

BENUE STATE CONTINGENCY PLAN 2019-2020

Coordinating effective
humanitarian and
emergency response



With support from



Funded by
European Union
Civil Protection and
Humanitarian Aid

Benue State Contingency Plan, 2019-2020

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March 2019



Acknowledgement:

This contingency plan was compiled collaboratively by stakeholders in emergency and humanitarian response in Benue State.

The plan was made possible through funding support from the European Commission's Civil Protection and Humanitarian Aid (ECHO) for the *Improving Early Warning and Early Response Systems to Strengthen Disaster Preparedness in Nigeria's Middle Belt (E4E)* project. Implemented by Christian Aid Nigeria, the project is aimed at strengthening disaster preparedness through early warning and response mechanisms.

It is through this project and the partnership with the Benue State government through its Emergency Management Agency (BENSEMA) and the National Emergency Management Agency that the 2019-2020 Benue State Contingency Plan was developed.

Appreciation goes to the collaborators on this project: Wade Manasseh (Red Cross), Eki Daaor Lasisa (Elohim Development Foundation), Echoda J. Alhassan, Echoda Comfort (Agatu Local Government Area), Akombo Peter (Fire Service), Assen D. Matthew (National Orientation Agency), Oloja-Ojabo Ene (Benue State Planning Commission), Orgenda Sebastian (Benue State Environmental Sanitation Agency), Agber Emmanuel (Ministry of Information and Orientation), Doris Gbue (Harvest FM), Bernard Adayi (Radio Benue), James Aker (Benue State NGO Network), Ngishe Samuel (State Ministry of Health), Chile Tersoo (Ministry of Water Resources and Environment), Luke Iorkaha, Nanen Gangese (Society for Water and Sanitation), Gire Fanan Abigail (Christian Association of Nigeria), Teghtegh Helen, Samson Iornongu (Community Links and Empowerment Initiative), Aninge Dorathy (News Agency of Nigeria), Victoria Daaor (United Nations Population Fund), Tyonna Joseph I. (Nigeria Security and Civil Defence Corps), Eni Ankeli (Joy FM Otukpo), Ralph Nduul (Benue State Emergency Management Agency), Audu Juliana N. (Makurdi Local Government Agency), Usaka Benedicta, Hon. Anthony Shawon (Guma Local Government Agency), Ibu Daniel, Gum Hembadoon (State Rehabilitation Board), Simon Katu, Eugene Nyelon, Belinda E. Adokwu, Keziah Raymond N., Okpe Moses Adegbe, Elukpo Madey (National Emergency Management Agency). Special thanks goes to all members of the Benue State Disaster Management and Mitigation Platform and the Community Disaster Management and Mitigation Platforms of Agatu, Guma and Makurdi LGAs.

Appreciation also goes to the Christian Aid staff; Temitope Fashola, Bamidele Fagbite, Tabat Baba, Wilson Ameh, Blessing Christopher, Echo Micheal, Titilola Olusola, Faith Alobo, Theresa Adah and Nadine Kung for their inputs in the review and development of the document.

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Cover photo: Community members gained practical skills for response to possible flooding emergencies through the simulation exercises carried out in the three target LGAs of the E4E project. The project is implemented by Christian Aid with funding from ECHO.

Photo credit: Christian Aid/Faith Aloba

List of Acronyms

BENWASSA	Benue Water and Sanitation Agency
BENONET	Benue Non-Governmental Organisation Network
CBOs	Community Based Organisations
CDMMP	Community Disaster Management and Mitigation Platform
CP	Contingency Plan
CRP	Child Rights Policy
CSOs	Civil Society Organisations
DRR	Disaster Risk Reduction
DRU	Disaster Response Units
EW	Early Warning
EWS	Early Warning Systems
FBO	Faith Based Organisation
FIFO	First in, First out
FRSC	Federal Road Safety Commission
HEPRP	Health Emergency Preparedness and Response Plan
HF	High Frequency
HIV/AIDS	Human Immuno-Deficiency Virus/Acquired Immune Deficiency Syndrome
ICS	Incident Command System
IDP	Internally Displaced Persons
INGO	International Non-Governmental Organisations
IHRL	International Human Rights Law
JONAPWD	Joint Association of People with Disabilities
LACA	Local Agency for the Control of AIDS
LEMC	Local Emergency Management Committee
LGA	Local Government Area
LIFO	Last in, First out
MDA	Ministries, Departments and Agencies
MOU	Memorandum of Understanding
MWASD	Ministry of Women Affairs and Social Development
NACA	National Agency for the Control of AIDS
NAFDAC	National Agency for Food and Drug Administration
NAPTIP	National Agency for the Prohibition of Trafficking in Persons
NC	North Central
NCC	Nigerian Communication Commission
NCP	National Contingency Plan
NCR	National Commission for Refugees

NDLEA	National Drug Law Enforcement Agency
NEMA	National Emergency Management Agency
NEWSAN	National Civil Society Network on Water and Sanitation in Nigeria
NFI	Non-food Items
NGO	Non-Governmental Organisation
NHRC	National Human Right Commission
NIMET	Nigeria Metrological Agency
NPF	Nigeria Police Force
NSCDC	Nigerian Security and Civil Defence Corps
NURTW	National Union of Road Traffic Workers
NYNETHA	Nigeria Youth Network on HIV/AIDS
OVC	Orphan and Vulnerable Children
PAS	Public Address Systems
PLWHA	People Living with HIV/AIDS
PWD	People with Disabilities
PTO	Public Telecommunication Organisations
RUWASA	Rural Water Supply and Sanitation Agency
SACA	State Agency for the Control of AIDS
SAR	Search and Rescue
SBCC	Social Behaviour Change Communications
SCP	State Contingency Plan
SDMF	State Disaster Management Framework
SEMA	State Emergency Management Agency
SMoA	State Ministry of Agriculture
SMoE	State Ministry of Education
SMoH	State Ministry of Health
SMoI	State Ministry of Information and Orientation
SMoWREN	State Ministry of Water Resources and Environment
SUBEB	State Universal Basic Education Board
UN	United Nations
UNDP	United Nations Development Programme
UNHCR	United Nations Humanitarian Commission for Refugees
UNICEF	United Nations Children’s Fund
UNFPA	United Nations Population Fund
VHF	Very High Frequency
VSAT	Very Small Aperture Terminal
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation

Foreword

The Benue State Emergency Management Agency (SEMA) with support of some critical stakeholders has over the years shown an uncommon determination to prevent and mitigate the impact of disasters on the people of the state.

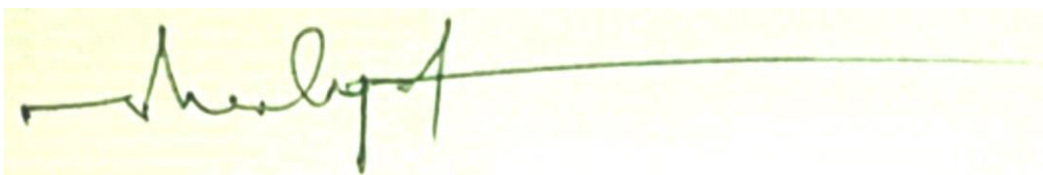
Conscious of the prevailing vulnerability of local communities to weather, climate and other man-made disasters, SEMA in collaboration with other critical stakeholders intensified disaster prevention, preparedness and mitigation measures through comprehensive early warning messages, awareness creation, multi-stakeholder workshops, training and simulation drills, acquisition of critical equipment etc.

It is axiomatic that for disaster risk reduction efforts to succeed, the state and local governments must play leading roles since it is at the local level that the impacts of a disaster are most immediately and intensely felt. In this respect, it is most desirable for local communities to sustain their commitments to disaster risk reduction until risk consciousness is firmly aligned with their development planning processes and ultimately accepted as a public value and main streamed into the day-to-day activities of public and private sector organisations.

The laudable activities outlined in the *Benue State Contingency Plan* should not be transient or a momentary reaction to the impacts of previous disasters, but rather the beginning of the much anticipated manifestation of “Word into Action” by stakeholders, based on the sound conviction that they have the responsibility to keep the citizens safe by doing what is required to save our cities, towns, villages and communities from disaster losses.

Disaster will continue to occur, and with the growing impacts of climate change, the frequency and severity of hydro-meteorological events will continue to increase. While some disasters are not completely controllable, they can be alleviated if the right measures are taken to mitigate risks such as exposure of populations, buildings and infrastructure to hazards. The heat is on. We must act.

I am fully committed to ensuring that this plan guides management of disasters in Benue State.

A handwritten signature in black ink on a light yellow background. The signature is cursive and appears to read 'Emmanuel Shior'. It is followed by a long horizontal line extending to the right.

Emmanuel SHIOR

Executive Secretary,
Benue State Emergency Management Agency

Executive summary

This one-year plan has been developed to provide a basis for coordination of humanitarian response by the Benue State Government of Nigeria in the event of a major/catastrophic disaster within the period of 2019 and 2020. The plan will be delivered through the State Emergency Management Agency (SEMA).

This document adopts the multi-risk approach and identifies flood, epidemic, drought, crises and terrorism as probable disasters that can cause high level impact and displacement of persons. A population of 18,000 was used as the benchmark for planning assumptions. The geographical area covered the state based on identified hazards. Meteorological predictions, monitoring of dams as well as socio and ethno-religious activities by relevant agencies were used as the basis for Early Warnings and triggers for the probability of occurrence of the identified disasters.

The document adopted the Coordination Mechanism contained in the State Disaster Management Framework (SDMF). The information and communication mechanism of the Incident Command Systems (ICS) was also adopted to ensure that the implementation of the document is in line with best practices. This plan will be funded through the established funding mechanism for Disaster Management in Benue as an Act (The number should be provided) of August 2006 passed into law by the Benue State House of Assembly.

The Sectoral Response section took into cognizance Preparedness, Minimum Response and comprehensive response within the following sectors: Camp Coordination and Camp management; Food & Nutrition; Health; Protection; Security; Basic Education; Water, Sanitation and Hygiene (WASH); Emergency Shelter and Non-Food Items (NFI); and Telecommunications, Information and Logistics. The Contingency Supply requirements (i.e Personnel, supplies and equipment) and budget was also developed to ensure proper resource mobilisation and functioning of the various sectors during the agreed period of minimum response. The document also made adequate arrangement for trainings, simulations and review dates.

1.0 Introduction

1.1 Benue State Contingency Plan

The State Contingency Plan adopts the multi-hazard model with a focus on hazards with the highest probability of occurrence and severity in Benue State. These hazards include flood, conflicts, terrorism, drought, and epidemics. The multi-hazard scenario approach was adopted to accommodate predictable and non-predictable hazards, including effects of climate change and climate variability.

