

# PLATEAU STATE CONTINGENCY PLAN

2019-2020

Coordinating Humanitarian  
and Emergency Response



With support from:



Funded by  
European Union  
Civil Protection and  
Humanitarian Aid

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March 2019



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### **Acknowledgement:**

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**Cover photo:** Perennially, parts of Plateau State have been ravaged by floods, destroying property, livelihoods and leaving households displaced. The E4E project implemented by Christian Aid with funding from ECHO seeks to mitigate the effect of floods in communities.

**Photo credit:** Christian Aid/ Saratu Iliyasu-Kujiyat

## List of Acronyms

<b>BCC</b>	Behaviour Change Communication
<b>CBOs</b>	Community Based Organisations
<b>CDMMP</b>	Community Disaster Management and Mitigation Platform
<b>CP</b>	Contingency Plan
<b>CSM</b>	Cerebro Spinal Meningitis
<b>CSOs</b>	Civil Society Organisations
<b>DRC</b>	Disability Rights Commission
<b>DRR</b>	Disaster Risk Reduction
<b>DRU</b>	Disaster Response Units
<b>EW</b>	Early Warning
<b>EWS</b>	Early Warning Systems
<b>FBO</b>	Faith Based Organisation
<b>FIFO</b>	First in, First out
<b>FRSC</b>	Federal Road Safety Commission
<b>HEPRP</b>	Health Emergency Preparedness and Response Plan
<b>HF</b>	High Frequency
<b>HIV/AIDS</b>	Human Immuno-Deficiency Virus/Acquired Immune Deficiency Syndrome
<b>IDP</b>	Internally Displaced Persons
<b>INGO</b>	International Non-Governmental Organisations
<b>JONAPWD</b>	Joint Association of People with Disabilities
<b>JUTH</b>	Jos University Teaching Hospital
<b>LACA</b>	Local Agency for the Control of AIDS
<b>LEMC</b>	Local Emergency Management Committee
<b>LGA</b>	Local Government Area
<b>LIFO</b>	Last in, First out
<b>MDA</b>	Ministries, Departments and Agencies
<b>MIL</b>	Military
<b>MoH</b>	Ministry of Health
<b>MoIC</b>	Ministry of Information and Communication
<b>MOU</b>	Memorandum of Understanding
<b>MWASD</b>	Ministry of Women Affairs and Social Development
<b>MWRE</b>	Ministry of Water Resources and Energy
<b>NACA</b>	National Agency for the Control of AIDS
<b>NAFDAC</b>	National Agency for Food and Drug Administration
<b>NAN</b>	News Agency of Nigeria

<b>NC</b>	North Central
<b>NCC</b>	Nigerian Communication Commission
<b>NCP</b>	National Contingency Plan
<b>NCR</b>	National Commission for Refugees
<b>NDLEA</b>	National Drug Law Enforcement Agency
<b>NEMA</b>	National Emergency Management Agency
<b>NEWSAN</b>	National Civil Society Network on Water and Sanitation in Nigeria
<b>NFI</b>	Non-Food Items
<b>NGO</b>	Non-Governmental Organisation
<b>NHRC</b>	National Human Right Commission
<b>NIMET</b>	Nigeria Metrological Agency
<b>NPF</b>	Nigeria Police Force
<b>NURTW</b>	National Union of Road Transport Workers
<b>NYNETHA</b>	Nigeria Youth Network on HIV/AIDS
<b>PAS</b>	Public Address Systems
<b>PEPSA</b>	Plateau Environmental Protection and Sanitation Agency
<b>PLWHA</b>	People Living with HIV/AIDS
<b>PWD</b>	People with Disabilities
<b>PTO</b>	Public Telecommunication Organisations
<b>PRTVC</b>	Plateau Radio Television Cooperation
<b>RUWASSA</b>	Rural Water Supply and Sanitation Agency
<b>SACA</b>	State Agency for the Control of AIDS
<b>SAR</b>	Search and Rescue
<b>SCP</b>	State Contingency Plan
<b>SEMA</b>	State Emergency Management Agency
<b>SMoA</b>	State Ministry of Agriculture
<b>SMoE</b>	State Ministry of Education
<b>SMoH</b>	State Ministry of Health
<b>SMoI</b>	State Ministry of Information and Communication
<b>SMoWREN</b>	State Ministry of Water Resources and Environment
<b>STI</b>	Sexually Transmitted Infection
<b>SUBEB</b>	State Universal Basic Education Board
<b>UN</b>	United Nations
<b>UNDP</b>	United Nations Development Programme
<b>UNHCR</b>	United Nations Humanitarian Commission for Refugees
<b>UNICEF</b>	United Nations Children's Fund
<b>UNFPA</b>	United Nations Population Fund

<b>VHF</b>	Very High Frequency
<b>VSAT</b>	Very Small Aperture Terminal
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WHO</b>	World Health Organisation



## Foreword

Disaster management in its entire ramifications in Plateau State and Nigeria as a whole is a collaborative effort of other stakeholders working towards efficient and effective disaster prevention, mitigation, preparedness and response.

The tempo of Disaster Risk Reduction (DRR) activities especially flood prevention preparedness and mitigation measure around the state was significantly high, and so the State government through SEMA signed a Memorandum of Understanding with Christian Aid to intensify the aforementioned DRR measures through comprehensive multi-stakeholders approach to training/workshops, awareness creation, simulation drills, acquisition of critical equipment etc. to forestall other major disasters in the future.

Disaster will continue to occur, and with growing impact on 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, building and infrastructure to hazards. This calls for urgent action building for the resilience of nations and communities to disasters.



**Roseline K. DAKWAR**

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## Executive summary

This Contingency Plan has been developed to provide a basis for coordination of humanitarian response in the event of a major/catastrophic disaster for the initial 10 (ten) days by the State Government through the State Emergency Management Agency (SEMA) for 2019-2020.

This document adopts the Multi-Risk Approach, and identified flood, fire outbreak, epidemic, communal clashes, and terrorism as probable disasters that can cause high level impact and displacement of persons. A population of 20,000 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 crises mentioned 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 Nigeria as entrenched in Act 12 as amended by Act 50 (1999) Establishment Act of NEMA and as domicile at the state level.

The Sectoral Response section took into cognizance preparedness, minimum response and comprehensive response within the following sectors: Water, Sanitation and Hygiene (WASH), Camp Management; Food and Nutrition; Health; Protection; Security; Basic Education; Emergency Shelter and Non-Food Items (NFI); and Telecommunications, Information and Logistics. The Contingency Supply requirements (i.e. personnel, supplies and equipment) and budget were also developed to ensure proper resource mobilization 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 Plateau State Contingency Plan

The State Contingency Plan adopted the Multi-Hazard Model with focus on hazards with the highest probability of occurrence and severity in the state. These include flood, rock fall, land slide, conflicts, terrorism, wind storm, rain storm, communal clashes 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 national and regional weather monitoring agencies predict that weather changes such as high temperatures and irregular rainfall patterns are likely, however, it should be anticipated that the effects would vary from community to community within the state. 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 Plateau state is vested on the State Emergency Management Agency (SEMA), based on its Act of Establishment. Consequently, the multi-scenario Contingency Plan ensures that coordination of humanitarian players and resources towards effective management of disasters is guaranteed under established guidelines as provided in the National Disaster Management Framework (NDMF). Relevant stakeholders can also use the State Contingency Plan as justification for organizational preparedness and budgeting, 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 state, national, regional and international humanitarian actors.

### 1.2 Background on Plateau State

Plateau State is culturally diverse (with more than 50 ethnic groups), populated by an estimated 3.2 million people (2006 census) and structured into 17 local Government Areas (LGAs). About 70% of the population (an estimated 2.24 million people) are rural dwellers and engage in agriculture-related enterprises. The State has an estimated 5,028 farm families living in the lowland areas. At 61 person/sq km, the population is averagely sparse, compared to 96 persons/sq km for Nigeria. Jos North, Jos South, Jos East LGAs are the most densely populated at 391 persons/sq km, compared to a range of 40-125 persons/sq km average for the other parts of the State. Males slightly outnumber females (1,593,033 VS. 1,585,678 respectively), with children aged 1-15 years making up 45%, people aged 16-65 years constituting 53%, and the elderly (over 65 years) 2% of the population.

Plateau State, which derives its name from Jos Plateau, has an area of about 26,899sq.km and shares boundaries with Benue, Nasarawa, Kaduna, Taraba and Bauchi States. It is a product of half a century of boundary adjustments arising from the ambition of the colonial masters to create a province in order to protect the railway line and to guarantee the sustenance of tin mining activities which began in 1902, and the strong desire of the people in this area for political self-determination. In the formative years of British Colonialism in Nigeria, much of Plateau State was part of Bauchi province.

In 1926, Plateau Province, comprising Jos and Pankshin divisions, were curved out of Bauchi Province. At various times between 1926 and 1976, the boundary of Plateau Province oscillated, paralleling the general train of political development in the country, as the government of the day listened to the agitation of different ethnic groups to be merged with their kith and kin that are of larger concentrations in other provinces. During this period, therefore, some administrative units or divisions as they were then called, from neighbouring provinces were added to or subtracted from Plateau Province.

Plateau State with the slogan 'Home of Peace and Tourism' is one of Nigeria's tourist attraction states with over 60 tourist sites that serve as holiday destination for over 50 million Nigerians and foreigners alike. Its location provides the opportunity for the tourist industry to flourish. The famous Jos Rock formation, the Jos Zoological Garden, the Jos Wild Life Park, the Pandam Game Reserve, the Ultra-Modern Jos Main Market, the Wase Inselberg (Rock formation) as well as numerous state of the art Hotels, and above all the favourable cold (temperate) weather are some of the endowments and landmarks of the State. However, one of the highest vulnerability factors in Plateau is poverty, followed closely by illiteracy, human induced risk and dearth of infrastructure.

### 1.3 Hazards and Disasters in Plateau State

Plateau State, like other states in Nigeria, is exposed to a wide range of natural or human-induced hazards. While some of these hazards are rapid, others are slow-onset resulting in catastrophic situations leading to loss of lives, destruction of properties and degradation of the environment. Hazards occur in form of bomb explosion, flooding, epidemics, gully erosion, dam overflow, communal clashes, terrorism and fire.

Historically, Plateau State in 2001, 2003, 2008, 2010, 2011 and 2012 was plagued with series of civil unrest, ethno-religious crisis, activities of Boko Haram, and politically motivated unrest resulting to loss of lives, destructions of properties and the displacement of persons including women, children, and people with special needs. Perennially, Kanam, Langtang North, Langtang South, Shendam, Wase and some parts of Jos North have been ravaged by flood while wind storm with its associated devastation has been a reoccurring disaster across most of the LGAs in the state, destroying buildings, property, and livelihoods.

Ethno-religious crises of recent times have affected most of the LGAs within the Northern Senatorial District, particularly Jos North, Jos South, Jos East, Basa, Riyom and Barkin-Ladi. The destruction of buildings by burning and the absence of standardized IDP Camps have led to the conversion of school buildings into IDP camps. This has affected the education calendar of the pupils living around the affected communities. Recently, multiple bomb explosions have led to loss of lives and property and total breakdown of commercial activities in the city. Moreover, there were occurrences of attacks on communities in the southern parts of the state that displaced people from their homes.

