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KEY HUMANITARIAN ISSUES

1. Massive conflict displacement and violations against civilians

Nearly 1 million people have been internally displaced by conflict and insecurity in the Northeastern and Middle North Regions. Over 7,000 fatalities have been attributed to the Boko Haram insurgency in 2014 and entire communities traumatized.

2. Crisis-level food insecurity in the Northeast

Conflict-affected households in northeastern Nigeria continue to experience difficulty in meeting their essential food and nonfood needs. Displacement has led to the abandonment of income generating activities, cultivation, disrupted trade flows, and the closure of most markets in the conflict-affected areas. Crisis-level (IPC 3) food insecurity is expected to persist through the first half of 2015 in all of Borno State.

3. Access to basic services severely constrained

Boko Haram insurgents have attacked numerous health facilities and health workers leaving large areas of Borno, Yobe, and Adamawa States grossly underserved. Almost 75% of the affected people do not have access to health care and remaining PHCs have been overwhelmed by the recent influxes of IDPs. 80% of the displaced people do not have sustainable access to water, sanitation, and hygiene. Poor hygiene behaviors are contributing to outbreaks of water-borne diseases, increase in mortality and morbidity. Lack of adequate emergency sanitation facilities also place individuals, particularly women and children at increased risk of protection issues. With deliberate attacks on schools, abduction of girls and use of schools as IDP camps, education has been seriously disrupted.

4. Host community resources are nearly exhausted

Close to 90% of the IDPs live within host communities adding more strain on host populations in receiving areas. Where IDPs have taken shelter in schools or churches or mosques, minimum humanitarian standards for shelter, food, water, sanitation, health education are not being met.

5. Acute health, nutrition needs in areas with little humanitarian access

Outbreaks of disease have increased in areas affected by displacement. Lack of access to vaccinations will have serious consequences.
HUMANITARIAN NEEDS OVERVIEW

IMPACT OF THE CRISIS

HIGHLIGHTS

- Insecurity, violence and conflict instigated by Boko Haram is driving massive displacement in the North-eastern States of Nigeria and is now spilling over into Cameroon, Chad, and Niger
- Violence, trauma, erosion of livelihoods, a near complete breakdown of essential services, markets and livelihoods faces those trapped in areas under threat by insurgents
- Communities are hosting 90% of the estimated 1 million IDPs and are overwhelmed by the influx.
- Extreme poverty, vulnerability to natural hazards and pre-existing inter-communal conflicts are all aggravating factors, particularly in the areas hosting the most IDPs.

1. Drivers and underlying factors

Drivers of the crisis:
The crisis in North-eastern Nigeria is being driven primarily by insurgent attacks attributed to Boko Haram – an Islamic Extremist group that is vehemently against western influence in any form; including government, rule of law, healthcare, and education. Boko haram has been actively engaged in terrorist activities in Nigeria since 2009. In 2014 Nigeria continued to see a rise in violence related to the activities of Boko Haram, who at the same time expanded their control of territory in mid-2014 by occupying towns in Borno, Adamawa and Yobe states in the Northeast Region of the country. Attacks on communities in this region have been occurring at nearly a daily pace, and the degree of violence from these attacks is also rising dramatically, with the number of fatalities reaching over 7000 in 2014 alone. This conflict and insecurity is driving massive displacement - with an estimated 1 million people reported to have fled their home communities in 2014. This displacement is in turn driving acute humanitarian needs as IDPs are cut off from their livelihoods, basic services, social ties, and their homes. There are over 150 known sites hosting IDPs and only about 10% of the displaced population is staying in camps or ‘camp-like’ settings – the rest are staying in host communities - the coping capacities of which are under severe strain. Insecurity also continues to restrict humanitarian access, particularly in the areas under the control of the insurgents, but also in other parts of north-eastern region where the security situation remains highly volatile.


ACLED, 2014
Underlying factors:
Within the Northeast Region there are pre-existing conditions which have compounded the immediate impacts of the current crisis:

**Severe underdevelopment is most pronounced in the North:** Nigeria ranks 153/187 countries in the 2013 UNDP Humanitarian Development Index (HDI). According to the World Bank; over 70 per cent of the country’s 180 million people live on less than USD$1 per day. The area under crisis being driven by the Boko Haram insurgency is to some extent within the Sahel region, which is characterised by semi-arid conditions, a relatively high degree of poverty, malnutrition and low levels of development. National surveys in 2013 and 2014 have shown the Northeast Region sitting at or near the bottom States in terms of key indicators related to Water and Sanitation, maternal health, and nutrition.

**High degree of vulnerability to natural hazards, particularly flooding:**
The most devastating floods in the last 40 years hit the country between July and October 2012, causing the world’s second largest disaster induced displacement event of the year. The floods affected populated areas of the vast river plains of the Benue and Niger rivers and their tributaries across 33 of the country’s 36 states leaving an estimated 2 million people temporarily displaced. The Northeast region’s states were both directly affected; Bauchi and Taraba in particular, and hosted some of these displaced. Many of these IDPs have not yet recovered and are still experiencing post-disaster needs from protracted displacement.