The hazards with the highest probability of occurrence and severity in Benue state are:

- Flood
- Conflict
- Terrorism
- Drought
- Epidemics

While some of the effects of climate change are apparent as witnessed by extreme weather changes, it has been difficult to adequately model the complete range of changes to accurately anticipate its impacts on Benue state. Though national and international weather agencies predict that weather changes such as high temperatures and irregular rainfall patterns are likely, the effects would vary from region to region. The multi-hazard contingency plan, therefore, is a first step towards mitigating the impact of quick onset disasters when accurate forecasting is difficult and impact level cannot be ascertained.

The mandate to coordinate disaster management in all its ramifications in Benue state is vested on the State Emergency Management Agency (SEMA), based on its Act of Establishment. Consequently, the multi-scenario based Contingency Plan ensures that coordination of humanitarian players and resources towards effective management of disasters is guaranteed under established guidelines as provided in the State Disaster Management Framework (SDMF). Relevant stakeholders can also use the State Contingency Plan (SCP) as justification for organizational preparedness, using the roles that have been assigned to them in the plan. Finally, a multi-hazard contingency plan ensures that all sectors in humanitarian responses are addressed and serves as a link between Local, State, National, Regional and International humanitarian actors.

1.2 Background on Benue

Benue State, the “Food Basket of the Nation” was carved out of Benue- Plateau State on the 3rd of February 1976, with its capital in Makurdi. At present, it is made up of 23 Local Government Areas (LGAs) namely: Ado, Agatu, Apa, Buruku, Gboko, Guma, Gwer, Gwer-West, Katsina-Ala, Konshisha, Kwande, Logo, Makurdi, Obi, Ogbadibo, Ohimini, Okpokwu, Oju, Otukpo, Tarka, Ukum, Ushongo and Vandeikya.

It is located in the Guinea Savannah Zone of Nigeria, bordered by 6 states; Nasarawa in the North, Taraba in the East, Enugu, Ebonyi and Cross-River in the South and Kogi in the West. Benue State is also bordered by the Republic of Cameroon on a part of its Eastern extreme. It occupies a land mass of about 30,955 sq. km with a population of 5,189,138 (2014 Projection), of which women and children account for 71.9%. The state experiences two seasons, i.e. rainy and dry seasons, and has the second largest river in the country (i.e. River Benue, where the state derived its name) traversing it.

The people of Benue state are predominantly farmers, and the Tiv speaking people are numerically larger, followed by Idoma and Igede. Others are: Etulo, Abakwa, Jukun and Hausa. The state possesses a rich and diverse cultural heritage, which finds expression in colourful cloths, exotic masquerades, sophisticated music and dances.

1.3 Disasters in Benue

Benue state has in recent times experienced several disasters. Prominent among them are the 2012 flood and communal clashes involving Tiv/Fulani, Agatu/Fulani and NASME and the Hausa communities in North Bank Makurdi. The crises are still lingering in some local governments in Idoma and Tiv lands. Others include cholera and measles.

In 2012, Benue state was among the worst hit states when the release of excess water from the Lagdo Dam by Republic of Cameroun triggered flooding in different parts of Nigeria. This was because the state's major river, River Benue, which received water directly from Lagdo Dam traverses the state with its tributaries, cutting across major towns in the state.

The flood ravaged and inundated structures within 10 kilometres radius of the bank of the river between September and October 2012; the peak of the flood. Communities in Katsina-Ala, Buruku, Makurdi, Guma, Tarka, Logo, Apa, Agatu and local governments were severely affected with over 700,000 people (including women and children) displaced, and thousands of farm lands, houses and other properties either submerged or washed away.

Emergencies experienced in the state include:

- Flooding
- Civil/communal conflicts
- Wild fire/fire outbreaks
- HIV/AIDS prevalence
- Windstorm/Rainstorm
- Environmental degradation
- Population pressure on land
- Crop failure
- Drought
- Military cum civilian crises,
- Epidemic outbreaks especially cholera, measles, diarrhoea, etc.

2.0 Hazard Risk Scenario and Planning Assumptions

2.1 Identified Hazards for planning assumptions: Flood, drought, epidemics, crises

Table 1: Disaster Scenarios

Multi-Risk Scenario	
Best case scenario	Pockets of disasters across the state affecting less than 100 people
Most probable scenario	Identified disasters across Benue state affecting about 18,000 people
Worst case scenario	Any of the identified disasters and its secondary threats affecting up to 200,000

Table 2: Scenarios and Planning Assumptions

Hazards	Geographical areas	Probability of Occurrence	Impact
Flood	Most parts of the State, including communities bordering Rivers Katsina Ala and Benue (that will be affected by the release of water from Lagdo Dam.	Highly probable, based on meteorological information and warning on the release of water from Lagdo dam and the predicted collapse of lake Nyos (Crater Lake) in Cameroon and other human/nature induced activities.	<ul style="list-style-type: none"> ▪ About 18,000 people likely to be affected ▪ Loss of lives ▪ Road networks destroyed ▪ Bridges washed off ▪ Farmlands flooded ▪ Loss of Livestock ▪ Destruction of infrastructure (security infrastructure, school, Houses, health facilities) ▪ Pollution of water sources ▪ Disease epidemics: Cholera, CSM, Measles, etc. ▪ Food insecurity ▪ Zonal migration (internal displacement) ▪ Loss of livelihood
Crop failure		Highly probable based on climate change and climate variability report.	
Conflict (Political unrest/ethno-religious crises)	Most parts of the state	Highly probable based on activities of Tiv arable farmers/Fulani nomads' crises and inter and intra communal crises in Benue.	
Epidemics and other health issues/events	Some parts of the state (Ado, Otukpo, Makurdi and Guma LGAs)	Highly probable based on 2012, 2013, and 2014, epidemic cholera, measles. malnutrition and food insecurity especially in crises prone areas.	

2.2 Summary of Assumed Target Population for Pre-positioning

Table 3: Summary of Target Population for Planning Assumptions

Summary of Assumed Target Population for Pre-Positioning	
Total Population considered	18,000
Number of persons per household	5
Total number of households	3,600
Total number of children	10,800
Total number of adults	7,200
Total number of women	3,600
Total number of men	3,600
Rate of General Health Assumptions (%)	20
Number for general health assumptions	3,600
Proportion of infants under 1 year (%)	7.0
Number of infants under 1 year	756
Proportion of children 12 to 59 months (%)	13

Summary of Assumed Target Population for Pre-Positioning

Number of children aged 12 to 59 months	1,404
Proportion of children < 5 years in %	20
Number of children < 5 years	2,160
Proportion of children aged 6 to 11 years (%)	48
Number of children aged 6 to 11years	5,184
Proportion of children aged 12 to 17 years (%)	32
Number of children aged 12 to 17 years	3,456
Proportion of pregnant women (%)	8.8
Number of pregnant women	317
Proportion of lactating women (%)	9.0
Number of women lactating	324
Proportion of people traumatized (%)	2.0
Number of people traumatized	360
Proportion of unaccompanied children (%)	1.0
Proportion of People living with disability (%)	15.0
Number of people living with disability	2,700
Number of unaccompanied children	180

2.3 Hazards, Triggers, Early Warning and Monitoring Agencies**Table 4:** Hazards, Triggers, Early Warning and Monitoring Agencies

Hazards	Triggers, Early Warning monitoring indicators	Relevant Agencies
Above normal (heavy) rainfall	<ul style="list-style-type: none"> ▪ Weather forecasts ▪ Information flow on the rainy season ▪ Observation of rise in river level 	<ul style="list-style-type: none"> ▪ Nigeria Meteorological Agency (NIMET) ▪ Ministry of Water Resources and Environment ▪ River Basin Authorities
Release of water from natural and artificial impoundments	<ul style="list-style-type: none"> ▪ Alert warning from river basins ▪ Alert from NEMA/SEMA, NIMET 	<ul style="list-style-type: none"> ▪ River Basin Authorities ▪ NEMA/SEMA
Conflicts	<ul style="list-style-type: none"> ▪ Politicking ▪ Uprising ▪ Tribal/Ethnic conflicts 	Security Agencies
Crop Failure	<ul style="list-style-type: none"> ▪ Irregular or little rain ▪ Biodiversity crop failure ▪ Crop disease prevalence 	<ul style="list-style-type: none"> ▪ State Ministry of Agric ▪ Department of Strategic, Grain Reserve ▪ State Ministry of Environment
Epidemics	<ul style="list-style-type: none"> ▪ Severe weather conditions ▪ Rapid urbanization ▪ Poor sanitation ▪ Air and water pollution 	<ul style="list-style-type: none"> ▪ State Ministry of Health (MoH) ▪ Ministry of Water Resources and Environment ▪ BENWASSA

3.0 Objectives, Strategies and Guiding Principles

3.1 The State's Overall Objective in Emergency

To ensure a well-planned and effectively coordinated preparedness and response to emergencies in the state.

The specific objective is to ensure that the state government and relevant stakeholders develop a timely, consistent, coordinated and inclusive planned response for the initial 10 days after a major/catastrophic disaster to minimize the potential humanitarian, economic and environmental consequences as well as to ensure the early recovery of affected communities from January 2019.

3.2 Strategies

The overall objectives are guided by the following strategies:

1. State Contingency Plan for inclusive emergency preparedness and response.
2. Sectoral Response Plans
3. Budget and pre-positioning of emergency supplies

3.3 Guiding Principles

Humanitarian assistance will be organized by observing the principles of humanity, neutrality, impartiality and independence. Planned responses will ensure that immediate needs are targeted. In operation, the plan will adopt relevant internationally accepted guiding principles and laws to ensure that rights-based approaches are emphasized. Therefore, the Humanitarian Charter and Minimum Standards in Humanitarian Response (SPHERE Project, 2018) will serve as the operational basis for inclusive response and provision of humanitarian assistance.

The Benue State Contingency Plan is designed for the **initial ten (10) days** immediately after a disaster incident of high magnitude, to ensure protection and sustenance of lives within the “golden period”. This plan is based on the premise that Benue State has a primary responsibility of ensuring protection and response to the needs of her citizens in emergency and post-emergency situations.

The Benue State Contingency Plan is designed for the initial ten (10) days immediately after a disaster incident of high magnitude, to ensure protection and sustenance of lives within the “golden period”.

4.0 Overall Disaster Management and Coordination

The State Contingency Plan will build on collaboration with governments, relevant Ministries, Departments and Agencies (MDAs), established structures such as the DMMP, LEMC and CDMMP, military, Police Force, Nigeria Civil Defence, Traditional and Religious leaders, selected community members, CSOs, International Organizations and the UN system. SEMA will collaborate with relevant agencies and established disaster mitigation and management structures to monitor early warning, potential threats and emergency situations to ensure adequate response. In responding to emergencies, additional programmes may be developed to support humanitarian action such as post-incident rehabilitation and recovery efforts within the respective sectors.

