk mitigation works such as drainage improvements, safety mapping, relocation, shelter fortification, and site reorganization). Maintenance work will also require additional human resources and logistical support. Other activities include displacement management, including the DTM and Emergency Tracking Tool (ETT), and biometric registration of persons of concern across the BAY states.

While the CCCM Sector operates across all the BAY states, it currently covers only 202 of the 306 recorded DTM camp sites due to access issues, insecurity and funding gaps. Of the 23 sector partners, 2 are UN agencies, 3 are INGOs, 15 local NGOs and 3 government agencies. The sector has 20 partners who operate in the camp sites in 21 LGAs, of which 3 conduct multi-sector activities.

The cost of the response is higher in 2022 than 2021 due to the continuous influx of new arrivals and former returnees who have been displaced again. Displacement management services are crucial for tracking IDP movements (especially in inaccessible areas), recording newly displaced people, returnees and refugees, and advocating for humanitarian assistance.

Logistical bottlenecks (both technical and manpower), access constraints and insecurity are major response challenges and have increased operational and response costs for CCCM actions. Sector partners will need to be consistent with the sector's recommended areas of operation, key objectives, indicators, activities and funding benchmarks per activity.

### **Linkages with long-term recovery or development activities**

In line with its decongestion strategy, which is already being implemented, the sector aims to improve living conditions and seek suitable or durable solutions for IDPs living in camps, camp-like settings and host communities across the BAY states. The site plans for the newly established decongestion zones allow these areas, eventually, to be converted to well-designed urban housing facilities. This approach encourages social cohesion within the host communities, while providing community members with economic opportunities, new skills and options for building their coping mechanisms in the event of future shocks.

The sector's strategy to combine an area-based approach with mobile site facilitation across LGAs will provide the foundation for government and development actors to efficiently address longer-term development needs.

### **Monitoring**

The humanitarian crisis in the BAY states has become increasingly complex and challenging with the rapid and continuous movement of IDPs and the gradual increase in returnees. The CCCM Sector will regularly monitor the situation by assessing progress and scale-up of CCCM site-facilitation responses across displacement sites (camps, camp-like settings and host-community settlements). The sector will monitor the response through 4/5Ws and other tools such as site trackers, situation reports and flash reports. The indicators will be monitored monthly using data from sector partners. The sector will also conduct training sessions, monitoring visits and assessments across field locations to obtain information on trends. It will engage local staff, community volunteers and remote management mechanisms to monitor trends in high-risk and inaccessible areas. The sector Information Management team will provide technical support and track the performance of all response activities and indicators.

## 3.3

## Coordination and Support Services



ORGANIZATIONS TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
128	\$21.3M	5	5

### Objectives

- Provide enhanced coordination services to ensure timely, effective and principled assistance and protection services to conflict-affected people.
- Support up-to-date and commonly shared situational awareness, analysis of needs, joined-up gap analysis, and monitoring of the humanitarian situation.
- Maintain humanitarian hubs to support inter-agency, multi-sector protection and assistance delivery in hard-to-reach conflict-affected areas.
- Deliver critical security support services to facilitate humanitarian assistance delivery.

### Response

The sector supports over 165 entities including UN organizations, NGOs, donors and government agencies. The sector will continue to support the Humanitarian Coordinator and Deputy Humanitarian Coordinator to ensure accountable and decisive leadership for the delivery of principled, timely and effective humanitarian action. It will maintain regular internal collaboration between the Humanitarian Coordinator, Deputy Humanitarian Coordinator and the HCT as well as external coordination on operational issues with relevant ministries, agencies and other government entities and mechanisms at national and state levels.

It will strengthen civil-military coordination mechanisms at federal, state and LGA levels to facilitate the movement of humanitarian aid to hard-to-reach locations and strengthen the implementation

of the access strategy and access constraints monitoring and reporting across the BAY states.

In deep-field locations, the sector will strengthen the 16 existing local coordination forums, and support platforms that promote partnerships, coordination and leadership for collective outcomes across the humanitarian and development community. It will maintain the nine existing humanitarian hubs in Borno State to provide secure and safe operating environments for aid workers.

The sector will continue to provide security risk assessments and security management, and liaise and collaborate with relevant actors on security matters.

The ISCG and thematic working groups will continue to facilitate operational coordination to mainstream cross-cutting concerns on gender, centrality of protection and PSEA. In line with agreed strategies and existing Inter-Agency Standing Committee guidelines to enhance the quality of the response, the sector will endeavour to ensure that response partners meet the specific needs of people with disabilities, and foster community engagement and accountability to affected populations.

To develop a better understanding of humanitarian needs and their evolution among response partners and stakeholders, the sector will facilitate collection and timely analysis of population data, including the MSNA, and develop specific analytical products.





#### MAIDUGURI/BORNO, NIGERIA

Bukar, 50, walks through the IDP camp in Maiduguri, Borno State where he lives and serves as the camp secretary. Photo: NRC/Samuel Jegede.

It will also offer language services to partners and communities to support two-way communication with affected people.

In collaboration with the Cash Working Group, the sector will identify and facilitate the coordination of multi-sector or joint programming such as multi-sector or multi-purpose cash-transfer programmes, and ensure strategic and streamlined cash coordination throughout the humanitarian response. It will also conduct cross-sectoral assessments and response analysis that considers the use of and informs decisions on cash and in-kind assistance or joint programming interventions.

The sector will conduct public and private advocacy to raise awareness of the crisis in the BAY states and the needs of the affected population, promote respect for international humanitarian law, and bring voices of crisis-affected people to the forefront. It will facilitate advocacy and fundraising campaigns or events

supporting HCT advocacy and resource mobilization efforts, including for the Nigeria Humanitarian Fund.

#### Cost of Response

In 2022, the sector comprises four partners, all of which have adequate capacity to implement all planned activities, subject to availability of resources.

Five projects are planned for 2022, with a total budget of \$21.3 million. A project-based costing method was used to estimate financial requirements, based on the actual costs in 2021. Coordination activities, provision of accommodation and services at the humanitarian hubs, and ongoing security management are the main cost elements.

#### Linkages with long-term recovery or development activities

The sector will support the implementation of actions developed within the humanitarian-development-nexus framework, as agreed with the Government in 2018. Sector lead agencies will be supported



in identifying collaborative opportunities with development partners. It will continue to strengthen collaboration with the FMHADMSD,<sup>35</sup> the North East Development Commission, and the Borno State Agency for the Coordination of Sustainable Development and Humanitarian Response, the entities mandated to coordinate and develop humanitarian response strategies. The sector will work closely with partners and advocate that all actions consider the Government's development endeavours and strategies such as the Borno State 25-year development framework and 10-year strategic transformation plan.

### **Monitoring**

Sector partners will regularly monitor and track progress towards HRP objectives as part of overall 2022 HRP monitoring. The sector will consolidate monitoring data and report progress against the HRP on behalf of the humanitarian community.

The sector will track, support and facilitate regular meetings of the HCT, OHCT, ISCG, Humanitarian Communication Working Group and the Assessment and Analysis Working Group (AAWG), Cash Working Group (CWG) and Accountability to Affected Population and Community Engagement Working Group (AAP/CE WG). Issues relating to aid workers' safety and security, operational access, civil-military coordination, and advocacy for humanitarian funding will be tabled in these forums for discussion and resolution. Local coordination groups' monthly meetings will also be tracked to generate information on gaps and challenges in the humanitarian response and advocate for action by relevant actors. To gather evidence of humanitarian needs, the sector will facilitate multi-sector needs assessments across accessible LGAs in the BAY states as well as initial rapid needs assessments when required. It will also track occupancy in the humanitarian hubs, perform security briefings, and assess and analyse security risks.

## 3.4 Early Recovery and Livelihoods



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	REQUIREMENTS (US\$)
3.3M	0.3M	0.12M	0.05M	\$58.9M
PARTNERS	PROJECTS			
25	26			

### Objectives

The protracted conflict, coupled with the economic effects of the pandemic, continue to impede and erode livelihood opportunities, forcing people to resort to harmful coping mechanisms. Returns and displacement patterns are putting further strain on already scarce natural and economic resources, limited livelihood opportunities and access to basic services. The conflict has contributed to tensions within communities, placing an additional burden on law enforcement systems and access to justice options, which in turn hinders progress towards governance and rule-of-law aspirations as well as undermining safety and security at the community level.

In light of government priorities at state and federal levels, global humanitarian commitments made in the past few years, and promising developments in some areas (the level of conflict is at its lowest in the last eight years),<sup>36</sup> it is now critical to intensify early recovery and livelihood restoration efforts in north-east Nigeria. This will help to prevent communities from relapsing into fragility and support them in transitioning towards sustainable development. The sector aligns with global recommendations for policy shifts towards a development-oriented approach to internal displacement<sup>37</sup> and the implementation of durable solutions.

The Early Recovery and Livelihoods (ERL) Sector response strategy is the key operational aspect of the HCT's strategic objective of steadily reducing the severity of humanitarian needs. In particular, the sector response will stabilize income and restore livelihoods through the creation of employment and economic opportunities, strengthen social cohesion among the different population groups, promote good governance and enhance access to basic services and critical infrastructure, especially in areas of return. These elements are paramount to strengthening self-reliance and safeguarding affected populations against current and future vulnerabilities and shocks.

### Response

The ERL Sector will prioritize actions that have a non-immediate, yet critical, impact on preventing harm or threat to life as well as actions that will increase self-reliance and create a conducive environment for development in the long run. The strategy entails promoting an integrated approach based on four pillars: 1) livelihoods, income support and access to credit, 2) access to basic services, 3) good governance, and 4) social cohesion. When implemented together, these areas will ensure that results are sustained and create a conducive environment for long-term development. The strategy prioritizes return destinations along with informal or non-camp displacement settings and host communities where IDPs receive minimal assistance



#### MUBI/ADAMAWA, NIGERIA

Many mothers bring their children when they attend a livelihoods support programme run by UNHCR and Caritas in Mubi, Adamawa State. The 3-month sewing programme equips returned IDPs and refugees with skills and materials they need to start work as tailors. Photo: OCHA/Christina Powell.

and have limited access to services. In these locations, working with host communities is critical to ensure that any weakening of social cohesion does not jeopardize the peaceful coexistence of different population groups.

Interventions will prioritize the most vulnerable groups including female-headed households, youth, people with disabilities and minority populations.

Taking into account that some 73% of people in the BAY states reported income and livelihood support to be among their most pressing needs (second only to food assistance),<sup>38</sup> the sector's approach envisions a combination of in-kind and cash modalities, depending on the activity. (Over 59% of respondents to the MSNA expressed a preference for cash assistance, while 47% preferred in-kind assistance.) Approximately 55% of the response will be delivered through cash modalities, namely cash-for-work for short-term employment in public infrastructure projects, and cash grants for establishing and upgrading small businesses.

Synergies with other sectors will be achieved mainly through combined interventions for food security, protection and education projects, which are deeply intertwined with early recovery and livelihoods. These integrated multi-sector interventions will be implemented simultaneously – for instance, food security support will be provided to recipients of vocational skills training.

The vetting of projects submitted by partners takes into consideration the relevance of proposed interventions to the sector's mandate and priorities, as well as the contribution to the sector's objectives. In addition, it is important that partners have access to, presence in and/or knowledge of the target areas, and are an active member of the sector. Ultimately, because of the nature of its activities, the sector will prioritize the quality of interventions over quantity by maintaining a reasonable level of budget per beneficiary.

## Cost of Response

The sector used a combination of project and activity-based costing calculations to determine the financial requirements of the response. In the north-east, as a high-risk area, there are elements such as logistics and access that significantly drive up the costs. In addition, the nature and relatively long duration of projects – which focus less on life-saving humanitarian assistance and more on reducing humanitarian needs and long-term durable solutions – are reflected in the costs.

Projects are carefully analysed to make sure that the ratio of funding per beneficiary, coupled with the type of activity, will help to ensure a high-quality intervention. The organizational capacity of each organization and variations in operating costs between them are also an important consideration.

About 20% of the funding requirements will be used to rehabilitate basic infrastructure, guaranteeing access to basic services. For other activities, the average amount of funding per beneficiary is approximately \$250; this will ensure a comprehensive intervention to achieve durable solutions. The actual cost per beneficiary and per project will vary depending on the location, the project duration and the types of activities involved.

The budget review is based on the aforementioned considerations to ensure that partners do not deviate significantly from the recommended ratio. However, since the type of activity, duration and methodology can significantly impact the cost, projects are also evaluated on a case-by-case basis to carefully understand the rationale behind each intervention. All vetted projects should be cost-effective in terms of the balance between the number of recipients and the quality of the proposed intervention.

## Linkages with long-term recovery or development activities

In line with government priorities, both at federal and state levels, global humanitarian commitments and policy frameworks (such as the SDGs and the New Way of Working), and the preferences of affected populations, the response aims to promote durable solutions and facilitate the transition towards sustainable development.

In particular, the sector will work towards building the resilience of affected communities through support for and restoration of livelihoods and access to basic services, as well as strengthening social cohesion and good governance. The positive multiplier effect from this people-centred approach will help communities stabilize, recover and ultimately return to pre-crisis conditions, as well as strengthen their resilience to future shocks.

The sector and its partners will coordinate closely with relevant authorities, such as the Ministries of Reconstruction, Rehabilitation and Resettlement in Borno and Adamawa, and the Yobe State Ministry of Humanitarian Affairs and Disaster Management (also co-chair of the sector), to work towards developing an enabling environment for the return and resettlement processes in the three states.

In doing so, and in line with its three-year strategy, the sector will adopt a localization approach to build the capacities and increase ownership and accountability of community sector organizations, enabling them over time to take on a central role in the development of the region.

## Monitoring

The sector has developed a monitoring and evaluation framework which includes six indicators to guide and monitor partners' response. It has established a reporting mechanism based on the 5Ws (what, where, who, when and for whom) template for monthly quantitative and narrative reporting by sector partners. This will assist the sector in tracking progress against the indicators and enhance accountability to affected populations.

Response monitoring aims to measure the progress of HRP achievements and identify the constraints and ways forward, helping to convert challenges into opportunities.

The sector will seek partner support to conduct specific assessments whenever new needs emerge in order to re-direct the response. Partners will also be asked to share project documents (such as final evaluations) and conduct participatory sessions to identify challenges and lessons learned as a means of sharing information among partners.

## 3.5 Education



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	REQUIREMENTS (US\$)
1.9M	1.2M	0.01M	1.18M	\$100.2M
PARTNERS	PROJECTS			
21	21			

### Objectives

Based on the HNO, the 2022 Education Sector response focuses on three main objectives:

- Improve access for conflict-affected children and adolescents to inclusive quality basic education and vocational skills opportunities within a safe learning environment.
- Support the provision of quality and conflict-sensitive educational services to enhance learning.
- Enhance/maintain the capacity of government ministries, departments and agencies (MDAs) and communities to plan and deliver a timely, appropriate and evidence-based education-in-emergencies response.

These three objectives will help address the issue of out-of-school children among IDPs, returnees and host communities in the BAY states. The sector also aims to improve the quality of education through teacher training and the distribution of books. These objectives will contribute to reinforcing inclusion of all vulnerable groups of children, and improving safety in and around learning spaces. Much of the work will be done in collaboration with government structures within the Ministry of Education to ensure

the education-in-emergency response is part of the national and state plan.

### Response

Based on the 2022 Humanitarian Needs Overview, the Education Sector will work closely with the Ministry of Education on an intervention strategy. The response and intervention strategy will focus on increasing access to informal and vocational skills opportunities required to address the multifaceted learning needs of children who have had years of disrupted learning: catch-up classes, accelerated learning programmes, vocational skills training, mental health and psychosocial support services (MHPSS), and pathways back to inclusive age-appropriate levels of formal education. The response prioritizes the most deprived population groups, in particular those in areas with high severity of inter-sectoral needs, and where learning facilities and educational thematic areas are disproportionately underserved.

The majority of the out-of-school children are internally displaced, often more than once. Children living in communities or displacement sites where there are few or no available education services will be prioritized. The sector encourages investment in innovative informal or formal education modalities (remote, blended and self-learning) for both in-





#### MAIDUGURI/BORNO, NIGERIA

Aisha studies in her shelter in Dalori Camp in Maiduguri, Borno State with a friend. She and her parents were displaced from Bama by the violence. When asked what she would like to be in the future, she said "I would like to be a doctor so I can help a lot of hurting and sick people." Photo: OCHA/Damilola Onafuwa.

and out-of-school children. Formal schools that accommodate displaced students, through staged returns or bridging classes, will be supported to provide conducive learning environments. Classrooms will be rehabilitated or constructed and equipped in coordination with the Ministry of Education and State Universal Basic Education Boards, and according to government standards.

The Education Sector will build on the existing education system and school structure to strengthen capacity. It will encourage government-led initiatives to mainstream minimum standards for safe schools within educational programming. Efforts will be made to operationalize the Safe Schools Declaration<sup>39</sup> and create a sense of safety for learners, which encourages them to stay in school and improve their learning outcomes. The sector will sensitize school-based management committees on school safety, and empower school administration structures to analyse and mitigate safety risks. It will collaborate with relevant sectors to maintain a resilient education

system – for example, in collaboration with the Child Protection sub-sector, teachers will be equipped with safeguarding skills to recognize and respond to distress in children and refer those in need to appropriate service providers. The sector will pilot a number of initiatives including protection activities in schools with a specific focus on the prevention of abuse and exploitation of girls to reduce the rate of dropout.

A sense of safety and well-being is key to achieving learning outcomes and fostering a conducive learning environment. Therefore, the sector aims to increase MHPSS interventions to address the stress and psychosocial pressure from the crisis for both students and teachers alike. Teachers need support to address both their own and their students' psychosocial and emotional needs.

#### Cost of response

In 2022, the Education Sector seeks up to \$100.2 million to provide 1.2 million children with education-

in-emergency (EiE) services. The EiE cost per child has increased to \$85 in 2022 (from \$50 in 2021). Access restrictions, insecurity and increased transportation costs in addition to the country's high inflation rate have increased the cost of educational support materials. The sector is also introducing new activities such as remote learning to the EiE package. All these have increased the cost per child for the education response.

The cost per child in education is based on a sample of 1,000 children who are benefiting from the full EiE package during a certain period. This takes into account all related costs (teacher training, construction/rehabilitation and equipping of temporary learning spaces, distribution of school materials, etc.). This is also in accordance with the EiE standard costing framework, for which the EiE cost per person ranges from \$90 to \$150, depending on the sort of programming and grades.

#### **Linkages with long-term recovery or development activities**

The Education Sector, in line with its multi-year strategy, intends to fulfil its commitment to a transitional roadmap to recovery and sustainability, which entails transferring responsibilities to relevant stakeholders and duty-bearers. This entails:

- Strengthening government capacity to both oversee and coordinate EiE response
- Prioritizing strategic and plan-based actions such as strengthening education at school level
- Empowering school-based management committees

- Re-integrating and mainstreaming learners back into formal education through bridging EiE response programming
- Scaling up the involvement of development actors for a more sustainable response (i.e., multi-year funding)

The sector is also reinforcing its localization strategy by strengthening national organization capacities and making them key actors in the response.

#### **Monitoring**

To monitor the response, the Education Sector makes use of existing tools and implementation-monitoring mechanisms (MSNA, JENA, 5Ws, partner activities and field visits). It aims to increase the involvement of key stakeholders in information management, helping to facilitate evidence-based decision-making. Additionally, the sector will conduct joint field visits with relevant sectors and state Ministries of Education, and carry out a Joint Education Needs Assessment. The sector places children's voices and opinions at the core of the response, and as such, will commit to increase child participation in different phases of programming, from feedback and decision-making, to monitoring and evaluations. The Education Sector is keen to continue leveraging innovative monitoring tools – for example, deploying the online Report Hub (replacing the 5W Excel template) which monitors monthly key indicators at school level. Partners' inputs and actions will be automatically collated and aggregated in dashboards managed by the EiE Working Group Information Management Officer.