Also, threats are posed by weevils causing irreparable damage to grains and affecting food security, while climatic changes and climate variability with their negative consequences increasingly put communities at risk of a wide range of new and emerging hazard.

## 2.0 Hazard Risk Scenario and Planning Assumptions

### 2.1 Identified hazards for planning assumptions: flood, communal clashes, epidemics, crises and terrorism

Table 1: Disaster Scenarios

Multi-Risk Scenario	
Best case scenario	Pockets of disasters across the state affecting less than 5,000 people
Most probable scenario	Identified disasters across the state affecting about 20,000 people
Worst case scenario	Any of the identified disasters and its secondary threats affecting up to 300,000

Table 2: Scenarios and Planning Assumptions

Hazards	Geographical areas	Probability of Occurrence	Impact
Flood	Most parts of the State, including communities in Jos North, Jos East, Kanam, Kanke, Shendam, Wase, Langtang North & South, Mikang, Qua'anpan, Pankshin and prone areas.	Highly probable, based on meteorological information and research on the overflow of dams and other human/nature induced activities.	<ul style="list-style-type: none"> <li>■ About 20,000 people likely to be affected.</li> <li>■ Loss of lives.</li> <li>■ Road networks destroyed.</li> <li>■ Bridges washed off.</li> <li>■ Farmlands flooded.</li> <li>■ Loss of Livestock.</li> </ul>
Communal clashes	Across the state	Highly probable based on seasonal movement, variability report 2015 election, settler-indigene dichotomy.	<ul style="list-style-type: none"> <li>■ Destruction of infrastructure (security infrastructure, school, houses, health facilities).</li> </ul>
Terrorism and conflict (political unrest/ethno-religious crises)	Across the state	Highly probable based on activities of Boko Haram /militia, socio and ethno-religious issues.	<ul style="list-style-type: none"> <li>■ Pollution of water sources.</li> <li>■ Disease epidemics: cholera, CSM, lassa fever, ebola etc.</li> </ul>
Epidemics and other health issues/events	Across the state	Highly probable, based on 2013 and 2014 epidemic trends, Lassa fever, Ebola, cholera and CSM, malnutrition and food insecurity.	<ul style="list-style-type: none"> <li>■ Food insecurity.</li> <li>■ Zonal migration (North-South and vice-versa).</li> <li>■ Traumatization.</li> </ul>

### 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 planned for	20,000
Number of persons per household	5
Total number of households	4,000
Total number of children	12,000
Total number of adults	8,000
Total number of women	4,000
Total number of men	4,000
Proportion of infants under 1 year (%)	4%
Number of infants under 1 year	480
Proportion of children aged 1 year to 5 years (%)	12%
Number of children aged 1 year to 5 years	1,440
Proportion of children aged 6 years to 11 years (%)	45%

**SUMMARY OF ASSUMED TARGET POPULATION FOR PRE-POSITIONING,**

Number of children aged 6 years to 11 years	5,400
Proportion of children of 12 years to 17 years (%)	38%
Number of children aged 12 years to 17 years	4,560
Proportion of female children aged 12 years to 17 years (%)	50%
Number of female children aged 12 years to 17 years	2,280
Proportion of male children aged 12 years to 17 years (%)	50%
Number of male children aged 12 years to 17 years	2,280
Proportion of pregnant women (%)	10%
Number of pregnant women	400
Proportion of lactating women (%)	9%
Number of women lactating	360
Proportion of people traumatized (%)	2%
Number of people traumatized	400
Proportion of unaccompanied children (%)	1%
Number of unaccompanied children	120
Proportion of People with Disabilities (%)	15%
Number of People with Disabilities	3,000

## 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
Flood	<ul style="list-style-type: none"> <li>▪ Weather forecasts</li> <li>▪ Information flow on the rainy season</li> <li>▪ Observation of rise in river level</li> <li>▪ NIMET predictions</li> </ul>	<ul style="list-style-type: none"> <li>▪ Nigeria Meteorological Agency (NIMET)</li> <li>▪ Ministry of Water Resources and Environment (MWR&amp;E)</li> <li>▪ Nigeria Hydrological Services Agency (NIHSA)</li> <li>▪ State Emergency Management Agency (SEMA)</li> <li>▪ National Emergency Management Agency (NEMA)</li> <li>▪ Relevant Ministries, Departments and Agencies (MDAs)</li> <li>▪ Civil Society Organisations (CSOs)</li> </ul>
Insurgency	<ul style="list-style-type: none"> <li>▪ Politicking</li> <li>▪ Uprising</li> <li>▪ Tribal/Ethnic conflicts</li> </ul>	<ul style="list-style-type: none"> <li>▪ Red Cross</li> <li>▪ Relevant MDAs</li> <li>▪ CSOs</li> <li>▪ Security Agencies</li> <li>▪ SEMA/NEMA</li> </ul>
Communal clashes	<ul style="list-style-type: none"> <li>▪ Tribal, ethnic or religious crises</li> </ul>	<ul style="list-style-type: none"> <li>▪ CSOs</li> <li>▪ WANEP</li> <li>▪ Red Cross</li> <li>▪ Faith Based Organisations (FBO)</li> <li>▪ NGOs</li> </ul>



Hazards	Triggers, Early Warning monitoring indicators	Relevant Agencies
Epidemics	<ul style="list-style-type: none"> <li>▪ Rapid Urbanization</li> <li>▪ Poor Sanitation</li> <li>▪ Air and Water Pollution</li> </ul>	<ul style="list-style-type: none"> <li>▪ Security Agencies</li> <li>▪ Federal/State Ministry of Health</li> <li>▪ NIMET</li> <li>▪ Rural Water Supply and Sanitation Agency (RUWASSA)</li> <li>▪ MWR&amp;E</li> <li>▪ MDAs</li> <li>▪ CSOs</li> <li>▪ SEMA/NEMA</li> <li>▪ National Agency for Food and Drug Administration (NAFDAC)</li> </ul>
Human induced	<ul style="list-style-type: none"> <li>▪ Proliferation of indiscriminate and artisanal mining</li> <li>▪ Industrial accident</li> <li>▪ Unguided utterances etc.</li> </ul>	<ul style="list-style-type: none"> <li>▪ FBO</li> <li>▪ Line Ministries and Agencies</li> </ul>

## 3.0 Objectives, Strategies and Guiding Principles

### 3.1 Overall Objective

To ensure that the government and relevant stakeholders develop a timely, consistent, coordinated and planned response for the initial ten 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.

### 3.2 Strategies

The overall objectives are guided by the following strategies:

1. National Contingency Plan for 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, 2018) and the UNHCR Handbook on Emergency will serve as the operational basis for response and provision of humanitarian assistance

The Plateau 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 the State Government has a primary responsibility of ensuring protection and to respond to the needs of her citizens in emergency and post-emergency situations.

The Plateau 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

## 4.0 Overall Disaster Management and Coordination

The Plateau State Contingency Plan will build on collaboration with governments, relevant MDAs, paramilitary, the police force, CSOs, international organizations and the UN system. SEMA will collaborate with relevant agencies to monitor early warning, potential threats and emergency situations to ensure adequate responses. In responding to emergencies, additional programmes may be developed to support humanitarian action such as post-incident rehabilitation and recovery efforts within the respective sector.

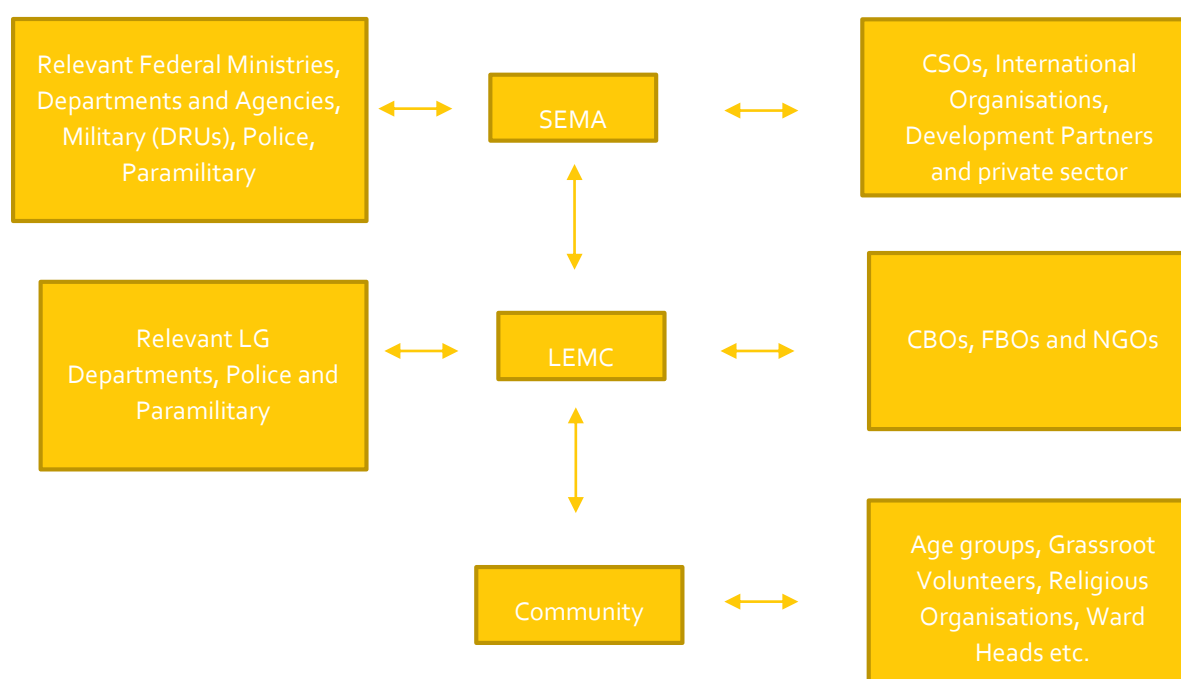
### 4.1 Clusters established and designated lead agencies/ organizations

Table 5: Cluster and Lead Agencies

S/N	Cluster	Lead Ministries/Agencies	Lead Humanitarian Body
1	Camp Coordination and Camp Management	SEMA	Red Cross
2	Food and Nutrition	Ministry of Agriculture	Justice, Development and Peace Commission (JDPC)
3	Health and Sexual Reproductive Health/HIV AIDS	Ministry of Health	Red Cross
4	Protection	Ministry of Women Affairs and Social Development (MWASD)	Inclusive Friends Association/ Intercept International
5	Security	Law enforcement agencies	Operation Rainbow
6	Basic Education	Ministry of Education and State Universal Basic Education Board (SUBEB)	Islamic Counselling Initiative of Nigeria (ICIN)
7	Water, Sanitation and Hygiene	MWR&E	Red Cross
8	Emergency Shelter and NFI	SEMA	Red Cross
9	Information and Communication	Ministry of Information and Communication	JDPC

### 4.2 State Coordination Mechanisms

Figure 1: Horizontal and Vertical Coordination for Disaster Management System in Nigeria (as adopted from the NDMF)



### **4.3 Appeals and funding**

SEMA disaster management fund (derived from the state governments' 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 for resource mobilization outside governments funding 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, and clarification of roles and responsibilities. For an effective information sharing mechanism, the Incident Command System (ICS) will be adopted as contained in the National Disaster Management Framework (NDMF).