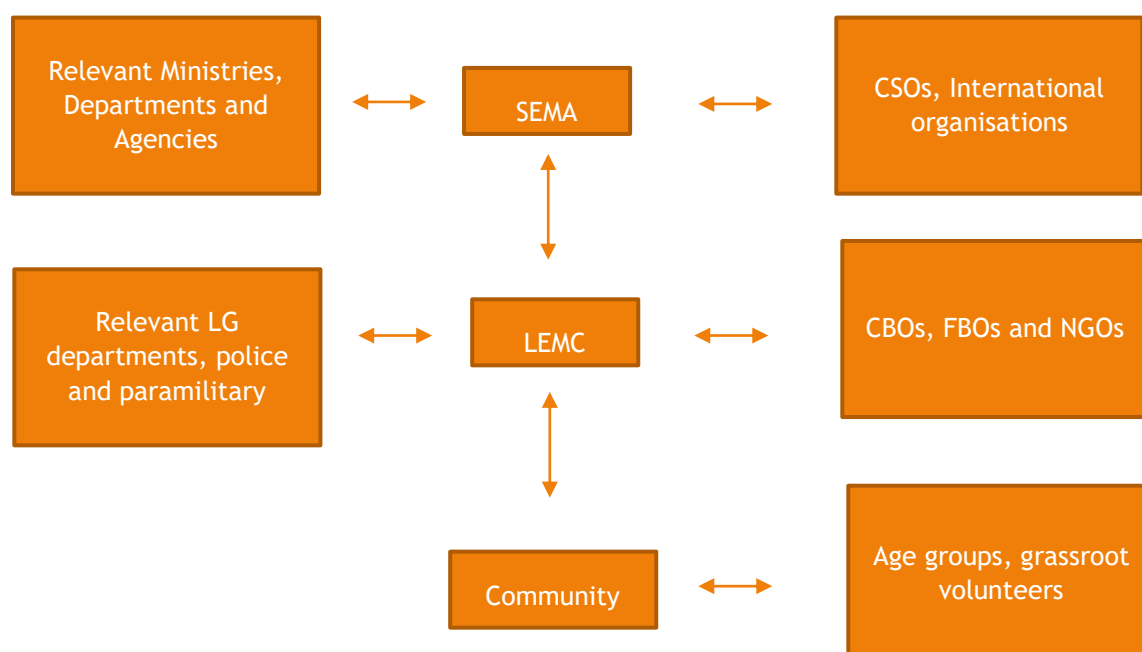
4.1 Clusters established and designated lead agencies/ organizations

Table 5: Cluster and Lead Agencies

S/N	CLUSTER	LEAD MINISTRIES / AGENCIES	CO-LEAD CBO
1	Camp Coordination and Camp Management	SEMA	Red Cross
2	Food and Nutrition	SMoAgric/SEMA	
3	Health and Sexual Reproductive Health/HIV AIDS	SMoH//SACA/LACA	Red Cross
4	Protection	NHRC/MWASD	
5	Security	Law Enforcement Agencies	
6	Basic Education	SMoE/SUBEB	UNICEF
7	Water, Sanitation and Hygiene	SMoWR/RUWASA	NEWSAN
8	Emergency Shelter and NFI	SEMA	Red Cross
9	Logistics and Telecommunication	SEMA/SMOIC/ State Mass Transit (Benue Links)	

4.2 State Coordination Mechanisms

Figure 1: Horizontal and Vertical Coordination for Disaster Management System in the State



4.3 Appeals and funding

SEMA's disaster management fund (derived from the State Government's share of the Ecological Fund) will serve as the major source of funding for the Contingency Plan. In line with its mandate, SEMA will provide funds for intervention in the initial 10 days of emergencies before other stakeholders activate their sectoral responses. Consequently, SEMA will also collaborate with its development partners and established disaster mitigation and management platforms for resource mobilizations outside governments during major emergencies.

4.4 Information and Communication Management

Inclusive information and communication management is an integral part of emergency preparedness and response. A coordinated approach to emergency response requires information sharing, effective communication, clarification of roles and responsibilities. Therefore, for information sharing, the Incident Command System (ICS) will be adopted as contained in the State Disaster Management Framework (SDMF).

5.0 SECTORAL RESPONSE

5.1 Camp Management

Camp Management is a critical aspect of managing interventions especially during displacements induced by disasters and violence. The need for the establishment of proper and well-coordinated camp management system for effective and efficient response to emergencies is critical. This is because part of the successes or failures of humanitarian interventions is dependent on the quality of camp management implementation.

5.1.2 Sectoral Objective

To ensure quality, timely, inclusive, efficient and effective camp administration, including stakeholders' coordination and management in line with national standards and international best practices.

5.1.3 Operational Objectives

- To ensure coordination of camp arrangement and administration for Internally Displaced Persons (IDPs).
- To understand the core function of the lead agencies and supporting agencies as well as their roles during interventions.
- To provide a framework for mainstreaming the needs of vulnerable groups in humanitarian intervention within the camp.

Table 6: Camp Management and Coordination

Strategies	Requirements	Currently Available/ Deployed Activity	Operational Constraint and Gaps	Actors
Emergency Preparedness	<ul style="list-style-type: none"> ▪ Coordination and quarterly review meeting. ▪ Establish channels of communication with other stakeholders through communication, email and social media platforms. ▪ Training and simulation exercises for Camp Managers and relevant stakeholders and volunteers. ▪ Build a data base of stakeholders and actors for efficient coordination. ▪ Print ration cards. ▪ Establish donor clearance desk and procedures for accepting relief from donors. ▪ Enlighten stakeholders on code of conduct and guiding principles for humanitarian activities. 	<ul style="list-style-type: none"> ▪ IDP shelter in Daudu completed and being put into use. ▪ 1st Section of IDP hostel in Abagena completed. ▪ Camp in Agan being constructed by the Presidential Committee on Flood Relief and Rehabilitation (PCFFR). ▪ Availability of trained camp managers/administrators 	<ul style="list-style-type: none"> ▪ Inadequate funds ▪ Lack of functional LEMC in the State. ▪ Poor cooperation from stakeholders. ▪ 2nd Section of IDP hostel in Abagena not yet completed. ▪ Inadequate camping materials e.g. tents. ▪ Non-compliance to code of conduct by camp officials. 	<ul style="list-style-type: none"> ▪ SEMA ▪ BSPC ▪ LEMC ▪ NOA ▪ BENGONET ▪ Red Cross ▪ IOM ▪ Community Link ▪ CSO ▪ MOWR & E ▪ NEWSA ▪ NSCDC ▪ BRB
Minimum Response	<ul style="list-style-type: none"> ▪ Rapid assessment to determine appropriate location for camp site and activities. ▪ Registration of survivors/ 	<ul style="list-style-type: none"> ▪ Deployed camp managers to monitor camp activities. ▪ Profiling of IDPs in terms of sex and age 	<ul style="list-style-type: none"> ▪ Inadequate funds and delay in its release. ▪ Disorderliness and non-cooperation of resident/IDPs to camp 	<ul style="list-style-type: none"> ▪ SEMA ▪ BSPC ▪ LEMC ▪ NOA

	<p>IDPs and issuing of ration cards.</p> <ul style="list-style-type: none"> ▪ Orientation of the IDPs about the situation in the camp ▪ Assessment of the camp environment. ▪ Inform stakeholders and IDPs on the identified needs and security/protection issues in camp. ▪ Send out reports of assessments and appeal for the cooperation of stakeholders and the IDPs ▪ Identification of storage facilities. ▪ Plan for camp materials. ▪ Availability of other needs. 	<p>distributions.</p> <ul style="list-style-type: none"> ▪ Coordinate the activities of other stakeholders in camp. ▪ Identify the locations of activities in camp. ▪ Report cases of exploitation and sexual abuse/ harassment to appropriate authority. ▪ Ensure equitable distribution of relief materials and services. ▪ Facilitate regular meetings with stakeholders, IDPs and host communities. 	<p>rules and regulations.</p> <ul style="list-style-type: none"> ▪ Little or no support from some stakeholders ▪ Non-involvement of host communities in camp management and coordination. 	<ul style="list-style-type: none"> ▪ BENGONET ▪ LEMC ▪ Red Cross ▪ IOM ▪ Community link ▪ CSO ▪ MOWR & E ▪ NEWSAN ▪ NSCDC ▪ BRB Host ▪ Community
Comprehensive Response	<ul style="list-style-type: none"> ▪ Continuous monitoring of the available relief materials. ▪ Comprehensive appraisal of the needs of the IDPs and personnel. ▪ Prepare periodic reports on camp assessments, the state of available relief materials and other resources in the camp. 	<ul style="list-style-type: none"> ▪ Continuous coordination and management of activities in the camp ▪ Engagement of camp resident/ IDPs in cash for work schemes (e.g. care and maintenance activities) in camp ▪ Development of withdrawal plan. ▪ Documentation for tracing and restoration of family links. 	<ul style="list-style-type: none"> ▪ Unwillingness of IDPs to vacate camp ▪ Inadequate capacity of stakeholders. 	<ul style="list-style-type: none"> ▪ SEMA ▪ BSPC ▪ LEMC ▪ NOA ▪ BENGONET ▪ Red Cross ▪ IOM ▪ Community link ▪ CSO ▪ MOWR & E ▪ NEWSAN ▪ NSCDC ▪ BRB ▪ Christian Aid and other relevant ▪ Security agents

5.2 Basic Education

Education in Emergencies (EiE) is recommended by the Inter-Agency Network for Education in Emergencies (INEE) as a critical part of an effective response to human/natural hazard induced disasters and displacements that lead to disruption in regular school activities. Normally, EiE comprises education opportunities for all ages but this plan focuses on the continuity of basic education. It has been established that even short interruptions of basic education can drastically reduce learning and further expose children to harm or even psycho-social trauma. Quality EiE makes sure that there are no gaps in education. It ensures dignity and sustains life by offering safe spaces for learning, where children and youth who need other assistance can be identified and supported (INEE Minimum Standards, 2012). The plan pays special attention to educational continuity for children with disabilities.

5.2.1 Sectoral Objective

- a. To ensure that children's education is not disrupted (continuity of basic education)

- b. To ensure that children are occupied meaningfully to avoid restiveness and to allow them to easily reintegrate into the general academic programme of their communities after the high-risk period.