**Inter-communal violence and resource disputes are causing parallel patterns of insecurity and displacement:**
Long-standing conflicts between farming communities and with nomadic herders are prevalent throughout the ‘Middle Belt’ of Nigeria and are also present in the Northeast Region, in Taraba State particularly. These conflicts are usually centred on disputes over land, ethnic and religious differences and are especially common in the North-Central geo-political zones involving “indigenous” Christians and pastoralist Muslims who are viewed as “settlers”. Protracted inter-communal conflicts regularly lead to death and displacement. In 2013, at least 733 fatalities were reported and an estimated 70,000 people were displaced, and many areas in the Northeast now hosting IDPs from the Boko Haram crisis were already stretched to their limits from hosting those fleeing intercommunal violence.

**Elections in 2015 may precipitate additional conflict:**
Elections are scheduled to take place in February 2015 and already pre-election activities are sounding early warnings for potential violence. Elections in Nigeria have always led to violence with significant humanitarian implications. Fourteen states were affected by election violence in the North in 2011, with over 800 people killed, and more than 65,000 displaced, in three days of rioting. The huge number of IDPs in Nigeria will also potentially disenfranchise lawful voters, thereby raising questions on the acceptability of the elections outcomes in affected states and in presidential elections.

**Critical events timeline for 2015**
The timeline below gives reference to the key events with implications for humanitarian planning, response and recovery. The key event revolve around insurgency in the north east, inter-communal conflicts, elections, short rains, long rains and floods or no floods which occurrence will determine humanitarian needs in food security, malnutrition, water availability for both human and livestock consumption. In addition, the insurgency attacks in the NE and inter-communal conflict in the NC will impact negatively on cultivation activities especially at the beginning of the main cultivation season.

<table>
<thead>
<tr>
<th>Event</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
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<tbody>
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<td>Land Preparation</td>
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<td>Planting</td>
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<tr>
<td>Harvesting</td>
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<td>Lean Season</td>
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<tr>
<td>Rainy Season</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Livestock migration</td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Presidential Elections</td>
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</tbody>
</table>

(Seasonal calendar from FEWS NET)
2. Geographic scale and demographic profile of the crisis affected population

**Geographic scale of the Crisis in NE Nigeria:**

The Northeast Region is made up of 6 states – Adamawa, Bauchi, Borno, Gombe, Taraba and Yobe with a combined population of 24.5 million people. Of these 6 States, a ‘State of Emergency’ has existed in Adamawa, Borno and Yobe since 2012. Within these states, Boko Haram-affiliated insurgents were said to have influence over 30,000 square kilometres of territory by the end of 2014.

The conflict centred in Northeast Nigeria is now driving a crisis with regional implications. Boko Haram has on several occasions attacked targets over the Nigerian border in Cameroon, Chad and Niger driving displacement and humanitarian needs in these nations as well. By January 2015 UNHCR reported 130,000 Nigerian refugees registered in Cameroon, Chad and Niger.

IDP numbers within Nigeria and patterns of displacement are fluid and only partially understood. Combining the findings of IOM’s Displacement Tracking Matrix from December 2014 with figures released by NEMA give a total of about 870,000 IDPs in the Northeast (about 980,000 overall), though likely still rising. The security environment in the surrounding countries influences displacement patterns as well – in the past those fleeing violence in Borno would transit through Cameroon, but are not able to at times due to the spill over of the conflict and ongoing counterinsurgency operations there.

**Demographic Profile**

In Nigeria, current estimates place the proportion of IDPs staying in host communities (vs. camps) at 90%. While camps are evolving in Borno and Adamawa in particular, many of the IDPs in host communities prefer to remain invisible as a self-survival strategy meaning that their needs are often forgotten or easily overlooked. This is despite the overwhelming needs, trauma and other problems these categories of IDPs have to contend with (May 2014 Interagency needs assessment).

Of the victims of this violence, women and girls have been the most affected, with the abduction and forced marriage or sale of girls a defining feature of the Boko Haram insurgency. Reportedly, more than 500 women and girls have been abducted since 2009.

Children are also being disproportionately impacted by the crisis. They are subject to grave violations of their rights as a direct result of the crisis.

---

1. 1
2. It remains to be seen if the SOE will persist into 2015
It is estimated that over 50% of the IDP population are children. Nearly half of the people impacted by the conflict are under the age of 18 years and they are most at risk of violations of their rights.