## 5.0 Sectoral Response

### 5.1 Camp Management

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

#### 5.1.2 Sectoral Objective

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

#### 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 ensure proper profiling and documentation of the IDPs in the camps.
- To ensure needs assessment and prioritisation of needs.
- To ensure coordination of camp arrangement and administration for persons with special needs.

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"> <li>■ Planning and coordination meetings.</li> <li>■ Quarterly meetings.</li> <li>■ Pre-positioning of emergency supplies.</li> <li>■ Training and simulation exercises</li> <li>■ Coordination of EPR</li> <li>■ Identification of Early Warning Signs</li> <li>■ Development of data gathering and registration tools</li> </ul>	<ul style="list-style-type: none"> <li>■ Existing IDP camps in the state.</li> <li>■ Trained Camp Managers.</li> <li>■ Receptive host communities.</li> </ul>	<ul style="list-style-type: none"> <li>■ Bureaucracy, lack of funds, transparency, lack of functionality and capacity of some stakeholders.</li> <li>■ Limited logistics support.</li> <li>■ Inadequate cooperation from other stakeholders.</li> <li>■ Lack of identified tents.</li> <li>■ Indiscipline in camp by IDPs.</li> <li>■ Regulation of camps.</li> <li>■ Inadequate training on skills acquisition for IDPs in the camp.</li> <li>■ Limited recreational activities and facilities.</li> <li>■ Lack of access to basic education.</li> </ul>	<ul style="list-style-type: none"> <li>■ SEMA</li> <li>■ Red Cross</li> <li>■ NGOs,</li> <li>■ International Development Partners</li> <li>■ Min. of Land &amp; Survey</li> <li>■ Min. of LG &amp; Chieftaincy Affairs</li> <li>■ MoWR</li> <li>■ Community Disaster Mitigation and Management Platform (CDMMP)</li> <li>■ FBOs</li> <li>■ MoH</li> <li>■ MOI</li> <li>■ MOWA</li> <li>■ PSDRC</li> <li>■ LEMC</li> </ul>
Minimum Response (During)	<ul style="list-style-type: none"> <li>■ Rapid assessment of the situation of IDPs and of existing facilities and infrastructures.</li> </ul>	<ul style="list-style-type: none"> <li>■ Activation of camps.</li> <li>■ Deployment of camp managers and coordinators.</li> </ul>	<ul style="list-style-type: none"> <li>■ Bureaucracy.</li> <li>■ Inadequate funds.</li> <li>■ Transparency.</li> </ul>	<ul style="list-style-type: none"> <li>■ SEMA</li> <li>■ Red Cross</li> <li>■ NGOs</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Send out reports of assessment and appeals for fund.</li> <li>▪ Identification of camp sites.</li> <li>▪ Mobilization of sector-specific human and material resources.</li> <li>▪ Camp management.</li> <li>▪ Registration and documentation of IDPs.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Registration and disaggregation of IDPs on basis of gender, age, vulnerability and status.</li> <li>▪ Coordination of stakeholders' response.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lack of functionality and capacity of SEMA and other stakeholders.</li> <li>▪ Limited logistics support.</li> <li>▪ Inadequate cooperation from other stakeholders.</li> <li>▪ Lack of discipline in camps.</li> <li>▪ Lack of training for IDPs on community led sanitation.</li> </ul>	<ul style="list-style-type: none"> <li>▪ International Development Partners</li> <li>▪ Host community</li> <li>▪ Min. of LG &amp; Chieftaincy Affairs</li> <li>▪ FBOs</li> <li>▪ NPF</li> <li>▪ NSCDC</li> <li>▪ DRC</li> <li>▪ CDMMP</li> <li>▪ MoH</li> <li>▪ PEPSA</li> </ul>
Comprehensive Response (Post)	<ul style="list-style-type: none"> <li>▪ Periodic reassessments of needs of the camp residents and personnel.</li> <li>▪ Sent out periodic reports.</li> <li>▪ Further mobilization of sector specific human and material resources.</li> <li>▪ Fumigation</li> <li>▪ Resettlements, reintegration and rehabilitation strategy</li> </ul>	<ul style="list-style-type: none"> <li>▪ Management of camp activities.</li> <li>▪ Planning for closure and decommissioning of camp.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Bureaucracy.</li> <li>▪ Transparency.</li> <li>▪ Poor capacity of some SEMA staff.</li> <li>▪ Lack of logistics support.</li> <li>▪ Inadequate cooperation from other stakeholders.</li> <li>▪ Lack of discipline in camps.</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEMA</li> <li>▪ Red Cross</li> <li>▪ NGOs</li> <li>▪ International Development Partners</li> <li>▪ Host community</li> <li>▪ Min. of LG &amp; Chieftaincy Affairs</li> <li>▪ FBOs</li> <li>▪ NPF</li> <li>▪ NSCDC</li> <li>▪ DRC</li> <li>▪ CDMMP</li> <li>▪ MoH</li> <li>▪ PEPSA</li> </ul>

## 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 the education of children, including children with disabilities 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 and State Universal Basic Education Board (SUBEB).
- Ensure availability of teachers trained in Disaster Risk Reduction and EiE, classrooms and learning materials.
- Ensure the psychosocial needs of the affected children are met, including the identification of separated children.
- Provision of temporary learning shelters or alternative modes of instruction.

Table 7: Basic Education

Strategies	Requirements	Currently Available /Deployed Activity	Operational Constraint and Gap	ACTORS
Emergency - Preparedness (Before)	<ul style="list-style-type: none"> <li>■ Coordination and quarterly meetings with education stakeholders.</li> <li>■ Review, finalize and disseminate final plans for inclusive EiE to members of EiE state team and the communities.</li> <li>■ Train and retrain at least 34 mentors (17 females and 17 males) in every LGA as training of trainers (ToT).</li> <li>■ Training of child/community facilitators for guidance and counselling.</li> <li>■ Prepositioning of learning materials e.g. school inbox/kits, art and craft/tools</li> <li>■ Prepositioning of recreational facilities/ items e.g. games, child friendly material, story-books.</li> <li>■ Train and retrain 51 teachers including teachers for PWD (17 females, 17 males, and 17 PWD) and education secretaries on EiE and ERP in every LGAs.</li> <li>■ Engage institutions for basic education and Disability Right Commission.</li> <li>■ Baseline: Establish number of schools, enrolment, vulnerabilities,</li> <li>■ Sensitize parents on EiE</li> <li>■ Incorporate life-saving messages into existing curriculum including messages related to hygiene, sanitation, prevention of gender-based, violence including peace education.</li> <li>■ Sensitization of parents on the need to allow their children attend schools even during emergencies.</li> </ul>	<ul style="list-style-type: none"> <li>■ Trained teachers/child in DRR/first aid.</li> <li>■ Draft emergency work plan for EiE.</li> </ul>	<ul style="list-style-type: none"> <li>■ Difficulties in coordination mechanism.</li> <li>■ Inadequate educational materials.</li> <li>■ Inadequately trained teachers on formal, informal and special education.</li> <li>■ Inadequate number of teachers trained on EiE.</li> </ul>	<ul style="list-style-type: none"> <li>■ SEMA</li> <li>■ SUBEB</li> <li>■ CERC</li> <li>■ MoE</li> <li>■ SAKEFA</li> <li>■ Red Cross</li> <li>■ UNICEF and relevant stakeholders</li> <li>■ Disability Rights Commission</li> <li>■ Deaf Teachers Association of Nigeria</li> <li>■ NGOs.</li> </ul>
Minimum Response (During)	<ul style="list-style-type: none"> <li>■ Joint rapid assessment by relevant agencies, including:               <ol style="list-style-type: none"> <li>i) establishment of number of affected schools and enrolment.</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>■ Deployment of trained teachers in EiE.</li> </ul>	<ul style="list-style-type: none"> <li>■ Parents refusing to release their children for EiE.</li> </ul>	<ul style="list-style-type: none"> <li>■ SEMA</li> <li>■ SUBEB</li> <li>■ CERE</li> </ul>

	<ul style="list-style-type: none"> <li>ii) rapid interagency assessment of affected schools to identify needs and level of impact on learners and teachers and extent of school damage.</li> <li>▪ Identification of separated/unaccompanied children</li> <li>▪ Educating children on initial security and safety threats/needs in camps.</li> <li>▪ Distribute learning and teaching materials.</li> <li>▪ Establishment of child-friendly temporary learning spaces, including for children with disabilities.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Activate the CERE.</li> <li>▪ Establish child-friendly temporary learning spaces with tents in safe areas with water and sanitation facilities.</li> <li>▪ Development of the prepositioned learning materials.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Finding conducive teaching environment for the children.</li> <li>▪ Lack of child-friendly temporary learning space for PWD.</li> </ul>	<ul style="list-style-type: none"> <li>▪ MoE</li> <li>▪ Host Community</li> <li>▪ CSACEFA</li> <li>▪ Red cross</li> <li>▪ UNICEF and relevant stakeholders</li> <li>▪ Disability Right Commission (DRC)</li> <li>▪ NGOs</li> </ul>
Comprehensive Response	<ul style="list-style-type: none"> <li>▪ Mobilize communities to evacuate occupied schools if/when alternative settlements have been sited</li> <li>▪ Establishment of child friendly learning spaces in camps.</li> <li>▪ Additional educational materials.</li> <li>▪ Promotion of learning activities.</li> <li>▪ Training in arts/crafts.</li> <li>▪ Regular monitoring and evaluation to ensure that children attain class.</li> <li>▪ Decamping strategy (including reintegration of children into regular schools).</li> </ul>	<ul style="list-style-type: none"> <li>▪ Continue teaching.</li> <li>▪ Provision and distribution of additional training materials.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Integrating emergency education with the normal school curricula.</li> <li>▪ Engagement of more teachers including PWD to teach after emergency.</li> <li>▪ Insufficient training materials for children with disabilities.</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEMA</li> <li>▪ SUBEB</li> <li>▪ ERC</li> <li>▪ MoE and relevant stakeholders</li> <li>▪ Disability Rights Commission (DRC)</li> <li>▪ NGOs</li> <li>▪ Deaf Teachers Association of Nigeria (DTAN)</li> <li>▪ JONAPWD</li> </ul>

### 5.3 Food and Nutrition

Food and Nutrition provision is one 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.
- To ensure that the diet of people with special needs, mainly infants, children, pregnant and lactating women, diabetics, PLWHA and PWDs are catered for.

#### 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 (2,000 cal – 2,500 cal) of affected population during emergencies.
- To ensure that the affected populations are well fed with cognizance to special needs for infants, children, pregnant and lactating women, PWD, etc.
- To reduce the risk of sickness and diseases such as marasmus, kwashiorkor, beriberi etc.