5.2.2 Operational Objectives

- Carry out sectoral objectives by actively involving the State Ministry of Education, SUBEB and other relevant stakeholders.
- Ensure availability of trained teachers in Disaster Risk Reduction and EiE, classrooms and learning materials

Table 7: Basic Education

Strategies	Requirements	Currently Available/ Deployed Activity	Operational Constraint and Gap	Actors
Emergency - Preparedness	<ul style="list-style-type: none"> ▪ Coordination and quarterly meeting ▪ Identify and train teachers on DRR issues, emergency preparedness/ response and EiE ▪ Prepositioning of school tents and learning materials e.g. school inbox/kits, arts and crafts/tools. ▪ Prepositioning of recreational facilities/items e.g. games, child friendly materials, story- books ▪ Training of child/ community facilitators, volunteer teachers and/or guidance counsellors. ▪ Acquire specialized instructional materials for the physically and mentally challenged persons. ▪ Sensitize parents about the need for EiE ▪ Identify safe spaces/sites for educational purpose. 	<ul style="list-style-type: none"> ▪ Conventional trained teachers ▪ Trained Community facilitators ▪ Rapid assessment tools ▪ Pre-positioned educational Materials 	<ul style="list-style-type: none"> ▪ Difficulties in coordination mechanism ▪ Inadequate educational materials ▪ Non-availability of tents. ▪ Inadequate education of support staff ▪ Absence of recreational activities and materials. ▪ Lack of specialized instructional materials for the physically and mentally challenged persons. 	<ul style="list-style-type: none"> ▪ SEMA ▪ SUBEB ▪ BENGONET ▪ UNICEF ▪ NOA ▪ EDF ▪ Fire Service ▪ Community link ▪ CSO
Minimum Response	<ul style="list-style-type: none"> ▪ Joint rapid assessment by relevant agencies. ▪ Assess the damage to school facilities and education needs. ▪ Provide temporary learning facilities where necessary ▪ Identification of separated / unaccompanied children. ▪ Educating children on initial security and safety needs in camps. ▪ Deployment of trained teachers and of child/ community facilitators for resuming classes, and for providing guidance and counselling. 	<ul style="list-style-type: none"> ▪ Deployment of skilled trainers and skilled EiE teachers. ▪ In conjunction with the camp manager, establish EiE centre in the camp /host communities. ▪ Deployment and distribution of educational materials e.g. School in -box/kits, arts and crafts/tools. ▪ Re-establish teaching and learning activities. 	<ul style="list-style-type: none"> ▪ Parents refusing to release their children for EiE ▪ Finding conducive teaching environment for the children ▪ Inadequately skilled teachers ▪ Funding ▪ Commitment of all stakeholders. 	<ul style="list-style-type: none"> ▪ SEMA ▪ SUBEB ▪ BENGONET ▪ UNICEF ▪ NOA ▪ EDF ▪ Fire Service ▪ Community link ▪ CSO ▪ Host community

Comprehensive Response	<ul style="list-style-type: none"> ▪ Establishment of Child friendly and inclusive learning spaces in camps ▪ Additional educational materials. ▪ Promotion of learning activities. ▪ Training for arts/crafts ▪ Recreational activities ▪ Lessons learnt for future EiE interventions 	<ul style="list-style-type: none"> ▪ Facilitate teaching and learning ▪ Deployment and distribution of additional teaching and learning materials ▪ Development of a withdrawal plan 	<ul style="list-style-type: none"> ▪ Difficulty in integrating emergency education with the normal school curricula ▪ Parents refusing to release their Children for EIE 	<ul style="list-style-type: none"> ▪ SEMA ▪ SUBEB, ▪ BENGONET ▪ UNICEF ▪ NOA ▪ EDF ▪ Fire Service ▪ Community link ▪ CSO ▪ Host community
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5.3 Food and Nutrition

Food and Nutrition provisions have been some of the key components to save lives and reduce human sufferings in emergencies. Depending on scale and magnitude of the disaster, affected population suffer hunger and malnutrition thereby increasing the risks of diseases and deaths.

5.3.1 Sectoral Objective

To reduce human suffering and risks of death during emergency situations through provisions of adequate and quality food that meet daily nutritional requirements.

5.3.2 Operational Objectives

- To ensure monitoring of nutritional status of children and reduce the prevalence of acute malnutrition
- Ensure availability of food items that meets the daily food intake of affected population during emergencies.
- To ensure that the affected populations are well fed with cognizance to special needs for children, pregnant and lactating women, PLWHAs, etc
- To reduce the risk of sickness and diseases such as marasmus, kwashiorkor, beriberi etc
- To mitigate or reduce conflicts, associated violence and other social vices including marginalization resulting from lack and inadequacy of food.

Table 8: Food and Nutrition

Strategies	Requirements	Currently Available/ Deployed Activity	Operational Constraint and Gap	Actors
Emergency Preparedness	<ul style="list-style-type: none"> ▪ Conduct regular coordination and planning meetings ▪ Annual review meetings ▪ Monitor emergency triggers ▪ Conduct regular checks to ascertain the quality of food and detect early damage and/or expiration ▪ Monitor demographic and migration patterns ▪ Sign MoUs with food suppliers and vendors ▪ Adequate preparation to mitigate against diversion of 	<ul style="list-style-type: none"> ▪ Identified food suppliers and storage structures. ▪ Disseminated existing guidelines on nutrition for people with special nutritional needs (PLWHA, diabetics and infants etc.) ▪ Pre-positioned food supplies in SEMA, other governmental, non-governmental and UN organizations warehouses and silos. 	<ul style="list-style-type: none"> ▪ Inadequate funds ▪ Inadequate nutrition assessment kits ▪ Inadequate technical skills on nutrition assessment and food utilization ▪ Some of the pre-positioned food items may expire ▪ Inadequate storage facilities 	<ul style="list-style-type: none"> ▪ SEMA ▪ NEMA ▪ Ministries of Agriculture, Health ▪ SACA ▪ LACA ▪ Host community ▪ BENGONET ▪ Red Cross ▪ SMOH ▪ Community link

	<ul style="list-style-type: none"> relief materials ▪ Evaluation of lessons learnt from previous disaster occurrences to establish best practices ▪ Identify sources and survey prices of food items (Pre-position of non-perishable food Supply) ▪ Capacity building on people with special nutritional needs. (PLWHA, diabetics and infants etc.) and nutritional guidelines ▪ Conduct regular simulation/training on Food and NFI distributions and rationing ▪ Establishment of gender friendly food distribution procedures ▪ Initiate partnership among actors and create forum for regular engagement 			<ul style="list-style-type: none"> ▪ CSO ▪ FBO(CAN)
Minimum Response	<ul style="list-style-type: none"> ▪ Situational analysis ▪ Nutrition rapid needs assessment ▪ Check for the expiration date of food items to be provided ▪ Provision of wet ration to beneficiaries ▪ Provision of high energy food such as plumpy nuts ▪ Provision of breast milk supplement for children who were already on substitutes before the emergency ▪ Support and protect food security of HIV/AIDS infected/affected and at-risk household or groups ▪ Implementation of gender friendly food distribution procedures. ▪ Implementation of the infant and young child feeding in emergencies (IYCF - E) and other guidelines on camps 	<ul style="list-style-type: none"> ▪ Deployment of food items to affected areas. ▪ Classification of food needs for the different groups, e.g. children PLWHA, pregnant women. ▪ Distribution of food items to affected populations. ▪ Monitoring food distribution to affected populations. ▪ Provide rationing guide for PLWHA. 	<ul style="list-style-type: none"> ▪ Disorderliness of camp residents. ▪ Some of the food items may expire or go bad and become unfit for consumption. ▪ High cost of food materials due to scarcity in the affected areas. ▪ Inadequate food supply to affected populations. ▪ Scarcity of therapeutic foods for PLWHA (plumpy nuts or alternative) ▪ Diversion of food for sale by IDPs 	<ul style="list-style-type: none"> ▪ BSEM ▪ NEMA ▪ Ministries of Agriculture, Health ▪ SACA ▪ LACA ▪ FBO ▪ Host community ▪ BENGONET ▪ Red Cross ▪ SMOH ▪ Community link ▪ CSO ▪ FBO(CAN)
Comprehensive Response	<ul style="list-style-type: none"> ▪ Conduct an inventory of available food stock. ▪ Continue provision of high energy food such as plumpy nuts. ▪ Scale up nutritional needs if deficiency is noticed. ▪ Carry out nutritional impact 	<ul style="list-style-type: none"> ▪ Sustained distribution of food items. ▪ Provision of dry food ration. ▪ Provision of home-based care for Orphans and Vulnerable Children (OVC). ▪ Collaborate with 	<ul style="list-style-type: none"> ▪ Extension of camp period ▪ Lack of strategy on long term food security for people with special nutritional needs. (PLWHA, 	<ul style="list-style-type: none"> ▪ SEMA ▪ NEMA ▪ Ministries of Agriculture, Health ▪ SACA ▪ LACA ▪ FBO

assessment. <ul style="list-style-type: none"> ▪ Do a continuous advocacy to stakeholders on food nutrition and security. ▪ Develop withdrawal strategy from camp. ▪ Conduct enlightenment on nutrition. 	communities and home-based care programmes in providing nutritional support. <ul style="list-style-type: none"> ▪ Empowerment initiatives. 	Diabetics infants etc.) <ul style="list-style-type: none"> ▪ Inadequate extension agents for capacity building 	<ul style="list-style-type: none"> ▪ Host community ▪ BENGONET ▪ Red Cross ▪ SMOH ▪ Community link ▪ CSO ▪ FBO(CAN)
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5.4 Telecommunication, Information & Logistics

The provision of inclusive humanitarian services during emergencies depends largely on the availability of effective operational logistic support, information decimation and functional telecommunication system. Effective logistic support relies on transportation and storage facilities, while effective communication amongst the response agencies depends on the establishment of efficient alternative telecommunication system and trained personnel. These serve to keep communities and the affected population abreast with information about the emergency or disaster.

5.4.1 Sectoral Objective

- To provide effective and inclusive logistics and telecommunication services for quality service delivery to the affected population.
- To provide information to the affected population as well as other members of the state and country at large.

5.4.3 Operational Objectives

The overall operational objectives of this sector are, to ensure that:

- Efficient and effective logistic systems are provided during emergencies.
- Appropriate logistical mapping and contractual agreement/MoUs are established ahead of needs.
- Efficient and effective telecommunication redundancy are planned, tested and simulated ahead of emergencies.
- Ensure effective information dissemination and enlightenment to the people and affected population.