Statistics of the population in need at 2014 year end:

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population of Nigeria</td>
<td>182.9 million</td>
</tr>
<tr>
<td>People living in areas affected by crisis</td>
<td>24.5 million</td>
</tr>
<tr>
<td>Est. number of people in need of humanitarian assistance</td>
<td>4.6 million</td>
</tr>
</tbody>
</table>

Source: National Population Commission, NEMA, OCHA

Demographic Profile at 2014 year end:

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living in the 6 NE States</td>
<td>24.5 million</td>
</tr>
<tr>
<td>People living in affected areas</td>
<td>15.5 million</td>
</tr>
<tr>
<td>of total population potentially affected</td>
<td>63%</td>
</tr>
<tr>
<td>Food Insecure (IPC 3 or higher)</td>
<td>4.6 million</td>
</tr>
<tr>
<td>Displaced in Nigeria</td>
<td>0.98 million</td>
</tr>
<tr>
<td>Non-Displaced (affected minus displaced)</td>
<td>14.52 million</td>
</tr>
<tr>
<td>Refugees (UNHCR, 2015)</td>
<td>130,000</td>
</tr>
<tr>
<td>Fatalities (ACLED, 2015)</td>
<td>7,831</td>
</tr>
<tr>
<td>In the NE (NEMA, IOM)</td>
<td>870,000</td>
</tr>
<tr>
<td>In camps (NEMA, IOM)</td>
<td>108,000</td>
</tr>
<tr>
<td>(source)</td>
<td>tbd</td>
</tr>
<tr>
<td>(source)</td>
<td>tbd</td>
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<tr>
<td>(source)</td>
<td>tbd</td>
</tr>
<tr>
<td>(source)</td>
<td>tbd</td>
</tr>
</tbody>
</table>

Figure 3: Classification of people affected and in need of humanitarian assistance

Source: NEMA, SEMA
3. Situation of the affected population

Insecurity and conflict in the Northeast combined with chronic underdevelopment, existing land and resource conflicts and high vulnerability to natural hazards and shocks leads to acute humanitarian needs. Some 15.5 million people in the SOE states and neighbouring Gombe, Bauchi, and Taraba states have been affected as a result of insurgency and counter-insurgency operations.

<table>
<thead>
<tr>
<th>Sector</th>
<th>People in need in 2015 projected</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food security / Livelihoods</td>
<td>1,782,000</td>
<td>2,818,000</td>
<td>4,600,000</td>
<td></td>
</tr>
<tr>
<td>Nutrition</td>
<td>SAM 200,000</td>
<td>261,236</td>
<td>461,236</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MAM 400,000</td>
<td>450,000</td>
<td>850,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PLW 147,437</td>
<td>147,437</td>
<td>294,874</td>
<td></td>
</tr>
<tr>
<td>IDPs</td>
<td>900,000</td>
<td>1,000,000</td>
<td>1,900,000</td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>1,700,000</td>
<td>1,800,000</td>
<td>3,500,000</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>200,000</td>
<td>200,000</td>
<td>400,000</td>
<td></td>
</tr>
<tr>
<td>Protection</td>
<td>1,000,000</td>
<td>1,150,000</td>
<td>2,150,000</td>
<td></td>
</tr>
<tr>
<td>Shelter and NFI</td>
<td>900,000</td>
<td>1,000,000</td>
<td>1,900,000</td>
<td></td>
</tr>
<tr>
<td>WASH</td>
<td>1,000,000</td>
<td>1,200,000</td>
<td>2,200,000</td>
<td></td>
</tr>
</tbody>
</table>

The table to the left summarises the projected numbers of people in need, by sector. The following pages highlight the priority needs related to each sector/figure in the table. Current tracking of needs in Nigeria does not allow for the combination of these figures to produce an overall figure without introducing double counting (for example a food insecure household may also require protection assistance, and have children in need of educational support). The figure of 4.6 million in need overall is derived from the number of projected food insecure people for 2015, and serves as an ‘umbrella’ figure intended to illustrate the depth and magnitude of the overall humanitarian crisis.

Access to livelihoods: Livelihoods of millions of population in the NE have been disrupted following three years of insurgency and conflict. According to Fewsnet; households in the northeast worst affected by conflict continue to face acute food insecurity, with limited access to income-earning activities and markets.

Access to services: Only one third of healthcare facilities remain operational after numerous attacks on healthcare workers and destruction of healthcare infrastructure. Lack of access to vaccinations is also having serious consequences. Primary health care services that remain functioning have been overwhelmed by the recent influxes of IDPs. Four assessments by the UNCT to the northeast in 2014 revealed urgent humanitarian needs priorities in Protection, Healthcare, WASH, Food, NFI and Shelter sectors. Access to education is severely impacted by widespread closures, occupation of schools, and attacks on educational facilities by the insurgents. In Adamawa, Borno and Yobe States alone, at least 338 schools have been destroyed.