## 3.6 Emergency Telecommunications

ORGANIZATION TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
128	\$1.6M	1	1

### Objectives

The Emergency Telecommunications Sector (ETS) will provide humanitarians across Borno, Adamawa and Yobe states with reliable communications and internet services. ETS services enable humanitarian staff and agencies to efficiently and safely implement their activities in conflict-affected areas, where services from local providers are intermittent or no longer functioning. Throughout 2022, the ETS will:

- Enable internet and security telecommunications services in ten areas currently covered by ETS services in Borno, Yobe and Adamawa states
- Continue delivering capacity-building activities to humanitarian actors and government counterparts across the BAY states
- Map the communications needs of the affected population and evaluate how ETS can support them
- Continue the provision of coordination and information-management activities

As a common-services sector, the ETS aims to support the entire humanitarian community including UN agencies and local and international NGOs with shared internet and security telecommunications services. These services are vital for implementing the response while ensuring the safety and security of humanitarian actors operating in volatile areas in the BAY states. So far in 2021, 3,567 humanitarians from 104 organizations have used ETS services, and the sector has trained 126 humanitarians on security communications procedures. In 2022, the ETS projects that a minimum of 3,000 humanitarians from 110 humanitarian organizations will need internet connectivity services to enable them to conduct

life-saving activities in the field. The sector projects an increase in the need for internet connectivity and security telecommunications services across field locations following the deployment of additional humanitarian staff.

### Cost of response

The ETS has a budget of \$1,600,000 for its 2022 activities. About 45% of the budget will cover IT/ security communications equipment costs and recurring costs for telecommunications services. The remainder of the budget will cover staffing, administrative and direct/indirect support costs. The ETS uses a project-based approach to estimate its budget. To ensure continuity of services in the long term as well as the timely provision of technical support, the ETS will work to recruit and transfer knowledge to local ETS staff, in line with the localization agenda. Moreover, the sector will continue to build the capacity of local ICT actors and government counterparts, providing specialized training sessions on security telecommunications technology as well as strengthening the collaboration mechanisms of humanitarian partners and government agencies involved in the humanitarian response. This will help to ensure that agencies are better prepared for future crises.

### Monitoring

The ETS will conduct frequent field missions, participate in relevant sector meetings, and organize dedicated ETS local working group meetings in Maiduguri (Borno State) to track and respond to evolving situations. The sector will also conduct a user-friendly satisfaction survey to elicit feedback from humanitarians on the ETS services provided.

## 3.7 Emergency Shelter and NFI



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	REQUIREMENTS (US\$)
2.95M	1.46M	0.3M	0.8M	\$59.3M
PARTNERS	PROJECTS			
13	13			

### Objectives

The Shelter/NFI Sector response objectives for 2022 in the BAY states are to:

- Ensure sufficient, coordinated and adequate delivery of emergency shelter solutions in response to the immediate shelter needs of affected people.
- Deliver reinforced or transitional shelters and repair systems to address the specific shelter needs of affected people.
- Provide flexible, coordinated, adequate and harmonized NFI assistance (including assessments, distribution, reporting and post-distribution monitoring) to affected people.

The sector and partners will target the unmet shelter needs of both existing IDP caseloads and new arrivals to address health- and protection-related concerns triggered by the shortage or lack of shelter and NFIs. Ensuring both rapid impact and durable-solution approaches to shelter and NFI programming will be crucial to meeting the sector's response objectives in 2022. The sector aims to improve access to emergency and/or transitional shelter to improve the living conditions of crisis-affected households living in camps, camps-like settings and host communities across the BAY states.

### Response

The sector will provide a variety of solutions that prioritize the most vulnerable populations through:

- Provision of emergency shelters, shelter kits, and transitional shelters that encourage the use of local construction materials such as mud bricks.
- Provision of reinforcement or repair materials for both emergency and transitional shelters.
- Cash-and-voucher shelter responses (e.g., conditional or unconditional cash or vouchers for rent).
- Repairs to ensure that minimum standards are met.

The sector will also distribute standard core-relief kits or household items such as mats, kitchen sets or blankets. Sector partners will conduct needs assessments and post-construction/distribution monitoring to compile and evaluate beneficiary complaints and feedback on the services provided. Key strategies for shelter implementation in 2022 will include the decongestion of densely populated camps, and construction of improved or transitional shelters (of the type used in Bama and Dikwa) in suitable locations to provide longer-lasting, semi-permanent shelter solutions. In addition, the sector will employ a range of response modalities (such





#### BORNO, NIGERIA

Distribution of non-food items in Borno State.

Photo: Styliia Kampani / IOM2021

as in-kind assistance and CVA) to ensure timely assistance in the face of logistical, procurement and access challenges.

With over 589,169 households currently in need of shelter, the sector will prioritize: families who share shelters with relatives and friends in highly congested living areas; newly displaced people; those whose shelters have been damaged or destroyed by natural hazards or accidents such as fire, flooding and windstorms; and extremely vulnerable groups such as the elderly, single-headed households, people with disabilities and child-headed households. The sector and partners will focus on early procurement of materials, logistics and prepositioning, and the use of locally sourced materials for rapid-response projects in 2022. This will help to avoid or mitigate challenges experienced in 2021 regarding movement restrictions and insecurity. In 2022, the sector will intensify decongestion efforts by ramping up construction of transitional shelters on newly secured land.

The sector will seek to involve and sustain the engagement of communities at all stages of the response through shelter committees, camp governance structures and focus-group discussions. Sector partners will continue to encourage "come and see" monitoring visits, complaints and feedback tracking, engagement of youth and women in cash-for-work, and supervision schemes that promote ownership and inclusion of host communities. The engagement of affected communities in the shelter response has improved acceptability, ensuring that beneficiaries are part of project decision-making and benefit directly from project activities, including through cash-for-work schemes. In addition, protection from sexual exploitation and abuse (PSEA) training and sensitization have been provided to staff, volunteers, and local labourers who participate in the sector response, to prevent and mitigate risks of GBV and SEA.

In collaboration with the Protection Sector, the response has mainstreamed protection, gender and



disability concerns in the design and implementation of shelter construction and NFI or shelter-kit distributions. This collaboration also supports training and awareness sessions during project activities. Shelters are constructed with protection concerns in mind, such as adequate spacing to afford greater privacy and protect the health and safety of beneficiaries.

Furthermore, the sector will support land advocacy efforts and follow up with relevant stakeholders to secure land for additional shelter construction or decongestion and other humanitarian actions for vulnerable families that have no access to land and risk eviction from temporary settlements.

### **Cost of response**

Currency fluctuations, the higher cost of materials and transportation, and insecurity and access challenges have contributed to an increase in the cost of the Shelter/NFI Sector response. The continuous influx of new arrivals and returnees and the widespread dilapidation of emergency shelters (due to extended use and wear) have triggered unmet shelter and NFI needs for affected populations. Funding received in 2021 was very limited and unable to meet the existing gap.

Criteria for selecting partner projects are as follows:

- Projects are environmentally friendly.
- They use locally available materials and local labour, including skilled beneficiaries.
- Funding benchmarks are tagged for each activity.
- Project costs are within an acceptable and justifiable range.
- Partners have the capacity to deliver and are HRP-registered.

### **Linkages with long-term recovery or development activities**

The sector prioritizes the decongestion of overcrowded camps in north-east Nigeria, with the aim of developing improved and sustainable living conditions in IDP settlements. This is crucial given that many of the camps have existed for

more than ten years. This approach prioritizes transitional shelters, semi-permanent structures designed to use locally available materials that can be used by beneficiaries to rapidly improve their own shelters. The approach has a range of benefits, including economic empowerment of stakeholders, including IDPs and host communities. Decongesting settlements also improves social cohesion in areas of displacement while enhancing government capacity to manage the impact of displacement through organized and coordinated settlements.

Shelter is a crucial priority of humanitarian assistance, yet 11 years into the crisis, shelter gaps remain as high as ever (89% of surveyed IDPs, returnees and affected host communities reported a physical problem with their shelter, as per the JIAF). Lack of safe protective areas exposes individuals and families to life-threatening health and environmental hazards. The failure to provide shelter and emergency NFIs will put people at risk of homelessness, exposing them to the elements and dire health conditions. The sector aims to continue to mobilize the required resources and further spread its reach to IDPs.

### **Monitoring**

The sector will continue monitoring any emerging needs for vulnerable individuals using site trackers, 4/5Ws, DTM assessments, field assessments and site visits, and pre- and post-construction or distribution monitoring reports. These actions will be planned periodically (fortnightly, monthly, quarterly and annually) depending on the response and delivery methods. Joint monitoring exercises by the technical working group and annual reviews will evaluate the performance, technical quality, and efficiency of the response. Sector partners will be encouraged to engage all community groups throughout the project implementation cycle, including project planning and monitoring, with special attention to the needs of women, children, the elderly, people with disabilities, and people with special needs. Sector partners intend to use local labourers, vendors and contractors to procure locally available materials for the response, thus reducing the logistical challenges posed by the COVID-19 pandemic and security restrictions.

## 3.8 Food Security



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	REQUIREMENTS (US\$)
3.48M	3.48M	0.7M	2.0M	\$450.9M
PARTNERS	PROJECTS			
17	18			

### Objectives

The October 2021 Cadre Harmonisé (CH) projects 3.5 million in need (IPC phases 3 or worse) during the peak of the 2022 lean season, of whom an estimated 13,551 people are anticipated to be in catastrophe-like conditions (Phase 5), and 459,846 in Phase 4 ('emergency'). If funding shortages recur, 2022 will have increased gaps. There is an urgent need to support affected and vulnerable households to meet their minimum food needs and support resilience activities to prevent the adoption of negative coping strategies and mitigate the risk of malnutrition.

Objective 1: Improve the most vulnerable crisis-affected people's access to timely and appropriate food assistance, including fuel and energy-related support, to meet their immediate food needs.

Of the 3.5 million people projected to be food-insecure in 2022 in the BAY states, 31.3% are girls, 27.5% boys, 21.6% women and 19.6% men. In terms of population groups, IDPs make up 16%, host communities 62%, people in inaccessible or hard-to-reach areas 8%, and returnees 14%.

Objective 2: Strengthen resilience of crisis-affected people by re-establishing, improving and diversifying key agriculture livelihoods (including crop production

and livestock husbandry, fisheries, forestry, and natural resources management).

Despite the continued conflict, there are opportunities to increase resilience activities, especially in areas where access to land for production has increased since the 2020 and 2021 farming seasons (according to recent satellite imagery analysis and various government reports).

Objective 3: Strengthen timely, coordinated and integrated food security response through approaches that enhance local capacities in collaboration with other sectoral interventions.

The Food Security Sector (FSS) will coordinate with other sectors to improve efficiency, avoid duplication, ensure joint and inter-sectoral assessments and analysis, and enhance accountability, while incorporating cross-cutting issues and supporting humanitarian-development nexus programming.

### Response

Sector partners will prioritize assistance to the LGAs with the most vulnerable groups, targeting people in CH phases 3 to 5 – the majority of whom are in Borno State (42%); Yobe and Adamawa have 33% and 25% respectively. FSS partners will implement contingency



#### GUBIO/BORNO, NIGERIA

Ummi, 30, is a mother of five. She left her home in Gubio LGA, Borno State, to escape the violence and has been in Maiduguri for four years. She has a small garden that she farms herself, which she enjoys and takes pride in, but that has not been enough to overcome food insecurity. As a result, Ummi often resorts to begging to feed her family. Photo: OCHA/Damilola Onafuwa.

planning in preparation for new arrivals (IDPs and/or returnees), whose numbers have recently increased in the second half of 2021. This will include both CVA preparedness and the prepositioning of food supplies in key locations, in addition to the regular monthly food assistance. The sector will scale up efforts, to the maximum of its capacity, during the peak of the 2022 lean season (June to August), the most critical time for multi-sectoral needs. All partners that provide food assistance through CVA are required to add 2,000 naira per month per household (in addition to the food basket transfer) for cooking fuel to address immediate food preparation needs. This will help to maximize nutrition intake, and minimize the protection risks, negative health impacts and environmental hazards that come with the search for and use of firewood, which disproportionately affect women and girls.

Sector partners will scale up agricultural-livelihoods support including for crop production, livestock husbandry, fisheries and cash-for-work assets/

activities at household and community levels, to support community asset rehabilitation, increase resilience and enhance livelihood recovery in the three states.

In 2021, WFP satellite imagery and FAO and government reports indicate an increase in cropland since 2020, including in some garrison towns (Monguno, Dikwa and Gwoza). In 2022, the sector will continue to advocate for greater access to land for agriculture (crops and livestock) and the clearance of land contaminated with explosive hazards. The FSS will also coordinate rainy-season farming activities to ensure areas with gaps are prioritized, and increase input support to areas where land access has increased. The sector will build on the efforts in 2021 to fast-track the clearance and timely distribution of fertilizer, led by the respective State Ministries of Agriculture.

Where feasible, assistance will be increasingly provided through CVA, both for emergency food



assistance and agricultural resilience. As of September 2021, about 42% and 23% of the food-assistance and agricultural-livelihoods responses respectively are delivered through CVA; in Borno 74% of caseloads receive CVA, in Adamawa 3% and in Yobe 23%. FSS partners will continue regular post-distribution and food basket price monitoring to ensure that CVA is still relevant, and make adjustments to transfer values and/or modalities where necessary.

The FSS and partners will maintain contact with other sectors (at different levels) to coordinate the joint response and ensure cross-referrals such as from various feedback platforms including protection monitoring and risk assessments. This will build on the key cross-sectoral activities, including protection, gender and disability mainstreaming training sessions delivered to partners in 2021. Other key cross-sectoral activities include joint assessments of needs and response with the Nutrition, WASH and Health Sectors, among others. The CCCM Sector will continuously support community engagement including feedback mechanisms and crowd control.

### **Cost of response**

For 2022, the FSS requires \$450 million USD to reach the 3.48 people in need of food assistance and agricultural-livelihoods support respectively. The sector's funding requirements are calculated using a project-based costing approach, taking into consideration the complexity of the FSS response. For food assistance (all modalities), it is recommended that partners support beneficiaries to meet 100% (2,100 kcal) of their kilocalorie needs. The cost of response has increased significantly due to access constraints as a result of insecurity, poor road conditions and inflation (driven by a combination of the lingering economic effects of the COVID-19 pandemic and other macro-economic challenges). According to WFP's October 2021 Monthly Food Basket Price monitoring, the cost of a food basket in Maiduguri Metropolitan Council and Jere has increased by 34% in a year, and 56% compared to the same period in 2017.

### **Linkages with long-term recovery or development activities**

The sector plan builds on the ongoing, twin-track food-assistance and livelihoods-assistance programme. It also leverages existing early-recovery and reconstruction initiatives, while anchoring on the state-level plans such as the Borno State 25-year development plan. It is critical to address the underlying causes of the protracted crisis by further integrating humanitarian and development assistance, improving disaster risk reduction and management, and reinforcing the Government's social protection floors. The FSS, particularly through its Agriculture and Livelihood Working Group, Safe Access to Fuel & Energy (SAFE), and Livestock and Fisheries Working Group, will support partnerships that improve natural resource management; address challenges related to climate change; strengthen early warning systems; promote forecast-based financing; enhance business literacy and value chains; and learn from best practices from other countries that go beyond asset creation. Non-governmental partners will also build on the government programmes across the BAY states including agricultural support (such as mega-farm projects), fertilizer subsidies and other social protection programmes initiated by the state governments. The sector will link up the humanitarian food security assistance with other non-government recovery and development programmes including the UNDP's 'stabilization programme'.

The FSS and partners will continue to provide capacity-building to partners in critical areas such as accountability to affected people (AAP), protection (including gender and protection mainstreaming), risk analysis and food security monitoring.

### **Monitoring**

The sector will support the CH process in March and October 2022. As mentioned above, Food Security partners will continue regular post-distribution monitoring and food basket price monitoring. On a monthly basis, the FSS Dashboard provides a snapshot of the sector partners' work during the preceding month. The monthly Partner Presence Map allows partners to quickly identify organizations working in an area to improve coordination among

actors; the monthly gap analysis identifies areas with food insecurity and the actual reach compared to planned target. As cash programming increases in the north-east response, a Cash Dashboard will be developed to better understand the CVA being implemented. The quarterly Partners' Intervention Plans facilitate better planning and resource mobilization, and minimize duplication.

In 2021, the sector led by the Federal Ministry of Agriculture and Rural Development in coordination with other sectors including Nutrition, WASH and Health, have continued to monitor the people coming out of inaccessible areas, using them as a proxy

for conditions in these locations. This will continue through 2022.

For early warning, the sector will rely on WFP's Mobile Vulnerability Assessment and Mapping (mVAM) to identify senatorial (sub-LGA-level) zones whose food security situation has deteriorated. This will be followed up by a rapid assessment to identify and recommend locations to the Rapid Response Mechanism Team for action.

The FAO will also collaborate with the Government and partners in collecting and availing data on agricultural livelihoods-based indicators, including for crops and livestock.

#	INDICATOR	SECTOR(S)	SOURCE	FREQUENCY
1	Number of people in CH Phases 3, 4 and 5	Food Security Sector (FSS)	CH Analysis Results October 2020, March 2021, October 2021	Semi-annually
2	Food Security and Nutrition Monitoring of Inaccessible Areas Arrival Population (Also known as the Famine Monitoring System for the Inaccessible Areas)	FSS / Nutrition / WASH / Health	Primary data collected from new arrivals	Monthly
3	Monthly key food security indicators (Food consumption scores and coping strategies)	mVAM	WFP	Monthly
4	Food price monitoring	FSS	Various partners	Monthly
5	Household access to agro-inputs	FSS	FAO	Quarterly
6	Livestock body condition scores	FSS	FAO	Quarterly
7	Terms of trade among herders	FSS	FAO	Quarterly



## 3.9 Health



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	REQUIREMENTS (US\$)
5.0M	4.4M	0.7M	3.1M	\$52.7M
PARTNERS	PROJECTS			
14	16			

### Objectives

About 5 million people are in dire need of humanitarian health assistance across the BAY states. Among the key risks are severe malnutrition, the ongoing COVID-19 pandemic, and the outbreak of cholera and vaccine-preventable diseases like measles and cVDPV2. The north-east region has the highest maternal mortality rates in Nigeria, estimated at 1,549 per 100,000 live births. Approximately 28% of IDPs (370,000), 34% of people in host communities (400,000), and 32% of returnees (170,000) do not have sufficient access to safe water for drinking, cooking and personal hygiene.

The Health Sector has identified some key concerns including: shrinking access and humanitarian space; a spike in conflict in some areas with resultant impacts on populations and critical facilities; limited essential services; near-absence of functional governance especially at LGA level; and the ongoing relocation or resettlement of IDPs in high-risk locations such as Kukawa and Marte LGAs in Borno State.

In 2022, the Health Sector has three key objectives:

- Provide basic life-saving and essential quality health-care services to affected IDPs, returnees and host populations.

- Respond in a timely manner to epidemic outbreaks through rapid response mechanisms and coordinated preparedness and prevention actions.
- Improve and sustain access to health care, strengthen health system recovery, enhance resilience and promote humanitarian-development linkages.

Public health systems in the BAY states do not have the capacity to meet the needs of the populations. Health systems face a variety of challenges including dilapidated infrastructure and equipment, lack of qualified staff, gaps in the supply of medicines and medical supplies, and under-funding.

The Health Sector provides services to all age and demographic groups through different standard packages, prioritizing children under five, pregnant and lactating women, and older adults with chronic health conditions. Life-saving and vital health services are delivered through a combination of minimal and comprehensive packages, including services for maternal-and-child health, sexual and reproductive health, GBV survivors, management of malnutrition with medical complications, management of non-communicable diseases, mental health and psychosocial support (MHPSS), and the strengthening



#### VILLAGE/CITY, NIGERIA

Inna fled Kukawa LGA, Borno State, after losing her family in the conflict. She is now receiving support from UNICEF in a camp in Maiduguri to ensure she safely gives birth to her child. Photo: OCHA/Damilola Onafuwa

of response to outbreaks. The sector continues to collaborate with WASH, CCCM, Shelter/NFI and other sectors to deliver a more coordinated response for the timely containment of disease outbreaks. Epidemic outbreak preparedness, prevention and response capacities are also being strengthened to ensure a timely and effective response to prevent any major public health threats.

