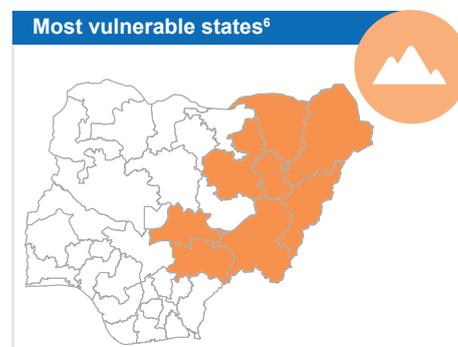
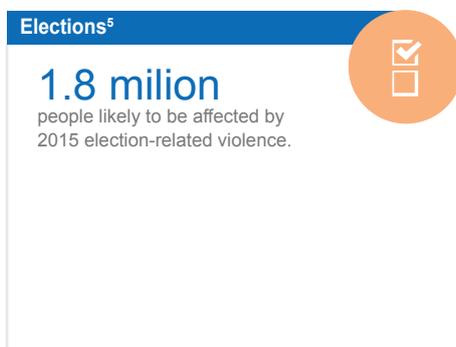
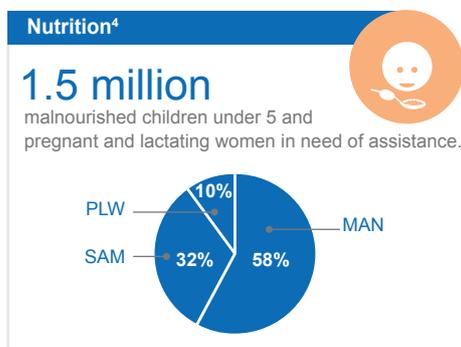
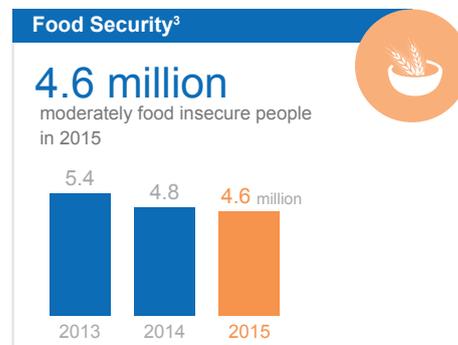
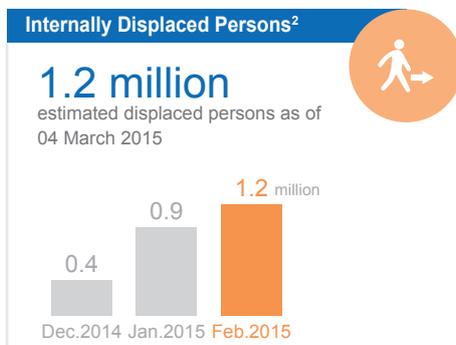


SITUATION OVERVIEW

The conflict in the North-East and inter-communal violence in North-Central Nigeria continue to cause death, displacement, destruction of livelihoods, and violations of civilians' rights. As of the end of February 2015, 5.6 million people are in need of humanitarian assistance, including an estimated 1.2 million internally displaced people. In addition, it is forecast that around 1.8 million people may be affected by 2015 election-related violence.

KEY FIGURES



CONSOLIDATED HUMANITARIAN FUNDING 2015⁷

\$ 100 million
REQUESTED (US\$)

4%
RESPONSE PLAN FUNDED

\$ 5.7 million
RECEIVED

- 4.5 million (US\$) for projects listed in the response plan
- 1.2 million (US\$) for projects not listed in the response plan

Requirements by cluster (million \$)

Cluster	Requirements (million \$)	Per cent funded by cluster	Funded million \$	Unmet million \$
Protection	28.4	11%	3.1	25.3
Health	17.0	0%	0.0	17.0
Nutrition	14.0	0%	0.0	14.0
Food Security	11.8	0%	0.0	11.8
Coordination	8.9	15%	1.3	7.6
WASH	8.7	0%	0.0	8.7
Education	7.8	0%	0.0	7.8
Emergency Shelter & NFI	3.8	0%	0.0	3.8

Contributions (million \$)

Germany	2.8
European Commission	1.7
Allocation of unearmarked funds by UN agencies	0.8
Switzerland	0.3
Sweden	0.1
Danmark	0.05

STRATEGIC OBJECTIVES

- 1 Track and analyse risk and vulnerability, integrating findings into humanitarian and development programming.
- 2 Support vulnerable populations to better cope with shocks by responding earlier to warning signals, by reducing post-crisis recovery times and by building capacity of national actors.
- 3 Deliver coordinated and integrated life-saving assistance to people affected by emergencies.

PROTECTION



Needs

- Scale up of services in IDP camps, host communities and areas of return. Recently recovered towns need rapid assessments to inform planning and advocacy on return and resettlement issues/ guidelines. Protection by presence needs to be scaled up for monitoring and referral, through community based protection outreaches. Capacity building in protection service delivery for government, UN and INGOs. Strengthening of information management and IDP profiling remain urgent. Mapping of SGBV services for effective referral network through social welfare. Psychosocial support and counseling for survivors. Contact tracing for un-accompanied children. Expansion of child friendly spaces. Issues of children associated with armed conflict.