Table 9: Telecommunication and Information

Strategies	Requirements	Currently Available /Deployed Activity	Operational Constraint and Gap	Actors
Emergency Preparedness	<ul style="list-style-type: none"> ▪ Coordination and quarterly meetings. ▪ Equipment procurement -analogue and digital two-way radios, antennas, amplifiers, software and hardware power supply and erection of masts. ▪ MOU among relevant stakeholders. ▪ Personnel training. ▪ Simulation/drills exercises ▪ Publicizing emergency response numbers. 	<ul style="list-style-type: none"> ▪ HF equipment ▪ VHF equipment ▪ Codan and Motorola radio (walkie talkie) ▪ Private telecommunication ▪ Operators (PTO) 	<ul style="list-style-type: none"> ▪ Inadequate HF and VHF equipment ▪ Inadequate participation of Stakeholders in areas of equipment installations/ operations ▪ Inadequate mobile telecommunication equipment ▪ Need for enlightenment of camp officials by NOA / BMIO 	<ul style="list-style-type: none"> ▪ BSEMA ▪ NEM ▪ PTOs ▪ Security agencies ▪ NAN ▪ NPC ▪ Radio Nigeria ▪ Harvest FM ▪ BSPC ▪ NOA ▪ Joy FM ▪ IOM

	<ul style="list-style-type: none"> ▪ Data base of available communication equipment and stakeholders. ▪ Procure equipment for OBS- line transmission (Instructional Radio) ▪ Provide camp viewing centre (Instructional Television) ▪ Training of media personnel in disaster management. ▪ Create media communication loop/groups with other stakeholders/sectors 			<ul style="list-style-type: none"> ▪ Fire Service ▪ Radio Benue ▪ FBO(CAN)
Minimum Response	<ul style="list-style-type: none"> ▪ Emergency communication masts. ▪ Provision of laptops, backup battery, UPS, HF/VHF radios and frequency/channel, satellite telephones, BYGAN, portable VSat, PAS, GPS, internet modems etc. to be used by OBS operators for information dissemination, instructional radio and general announcements. 	<ul style="list-style-type: none"> ▪ Use of existing communication masts for radio communication. ▪ Deployment and use of Laptops, backup battery, UPS, HF/VHF, radios and frequency/channel, satellite telephones, V-Sat, GPS, modems/internet etc. 	<ul style="list-style-type: none"> ▪ Jammed network ▪ Non-provision of expected repositioning 	<ul style="list-style-type: none"> ▪ BSEMA ▪ NEM ▪ PTOs ▪ Security agencies ▪ NAN ▪ NPC ▪ Radio Nigeria ▪ Harvest FM ▪ BSPP ▪ NOA ▪ Joy FM ▪ IOM ▪ Fire Service ▪ Radio Benue ▪ FBO(CAN)
Comprehensive Response	<ul style="list-style-type: none"> ▪ Alternative power supply. ▪ Maintenance of temporary telecommunication facilities. 	<ul style="list-style-type: none"> ▪ Manpower ▪ Provision of alternative power ▪ Supply (generators, solar power) 	<ul style="list-style-type: none"> ▪ Lack of funds ▪ High cost of acquisition and maintenance of power generators 	<ul style="list-style-type: none"> ▪ BSEMA ▪ NEM ▪ PTOs ▪ Security agencies ▪ NAN ▪ NPC ▪ Radio Nigeria ▪ Harvest FM ▪ BSPP ▪ NOA ▪ Joy FM ▪ IOM ▪ Fire Service ▪ Radio Benue ▪ FBO(CAN)

Table 10: Transportation

Strategies	Requirements	Currently Available /Deployed Activity	Operational Constraint and Gap	ACTORS
Emergency Preparedness	<ul style="list-style-type: none"> ▪ Coordination meetings ▪ Quarterly meetings ▪ MoU with transporters and construction companies ▪ Carry assessment to ascertain preparedness levels of stakeholders 	<ul style="list-style-type: none"> ▪ National Union of Road Transport Workers (NURTW) ▪ NARTO ▪ Search and Rescue (SAR) boats ▪ State mass transit (Benue Links) ▪ Federal Road Safety Corps (FRSC) vehicles 	<ul style="list-style-type: none"> ▪ Lack of MoU with transporters. ▪ Inadequate boats and vehicles 	<ul style="list-style-type: none"> ▪ SEMA ▪ NURTW ▪ NARTO ▪ FRSC ▪ NPF ▪ NO ▪ BMIO ▪ BSPC ▪ Media
Minimum Response	<ul style="list-style-type: none"> ▪ 10 trucks ▪ 10 buses ▪ Ambulances ▪ 5 SAR vehicles/boats 	<ul style="list-style-type: none"> ▪ 3 trucks ▪ 4 buses ▪ 2 ambulances 	<ul style="list-style-type: none"> ▪ Trucks ▪ Buses ▪ 5 ambulances ▪ 5 SAR vehicles/boats 	<ul style="list-style-type: none"> ▪ SEMA ▪ NURTW ▪ NARTO ▪ FRSC ▪ NPF ▪ NO ▪ BMIO ▪ BSPC ▪ Media
Comprehensive Response	Regular meeting with relevant stakeholders	Meeting with NURTW, NARTO, FRSC, State Mass Transit (Benue Links)	Lack of regular meetings	<ul style="list-style-type: none"> ▪ SEMA ▪ NURTW ▪ NARTO ▪ FRSC ▪ NPF

Table 11: Warehouse

Strategies	Requirements	Currently Available /Deployed Activity	Operational Constraint and Gap	ACTORS
Emergency Preparedness	<ul style="list-style-type: none"> • MOUs with stakeholders. • Arrangement for renting additional warehouses. • Identify available warehouses. • Additional warehouses. • Pallets for warehouses. • Required lighting . • Security • Fumigation 	2 warehouses available in Makurdi	<ul style="list-style-type: none"> • No MOUs • No arrangements for rental of additional warehouses. • 2 available warehouses inadequate. • No pallets for warehouses. • No Generators • Inadequate Security for existing warehouse. 	SEMA
Minimum Response	<ul style="list-style-type: none"> • Activation of MoU • Logistics for rapid assessment • Route mapping 	<ul style="list-style-type: none"> • Loading and offloading by volunteers • Security for warehouses 	<ul style="list-style-type: none"> • Lack of MoUs • Lack of capacity for logistics and rapid assessment. • Proper route mapping. 	SEMA
Comprehensive Response	<ul style="list-style-type: none"> • Review meetings with stakeholders • Update MOUs • Proper stacking of material (FIFO/LIFO) • Fumigation 	<ul style="list-style-type: none"> • Stacking of necessary materials FIFO/LIFO • Fumigation 	<ul style="list-style-type: none"> • Poor coordination of stakeholders. • Inadequate warehouses. • Poor security arrangement 	SEMA

5.5 Security

Security of lives and properties during emergencies determine to a large extent, the ability of the affected population as well, as the humanitarian service providers to provide services in line with every aspect of the Contingency Plan. The law enforcement agencies are saddled with the responsibilities of maintaining law and order, cordoning of disaster areas, establishment of check points and maintenance of safe routes (passages) among others.

5.5.1 Sectoral Objectives

To ensure that adequate security is provided in a disaster or crises area in order to safeguard lives, properties; prevent abuse of IDPs (including children) and prosecute offenders.

5.5.2 Operational Objectives

- To ensure the security and safety of life and properties.
- To ensure Law and order

Table 12: Security

Strategies	Requirements	Currently Available /Deployed Activity	Operational Constraint and Gap	ACTORS
Emergency Preparedness	<ul style="list-style-type: none"> ▪ Facilitate coordination meetings of law enforcement agencies including Benue State Fire Service. ▪ Quarterly meetings. ▪ Capacity building for law enforcement agencies (Training). ▪ Regular simulation exercises. ▪ Meetings between civilians and law enforcement agencies, stakeholders. ▪ Establishment of crisis/disaster response unit in the various law enforcement agencies. ▪ Put/check fire-fighting equipment in place. 	<ul style="list-style-type: none"> ▪ Law enforcement agencies on humanitarian response. ▪ Existing international Humanitarian Law/ international Human Right Law (IHL/IHRL) is used by the State to protect Internally Displaced Persons and all those within its jurisdiction. ▪ Emergencies response unit in the various law enforcement agencies. 	<ul style="list-style-type: none"> ▪ Weak cooperation/ synergy among law enforcement agencies. ▪ Inadequate capacity building for law enforcement agencies and responders. ▪ Inadequate awareness creation on emergency response. ▪ Inadequate funding. ▪ Inadequate operational guidelines / procedure on emergency management issues. ▪ Poor implementation of policies and legislations ▪ Bureaucratic bottle necks. ▪ Absence of up-to-date data base on communication equipment amongst stakeholders ▪ Non-availability of emergency response telephone number. 	<ul style="list-style-type: none"> ▪ SEMA ▪ LEMC ▪ Law enforcement agencies ▪ Host community ▪ Affected population ▪ Federal and States Fire Services
Minimum Response	<ul style="list-style-type: none"> ▪ Law enforcement agencies must be on ground. ▪ There must be ground 	<ul style="list-style-type: none"> ▪ Law enforcement agencies are always on ground. ▪ There is always ground 	<ul style="list-style-type: none"> ▪ Weak cooperation/ synergy among law enforcement agencies and other responders. 	<ul style="list-style-type: none"> ▪ SEMA ▪ LEMC ▪ Law

	<ul style="list-style-type: none"> rules and regulations (Code of Ethics). Establishment and manning of routes (way in/way out). Conduct 24-hour surveillance searches (to discourage people from bringing harmful objects or weapons into the camp). Security lights/ flood lights must be installed. Communication equipment (walkie talkie, radio, BYGAN) must be available. Establishment of security check points/ security post. 	<ul style="list-style-type: none"> rules and regulations. Routes (way in/way out) are always established and manned. 24-hour surveillance searches are always conducted (to avoid people bringing in harmful objects or weapons). Security lights/flood lights are usually installed. Communication equipment (walkie talkie, radio BYGAN etc) are available. Availability of security check points/ security post. 	<ul style="list-style-type: none"> Inadequate funding. Weak information sharing mechanism. Turf protection. 	<ul style="list-style-type: none"> enforcement agencies Host community Affected population Federal and States Fire Services
Comprehensive Response	<ul style="list-style-type: none"> Law enforcement agencies must be on ground. There must be ground rules and regulations (Code of Ethics). Establishment and manning of routes (way in/way out) 24-hour surveillance Conduct searches (to discourage people bringing in harmful objects or weapons into the camp) Security lights/flood lights must be installed. Communication equipment (walkie talkie, radio, BYGAN etc) must be available. Establishment of security check points/security post 	<ul style="list-style-type: none"> Law enforcement agencies are always on ground. There is always ground rules and regulations. Routes (way in/way out) are always established and manned. 24-hour surveillance Searches are always conducted (to avoid people bringing in harmful objects or weapons). Security lights/flood lights are usually installed. Communication equipment (walkie talkie, radio BYGAN etc.) are available. Availability of security checkpoints/ security post. 	<ul style="list-style-type: none"> Weak cooperation/ synergy among law enforcement agencies and other responders. Inadequate funding. Bureaucratic bottlenecks. Inadequate communication equipment. Weak information sharing mechanism. Turf protection. Lack of security light / flood lights in camps Non-availability of communication gadgets such as walkie talkie, radio etc. Bureaucratic bottle neck in mobilizing law enforcement officers. 	<ul style="list-style-type: none"> SEMA LEMC Law enforcement agencies Host community Affected population Federal and States Fire Services

5.6 Protection

Protection issues especially in disasters leading to mass displacement of people can have a significant impact on the affected population when inadequately managed. In any disaster, various protection problems; in addition to the risks and harms caused by the disaster itself may arise to threaten the safety, wellbeing and dignity of those affected by the disaster. Protection problems may arise in the form of discrimination, violence, abuse, exploitation, deliberate deprivation or neglect of vulnerable individuals/groups (e.g. religious & ethnic minorities, people with disabilities, women, children, youth, older people, Human Immune Virus /Acquired Immune Deficiency Syndrome (HIV/AIDS) status etc) within the affected population.