Access to goods: In Adamawa, Borno and Yobe States, markets are strongly impacted by the conflict (see map to left). Major assembly and cross border markets are not functioning and many more are functioning well below normal levels. Consequently, staple food and livestock trade flows

4 Projected figures for people in need are based on the best available information. Lack of access to affected populations and limited resources for analysis of available information means that projections for 2015 depend on a combination of survey data, qualitative information on the situation of the population as well as expert judgment by humanitarian partners. Refer to the ‘Information Gaps’ section for further details on current information needs that when addressed will help in refining these figures for both strategic and operational planning.
within and outside these states have been significantly restricted. Markets stocks are further limited by the significantly below-average local production. This is leading to above-average food prices which are also high relative to neighbouring areas\(^5\).

**Education:**

- *The Northeast Region has a population of roughly 11 million school-aged children and trails behind the national averages on most key education indicators.*

- *Conflict and insecurity have had a direct and compounding negative impact on children’s access to education, the availability of educational spaces and materials, and the ability of teachers.*

- *Boko Haram has specifically targeted schools and state governments’ closures of educational facilities in the worst affected areas have drastically decreased access as well.*

**Cross-sector issues**

The camps are usually located away from hazards however sanitation and hygiene concerns in the camps remain causes for concern to ensure that disease outbreak is curtailed especially in areas where adequate WASH facilities are lacking. More children are exposed to the dangers (abduction/kidnap etc.) associated with insurgency with more opportunities for separation of children from fleeing parents. Children who have been abandoned or separated from their families become ‘adopted’ by warlords or community vigilantes who recruit these children into their groups. Education supply (teachers) have fled from communities due to fear of attack.

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5 FEWSNET, 2015
Food Security & Livelihoods:

- Displaced populations’ loss of livelihoods has a major impact on their economic access to food.
- Insecurity has caused a drastic drop in agricultural production in the SOE state (20% of a normal year)
- Host communities are increasingly unable to feed IDPs with existing stocks and resources
- Insecurity has disrupted trade flows and markets thought the Northeast

Households highly affected by conflict in northern Adamawa and southern Yobe and Borno States have experienced much greater difficulty in maintaining their livelihoods. Within these areas, cultivation of the major staple food crops (sorghum, maize and millet) was restrained during the 2014 season due to security challenges, and only about 20 percent of the usual land was cultivated for these crops. This will seriously impact the level of food availability and access to the populations even in the immediate period after harvest. Dry season activities within the area will also be limited.

An estimated 90% of IDPs are staying with host communities and most are dependent on host families for food. The already limited resources of host families are now under serious strain posing a precarious food security and nutrition. Both in host communities and in the camps, IDPs have started engaging in limited commercial activities, selling basic goods in small quantities to get income to meet household needs especially for food. Most IDPs are therefore facing food insecurity, mainly as a result poor access to food due to loss of own agricultural production and other off season means of livelihoods.

As poor households continue to face difficulty meeting their basic food needs, this area will remain in Crisis (IPC Phase 3) acute food insecurity through at least March 2015.

Market and trade activities in the Northeast are below-average and food flows are limited due to the roadblocks, security measures, border closures, and traders evading the area for fear of attack. Major markets in the area such as Maiduguri, Damaturu and Potiskum are functioning at about 50 percent of normal, while other, local markets in Gujba, Gulani, Damboa, Bama, Konduga, Gwoza, Dikwa, Gomboru, Marte, are non-functioning or are significantly limited in their activity. The informal cross-border trade with Niger, Chad and Cameroon is also down compared to recent years.

Livestock prices remain high due to below-average supply in both rural and urban markets in the area and increased demand due for Tabaski celebrations in early October. The livestock supply in the zone is below average.
as pastoralists evade the area due to the civil insecurity. This coupled with market supply disruptions due to border closures with Chad, Cameroon and Niger and road blocks in the area, are causing below-average market supply.

**Health:**

Access to healthcare in the NE is severely constrained for both IDP and host communities.

- Numerous facilities in the SOE States destroyed or abandoned
- Epidemics such as cholera continue in IDP locations

Across the Northeast affected populations are having increasing difficulty in accessing health services. Boko Haram insurgents have attacked numerous health facilities and health workers (exact figures are not available) meaning that in large areas of Borno, Yobe, and Adamawa the health system is barely functioning at all: as of March 2014, only 37% of facilities in Adamawa, Borno and Yobe states were functional (OCHA, 31 March 2014). Outside of these areas of conflict and Boko Haram-held territory, those fleeing the violence have only minimal access to health services — the majority of which are women and children. For communities hosting large concentrations of IDPs, the additional caseloads for local health facilities has placed the health system under severe strain.

Health facilities in the north-east were already poorly resourced before the current crisis, and additional resources have not been provided to meet the needs of populations swollen by displacement (IDMC 2014). Primary health care services in particular have been overwhelmed by the recent influxes of IDPs.

Outbreaks of disease have increased in areas affected by displacement. Lack of access to vaccinations is serious consequences.