Table 8: Food and Nutrition

Strategies	Requirements	Currently Available /Deployed Activity	Operational Constraint and Gap	Actors
Emergency Preparedness	<ul style="list-style-type: none"> <li>■ Coordination meetings with stakeholders.</li> <li>■ Quarterly meetings.</li> <li>■ Monitor emergency triggers.</li> <li>■ Identify sources and survey of prices of food items (pre-position food supply).</li> <li>■ Capacity building on nutritional needs of PWDs, children, pregnant and lactating women and guidelines on new infant feeding and its use.</li> <li>■ Prepositioning of food and nutrition supplies.</li> <li>■ Identification of supply vendors.</li> <li>■ Development of BCC materials.</li> <li>■ Routine surveillance of food and nutrition indicators.</li> <li>■ Advocacy to policy makers.</li> <li>■ Identification of strategies for gender friendly food distribution.</li> </ul>	<ul style="list-style-type: none"> <li>■ MoUs with food suppliers.</li> <li>■ Identify and source for food supplies and storage structures.</li> <li>■ Disseminating existing guidelines on nutrition for PWDs.</li> <li>■ Contingency food supplies from SEMAs warehouse.</li> <li>■ Food and Nutrition department.</li> <li>■ Cooking utensils.</li> </ul>	<ul style="list-style-type: none"> <li>■ Inadequate funding</li> <li>■ Inadequate nutrition assessment kits.</li> <li>■ Inadequate technical skills on nutrition assessment and food utilization.</li> <li>■ Limited awareness and capacity on nutritional needs of PWDs, children, diabetics etc. especially in emergencies.</li> </ul>	<ul style="list-style-type: none"> <li>■ Ministry of Agriculture</li> <li>■ Research Institutes and JUTH</li> <li>■ Nutritionists</li> <li>■ Dieticians</li> <li>■ Community Leaders</li> <li>■ Cooperative Societies</li> <li>■ SEMA</li> <li>■ PLACA</li> <li>■ LACA</li> <li>■ NGOs</li> <li>■ MOI</li> <li>■ FBO</li> <li>■ Ministry of Women Affairs and Social Development</li> <li>■ Ministry of Local Government and Chieftaincy Affairs</li> <li>■ Ministry of Health.</li> </ul>
Minimum Response	<ul style="list-style-type: none"> <li>■ Rapid assessment for situational analysis.</li> <li>■ Nutrition assessment, including classification of food needs for different groups e.g. children, PWDs, pregnant women, lactating mothers, diabetics etc.</li> <li>■ Wet and dry ration to beneficiaries.</li> <li>■ Mobilize therapeutic food</li> <li>■ Breast milk supplement for children who are already on substitute before the emergency.</li> <li>■ Monitoring food distribution to affected population.</li> <li>■ Support and protect food security of HIV/AIDS/Ebola infected/affected and at-risk households or groups.</li> <li>■ Deploy gender friendly food distribution procedures.</li> </ul>	<ul style="list-style-type: none"> <li>■ Mobilization and deployment of food items to affected areas.</li> <li>■ Classification of food needs for the different groups, e.g. children, PLWHA, pregnant women, lactating mothers, diabetics etc.</li> <li>■ Distribution of food items to affected populations.</li> <li>■ Provide rationing guide for PLWHA.</li> <li>■ Deployment of pre-positioned therapeutic food and breast milk/infant supplements.</li> </ul>	<ul style="list-style-type: none"> <li>■ Unruliness of camp residents.</li> <li>■ High cost of food materials due to scarcity in the affected areas.</li> <li>■ Scarcity of therapeutic food for PLWHA and children (pumply nuts or alternatives).</li> <li>■ Adherence to sphere standard on food rationing and distribution.</li> </ul>	<ul style="list-style-type: none"> <li>■ Ministry of Agriculture</li> <li>■ Nutritionists</li> <li>■ Dieticians</li> <li>■ Community Leaders</li> <li>■ Red Cross</li> <li>■ SEMA</li> <li>■ PACA</li> <li>■ LACA</li> <li>■ FBO</li> <li>■ NGOs</li> <li>■ MWASD</li> <li>■ MOH</li> <li>■ DRC</li> <li>■ Min. of LG and Chieftaincy Affairs (MLG&amp;CA)</li> </ul>

	<ul style="list-style-type: none"> <li>Implementation of the infant feeding and other guidelines on camps</li> </ul>			
Comprehensive Response	<ul style="list-style-type: none"> <li>Develop strategy on long term food security for PWD, children, diabetic etc, lactating mothers, pregnant women etc.</li> <li>Nutrition education</li> <li>Nutritional impact assessment and draw lessons learnt.</li> <li>Targeting vulnerable groups for agricultural extension programmes.</li> <li>Collaborate with communities and home-based care programme in providing nutritional support.</li> <li>Empowerment initiative for women and youths.</li> <li>Continuous advocacy to stakeholders on food security and nutrition.</li> <li>Routine surveillance.</li> <li>Assessment/evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>Inventory of food items.</li> <li>Continue distribution of food items.</li> <li>Availability of home-based care and orphan and vulnerable children (OVC) programmes</li> </ul>	<ul style="list-style-type: none"> <li>Delayed closure/ extension of camp period.</li> <li>The need for enhanced strategies targeting vulnerable groups for agricultural extension programmes.</li> <li>Lack of strategy on long term food security for PWDs, PLWHA, children, diabetics, etc., lactating mothers, pregnant women etc.</li> </ul>	<ul style="list-style-type: none"> <li>SEMA</li> <li>Ministry of Agriculture and Rural Development.</li> <li>MoH</li> <li>MoE</li> <li>MWASD</li> <li>Mol</li> <li>CBOs</li> <li>FBOs</li> <li>NGOs and Development Partners</li> <li>Min. of Housing</li> <li>IDPs</li> <li>Disability Right Commission (DRC)</li> <li>MLG&amp;CA</li> <li>Min. of Lands and Survey</li> <li>PlasmiDA</li> </ul>

## 5.4 Information, Telecommunication and Logistics

The provision of humanitarian services during emergencies depends largely on the availability of effective operational logistics support and functional Information, Telecommunication and Logistics systems. Effective logistics support relies on transportation and storage facilities while effective communication amongst the response agencies depends on the establishment of efficient alternative communication system and trained personnel.

### 5.4.1 Sectoral Objective

To provide effective logistics, information and communication services for quality service delivery to the affected population.

### 5.4.3 Operational Objectives

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

- Efficient and effective logistics 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.

Table 9: Telecommunication and Information

Strategies	Requirements	Currently Available /Deployed Activity	Operational Constraint and Gap	Actors
Emergency Preparedness	<ul style="list-style-type: none"> <li>Coordination and quarterly meetings.</li> </ul>	<ul style="list-style-type: none"> <li>GSM Phones</li> </ul>	<ul style="list-style-type: none"> <li>Lack of inter-connectivity of</li> </ul>	<ul style="list-style-type: none"> <li>MOI</li> <li>SEMA</li> </ul>

	<ul style="list-style-type: none"> <li>■ Simulation exercises and personnel training.</li> <li>■ Information and communication.</li> <li>■ Equipment pre-positioning.</li> <li>■ Emergency response telephone number.</li> <li>■ Inventory on database of available communication equipment of stakeholders.</li> <li>■ Emergency response information team.</li> <li>■ Enlightenment campaign on emergency preparedness and responses.</li> <li>■ Training of reporters on techniques and protocol of reporting emergencies.</li> <li>■ Training of reporters and photo journalists.</li> <li>■ Facilitate and develop camp radio for mass communication and psychosocial support.</li> </ul>	<ul style="list-style-type: none"> <li>■ Emergency Response Team (ERT)</li> <li>■ Public Address Systems</li> <li>■ Video cameras and cassettes</li> <li>■ Outside Broadcasting Van</li> <li>■ Projectors</li> <li>■ Batteries etc.</li> <li>■ Video and still cameras, cassettes, public enlightening vans.</li> </ul>	<ul style="list-style-type: none"> <li>communication equipment among stakeholders.</li> <li>■ Inadequate funding support from government, partners and other interested agencies.</li> <li>■ Lack of results-based capacity building for stakeholders.</li> <li>■ Absence of capacity building in emergency information dissemination.</li> <li>■ Equipment for cam radio.</li> <li>■ Power generating sets.</li> </ul>	<ul style="list-style-type: none"> <li>■ LGIU</li> <li>■ NDA</li> <li>■ Nigeria Standard</li> <li>■ PRTVC</li> <li>■ NAN</li> <li>■ NTA Jos</li> <li>■ FRCN</li> <li>■ Highland FM</li> <li>■ Unity FM</li> <li>■ Ray-Power</li> <li>■ Radio and Rhythm FM</li> <li>■ Jay FM and KT FM</li> <li>■ NOA</li> </ul>
Minimum Response	<ul style="list-style-type: none"> <li>■ Emergency communication masts, 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.</li> <li>■ Transportation and other logistics.</li> <li>■ Alternative power sources.</li> </ul>	<ul style="list-style-type: none"> <li>■ Erection of emergency communication platforms.</li> <li>■ Deployment of Laptops, backup battery, UPS, HF/VHF, radios and frequency/channel, satellite telephones, PAS, GPS, internet modems etc.</li> <li>■ Deployment of alternative power source(s).</li> <li>■ Establish information centre with necessary equipment for emergency situation reporting.</li> </ul>	<ul style="list-style-type: none"> <li>■ Jammed network</li> <li>■ Use of different frequencies by different organizations</li> <li>■ Non-provision of expected prepositioning</li> <li>■ Magnetic surface interference</li> </ul>	<ul style="list-style-type: none"> <li>■ MoIC</li> <li>■ SEMA</li> <li>■ LGIU</li> <li>■ NOA</li> <li>■ NTA Jos</li> <li>■ Nigeria Standard</li> <li>■ PRTVC</li> <li>■ NAN</li> <li>■ FRCN</li> <li>■ Highland FM</li> <li>■ Unity FM</li> <li>■ Ray-Power Radio</li> <li>■ Rhythm FM</li> <li>■ Host Community</li> </ul>
Comprehensive Response	<ul style="list-style-type: none"> <li>■ Maintenance of alternative power supply and faulty communication facilities.</li> <li>■ Funding support from government, partners and other interested agencies.</li> <li>■ Results-based capacity building for stakeholders/reporters in the area of emergency information dissemination.</li> </ul>	<ul style="list-style-type: none"> <li>■ Continuing emergency information update and dissemination.</li> </ul>	<ul style="list-style-type: none"> <li>■ Inadequate funding</li> <li>■ Convincing stakeholders to adopt integrated communication systems not easy.</li> <li>■ Cost of powering generators.</li> </ul>	<ul style="list-style-type: none"> <li>■ MOI</li> <li>■ SEMA</li> <li>■ LGIU</li> <li>■ NOA</li> <li>■ NTA Jos</li> <li>■ Nigeria Standard</li> <li>■ PRTVC</li> <li>■ NAN</li> <li>■ FRCN</li> <li>■ High-</li> </ul>