Factors such as gender, age, disability and HIV/AIDS status increase vulnerabilities and affect the ability of people to cope; particularly, women, children, the aged, and PLWHA may suffer specific disadvantages in coping with a disaster and may face cultural and social barriers in accessing services and other support to which they are entitled. Also, ethno-religious or political affiliation and displacement may predispose certain people to risk. Failure to recognize the differing needs of vulnerable groups and the challenges they face in having equal access to appropriate services and support can result to further marginalization or denial. It is important to acknowledge the different vulnerabilities, needs and capacities of affected groups

5.6.1 Sectoral Objective

- To ensure special protective measures and care are provided for most vulnerable populations in emergencies.
- To ensure that issues of equity, diversity, and other non-discriminatory principles are observed during provision of humanitarian services to displaced persons.
- To ensure rights to dignity and preservation of worth/ esteem is adequately protected.
- To ensure rights of children to a safe environment is guaranteed (Child Rights Law 2008 Child Rights Policy (CRP)).
- Facilitating child tracing, registration and establishment of safe “playing areas” within camp environment.

5.6.2 Operational Objectives

- To ensure the protection of vulnerable groups especially women, children, the aged, PLWAs and physically challenged from abuse, exploitation, neglect, harm, and abduction.
- To prevent recruitment into fighting forces, sexual violence and lack of opportunity to participate in decision making by the vulnerable groups.
- To ensure proper documentation and effective reporting system are in place to aid investigation and intervention.
- To ensure the provision of social welfare services for the affected population.

Table 13: Protection

Strategies	Requirements	Currently Available/ Deployed Activity	Operational Constraint and Gaps	ACTORS
Emergency Preparedness	<ul style="list-style-type: none"> ■ Coordination and quarterly meetings to compile, adapt and enforce existing State laws on Child Rights Protection. ■ Mapping of HIV in emergency stakeholders, systems and structures by state. ■ Mobilise child protection networks and birth registration actors. ■ Capacity building for SMWASD, responders/aid workers on prevention and response to gender violence, code of conduct on sexual exploitation, post rape-care to protect vulnerable groups (women, children, aged, physically 	<ul style="list-style-type: none"> ■ Child protection networks existing in the state. ■ Child Rights Law (CRL) passed in 2008. ■ NAPTIP providing services for trafficked children and women. ■ Trained personnel on SBCC and minimum prevention package intervention. ■ Police has gender and child friendly desks in state (working in collaboration with NAPTIP). 	<ul style="list-style-type: none"> ■ Bureaucracy ■ Inadequate training ■ Weak implementation of policies/legislation and systems for service provision for people with disability. ■ Inadequate funding. ■ Inadequate facilities and working tools. ■ Weak coordination of HIV in emergency stakeholders. 	<ul style="list-style-type: none"> ■ BSEMA ■ NEMA ■ LEMC ■ NDLEA ■ NAPTIP ■ NHRC ■ NPF ■ Red Cros ■ NSCDC ■ BENGONET ■ State Rehabilitation Board ■ CSO

challenged, PLWHAs, etc.) in disaster/emergency situations.

- Develop/adapt relevant messages on prevention of violence against children and sexual exploitation in emergencies -
 - Develop inclusive SBCC materials
 - Sensitization/awareness creation on the rights of children and victims of sexual violence as well as the increased dangers for children and women during emergencies with women groups, NGOs, media, opinion
 - Stockpiling aids and appliances including:
 - i) wheel chairs, walking sticks, crouches for people with disabilities
 - ii) HIV related supplies like male and female condoms, SBCC materials for affected population and, vulnerable groups.
 - Meeting/Planning with social service providers.
 - Social workers and other relevant agencies should establish network on Disaster Response and Management
 - Advocate with community leaders for them to recognize that GBV, exploitation, harassment prevention, mitigation and response interventions as life-saving, and support the involvement of women, girls and other at-risk groups within the affected population as programme volunteers and as leaders in governance mechanisms and community decision-making structures.
 - Training of staff and volunteers on protection principles and human right-based programming
 - Referral and Psychosocial First Aid for the victims and survivors (counselling services).
 - Establishment of PSEA task
-

force in all the LGAs (comprising staff, volunteers and community members).

- Establishment and management of complaints and feedback mechanisms, including referral of protection cases and coordination with protection actors
- Conducting training of law enforcement agencies who do not have adequate knowledge of existing humanitarian principles
- Establish HIV/AIDS emergency preparedness and response committee

Minimum Response

- | | | | |
|---|---|---|---|
| <ul style="list-style-type: none"> ▪ Rapid needs assessment with other stakeholders. ▪ Provide counselling and psycho-social support for affected persons and responders. ▪ Equitable access to facilities and services. ▪ Enforcement of Human Rights Law like civil and political rights, right to life, education, freedom of expression etc. Awareness and sensitization on prevention of sexual exploitation using developed SBCC materials ▪ Mobilization of trained staff on camp to establish camp committees for protection of vulnerable groups and legal aid services ▪ Orientation training for women, adolescent and other vulnerable groups on prevention of gender violence, sexual exploitation, life skills and HIV prevention for women, adolescents and other vulnerable groups. ▪ Availability and access to condoms. ▪ Reported cases (by victims or care givers to relevant authority(ies)) of exploitation and sexual harassment are promptly addressed. ▪ Set up measures to prevent | <ul style="list-style-type: none"> ▪ Secured and safe spaces/ services in camps ▪ Reception and documentation area ▪ Documentation for tracing and restoring family links ▪ Counseling and psycho-social support for affected persons and responders ▪ Awareness on usage and provision of condoms. NGOs already trained on prevention of SBCC/HIV with young people. Deployment of training materials and modules on life skills, peer education and human rights | <ul style="list-style-type: none"> ▪ Poor implementation of the Child Right Law at the state and LGA ▪ Poor documentation for tracing and restoring family links ▪ Poor representation of disable persons. ▪ lack of proper documentation and access to people with special needs | <ul style="list-style-type: none"> ▪ BSEMA ▪ NEMA ▪ LEMC ▪ NDLEA ▪ NAPTIP ▪ NHRC ▪ NPF ▪ Red Cros ▪ NSCDC ▪ BENGONET ▪ State Rehabilitation Board ▪ CSO ▪ Host community |
|---|---|---|---|

	family separation and provide services for family tracing/reunification.			
Comprehensive Response	<ul style="list-style-type: none"> ▪ Refresher training for social workers and other relevant stakeholders on human and child rights approach to disaster management ▪ Awareness and provision of condoms ▪ Ensure enforcement and strengthening of Child Rights laws and protection systems and structures in the community ▪ Ensure feedback mechanisms on the reported cases of discrimination and rights violation ▪ Collaborate with relevant law enforcement agencies to strengthen the enforcement of protection of human right laws. 	<ul style="list-style-type: none"> ▪ Continuous sensitization on usage and provision of condoms ▪ Continuous updating of data base. 	<ul style="list-style-type: none"> ▪ Improper documentation ▪ Weak enforcement of human rights laws ▪ Improper or dependable data base system ▪ Inadequate knowledge of law enforcement agencies on existing human rights laws and the responsibilities conferred on them 	<ul style="list-style-type: none"> ▪ BSEMA ▪ NEMA ▪ LEMC ▪ NDLEA ▪ NAPTIP ▪ NHRC ▪ NPF ▪ Red Cros ▪ NSCDC ▪ BENGONET ▪ State Rehabilitation Board ▪ CSO ▪ Host community

5.7 Water, Sanitation and Hygiene (WASH)

Disaster/Emergencies can cause an increase of water- and sanitation related diseases and in some cases can cause epidemic outbreaks, putting many people's lives in danger. Water, Sanitation and Hygiene (WASH) during emergencies is especially vital to a successful intervention irrespective of the type, nature or magnitude of the disaster. Provision of safe water and sanitation reduces the risk of secondary threats such as epidemics, diseases and other health-related challenges in camp environment. The risks of water-borne diseases are more pronounced during emergencies when WASH provisions are inadequate. Therefore, WASH practices are critical determinants for survival in the initial stages of any disaster.

5.7.1 Sectoral Objective

To ensure availability and access to safe water, sanitation facilities and information on hygiene practices during emergencies.

5.7.2 Operational Objectives

- To provide safe and adequate water (15L/capita/day of water) supply to affected population.
- To ensure provision of effective gender-sensitive sanitation system in and out of camp environments during displacement or epidemic situation including mass casualties.
- To ensure effective hygiene practices and hygiene education for the affected population.