The number of cholera cases among IDPs and host communities in 2014 was estimated at 35,732 and 753 deaths compared with 6,600 cases at the same period in 2013. The lack of water and sanitation facilities raises serious concerns about the outbreak spreading. Global acute malnutrition rates in Yobe and Borno states were 15.5 per cent and 13.6 per cent respectively as of August 2014.

As of December 04, 2014, five north-east states namely Adamawa, Borno, Yobe, Bauchi and Gombe States alone accounted for about one-third (2925) of the 9020 suspected measles that were reported from all 36 States and the FCT. This attests to the level of access to measles vaccination in the States affected by the crisis.

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6 UNICEF, 2014
7 FEWS NET, 2014.
NFI / Shelter:

- Shelter for IDPs is inadequate. Many shelters have been damaged or destroyed and need to be rehabilitated.
- High influx of IDPs into host communities and families continue to put strain on community facilities.

According to the National Emergency Management Agency (NEMA), 981,444 people have been displaced by insurgency in the three states of Borno, Yobe and Adamawa due to insurgency and states of Plateau, Benue and Nasarawa in the middle belt region due to inter-communal conflict.

The displaced people are in need of shelter and NFIs. Recurrent ethnic and inter-communal clashes is also responsible for displacement of persons largely due to destruction of houses, schools and markets, thereby occasioning the urgent need for non-food items and shelter to address needs, reduce vulnerabilities and offer protection to displaced and affected communities.

Most of the displaced people are camped in schools thereby interrupting learning and other schooling activities. Situation reports/update from the North East shows that the displaced people live in churches, mosques, town halls, abandoned and uncompleted buildings, and where available, other forms of make shift camps which are grossly inadequate and unsustainable for accommodating the surge in displaced populations.

Many IDPs are staying in unofficial shelters, unfinished buildings and makeshift accommodation, as well as in unofficial camps. These shelters are not under the coordination of the Government. The sites are often unfinished structures, consisting of concrete floors and columns, with block infill. With the efforts of small local organizations, many families are being accommodated at such sites. The largest concentrations of displaced people staying in such locations are found in the Metropolis or state capacity cities e.g. Maiduguri and Yola.

The increasing number of IDPs living in inadequate public or private shelters indicates that the coping mechanisms of both IDPs and host communities have become overstretched. Many of the communal and makeshift shelters are overcrowded and unsuitable in terms of water and sanitation facilities, cooking and privacy, especially for women. Displaced people who are living in such structures are particularly vulnerable as sites tend to be unfinished structures, with limited access to clean water, sanitation, waste management and electricity. Lack of clear mechanism to monitor and track the displaced people living with host communities/families hinder proper targeting planning for humanitarian assistance.

Displacement in 2014: IDPs as a % of host population

Severity of needs – NFI / Shelter

Priority needs:
- Critically limited access to primary healthcare facilities for the displaced population
- Community healthcare infrastructure under severe strain in host communities

Priority LGAs:
- Adamawa: Madagali, Michika, Mubi N, Mubi S, Gombi, Maiha, Fufere
- Borno: Abadam, Askira/Uba, Bama, Blu, Chibok, Damboa, Dikwa, Guzamala, Gwoza, Hawu, Jere, Kaga, Kala Balge, Kunduga, Kukawa, Kwaya Kusar, Mafa, Magumeri, MMC, Marte, Mobbar, Monguno, Ngala, Nganzai

Priority groups:
- Conflict displaced
- Host communities
- Women and children

Outlook for 2015:
- Constant need over 2015; peaking during election period

Projected number in need: 1,900,000
Nutrition:

- Malnutrition in the conflict areas continues to rise.
- Many children need access to diversified quality diets and possibly to micronutrient supplementation in order to prevent further deterioration of nutrition status.
- Deterioration of nutrition status puts children at higher risk of morbidity and mortality.

Malnutrition rates in Borno and Yobe States remain high. A SMART Survey conducted by the national government with UNICEF in spring 2014 found GAM in Yobe State to be 15.5 percent and 13.6% in Borno state.

A needs assessment to the Diffa Region of Niger noted reports of increased admissions in health centres for malnutrition - thought to be attributable to refugees and returnees from northeastern Nigeria. There are several reports that most health facilities in conflict affected areas are closed, limiting the available assistance for malnourished children (FEWSNET 2014).

Prior to the onset of the crisis, the overall nutrition situation in the North East was estimated to be worse than in the previous year, based on data available from UNICEF (UNICEF, SMART report 2010 to 2014). UNICEF in collaboration with government and other partners is supporting community-based management of acute malnutrition (CMAM) in 11 northern states including Borno, Yobe and Adamawa states. These interventions include provision of Vitamin A supplementation and iron-folate anthelminthic drug. CMAM services also include counselling on exclusive breast feeding and appropriate complementary feeding for infants and young children. Through the CMAM centres, UNICEF provided treatment to a caseload of 106,122 children with severe acute malnutrition in Borno (45,694 children), Yobe (34,337 children) and Adamawa (26,091 children) respectively.