The Health Sector has been able to link strategic objectives with specific performance/response indicators and priorities including:

- Maintain and continue health-care services in all priority locations including IDP sites, and scale up of health services in hard-to-reach and underserved communities.
- Strengthen outbreak prevention and response capacities including surveillance, preparedness and response capacities for key communicable diseases.
- Streamline and strengthen the referral system from primary to secondary or tertiary level, and support secondary health care services and systems.
- Address gaps in sexual and reproductive health, HIV/AIDS, clinical care and MHPSS for GBV survivors.
- Strengthen systems and structures for the management of malnutrition cases.
- Strengthen state and LGA logistics systems to ensure availability of commodities for health facilities and outreach teams.
- Support health system recovery and scale-up through humanitarian-development nexus approaches.
- Continuously strengthen LGA-level coordination and capacity-building for partners on community engagement to reinforce feedback and accountability mechanisms.

## Response

Over 32 Health Sector partners including UN agencies and national and international NGOs are providing health-care services (through mobile health teams) and support to health facilities in IDP camps and host communities across the BAY states.

The sector will support state ministries of health (SMoHs) through capacity-building programmes such as training and technical guidance to ensure quality and efficient health response across camps and host communities. The focus is on saving lives and reducing suffering from preventable diseases, and on enhancing measures that can prevent and mitigate the effects of outbreaks. The sector will rely on strong collaboration and coordination with implementing partners and SMoHs across the BAY states.

The sector will coordinate and support partners to procure (locally and abroad) required medical commodities for distribution and prepositioning across vulnerable and affected LGAs, to increase access to critical health services.

In 2022, the sector will enhance coordination mechanisms among partners to reduce duplications and prioritize the most vulnerable locations and population groups. National NGOs and community-based health partners with capacity to operate in locations still inaccessible to international partners will be provided with technical and material support to enable them to deliver vital health services to vulnerable and affected populations in those areas.

Through collaborations with the SMoHs in all three states, partners and other stakeholders, the Health Sector will work to scale-up surveillance for epidemic-prone diseases and expand the early warning and response surveillance (EWARS) system. The sector's sexual and reproductive health (SRH) working group will coordinate partners to ensure that SRH-related needs such as maternal and neonatal care (including basic emergency obstetric care), HIV and GBV-related health issues are addressed in a timely manner.

The coordination of COVID-19 outbreak preparedness and response operations in camps and host communities is aligned with the existing humanitarian coordination mechanisms across the sectors, OHCT and inter-sectoral working group, which are already in place at state, LGA and camp levels.

In 2022, the Health Sector will intensify support for hard-to-reach teams to facilitate secondary health-care services, especially ambulance and referral services and ongoing measles and COVID-19 vaccinations in high-risk and inaccessible areas.

Partnerships and collaboration with larger agencies such as WFP, UNICEF, UNFPA and their implementing partners will be strengthened to address cross-cutting issues such as acute malnutrition, acute watery diarrhoea (AWD) and measles across the BAY states.

The development of training packages for health partners and the extension of coordination mechanisms to the LGA level is critical to ensure that partners who have direct access to the most vulnerable populations are able to function to the best of their ability. Subsequently, health staff and partners at LGA level who have already been trained on elements of surveillance and alert systems will receive technical support on leadership and governance functions to improve operational coordination.

One of the critical components of effective response planning is data that is timely, qualitative, accurate and complete. This is still a challenge due to the limited capacity of government agencies and national NGOs that cover high-risk locations not easily accessible to UN and INGO partners. The visualization and interpretation of available data is key to decision-making for quality response. Support for sector partners and SMoH information-management staff is a major priority for the sector to help mitigate challenges related to data validation, verification, quality control and visualization.

The use of sectoral monitoring and reporting systems for data at the most granular geographical level will continue to be useful in visualizing the work of sector

partners as well as in identifying urgent gaps that require immediate response.

In LGAs where the security situation is relatively stable, the Health Sector response focuses more on health-system-recovery activities. Priorities will include a mix of humanitarian and developmental needs to ensure access to quality health services is sustained over the long term. Health partners will also support the strengthening of health system recovery through humanitarian-development nexus approaches, supporting self-resilience and adaptation of standard health packages to improve access to health care for vulnerable and affected populations. The protection and safety of frontline health workers and other humanitarian staff will remain paramount.

The escalation of insecurity has had serious impacts on health service delivery across the BAY states, including the movement of health workers and patients, and the supply of drugs and other medical commodities to affected locations. This has triggered acute shortages of skilled health-care workers particularly doctors, nurses and midwives. A surge in new/secondary displacements is also stretching and disrupting ongoing and planned humanitarian programmes.

### **Cost of response**

Significant changes in the numbers of people in need and targeted for 2022 compared to 2021 are due to the following:

1. The percentage of IDPs who have access to livelihood opportunities has increased (thanks to continuous and regular support from partners and Government), meaning more can afford to take care of their own health care.
2. Borno State Government's plans to close all IDP camps in the state capital, Maiduguri, by the end of 2021.
3. Inadequate funding for the sector over the past two years, which has impeded the planned strengthening of services.

4. Access constraints and lack of clarity on the inclusion of inaccessible populations in estimates of people in need.

The COVID-19 pandemic put enormous pressure on health systems, and many vital services were disrupted in 2021. People with serious medical conditions that require ongoing medical care found it harder to access critical services due to lockdowns and the economic downturn. Changes in the sector's financial requirements in 2022 also reflect recent fluctuations and shocks including rising inflation, naira exchange rate fluctuations, and a major spike in the price of commodities, shipping costs and local transportation. Continued power outages, which have increased the demand for fuel in Borno State, are also forcing up response costs.

The estimates of people in need and target figures are subject to change if more information becomes available and further analysis is conducted, especially in relation to inaccessible populations and the relocation of IDPs by the Borno State Government.

### **Linkages with long-term recovery or development activities**

Post-crisis health systems need to be able to respond to both immediate and long-term needs, withstand future shocks, advance and support preparedness for emergencies, and contribute to preventing emergencies and reducing the consequences of such events when they occur. Actions such as assessing the population's health needs, procuring essential medicines, or increasing the capacity of the health workforce will have implications for the development of long-term health systems and indeed emergency preparedness.

Health outcomes such as equitable access to essential health packages and services for affected and host populations, an increase in the proportion of deliveries assisted by skilled birth attendants, wider vaccination coverage, functioning early warning and response systems, and reduced mortality and morbidity can all be used as collective

outcomes for both humanitarian and development health programming.

**Humanitarian-development-peacebuilding nexus:**

The revitalization and strengthening of the disrupted health system are vital for access to better health-care service delivery. Re-establishing functional, well-staffed and well-equipped health facilities to deliver health services to vulnerable people including host communities and returnees at ward level through a new “health services under one roof” approach is essential. Ensuring an adequate number and mix of health workers is also important for stimulating productivity, responsiveness, and the provision of effective care. In view of this, the Health Sector and development partners such as the BAY SMOHs and Ministries/Committees of Reconstruction, Rehabilitation and Resettlement are supporting a comprehensive Health Sector recovery plan for the reconstruction and rehabilitation of health facilities. The overall objective is to restore the health system, based on the principle of “building back better.”

The development of training packages for health partners and extending coordination to the LGA level are critical to ensure that partners who have direct access to the most vulnerable affected people can function and deliver to the best of their ability. Subsequently, health staff and partners at LGA levels who have already been trained on elements of surveillance and alert systems will benefit from capacity support on leadership and governance functions to improve operational coordination.

**Monitoring**

The Health Sector will use the HRP monitoring framework to track the response and progress of

service delivery across the BAY states in 2022. The monitoring framework is based on a set of standard health indicators with baselines, targets, data sources, and regular data-collection schedules. Monitoring activities will include joint monitoring visits with the government, partners and other sectors. Performance monitoring mechanisms will be used to harmonize the response, minimizing gaps and duplications. Information-management products (such as 5W), assessments (such as MSNA and HeRAMS<sup>40</sup>) and after-action reviews will be used to evaluate the success of specific health interventions such as those for cholera and measles outbreaks, vaccinations and malaria campaigns.

The establishment of a robust monitoring mechanism and enhanced technical capacity for health-care providers is a critical challenge for partners. Most implementing partners come with their specific services mandates (some, for example, only provide services for under-five children, some only vaccinations or maternal-and-child health) and often have limited geographical coverage. This results in a fragmented health service landscape within and across LGAs, making it difficult to effectively monitor essential health service coverage across the region, especially in Borno State. Few partners directly support referral hospitals; although some provide support for referrals and reimburse the cost of admission.

The treatment of acute malnutrition with medical complications among children will be coordinated through joint programming with Nutrition Sector partners. Joint planning and joint monitoring mechanisms will also be promoted across other sectors to encourage further joint programming.



## 3.10 Logistics



ORGANIZATIONSTARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
128	\$30.4M	2	1

At field level, the Logistics Sector brings together organizations responding to the humanitarian emergency to pool logistical efforts and avoid duplication. It is ultimately responsible for coordination and information management of the logistics response. The sector will continue supporting the humanitarian community through its network of seven strategically located warehouses. It also provides mobile storage units on a loan basis to partners in the deep field. In close cooperation with its partners, the Logistics Sector will continue monitoring the logistics response, identifying gaps and providing other logistics services that may be required, and convening regular coordination meetings with humanitarian actors.

### Objectives/Response

The Logistics Sector has three main objectives:

- Strengthen humanitarian logistics
- Facilitate logistics coordination and information services for humanitarian actors
- Complement humanitarian actors' logistical capacity across the BAY states in 2022

The sector will facilitate access to 5,160 square metres of secured common storage facilities on a 'free-to-user' basis across six humanitarian hubs in Bama, Banki, Damasak, Dikwa, Monguno and Ngala. It will also continue loaning mobile storage units to partners, and provide additional storage and installation support upon request.

Through its fixed-wing services, the UN Humanitarian Air Service (UNHAS) will continue providing essential and regular scheduled flights between Maiduguri, Abuja and Yola. Helicopter services, which have transported about 82,000 humanitarian personnel in 2021, will continue serving eleven regular destinations in Borno and Yobe States (Bama, Banki, Damasak, Damboa, Dikwa, Gwoza, Monguno, Pulka, Ngala, Rann and Damaturu). UNHAS will continue to provide emergency and medical evacuation services for humanitarian actors in the BAY states. In addition, UNHAS plans to deliver 115 metric tonnes of light cargo to locations not accessible by road, and where the immediate provision of services is deemed critical and life-saving.

The sector will conduct dedicated logistics trainings focusing on transport, warehousing and holistic supply-chain management, while providing information and resources to humanitarian partners to address technical challenges. The sector's information and coordination services will include maps, standard operating procedures and guidelines, user surveys, and guidance on and coordination of access-related issues.

### Cost of Response

The sector uses a project-based approach to estimate the response cost, based on the actual cost of operations in previous years. About 75% of the budget will be for operating and maintaining the fleet of UNHAS air assets, 9% for the continued operation of common storage hubs in Borno State, and the



#### MAIDUGURI/BORNO, NIGERIA

A pilot for the United Nations Humanitarian Air Service (UNHAS) prepares for departure as humanitarian staff board the helicopter at the airport in Maiduguri, Borno State. Photo: OCHA/Damilola Onafuwa.

remaining 16% for staff salaries, administrative operating costs, security and running costs for office and living compounds, and indirect support costs.

#### Linkages with long-term recovery or development activities

The Logistics Sector will work with the Borno Agency for Coordination of Sustainable Development and Humanitarian Response and other Borno State Government agencies to ensure proper logistics infrastructure is put in place to facilitate the activities of humanitarian and development partners. This includes rehabilitating roads, providing a secure work environment for aid and government workers, and facilitating discussions with the security forces for humanitarian access.

#### Monitoring

The Logistics Sector will monitor and evaluate the common services provided to partners on a monthly basis. The sector will use its dedicated Relief Item Tracking Application, Concept of Operation and electronic flight data to capture information on the number of users per service. It will report achievements against a series of indicators: the number of organizations using common services (storage and air cargo consolidation), square metres of common storage managed, and passengers transported by UNHAS flights.

## 3.11 Nutrition



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	REQUIREMENTS (US\$)
3.0M	2.5M	0.9M	1.6M	\$144.3M
PARTNERS	PROJECTS			
22	23			

### Objectives

The overall objective of the Nutrition Sector response is to enhance the quality and scale of nutrition treatment and preventative services for the most vulnerable groups. This will be delivered through therapeutic and supplementary feeding programmes, the promotion of appropriate infant and young-child feeding practices, micronutrient supplementation, and maternal nutrition services.

According to the north-east Nigeria Nutrition and Food Security Surveillance conducted in October 2021, the global acute malnutrition (GAM) rates have significantly increased in Borno (11.8%) and Yobe (14.1%) states – the highest levels of acute malnutrition recorded since the start of the nutrition surveillance in 2016. The GAM rates in Adamawa (6.1%) have remained relatively stable but are still above the acceptable threshold. Moreover, the monthly Famine Monitoring System results show that new arrivals from inaccessible areas have extremely high GAM rates (about 30%).

In 2022, approximately 1 million children under five and 150,000 pregnant and lactating women (PLW) are expected to suffer from acute malnutrition and will require highly specialized nutritional, supplemental feeding and health services to prevent an increase in

mortality. In addition, approximately 2 million children under five and PLW will require preventative nutrition services. To meet the target population's nutritional needs, the sector will need to significantly scale up programmes for nutrition treatment and prevention of malnutrition including outpatient therapeutic programmes, supplemental blanket feeding, micronutrient supplementation, and promotion of maternal, infant and young-child care practices.

### Response

The Nutrition response in 2022 will prioritize implementation of life-saving nutrition activities (inpatient, outpatient and targeted supplemental feeding programmes) and target LGAs with high rates of GAM (above 10%) such as Maiduguri Metropolitan Council/Jere, Nganzai, Bama and Machina. Hard-to-reach areas (such as Gubio, Rann and Magumeri), areas with large IDP and returnee populations (like Monguno), and high-risk/inaccessible locations (such as Marte LGA) will also be prioritized for nutrition assistance.

The Nutrition Sector will primarily target acutely malnourished children and PLW who are at a significant risk of death. The nutrition response will also target all children under five and PLW with preventative nutrition services such as



#### VILLAGE/CITY, NIGERIA

A beneficiary of Action Against Hunger's Porridge Mom initiative laughs with her baby in El-Miskin IDP camp in Jere LGA, Borno State. Photo: Action Against Hunger/Mdevaan Nyitor.

micronutrient supplementation to ensure levels of acute malnutrition are not above acceptable thresholds, and to reduce morbidity and mortality. The sector will prioritize households with people living with disabilities who face barriers in accessing health, nutrition and WASH services, and are disproportionately food-insecure due to high levels of exclusion.

The nutrition status of the targeted population in the BAY states significantly deteriorates during the lean season (May-August), which coincides with the rainy season. This period is characterized by very high rates of acute malnutrition with medical complications due to poor food access and a high prevalence of diarrhoea and malaria. The Nutrition Sector will need to adequately prepare for the lean season by prepositioning supplies and increasing the capacity of the sector to treat acute malnutrition, with a particular focus on inpatient care.

In 2022, the nutrition response in BAY states will be contextualized, based on the following categorization:

1. Protracted crisis – e.g., north and central Borno LGAs where high rates of acute malnutrition are exacerbated by limited access to food and health systems. The approach in these areas will include direct support from international and national NGOs to the affected population, and the prioritization of life-saving nutrition activities.
2. Early recovery – e.g., Adamawa State where rates of acute malnutrition are lower (but still above acceptable thresholds) as most of the population has access to land and livelihood opportunities, and the capacity of the health system is at an acceptable level. The approach will include supporting the Government to strengthen nutrition services within the health system, and promoting nutrition-sensitive interventions such as the production of nutritious foods.
3. New emergencies – areas experiencing a spike in acute malnutrition due to relocations or new

displacements. The approach here will focus on life-saving actions through the deployment of the Rapid Response Mechanism (RRM).

4. Hard-to-reach and inaccessible areas – locations with limited humanitarian presence and access such as Gubio and Magumeri. The approach will include RRM and remote management strategies (where feasible) with a focus on life-saving interventions. The sector will also strengthen the implementation of nutrition interventions through local organizations or community-based structures to implement nutrition services in hard-to-reach or inaccessible areas. It will also collaborate with Government actors who are able to work in some of these areas.

The Nutrition Sector response is primarily delivered through services and in-kind assistance. The sector will use CVA to fill the nutrient gap in the nutrition/food minimum expenditure basket to ensure that populations have access to a varied diet (e.g., CVA for meat and vegetables). It will also use the CVA approach to promote access to life-saving interventions for the poorest households (e.g., referral to hospitals). In addition, the Nutrition Sector aims to reach 5% of the targeted pregnant women and caregivers of children less than two years old with CVA to promote positive nutrition outcomes.

The nutrition status of the affected population is an outcome of various underlying issues including access to health care and WASH facilities, food security, child protection, and gender disparities. The main cause of acute malnutrition among children and women in the BAY states is the high morbidity rates. The widespread prevalence of diarrhoea is the major cause of acute malnutrition among IDPs and the urban poor due to poor hygiene and sanitation conditions worsened by congested living conditions. The Nutrition Sector will strengthen the integration of nutrition-sensitive interventions including WASH, food security, health, livelihoods, child protection, and gender-based-violence risk mitigation.

The sector will prioritize projects that include basic nutrition packages such as integrated treatment of

acute malnutrition (SAM and MAM) and prevention services including integration with WASH, Food Security, Health and Protection services. Projects that include CVA and innovative approaches to building the resilience of affected communities will be prioritized.

### **Cost of response**

The Nutrition Sector's response costs include the procurement and distribution of therapeutic and supplemental food, drugs and equipment. The overall cost of the nutrition response has significantly increased due to the rise in the number of children and PLW with moderate acute malnutrition to be targeted in 2022. As a service-oriented response, it requires huge investment in staff salaries and incentives. Recent high levels of inflation and a rise in the cost of living have resulted in demands to increase salaries or incentives to attract and retain qualified nutrition staff, especially in rural and hard-to-reach areas. The cost of the response has also risen because of the need to improve the quality of evidence generation including regular nutrition assessments.

Reviews of nutrition project budgets will compare the overall cost per beneficiary with best practices for the BAY states. The cost per beneficiary will be based on the sector's agreed cost per activity for the various contexts (as described above). The average cost per beneficiary for an integrated nutrition response (treatment and prevention) is \$65. In 2022, the Nutrition Sector will require approximately \$140 million to provide quality nutrition services to the target population.

### **Linkages with long-term recovery or development activities**

The Nutrition Sector's overall goal is to strengthen the integration of nutrition services into the public health-care system and promote the prevention of acute malnutrition through a multi-sectoral approach. The sector will collaborate with federal and state government agencies to strengthen the National Multisectoral Plan of Action for Food and Nutrition (2021-2025) and the state Committees on Food and



Nutrition to lobby for more investment in tackling acute malnutrition in north-east Nigeria.

The sector is also promoting innovative approaches that use local resources to treat and prevent acute malnutrition – for example, 'Tom Brown' (a supplementary food powder made from nutritious, locally available ingredients). These approaches aim to build the capacity of target communities to address the challenges of acute malnutrition while reducing reliance on external resources and capacities.

### **Monitoring**

Monitoring and evaluating nutrition outcomes will involve the collection of multi-sectoral data including for WASH, Food Security, Health, Child Protection and GBV indicators. This entails conducting large-scale, cross-cutting surveys (e.g., biannual Nutrition and Food Security Surveillance Surveys – NFSS), geographical coverage surveys (Semi-Quantitative Evaluation of Access and Coverage / SQUEAC

surveys); Knowledge, Attitude and Practices surveys and sentinel surveillance for early warning systems.

The sector will ensure that primary data collection, including through the NFSS, is conducted across all accessible LGAs in the BAY states. The NFSS will be used to determine GAM, a key outcome indicator for the response. The NFSS will also collect other critical data including mortality rates, morbidity rates, minimum acceptable diet rates and access to water to monitor trends that may affect nutrition.

The Nutrition Sector will engage other key sectors in the planning and analysis of assessments and surveys to ensure the integrity and triangulation of all intersectoral indicators.

The overall objective of the sector's monitoring and evaluation is to understand the key immediate drivers of acute malnutrition in north-east Nigeria and to project trends, to enable prompt and efficient response.

## 3.12 Protection



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	REQUIREMENTS (US\$)
4.3M	2.0M	0.6M	1.1M	\$78.4M
PARTNERS	PROJECTS			
37	52			

### Objectives

Objective 1: Mitigate and respond to the harm caused to people who have suffered violence, coercion, exploitation, serious neglect or discrimination, and restore their capacity to live safe and dignified lives.