Table 14: Water, Sanitation and Hygiene

Strategies	Requirements	Currently Available/ Deployed Activity	Operational Constraint and Gaps	Actors
Emergency Preparedness	<ul style="list-style-type: none"> ▪ Coordination and quarterly meeting with 	<ul style="list-style-type: none"> ▪ 2 water tankers. ▪ Local Area Maintenance 	<ul style="list-style-type: none"> ▪ Inadequate coordination and 	<ul style="list-style-type: none"> ▪ BENSESA ▪ BENGONET

	<p>stakeholders/ establishment of WiEWG.</p> <ul style="list-style-type: none"> ▪ Identification of sectoral agencies/partners. ▪ Planning and budgeting. ▪ MoUs with companies, vendors, suppliers. ▪ Capacity building & refresher training. ▪ Regular simulation exercises. ▪ Carry out environmental impact assessment. ▪ Develop data base for all water points within the states. ▪ Create Emergency Desk for WASH in relevant Ministries. ▪ Training of staff and volunteers on hygiene promotion. ▪ Use available mass media e.g. radio to provide information on hygiene. 	<p>Personnel.</p> <ul style="list-style-type: none"> ▪ 6 water tankers. 	<p>cooperation from some relevant stakeholders.</p> <ul style="list-style-type: none"> ▪ Inadequate prepositioning of supplies (water, tankers, mobile water treatment plants, mobile toilets etc). ▪ Lack of simulation exercises. 	<ul style="list-style-type: none"> ▪ Red Cross ▪ SMOH ▪ State Rehabilitation Board ▪ Fire Service ▪ Community link ▪ CSO ▪ MOWR & E ▪ NEWSAN
Minimum Response	<ul style="list-style-type: none"> ▪ Rapid assessment. ▪ Trucking of water (Trucks from Local Government Councils, Water Boards, and Private companies) ▪ Treatment of water at storage and point of use. ▪ Recruitment and training of volunteers. ▪ Rapid orientation of IDP's and camp workers to improve WASH situation in camps. 	<ul style="list-style-type: none"> ▪ Deployment of collapsible water tanks. ▪ Activation of WASH response team. ▪ Distribution of water treatment items such as aqua tablets and chlorine sachets. ▪ Deployment of mobile toilets (Separate toilets for male and female). ▪ Distribution of soap and hygiene kits. ▪ Construction of toilets and bathrooms for male and female, and PWD. ▪ Identification and allocation of solid waste disposal sites. 	<ul style="list-style-type: none"> ▪ Some relevant stakeholders may not be able to respond within 72 hours. ▪ Accessibility and communication may be difficult if not impossible. ▪ Lack of availability of major WASH materials. 	<ul style="list-style-type: none"> ▪ BENSESA ▪ BENGONET ▪ Red Cross ▪ SMOH ▪ State Rehabilitation Board ▪ Fire Service ▪ Community link ▪ CSO ▪ MOWR & E ▪ NEWSAN
Comprehensive Response	<ul style="list-style-type: none"> ▪ Refresher training for WASH response team. ▪ Repair and rehabilitation of WASH facilities. ▪ Drilling of boreholes. ▪ Trucking of water (Trucks from Local Government Councils, 	<ul style="list-style-type: none"> ▪ Construction of borehole and latrines. ▪ Continuous sensitization on WASH. ▪ Disseminate information on Community Led Total Sanitation (CLTS) programmes. 	<ul style="list-style-type: none"> ▪ Some partners may pull out before the end of 10 days. ▪ Delay in the supply chain of some critical WASH materials. ▪ Poor information dissemination. 	<ul style="list-style-type: none"> ▪ BENSESA ▪ BENGONET ▪ Red Cross ▪ SMOH ▪ State Rehabilitation Board ▪ Fire Service

<p>Water Boards, and Private companies) combined with treatment at storage and point of use levels.</p> <ul style="list-style-type: none"> ▪ Construction of latrines (Separate toilets for male and female). ▪ Training of volunteers for hygiene education. ▪ Hygiene promotion. ▪ Distribution of soaps, sanitary pads, diapers, disinfectants, tissue papers and sensitization on hygiene. ▪ Development and maintenance of solid waste disposal system. ▪ Construction of burning chambers for waste disposal in the camps. 	<ul style="list-style-type: none"> ▪ Distribution of soaps, sanitary pads, diapers, disinfectants, tissue papers. 	<ul style="list-style-type: none"> ▪ Community link ▪ CSO ▪ MOWR & E ▪ NEWSAN
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5.8 Health

Health care during emergencies is very essential to reduce morbidity, mortality and disability. Vulnerable groups such as the wounded, sick, children, pregnant women, lactating mothers PLWHAs, victims of sexual violence and persons traumatized may require medical and psycho-social support. Therefore, additional support for vaccines and medication will be required.

5.8.1 Sectoral Objective

To ensure access to healthcare service delivery to the attested population in emergency situations

5.8.2 Operational Objectives

- To reduce mortality, morbidity and disability.
- To ensure effective, efficient and appropriate health care delivery to vulnerable groups.

Table 15: Health and HIV/AIDS

Strategies	Requirements	Currently Available /Deployed Activity	Operational Constraint and Gap	Actors
Emergency Preparedness	<ul style="list-style-type: none"> ▪ Sign MOU with relevant organizations/ institutions. ▪ Coordination and quarterly meetings ▪ First Aid training on basic life support for stakeholders and volunteers. ▪ Constitute Rapid Response Team. 	<ul style="list-style-type: none"> ▪ State stakeholders meeting coordinated by SEMA in collaboration with SMOH and CSOs. ▪ Zonal stakeholders meetings coordinated by zonal offices in collaboration with SEMA, LEMC and SMOH. ▪ NNRIMS are available. ▪ Identification of mortuary and ambulance service ▪ Trained of care-givers to 	<ul style="list-style-type: none"> ▪ Lack of coordination subcommittee on HIV/AIDS emergency preparedness and response. ▪ Inadequate funding. ▪ Turf protection affecting coordination. ▪ Lack of political will and commitment. ▪ NNRIMS does not 	<ul style="list-style-type: none"> ▪ SMOH ▪ BSEMA ▪ SACA ▪ LACA ▪ FJDP ▪ Association of ▪ Grassroots Counsellors on Health and Development ▪ Anglican

	<ul style="list-style-type: none"> ■ Simulation exercise. ■ Map and create data base of personnel and health facilities that can be mobilized during emergencies to strengthen referral system. ■ Pre-positioning of drugs/medical supplies including first aid box. ■ Establishment of Trauma Centre in a strategic location. ■ Training and retraining of health personnel on emergency response including HIV/AIDS, environmental sanitation activities and personal hygiene. ■ Sign MOU with relevant health facilities management to facilitate easy access to referral patients during emergencies. ■ Revise assessment tools to include HIV/AIDS components. ■ Prepositioning of delivery kits, dignity kits, mosquito nets, ARV kits, condoms, PEP kits etc. 	<ul style="list-style-type: none"> provide quality service. ■ Protocol of drugs section included to preposition the testing and ARVs. ■ Trained psychologists. 	<ul style="list-style-type: none"> capture HIV response in emergencies. ■ Lack of dedicated Health Emergency Response Teams. ■ Non-inclusiveness of other key stakeholders e.g. Nigerian Psychological Association (NPA) ■ Social workers. 	<ul style="list-style-type: none"> Diocesan Development Society ■ CARITAS ■ EDF ■ BENGONET ■ Red Cross ■ SMOH ■ State Rehabilitation Board ■ Community link ■ CSO ■ FBO (CAN)
Minimum Response	<ul style="list-style-type: none"> ■ Rapid assessment to determine situation on ground and level of intervention by other stakeholders. ■ Provision of medical personnel and equipping of camp clinics. ■ Provision of supplies such as first aid box, delivery kits, mosquito net, ARVs test kits, mama kits, condoms, PEP kit etc. ■ Monitoring of drugs and other medical supplies with particular reference to shelf life and storage. ■ Provision of drugs for syndromic management of STIs. ■ HCT and identification 	<ul style="list-style-type: none"> ■ Immediate deployment of medical personnel and supplies. ■ Setting up of camp clinic. ■ Designation of treatment centres. ■ Case treatment. ■ Referral of cases to other health institutions. ■ Documentation/registration for Integrated Diseases, Surveillance and Response (IDSR), International Health Regulation (IHR). 	<ul style="list-style-type: none"> ■ Inadequate personnel. ■ Inadequate funding. ■ Difficulties in identifying people with HIV and other special health conditions. ■ Health provisions could be depleted. ■ Inadequate supply of first aid box, delivery kit, mama kits, mosquito nets, ARV test kits, male and female condoms, PEP kit e.t.c. ■ Limited supply of safe blood to meet emergencies. ■ Lack of coordinating sub-committee on HIV/AIDS emergency preparedness and response. ■ Inadequate mental 	<ul style="list-style-type: none"> ■ SMOH ■ BSEMA ■ SACA ■ LACA ■ FJDP ■ Association of Grassroots Counsellors on Health and Development ■ Anglican Diocesan Development Society ■ CARITAS ■ EDF ■ BENGONET ■ Red Cross ■ SMOH ■ State Rehabilitation

	<ul style="list-style-type: none"> of PLWHA on treatment and ensure access to ARV. Safe blood supply to meet the requirement for the emergencies. Deployment of regular meetings of the HIV/AIDS emergency preparedness and response committee. Arrangement for referral of critical cases. 		health care services.	<ul style="list-style-type: none"> Board Community link CSO FBO (CAN) Host community
Comprehensive Response	<ul style="list-style-type: none"> Review meeting with other stakeholders to determine situation on ground and work out modalities for withdrawal plan. Case management Identify and designate appropriate health facilities for referral of cases. Rehabilitation. Health education and counselling. Isolation of cases for referral. Update data base on diseases. Continuous monitoring of drugs and other medical supplies with particular reference to shelf life and storage. 	<ul style="list-style-type: none"> Referral of cases to relevant health institutions. Deployment of additional personnel to health facilities in camp where necessary. Case management. 	<ul style="list-style-type: none"> Unavailability of sectoral Contingency Plan to capture longer term need of ARV, HCT, SGBV/ RH education, condoms, PMTCT and other health commodities. Lack of capacity for effective delivery of HIV services in emergency settings such as SBCC, HCT, PMTCT, ART, PEP, CSM, measles, administration and condom programming in emergencies Inadequate personnel Inadequate funding Non-implementation of Sectoral Contingency Plans Inadequate medical personnel 	<ul style="list-style-type: none"> SMoH BSEMA SACA LACA FJDP Association of Grassroots Counsellors on Health and Development Anglican Diocesan Development Society CARITAS EDF BENGONET Red Cross SMOH State Rehabilitation Board Community link CSO FBO (CAN) Host community

5.9 Emergency Shelters and Non-Food Items (NFIs)

Emergency Shelter and Non-Food Items are instrumental to effective relief operation during emergencies. The role of the sector is to provide emergency shelter and NFIs in order to restore the dignity of the affected persons.

5.9.1 Sectoral Objective

To mitigate the impact of emergencies on disaster-affected families through provision of NFIs and emergency shelter with respect to special needs of vulnerable groups.

5.9.2 Operational Objectives

- Identify shelter needs of displaced population.
- Identify potential sites for location of emergency shelter camps.
- Preparing the sites for emergency shelters.
- Ensure the pre-positioning of emergency shelter materials, kits and NFIs.