The conflict in the Northeast has already spurred worrying malnutrition indicators in the region. IPC food insecurity is presently expected to be at either crisis or stressed levels throughout Borno and Yobe, with households in these states struggling to meet their basic needs. Escalating insecurity is limiting access into the region, thereby impacting the availability of food; farmers are abandoning farms in fear of attacks, thereby lowering agricultural production. Health staff members charged with treating the malnourished are themselves targets of insurgent attacks in the region; many such staff members have abandoned their posts. Inter-communal violence in the Middle Belt and throughout the country preceding the elections will likely increase malnutrition rates and health risks posed to malnourished persons, especially children under five.
Protection:

- An estimated 2.15 million men, women, girls and boys facing physical and psychological trauma related to the insurgency
- Significant violation of the rights of the population of the NE region
- Women and children make up the majority of the IDPs
- Reports of SGBV and child recruitment in conflict and IDP areas

Rights of IDPs: There is insufficient understanding of the rights of IDPs (as set out in the UN Guiding Principles on Internal Displacement and the Kampala Convention. In particular, IDPs rights to freedom of movement, to family life, to be consulted, to participate in decisions affecting their lives are in some cases ignored. Where IDPs have taken shelter in schools, churches, mosques and informal settlements, humanitarian requirements for protection are not consistently met. Officials in some cases lack training in camp management and protection. The humanitarian community has a serious challenge of increasing the capacity building of government officials, NGOs, CBOs and FBOs in this regard.

Trauma: IDPs, along with the majority of the affected population, have witnessed atrocities, in addition to losing family members and succumbing to the insurgents’ campaign of terror. As a result, trauma among both the IDP and affected communities is significant. Many IDPs fear that they will be pursued by the insurgents, will be perceived by the authorities as supporters of the insurgents or will be perceived by the insurgents or other elements as informants for the authorities. Remaining silent and hidden is thus perceived as the best option, though there are suggestions that local leaders appear to have a good idea of displaced arrivals within their areas.

SGBV: Women and children remain the most vulnerable to sexual and gender based violence. The issue of SGBV is taboo in northern communities because of stigma attached to victims. Data on the extent of SGBV is highly unreliable, due to considerable underreporting of these incidents.

IDPs living in host communities: it is estimated that about 90% of IDPs live in host community. While camps are evolving in Borno and Adamawa in particular, many of the IDPs in host communities prefer to remain invisible as a self-survival strategy meaning that their needs are often ignored, forgotten or easily overlooked. This is despite the overwhelming needs, trauma and other problems these categories of IDPs have to contend with (May 2014 Interagency needs assessment).

Children:
State and Local Government Area authorities are struggling to meet the needs of both children in their community and the needs of displaced children. To date, only 17 social welfare officers have been deployed in the IDP camps in Borno. The setup of the camps can expose children to enhanced risk of abuse (e.g. in cases where there is no electricity in the camps). Children are unaware to whom they can report abuse and both the social welfare system and justice system is unable to provide an effective response. The system is not equipped or staffed to engage in tracing and available interim care is wholly inadequate to address the growing numbers of separated and unaccompanied children NEMA estimates that there are over 750 unaccompanied and separated children. NGO presence in the focus States, especially in the SOE states, is limited, as is the coordination between NGOs and Government agencies. The rapidly increasing numbers of IDPs will continue to challenge the child protection system in the short and medium term. The trauma of armed conflict is severely impacting the psychological well-being of children and families. There is a prevalence of grave violations of children's rights, including forced recruitment into armed groups, attacks on schools and sexual violence.

Most of the school age children in Adamawa, Borno and Yobe have had their opportunities for schooling severely constrained. The destruction of schools and indiscriminate killing of students and teachers by Boko Haram insurgents has left many schools deserted and deprived children of their right to education.
WASH:

- The inadequacy of WASH facilities available to IDPs continues to contribute to unsanitary conditions and diseases such as acute watery diarrhoea and cholera
- WASH facilities in host communities are under severe strain
- Inadequate WASH facilities are also putting girls/women at risks of sexual violence and abductions.

The constrained access to WASH facilities has been further compounded by destruction of water supply facilities in areas of active insurgency and increased population movements due to displacement. Both situations effectively lowering the local population access to improved WASH facilities.

Sharing of WASH facilities has been reported to create tension between the displaced populations and host communities in some areas. The estimated 90% of IDPs in the Northeast and surrounding states live in host communities which, in turn, are unable to meet the growing WASH needs. IDPs in host communities are reportedly practicing open defecation whilst those that have fled into the forest have no access to any WASH services whatsoever.

The majority of the affected families are highly dependent on unsafe and unprotected water sources such as surface water, shallow wells and open dug wells.

In many places that have been assessed, the access to sanitation facilities have significantly dropped. Poor hygiene practices have become serious issues that need to be urgently addressed to prevent any outbreaks of water-borne diseases, increase in mortality and morbidity. Lack of adequate emergency sanitation facilities also place individuals, particularly women and children, at increased risk of protection issues.