The Protection Sector will not only identify the specific threats (such as violence, coercion and deliberate deprivation), but also assess the severity of threats to different groups in different locations and mitigate them through enhancing community capacity and eradicating barriers to services.

Objective 2: Strengthen targeted protection services to address the needs and vulnerability of persons at heightened risks of violence, exploitation, serious neglect or discrimination; enhance their capacities and reduce the risk of resorting to negative coping mechanisms.

The sector will support protection case management for women, men, boys and girls who have suffered violence, coercion and deliberate deprivation, and offer targeted individual assistance to support access to services and participation in community activities.

Objective 3: Strengthen the protection environment through the identification, monitoring and strengthening of risk reduction strategies of the

affected population, legal and political systems, and the capacity of local actors to respond to protection concerns.

The sector will strengthen the centralization of data and widen the coverage of geographical areas to address data gaps and avoid duplication. The centralization of data through harmonized protection monitoring will improve the quality and credibility of information gathered. This, in turn, will improve analysis through the enhanced protection analysis framework tool to better inform programming, and risk reduction and Protection Sector strategies.

### Response

In 2022, the Protection Sector will target IDPs, returnees and host-community members. The response will provide quality, timely and relevant life-saving humanitarian services, helping to reduce protection risks and build resilience to shocks, as well as empowering people to claim and exercise their rights. The response will also build the capacity of duty-bearers to respond to rights claims.

Eighty-nine percent of the target population are in LGAs with either severe or extreme inter-sectoral severity of needs. Protection Sector partners will prioritize: screening and monitoring of the affected



#### MICHIKA/ADAMAWA, NIGERIA

Community members gather outside a safe space for women and girls in Michika, Adamawa State.

Photo: OCHA/Christina Powell.

population to identify vulnerabilities and exposure to protection risks; referrals to specialized services for people who have suffered human rights violations; and case management for identified children, women, men and the elderly based on their specific needs.

To improve access to services, the sector will support affected populations to obtain civil documentation and relevant protection information.

Targeting for the sector in 2022 is based on consultation with the different areas of responsibility (AoRs) and protection partners including UN agencies and international and national NGOs. The response will pay particular attention to Borno State which has the highest concentration of needs. The sector response strategy will be aligned to the outcomes of the HCT's Centrality of Protection Strategy to ensure the affected population enjoys enhanced protection including through the domestication of the Kampala Convention, identifying durable solutions, and advocating on behalf of the affected population for a better protection environment.

In 2022, the sector will ensure that protection is mainstreamed across all sectors through regular training of humanitarian actors, engagement with the affected populations through established feedback channels, and continuous and expanded protection monitoring.

#### Cost of Response

The Protection Sector uses a combination of both unit-based and project-based costing methods – the hybrid method. The sector used unit-based costing (units such as capacity-building, advocacy or case management) to determine financial requirements, and quantified necessary actions per LGA and target group according to the sectoral needs presented in the HNO. This was followed by detailed project planning to elaborate on the initial calculations and to give visibility to implementing organizations. These draft projects closely follow the sector's activity planning in terms of outputs, LGAs and target groups. Protection Sector coordinators then reviewed submitted projects according to agreed criteria.

Monitoring

In 2022, the sector will monitor the response at the outcome level annually to measure the response’s impact against the sectoral objectives, and monthly to measure the sectoral outputs against targets through the 5Ws matrix. The sector will conduct a quarterly gap analysis against the set targets at LGA level for each targeted population category. Where

gaps exist, especially in LGAs with high severity of needs, the sector will reprioritize available resources to ensure the gaps are addressed. The sector will monitor available funding and ensure partners report all received funds. It will report its achievements to the inter-sectoral monitoring mechanisms managed by OCHA including the Response Planning Module.

3.12.1 Protection: Child Protection



Response

An estimated 2,045,461 people (1,791,557 children and 253,904 caregivers) need child-protection services because of the breakdown or absence of child-protection systems and community-based safety networks. In 2022, the Child Protection area of responsibility (AoR) will target 749,368 children (400,666 girls, 348,701 boys) and 529,203 caregivers (283,022 women, 246,181 men) – a total of 1,278,571 people. The response will prioritize communities and LGAs with the highest severity ratings per the HNO: 9 LGAs in Adamawa, 20 in Borno and 14 in Yobe. These communities will be provided with comprehensive prevention and response services to address key child-protection concerns such as the increasing number of unaccompanied and separated girls and children associated with armed forces and armed groups; the prevalence of exploitative child labour, child marriage and violence against children; and the dire mental psychosocial needs of children and caregivers.

The Child Protection AoR aims to deliver on the following objectives:

- 1. Improve timely access to preventative and comprehensive quality response services for children at risk, including boys and girls, adolescents, and children with disabilities.
- 2. Promote positive social norms and behaviours that protect children and women from violence, abuse and harmful practices among parents, caregivers, children and communities.
- 3. Strengthen the capacities of Child Protection partners and the social welfare workforce to deliver equitable, quality prevention and response services.

To achieve these objectives and address the full range of protection concerns, Child Protection interventions will be closely integrated with those of other sectors.

The protracted conflict in north-east Nigeria has left children extremely vulnerable to violence, abuse, neglect and exploitation in the 43 LGAs with the highest severity ranking (3 and above, based on the 2021 JIAF, as shown in the map above). The most vulnerable groups include children in IDP camps, returnee communities, minority and special interest groups, children associated with armed forces and armed groups, unaccompanied or separated children, and children with disabilities. Girls, who constitute 54% of children in need, are particularly susceptible to grave violations of children's rights such as denial of education, child marriage, sexual abuse, emotional or physical violence, and exploitation. Boys, who constitute 46% of children in need, are at particular risk of forceful recruitment or abduction by NSAGs. Parents and caretakers are also exposed to stress and violence, and an estimated 12% need child-protection services to mitigate harm to children.

Estimates of the number of target beneficiaries are based on LGAs with severity ratings of 3 or 4 applied across the population of IDPs, host communities, returnees, and inaccessible communities. Where data on the risks faced by the four population groups were

not available, sector experts used their contextual knowledge of child-protection issues to complete the vulnerability profiles.

The findings from the 2021 MSNA and JIAF, and the participatory needs assessments with children that the Child Protection AoR held in April 2021 were used to determine critical needs. As part of the latter, children were asked to identify their priority needs for the next stage of the response. These have been used to prioritize key interventions (summarized in the figure below). All partners will align their projects with these focus areas to ensure a safe and protective environment for all children. This approach also integrates learning from the COVID-19 experience and cross-sectoral collaborations with Education, Nutrition, Health and WASH Sectors to address the needs of children holistically and to explore opportunities for cash transfers where appropriate.





### Cost of response

The planning period for the 2022 response has seen high inflation rates, with the naira weakening against the dollar. This is further compounded by the impact of COVID-19, heightened security risks and high fuel prices, all of which have pushed costs up. As such, the 2022 response is estimated at \$19.4 million, as derived from project-based costing. Costs for child-protection services include direct staffing costs for case management and psychosocial support professionals, and capacity-building for social workers

and community-based structures. Case management and reintegration require higher budgets, estimated at a minimum of \$850 per child annually. Children at risk of or affected by abuse, exploitation, neglect, violence and discrimination require access to multi-sectoral services, which entail layered costs that increase the average cost per child. The rise in the numbers of people in need and target beneficiaries for 2022 (to around 1.2 million) explains the budgetary increases for child protection.

#### MAIDUGURI/BORNO/NIGERIA

At 7 years old, Mariam was raped by a neighbour in Bakassi Camp in Maiduguri. UNHCR through their partner, BOWDI (Borno Women Development Initiative) have provided psycho-social support and monitoring while working with law enforcement and legal teams who continue to seek justice for Mariam. Photo: OCHA/Damilola Onafuwa.



### **Linkages with long-term recovery or development activities**

The programming approach for the Child Protection AoR will be aligned to the Protection Sector's Centrality of Protection Strategy, the Child Protection AoR's strategy (currently under development), and the development plan of the Ministry of Women Affairs and Social Development. To ensure sustainability, the focus is on systems-strengthening to better equip the government social welfare workforce, community-based child protection groups, and local and international partners to support child protection programmes. In support of the localization agenda, the AoR will enhance capacities of local organizations to plan, secure and implement funding for child protection. The ultimate aim is to develop a contextually appropriate child-protection system that bridges the humanitarian response and development programming.

### **Monitoring**

The Child Protection AoR will finalize a five-year strategic plan that will inform the development of prevention and response services for child-protection concerns in humanitarian and development settings, structured against set standards and benchmarks. Mid-year and annual reviews of the workplans will measure progress, providing room for corrective measures and adapting strategies throughout the implementation of the response. Regular data on progress will be tracked and collected through the 5W matrix, partner reports and MSNA, as appropriate. Under the Protection Sector, monitoring of needs will be strengthened through an enhanced protection monitoring tool at state and LGA levels, to address some of the challenges related to security restrictions.

### 3.12.2 Protection: Gender-Based Violence

PEOPLE IN NEED

1.4M

PEOPLE TARGETED

1.0M

#### Objectives

Gender-based violence (GBV) continues to be a major protection concern facing IDP women and girls in north-east Nigeria. The protracted nature of the conflict continues to displace millions of people, the majority of whom are women and girls. Many of them find themselves trapped in a vicious cycle of violence including sexual or gender-based violence (SGBV), exacerbated by pre-existing gender inequalities. Incidences of GBV, especially intimate-partner violence including sexual violence, continue to be reported across the BAY states. The vast majority affected are women or girls, though a significant number of boys are also victims of sexual violence.

There are limited prevention mechanisms and response services to address GBV and sexual and reproductive health for women and girls, including mental health and psychosocial support (MHPSS). Analysis of MSNA data indicates that a large percentage (78%) of households with GBV survivors lack access to psychosocial support services. There is also a huge need for legal services for women, girls, boys and men affected by GBV (of whom 65% reported needing such services, per the HNO) and a similar percentage (61%) of women and girls who reported needing safe spaces within their community

An estimated 1.3 million individuals need GBV prevention and response services across the BAY states in 2022 (of whom 46% are IDPs, 23% returnees, and 31% host communities; 82% are women or girls). The majority (63%) of those in need are in Borno State, 22% in Adamawa and 15% in Yobe.

The 2022 response plan for the GBV sub-sector will be guided by the following three objectives:

- Improve access to quality life-saving and well-coordinated GBV response services for survivors and individuals at risk.
- Enhance well-being among survivors and vulnerable individuals through survivor-centred service provision and GBV risk-mitigation in humanitarian response efforts.
- Strengthen community resilience and systems or institutions that prevent and respond to GBV, including harmful practices.

These sub-sectoral objectives connect to and contribute to the achievement of the overarching objectives of the Protection Sector as highlighted above (section 3.12).

#### Response

The GBV sub-sector uses the Protection Sector severity rankings and the severity analysis for the GBV AoR to calculate the number of people targeted in each state and LGA. Based on these analyses, the GBV sub-sector and its partners plans to target 1,030,000 people (46% IDPs, 23% returnees, 31% host communities; overall 82% are women or girls) with GBV prevention and response interventions in 51 LGAs (25 in Borno, 15 in Yobe and 12 in Adamawa) with the severest needs, as informed by the JIAF and other analyses from the GBV Information Management System. The majority (63%) of those to be targeted are in Borno State, 22% are in Adamawa and 15% in Yobe. As highlighted by the GBV Information Management System data, GBV continues to be a major protection concern for women and girls in north-east Nigeria and thus the reason why they remain the main target. Men and boys and other minority groups will also be targeted.



#### NIGERIA

Humanitarian partners provide counselling to affected populations in camps for displaced persons, especially women and girls, on the importance of protection from sexual exploitation and abuse and how they can report violations.

Photo: OCHA/Damilola Onafuwa.

The response plan will use a multi-sectoral and inter-agency coordination mechanism for the BAY states to ensure GBV minimum standards are observed across all sector programming.

The most critical actions will comprise:

*Improving access to integrated, multi-sectoral GBV and MHPSS services to women and girls affected by the humanitarian crisis including those in hard-to-reach areas.* This will include provision of confidential, survivor-centred GBV services through case management processes (clinical, psychosocial including MHPSS, legal, security and safety) and through referrals. Other activities will include raising awareness of GBV and referral mechanisms; the provision of emergency materials including dignity kits; establishing and managing integrated one-stop centres and safe spaces for women and girls; and the delivery of life-skills sessions and livelihood support.

The response plan will also seek to strengthen community systems and institutions to prevent GBV by addressing negative socio-cultural norms including harmful practices. This will involve: mass awareness campaigns on GBV/PSEA/SRH; training men and boys to become allies and agents of change in GBV prevention and response; supporting community-based protection networks; establishing school-based clubs; and celebrating annual gender-related events. The sub-sector will also advocate for the domestication of the Violence against Persons Prohibition Law in Borno and Yobe (states which have been slow to domesticate the law), which aims to prevent all forms of violence against vulnerable persons, especially women and girls.

*GBV risk mitigation:* Efforts will be made to integrate GBV risk-mitigation measures across multiple sectors to save lives and maximize protection. The GBV sub-sector will undertake a multi-sectoral GBV safety audit in selected locations and ensure follow-up



on recommendations. Non-GBV frontline service providers from different sectors will be identified and trained on how to integrate and mainstream GBV risk-mitigation measures into their sectors; they will also be trained on referral pathways and how to facilitate GBV disclosures using the GBV pocket guide.

Much of the interventions will be delivered through direct service provision, provided by GBV case workers and other frontline service providers. Use of cash or in-kind support as a modality of programming is not being considered but this could be an option depending on the context and partners' approach.

### **Cost of response**

Most GBV interventions involve direct service provision which is human-resource-intensive. Specialized GBV interventions, such as case management, provision of multi-sectoral response services, establishment and operationalization of one-stop centres and safe spaces for women and girls, and dignity kit production centres are the predominant cost drivers. The weakening of the naira against the dollar has coincided with high rates of inflation, increasing the price of most commodities and items, including dignity kits and other essential emergency NFIs. Accessing some hard-to-reach areas may require the use of more expensive forms of transport such as helicopters which will increase the response cost. A total of \$48 million will be required by the GBV sub-sector to implement 22 projects as per the project-based calculations for different GBV packages.

### **Linkages with long-term recovery or development activities**

The GBV sub-sector will continue to work closely with state line ministries and other stakeholders to enhance and strengthen the GBV coordination

mechanisms at the country, state and LGA (field) level. To enhance sustainability, the GBV sub-sector will continue to provide support and mentorship to the ministries of women's affairs and social development in the BAY states to strengthen their capacity to coordinate GBV sub-sector activities at the state and local level. To enhance localization, the GBV sub-sector will work closely with government and community-based and local women-led organizations, as well as beneficiaries, to ensure a more sustained impact and greater ownership of project outcomes. Efforts will be made to integrate and align with sector and state-level strategic plans, including the Borno State 25-year development plan.

### **Monitoring**

The GBV sub-sector, with the support of its information management officer, will track progress against agreed indicators through the monthly 5W reporting mechanism. Periodic field monitoring through the peer-review task force will assess the impact of interventions and perceptions of beneficiaries on programmes. The GBV Information Management System is the main incident management tool for the GBV sub-sector. The sub-sector will analyse key trends and patterns through monthly forums and periodic reports from the GBV Information Management System to draw attention to specific issues. In addition, quarterly reports through the Protection Sector and quarterly review meetings will reflect on implementation, identify gaps, and build partners' capacity on key aspects.



### 3.12.3 Protection: Mine Action

PEOPLE IN NEED

1.2M

PEOPLE TARGETED

407k

#### Objectives

Explosive ordnance (EO), most notably improvised explosive devices, causes deaths and severe injuries, impedes access to basic services and socio-economic activities, and hampers safe resettlement and movement of refugees, IDPs and returnees.

In order to mitigate the threats of EO for the vulnerable population in the north-east, in 2022 the Mine Action sub-sector will target 407,150 individuals. Mine Action has two objectives: 1. Civilians and humanitarian actors in north-east Nigeria have increased capacity to mitigate explosive threats (which supports Protection Sector objective 1). 2. A victim assistance (VA) mechanism and national VA strategy and workplan are established (which contributes to Protection Sector objective 2).

The sub-sector will deliver explosive ordnance risk education (EORE) to provide life-saving messages and enhance safe behaviour, map and mark hazardous areas using non-technical surveys (NTS), collect data, and map services to facilitate access to health, psychosocial and socio-economic services for survivors and people with disabilities.

#### Response

The Mine Action sub-sector will target 407,150 individuals in the most-affected communities, including all gender and age groups within IDP, returnee and host communities. The target population is based on an analysis of:

- Data collected since 2016 on explosive incidents resulting in contamination;
- Data on incidents resulting in casualties or fatalities, broken down by sex, age, location and socio-economic activity at time of the incidents;

- Locations for resettlement as a result of the Borno State Government's efforts to resettle IDPs.

The sub-sector will target the most severely affected areas, predominantly focusing on areas with a severity rating of 3 or above, including Dikwa, Gwoza and Monguno in Borno State, Gujba and Geidam in Yobe State, and Madagali, Mubi North and Mubi South in Adamawa State.

The sub-sector will deliver EORE using a variety of approaches including through facilitators who visit at-risk communities to deliver face-to-face sessions, and through radio and pre-recorded messages on mobile audio devices to reach high-severity areas including hard-to-reach locations. Where appropriate, NTS will be conducted in conjunction with EORE. NTS is a cost- and human resource-efficient way of surveying and clearing lands for safe and productive use, conducted through desk assessments, field visits and interviews with affected communities. The sub-sector will also collect data, map services and establish referral mechanisms for victims of EO incidents and people with disabilities.

The sub-sector will help develop the capacities of national and state authorities and civil society to conduct EORE and NTS, to enhance sustainability and national and local ownership of humanitarian mine action in north-east Nigeria. This will include technical support for establishing a National Mine Action Centre.

In delivering the response, the sub-sector will take an integrated approach, collaborating with the Education Sector and Child Protection AoR to deliver integrated EORE modules in school curricula and EORE for IDP children, and with the Health Sector to facilitate access to victim assistance.

### **Cost of response**

The main costs are associated with the delivery of EORE, NTS and data collection and service mapping, mainly through roving community liaison teams. Mine action is a highly skilled domain with strict security procedures, implemented through a thorough quality management process. As such, quality assessment capacities are essential to ensure that mine action activities are conducted in accordance with international standards and 'do no harm'. As the sub-sector increasingly shifts its focus from direct implementation to the development of national mine action capacity, capacity-building also needs to be factored into the costing. Other costs include the development, printing and distribution of educational and information materials, translation into local languages and recording content for radio broadcasting and audio devices. The main changes for 2022 involve the enhancement of capacity-building and handover of tools and equipment, which while costlier in the short term ensures greater sustainability. The selected projects are all within reasonable funding requirements.

### **Linkages with long-term recovery or development activities**

Developing the capacity of the vulnerable population to mitigate the threats of explosives through enhancing knowledge of EO and safe behaviour will enhance long-term resilience: messages will be disseminated among communities, and school teachers will be trained to teach children how to mitigate the threat of explosives as part of the school curriculum.

Releasing lands for safe and productive use through NTS will contribute to long-term economic growth as it increases access to land for agriculture and other livelihood activities.

Establishing referral mechanisms will facilitate access to medical and psychological support for victims of EO incidents over the long term.

In addition, mine action interventions enable safe access for recovery and development interventions. As such, the sector will continue to coordinate closely with the Early Recovery and Livelihoods Sector, among others.

### 3.12.4 Protection: Land, Housing and Property

PEOPLE IN NEED

970k

PEOPLE TARGETED

25k

#### Objectives

Housing, land and property (HLP) issues continue to be a major concern in north-east Nigeria, with approximately 970,133 people needing HLP assistance across the BAY states. These concerns include forced evictions, loss or lack of documentation, destruction of property, land disputes, risk of death or injury from explosive remnants of war, and lack of proper drainage due to poor planning – the latter leading to flooding during the rainy season, causing damage to and, in some cases, loss of shelters and personal belongings.

The recent return and relocation of IDPs back to their place of origin has led to an increase in disputes between landowners and secondary occupants. For example, Nigerian refugees who were residing in Cameroon returned to Banki to find other families living in their homes. These types of disputes are expected to increase as more camps are closed in Borno State, with all formal IDP camps in Maiduguri expected to close by the end of 2021.