- land FM
- Unity FM
- Ray-Power
- Rhythm FM
- Host community

Table 10: Transportation

Strategies	Requirements	Currently Available /Deployed Activity	Operational Constraint and Gap	Actors
Emergency Preparedness	<ul style="list-style-type: none"> <li>▪ Coordination meetings/ synergy.</li> <li>▪ Quarterly meetings.</li> <li>▪ MoU with transporters.</li> </ul>	<ul style="list-style-type: none"> <li>▪ MoU with NURTW and NARTO.</li> <li>▪ FRSC and NEMA vehicles</li> </ul>	<ul style="list-style-type: none"> <li>▪ Irregular meetings</li> <li>▪ Inadequate funding</li> <li>▪ Lack of MoU with transporters</li> <li>▪ Lack of MoU with construction companies and truck owners</li> <li>▪ Inadequate funding for hiring of additional trucks, buses and other vehicles</li> </ul>	<ul style="list-style-type: none"> <li>▪ NURTW</li> <li>▪ NARTO</li> <li>▪ FRSC</li> <li>▪ SEMA</li> <li>▪ Security Agencies</li> <li>▪ Construction companies and truck owners</li> </ul>
Minimum Response	<ul style="list-style-type: none"> <li>▪ 5 Trucks</li> <li>▪ 8 Buses</li> <li>▪ Ambulances</li> <li>▪ SAR vehicles /boats</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 Truck</li> <li>▪ 2 Buses</li> <li>▪ FRSC ambulances</li> <li>▪ Search and Rescue vehicles</li> </ul>	<ul style="list-style-type: none"> <li>▪ Inadequate funding</li> </ul>	<ul style="list-style-type: none"> <li>▪ NURTW</li> <li>▪ NARTO</li> <li>▪ FRSC</li> <li>▪ SEMA</li> <li>▪ Security Agencies</li> <li>▪ Construction companies, host community</li> </ul>
Comprehensive Response	<ul style="list-style-type: none"> <li>▪ Regular meeting with relevant stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>▪ Meeting with NURTW, NARTO,</li> <li>▪ FRSC, NPF</li> </ul>	<ul style="list-style-type: none"> <li>▪ Inadequate funding</li> </ul>	<ul style="list-style-type: none"> <li>▪ NURTW</li> <li>▪ NARTO</li> <li>▪ FRSC</li> <li>▪ SEMA</li> <li>▪ Security Agencies</li> <li>▪ Construction companies</li> <li>▪ Host community</li> </ul>

Table 11: Warehouse

Strategies	Requirements	Currently Available /Deployed Activity	Operational Constraint and Gap	Actors
Emergency Preparedness	<ul style="list-style-type: none"> <li>▪ MoUs with stakeholders</li> <li>▪ Identify available warehouses and arrange for renting additional warehouses.</li> <li>▪ Warehouse pallets and forklifts.</li> <li>▪ Fumigation.</li> <li>▪ Ensure efficient management and security of warehousing.</li> <li>▪ Explore modern housing methods.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 3 warehouses</li> <li>▪ Contract for fumigation</li> </ul>	<ul style="list-style-type: none"> <li>▪ No MoUs</li> <li>▪ Inadequate warehouse and equipment</li> <li>▪ Monitoring and evaluation</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEMA</li> <li>▪ NEMA</li> <li>▪ Security agencies</li> </ul>
Minimum Response	<ul style="list-style-type: none"> <li>▪ Activation of MoUs</li> <li>▪ Logistics and Labour for loading and unloading</li> </ul>	<ul style="list-style-type: none"> <li>▪ Activation of MoUs</li> <li>▪ Trucks for logistics support</li> </ul>	<ul style="list-style-type: none"> <li>▪ No MOUs</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEMA</li> <li>▪ NEMA</li> </ul>



	<ul style="list-style-type: none"> <li>▪ Security</li> <li>▪ Volunteers</li> </ul>	<ul style="list-style-type: none"> <li>▪ Loading and off-loading by volunteers</li> <li>▪ FIFO and LIFO</li> <li>▪ Security for warehouses</li> </ul>	<ul style="list-style-type: none"> <li>▪ Inadequate warehouse and equipment</li> </ul>	
Comprehensive Response	<ul style="list-style-type: none"> <li>▪ Review meetings with stakeholders</li> <li>▪ Proper stacking of materials (FIFO/LIFO)</li> <li>▪ Fumigation</li> <li>▪ Evaluation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Stacking of materials</li> <li>▪ Fumigation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Poor coordination of stakeholders</li> <li>▪ Inadequate ware houses</li> <li>▪ Poor security arrangement</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEMA</li> </ul>

## 5.5 Security

Security of lives and properties during emergencies determines 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 to safeguard lives, properties and documents.

### 5.5.2 Operational Objectives

- To ensure the security and safety of lives and properties.
- To ensure law and order.
- To liaise with appropriate authorities for special security needs including reinforcement of police, Civil Defence or military presence in crisis situations.
- Prompt response by security agencies in emergency.
- To prosecute offenders and protect the interest of the IDPs in close collaboration with the protection sector.

Table 12: Security

Strategies	Requirements	Currently Available /Deployed Activity	Operational Constraint and Gap	Actors
Emergency Preparedness	<ul style="list-style-type: none"> <li>▪ Coordination and quarterly meetings of law enforcement agencies.</li> <li>▪ Capacity building for law enforcement agencies (training).</li> <li>▪ Regular simulation exercise.</li> <li>▪ Meetings between civilians and military (CIMIC) stakeholders.</li> <li>▪ Establishment of crisis/ disaster response unit in the various law enforcement agencies.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Enforcement personnel for humanitarian response on IHL and IHRL (International Humanitarian Law and International Human Right law).</li> <li>▪ Crisis/disaster response unit in the various law enforcement agencies.</li> <li>▪ Trained officers for emergency response.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Weak cooperation/ synergy among law enforcement agencies and other responders.</li> <li>▪ Inadequate capacity building for law enforcement agencies and responders.</li> <li>▪ Inadequate awareness creation on emergency response.</li> <li>▪ Inadequate funding</li> <li>▪ Inadequate operational guidelines/procedure on</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEMA</li> <li>▪ LEMC</li> <li>▪ Law enforcement agencies</li> <li>▪ Host community</li> <li>▪ Affected population</li> <li>▪ State Fire Service</li> </ul>

	<ul style="list-style-type: none"> <li>■ Firefighting equipment should be in place.</li> <li>■ Encourage timely information sharing with and within security agents for prompt response</li> </ul>		<ul style="list-style-type: none"> <li>■ emergency management issues</li> <li>■ Poor implementation of policies and legislations</li> <li>■ Bureaucratic bottlenecks</li> <li>■ Lack of timely information sharing with and within security agents for prompt response</li> </ul>	
Minimum Response	<ul style="list-style-type: none"> <li>■ Law enforcement agencies must be on ground.</li> <li>■ Ground rules and regulations (Code of conduct and Ethics).</li> <li>■ Establishment and manning of routes (way in/way out).</li> <li>■ 24-hour surveillance.</li> <li>■ Body and materials search to discourage people from bringing harmful objects or weapons into the camp.</li> <li>■ Security lights/flood lights must be installed.</li> <li>■ Security communication equipment (walkie talkie, radio, BYGAN).</li> <li>■ Security check points/security post</li> <li>■ Trained law enforcement officers for and in humanitarian response.</li> <li>■ Improved information sharing with affected people, e.g. interpreter and disability equipment</li> </ul>	<ul style="list-style-type: none"> <li>■ Law enforcement agencies are always on ground.</li> <li>■ There is always ground rules of engagement.</li> <li>■ Routes are always established and manned.</li> <li>■ 24-hour surveillance searches are always conducted.</li> <li>■ Communication equipment (walkie talkie, radio BYGAN etc) are available.</li> <li>■ Law enforcement officers to maintain the security post.</li> </ul>	<ul style="list-style-type: none"> <li>■ Weak cooperation/ synergy among law enforcement agencies and other responders.</li> <li>■ Inadequate funding.</li> <li>■ Bureaucratic bottlenecks.</li> <li>■ Security lights/flood lights are not usually installed.</li> <li>■ Inadequate communication gadgets</li> <li>■ Weak information sharing mechanism</li> <li>■ Turf protection</li> <li>■ Inadequate equipment</li> <li>■ Lack of safety kits</li> <li>■ Inadequate ambulances/trucks</li> <li>■ Inadequate trained man power for humanitarian response</li> </ul>	<ul style="list-style-type: none"> <li>■ SEMA,</li> <li>■ LEMC</li> <li>■ Law enforcement agencies.</li> <li>■ Host community</li> <li>■ Affected population</li> <li>■ State Fire Service</li> </ul>
Comprehensive Response	<ul style="list-style-type: none"> <li>■ Law enforcement.</li> <li>■ Ground rules and regulations (Code of Ethics).</li> <li>■ Surveillance.</li> <li>■ Prompt response to reported cases of abuse, unruliness and exploitation.</li> </ul>	<ul style="list-style-type: none"> <li>■ Law enforcement officers to enforce ground rules and regulations.</li> <li>■ Routes (way in/way out) are always established and manned.</li> <li>■ 24 hours surveillance</li> <li>■ Availability of security check points/ security post</li> </ul>	<ul style="list-style-type: none"> <li>■ Weak cooperation/ synergy among law enforcement agencies and other responders</li> <li>■ Inadequate funding</li> <li>■ Bureaucratic bottlenecks</li> <li>■ Inadequate communication equipment</li> <li>■ Weak information sharing mechanism</li> <li>■ Turf protection.</li> <li>■ Security lights/flood lights are not usually installed.</li> <li>■ Communication equipment not always available.</li> <li>■ Special financial consideration for security</li> </ul>	<ul style="list-style-type: none"> <li>■ SEMA</li> <li>■ LEMC</li> <li>■ Law enforcement agencies</li> <li>■ Host community</li> <li>■ Affected population</li> <li>■ State Fire Service</li> </ul>

agencies involved in humanitarian coordination.

- Logistics inadequacies.

## 5.6 Protection

Protection issues, especially during 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 PWD 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. Frequently, ethno-religious or political affiliation and displacement also predispose certain people to risk, failure to recognize the specific needs of vulnerable groups and the challenges they face in gaining 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 peaceful co-existence and rights to dignity and preservation of worth/esteem (human right and peace) is adequately maintained and protected.

### 5.6.2 Operational Objectives

- To ensure the protection of vulnerable groups especially women, children, the aged, PWDs and physically challenged from abuse, exploitation, neglect, harm, abduction, recruitment into fighting forces, sexual violence, opportunity to participate in decision making.
- 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.
- To ensure rights of children to a safe environment is guaranteed and facilitating child tracing, registration and establishment of safe "playing areas" within camp environments (Child Rights Law 2008, Child rights policy, CPN).
- To ensure the rights of persons living with disabilities to have access to safe environment is guaranteed (disability rights law 2005).