Access to waste-water treatment chemicals has also become increasingly difficult. Most water utilities/eater establishments are short of chlorine, and chlorination is not systematically carried out by public and private water truckers. Limited access to chemicals is resulting in lower efficiency at treatment plans to properly treat and dispose of waste, further increasing the discharge of untreated waste into the environment with an increased risk of ground and surface water contamination.
INFORMATION GAPS

HIGHLIGHTS

- Needs assessment and data collection is severely constrained by insecurity in the Northeast
- Stronger Assessment / data collection capabilities are anticipated in 2015

There were major challenges in accessing data and information for humanitarian planning and action in Nigeria due to insecurity in the northeast in 2014. The difficulty of getting clarity on displacement figures results in part from the fact that much of the effort to register IDPs has concentrated on IDPs in camps or camp-like situations, while most IDPs (80-90%) are not in camps but have taken shelter with members of their extended family in urban settings. Many of these IDPs have not registered for reasons varying from the belief that there is a stigma attached to being an IDP, to a sense of futility. The difficulty is also due to the extremely volatile nature of the situation, with some IDPs being displaced three or four times, those with the resources relocating their families to Jos or Kano or Abuja, and others returning home.

Specifically concerning children, accurate data is not available for all crisis-affected areas; such as the number of: displaced children; unaccompanied and separated children; children subjected to grave violations of their rights; children recruited into armed groups for direct and indirect participation; and children subjected to sexual and physical violence.

To address these gaps, humanitarian partners need to strengthen their data and information gathering and analysis by developing better tools and carrying out more frequent monitoring and assessments in prioritized areas. The joint initiative between NEMA and the UN on the Displacement Tracking Matrix is resulting in better data and analysis of the displacement. Monitoring systems for tracking the humanitarian situation in inaccessible areas must also be strengthened in 2015. Key information gaps include:

- Identification of most vulnerable groups within the displaced and host population
- Geographic prioritization of overall humanitarian needs
- Incidence of IHL violations, incidence of forced recruitment, SGBV, Unaccompanied and separated children
- Geographic patterns of displacement, role of intercommunal violence vs. insurgency
ANNEX: OPERATIONAL ENVIRONMENT

HIGHLIGHTS

- In terms of numbers reached, communities hosting the internally displaced populations are providing the main response in this crisis, followed by the National Emergency Management Agency, and State-level emergency management authorities (SEMA).

- UN operations are suspended in 39 LGAs in the Northeast in Adamawa, Borno and Yobe states

- State-level multi-sector coordination of the response is struggling

National and local capacity and response

Local Capacity:

Host community coping mechanisms are currently much stretched and remain dependent on the extended family support systems. The hosts share the little they have including basic household needs and shelter. By implication, many of the host families have weak coping strategies, save that they are in their traditional areas of abode. In light of this, it is crucial that targeting of humanitarian assistance including protection remain both to the displaced people and host community and needs based.

Displaced people’s coping mechanisms need to be closely monitored and buttressed with psychosocial support and protection services as there could be risks of recourse to negative coping strategies. In the current state, displaced people try to complement their livelihoods through casual labour and any such small activities they can find in the areas of displacement including crushing stones and collecting firewood for sale. Gender issues particularly require close monitoring and support.

State Capacity - SEMA roles in emergency response:

In the affected states of the Northeast, humanitarian response is being led by the SEMAs as security situation have inhibited the operations of international humanitarian actors in the region.

They also lead on state level emergency preparedness and early warning; coordinate humanitarian response activities of partners through state humanitarian coordination forums; coordinate state sector working groups led by the technical line ministries for health, education, agriculture and women affairs. They lead on state level rapid assessments, analysis and reporting and play a role on policy influencing and lobbying for state budget allocation with the state assemblies for emergency response activities. SEMAs also monitor and report on humanitarian access issues.

National Capacity - NEMA National roles:

At the Federal level, the National Emergency Management Agency (NEMA) is responsible for disaster prevention, preparedness and mitigation in Nigeria. It is the policy formulating body for disaster management in the country. NEMA other responsibilities include the development and implementation of plans and programs to enhance the complete cycle of disaster management; development and compilation of vulnerability capacity assessments; facilitate coordination of all actors involved in humanitarian response in the country; collection and analysis of data related to disasters for forecasting; develop early warning systems; coordinate and promote research activities related to disaster management; and monitoring and evaluation of the activities and state of preparedness of relevant organizations and agencies, which contribute to disaster management. They support early warning, awareness creation, multi-stakeholder workshops, training and simulation drills and acquisition of critical equipment for emergency response.

In the NE region, NEMA support to emergency response includes in the setting up of IDP camps and camp management. Through Zonal Coordinators, NEMA monitors early warning and participates in field level emergency assessments. They support humanitarian response and delivery of assistance to affected people, through the provision of Food, Shelter and NFIs. Working with the SEMAs, they oversee the registration and profiling of IDP figures.