To mitigate these HLP concerns, the sub-sector's specific objectives are as follows:

- Affected people are able to receive timely preventative assistance to mitigate and prevent harm.
- The capacity of HLP actors to deliver quality response is strengthened.
- Affected people are able to access timely services that reduce their protection needs and enhance resilience.

These sub-sectoral objectives connect to and contribute to the achievement of the overarching objectives of the Protection Sector as highlighted above (section 3.12).

#### Response

The HLP sub-sector use the Protection Sector severity rankings and the severity analysis for the HLP AoR to calculate the number of people targeted in each state and LGA. Based on current capacity, the HLP sub-sector will target 25,036 individual beneficiaries across LGAs within the BAY states; through these targeted people, an expected total of 96,080 people will be reached through various HLP interventions.

Due to limited capacity, the sub-sector uses extensive vulnerability criteria to identify the people to be targeted from among the many people in need: the most critical, most vulnerable cases, including those who need preventative measures to reduce risk of increased vulnerability.

For Borno State, the main concern is the on-going returns and relocations; the focus will be on informal settlements within LGA capital towns and their environs. In Adamawa and Yobe states, the focus will be on return areas, but also with significant actions planned in the LGAs' main towns. In general, the response will use a multi-sectoral and inter-agency mechanism to coordinate activities across the BAY states.

Disputes between secondary occupants and original house owners in places of return are a time-critical issue: a delay in response may lead to the escalation of disputes or even to small-scale conflicts.

The HLP sub-sector, following consultations with different population groups, has identified the use of cash-based interventions as a more effective means of meeting the specific needs of the affected population. Engagement with affected community members also highlighted the lack of HLP

documentation, often an underlying cause of land disputes, as a major issue.

The HLP sub-sector will adopt the following criteria for vetting and approving projects for the 2022 HRP:

- Organizations submitting proposals must be part of the existing HLP coordination structure.
- The project must identify and respond to the distinct needs of vulnerable groups, for example women, children, the elderly, and people with disabilities.
- The project must contribute to the sub-sector's objectives – to one or more of the specific and strategic objectives.
- The project must be cost-effective in terms of the number of beneficiaries and the needs to which the project intends to respond.

#### **Cost of response**

The HLP sub-sector's estimated cost for the 2022 response is about \$1 million. The major cost drivers for the sub-sector include: cash-for-rent assistance or rental subsidy, rehabilitation for rent, processing of HLP documents, and specialized dispute-resolution training provided by consultants. Other HLP interventions such as information or awareness sessions, legal counselling, negotiations for access

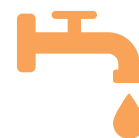
to land, eviction monitoring, dispute resolutions, and standard HLP trainings are predominantly human-resource-intensive with little funding required, except for activities carried out in hard-to-reach areas where other factors may increase the usual cost.

Notwithstanding fluctuations in the naira exchange rate and a higher inflation rate, the HLP sub-sector shall maintain an exchange rate of ₦411 to \$1 in its budgeting.

#### **Linkages with long-term recovery or development activities**

The sub-sector will align its interventions with the priorities of the Protection Sector, the Borno State 25-year development plan, and other relevant Government development plans. It will mainstream the centrality of protection in all its programmes. Attention will be geared towards building the capacity of existing structures or mechanisms for HLP and dispute resolution to enable them to meet current HLP challenges and realities. Priority will also be given to strengthening the capacity of local actors and partners, empowering them to take the lead and provide support, even when international and UN agencies have exited.

## 3.13 Water, Sanitation and Hygiene (WASH)



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	REQUIREMENTS (US\$)
3.0M	2.6M	0.3M	0.8M	\$101.5M
PARTNERS	PROJECTS			
21	24			

### Objectives

The WASH Sector in 2022 will focus on improving and maintaining equitable access to quality and dignified services, tailored for different genders and age groups, to ensure the affected populations have adequate water, sanitation and hygiene awareness and assistance.

Under Strategic Objective 1: The repair, rehabilitation and construction of water sources alongside emergency water trucking aims to reduce queuing times and walking distances, and ensure households can access safe water for drinking, cooking and other domestic purposes. Additionally, community structures and ownership will help maintain and operate water sources and reduce dependence on emergency measures like water trucking. Gaps in community engagement will be supported through collaborations with the Ministry of Water Resources, and capacity-building programmes will be implemented for various stakeholders. The formation of village-level water committees and training of hand-pump technicians will also be prioritized. The common pipeline system will be revamped to meet critical gaps in the supply of materials for emergency repair and maintenance works to bridge funding gaps.

Under Strategic Objective 2: In 2021, the sector rolled out an integrated response for returnees and vulnerable host-community members, offering standard sanitation services at household levels. In 2022, the response will prioritize the scale-up of both emergency (for new displacements and formal camps) and household-level sanitation services to improve resilience and support vulnerable hosts, returnees and IDPs residing in local communities. For emergency communal latrines, safety and protection measures such as gender labelling on sanitation blocks and adequate privacy screens will be integrated into programming. In 2021, the sector finalized the designs and modalities for rolling out household-level sanitation, in line with emerging needs triggered by population movements (displacements, returns and relocations) and HLP issues, among others.

Under Strategic Objective 3: Adequate messaging on hygiene practices will be rolled out in line with the WASH Sector Hygiene Promotion Strategy developed in 2021. In addition, the sector will support partners with critical NFIs through a vibrant WASH common pipeline. The common pipeline will address various needs including the availability of soap, standard revised packages<sup>41</sup> which include menstrual hygiene management kits for women and girls, and full hygiene kits for newly displaced populations.





#### BAMA/BORNO, NIGERIA

A Mercy Corps aid worker facilitates a Water Chlorination Training with community leaders in Bama, Borno State. Photo: Mercy Corps Nigeria - ADAPT Program/Raphael Ehiabhi.

### Response

In 2022, the WASH Sector will focus on ensuring access to safe water, dignified sanitation and improved hygiene awareness and services. However, due to the varying scale of WASH needs among IDPs (living in formal camps and informal settlements), returnees and vulnerable hosts, the sector will respond through:

- **Strengthened inter-sectoral response:** High malnutrition rates, resulting from poor hygiene and sanitation, and lack of water have been reported across various LGAs in the BAY states, due to the scarcity or total lack of water and sanitation facilities. Lack of WASH facilities in schools has affected school attendance, and WASH Sector partners are working closely with the Education Sector to address this gap. During the COVID-19 and cholera outbreaks in 2021, the close collaboration between Health and WASH Sectors enabled a strong response across all the infection-prevention-and-control pillars. 2022 will
- see a strengthened response, including referrals, and close collaboration in response planning, gap analysis and coverage. Collaboration with key sectors including CCCM/Shelter and HLP will address congestion in IDP sites, ensuring WASH facilities are available across the board. This will be achieved by strengthening WASH coordination at the LGA level where sub-national needs can be identified and promptly addressed by partners.
- **Improved capacity for response:** Through its 2021-2022 capacity-building strategy, the WASH Sector will roll out training programmes for focal points from government and the humanitarian community to address various capacity and response gaps across the BAY states. In line with the 2021 capacity mapping,<sup>42</sup> the sector will prioritize round-tables, workshops and step-down trainings at local or community levels to ensure local capacity is strengthened. This will also improve service delivery for beneficiaries and save on operational and response costs.

- Use of CVA. The WASH Sector, in line with its 2021-2023 strategy,<sup>43</sup> will scale up responses by providing either cash or voucher assistance in place of in-kind support. Furthermore, community-level cash-for-work activities will be used to roll out rainy-season preparedness actions including the clearing of drainage systems to mitigate the risks and impacts of flooding across vulnerable locations in the BAY states.
- Key response strategies:
  1. Common pipeline: In 2022, the WASH Sector will prioritize hard-to-reach areas, areas of high population density or extreme vulnerabilities, and locations with large number of returnees, for the distribution of core NFIs (soap, jerrycans, menstrual hygiene management items, chlorine, etc.). Additionally, the pipeline will support localization efforts and strengthen the capacity of national WASH partners to respond to needs – insofar as the major cost implications of procuring, transporting and accessing warehousing for kits has impaired national partners' ability to respond. In emergency-response scenarios the pipeline will prioritize initial response to the most urgent needs within 72 hours.
  2. Production, dissemination and translation of information-education-communication (IEC) materials: Barriers in hygiene promotion, especially literacy, coupled with other language or communication impediments, have prompted the WASH Sector to adopt a change in methodology. The sector has partnered with two leading agencies to support the translation and production of IEC materials in the local languages of affected populations which will add value to WASH response activities in 2022.
  3. Liquid and solid waste management: During the rainy season flooding the inundation of latrine pits affects both solid and liquid waste management across camps and host communities. The WASH Sector has established a faecal sludge management sub-working group which will support response planning and safe disposal of faecal sludge including during the rainy season when waste management is more challenging and poses serious health risks to affected populations.
- Rationalization and gap monitoring: The rationalization of the WASH response implemented in 2021 will be rolled over to 2022. This will strengthen accountability to affected people by ensuring response actions of various partners across LGAs and camps can be easily monitored, and complaints or feedback can be provided seamlessly.
- Gender and GBV mainstreaming: In 2021, the WASH Sector conducted various consultations with boys, girls, women and men on various design issues for latrines and other WASH facilities in camps and host communities. In 2022, with the sector moving towards household latrines, feedback will be collated on the design and promotion of gender-segregated latrines in camps while ensuring adequate gender representation in hygiene promotion and other sector actions. Lighting in camps especially around bathrooms and shower areas (a key protection component) was an important challenge in 2021; the sector will work closely with stakeholders to address this gap and prepare for longer-term solutions. The WASH Sector will ensure minimum walking distances, locating latrines and shower facilities near households, and sensitize households on gender labelling in the sanitation blocks. The WASH Sector has also provided solar torchlights in the standard WASH NFI kits for new arrivals because communal lighting is still under discussion with CCCM/ Protection and Shelter sectors.

### Cost of response

The WASH Sector has encountered significant challenges in the implementation of infrastructure projects and the supply of common pipeline items. This is mainly because of rising inflation and logistical challenges in delivering vital supplies to hard-to-reach areas. Delivery of solar panels, generators and submersible pumps meant to ensure water delivery have been delayed due to high import charges, exacerbated by high inflation. This has reduced

the coverage of costly water supply activities, for which the cost per beneficiary is higher than for hygiene promotion.

In 2022, the WASH Sector will ensure the proper costing and reporting of actions that support water supply, which is the costliest activity in the response. Additionally, contracted services such as desludging and water trucking will be considered through a planned roundtable with government and the private sector. At the end of 2021, the first roundtable on faecal sludge looked at cost-related issues and potential challenges such as flooding, as well as the need for armed escorts for trucks delivering vital WASH supplies in high-risk or hard-to-reach locations in the BAY states.

In 2022, the WASH Sector will carry out a contingency-planning exercise to ensure the prepositioning of critical supplies in locations most vulnerable to flooding and associated issues. Critical gaps in the availability of mobile storage units across various locations will be discussed with the Logistics Cluster and WASH partners. The WASH Sector will work with the two common pipeline agencies to preposition critical supplies across the BAY states.

### **Linkages with long-term recovery or development activities**

The WASH Sector has been supporting decongestion with guidelines for the technical design and implementation of WASH services. Planning around water supply and mud bricks for household-level sanitation will be implemented through community-centred approaches (including engaging the community in cash-for-work to produce bricks and to clear or construct drainage systems), to promote communal ownership of assets, and build resilience and capacity at the household level.

In 2021, the WASH Sector strengthened collaborations with development partners to increase water supply through better-planned out-of-camp responses, and looked into setting up permanent water systems,

which has enabled the implementation of small-town WASH systems and programmes across the BAY states. These are one-off installations that reduce humanitarian needs over the long term.

Further plans around reticulation of water points to address water needs in health centres, communal spaces and villages will ensure equitable distribution of potable water, and reduce queuing times and walking distances for beneficiaries.

The implementation of sanitation services by partners will provide households with tools and incentives to ensure that beneficiaries (IDPs, returnees and host communities) can take ownership of sanitation facilities. Community involvement will also help keep the costs low.

Using the hygiene promotion approach developed in 2021, the WASH Sector will implement programmes through community structures that will support longer-term open-defecation-free zones, especially in Adamawa and Yobe where volunteers and community structures have already been established to engender behavioural change.

### **Monitoring**

The WASH Sector will collect data on people reached, and reporting will be done via the monitoring dashboard.<sup>44</sup> The information collected will track response achievements against HRP targets for water supply, hygiene promotion and sanitation response. Additional monitoring of the common pipeline response will report on people reached with NFIs after each pipeline approval. The sector will conduct periodic WASH assessments using the sector-approved toolkit, while rapid response mechanism (RRM) actions and interventions will be coordinated through the RRM Working Group. Other rapid assessments in areas where displacement, flooding, and outbreaks of fire and disease occur will be conducted as needed, and reports will be circulated with partners.



## Part 4:

# Annexes

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### MAIDUGURI/BORNO, NIGERIA

Students in Maiduguri, Borno State. Photo: OCHA/  
Damilola Onafuwa.



## 4.1

# Response Analysis

The ISCG agreed that targeting, as a general rule, would comprise populations with severity ratings of 3 or above (referring to the JIAF inter-sectoral severity measure). This was meant to approximate the collective capacity of partners and their degree of access to people in need. The severity rating is applied to target groups (IDPs, returnees or host communities) within an LGA, or in some cases to an LGA's population as a whole. (It may be the case therefore that a sector targets a particular sub-group in an LGA whose overall severity rating is less than 3.) No entire LGA has the worst severity rating of 5, but distinct groups in certain LGAs are projected to be in category 5 in 2022.

The specific objectives were informed by inter-sectoral response analysis. In-depth response analyses at the sectoral level were conducted by sector coordinators (drawing on lessons learned and input from partners) to specify the range and quantities of actions, in the form of 'output indicators,' required in each LGA to optimally meet the needs within the limits of collective capacity. This specification also encompassed CVA modalities where appropriate.

Regarding sequencing or time-criticality, these vary depending on objective or circumstance. But one important rule in the north-east is that partners must plan and take full advantage of the dry season (roughly October through May), when logistics are easier and communicable disease incidence is lower. For example, prepositioning food stocks while roads are dry can avert severe shortages when roads or bridges are washed out. This requires a prompt funding response for an HRP whose period is January-December. Also, it is one of the inherent challenges of the north-east that armed actors also take advantage of the dry season, so security is typically at its worst in this period.

Regarding the need to plan within capacity, monitoring reports on implementation in 2021 compared to targets shows a generally encouraging picture. (See Humanitarian Insight for details; current data are through November 2021.) Applying standard methods of aggregating figures on number of people reached across activities and sectors, many sectors reached the majority of people targeted in 2021, commensurate with funding levels (69% of requirements overall<sup>45</sup>). It seems therefore that partners generally planned within their capacity. However, for some activities, including a few core ones, implementation fell well short of targets, even more than under-funding would suggest. The ISCG is exploring any patterns in the reasons behind such shortfalls.

Regarding CVA, an appreciation of the contextual and operational factors that condition its use and possible expansion is an important part of the response analysis. In north-east Nigeria the persistent majority use of in-kind aid does not owe to a belief that it is inherently more efficient and effective. Instead, it is more a case of adopting work-around solutions to contextual, government or military-bureaucratic constraints that can make cash programming, paradoxically, more difficult to implement than in-kind. First, the armed forces carefully control and limit all cash movements as a risk-mitigation measure against NSAG attack on the cash carriers. Required military authorizations for cash movements slow down distributions and delay receipt of cash, thus imposing more uncertainty on recipients. Second, the risk of cash inadvertently falling into the hands of groups designated nationally and/or internationally as terrorists requires more profound due-diligence measures, imposed by the Government of Nigeria and other governments, for partners, service providers and recipients of cash. Some partners find these



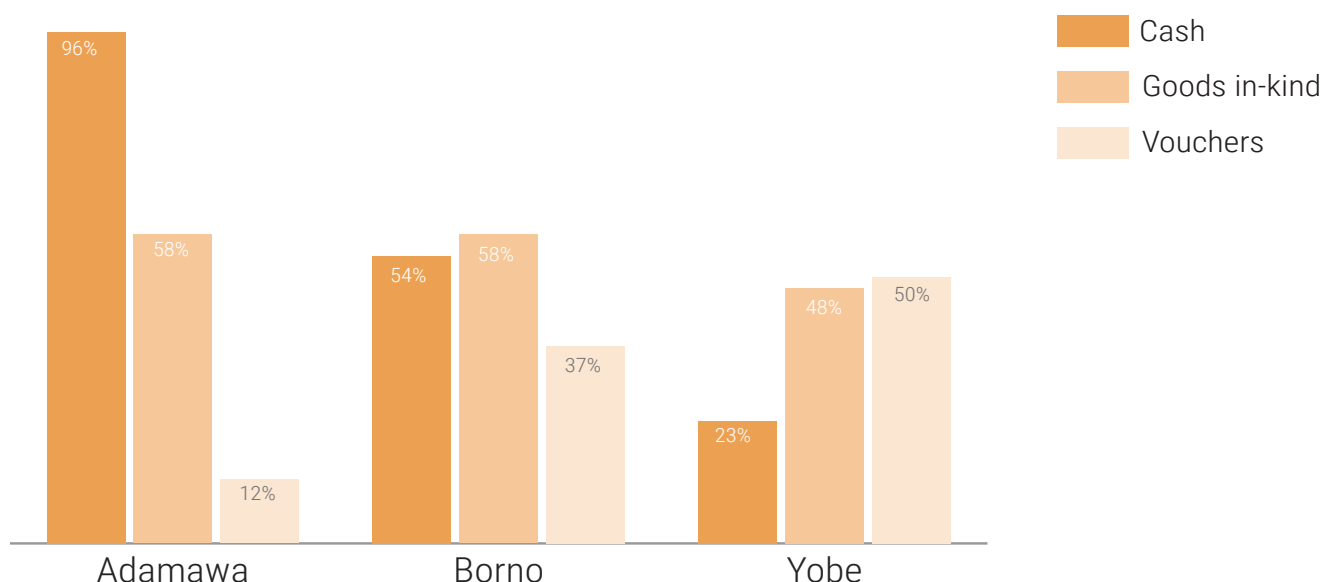
measures to be so heavy that they make cash-based transfers impractical. As such, compliance with these measures to some extent counters the potential effectiveness and efficiency of the cash-transfer modality. The choice of transfer modality becomes more opportunistic and informed by feasibility than by the added quality it confers on the people it services and the wider meso-economy that it enhances. Third, the banking infrastructure in the north-east does not support the optimal use of cash and flexible variety of cash mechanisms.

Although cash is popular, it is not unanimously so: in a 2020 Ground Truth Solutions survey, many CVA recipients reported a preference for in-kind aid.<sup>46</sup> Goods in kind were almost as popular as cash overall (55% and 59% of respondents respectively), while only 33% preferred vouchers. Both men and women reported preference for cash followed by in-kind aid, with men being more likely (by 11 percentage

points) than women to prefer aid in kind. The relative popularity of in-kind assistance likely owes to declining household spending power, caused by rapid price inflation across the BAY states and devaluation of the naira, especially if transfer values are not appropriately adjusted to reflect price fluctuations.

A measure of the complexity of CVA vs. in-kind preferences is the fact that Ground Truth's respondents (in surveys in September 2020<sup>47</sup>) differed starkly in their preferences among BAY states: in Adamawa cash was by far the most popular, whereas in Yobe it was the least popular. In-kind had similar popularity across all three states, but vouchers were the most popular in Yobe, and by a wide margin the least popular in Adamawa. Local market conditions, community structures, age and disability, experience with receiving in-kind, and security probably all play a role in these preferences.