Table 16: Emergency Shelter and Non-food Items

Strategies	Requirements	Currently Available/ Deployed Activity	Operational Constraint and Gaps	ACTORS
Emergency Preparedness	<ul style="list-style-type: none"> ▪ Coordination and quarterly meetings ▪ MOU with essential service providers ▪ Preposition supplies ▪ Training of trainers (ToT) to develop the capacity of essential responders and stakeholders/communities ▪ Emergency shelter kit ▪ Coordination of quarterly cluster meetings 		<ul style="list-style-type: none"> ▪ Ineffective coordination. ▪ Inadequate funding. ▪ Weak commitment among actors. ▪ Lack of capacity in shelter construction ▪ Total absence of preposition items. ▪ 100% shelter kits not available 	<ul style="list-style-type: none"> ▪ BSEMA ▪ State Ministries of Works, Lands/Survey ▪ Local Planning Authorities ▪ Red Cross ▪ FJDP ▪ UNICEF ▪ CSOs ▪ NSCDC ▪ BENGONET ▪ FBO (CAN)
Minimum Response	<ul style="list-style-type: none"> ▪ Rapid assessment. ▪ Securing the consent and cooperation of local communities and actors for use of sites. ▪ Orientation of volunteers and affected persons. ▪ Management of shelter kits and NFIs. ▪ Establish synergy between community and response agencies for seamless setup of camps. ▪ Activation of MoUs with vendors for the supply of shelter items and NFIs. 	<ul style="list-style-type: none"> ▪ Consent and cooperation of local communities and actors for use of sites. ▪ Deployment of shelter kits and NFIs. ▪ Capacity for distribution of NFIs and shelter construction. ▪ Stakeholders have been trained in mainstreaming the special need of vulnerable groups into shelter and NFIs provision. 	<ul style="list-style-type: none"> ▪ Inadequate prepositioning of emergency shelter materials. 	<ul style="list-style-type: none"> ▪ BSEMA ▪ State Ministries of Works, Lands/Survey ▪ Local Planning Authorities ▪ Red Cross ▪ FJDP ▪ UNICEF ▪ CSOs ▪ NSCDC ▪ BENGONET ▪ FBO (CAN)
Comprehensive Response	<ul style="list-style-type: none"> ▪ Drafting of withdrawal plan. ▪ Implementation of resettlement plan. ▪ Rehabilitation. ▪ Resettlement (Where moving into new sites). 	<ul style="list-style-type: none"> ▪ Distribution of additional NFIs. ▪ Reconstruction and rehabilitation of damaged building and infrastructures to facilitate the return of survivors to their respective homes. ▪ Network and linkages to plan for rehabilitation and resettlement. 	<ul style="list-style-type: none"> ▪ Inadequate funds. ▪ Unwillingness of some survivors to leave the camp. ▪ Unwillingness of supplies and vendors to honour their MoUs especially when procurement is not on cash basis 	<ul style="list-style-type: none"> ▪ BSEMA ▪ State Ministries of Works, Lands/Survey ▪ Local Planning Authorities ▪ Red Cross ▪ FJDP ▪ UNICEF ▪ Host community

ANNEX

Title of table: Summary of assumed target population for planning assumptions

Summary of Assumed Target Population For Pre-Positioning

Total Population	18,000
Number of persons per household	5
Total Number of household	3600
Total number of children	10800
Total number of adults	7200
Total Number of women	3600
Total Number of men	3600
Rate of General Health Assumptions (%)	20
Number for general health assumptions	3,600
Proportion of infants under 1 year (%)	7.0
Number of infants under 1 year	756
Proportion of children 12 to 59 months (%)	13
Number of children aged 12 to 59 months	1404
Proportion of children < 5 years in %	20
Number of children < 5 years	2160
Proportion of children aged 6 to 11 years (%)	48
Number of children aged 6 to 11years	5,184
Proportion of children aged 12 to 17 years (%)	32
Number of children aged 12 to 17 years	3456
Proportion of pregnant women (%)	8.8
Number of pregnant women	317
Proportion of lactating women (%)	9.0
Number of women lactating	324
Proportion of people traumatized (%)	2.0
Number of people traumatized	360
Proportion of unaccompanied children (%)	1.0
Proportion of People living with disability (%)	15.0
Number of people living with disability	2700
Number of unaccompanied children	180

Needs Assumptions

Title of table: Assumption of needs: Non-food items

SN	ITEMS	QTY	UNIT	RATIO
1	Rice	90	Bags (25kg)	1 mudu per household
2	Garri	30	Bags (100kg)	„
3	Beans	30	Bags (100kg)	„
4	Palm Oil	60	(25 ltrs) Kegs	1 liter per Household
5	Cartons of Milk	60	Cartons 20g x 100	1 sachet per person
6	Milo	60	Cartons 20g x 100	„
7	Indomie	6000	Pcs	„
8	Sugar		Bags (50kg)	„
9	Salt	1,200	Bags	1 sachet per Household
10	Nylon Mats	3,600	Pcs	„

SN	ITEMS	QTY	UNIT	RATIO
11	Mosquito Nets	3,600	Pcs	''
12	Diapers	450	small Packs	
13	Buckets	2,400	Pcs	''
14	Plastic Plates	6,000	Pcs	
15	Plastic Spoons	6,000	Pcs	5 pieces per child
16	Plastic Cups	6,000	Pcs	2 per Household
17	Soaps	6,000 @8.3 grams	Pcs	
18	Detergents	6,000 @ 10grams	Pcs (450g)	
19	Sanitary Pads	990	Packs	1 per person

Title of table: Water, Sanitation and Hygiene

S/N	ITEM	UNIT	QUANTITY
1	Water	15 liters per person per day	270,000 liters per day X 10= 2,700,000 liters
2	Diapers	756 (5 packs per child for 10 days)	3,780 packs for 10 days
3	Soap	1 bar of soap per person	18,000 bars of soap
4	Sanitary pad		72,000 pads
5	Delivery Kit		317kits
6	Towels		18,000
7	Aqua Tablets		3600 packs
8	Jerry Cans	20 liter jerry can	3,600 pieces
9	Latrine	20 persons per latrine	900
10	Toilet Paper	Roll (10 per household)	36000 pieces
11	Disinfectants (250ml)	1 per latrine	900
12	Tooth brush		17,244 pieces
13	Tooth paste		3600
14	Shaving Sticks	5 per pack	3600 packs
15	Slippers	Pair	18,000 pieces
16	Dust bin	1 per household	3600
17	Skip Bucket	1 per 4000 people	6 skip buckets
18	Chlorine Tablet		
19	Potties for young children		2160 potties
20	Bed Pan	1 per person	2700
21	Bucket	2 buckets per house hold	7200
22	Broom		3600
23	Rakes		3600
24	Shovels		3600
25	Wheel barrow	1per 50 persons	360
26	Hoes		4500
27			

Title of table: Information

S/N	ITEMS	UNIT	QTY
1	Cone Speakers		6 Pcs
2	Speaker cable		11 Pcs
3	Light/Sockets Cables		1.5mm 10 pcs 2.5mm 10 pcs (100 meters each)
4	Microphones (dynamic)		2 pcs wireless 2 pcs corded
5	Amplifier		2pcs
6	Equalizer		2 pcs
7	Extension/sockets		25 pcs Ext. 30 pcs sockets
8	Fan		2 pcs
9	Stabilizer/UPS		2 PCS Stab 2 pcs UPS
10	Tables/chairs		2 pcs table 5 pcs chairs
11	Stationery		1 rim of paper 1 paper file jacket Pens
12	Laptop		1 piece
13	Modem/data		1 piece
14	Solar plant (mini)		2 Batteries 4 panels
15	Solar cables		2 packs (100 meters)
16	Television sets (62')		10 pcs
17	Multi-Purpose Solar Radio/lantern/USB		3600 pcs
18	Television mounts		10 pcs
19	DVD Playback machine		11 pcs
20	Personnel		7 professionals

Title of table: Security

S/N	ITEMS	UNIT	QUANTITY
	Population		18,000
	Mobilization		900 personnel
	Trucks		30
	Diesel		999 liters
	Temporary Security post		
	Torch lights		450
	Walkie-talkie	10 unit per shift Morning & night (2 radios per unit) 3 supervisors per day	23
	Plastic chairs		450
	Security accommodation		
	Allowances for Officers		

Maintenance

Title of table: Food security

ITEMS	UNIT	QUANTITY
Population		18,000
Maggi (sachet)	1per household	3,600
Onions (small basket)	1 per household	3,600
Vegetable oil	5ltr	3,600
Eggs (crates)	1 per household	3,600
Plumpy nuts (CSB)		
Rice	50kg	3,600
Beans	24kg	3,600
Garri	25kg	
Corn	24kg	
Palm oil	5ltr	3,600
Milk	5roll per household	18,000
Milo	5roll per household	18,000
Tomatoes	5roll per household	18,000
Indomie	1 carton per household	3,600
Sugar (sachet)	2per household	7,200
Salt	2per household	7,200

Title of table: Emergency shelter and non-food items

ITEMS	UNIT	QUANTITY
Population		18,000
Blankets		18,000
Nylon mat		18,000
Mosquito net		18,000
Diapers		30240
Buckets	2 per household	7,200
Plates, spoons and cups		17,244
Spoons		17,244
Cups		17,244
Detergent	1 (2kg)	3,600
Towel		18,000
Cooking pot	1 set	3,600
Touch lights		3,600
Petroleum jelly	1 per household	3,600
Cooking stove	1 per household	3,600
Charcoal	25kg, 1 per household x 3,600	90,000kg
Mattresses	2 per household x 3600	7,200 pieces
Pillow	2 per household x 3600	7,200 pieces
Slippers	1 per person	18,000 pairs
Tents	1 per h-hold	3,600
Jerry cans	2 per household x 3,600	7,2000

Title of table: Basic education

ITEMS	UNIT	QUANTITY
Population		5,184
Temporary classroom	35	
White board	35	
Desk	864	
Makers/wipes	70 packs/35 wipes	
Teaching aids		
Exercise book	1296 dozens	
Pencils/crayon/pens	1296 dozens	
Instruction manuals for teachers	10 each	
Specialized learning materials		
Playground/recreational facilities	1	
Personnel		
Volunteer teachers	30	
Specialized teachers	5	
Vocational teachers	3	

SPECIAL CONSIDERATION ON BASIC EDUCATION

Note that:

- the children will attend classes in 3 batches of 3 hours each
- we have 10 teachers per subject- English, Math and Civic Education will be the subject taught during emergency.
- each teacher will have an instruction manual for the subject taught.
- the classrooms can double as

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