Response

- 31,547 Children affected by the armed conflict reached with psycho-social activities since the beginning of the year in North East Nigeria, to be scaled to cover Yobe from March (UNICEF).
- Peace building sensitization in 8 conflict affected LGA (UNHCR/IPCR); and training of 60 field actors on IDP Protection and CCCM (UNHCR)
- Prepositioning of NFI for 13,000 IDPs households with special needs in Bauchi, Gombe and Adamawa as a protection accompaniments (UNHCR)

For more information, contact: dikongue@unhcr.org

FOOD SECURITY



Needs

- Cash transfer programming to enable IDPs in camps and host communities to be able to improve household and own incomes and for food purchase to supplement the limited food received from government and other sources
- Agriculture inputs and to IDPs that have access to land, so as to be able to grow own food to complement food relief provided by NEMA.
- Strengthen household enterprises, backyard farming and backyard poultry rearing for IDPs
- Equipment and start-up supplies for agriculture based micro enterprises for youth and women IDPs
- Strengthening of monitoring activities to assess impact of relief interventions

Response

- 192.54 Mt of improved varieties of maize, millet, sorghum, cowpea seeds distributed to 7,726 IDPs and host families in Adamawa, Gombe and Taraba states through FAO Project
- 134 Mt of millet and cowpea seeds for 8900 IDPs delivered to IDPs in Borno and Yobe states through FAO/UNDP Joint Project.
- New Projects are being designed that will include cash transfer for direct purchase of food and for livelihood support of women through agriculture-based enterprise to strengthen their livelihood

For more information, contact: louise.setshwaelo@fao.org

NUTRITION



Needs

- About 32% of the children in the IDP camps require treatment for severe acute malnutrition
- Volunteers are required to be trained and able to undertake weekly screening of children in the camps and host communities to identify children requiring treatment.
- Established CMAM treatment sites need to be strengthened and provided with supplies on a sustainable basis to avoid stock out

Response

- In January and Feb 2015, 36,750 children were screened in IDP camps in Adamawa and Borno states with 6,770 children admitted into treatment as well as over 2,800 pregnant women and mothers of under two children counselled on Infant and Young Child feeding.
- In January also 2,624 under five children were treated for severe acute malnutrition outside the IDP camps in the treatment centres spread across the 3 states of Admawa, Borno and Yobe states integrated with IYCF services.

For more information, contact: schitekwe@unicef.org

HEALTH



Needs

- There is need to preposition more emergency supplies in the IDP camps and host communities as the population of the IDPs is increasing with continued attack on the villages especially in Borno and Adamawa and Yobe states.
- Continued active surveillance for epidemic-prone diseases is also essential for early detection of outbreak and prompt response. In addition, clinical management of other common diseases such as malaria should be sustained in the IDP camps.
- Strengthening of reproductive health services as well as referral service for psychiatric cases among pregnant women IDP camps.

Response

- The health sector has been providing support in IDP camps in the areas of active Surveillance of epidemic prone diseases, outbreak investigation and response, out-patient consultation, antenatal care, delivery, postnatal care, HIV counselling and testing, deworming of children, routine immunization which include pentavalent vaccine, OPV, Hepatitis B and measles for children up to 15 years.
- The health sector has also prepositioned delivery kits, dignity kits, diarrhoea kits as well other medicines and supplies in the IDP camps. Services for victims of rape and psychosocial support are also being provided.

For more information, contact: ruivaz@who.int

EDUCATION



Needs

- There has been identified 7,656 children who are out of school in the camps and need support to access Education.
- Lack of skilled teachers for delivery of life skills, peace and conflict resolution education and psychosocial support.
- Towards ensuring a child-friendly environment where quality learning can occur, appropriate Water, Sanitation and Hygiene and recreational facilities are required.

Response

- From August 2014 till date, through the safe Schools Initiative 40,679 children in IDP camps in Borno (23,237) and Gombe (17,442) have been reached and provided access to educational opportunities via the double Shift schooling programme.
- Education supplies (school bags packaged with learning materials) are currently being distributed in Adamawa and Borno states, although materials for 41,000 children have been procured for this purpose.

For more information, contact: jgiwaamu@unicef.org

EMERGENCY SHELTER AND NON FOOD ITEMS



Needs

- Provision of emergency shelter and shelter upgrade kits for currently identified shelter solutions (accompanied by appropriate training and technical support);
- Provision of life-saving NFIs such as kitchen kits, Hygiene kits, appropriate water containers, mattresses, mats, blankets and solar lamps;
- Housing for vulnerable people in conflict-affected areas whose homes were damaged

Response

- Distribution of jerry cans, aqua tabs, soap, sanitary pad, potties, mosquito nets, sleeping mats, blankets, tarpaulins, rope (5.385 HH)
- New arrival kits and Hygiene kits, voucher based distribution (7.456 HH)
- Construction of communal tents/ Distribution of dignity and household kits/distribution of water storage kits: 23,200 individuals

For more information, contact: ekrdzalic@iom.int

WATER, SANITATION AND HYGIENE



Needs

- Provision of potable drinking water through new/rehabilitated water sources, communal water storage and distribution including to latrine areas, solar powered water pumps, household water storage kits
- Safe and gender segregated excreta disposal facilities. Details of this include rehabilitation of non-functional latrines and construction of additional latrines and shower rooms, waste water drainage
- Clean hygienic environment to be provided through hygiene promotion, hygiene kits including disinfectants and menstrual pads, education on communal solid waste disposal.

Response

- Rehabilitation of water points, construction of emergency latrines, hygiene promotion, distribution of NFI kits, coordination meetings, sector assessment

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