International Response Capacity
Nigeria has a presence of 18 UN agencies, eight of which respond directly to emergencies within mandated areas.

Nine sectors exist under the lead of Government agencies while the UN and INGOs co-lead and provide technical support. The UN system has also established an Inter-Agency Emergency Preparedness and Response Working Group, which is currently chaired by OCHA.

With the escalating humanitarian situation in Nigeria, international NGOs are progressively activating their humanitarian mandates. Such organizations include: Action Aid, Oxfam and Christian Aid. Other organizations/agencies with humanitarian mandate include: Save the Children, Mercy Corps, COOPI, ACF, MSF, International Committee of the Red Cross and Red Crescent (ICRC), International Rescue Committee (IRC) and International Medical Corp (IMC).

Humanitarian Access/Safety constraints

Access to all three northeast states is possible, albeit to varying degrees.

Frequency and fatality of Boko Haram attacks are currently at their highest levels since the SOE was imposed. Common targets for Boko Haram attacks remain rural villages, schools, and axis highways that connect the northeast capitals to each other. To date, there is no Government or UNDSS-imposed restriction on travel to the northeast, however, there are protocols to follow to ensure safety but they must be standardized and publicized.

Operating in the northeast requires as little visibility as possible. International organizations with presence in the northeast typically operate through local staff and if deploying expatriate staff, send those of African origin. All staff should adopt local dress and women should dress modestly and cover their heads. Radio check-ins are not mandatory but can be arranged with UNDS; local liaison can be facilitated by the Nigerian Red Cross volunteer network.

All the SOE states have very poor roads which compromise access to the most remote affected villages, especially during the rainy season.

Insurgents systematically destroy communications infrastructure across the northeast, hence mobile phone networks are very unreliable. Furthermore, the government disabled mobile phone service from May-October 2013 to combat insurgent communications. UNDSS requires that all missions to the northeast carry a satellite phone, which is subject to government authorization. Whilst aid workers are not the direct target of Boko Haram attacks in the northeast for the moment, the group did directly attack the UN in 2011.

Access by state varies as follows:

Adamawa: Adamawa is the least affected of the three SOE states, but the northern LGAs bordering Borno are subject to attack. Adamawa acts as a host state for fleeing populations from Borno and Yobe states. The capital, Yola, has very little visible presence of a state of emergency and has an airport with regular commercial flights from Abuja and Lagos. UN operations are suspended 6 LGAs in Adamawa State (Girei, Hong, Madagali, Michika, Mubi North and Mubi South).

Yobe: Yobe has been subject to direct attacks from insurgents, notably along the LGAs that border Borno state and along the highway that connects that state capital, Damaturu, to Borno’s capital Maiduguri. The state does not have a commercial airport so all access to Damaturu must be by road; most actors enter Yobe from neighbouring Bauchi state, which hosts an airport with regular commercial flights from Abuja and Lagos. All UN activities are suspended in 7 LGAs in Yobe (Fika, Fune, Geidam, Gujba, Gulani, Potiskum, and Yunusari).
Borno: Borno is the hardest hit of the three states under the State of Emergency. Since late 2014, there have been near daily attacks on civilian populations by insurgents. The capital, Maiduguri, is considered sufficiently secure however all roads leading outside of the capital are subject to attack. Close liaison with the security apparatus (i.e. Nigerian military and Joint Task Force [JTF]) is required to facilitate access to affected populations. Such liaison has allowed for NEMA, SEMA, and Red Cross to successfully respond in these SOE states. All commercial flights have been cancelled to Borno. UN activities are suspended in 26 LGAs in Borno State (Abadan, Askira/UBA, Bama, Bayo, Biu, Chibok, Damboa, Dikwa, Gubio, Guzamala, Gwoza, Haul, Jere, Kaga, Kala/Balge, Konduga, Kukawa, Kwaya Kusar, Mafa, Marte, Magumeri, MMC, Mobbar, Monguno, Ngala, Nganzai and Shani).
There are 19 international humanitarian actors, including the United Nations (6), the Red Cross/Red Crescent Movement (2) and International NGOs (11) responding to humanitarian needs in the three States under recurrent Boko Haram attacks and surrounding states in the North-east.

### Number of organizations per State

<table>
<thead>
<tr>
<th>State</th>
<th>Education</th>
<th>Food</th>
<th>Security</th>
<th>Health</th>
<th>Nutrition</th>
<th>Protection</th>
<th>Shelter and NFI</th>
<th>WASH</th>
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<tr>
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</table>

### Organizations per Sector and State

- **States under recurrent Boko Haram attacks**: Borno, Yobe, Adamawa
- **States with response capacity**: Adamawa, Borno, Yobe, Bauchi, Gombe, Taraba, Others states