## How do you prefer to receive aid?



## Objectives, Indicators and Targets: Camp Coordination and Camp Management

	OBJECTIVE	SECTOR APPROACH	INDICATOR	IN NEED	TARGETED
<b>Strategic Objective 1</b>	Affected people receive life-saving assistance to remedy and avert the most severe threats to life and health, in order to reduce (excess) mortality and morbidity.				5,523,313
<b>Specific Objective 1.1</b>	All necessary emergency actions for newly-arrived IDPs				457,545
<b>Sectoral Objective</b>	Enhance displacement management in camps, areas of return and out-of-camp sites to ensure equitable and dignified access to services, assistance and protection for IDPs through CCCM responses		# of eligible households manually registered		62,168
			# of eligible individuals biometrically registered		379,785
			# of individuals in displacement sites receiving site facilitation support (mobile and dedicated)		1,336,471
			# of individuals in functional reception centers receiving support		39,616
<b>Strategic Objective 3</b>	Incremental reduction of severity of humanitarian needs, such that some people's needs for recurrent multi-sectoral humanitarian aid decline by end 2023				3,616,477
<b>Specific Objective 3.2</b>	Strengthening self-reliant livelihoods for IDPs				2,059,917
<b>Sectoral Objective</b>	Enhance resilience and improved ability of communities and local partners to cope with displacement and ensure local ownership and self-governance through inclusive participation, gender mainstreaming and engagement of displaced persons.		# of community centers established and handed over to community leadership		1083
			# of IDP trained in CCCM and CCCM related activities		2166
			# of partners and local authorities trained in CCCM principles and standards, protection and gender mainstreaming, and Protection from Sexual Exploitation and Abuse (PSEA)		1473
			# of site managers, local and IDP leaders trained on DMS / CCCM.		2166

## Objectives, Indicators and Targets: Early Recovery and Livelihoods

	OBJECTIVE	SECTOR APPROACH	INDICATOR	IN NEED	TARGETED
<b>Strategic Objective 2</b>	Crisis-affected people enjoy a safer and healthier environment for living with adequate access to essential services.				2,059,917
<b>Specific Objective 2.1</b>	Improving living conditions of 2.1M IDPs				2,059,917
<b>Sectoral Objective</b>	Increased access to infrastructure and basic social services in areas of return		Number of basic infrastructures rehabilitated	319	
<b>Sectoral Objective</b>	Stabilized the means/sources of livelihood and income generation		Number of people benefitting from vocational skills training and/or supported to establish small scale business		112846
			Number of people employed through Cash-for-Work activities		39645
			Number of people reached through creation/support of VSLA		81707
<b>Strategic Objective 3</b>	Incremental reduction of severity of humanitarian needs, such that some people's needs for recurrent multi-sectoral humanitarian aid decline by end 2023				3,616,477
<b>Specific Objective 3.1</b>	Achieving alternative and durable solutions as opportunities allow				3,616,477
<b>Sectoral Objective</b>	Inclusiveness & peaceful co-existence among IDPs, returnees and host communities		Number of people benefitting from efforts to foster social cohesion, community reconciliation and security and peace building		176804
<b>Sectoral Objective</b>	Increased access to infrastructure and basic social services in areas of return		Number of basic infrastructures rehabilitated	319	
<b>Sectoral Objective</b>	Restored local community governance administration and services		Number of LGAs and CSOs staff supported with capacity building and equipment to enhance governance and service delivering		2308

## Objectives, Indicators and Targets: Education

	OBJECTIVE	SECTOR APPROACH	INDICATOR	IN NEED	TARGETED
<b>Strategic Objective 2</b>	Crisis-affected people enjoy a safer and healthier environment for living with adequate access to essential services.				2,059,917
<b>Specific Objective 2.1</b>	Improving living conditions of 2.1M IDPs				2,059,917
<b>Sectoral Objective</b>	Conflict-affected children and adolescents have access to inclusive quality basic education and vocational skills opportunities within a safe learning environment		Number of conflict-affected boys and girls (3-17 years) accessing alternative basic education models (Integrated Qur'anic Education and accelerated learning programmes etc.)		484963
			Number of conflict affected boys and girls (3-17) attending a class where teacher has received PSS training		1183217
<b>Strategic Objective 3</b>	Incremental reduction of severity of humanitarian needs, such that some people's needs for recurrent multi-sectoral humanitarian aid decline by end 2023				3,616,477
<b>Specific Objective 3.1</b>	Achieving alternative and durable solutions as opportunities allow				3,616,477
<b>Sectoral Objective</b>	Conflict-affected children and adolescents receive quality and conflict-sensitive educational services to enhance their learning achievements with resilience		Number of conflict-affected boys and girls (3-17 years) benefiting from learning supplies including ECD kits		1183217
			Number of conflict-affected out-of-school boys and girls (3-17 years) accessing education through the learning center/school		698254
			Number of teachers (m/f) trained in improved teaching and learning approaches		23664
			Number of temporary learning spaces/classrooms constructed, rehabilitated or equipped		5129
<b>Sectoral Objective</b>	Government Ministries, Departments and Agencies (MDAs), and communities have increased and maintained the capacity to plan and deliver a timely, appropriate and evidence-based education-in-emergencies response		Number of school based management committee (SBMCs) members (m/f) trained		7331

## Objectives, Indicators and Targets: Emergency Shelter and Non-food Items

	OBJECTIVE	SECTOR APPROACH	INDICATOR	IN NEED	TARGETED
<b>Strategic Objective 1</b>	Affected people receive life-saving assistance to remedy and avert the most severe threats to life and health, in order to reduce (excess) mortality and morbidity				5,523,313
<b>Specific Objective 1.1</b>	All necessary emergency actions for newly-arrived IDPs				457,545
<b>Sectoral Objective</b>	Deliver reinforced/transitional shelters and repairs systems to respond to the specific shelter needs of the newly-arrived IDPs		# of conditional shelter cash assistance delivered to households in need		26350
			# of households receiving reinforced / transitional shelter solutions		35133
			# of households supported with housing repair and improvements interventions		36109
<b>Sectoral Objective</b>	Ensure sufficient, coordinated, and adequate delivery of emergency shelter solutions to respond to the immediate shelter needs of the affected people		# of households provided with emergency shelter solutions and support		25873
<b>Strategic Objective 3</b>	Incremental reduction of severity of humanitarian needs, such that some people's needs for recurrent multi-sectoral humanitarian aid decline by end 2023.				3,616,477
<b>Specific Objective 3.1</b>	Achieving alternative and durable solutions as opportunities allow				3,616,477
<b>Sectoral Objective</b>	Deliver flexible coordinated, adequate, and harmonized NFI assistance (including assessments, distribution, reporting and post-distribution monitoring) for the affected population.		# of household provided with NFI kits (in-kind or voucher)		175798
			# of households provided with NFI in cash		7325



## Objectives, Indicators and Targets: Food Security

	OBJECTIVE	SECTOR APPROACH	INDICATOR	IN NEED	TARGETED
<b>Strategic Objective 1</b>	Affected people receive life-saving assistance to remedy and avert the most severe threats to life and health, in order to reduce (excess) mortality and morbidity				5,523,313
<b>Specific Objective 1.3</b>	Alleviating acute food insecurity, acute malnutrition, and related severe vulnerabilities				3,477,175
<b>Sectoral Objective</b>	Save lives by providing timely and integrated multi-sector assistance and protection interventions to the most vulnerable.		Number of people provided with access to fuel-efficient technologies		3477176
			Number of people receiving food assistance		3477176
<b>Strategic Objective 2</b>	Crisis-affected people enjoy a safer and healthier environment for living with adequate access to essential services.				2,059,917
<b>Specific Objective 2.1</b>	Improving living conditions of 2.1M IDPs				2,059,917
<b>Sectoral Objective</b>	Enhance timely, unhindered, and equitable access to multi-sector assistance and protection interventions through principled humanitarian action.		Number of people provided with Agricultural Resilience Support		2710647
			Number of people provided with trainings (capacity building)		700000
<b>Strategic Objective 3</b>	Incremental reduction of severity of humanitarian needs, such that some people's needs for recurrent multi-sectoral humanitarian aid decline by end 2023				3,616,477
<b>Specific Objective 3.1</b>	Achieving alternative and durable solutions as opportunities allow				3,616,477
<b>Sectoral Objective</b>	Strengthen the resilience of affected populations, promote early recovery and voluntary and safe durable solutions to displacement, and support social cohesion.		Number of Food Security Sector meetings		52
			Number of sector Information management products		60

## Objectives, Indicators and Targets: Health

	OBJECTIVE	SECTOR APPROACH	INDICATOR	IN NEED	TARGETED
<b>Strategic Objective 1</b>	Affected people receive life-saving assistance to remedy and avert the most severe threats to life and health, in order to reduce (excess) mortality and morbidity.				5,523,313
<b>Specific Objective 1.2</b>	Control and prevention of communicable disease outbreak				1,588,593
<b>Sectoral Objective</b>	To provide basic life-saving essential quality healthcare services to affected IDPs, returnees, inaccessible and host population.		Number of children vaccinated in routine immunization and campaigns		3200000
			Number of health facilities providing an essential life-saving package of health services.		1800
			Number of health facilities providing sexual and reproductive healthcare service including family planning.		500
			Number of out-patient reached in health facilities supported by health partners.		1815535
			Number of People Reached by Health Partners Providing an Essential Life-saving Package of Health Services within IDP Camps.		1134710
			Number of Persons Reached Through Mobile Medical Activities.		1588593
<b>Sectoral Objective</b>	To timely respond to epidemic/pandemic outbreaks through rapid response mechanism and coordinated preparedness and prevention actions.		Number of Outbreaks Responded and Contained.		5
			Number of Preparedness and Prevention Meeting Held.		84
			Percentage of Health Facilities Supported by Sector Partners Submitting Weekly Surveillance Reports on Time.		80
			Percentage of Outbreak Alerts Investigated within 48 hours.		80

Strategic Objective 3	Incremental reduction of severity of humanitarian needs, such that some people's needs for recurrent multi-sectoral humanitarian aid decline by end 2023		3,616,477
Specific Objective 3.1	Achieving alternative and durable solutions as opportunities allow		3,616,477
Sectoral Objective	To maintain and improve access to healthcare, strengthen health system recovery, enhance resilience and promote humanitarian-development linkages.	Number of health facilities providing Clinical Management of Rape (CMR) and/or MHPSS.	500
		Number of health facilities rehabilitated/revitalized by health sector partners.	40
		Number of health facilities with referral mechanism to higher level of Care and receive feedback from the referral Point.	500
		Number of health facilities that have been trained.	500
		Number of healthcare workers trained.	8000

## Objectives, Indicators and Targets: Nutrition

	OBJECTIVE	SECTOR APPROACH	INDICATOR	IN NEED	TARGETED
Strategic Objective 1	Affected people receive life-saving assistance to remedy and avert the most severe threats to life and health, in order to reduce (excess) mortality and morbidity.				5,523,313
Specific Objective 1.1	All necessary emergency actions for newly-arrived IDPs				457,545
Sectoral Objective	Improve access to quality curative nutrition services through the most appropriate modalities, systematic identification, referral, and treatment of acutely malnourished cases in collaboration with the health sector to enhance sustainability		Number of children (6- 23 months) reached with Micronutrient Supplementation Powders (MNP) for the first time.		548569
			Number of PLW reached with Blanket Supplementary Feeding Programme (BSFP)		344726
			Number of PLW with moderate acute malnutrition admitted in the targeted supplementary feeding programme		45607
			Number of pregnant and lactating women reached with skilled IYCF counselling for the first time.		745929
Sectoral Objective	Strengthen the quality and scale of preventative nutrition services for most vulnerable groups through supplementary feeding activities, appropriate infant and young child feeding practices, micronutrient supplementation and optimal maternal nutrition		Number of children reached with Blanket Supplementary Feeding Programme (BSFP) (6 - 23)		130997
			Number of children with moderate acute malnutrition admitted in the targeted supplementary feeding programme		635766
			Number of children with severe acute malnutrition admitted in the outpatient therapeutic programme/ inpatient care		316753
Strategic Objective 3	Incremental reduction of severity of humanitarian needs, such that some people's needs for recurrent multi-sectoral humanitarian aid decline by end 2023				3,616,477
Specific Objective 3.1	Achieving alternative and durable solutions as opportunities allow				3,616,477
Sectoral Objective	Reinforce appropriate coordination with other sectors and strengthen situation monitoring by undertaking joint assessments and analysis, while strengthening integrated response that mainstreams protection		# of Joint assessment conducted with other sectors such as Food Security, WASH, Health		12
			Number of caregivers reached with Cash/Voucher assistance for nutrition outcomes.		37000

## Objectives, Indicators and Targets: Protection

	OBJECTIVE	SECTOR APPROACH	INDICATOR	IN NEED	TARGETED
<b>Strategic Objective 4</b>	The affected population enjoys adequate protection of their rights including safety and security, unimpeded access to humanitarian assistance, and solutions that fulfil norms and standards.				2,018,537
<b>Specific Objective 4.1</b>	Within the abilities of operational humanitarian organizations, victims of protection violations access services and care necessary for recovery and justice, and preventative measures reduce the risk of protection violations.				2,018,537
<b>Sectoral Objective</b>	Strengthened community resilience and systems/ institutions that prevent and respond to gender-based violence including harmful practices		Child Protection: Number child protection partners, social welfare staff trained on child protection and related areas		500
			Child Protection: Number of trained and functional Community Based Child Protection Committee Members.		500
			Gender Based Violence: Number of beneficiaries who access safe socio-economic/livelihood/income generation opportunities		40000
			Gender Based Violence: Number of persons reached through sensitization, community engagement and capacity building on GBV prevention and principles that address negative social norms		1030000
			General Protection: Number of advocacy sessions to the government, legislators and other influencers on the enhancement of the protection environment		192
			General Protection: Number of duty-bearers , personnel trained		7215
			General Protection: Number of enablers provided to duty-bearers to respond to rights claims		5060
			General Protection: Number of staff across sectors trained on protection		4067
			General Protection: Number of women, girls, boys and men reached during awareness – raising sessions		468144
			Housing Land Property: Number of HLP coordination meetings and events facilitated		72
			Housing Land Property: Number of Individuals receiving training services on HLP rights		5000
			Housing Land Property: Number of stakeholders participating in HLP SWG coordination meetings		1080



	OBJECTIVE	SECTOR APPROACH	INDICATOR	IN NEED	TARGETED
<b>Sectoral Objective</b>	To mitigate and respond to the harm caused to persons who have suffered violence, coercion, exploitation, serious neglect or discrimination, and to restore their capacity to live safe and dignified lives		Child Protection: Number boys and girls at risk that benefit from comprehensive multi-sectoral case management support (abuse, neglect, exploitation, child labour & child marriage, etc)		3375
			Child Protection: Number of adolescent girls and boys benefiting from life skills education.		100000
			Child Protection: Number of caregivers benefiting from psychosocial support services , counselling and positive parenting		50000
			Child Protection: Number of children affected by protection risks (family separation, violence, neglect, abuse, etc.) placed in alternative care.		1545
			Child Protection: Number of girls and boys affected by protection risks who receive specialized MHPPS support services.		3000
			Child Protection: Number of girls and boys benefiting from structured recreational and creative services (PSS).		500000
			Child Protection: Number of girls and boys living with disabilities affected by protection risks receiving child protection services.		4000
			Child Protection: Number of girls, boys and young people formerly associated with armed groups (CAAFAG) reintegrated and provided with community-based reintegration assistance		4500
			Child Protection: Number of girls, boys under 5 years provided with birth certificates		101000
			Child Protection: Number of unaccompanied and separated girls and boys reunified with their families		500
			Gender Based Violence: Number of individuals who receive material assistance and dignity kits		250000
			Gender Based Violence: Number of practitioners who demonstrate in-creased knowledge in improving the quality of service provision		2182

OBJECTIVE		SECTOR APPROACH	INDICATOR	IN NEED	TARGETED
			Gender Based Violence: Number of beneficiaries provided with GBV case management and specialized services		200000
			General Protection: Number of Women, Girls, Boys and Men screened, registered and monitored to identify vulnerability and exposure to protection risks		234059
			General Protection: Number of women, girls, boys and men who have suffered human rights violations identified and referred for specialized services		231163
			Mine Action: Number of survivors of explosive incidents referred to a multi-sectoral assistance		75
<b>Sectoral Objective</b>	To strengthen targeted protection services to address the needs and vulnerability of persons at heightened risks of violence, exploitation, serious neglect or discrimination; enhance their capacities and reduce the risk of resorting to negative coping mechanisms		Child Protection: Number of girls, boys and women ,men reached with awareness raising sessions, on child protection issues, postive parenting and exsisting referral pathways.		534624
			Gender Based Violence: Number of beneficiaries who demonstrate improved capacity from peer support, mentoring/coaching, skills building and empowerment programs		100000
			Gender Based Violence: Number of frontline responders who demonstrate awareness on services for GBV/TIP/ WAFAG/early and child marriage and ability to make safe referrals to appropriate assistance		2500
			Gender Based Violence: Number of relevant institutions/facilities (state services and humanitarian partners) that demonstrate increased capacity in provision of survivor centred services		400
			General Protection: Number of beneficiaries provided with assistance to increase safe socio-economic / livelihood / income generation opportunities		40000
			General Protection: Number of women, girls, boys and men provided with civil documentation		304270
			General Protection: Number of women, girls, boys and men provided with protection information and assistance		675122

OBJECTIVE	SECTOR APPROACH	INDICATOR	IN NEED	TARGETED
		Housing Land and Property: Number of people receiving HLP support in situations of forced eviction		20000
		Housing Land and Property: Number of persons supported with cash-for-rent and rent subsidy		20000
		Housing Land Property: Number of HLP dispute resolution mechanisms provided with support (material and technical)		30
		Housing Land Property: Number of Individuals supported with the Processing of title documentation and other forms of HLP documentation		200000
		Housing Land Property: Number of women, girls, boys and men receiving counselling and legal advice on HLP		5000
		Housing Land Property: Number of women, girls, boys and men receiving information and awareness counselling and legal advice on housing, land and property		25000
		Mine Action: Number of people (IDPs, returnees, host community members, Government officials, service providers and humanitarian workers), reached through explosive ordnance risk education		407150

## Objectives, Indicators and Targets: WASH

	OBJECTIVE	SECTOR APPROACH	INDICATOR	IN NEED	TARGETED
<b>Strategic Objective 1</b>	Critical life-saving: Affected people receive life-saving assistance to remedy and avert the most severe threats to life and health, in order to reduce (excess) mortality and morbidity.				5,523,313
<b>Specific Objective 1.1</b>	All necessary emergency actions for newly-arrived IDPs				457,545
<b>Sectoral Objective</b>	Affected people have safe and equitable access to a sufficient quantity of water for domestic needs, as per the sector's standards.		Number of health, nutrition centers, schools and selected public places provided with access to clean safe water facilities and WASH services as per sector's standards	200	
			Number of people having access to emergency safe water facilities and services as per sector's standards		1226295
			Number of people having access to long-term safe water facilities and services as per sector's standards through new construction and rehabilitation of water supply systems		1226295
			Number of people whose water systems' functionality is supported by sustained operation and maintenance services (e.g. boreholes, pumps, solar panels, overhead tanks, piped networks, taps, chlorination including monitoring of free residual chlorine)		1226295

	OBJECTIVE	SECTOR APPROACH	INDICATOR	IN NEED	TARGETED
<b>Strategic Objective 2</b>	Living conditions that preclude threats to life, health and safety: Crisis-affected people enjoy a safer and healthier environment for living with adequate access to essential services.				2,059,917
<b>Specific Objective 2.1</b>	Improving living conditions of 2.1M IDPs				2,059,917
<b>Sectoral Objective</b>	Affected people have safe and equitable access to a sufficient quantity of water for domestic needs, as per the sector's standards.		Affected people benefit from basic gender- and age-sensitive hygiene items including top-ups as per the sector's standard.		200
			Affected people benefit from community tailored gender- and age-sensitive hygiene messages aiming at hygienic behavior and practices as per the sector's standards.		120000
			Affected people have safe and dignified access to improved sanitation facilities, as per the sector's standard		1101733
			Affected people have safe and equitable access to a sufficient quantity of water for domestic needs, as per the sector's standards.		2608978