Table 13: Protection

Strategies	Requirements	Currently Available/ Deployed Activity	Operational Constraint and Gaps	Actors
Emergency Preparedness (Before)	<ul style="list-style-type: none"> <li>▪ Coordination and quarterly meetings.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Existing child protection networks.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Bureaucracy.</li> <li>▪ Inadequate training.</li> <li>▪ Inadequate skilled personnel.</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEMA</li> <li>▪ MWASD</li> <li>▪ NHRC</li> </ul>

	<ul style="list-style-type: none"> <li>■ Strengthen intra and inter-agency coordination: participate and information sharing.</li> <li>■ Identify and establish partnership with Government, NGO and other facilities that can provide protection and ancillary services such as legal, health, and (basic) education.</li> <li>■ Ensure that code of conduct especially on child protection and the prevention of sexual abuse) for first responders are in place and disseminated.</li> <li>■ Develop necessary capacities for staff and volunteers on child protection during emergencies.</li> <li>■ Budget, advocate for release of funds and preposition of supplies.</li> <li>■ 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.</li> <li>■ Training of staff and volunteers on protection principles and rights-based programming.</li> <li>■ Production of communication materials for dissemination of key messages.</li> <li>■ Awareness and sensitization on:               <ul style="list-style-type: none"> <li>- existing child law</li> <li>- existing disability law</li> <li>- prevention of sexual exploitation</li> </ul> </li> <li>■ Development and dissemination of strategic Behaviour Change Communication (SBCC) materials.</li> <li>■ Link up with NPOPC to provide birth registration of children.</li> </ul>	<ul style="list-style-type: none"> <li>■ Child Rights Act has been passed at the State level.</li> <li>■ SBCC strategy available.</li> <li>■ NGOs have been trained on SBCC.</li> <li>■ Police has gender and child friendly desks in the state.</li> <li>■ Disability right law has been passed at the state level.</li> </ul>	<ul style="list-style-type: none"> <li>■ People living with disabilities and the elderly usually find it difficult to use facilities provided at camps.</li> <li>■ Weak implementation of policies/ legislation and systems for service provision for people with disability.</li> <li>■ Inadequate funding.</li> <li>■ Inadequate facilities and working tools.</li> <li>■ Inadequate trainings for both NGOs on child protection concerns.</li> <li>■ Law enforcement agencies do not have adequate knowledge of existing human rights laws and their responsibilities.</li> <li>■ Limited Advocacy centres.</li> <li>■ Psycho-social counselling.</li> </ul>	<ul style="list-style-type: none"> <li>■ NPF</li> <li>■ MOH</li> <li>■ PRUWASSA</li> <li>■ MOE</li> <li>■ SPE</li> <li>■ MoIC</li> <li>■ Red Cross</li> <li>■ NGOs</li> <li>■ CSOs</li> <li>■ Disability rights commission (DRC)</li> <li>■ CPN</li> </ul>
Minimum Response (During)	<ul style="list-style-type: none"> <li>■ Conduct initial rapid assessment to identify protection issues and gaps.</li> <li>■ Provide Psychosocial support in camps or host communities to</li> </ul>	<ul style="list-style-type: none"> <li>■ Secured and safe spaces/ services in camps.</li> <li>■ Reception and documentation area</li> </ul>	<ul style="list-style-type: none"> <li>■ Poor documentation for tracing and restoring family links.</li> <li>■ Lack of professional counselling &amp; psycho-</li> </ul>	<ul style="list-style-type: none"> <li>■ SEMA</li> <li>■ MWASD</li> <li>■ NHRC</li> <li>■ NPF</li> </ul>

	<p>children and their caregivers and any traumatized people.</p> <ul style="list-style-type: none"> <li>■ Prevention of separation of children from families and supporting reunification of children with families (promote household formation in camps).</li> <li>■ Monitoring and reporting of grave violation of rights of children and other vulnerable groups.</li> <li>■ Make referrals on follow-up to ensure service provision for children, PWD, women, etc. with critical needs, for example survivors of sexual abuse, mental health issues, injuries with health sector, police and justice.</li> <li>■ Set-up child friendly spaces and mobilize trained staff including NGOs, volunteers to run the CFS in close collaboration with the basic education sector.</li> <li>■ Prevent illegal recruitment of children in armed forces and arbitrary detention in close collaboration with the security sector.</li> <li>■ Mobilize relevant supplies such as recreational materials and sustenance of safe spaces.</li> <li>■ Display the humanitarian code of conduct for on prevention of sexual violence and abuse against children.</li> <li>■ Referral and Psychosocial First Aid for the Victims and survivors (counselling services).</li> <li>■ Establishment of PSEA task force in all the LGAs (comprising staff, volunteers and community members).</li> <li>■ Establishment and management of complaints and feedback mechanisms, including referral of protection cases and coordination with protection actors.</li> <li>■ Monitoring perpetrators of child protection concern.</li> </ul>	<ul style="list-style-type: none"> <li>■ Documentation for tracing and restoring family links.</li> <li>■ Counselling and psycho-social support for affected persons and responders.</li> <li>■ Awareness on usage and provision of condoms.</li> <li>■ NGOs already trained on prevention of SBCC/HIV with young people.</li> <li>■ Training materials and modules, life skills, peer education already existing.</li> </ul>	<p>social support for affected people and responders.</p>	<ul style="list-style-type: none"> <li>■ MOH</li> <li>■ PRUWASSA</li> <li>■ MOE</li> <li>■ SPC</li> <li>■ MOI</li> <li>■ Red Cross</li> <li>■ NGOs and CSOs</li> <li>■ JONAPWD</li> <li>■ Disability Rights Commission</li> <li>■ Security Agencies</li> </ul>
<p>Comprehensive Response (Post)</p>	<ul style="list-style-type: none"> <li>■ Support partners in identifying, monitoring and reporting on serious protection issues for advocacy.</li> </ul>	<ul style="list-style-type: none"> <li>■ Continuous updating of data base</li> </ul>	<ul style="list-style-type: none"> <li>■ Poor documentation.</li> <li>■ Weak enforcement of human rights laws and protection system.</li> </ul>	<ul style="list-style-type: none"> <li>■ SEMA</li> <li>■ MWASD</li> <li>■ NHRC</li> <li>■ NPF</li> </ul>

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| <ul style="list-style-type: none"> <li>■ Initiate a gap analysis of local capacities in protecting children and ensure integration of capacity strengthening.</li> <li>■ Initiate non-stigmatizing, community-oriented reintegration of children.</li> <li>■ Continue tracing family links.</li> <li>■ Initiate systems for safe and supportive kinship and foster care, and advocate against premature adoption.</li> <li>■ Continue development of capacity of ministries, communities on protection system for children, women, and PWD.</li> <li>■ Encourage the reporting and prosecution of abusers.</li> </ul> | <ul style="list-style-type: none"> <li>■ Poor knowledge of child protection concerns.</li> <li>■ Poor child protection system</li> </ul> | <ul style="list-style-type: none"> <li>■ MoH</li> <li>■ MOE</li> <li>■ SPC</li> <li>■ MoIC</li> <li>■ Red Cross</li> <li>■ PRUWASSA</li> <li>■ NGOs and CBOs</li> <li>■ JONAPWD</li> <li>■ Disability Rights Commission</li> <li>■ CPN</li> <li>■ Security Agencies</li> </ul> |
|---|--|--|

## 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 and Sanitation during emergencies is especially vital to 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 environments. The risks of water-borne diseases are more pronounced during emergencies. Therefore, Water, Sanitation and Hygiene (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, tools 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 effective sanitation 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.
- To ensure gender mainstreaming, equality and inclusion in WASH activities.

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"> <li>■ Sectoral coordination meeting with stakeholders.</li> <li>■ Quarterly review meeting of stakeholders.</li> <li>■ Simulation exercises at all levels.</li> </ul>	<ul style="list-style-type: none"> <li>■ 3 Water tankers</li> <li>■ Chlorine powders</li> </ul>	<ul style="list-style-type: none"> <li>■ Inadequate synergy among stakeholders.</li> <li>■ Inadequate logistics</li> <li>■ Insufficient funds</li> </ul>	<ul style="list-style-type: none"> <li>■ SEMA</li> <li>■ PRUWASSA</li> <li>■ WASHCOMS</li> </ul>



	<ul style="list-style-type: none"> <li>■ Procure collapsible water tanks (8,000 ltrs) and prepare other equipment.</li> <li>■ Awareness creation and sensitization.</li> <li>■ Assign roles and responsibility to actors.</li> <li>■ Sign MoU with stakeholders.</li> <li>■ Recruitment and training of volunteers.</li> <li>■ Training of staff and volunteers on hygiene promotion.</li> <li>■ Use available mass media e.g. radio to provide information on hygiene.</li> </ul>	<ul style="list-style-type: none"> <li>■ Hygiene posters and leaflets</li> <li>■ Portable water treatment plant</li> <li>■ Water analysis kits</li> <li>■ WASH response team</li> </ul>	<ul style="list-style-type: none"> <li>■ Red Cross,</li> <li>■ UNICEF</li> <li>■ BOLDA and relevant MDAs</li> <li>■ Commercial water vendors</li> <li>■ M&amp;E teams</li> <li>■ STGs</li> <li>■ MoWR</li> </ul>	
Minimum Response	<ul style="list-style-type: none"> <li>■ Rapid assessment.</li> <li>■ Trucking of water (Trucks from Local Government Councils, Water Boards, and Private companies).</li> <li>■ Treatment of water at storage and point of use.</li> <li>■ Mobilization of volunteers.</li> <li>■ Rapid orientation to improve WASH situation in camp.</li> <li>■ Encourage inclusiveness in provision of sanitation facilities.</li> </ul>	<ul style="list-style-type: none"> <li>■ Deployment of collapsible water tanks.</li> <li>■ Activation of WASH response teams.</li> <li>■ Distribution of water treatment items such as aqua tablets and chlorine sachets.</li> <li>■ Distribution of soap and hygiene kits.</li> <li>■ Construction of toilets and bathrooms for male, female, and PWD.</li> <li>■ Identify and allocate solid waste disposal sites.</li> </ul>	<ul style="list-style-type: none"> <li>■ Coordination of stakeholders may be difficult.</li> <li>■ Water shortage and difficulty in distribution of water to IDPs</li> <li>■ Weak commitment of CBOs.</li> <li>■ Delayed evacuation of accumulated waste.</li> <li>■ Lack of inclusiveness in provision of sanitation facilities.</li> </ul>	<ul style="list-style-type: none"> <li>■ SEMA,</li> <li>■ PRUWASSA</li> <li>■ WASHCOMS</li> <li>■ Red Cross</li> <li>■ UNICEF</li> <li>■ BOLDA and relevant MDAs</li> <li>■ Commercial water vendors</li> <li>■ Host community</li> <li>■ WASH-ERG</li> </ul>
Comprehensive Response	<ul style="list-style-type: none"> <li>■ Refresher training for WASH response team and volunteers.</li> <li>■ Repair and Rehabilitation of WASH facilities.</li> <li>■ Drilling of boreholes.</li> <li>■ Trucking of water (Trucks from Local Government Councils, Water Boards, and Private companies) Combined with treatment at storage and point of use levels.</li> <li>■ Hygiene promotion and monitoring of WASH activities.</li> <li>■ Training of community-based organizations on WASH promotion using CLTS community Led Total Sanitation Strategy.</li> </ul>	<ul style="list-style-type: none"> <li>■ Construction of borehole and VIP latrines.</li> <li>■ Continuous sensitization on WASH.</li> <li>■ Disseminate information on Community Led Total Sanitation</li> </ul>	<ul style="list-style-type: none"> <li>■ Some partners may pull out before the end of the activity.</li> <li>■ Nonchalant attitude of IDPs to WASH activities.</li> <li>■ Inadequate financial support.</li> <li>■ Weak Commitment.</li> </ul>	<ul style="list-style-type: none"> <li>■ SEMA</li> <li>■ PRUWASSA</li> <li>■ WASHCOMS</li> <li>■ Red Cross</li> <li>■ UNICEF</li> <li>■ BOLDA and relevant MDAs</li> <li>■ Commercial water vendors</li> <li>■ Host community</li> </ul>

- Provision of waste bags and bins. (CLTS) programmes.
- Distribution of soaps, sanitary pads, diapers, disinfectants, tissue papers.
- Management of solid waste disposal site.