## 4.2

# Participating Organizations

ORGANIZATION	SECTORS	REQUIREMENTS (US\$)	PROJECTS
Agency for Technical Cooperation and Development	Camp Coordination and Camp Management	1587620	4
BOAID Humanitarian Foundation	Camp Coordination and Camp Management	535500	1
Care Aid Support Initiative	Camp Coordination and Camp Management	216236	1
Cosmic Nudge Foundation	Camp Coordination and Camp Management	294241	1
Global Grassroots Succour Initiative	Camp Coordination and Camp Management	256000	1
Green Concern for Development	Camp Coordination and Camp Management	405000	1
Guidance Community Development Foundation	Camp Coordination and Camp Management	572000	1
Hope 360 Initiative for Peace	Camp Coordination and Camp Management	250000	1
Hope and Rural Aid Foundation	Camp Coordination and Camp Management	420000	1
International Organization for Migration	Camp Coordination and Camp Management	9342303	2
INTERSOSHumanitarianAidOrganization	Camp Coordination and Camp Management	0	1
Norwegian Refugee Council	Camp Coordination and Camp Management	1060000	1
OCHA NGO Funds	Camp Coordination and Camp Management	51000	1
Peace Restoration and Integral Global Development Initiative	Camp Coordination and Camp Management	170500	2
Peacebuilding and Livelihood Restoration Initiatives	Camp Coordination and Camp Management	92096	1
Precious Pride and Great Work Foundation	Camp Coordination and Camp Management	120000	1
Salient Humanitarian Organization	Camp Coordination and Camp Management	160000	1

ORGANIZATION	SECTORS	REQUIREMENTS (US\$)	PROJECTS
Sheriff Aid Foundation	Camp Coordination and Camp Management	138531	1
Smiling Hearts Initiatives International	Camp Coordination and Camp Management	250000	1
United Nations High Commissioner for Refugees	Camp Coordination and Camp Management	5621759	2
Young Prodigy	Camp Coordination and Camp Management	49562	1
Agency for Technical Cooperation and Development	Coordination and Support Services	1496479	4
Guidance Community Development Foundation	Coordination and Support Services	624000	1
International Organization for Migration	Coordination and Support Services	6346766	1
Office for the Coordination of Humanitarian Affairs	Coordination and Support Services	9139153	2
Translators without Borders	Coordination and Support Services	2280857	1
UNDP for UNDSS	Coordination and Support Services	2700000	1
Action Against Hunger	Early Recovery and Livelihoods	2294333	1
ActionAid International Nigeria	Early Recovery and Livelihoods	250000	1
African Humanitarian Aid International	Early Recovery and Livelihoods	450000	1
BOAID Humanitarian Foundation	Early Recovery and Livelihoods	250976	1
CARE International	Early Recovery and Livelihoods	6967716	1
Centre for Community Development and Research Network	Early Recovery and Livelihoods	50331951	2
Christian Rural and Urban Development Association of Nigeria	Early Recovery and Livelihoods	0	2
Civil Society Coalition for Poverty Eradication	Early Recovery and Livelihoods	706100	1
Cooperazione Internazionale - COOPI	Early Recovery and Livelihoods	4200000	1
Cosmic Nudge Foundation	Early Recovery and Livelihoods	602600	1
Danish Refugee Council	Early Recovery and Livelihoods	3709536	1
Future Resilience and Development Foundation	Early Recovery and Livelihoods	280000	1
Global Aid for Rural Initiative	Early Recovery and Livelihoods	0	1
Global Village Healthcare Initiative for Africa	Early Recovery and Livelihoods	550000	1

ORGANIZATION	SECTORS	REQUIREMENTS (US\$)	PROJECTS
Hope 360 Initiative for Peace	Early Recovery and Livelihoods	0	1
Intercommunity Development Social Organization	Early Recovery and Livelihoods	1010891	1
International Organization for Migration	Early Recovery and Livelihoods	11070000	1
International Rescue Committee	Early Recovery and Livelihoods	970500	2
Jesuit Refugee Service	Early Recovery and Livelihoods	274575	1
Mon Club International	Early Recovery and Livelihoods	12530	1
Nkafamiya Rescue Mission	Early Recovery and Livelihoods	400419	2
Peace Restoration and Integral Global Development Initiative	Early Recovery and Livelihoods	250600	1
Plan International	Early Recovery and Livelihoods	3048203	1
Salient Humanitarian Organization	Early Recovery and Livelihoods	480000	1
Save the Children	Early Recovery and Livelihoods	1285714	1
Sirri Care Foundation	Early Recovery and Livelihoods	350000	1
Street Child Organization	Early Recovery and Livelihoods	1100000	1
Taimako Community Development Initiative	Early Recovery and Livelihoods	779875	1
UN Women	Early Recovery and Livelihoods	1500000	1
United Nations Development Programme	Early Recovery and Livelihoods	2353750	1
United Nations High Commissioner for Refugees	Early Recovery and Livelihoods	9172934	1
Voluntary Service Overseas	Early Recovery and Livelihoods	966424	1
World Food Programme	Early Recovery and Livelihoods	5334039	1
Zireenza Support Foundation	Early Recovery and Livelihoods	271035	1
African Humanitarian Aid International	Education	550000	1
All for Peace And Dignity	Education	552500	1
Centre for Community Development and Research Network	Education	37696621	2
Community Empowerment and Peace Building Foundation for Women and Youth	Education	46177	1
Cosmic Nudge Foundation	Education	426507	1
Future Resilience and Development Foundation	Education	331478	1

ORGANIZATION	SECTORS	REQUIREMENTS (US\$)	PROJECTS
Gibran Books and Values Society of Nigeria	Education	467500	1
Global Aid for Rural Initiative	Education	0	1
Global Village Healthcare Initiative for Africa	Education	320000	1
GOALPrime Organization Nigeria	Education	400000	1
Guildance Community Development Foundation	Education	572000	1
Hope 360 Initiative for Peace	Education	382500	1
Intercommunity Development Social Organization	Education	723520	1
International Rescue Committee	Education	7900000	1
Jesuit Refugee Service	Education	418450	1
Life and Hope Initiatives	Education	87515	1
Life At Best Development Initiative	Education	255000	1
Mon Club International	Education	351603	2
Nkafamiya Rescue Mission	Education	395649	3
Norwegian Refugee Council	Education	1000000	1
Novel Alliance for Development Aid	Education	166332	1
Plan International	Education	200000	1
Restoration of Hope Initiative	Education	856000	1
Salient Humanitarian Organization	Education	600000	1
Street Child Organization	Education	8480000	1
Terre des Hommes - Lausanne	Education	72000	2
The Big Smile Foundation	Education	170049	2
The InnerCity Mission for Children	Education	1325128	1
Transcultural Psychosocial Organization	Education	300000	1
United Nations Children's Fund	Education	65381403	2
United States Agency for International Development	Education	0	1
Yerwa Empowerment Foundation	Education	440800	1
Youth Integrated for Positive Development Initiative	Education	625600	1

ORGANIZATION	SECTORS	REQUIREMENTS (US\$)	PROJECTS
Action Against Hunger	Emergency Shelter and NFI	1419000	1
Agency for Technical Cooperation and Development	Emergency Shelter and NFI	1558455	4
BOAID Humanitarian Foundation	Emergency Shelter and NFI	212000	1
Cosmic Nudge Foundation	Emergency Shelter and NFI	196160	1
Danish Refugee Council	Emergency Shelter and NFI	1206000	1
Green Concern for Development	Emergency Shelter and NFI	1120313	2
Guidance Community Development Foundation	Emergency Shelter and NFI	572000	1
Hope and Rural Aid Foundation	Emergency Shelter and NFI	980000	1
International Organization for Migration	Emergency Shelter and NFI	24000000	2
Mercy Corps	Emergency Shelter and NFI	2459529	1
Norwegian Refugee Council	Emergency Shelter and NFI	4000000	1
Salient Humanitarian Organization	Emergency Shelter and NFI	560000	1
Sheriff Aid Foundation	Emergency Shelter and NFI	167736	1
Smiling Hearts Initiatives International	Emergency Shelter and NFI	400000	1
United Nations High Commissioner for Refugees	Emergency Shelter and NFI	22248664	1
World Food Programme	Emergency Telecommunications	1600000	1
Action Against Hunger	Food Security	14500000	1
Caritas Germany (DCV)	Food Security	1095000	2
Catholic Caritas Foundation of Nigeria	Food Security	371864	1
Christian Rural and Urban Development Association of Nigeria	Food Security	0	2
Community Empowerment and Peace Building Foundation for Women and Youth	Food Security	453062	1
Cooperazione Internazionale - COOPI	Food Security	5770000	1
Danish Refugee Council	Food Security	7330241	1
Environmental Care Foundation	Food Security	550000	1
European Union Emergency Trust Fund for Africa	Food Security	50000	1
Food & Agriculture Organization of the United Nations	Food Security	55050000	2
Gibran Books and Values Society of Nigeria	Food Security	250000	1



ORGANIZATION	SECTORS	REQUIREMENTS (US\$)	PROJECTS
Global Grassroots Succour Initiative	Food Security	250000	1
Guildance Community Development Foundation	Food Security	572000	1
Hope 360 Initiative for Peace	Food Security	0	1
Intercommunity Development Social Organization	Food Security	1644545	1
International Rescue Committee	Food Security	115500	1
Jami Al Hakeem Foundation	Food Security	242130	1
Jesuit Refugee Service	Food Security	320511	1
Life At Best Development Initiative	Food Security	545350	1
Mercy Corps	Food Security	4976012	1
Peace Restoration and Integral Global Development Initiative	Food Security	300000	1
Première Urgence Internationale	Food Security	669624	1
Salient Humanitarian Organization	Food Security	495000	1
Save the Children	Food Security	23000000	1
United States Agency for International Development	Food Security	50000	1
World Food Programme	Food Security	335200427	3
World Vision Niger	Food Security	0	1
Zireenza Support Foundation	Food Security	202000	1
ZOA	Food Security	200000	1
Action Against Hunger	Health	1767703	1
Action Health Incorporated	Health	650000	1
Alliance for International Medical Action	Health	1692160	1
Care Best Initiative	Health	200008	1
Cosmic Nudge Foundation	Health	159500	1
Family Health International - FHI 360	Health	3112937	1
Global Village Healthcare Initiative for Africa	Health	300000	1
GOALPrime Organization Nigeria	Health	500000	1
Guildance Community Development Foundation	Health	572000	1
Heartland Alliance International	Health	0	1

ORGANIZATION	SECTORS	REQUIREMENTS (US\$)	PROJECTS
International Organization for Migration	Health	5081708	1
International Rescue Committee	Health	2800000	1
Life At Best Development Initiative	Health	308116	1
Médecins du Monde	Health	1877382	1
Première Urgence Internationale	Health	524202	3
Royal Heritage Health Foundation	Health	0	1
United Nations Children's Fund	Health	17224710	1
United Nations Population Fund	Health	12310000	1
World Health Organization	Health	9666466	3
United Nations Humanitarian Air Service	Logistics	27150043	1
World Food Programme	Logistics	3296268	1
International Rescue Committee	Multi-Purpose Cash	3361004	1
Mercy Corps	Multi-Purpose Cash	716434	1
ZOA	Multi-Purpose Cash	900000	1
Action Against Hunger	Nutrition	1178469	1
Alliance for International Medical Action	Nutrition	951840	1
Care Best Initiative	Nutrition	333730	1
CARE International	Nutrition	779900	1
Catholic Caritas Foundation of Nigeria	Nutrition	371864	1
Centre for Community Development and Research Network	Nutrition	151472	1
Chabash Development and Health Initiative	Nutrition	271346	1
Cooperazione Internazionale - COOPI	Nutrition	2975000	1
Family Health International - FHI 360	Nutrition	2174185	1
Future Resilience and Development Foundation	Nutrition	172000	1
Global Village Healthcare Initiative for Africa	Nutrition	250000	1
Green Concern for Development	Nutrition	200000	1
Guildance Community Development Foundation	Nutrition	572000	1
International Medical Corps	Nutrition	610225	1
International Rescue Committee	Nutrition	3548785	1
Life At Best Development Initiative	Nutrition	465265	1

ORGANIZATION	SECTORS	REQUIREMENTS (US\$)	PROJECTS
Médecins du Monde	Nutrition	1822165	1
Mercy Corps	Nutrition	1034919	1
Mon Club International	Nutrition	225185	1
Nkafamiya Rescue Mission	Nutrition	248750	1
Novel Alliance for Development Aid	Nutrition	387218	1
Peace Restoration and Integral Global Development Initiative	Nutrition	299000	1
Plan International	Nutrition	6000000	1
Première Urgence Internationale	Nutrition	302854	3
Salient Humanitarian Organization	Nutrition	525000	1
Save the Children	Nutrition	6442875	1
Terre des Hommes - Lausanne	Nutrition	782000	2
United Nations Children's Fund	Nutrition	46237783	1
World Food Programme	Nutrition	70535064	1
World Health Organization	Nutrition	724837	1
World Vision International	Nutrition	0	1
Against All Odds Foundation	Protection	250000	1
Agency for Technical Cooperation and Development	Protection	274466	1
BOAID Humanitarian Foundation	Protection	81330	1
Caritas Germany (DCV)	Protection	1095000	2
Centre for Community Health and Development International	Protection	180000	1
Chabash Development and Health Initiative	Protection	285412	1
Child Protection and Peer Learning Initiative	Protection	170654	1
Child Protection and Women Empowerment Initiative	Protection	670000	1
Community Empowerment and Peace Building Foundation for Women and Youth	Protection	46175	1
Concern for Women and Children Development Foundation	Protection	726392	2
Cooperazione Internazionale - COOPI	Protection	1799922	1
Danish Refugee Council	Protection	1775000	3

ORGANIZATION	SECTORS	REQUIREMENTS (US\$)	PROJECTS
Family Health International - FHI 360	Protection	2519117	1
Food & Agriculture Organization of the United Nations	Protection	0	1
Future Resilience and Development Foundation	Protection	330022	3
Global Aid for Rural Initiative	Protection	0	1
Global Village Healthcare Initiative for Africa	Protection	0	1
GOALPrime Organization Nigeria	Protection	1160000	2
Grassroots Life-Saving Outreach	Protection	250000	1
Grow Strong Foundation	Protection	640000	2
Guildance Community Development Foundation	Protection	572000	1
Heartland Alliance International	Protection	0	1
Intercommunity Development Social Organization	Protection	650332	1
International Medical Corps	Protection	474775	1
International Organization for Migration	Protection	4661465	2
International Rescue Committee	Protection	3299874	8
INTERSOSHumanitarianAidOrganization	Protection	0	1
Jami Al Hakeem Foundation	Protection	30877	1
Life At Best Development Initiative	Protection	664523	2
Malteser International Order of Malta World Relief	Protection	595000	1
Médecins du Monde	Protection	1822164	1
Mines Advisory Group	Protection	785929	1
Nkafamiya Rescue Mission	Protection	52229	2
Norwegian Refugee Council	Protection	800000	1
Novel Alliance for Development Aid	Protection	249498	1
Peace Restoration and Integral Global Development Initiative	Protection	154000	2
Plan International	Protection	2900000	2
Première Urgence Internationale	Protection	225010	3
Rise to Inspire Africa Initiative	Protection	153600	1

ORGANIZATION	SECTORS	REQUIREMENTS (US\$)	PROJECTS
Royal Heritage Health Foundation	Protection	0	1
Salient Humanitarian Organization	Protection	650000	1
Save the Children (United Kingdom), Medair (United Kingdom)	Protection	1700000	1
Sirri Care Foundation	Protection	535000	2
Street Child Organization	Protection	2020000	2
Terre des Hommes - Lausanne	Protection	180000	2
The Big Smile Foundation	Protection	92199	2
Transcultural Psychosocial Organization	Protection	165000	1
UNFPA Iran	Protection	0	1
United Nations Children's Fund	Protection	17018809	1
United Nations High Commissioner for Refugees	Protection	18756881	3
United Nations Mine Action Service	Protection	3445000	1
United Nations Population Fund	Protection	11000000	1
Youth Integrated for Positive Development Initiative	Protection	720000	2
Action Against Hunger	Water and Sanitation	5675189	2
Agency for Technical Cooperation and Development	Water and Sanitation	220463	2
Care Best Initiative	Water and Sanitation	150019	1
Caritas Germany (DCV)	Water and Sanitation	510000	1
Catholic Caritas Foundation of Nigeria	Water and Sanitation	1917080	2
Chabash Development and Health Initiative	Water and Sanitation	333789	1
Christian Rural and Urban Development Association of Nigeria	Water and Sanitation	0	1
Cooperazione Internazionale - COOPI	Water and Sanitation	820500	1
Danish Refugee Council	Water and Sanitation	1758000	1
Family Health International - FHI 360	Water and Sanitation	2193761	1
Future Resilience and Development Foundation	Water and Sanitation	258000	1
Gibran Books and Values Society of Nigeria	Water and Sanitation	300000	1
Global Aid for Rural Initiative	Water and Sanitation	0	1















ORGANIZATION	SECTORS	REQUIREMENTS (US\$)	PROJECTS
Global Grassroots Succour Initiative	Water and Sanitation	270000	1
Global Village Healthcare Initiative for Africa	Water and Sanitation	320000	1
GOALPrime Organization Nigeria	Water and Sanitation	300000	1
Green Concern for Development	Water and Sanitation	519141	1
Guildance Community Development Foundation	Water and Sanitation	572000	1
International Medical Corps	Water and Sanitation	665000	1
International Organization for Migration	Water and Sanitation	22725060	2
International Rescue Committee	Water and Sanitation	2639729	1
Jami Al Hakeem Foundation	Water and Sanitation	30876	1
Life At Best Development Initiative	Water and Sanitation	462174	1
Malteser International Order of Malta World Relief	Water and Sanitation	1105000	1
Mercy Corps Scotland	Water and Sanitation	1600000	1
Mon Club International	Water and Sanitation	245307	2
Multi-donor flexible humanitarian contribution (UNICEF Global Humanitarian Thematic)	Water and Sanitation	37500	1
Nkafamiya Rescue Mission	Water and Sanitation	255524	2
Norwegian Refugee Council	Water and Sanitation	3737500	2
Salient Humanitarian Organization	Water and Sanitation	600000	1
Save The Slum Initiative	Water and Sanitation	830000	2
Solidarités International	Water and Sanitation	350000	1
Taimako Community Development Initiative	Water and Sanitation	1007200	1
Terre des Hommes - Lausanne	Water and Sanitation	793422	2
The Big Smile Foundation	Water and Sanitation	8294	1
Transcultural Psychosocial Organization	Water and Sanitation	170000	1
United Nations Children's Fund	Water and Sanitation	56458738	1
ZOA	Water and Sanitation	250000	1













## 4.3

## Planning Figures by Sector and by Geography

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
8.4M	5.5M	\$1.1B	79	178

## By sector

SECTOR/MULTI-SECTOR		PEOPLE IN NEED	PEOPLE TARGETED	<div><div></div><div></div></div> IN NEED TARGETED	REQUIREMENTS (US\$)		OPERATIONAL PARTNERS	NUMBER OF PROJECTS
	Camp Coordination and Camp Management	2.0M	1.3M	<div><div></div><div></div></div>	\$22.7M	<div><div></div></div>	18	19
	Coordination and Support Services	NA	NA	<div><div></div><div></div></div>	\$21.3M	<div><div></div></div>	5	5
	Early Recovery and Livelihoods	3.3M	0.3M	<div><div></div><div></div></div>	\$58.9M	<div><div></div></div>	25	26
	Education	1.9M	1.2M	<div><div></div><div></div></div>	\$100.2M	<div><div></div></div>	21	21
	Emergency Shelter and NFI	2.9M	1.5M	<div><div></div><div></div></div>	\$59.3M	<div><div></div></div>	13	13
	Emergency Telecommunications	NA	NA	<div><div></div><div></div></div>	\$1.6M	<div><div></div></div>	1	1
	Food Security	3.5M	3.5M	<div><div></div><div></div></div>	\$450.9M	<div><div></div></div>	17	18
	Health	5.0M	4.4M	<div><div></div><div></div></div>	\$52.7M	<div><div></div></div>	14	16
	Logistics	NA	NA	<div><div></div><div></div></div>	\$30.4M	<div><div></div></div>	2	1
	Nutrition	3.0M	2.5M	<div><div></div><div></div></div>	\$144.3M	<div><div></div></div>	22	23
	Protection	4.3M	2.0M	<div><div></div><div></div></div>	\$78.4	<div><div></div></div>	37	52
	Water and Sanitation	3.0M	2.6M	<div><div></div><div></div></div>	\$101.5M	<div><div></div></div>	21	24

	PEOPLE TARGETED	BY GENDER WOMEN   MEN (%)	<div><div>WOMEN</div><div>MEN</div></div>	IDPS	RETURNEES	HOST COMMUNITIES	
	1.34M	55   45	<div><div></div><div></div></div>		1.34	0	0
	NA	00   00			-	-	-
	0.28M	53   47	<div><div></div><div></div></div>		0.10	0.08	0.09
	1.21M	54   46	<div><div></div><div></div></div>		0.78	0.30	0.12
	1.46M	55   45	<div><div></div><div></div></div>		1.18	0.23	0.06
	NA	00   00			-	-	-
	3.48M	51   49	<div><div></div><div></div></div>		1.69	0.42	1.36
	4.41M	55   45	<div><div></div><div></div></div>		1.49	1.39	1.53
	NA	00   00			-	-	-
	2.53M	68   32	<div><div></div><div></div></div>		0.83	0.85	0.85
	1.83M	60   40	<div><div></div><div></div></div>		0.60	0.42	0.81
	2.61M	54   46	<div><div></div><div></div></div>		1.02	0.48	1.11

### By geography

STATE	LGA	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS	NUMBER OF PROJECTS
Adamawa	Demsa	69.1K	48.8K	11.5M	12	15
Adamawa	Fufore	100.0K	64.1K	14.6M	13	22
Adamawa	Ganye	58.7K	41.1K	9.0M	7	9
Adamawa	Girei	99.7K	48.2K	16.1M	16	28
Adamawa	Gombi	0.0K	79.3K	8.3M	11	18
Adamawa	Guyuk	82.8K	54.0K	11.4M	9	13
Adamawa	Hong	243.1K	126.0K	15.6M	13	19
Adamawa	Jada	68.0K	54.3K	11.5M	8	10
Adamawa	Lamurde	78.4K	49.2K	7.6M	9	13
Adamawa	Madagali	128.4K	98.9K	17.5M	23	42
Adamawa	Maiha	94.2K	64.3K	7.9M	17	21
Adamawa	Mayo-Belwa	197.3K	56.6K	13.3M	8	12
Adamawa	Michika	216.3K	162.4K	30.6M	26	52
Adamawa	Mubi North	169.0K	79.5K	23.7M	22	46
Adamawa	Mubi South	170.7K	74.2K	21.3M	22	42

STATE	LGA	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS	NUMBER OF PROJECTS
Adamawa	Numan	81.7K	35.2K	10.9M	10	14
Adamawa	Shelleng	52.1K	64.1K	6.7M	7	10
Adamawa	Song	0.0K	52.0K	14.1M	9	15
Adamawa	Toungo	0.0K	12.6K	5.3M	7	8
Adamawa	Yola North	206.2K	57.9K	21.5M	20	37
Adamawa	Yola South	368.7K	87.5K	22.8M	19	40
Borno	Abadam	0.0K	0.0K	0.0M	0	0
Borno	Askira/Uba	166.3K	90.8K	18.0M	14	25
Borno	Bama	250.4K	109.9K	32.2M	36	70
Borno	Bayo	45.8K	31.2K	12.7M	8	15
Borno	Biu	99.0K	61.1K	16.8M	19	31
Borno	Chibok	47.3K	41.0K	10.5M	9	15
Borno	Damboa	191.3K	116.5K	27.0M	28	54
Borno	Dikwa	139.0K	82.5K	26.2M	29	52
Borno	Gubio	172.8K	130.4K	17.7M	12	20
Borno	Guzamala	0.0K	0.0K	0.0M	0	0
Borno	Gwoza	275.9K	193.5K	32.5M	34	63
Borno	Hawul	175.3K	139.1K	16.2M	14	24
Borno	Jere	438.6K	276.5K	29.1M	44	86
Borno	Kaga	130.9K	56.0K	29.0M	18	31
Borno	Kala/Balge	57.8K	49.7K	15.3M	20	33
Borno	Konduga	246.1K	160.8K	19.1M	32	54
Borno	Kukawa	56.6K	52.8K	21.1M	10	10
Borno	Kwaya Kusar	36.1K	24.5K	5.6M	7	10
Borno	Mafa	78.8K	56.4K	25.8M	25	38
Borno	Magumeri	270.8K	114.0K	14.2M	12	20
Borno	Maiduguri	635.6K	272.0K	33.9M	41	78
Borno	Marte	0.0K	0.0K	0.0M	0	0
Borno	Mobbar	192.5K	130.7K	24.0M	18	34
Borno	Monguno	243.8K	157.4K	30.4M	31	63
Borno	Ngala	208.2K	155.3K	20.9M	29	49

STATE	LGA	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS	NUMBER OF PROJECTS
Borno	Nganzai	0.0K	84.5K	12.1M	10	17
Borno	Shani	70.9K	46.3K	12.8M	7	12
Yobe	Bade	113.1K	89.4K	17.5M	17	24
Yobe	Bursari	69.5K	52.6K	17.1M	10	14
Yobe	Damaturu	263.0K	179.3K	27.5M	30	50
Yobe	Fika	110.5K	109.5K	12.2M	14	21
Yobe	Fune	0.0K	130.0K	19.1M	13	22
Yobe	Geidam	211.7K	105.5K	23.1M	18	34
Yobe	Gujba	190.0K	98.4K	26.5M	20	42
Yobe	Gulani	83.2K	72.2K	26.7M	12	24
Yobe	Jakusko	69.8K	68.5K	11.7M	15	19
Yobe	Karasuwa	0.0K	32.3K	11.2M	10	12
Yobe	Machina	51.4K	33.4K	9.2M	9	14
Yobe	Nangere	0.0K	81.9K	10.2M	9	14
Yobe	Nguru	109.0K	82.7K	18.5M	14	21
Yobe	Potiskum	147.7K	119.0K	13.8M	22	32
Yobe	Tarmua	62.6K	55.2K	15.9M	12	17
Yobe	Yunusari	96.2K	96.2K	21.3M	16	32
Yobe	Yusufari	72.1K	53.9K	15.2M	17	25



## 4.4

## What if We Fail to Respond?

### **Many people's physical and mental well-being will be harmed, and many lives might be lost.**

The 2022 Humanitarian Response Plan has targeted some 2 million people for life-saving food assistance, and 4.4 million people for life-saving primary and secondary health response. Nutrition interventions are targeting some 1.7 million people, mainly children. Moreover, more than two million people depend on humanitarian partners for regular and safe water supply and hygiene services. Lack of funding or other elements that prevents the planned response will profoundly attenuate the well-being and prospects for survival of the people targeted for assistance.

### **Failure to respond will worsen the living conditions of many IDPs, returnees and host communities.**

Almost a million people entirely depend on humanitarian shelter programmes to have adequate and safe temporary housing. Failure to mobilize resources for shelter will also hamper partners' ability to provide long-term and durable solutions for displaced people, many of whom have had to live in temporary and inadequate shelters for more than a decade. More than half of the IDPs live in camps and camp-like settings which require camp-management services, as well as other critical services. If humanitarians cannot maintain these responses, many IDPs' living conditions will significantly and immediately deteriorate.

### **Internally displaced people, returnees and host communities will continue to be exposed to protection violations and children's future will be at risk.**

Around 2.5 million people are targeted for a range of protection interventions, including 1.8 million children targeted for specific child-protection services. Inability to provide protection support will aggravate an already dire situation which amounts to a protection crisis. Women and children are particularly at risk of different forms of protection violations, including GBV. Moreover, many households are at risk of eviction from their shelters unless HLP services are provided in good time. Out-of-school children will

be at considerable risk of exposure to abduction, kidnappings, forced recruitment into armed groups, enslavement and other severe violations including forcibly participating in suicide attacks. Failure to provide adequate education and protection for children and youth could leave a lost generation with little hope for their future and also susceptible to persuasion by extremist ideologies.

### **Many households will adopt harmful coping mechanisms, thus affecting ability to achieve durable solutions.**

Observation in north-east Nigeria and in many other crises confirm that households and individuals who have no choice will resort to harmful and risky coping mechanisms—transactional sex, forcing girls into early-marriage, children dropping out of school and having to work or beg when humanitarians fail to provide the essential services they need. If we thus fail, many will adopt such coping mechanisms, putting their lives and health at risk, likely leaving psychological scars and facing further marginalization or even ostracization in their communities. The human cost will be profound and it will also likely hamper the prospects for much-needed recovery and development, without which people in the north-east cannot lift themselves out of their current predicament.

### **We risk losing the gains that we have achieved in improving people's lives and alleviating suffering.**

Unless we can stabilize the situation by ensuring a modicum of basic services and protection for people affected by conflict, it will be very difficult to start a process of recovery and development. We will need to build on the gains by, among other things, shifting steadily as conditions allow towards long-term and durable solutions. Where durable solutions are not yet possible, we need to build affected people's resilience by delivering aid that has some lasting effects and that gradually reduce needs even in the face of the persisting crisis. In this way, we can ensure that we do

## 4.5

## How to Contribute

### Contribute to the Humanitarian Response Plan

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

<https://www.humanitarianresponse.info/en/operations/Nigeria>

The best way to browse HRP projects is on FTS: [fts.unocha.org](https://fts.unocha.org) <https://fts.unocha.org/countries/163/summary/2022> Click on each project code to open a page of full project details, including contacts. Use the menu on the right to filter by organization and/or sector.

### Contribute through the Central Emergency Response Fund

The Central Emergency Response Fund (CERF) provides rapid initial funding for life-saving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. 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 CERF and how to donate by visiting the CERF website:

<https://cerf.un.org/donate>

### Contribute through the Nigeria Humanitarian Fund

The Nigerian Humanitarian Fund (NHF) is a country-based pooled fund. Such funds are multi-donor humanitarian financing instruments established by the Emergency Relief Coordinator and managed by OCHA at the country level under the leadership of the Humanitarian Coordinator. At the 2016 World Humanitarian Summit and in its follow-up, many donors committed to the goal of channelling 15% of funding for HRPs through the respective country-based pooled funds, in recognition of the demonstrated experience that this will enable a more strategic and joined-up use of funding to address priorities, cover critical gaps, and achieve coherent inter-sectoral results.

Find out more about the NHF by visiting:

<https://www.unocha.org/nhf>

## 4.6

## Acronyms

<b>AAP</b>	Accountability to affected people	<b>HRP</b>	Humanitarian Response Plan
<b>AAWG</b>	Assessment and Analysis Working Group	<b>IDP</b>	Internally displaced person
<b>AoR</b>	Area of responsibility	<b>IEC</b>	Information-education-communication
<b>AWD</b>	Acute watery diarrhoea	<b>INFORM</b>	Index for Risk Management
<b>BAY</b>	Borno, Adamawa and Yobe	<b>ISCG</b>	Inter-sectoral Coordination Group
<b>BSFP</b>	Blanket supplementary feeding programme	<b>JIAF</b>	Joint Inter-sectoral Analysis Framework
<b>BSG</b>	Borno State Government	<b>LGA</b>	Local Government Area
<b>CCCM</b>	Camp Coordination and Camp Management	<b>MCRP</b>	Multi-Sector Crisis Response Project
<b>CERF</b>	Central Emergency Response Fund	<b>MEB</b>	Minimum expenditure basket
<b>CH</b>	Cadre Harmonisé	<b>MHPSS</b>	Mental health and psychosocial support
<b>CVA</b>	Cash and voucher assistance	<b>MPCA</b>	Multi-purpose cash assistance
<b>CWG</b>	Cash Working Group	<b>MSNA</b>	Multi-sectoral Needs Assessment
<b>DTM</b>	Displacement Tracking Matrix	<b>MVAM</b>	Mobile Vulnerability Assessment and Mapping
<b>EiE</b>	Education-in-emergencies	<b>NFI</b>	Non-food item
<b>EO</b>	Explosive ordnance	<b>NFSS</b>	Nutrition and Food Security Surveillance
<b>EORE</b>	Explosive ordnance risk education	<b>NHF</b>	Nigerian Humanitarian Fund
<b>ERL</b>	Early Recovery and Livelihoods	<b>NSAG</b>	Non-state armed group
<b>ETS</b>	Emergency Telecommunications Sector	<b>NTS</b>	Non-technical survey
<b>ETT</b>	Emergency Tracking Tool	<b>OHCT</b>	Operational Humanitarian Country Team
<b>EWARS</b>	Early warning and response surveillance	<b>PLW</b>	Pregnant and lactating women
<b>FSS</b>	Food Security Sector	<b>PSEA</b>	Protection from sexual exploitation and abuse
<b>FTS</b>	Financial Tracking Service	<b>PSEAH</b>	Protection from sexual exploitation, abuse and harassment
<b>GAM</b>	Global acute malnutrition	<b>RRM</b>	Rapid Response Mechanism
<b>GBV</b>	Gender-based violence	<b>RUTF</b>	Ready-to-use therapeutic food
<b>HCT</b>	Humanitarian Country Team	<b>SAFE</b>	Safe access to fuel and energy
<b>HLP</b>	Housing, Land and Property		
<b>HNO</b>	Humanitarian Needs Overview		

<b>EWARS</b>	Early warning and response surveillance
<b>SAM</b>	Severe acute malnutrition
<b>SGBV</b>	Sexual or gender-based violence
<b>SMoH</b>	State Ministries of Health
<b>SRH</b>	Sexual and reproductive health
<b>UNDP</b>	United Nations Development Programme

<b>UNFPA</b>	United Nations Population Fund
<b>UNHAS</b>	United Nations Humanitarian Air Service
<b>UNICEF</b>	United Nations Children's Fund
<b>WASH</b>	Water, sanitation and hygiene
<b>WFP</b>	World Food Programme

## 4.7

# End Notes

- 1 Displacement Tracking Matrix: "Nigeria — Displacement Report 37 (August 2021)"
- 2 2021 JIAF.
- 3 The estimated number of IDPs in camps and camp-like settings in Maiduguri Metropolitan Council (area), according to Displacement Tracking Matrix: "Nigeria — Displacement Report 37 (August 2021)."
- 4 NE Nigeria Nutrition and Food Security Surveillance, Round X (October 2021)
- 5 2021 JIAF.
- 6
- 7 HRP funding in proportion to requirements starting in 2017 ranged from 58% in 2020 to 75% in 2019. For 2021, as of early December, it stands at 68%.
- 8 <https://www.crisisgroup.org/africa/west-africa/nigeria>
- 9 JAS – Jama'atu Ahlis Sunna Lidda'awati wa-Jihad; ISWAP – Islamic State West Africa Province
- 10 The Regional Stabilization Facility is a financing facility developed by UNDP, with support from several donor governments, to facilitate the implementation of the Regional Strategy for the Stabilization, Recovery & Resilience of the Boko Haram-affected Areas of the Lake Chad Basin, promulgated by the Lake Chad Basin Commission. The regional strategy seeks to restore security and bring relief to communities affected by the NSAG insurgency in Cameroon, Chad, Niger and Nigeria. <https://www.africa.undp.org/content/rba/en/home/democratic-governance-and-peacebuilding/regional-stabilization-facility-for-lake-chad-basin.html>
- 11 2021 JIAF.
- 12 NE Nigeria Nutrition and Food Security Surveillance, Round X (October 2021)
- 13 World Health Organization / Federal Ministry of Health: Nigeria EWARS – Borno State Weekly Epidemiological Bulletin - W41 2021 (Oct 11-Oct 17).
- 14 That November 2020 figure was announced as 5.1 million, later corrected to 4.4 million after discovery of computational errors.
- 15 UNICEF Nigeria Humanitarian Situation Report – 1 January - 30 September 2021.
- 16 NE Nigeria Nutrition and Food Security Surveillance, Round X (October 2021)
- 17 Nutrition and Food Security Surveillance Round 9 (NFSS IX) and the Integrated Food Security Phase Classification Acute Malnutrition analysis 2020.
- 18 NE Nigeria Nutrition and Food Security Surveillance, Round X (October 2021)
- 19 According to the Nutrition Sector, the very high rate of acute malnutrition in this age cohort is due to early-marriage and subsequent early multiple pregnancies in the context of inadequate access to a balanced diet and poor health care.
- 20 Ibid
- 21 Borno State Weekly Epidemiological Bulletin - W41 2021 (Oct 11-Oct 17)
- 22 "Nigeria: Decongestion Strategy Shelter/ NFI & CCCM Sector."
- 23 Ibid.
- 24 In Nigeria, with its predominance of informal employment or self-employment, this can be understood broadly as loss of livelihood opportunities.
- 25 See the Nigeria Humanitarian Country Team's concurrent Protection Strategy (December 2021).
- 26 The severity rating per LGA is a useful shortcut, but it is also a generalization and simplification. The target groups of IDPs, returnees, and host communities usually have different levels of severity within an LGA, and within themselves. The JIAF data allow specification of severity for each target group within an LGA, indicatively if not always with statistical significance; and sectors target and plan accordingly. The inter-sectoral severity rating itself is also a generalization, so the various sectors' targeting may in some cases vary from the inter-sectoral severity rating, for the common-sense reason that the inter-sectoral severity is a computation based on an amalgamation of sectoral indicators, akin to (though not exactly) an average. Therefore, an LGA or target group therein with a certain inter-sectoral severity rating may have needs in a certain sector that vary from the inter-sectoral ('average') rating.
- 27 <https://drmkc.jrc.ec.europa.eu/inform-index>
- 28 <https://tradingeconomics.com/country-list/terrorism-index>
- 29 [https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/nga\\_inform\\_2021\\_dashboard.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/nga_inform_2021_dashboard.pdf)
- 30 The UN Humanitarian Air Service (UNHAS) updated budget is estimated at \$27 million for 2022 to maintain essential air services for humanitarian personnel and cargo, both connecting Borno State with Abuja and providing reliable air access



- in north-east Nigeria. The revised budget includes the new larger helicopter, which will better meet the demand of the humanitarian community. See Logistics Section in Part 3 for full details.
- 31 2021 JIAF.
  - 32 Ground Truth Solutions: "The key to fairness is inclusion: Communities call for greater involvement in aid Northeast Nigeria - June 2021." [https://groundtruthsolutions.org/wp-content/uploads/2021/10/GTS\\_Cash\\_barometer\\_Nigeria\\_qualitative\\_report\\_June\\_2021.pdf](https://groundtruthsolutions.org/wp-content/uploads/2021/10/GTS_Cash_barometer_Nigeria_qualitative_report_June_2021.pdf)
  - 33 Ibid
  - 34 [https://nesgroup.org/?gclid=CjwKCAiA78aNBhAlEiwA7B76p9sWoQS4Zx5YxQQea-edzEoN0mdx3QLR7Qt7-efxmkA5-Pyam4Zg8BoCf1UQAvD\\_BwE](https://nesgroup.org/?gclid=CjwKCAiA78aNBhAlEiwA7B76p9sWoQS4Zx5YxQQea-edzEoN0mdx3QLR7Qt7-efxmkA5-Pyam4Zg8BoCf1UQAvD_BwE)
  - 35 Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development
  - 36 <https://acleddata.com/#/dashboard>
  - 37 Report of the UN Secretary-General's High-Level Panel on Internal Displacement
  - 38 MSNA 2021
  - 39 "The Safe Schools Declaration is an inter-governmental political commitment that provides countries the opportunity to express support for protecting education from attack during times of armed conflict; the importance of the continuation of education during war; and the implementation of concrete measures to deter the military use of schools." Inter-agency Network for Education in Emergencies.
  - 40 Health Resources and Service Availability Monitoring
  - 41 WASH NFIs Common Pipeline Technical Guidelines, 2021
  - 42 2021 Partners' Capacity Mapping Snapshot
  - 43 Three-Year WASH Response Strategy for NE Nigeria
  - 44 Since 2018, the WASH Sector has been using the report hub for collecting weekly reports (Cholera & COVID 19) and monthly reports through 5Ws.
  - 45 As reported by donors and/or recipient organizations to FTS ([fts.unocha.org](https://fts.unocha.org)) as of 08 December 2021.
  - 46 Ground Truth Solutions: "The key to fairness is inclusion: Communities call for greater involvement in aid Northeast Nigeria - June 2021." [https://groundtruthsolutions.org/wp-content/uploads/2021/10/GTS\\_Cash\\_barometer\\_Nigeria\\_qualitative\\_report\\_June\\_2021.pdf](https://groundtruthsolutions.org/wp-content/uploads/2021/10/GTS_Cash_barometer_Nigeria_qualitative_report_June_2021.pdf)
  - 47 Ibid.

# **HUMANITARIAN RESPONSE PLAN**

## **NIGERIA**