## 5.8 Health

Healthcare during emergencies is very essential to reduce morbidity, mortality and disability. Vulnerable groups such as the wounded, sick, children, pregnant women, lactating mothers, PWD, victims of sexual violence and persons traumatized may require medical attention. Therefore, the health sector will be adequately supported by required vaccines and medication to respond to medical needs as a result of disaster induced displacement.

### 5.8.1 Sectoral Objective

To ensure access to healthcare service delivery by the affected 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"> <li>■ Establishment of emergency preparedness and response committee.</li> <li>■ Coordination and quarterly reviews meetings.</li> <li>■ First Aid training on basic life support for stakeholders and volunteers.</li> <li>■ Training and re-retraining of staff on health emergency response including HIV/AIDS, Ebola, Lassa fever and cholera.</li> <li>■ Constitution and training of Rapid Response Team.</li> <li>■ Simulation exercise.</li> <li>■ Map and create database of personnel and health facilities that can be</li> </ul>	<ul style="list-style-type: none"> <li>■ Stakeholders meeting coordinated by Ministry of Health in collaboration with SEMA.</li> <li>■ Prepositioned ambulances, drugs and equipment for health emergency.</li> <li>■ Coordination of existing PHCs/health facilities for response during emergency.</li> <li>■ Rapid response teams are available.</li> <li>■ One trauma centre available in Riyom LGA.</li> <li>■ Jingles to enlighten the people are available.</li> <li>■ Delivery kits are available.</li> </ul>	<ul style="list-style-type: none"> <li>■ Inadequate training for personnel.</li> <li>■ Inadequate funding</li> <li>■ Turf protection</li> <li>■ Lack of political will and commitment.</li> <li>■ Training on HCT, ARV, PEP kit and Mama kit.</li> <li>■ Infection control in emergency settings.</li> <li>■ NNRIMS does not capture HIV response in emergencies.</li> <li>■ Non-existence of map/database for personnel and health facilities for emergency situations.</li> </ul>	<ul style="list-style-type: none"> <li>■ PLACA</li> <li>■ LACA</li> <li>■ SEMA</li> <li>■ LEMC</li> <li>■ MoH</li> <li>■ PHCs</li> <li>■ PSO</li> <li>■ CSOs</li> <li>■ PLHIV</li> <li>■ IPs</li> <li>■ NRCS</li> <li>■ CRCS</li> <li>■ NGOs and partners</li> <li>■ FBO</li> <li>■ PSPHCB</li> </ul>

	<ul style="list-style-type: none"> <li>mobilized during emergency.</li> <li>Pre-positioning of drugs /health supplies including first aid box, automated external defibrillators (AED), ARV, mama kit, PEP kit, condoms, delivery kits, mosquito nets, etc.</li> <li>Identify people with special needs.</li> <li>Establishment of Trauma Centres in strategic locations.</li> <li>Educate and enlighten people on environmental sanitation activities and personal hygiene at meetings with the affected population.</li> <li>Sign MoU with relevant health facilities management to facilitate easy access of patients reference in emergency.</li> <li>Identification of mortuary and ambulance services.</li> <li>Advocate for additional trauma care centres.</li> <li>Identify location for storage of medical/ equipment for emergency situations</li> </ul>	<ul style="list-style-type: none"> <li>Inadequate number of first aid boxes.</li> <li>Inadequate number of trauma centres</li> <li>MoU has not been signed to facilitate access of patients refereed for emergency treatment.</li> </ul>		
Minimum Response	<ul style="list-style-type: none"> <li>Rapid assessment to determine situation on ground and level of intervention /coordination by all stakeholders.</li> <li>Mobilize medical personnel and equipment.</li> <li>Essential emergency supply (AED, drugs, First Aid box, delivery kits, ARV kits test kits, condoms, pep kits etc.)</li> <li>Identify PLWHA on treatment and ensure access to ARV.</li> <li>Ensure availability of safe blood supply to meet emergencies.</li> <li>Identify people with disability (PWD) that may need special medical care.</li> </ul>	<ul style="list-style-type: none"> <li>Deployment of medical personnel and supplies.</li> <li>Establishment of camp clinic.</li> <li>Case treatment.</li> <li>Referral of cases to health institutions.</li> <li>Documentation/registration for Integrated Diseases, Surveillance and Response (IDSR), International Health Regulation (IHR)</li> </ul>	<ul style="list-style-type: none"> <li>Inadequate number of personnel.</li> <li>Inadequate funding</li> <li>Difficulties in identifying people with HIV and other special health conditions.</li> <li>Health facilities could be depleted.</li> <li>Inadequate supply of drugs and supplies: first aid box, delivery kit, mama kits, mosquito nets, ARV test kits, condoms (male and female condoms), PEP kit etc.</li> <li>Limited supply of safe blood to meet emergencies.</li> <li>Lack of coordinating sub-committee on HIV/AIDS emergency</li> </ul>	<ul style="list-style-type: none"> <li>PLACA</li> <li>LACA</li> <li>SEMA</li> <li>LEMC</li> <li>MoH</li> <li>PHCs</li> <li>PSO</li> <li>CSOs</li> <li>PLHIV</li> <li>IPs</li> <li>NRCS</li> <li>CRCS</li> <li>NGOs and partners</li> <li>FBOs</li> <li>Host community</li> </ul>

			preparedness and response.	
Comprehensive Response	<ul style="list-style-type: none"> <li>Review meeting with other stakeholders to determine situation on ground and work out modalities for withdrawal plan.</li> <li>Case management.</li> <li>Identify and designate appropriate health facilities for referral of cases.</li> <li>Rehabilitation, health education and counselling.</li> <li>Isolation of cases for referral.</li> <li>Update data base on diseases.</li> </ul>	<ul style="list-style-type: none"> <li>Referral of cases to relevant health institutions.</li> <li>Deployment of additional personnel to health facilities in camp where necessary.</li> <li>Case management.</li> </ul>	<ul style="list-style-type: none"> <li>Availability of sectoral contingency plan that capture slogan term needs of ARV, HCT, SGBV/RH education, condoms, PMTCT and other health commodities.</li> <li>Limited mortuary services.</li> </ul>	<ul style="list-style-type: none"> <li>PLACA</li> <li>LACA</li> <li>SEMA</li> <li>LEMC</li> <li>MoH</li> <li>PHCs</li> <li>PSO</li> <li>CSOs</li> <li>PLHIV</li> <li>IPs</li> <li>NRCS</li> <li>CRCS</li> <li>NGOs and partners</li> <li>FBOs</li> <li>Host community</li> </ul>

## 5.9 Emergency Shelters and Non-Food Items (NFIs)

Emergency Shelter and Non-Food Items are instrumental to effective relief operation during emergencies. Provision of emergency shelter and NFIs restores the dignity of the affected population.

### 5.9.1 Sectoral Objective

To mitigate the impact of emergencies on disaster-affected families through provision of NFIs and emergency shelter.

### 5.9.2 Operational Objectives

- Identify shelter needs of displaced population.
- Identify potential sites for location of emergency shelter camps.
- 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"> <li>Identification of relevant stakeholders and their capacity.</li> <li>Coordination meetings.</li> <li>Building capacity of stakeholders where there is deficiency.</li> <li>Funds for NFIs.</li> <li>Pre-positioning of NFIs.</li> <li>Provision of special considerations for people</li> </ul>	<ul style="list-style-type: none"> <li>Existing emergency shelter temporary such as town halls, schools, studio, hall, camps, and NYSC orientation camps.</li> <li>Shelter kits NFIs: blankets, mattresses, buckets, etc.</li> <li>Shelter kits NFIs (mosquito nets, pillows, slippers mats).</li> </ul>	<ul style="list-style-type: none"> <li>Lack of proper coordination.</li> <li>Poor commitment of MDAs and volunteers.</li> <li>Inadequate emergency shelter materials.</li> <li>Inadequate funds.</li> <li>Unavailability of temporary shelter such as collapsible tents.</li> </ul>	<ul style="list-style-type: none"> <li>SEMA, NEMA</li> <li>State Ministries of Works, Lands and Survey</li> <li>Local Planning Authorities</li> <li>Humanitarian Agencies</li> <li>NGOs (International and Local)</li> </ul>

	with special needs like creating ramps to ease movement of the PWDs on wheelchairs.	<ul style="list-style-type: none"> <li>▪ Funds for the rehabilitation of structures.</li> </ul>	<ul style="list-style-type: none"> <li>▪ MLGCA</li> <li>▪ FBO</li> <li>▪ DRC</li> </ul>	
Minimum Response	<ul style="list-style-type: none"> <li>▪ Rapid Assessment of the camp.</li> <li>▪ Securing the consent and cooperation of local communities and actors for the use of sites as IDPs camp – find alternative locations for education if schools are used.</li> <li>▪ Orientation of volunteers and survivors.</li> <li>▪ Provision of temporary shelters for the IDPs to augment the existing ones in close collaboration with camp management.</li> <li>▪ Procurement and deployment of NFIs.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Deployment of camp materials such as shelter kits.</li> <li>▪ Distribution of NFIs to IDPs.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Inadequate emergency shelter.</li> <li>▪ Inadequate NFIs.</li> <li>▪ Lack of cooperation between IDPs and actors.</li> <li>▪ There should be discipline and sanctions (rules should be applicable to all) during distributions of NFI.</li> <li>▪ Inadequate considerations for people with special needs.</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEMA, NEMA</li> <li>▪ State Ministries of Works, Lands and Survey</li> <li>▪ Local Planning Authorities</li> <li>▪ Humanitarian Agencies</li> <li>▪ NGOs (International and Local)</li> <li>▪ MLGCA</li> <li>▪ FBO</li> <li>▪ DRC</li> </ul>
Comprehensive Response	<ul style="list-style-type: none"> <li>▪ Drafting of withdrawal plan.</li> <li>▪ Implementation of Resettlement Plan.</li> <li>▪ Rehabilitation (in situ)</li> <li>▪ Resettlement (Where moving into new sites)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Distribution of additional NFIs.</li> <li>▪ Reconstruction and rehabilitation of damaged buildings and infrastructures to facilitate the return of IDPs to their respective homes.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Inadequate funding.</li> <li>▪ Unwillingness of some IDPs to leave the camp within duration period.</li> </ul>	<ul style="list-style-type: none"> <li>▪ SEMA, NEMA</li> <li>▪ State Ministries of Works, Lands and Survey</li> <li>▪ Local Planning Authorities</li> <li>▪ Humanitarian Agencies</li> <li>▪ NGOs (International and Local)</li> <li>▪ MLGCA</li> <li>▪ FBO</li> <li>▪ DRC</li> </ul>

## ANNEX

### Summary of Assumed Target Population for Pre-positioning

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

Total Population	20,000
Number of Persons Per Households	5
Total Number of households	4,000
Total number of children	12,000
Total number of adults	8,000
Total Number of women	4,000
Total Number of men	4,000
Proportion of infants under 1 year (%)	4%
Number of infants under 1 year	480
Proportion of children aged 1 year to 5 years (%)	12%
Number of children aged 1 year to 5 years	1,440
Proportion of children aged 6 years to 11 years (%)	45%
Number of children aged 6 years to 11 years	5,400
Proportion of children aged 12 years to 17 years (%)	38%
Number of children aged 12 years to 17 years	4,560
Proportion of female children 12 years to 17 years (%)	50%
Number of female children 12 years to 17 years	2,280
Proportion of male children 12 years to 17 years (%)	50%
Number of male children 12 years to 17 years	2,280
Proportion of pregnant women (%)	10%
Number of pregnant women	400
Proportion of lactating women (%)	9%
Number of women lactating	360
Proportion of people traumatized (%)	2%
Number of people traumatized	400
Proportion of unaccompanied children (%)	1%
Number of unaccompanied children	120
Proportion of People with Disabilities (%)	15%
Number of People with Disabilities	3,000

### Needs Assumptions

**Sectoral need:** Water, Sanitation and Hygiene

S/N	ITEMS	UNIT	QTY
1	Water	20 liters per person per day	400,000 ltrs
2	Diapers	(5 packs per child for 10 days)	9,600
3	Soap	1 bar of soap per person	20,000
4	Dignity Kit	1 per pregnant woman	400
5	Sanitary pad	All women & Girls from 12years	5,880
6	Delivery Kit	1 per pregnant woman	400

S/N	ITEMS	UNIT	QTY
7	Towels	1 per person	20,000
8	Aqua Tablets	2 tabs per ltr	27,000 packs
9	Jerry Cans	20 liter jerry can	16,000
10	Latrine	20 persons per latrine	1,000
11	Toilet Paper	5 rolls per HH	20,000 rolls
12	Disinfectants (250ml)	1 per latrine	1,000
13	Tooth brush	1 per age 1yr & above	19,520
14	Tooth paste	1 tube per HH	4,000
15	Shaving Sticks	5 per pack	6,280 packs
16	Slippers	Pair	20,000 pairs
17	Dust bin	1 per household	4,000
18	Skip Bucket	1 per 4000 people	5
19	Chlorine Tablet		
20	Potties for young children		1,440
21	Bed Pan	1 per person	15
22	Bucket	2 buckets per house hold	8,000
23	Broom	2 per HH	8,000
24	Rakes	2/5 HH	1,600
25	Shovels	2/5 HH	1,600
26	Wheel barrow	1per 50 persons	400
27	Hoes	1 per HH	4,000
28	Geepee tanks	10,000	40
29	Jumbo Polythene	2 per HH	160 rolls
30	Hand Sanitizer	1 per HH	334 packs
31	Detergent	500gm per HH	1x4000=4000
32	Pomade	1 per HH	1x4000=4000
33	Personnel		

**Sectoral need:** Logistics, Telecommunication and Information

S/N	ITEMS	UNIT	QTY
1	Cone Speakers	4 per camp	12
2	Speaker cable	50m per roll	12
3	Light/Sockets Cables		
4	Microphones (dynamic)	2 per camp	6
5	Amplifier		3
6	Equalizer		3
7	Extension wire and sockets		6
8	Fan	1 per camp	3
9	Stabilizer and UPS	1 per camp	3
10	Tables and chairs		
	tables	3 per camp x 3	9
	Chairs	4 per camp x 3	12

S/N	ITEMS	UNIT	QTY
11	Stationery	1 ream per camp	3
12	Laptop	1 per camp	3
13	Modem/data	1 laptop	3
14	Solar plant (mini)	?	
15	Solar cables	?	
16	Television sets (62')	2 per camp	6
17	Multi-Purpose Solar Radio/lantern/USB	2 per camp	6
18	Television mounts	1 per camp	3
19	DVD Playback machine		
20	Personnel:		
	Security Guard	@ warehouse	2
	Technicians	1 per camp	3
	Information Officer	1 per camp	3
	Camp Radio Officer	1 per camp	3
21	Ware house pallets	1	1
22	Forklifts		
23	Fumigation		
24	Procurement of modern warehouse		
25	Loading and off loading		
26	Review meetings	4 per year x 5	20
27	Hiring of trucks, buses for SAR Fuelling of public enlightenment vans		
28	Training of reporters and photo Journalists		
29	Generating sets/fuelling	1 per camp	3
30	Back-up batteries for Laptops	1 per camp	3
31	Logistics for installation of camp		

**Sectoral need:** Security

S/N	ITEMS	UNIT	QUANTITY
Population: 20,000 FOR 10 DAYS			
1	Mobilization	1000 personnel	10 officers 990 men
2	Trucks	3	3
3	Utility vehicles	5 Hilux	5 Hilux
4	Diesel (AGO)	120 L/Trucks/Day	120 L/Day x 3x3=3,600 Ltrs
5	Petrol (PMS)	40 L/ Day/vehicle	40 Lx5x10=2,000 L
6	Temporary Security post	15	15
7	Torch lights	5 pieces per post	5x15 per post =75 pieces
8	Torch lights Batteries/Bulbs		
9	Generator 3KVA	3	3
10	Walkie-talkie	10 units per shift Morning and Night (2 radios per unit)	2x15=30 2 shifts morning and night



S/N	ITEMS	UNIT	QUANTITY
		3 supervisors per day, 2 units per post	
11	Plastic Chairs	3 per post	3x15 posts = 45pcs
12	Plastic Tables	1 per post	1x15= 15 pcs
13	Stationeries		
14	Security Accommodation		
15	Mattresses/ Pillows	200 each	200 each
16	Blankets/ Bed sheets	200 each	200 each
17	Transistor Radio	1 per post	1x1=15
18	Television Set	1pcs	1pcs
19	Rain coat	3 per post	3x1=45pcs
20	Allowances	5000 per officer daily, 2,500 Per other personnel /day	5000x10x1=500,000  2,500x990x10=24,750,000
21	General Maintenance		

## Sectoral need: Food and Nutrition

S/N	Items	Unit	Quantity
1	Rice	Bags (25kg)	1 per HH 4000
2	Garri	Bags (25kg)	1 per HH 4000
3	Corn	Bags (25kg)	1 per HH 4000
4	Beans	Bags (100kg)	4HH per bag @ 4000
5	Palm Oil	Kegs	2HH keg at 20 litres each
6	Cartons of Milk	Cartons	2pkts per HH
7	Milo	Cartons	2 pkts per HH
8	Tin Tomatoes	Cartons	1 carton per HH/4000 cartons
9	Indomie	Cartons	2 cartons per HH@ 8000 cartons
10	Sugar	Bags	6HH per bag @ 667 bags
11	Salt	Bags	60HH per bag @67 bags
12	Blanket	Pcs	4000pcs
13	Nylon Mats	Pcs	4000 pcs
14	Mosquito Nets	Pcs	4000pcs
15	Diapers	Cartons	
16	Buckets	Pcs	
17	Plastic Plates	Pcs	4000pcs
18	Plastic Spoons	Pcs	4000pcs
19	Plastic Cups	Pcs	4000pcs
20	Soaps	Pcs	
21	Detergents	Pcs	
22	Sanitary Pads	Pcs	
23	Towels	Pcs	
24	Cooking pot		3 pcs per HH 3 x 4000

**Sectoral need:** Emergency Shelter and Non-Food Items

S/N	ITEMS	UNIT	QUANTITY
Population			20,000
1	Blankets	3	12,000
2	Nylon mats	2	8,000
3	Mosquito nets	3	12,000
4	Buckets	2 per h-hold	8000
5	Plates, spoons & cups	4	16,000
6	Spoons	4	16,000
7	Cups	4	16,000
8	Detergent	1 (2kg)	4,000
9	Towels	5	20,000
10	Cooking pots	1 set	4,000
11	Touch lights	2	8,000
12	Petroleum jelly	1 per h-hold	4,000
13	Cooking stove	1 per h-hold	4,000
14	Charcoal	25KG, 1 PER H-HOLD x 4,000	4,000
15	Mattresses	2 PER HH 3 x 4000	12,000
16	Pillows	2 PER HH 3x 4000	12,000
17	Slippers	1 per person	60,000
18	Tents	1 per HH	4,000
19	Jerry cans	2 per HH x 4,000	8,000

**Sectoral need:** Basic Education

ITEMS	UNIT	QUANTITY
Population		5,400
Temporary classroom	36	
White board	36	
Desk	900	
Makers/wipes	72 packs/36 wipes	
Exercise book	1,350 dozen	
Pencils/crayon/pens	5400/5400/5400 pieces each	
Instruction manuals for teachers	10 per subject	30
Specialized learning materials		
Playground/recreational facilities	1	
<b>PERSONNEL</b>		
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 subjects taught during emergency.
- each teacher will have an instruction manual for the subject taught.
- the classrooms can double as recreational centres later in the day.
- Two (2) Special Education teachers will be needed for PWD (like the visually and hearing impaired).

## Sectoral need: Protection

S/NO	ITEM	QUANTITY
1a.	Production & distribution of human rights and peace education booklets for children under ages of 12-17 years and adults. Total number of SEB produced in Hausa & English Language	1,000
1b.	Personnel for primary children between the ages of 6-11years Personnel for secondary school children between the ages of 12-17 years	45 46
2	Personnel for physically challenge personnel for blind people Personnel for hearing impaired	22 50 20
3a	Typewriters for blind persons Braille for blind persons Recorders for blind people	2 5 50
3b	Lepers (ie drugs for affected area)	200
3c	Umbrellas for Albinos Glasses for Albinos	100 100
	No of physically challenged depends on the field	
4	Number of NGOs and Security Agencies present will be determined in the field work for adequate training.	
5	No of NGOs (i.e. primary responders) present will determine those that will give psycho-social support to women, children & PWD.	
6	Personnel to provide pyscho-social support to traumatised persons	15
7	Provision of personnel for children between the ages of 1-5years for recreational activities	10
8	Personnel for children between the ages of 6-11years for recreational services	25
9	Toys for children between the ages of 1-5years	1,440
10	Balls for both football, volley balls & hand balls for children between the ages of 6-11years	540



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